



## Research Article

**EVALUATION OF THE RELATIONSHIP BETWEEN NURSING STUDENTS' DYSFUNCTIONAL ATTITUDES AND THEIR ACCEPTANCE OF AESTHETIC SURGERY****Özge İŞERİ<sup>1</sup>** **Belgin ŞEN ATASAYAR<sup>1</sup>** <sup>1</sup>Ondokuz Mayıs University, Faculty of Health Sciences, Nursing Department, Samsun, TurkeyCorresponding author: [ozgepekiniseri@gmail.com](mailto:ozgepekiniseri@gmail.com)

**Abstract:** *The purpose of this study was to analyze the relationship between nursing students' dysfunctional attitudes and their acceptance of aesthetic surgery. The study was performed as a descriptive study with 105 second-year nursing students at a health sciences faculty located in the central Black Sea Region of Turkey from 1 November- to 30 December 2021. The Descriptive Characteristics Form, the Acceptance of Cosmetic Surgery, and the short-form Dysfunctional Attitudes Scale were used for the collection of the data. Data were analyzed by using the SPSS Statistics 23.0. Descriptive statistics (frequency, percentage, mean, and standard deviation), Mann-Whitney U, Kolmogorov-Smirnov, Kruskal-Wallis, and Pearson's correlation tests were used. It was found that the mean scores obtained from the Acceptance of Cosmetic Surgery Scale and the short-form Dysfunctional Attitudes Scale were respectively  $52.44 \pm 20.97$  and  $87.64 \pm 17.97$  points. Moreover, it was ascertained that there was a statistically significant weak negative correlation between the students' dysfunctional attitudes and whether they accepted the aesthetic surgery ( $r = -0.281$ ,  $p < 0.01$ ). The nursing students have dysfunctional attitudes and acceptance of aesthetic surgery was above the medium level. Increasing dysfunctional attitude negatively affects the acceptance of aesthetic surgery. In light of this result, it is considered that, for raising awareness about the students' dysfunctional attitudes and improving them, it is important to support the students and it is necessary to inform them about aesthetic surgery. Nurse educators should provide students with additional education to identify dysfunctional attitudes. For this reason, it is recommended to include course contents that provide information about aesthetic surgery and dysfunctional attitudes in the nursing curriculum.*

**Keywords:** *Aesthetic Surgery, Dysfunctional Attitude, Nursing Student*

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**1. Introduction**

The word 'aesthetics' originated from 'aisthanomai' and means 'to perceive'. Perceiving is a mental process [1]. While the viewed images are perceived in this mental process, whether they look aesthetic or beautiful is also determined. Thus, it can be said that aesthetics is the science of senses [2]. The beauty and aesthetic perceptions toward the body change in each period. It is asserted that a perfect physical appearance is necessary for a good career, family, social status, and high self-esteem [3]. Therefore, even if the individuals have no physiological and functional problems, they can choose to have aesthetic surgery to get the approval, affection, or appreciation from other people in society. That is, the people's beauty and aesthetic perceptions are affected by the society in which they live [4]. Adolescence, in particular, is the development period when these criteria which are acknowledged by society are largely embraced. In this period, the adolescent grows up fast, he/she feels the need to

socialize more and experiences quick emotional fluctuations. Besides, the adolescents become open to having new experiences and attach importance to being acknowledged and being in companionship in the group in which they are placed. Thus, the acknowledged societal beauty patterns affect individuals in the adolescence period more [5]. Negative attitudes that adolescents develop toward their bodies are related to their own thoughts and emotions as in the case of all other individuals. These attitudes are mostly strict and permanent. Thus, changing these attitudes along with the experiences to be acquired by the person is quite challenging, and these attitudes induce the individuals to focus on irrational thoughts [6]. For this reason, the individuals evaluate themselves and their bodies negatively in this process and choose to have aesthetic surgery [7]. As is discerned, aesthetic surgery undergoes a process that is different from those of other surgical initiatives because the process of surgical operation is frequently initiated not by the surgeon but by the patient in aesthetic surgery. Thus the psychiatric preparedness of the patient who has aesthetic surgery should be addressed in more detail and more comprehensively [8]. The surgical nurse who has important roles and responsibilities across the entire process before, during, and after the surgical operation is a key person at this point. Knowing the attitudes of nursing students who are in the late period of adolescence and exhibit the characteristics of adulthood is of importance because these attitudes are likely to affect the quality of healthcare that they will provide in the future. Dysfunctional attitudes acquired during this period may also negatively affect patient-nurse interactions, causing false messages, stigma, and therefore unhealthy nursing care. Also as per the review of the relevant literature, good quality nursing care is essential to overcoming physical problems besides the negative feelings about the appearance of the body and to ensuring the patient's adaptation to the new lifestyle and body image [8-10]. That is why, the nurses and nursing students should assess under which circumstances the patients need support and must plan the nursing care in light of the individuals' personalities, qualifications, interests, roles, and functional and dysfunctional expectations and attitudes [10]. Upon the review of the relevant literature, it was found that there were a limited number of studies performed on the acceptance of aesthetic surgery by the students [11,12], and the focus was placed more on the breast reconstruction [13,14] but dysfunctional attitudes were not examined. In this direction, this study aims to analyze the relationship between nursing students' dysfunctional attitudes and their acceptance of aesthetic surgery.

## **2. Materials and Methods**

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

This research is performed in the type of descriptive and correlational principles.

### **2.2. Participants and setting**

This study was performed with the participation of second-year nursing students who were enrolled in the nursing department of a university located in the central Black Sea Region of Turkey. The first-year students were excluded because they had taken courses related to aesthetic surgery, and the first-year students did not yet have knowledge about the surgical process and care. Therefore, only nursing second-year students were included in the study. No sampling method was used to determine the research sample. The research population was comprised of 137 second-year students. The sample was not specifically selected in the study, and accordingly, it was performed with 105 students (76.64%) who agreed to participate in the research and made contact via Google Forms. The nursing students who did not want to partake in the research (n=18), made errors while filling in the data collection forms (n=5), or provided answers with missing information (n=9) were excluded from the study.

## 2.3. Data Collection Tools

### 2.3.1 Descriptive Characteristics Form

The form created by the researchers in light of the relevant literature is composed of five questions that identify the participant nursing students' sociodemographic characteristics and seven questions that address their thoughts about aesthetic surgery [1-14].

### 2.3.2 Acceptance of Cosmetic Surgery Scale (ACSS)

The scale was developed by Henderson-King (2005) [15]. It was adapted to Turkish by Karaca et al. (2017) [16]. As a seven-point Likert-type scale, ACSS can be evaluated as per the scores obtained from both its three subscales and the overall scale. It has three subscales, that is, *Intrapersonal* (Items 1, 2, 4, 5, and 14), *Social* (Items 9, 11, 12, 13, and 15), and *Consider* (Items 3, 6, 7, 8, and 10). *The intrapersonal* subscale addresses the individual's personal evaluations which are made on his/her appearance and aimed at motivating him/her to undergo cosmetic surgery. *The social* subscale covers the affirmative attitudes toward aesthetic surgery which make the individuals feel better in their social relations and social settings. *Consider* subscale evaluates the individuals' views about aesthetic surgery. The total score to be obtained from the scale ranges between 15 and 105 points. High scores to be obtained from the overall scale and its sub-scales show that the attitudes toward aesthetic surgery were positive and the aesthetic surgery was accepted. Cronbach's Alpha coefficient was calculated for the scale as 0.92 in the study by Henderson-King and 0.90 in the study by Karaca et al [15, 16]. In this study, Cronbach's Alpha coefficient was calculated as 0.90.

### 2.3.3 Short-Form Dysfunctional Attitudes Scale (DAS-A-17)

The original version of the scale was developed by Weissman and Beck (1978) for putting forth the frequency of dysfunctional attitudes toward depression. Designed as a seven-point Likert-type scale, the original version was comprised of 40 items, and organized in two forms, A and B. Graaf, Roelofs, and Huibers (2009) selected 17 items from Form A, and hence created the short-form of the scale. This short form of the scale was adapted to Turkish by Şahin and Batıgün (2016). A high score to be obtained from the scale demonstrates that the individual frequently has dysfunctional attitudes. DAS-A-17 has two subscales, *Perfectionism* (Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, and 12) and *Dependency* (Items 10, 13, 14, 15, 16, and 17). Cronbach's Alpha coefficient was calculated as 0.81 for the overall scale, 0.77 for the *Perfectionism* subscale, and 0.74 for the *Dependency* subscale [17]. Cronbach's Alpha coefficient was calculated as 0.77 in this study.

## 2.4. Data Collection

Data were collected from 1 November-30 December 2021. Information on the purpose and the application of the research was given to the second-year nursing students. Nursing students were informed that their participation in the research was voluntary and they were free to withdraw from the research at any time they desired. The survey was applied to the nursing students through Google Forms. Filling in each form took 10 minutes on average.

## 2.5. Statistical Analysis

Research data were evaluated with SPSS (Statistical Package for Social Science) 23.0. Whether the research data were normally distributed was tested via the Kolmogorov-Smirnov test. For data with non-normal distribution, the Mann-Whitney U test was used in making comparisons between two groups whilst the Kruskal-Wallis test was utilized in comparing three or more groups. Moreover, in the study, descriptive statistics (number, percentage, mean, standard deviation) were used, and the Pearson

Correlation test was employed for analyzing the correlation between two variables. Statistical significance was identified if the P-value was lower than 0.05 ( $p < 0.05$ ).

### 3. Results

It was ascertained that the mean age of the nursing students who were included in the research was  $20.36 \pm 1.24$  years, 76.2% of the participant nursing students were female and 67.6% of them perceived their economic well-being as good. Of all the participant nursing students, 94.3% reported that they had no aesthetic surgery, 69.5% said that they had no relative who had aesthetic surgery, 37.1% told that there was a body part disliked by them, 40% stated that their religious beliefs affected their views about the individuals who had aesthetic surgery, 77.1 % declared that they had adequate self-esteem and 90.5% of them declared that they have a religious value (Table 1).

**Table 1.** Participant nursing students' descriptive characteristics (n = 105)

Variable	$\bar{X} \pm SD$	Min. -Max.
Age (year)	$20.362 \pm 1.241$	18-25
	n	%
<b>Gender</b>		
Female	80	76.2
Male	25	32.8
<b>Perception of economic well-being</b>		
Good	71	67.6
Bad	34	32.4
<b>Having aesthetic surgery in the past</b>		
Yes	6	5.7
No	99	94.3
<b>Having any relative who had aesthetic surgery</b>		
Yes	32	30.5
No	73	69.5
<b>Having any disliked body part</b>		
Yes	39	37.1
No	66	62.9
<b>Religious belief effect on aesthetic surgery</b>		
Yes	42	40.0
No	63	60.0
<b>The feeling of having adequate self-esteem</b>		
Yes	81	77.1
No	1	1.0
Partially	23	21.9
<b>Religious Value</b>		
Yes	95	90.5
No	10	9.5

In a comparative context, Table 2 displays the participant nursing students' descriptive characteristics and the means of their ACSS and DAS-A-17 scores. On the basis of 'perception of economic well-being', 'having any disliked body part', and 'whether the religious belief has any effect on the perception toward the individuals who had aesthetic surgery, there are statistically significant differences in the means of students' ACSS scores ( $p < 0.05$ ). Moreover, on the basis of 'gender', 'perception of economic well-being, and 'feeling of having adequate self-esteem', there are statistically significant differences in the means of students' DAS-A-17 scores ( $p < 0.05$ ) (Table 2).

**Table 2** Participant nursing students' descriptive characteristics and the means of their ACSS and DAS-A-17 Scores (n = 105)

<b>Descriptive Characteristic</b>	<b>ACSS X̄± SD</b>	<b>Test / p</b>	<b>DAS-A-17 X̄± SD</b>	<b>Test / p</b>
<b>Age (year)</b>	20.362±1.241 (18 min-25 max.)	r= -0.001 <sup>a</sup> p= 0.991	20.362±1.241 (18 min.-25 max.)	r= -0.182 <sup>a</sup> p= 0.066
<b>Gender</b>				
Female	51.325±2.156	Z=-1.057 <sup>b</sup>	90.535±6.499	Z=-2.632 <sup>b</sup>
Male	56.040±8.930	p=0.290	78.640±9.689	p=0.008**
<b>Perception of economic well-being</b>				
Good	50.455±21.412	Z=0.326 <sup>b</sup>	89.001±17.091	Z=0.366 <sup>b</sup>
Bad	45.401±17.500	p= 0.017*	89.851±16.831	p= 0.012*
<b>Having aesthetic surgery in the past</b>				
Yes	63.333±8.789	Z=-3.412 <sup>b</sup>	88.200±8.279	Z=-1.708 <sup>b</sup>
No	51.787±5.948	p=0.068	87.612±10.842	p=0.194
<b>Having any relative who had aesthetic surgery</b>				
Yes	58.420±4.443	Z=-1.208 <sup>b</sup>	54.391±2.261	Z=-0.532 <sup>b</sup>
No	50.621±4.375	p=0.227	50.970±2.672	p=0.594
<b>Having any disliked body part</b>				
Yes	63.128±8.189	Z=-4.063 <sup>b</sup>	87.027±9.107	Z=-0.141 <sup>b</sup>
No	46.136±10.046	p=0.000**	87.984±7.442	p=0.088
<b>Religious belief effect on aesthetic surgery</b>				
Yes	40.610±3.981	Z=-3.304 <sup>b</sup>	53.007±3.612	Z=-0.302 <sup>b</sup>
No	61.021±4.093	p=0.001**	51.216±3.701	p=0.763
<b>The feeling of having adequate self-esteem</b>				
Yes	51.223±2.443	KW= 0.165 <sup>c</sup>	87.989±4.355	KW= 6.480 <sup>c</sup>
No	55.121±1.889	p= 0.921	90.001±7.653	p= 0.039*
Partially	49.356±2.010		85.352±4.001	

<sup>a</sup>Correlation coefficient; <sup>b</sup> Mann-Whitney U Test; <sup>c</sup> Kruskal-Wallis Test, \*p<0.05; \*\*p<0.001

In the research, it was identified that the means of the participant nursing students' ACSS and DAS-A-17 scores were respectively 52.44±20.97 and 87.64±17.97 points (Table 3).

**Table 3.** Mean, median, maximum and minimum scores obtained by the participant nursing students from ACSS and DAS-A-17

	Min.-Max.	Min.-Max.	Median	$\bar{X} \pm SD$
ACSS	15-105	16-96	52	52.44±20.97
DAS-A-17	17-119	36-116	90	87.64±17.97

Table 4 exhibited the correlation between the means of the participant nursing students' ACSS and DAS-A-17 scores. It was discerned that there was a statistically significant weak negative correlation between the means of the students' ACSS and DAS-A-17 scores ( $r = -0.281$ ,  $p < 0.01$ ).

**Table 4.** Correlation Between The Means Of The Participant Nursing Students' ACSS and DAS-A-17 Scores

		ACSS	DAS-A-17
ACSS	r	1	-0.281
	p	-	0.005*
DAS-A-17	r	-0.281	1
	p	0.005*	-

r=Correlation coefficient; \* $p < 0.05$

#### 4. Discussion

##### *Nursing Students' Dysfunctional Attitudes*

In this study, the effects of second-year nursing students' dysfunctional attitudes on accepting aesthetic surgery were examined. It was found that the mean of the participant nursing students' DAS-A-17 scores was  $87.64 \pm 17.97$  points. The minimum and maximum scores to be obtained from the scale are successively 17 and 119 points [16]. In the study by Barlas et al. (2014), it was stated that the scores to be obtained from the long-form DAS ranged from 40 to 280 points and the patients had dysfunctional attitudes above the medium level ( $180.97 \pm 29.62$  points) [18]. It can be asserted that the nursing students who took part in this current study also had dysfunctional attitudes above the medium level. It was ascertained that there was a statistically significant relationship between the gender of the participant nursing students and the means of their DAS-A-17 scores. Female students had higher dysfunctional attitudes scores than the male students did. A high DAS-A-17 score is associated with the inclination to personally have high standards, to fear being perceived negatively by society, and to see the errors as individual inadequacy. A person's value and happiness are determined by the support, love, and affirmation to be obtained by the person from society [19]. Gender perception toward the women in society affects the woman's perception of herself and the world and tempts her to feel that she is inadequate and worthless. It is considered that the patriarchal societal structure in Turkey might affect this situation. It was discerned that there was a statistically significant relationship between the participant nursing students' perception of economic well-being and the means of their DAS-A-17 scores. It was found that the participant nursing students who perceived their economic well-being as 'bad' had a higher mean of DAS-A-17 scores than those who perceived their economic well-being as 'good' did. The socioeconomic level defined in terms of certain indicators such as a person's income, profession, and education level is a significant determinant that affects the person's clothing, environment, expectations about the future, worldview, interpersonal relations, acceptance in society, and all other circumstances in which the person is placed. This determinant can inhibit the individual's psycho-social development by affecting his/her subjective well-being, personal value perceptions, and

life satisfaction [20]. An individual who perceives his/her socioeconomic status as low in association with having a low-income level can develop dysfunctional attitudes and behaviors in an effort to gain a place in society. This finding also has parallels with the finding obtained under this current study. Self-esteem which can be characterized as the self's emotional aspect is the person's self-acknowledgment, self-appreciation, self-respect, and self-approval. Low self-esteem affects mental and interpersonal relations adversely. The human beings who are not pleased with their bodies and are suspicious of their abilities, in other words, human beings who have dysfunctional attitudes, experience feelings of inadequacy and insecurity [21, 22]. The literature supports our study findings.

#### *Nursing Students' Acceptance of Cosmetic Surgery*

The mean of participant nursing students' ACSS scores was found as  $52.44 \pm 20.97$  points. The minimum and maximum scores to be obtained from ACSS are 15 and 105 points consecutively. In light of this data, it is discerned that the mean scores obtained from ACSS in this current study were above the medium level. It was found that there was a statistically significant relationship between the mean of the participant nursing students' ACSS scores and the effect of religious belief on the perception of the individuals who had aesthetic surgery. It is asserted that religious beliefs are a significant factor affecting the acceptance of aesthetic surgery [7, 23]. The individuals who do not have strong religious beliefs have surgical operations more frequently. In contrast, more religious individuals can perceive aesthetic surgery as an intervention in their beliefs. Monotheistic religions uphold the view that real beauty resides in the person's spirit. Islam and Christianity do not highlight a person's physical beauty. In particular, Islam does not assent to the aesthetic interventions used for enhancing beauty by evaluating such interventions as harmful to the body [23]. The fact that most nursing students who participated in this study were Muslims is supportive of this result. In this research, 37.1% of the participant nursing students reported that they had a body part that they disliked. These students obtained higher ACSS scores than other participant nursing students did. This situation can be explained by the students' inclinations to transform the body parts which they disliked into the form which they aspired to have. Moreover, 77.1% of the participant nursing students considered that they had adequate self-esteem. These students obtained higher ACSS scores. In the study by Yılmaz Gören (2016), the individuals who had surgery for aesthetic purposes had higher self-esteem scores than those having surgical operations due to illness [10]. In the study performed by Barlas et al. (2014) for analyzing the body image of aesthetic surgery patients, their dysfunctional attitudes, and depression levels, it was found that the patients had positive body image perceptions [18]. This situation is in a similar vein to the results of this current study. Furthermore, it was discerned that there was a statistically significant relationship between the participant nursing students' perceptions of economic well-being and the means of their ACSS scores. It was identified that the students who perceived their economic well-being as 'good' had a higher mean of ACSS scores than those who perceived it as 'bad'. Considering that the social security institution of Turkey does not pay for aesthetic surgery, it is inferred that the individuals interested in having surgery need to have a sufficient level of economic well-being. This situation is in support of this current study.

## **5. Conclusion**

It has been determined that the dysfunctional attitudes and acceptance of aesthetic surgery of the nursing students are above the middle level and that there is a negative and significant relationship between these two variables. It was found that the economic well-being perception of the participant nursing students, having body parts disliked by them, and having the effect of religious beliefs on their thoughts about the individuals who had aesthetic surgery had statistically significant relationships with the means of their ACSS scores. Besides, it was ascertained that gender, perception of economic well-being, and the feeling of having adequate self-esteem had statistically significant relationships with the

means of students' DAS-A-17 scores. In light of the obtained results, it is recommended that the students be supported for raising awareness about their dysfunctional attitudes and improving them, be informed about the societal gender patterns, improper behavior perception toward society, and the effects of religious beliefs on human life, be encouraged to be involved with the activities enhancing self-esteem, and the course contents providing information on the aesthetic surgery and dysfunctional attitudes are inserted into the nursing curriculum.

### **The implications of this paper:**

Since nursing students are important people who will provide holistic care in the future, they should be aware of dysfunctional attitudes and understand their importance for aesthetic surgery. The need to increase students' awareness of their dysfunctional attitudes has come to the fore. For this reason, it is recommended to include course contents that provide information about aesthetic surgery and dysfunctional attitudes in the nursing curriculum.

### **Ethical Considerations**

After receiving the permit for conducting the study from the relevant institution, the ethical endorsement was obtained from the board of ethics of Ondokuz Mayıs University which was affiliated with the relevant institution (22.10.2021, 2021/810). The research was performed in compliance with the principles of the Helsinki Declaration, and all participant nursing students consented to take part in the research verbally and in written form.

### **Conflict of Interest:**

The authors declare no conflict of interest.

### **Authors' Contributions:**

Designed the study; Öİ and BŞA; Collected the data; BŞA and Öİ; Analysed the data; Öİ and BŞA; Writing-Original draft preparation; Öİ and BŞA, Supervised the study; Öİ and BŞA

All authors read and approved the final manuscript.

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