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Mediating Role of Social Competence in the Relationship between Tendency to Cosmetic Surgery and Psychological Capital in Women Applying for Cosmetic Surgery

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ABSTRACT

Objective: The objective of the present study was to examine the mediating function of social competence within the association between the inclination towards cosmetic surgery and psychological capital among women seeking cosmetic surgical procedures.

Methods: The methodological approach employed was a descriptive correlational design predicated on structural equation modeling. The statistical population encompassed all women who sought cosmetic surgery at cosmetic surgery centers located in Tehran (specifically regions 1, 2, 3, and 6) during the year 2023, from which a sample of 285 individuals was purposefully selected in accordance with predefined entry and exit criteria. For the purpose of data collection, the questionnaires devised by Etemadifard and Amani (2013) regarding the propensity for cosmetic surgery, Luthans et al. (2007) pertaining to psychological capital, and Felner (1990) concerning social competence were utilized; furthermore, the regression analysis technique was employed for data evaluation utilizing SPSS28 software.

Results: The results indicated that the coefficient associated with the indirect effect of psychological capital on the inclination towards cosmetic surgery, mediated by social competence, was statistically significant ($p<0.05$). Consequently, it may be inferred that individuals possessing higher levels of psychological capital exhibit a reduced tendency towards cosmetic surgery, with social competence serving as a crucial mediator in mitigating this inclination.

Conclusions: Consequently, the outcomes of this research may assist policymakers, scholars, and practitioners within the realms of health and psychology in formulating effective strategies aimed at diminishing the propensity for cosmetic surgery while enhancing the mental and physical well-being of individuals.

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Introduction

In contemporary society, cosmetic surgery has emerged as one of the most prevalent surgical procedures globally, with a notable increase in the number of individuals seeking such interventions on a daily basis. Iran holds the distinguished position of leading the world in the frequency of cosmetic surgeries conducted (Tavakoli et al., 2023). Historically, the primary purpose of cosmetic surgery was to restore the functionality and natural appearance of bodily organs; however, in contemporary times, the original intent of cosmetic surgery has been significantly diminished (Schettino et al., 2023). Experts in psychology assert that the alarming proliferation of cosmetic surgeries within any given society is largely influenced by the cognitive and emotional motivations inherent in the populace of that society, with the emotional aspirations of youth, particularly the desire for societal recognition, being a chief motivator for the pursuit of artificial beauty (Margraf et al., 2015; Sarwer et al., 1998).

Cosmetic surgery serves to enhance the self-perceived body image of patients. The overarching objective of individuals undergoing cosmetic surgery is to attain a surgically altered organ that they believe aligns more harmoniously with their body, thereby facilitating the realization of a more favorable self-image (Kam et al., 2022). The advent of the positive psychology movement in the 1990s brought forth an emphasis on the affirmative dimensions of behavior, culminating in the introduction of the psychological capital paradigm (Jenaabadi & Azarian, 2023; Lima et al., 2020). Seligman (2011) posits that psychological capital encompasses the positive facets of human existence. Indeed, psychological capital can be regarded as an essential attribute and skill that, when possessed, enables individuals to experience diminished adverse effects from stressful circumstances (Liu et al., 2012). Conversely, the concept of social competence is frequently equated with social skills and encompasses a spectrum of cognitive, behavioral, emotional, and motivational capabilities necessary for effective psycho-social adaptation, allowing individuals to consider the goals and needs of others in their quest to fulfill their own objectives (Seeber & Wittmann, 2017; Torabi Nia et al., 2023). Individuals lacking adequate social competence face a myriad of detrimental outcomes, including rejection by peers, various psychological disorders, school expulsion, social isolation, delinquency, and academic underachievement. To cultivate social competence, it is imperative to dismantle unrealistic expectations. In this context, individuals are empowered to execute their responsibilities to the best of their abilities. Each

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individual ought to engage in self-reflection; should the family and surrounding community fail to extend the same respect as previously afforded; one must recognize that their expectations of others have become excessively elevated in comparison to the past, leading to a decline in their social standing (Darzi et al., 2021).

Social competence comprises four categories of cognitive, behavioral, emotional, and motivational aptitudes. It represents a multifaceted framework of knowledge, motivation, capability, tradition, social experience, and skill. The significance of social competence is paramount in the prevention of both physical and mental ailments. For instance, an individual possessing social competence is capable of constructively utilizing environmental circumstances alongside their own abilities, thereby enhancing their skills. Should an individual exert a positive and socially validated influence on the behaviors of others, it can be inferred that they possess social competence (Nabizadeh et al., 2022). Given that the psychological aspects of cosmetic surgery remain inadequately understood, and that the investigations conducted on the psychiatric profiles of patients seeking cosmetic procedures are limited and largely consist of clinical reports, it is noteworthy that the annual increase in cosmetic surgery applicants may yield detrimental psychological repercussions (Khabbaz Sabet et al., 2023); thus, there is a pressing need for more comprehensive and systematic studies within this domain.

The escalating prevalence of cosmetic surgery, particularly among females, has elicited concerns regarding the psychological and social determinants that influence such behaviors. While cosmetic interventions are frequently viewed as a method to enhance physical aesthetic, they may also signify deeper psychological motivations, including diminished self-worth, body dissatisfaction, or an aspiration for social acceptance. Despite the rising demand for cosmetic enhancements, scholarly inquiry into the psychological precursors that underlie individuals' propensity for these procedures remains sparse. In particular, the influence of psychological capital—which includes self-efficacy, optimism, hope, and resilience—in mitigating the desire for cosmetic modifications warrants further exploration.

Furthermore, the construct of social competence, which epitomizes an individual’s proficiency in effectively navigating social relationships and environments, may function as a pivotal mediator in the interplay between psychological capital and the propensity for cosmetic surgery. An understanding of how social competence affects this relationship is essential for formulating

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interventions aimed at fostering psychological well-being and diminishing dependence on cosmetic modifications.

This research endeavors to fill the existing void in the literature by examining the mediating function of social competence in the relationship between psychological capital and the inclination towards cosmetic surgery among women seeking such interventions. The results are intended to enlighten healthcare professionals and policymakers in devising strategies to bolster psychological resilience and mitigate the psychological and social factors propelling the demand for cosmetic surgery.

Material and Methods

The current investigation constituted a correlational descriptive study pertaining to its fundamental objectives and concerning the methodology employed for data collection. A total of 285 samples were meticulously selected utilizing a purposive sampling technique. The statistical population for this research encompassed all women seeking cosmetic surgery who presented themselves at cosmetic surgery centers located in Tehran in the year 2023. The sampling methodology was intentional and predicated upon specified inclusion and exclusion criteria. Accordingly, the cosmetic surgery centers within the city of Tehran that expressed willingness to participate in this research were initially approached, and the questionnaires were subsequently administered among the selected individuals. For the purpose of data analysis, standard techniques in descriptive statistics and multiple regression analysis were employed, with the data being processed utilizing SPSS-28 software.

Instruments

Cosmetic surgery tendency questionnaire: The cosmetic surgery tendency questionnaire was designed and created by Etemadifard and Amani in 2013. It includes 24 questions based on a five-choice Likert scale from 1 (completely disagree) to 5 (completely agree). The score of this questionnaire is obtained from the total scores of 24 items and is in the range of 24 to 120, where higher scores indicate a greater tendency towards cosmetic surgery. The reliability of the questionnaire in Etemadifard and Amani research (2013) was obtained with Cronbach's alpha coefficient of 0.79 and its validity with confirmatory factor analysis method of 0.76 (Khabbaz

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Sabet et al., 2023). In the present study, the reliability of the questionnaire was determined utilizing Cronbach's alpha coefficient, which was calculated to be 0.76.

Psychological capital questionnaire: Psychological capital questionnaire was designed by Luthans et al. (2007). This questionnaire measures psychological capital, which is a positive psychological state and a realistic and flexible approach to life, and has 24 items and 4 subscales of self-efficacy, resilience, optimism, and hope, each of which is considered a positive psychological capacity. The participants answer each question on a 6-point Likert scale (from completely agree to completely disagree). Question number 1 to 6 measures self-efficacy; 7 to 12 hopes; 18-13 resilience; and questions 24-19 measure optimism. Item number 13, 20, and 23 are scored inversely. Also, the psychological capital questionnaire has good reliability regarding the subscales (self-efficacy: 0.87, hope: 0.83, resilience: 0.86, and optimism: 0.70) (Bahadorikhosroshahi et al., 2015). In research conducted in Iran, the reliability of this questionnaire was obtained using Cronbach's alpha coefficient of 0.85, and its content and face validity were also confirmed (Saberfarzam et al., 2022). In the current investigation, the reliability of the questionnaire was assessed utilizing Cronbach's alpha coefficient, which yielded a value of 0.81.

Social competence questionnaire: The social competence questionnaire was developed and standardized by Prandin (2005) based on the four-dimensional model of Felner (1990). Social competence questionnaire includes four dimensions of behavioral skills, cognitive skills, emotional skills and motivational skills. The questionnaire has 47 items and is on a 7-point Likert scale, so that if the subject chooses the completely disagree option, score 1, disagree, score 2, somewhat disagree, 3, have no opinion, 4, somewhat agree, 5, agree, 6 and completely Agree gets 7 and the subject should choose the option that best expresses his feelings and opinions. In the original version of the questionnaire, its reliability was estimated to be 0.76 using Cronbach's alpha, and the reliability of the cognitive components was 0.87, behavioral 0.74, emotional 0.73, and motivational 0.64, and its validity was reported as favorable (Rezayi, 2013). In the present study, the reliability of the questionnaire was evaluated through the application of Cronbach's alpha coefficient, resulting in a value of 0.83.

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Results

Table 1 presents the statistical characterization of the scores pertaining to the psychological capital variable, encompassing both skewness and kurtosis in addition to the mean and standard deviation of the scores.

Table 1. Descriptive indices, correlation coefficients and normality indices of psychological capital

Variable	Skewness	Kurtosis	Mean	SD
Self-efficacy	-0.488	-0.320	21.83	4.970
Resilience	-0.466	-0.202	25.68	5.063
Optimism	-0.591	0.340	23.73	4.964
Hope	-0.199	-0.026	20.11	4.849
Psychological capital	-0.532	0.148	91.34	14.623

According to the acquired data, the mean value of self-efficacy is recorded as 21.83, resilience as 25.68, optimism as 23.73, hope as 20.11, and the overall average score for psychological capital is noted as 91.34. Furthermore, it is noteworthy that the skewness and kurtosis values of the data range between +2 and -2, indicating that the data exhibit a normal distribution at the significance level of 0.05.

Table 2 presents the statistical characterization of the scores pertaining to the social competence variable, encompassing skewness and kurtosis alongside the mean and standard deviation of the scores.

Table 2. Descriptive indices, correlation coefficients and normality indices of social competence

Variable	Skewness	Kurtosis	Mean	SD
Cognitive skills	-0.509	0.616	26.49	4.415
Behavioral skills	-0.536	0.428	29.02	4.403
Emotional competence	-0.222	0.229	31.44	4.822
Motivational indicators	-0.481	0.481	34.26	5.678
Social competence	-0.400	0.583	121.21	15.214

According to the acquired data, the mean value of cognitive skills is determined to be 26.49, the mean value of behavioral skills is ascertained to be 29.02, the mean value of emotional competence is calculated to be 31.44, the mean value of motivational indicators is evaluated to be 34.26, and the overall mean score for social competence is established at 121.21. Furthermore, it should be noted that the values of skewness and kurtosis of the data reside within the range of +2 and -2, indicating that the data exhibits a normal distribution at the 0.05 significance level.

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In Table 3, the statistical characterization of scores pertinent to the variable concerning the tendency for cosmetic surgery, inclusive of skewness and kurtosis, along with the mean and standard deviation metrics of the scores, is presented.

Table 3. Descriptive indices, correlation coefficients and normality indices of tendency for cosmetic surgery

Variable	Skewness	Kurtosis	Mean	SD
tendency towards cosmetic surgery	0.534	0.979	59.95	**12.727**

According to the acquired information, the mean value of the tendency towards cosmetic surgery is determined to be 59.95. Furthermore, given that the skewness and kurtosis values of the dataset reside within the range of +2 and -2, it can be inferred that the data exhibit a normal distribution at a significance level of 0.05.

Table 4 shows the results of the correlation between the variables of psychological capital, social competence and tendency to cosmetic surgery.

Table 4. Table 4- Matrix of correlation coefficients between research variables

Variables	1	2	3
1. psychological capital	1		
2. social competence	0.438**	1	
3. tendency to cosmetic surgery	-0.671**	-0.582**	1

** p < 0.01

All the calculated correlation coefficients between psychological capital and social competence with tendency to cosmetic surgery are negative and significant (p<0.01).

The bootstrap method was used to determine the statistical significance of the indirect effect of psychological capital on the tendency to cosmetic surgery with the mediation of social competence. The results obtained are presented in Table 5.

Table 5. Indirect effect of psychological capital on the tendency to cosmetic surgery through social competence

Indirect effect			Standardized coefficient	P
Psychological capital	Social competence	Tendency to cosmetic surgery	-0.085	0.05

Based on the obtained results, the coefficient related to the indirect effect of psychological capital on the tendency to cosmetic surgery through the mediating variable of social competence is significant (p<0.05). Therefore, the mediating role of social competence in the relationship between tendency to cosmetic surgery and psychological capital in women applying for cosmetic surgery is confirmed.

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Discussion

According to the results acquired, the coefficient associated with the indirect influence of psychological capital on the inclination towards cosmetic surgery, mediated by the variable of social competence, proved to be significant; thus, the research inquiry concerning the mediating function of social competence in the correlation between the inclination towards cosmetic surgery and psychological capital among women seeking cosmetic procedures is affirmed. A review of the existing research literature indicates that no direct investigations have been undertaken in this domain.

In the elucidation of these findings, it is imperative to note that psychological capital and its dimensions, encompassing self-efficacy, self-confidence, hope, optimism, and flexibility, enhance behavioral, cognitive, emotional, and motivational competencies. All these elements contribute to the enhancement of skills, thereby leading to a consequent improvement in social competence. Furthermore, psychological capital equips individuals with greater resilience in challenging life circumstances and promotes enhanced psychological well-being, which, in turn, elevates life satisfaction. Collectively, the enhancement of skills and life satisfaction renders psychological capital a substantial explanatory framework for social competence. Indeed, the psychological capital of individuals fosters motivation and hope, propelling them towards a more fulfilling and productive existence, whereby each person, acknowledging their inherent talents and abilities, embarks on a path towards personal growth and prosperity, ultimately enhancing social competence (Babakhani & Parandin, 2023).

Conversely, social competence encompasses judicious conduct in interpersonal relations, societal acceptability, and general social acceptance; it fundamentally comprises five key skills: courage, cooperation, empathy, responsibility, and self-regulation. Social competence represents a spectrum of cognitive, motivational, emotional, and behavioral capabilities pertinent to interpersonal skills, aimed at achieving both individual and collective objectives, along with realistic expectations and social collaboration. The three dimensions of social competence include the capacity to foster healthy interpersonal relationships and resolve conflicts. It also pertains to the development of individual and social identity and responsible citizenship within one's community and the global arena (Lillvist et al., 2009). Consequently, individuals exhibiting social competence demonstrate a diminished propensity towards cosmetic surgery. In fact, social

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competence, as a mediating variable, elucidates the manner in which psychological capital impacts the inclination towards cosmetic surgery. In other terms, elevated psychological capital may facilitate an increase in social competence, and individuals possessing high social competence are less inclined to pursue cosmetic surgery owing to enhanced self-confidence and robust social relationships.

The outcomes of this investigation yield significant insights into the psychological and social dynamics that sway women's predisposition towards cosmetic surgery, particularly emphasizing the mediating role of social competence. The findings underscore the considerable indirect impact of psychological capital on the inclination towards cosmetic procedures, with social competence serving a pivotal function in this association. This implies that women possessing elevated levels of psychological capital—characterized by attributes such as self-efficacy, optimism, hope, and resilience—are less inclined to pursue cosmetic interventions. Furthermore, social competence, defined as the capacity to adeptly navigate social relationships, further enhances this protective effect.

The findings are consistent with prior research indicating that individuals endowed with higher psychological capital typically exhibit enhanced emotional resilience and demonstrate greater capability in managing adverse body image perceptions or societal pressures concerning physical appearance (Luthans et al., 2007). Women exhibiting greater self-confidence and resilience may feel diminished compulsion to modify their physical appearance in accordance with societal beauty standards, thereby curbing their desire for cosmetic surgery. This suggests that the enhancement of psychological capital could function as a proactive strategy to alleviate the burgeoning trend towards elective cosmetic procedures.

Social competence, in its role as a mediator, provides additional explanatory value by positing that the capacity to engage in fulfilling social interactions may diminish the dependence on external appearance as a mechanism for acquiring social acceptance or approval. Women endowed with heightened social competence may derive their self-worth from positive social relationships rather than from their external appearance. This notion is corroborated by Felner's (1990) research on social competence, which accentuates the significance of interpersonal skills and social adaptability in overall well-being.

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The ramifications of these findings bear considerable significance for health professionals, psychologists, and policymakers. Interventions designed to cultivate psychological capital and social competence may prove effective in diminishing the desire for cosmetic surgery, particularly among women who may experience pressure stemming from societal beauty standards. By nurturing self-efficacy, resilience, and social skills, such initiatives can empower women to prioritize their intrinsic qualities and interpersonal connections over their physical appearance.

Furthermore, the investigation indicates that the societal influences pertaining to beauty and body image may not exclusively motivate the inclination to seek cosmetic surgery. Conversely, intrinsic psychological assets and social functionality assume a crucial significance. Subsequent inquiries ought to examine the establishment of targeted interventions that bolster psychological capital and social adeptness among populations predisposed to participating in elective cosmetic procedures.

In conclusion, the study accentuates the necessity of addressing both psychological and social elements when devising strategies to mitigate the tendency towards cosmetic surgery. By fostering resilience and social competence, healthcare professionals can enhance the mental and emotional well-being of individuals, thereby diminishing the inclination for cosmetic modifications as a reaction to social or psychological pressures.

Among the constraints associated with the current study, the following limitations are articulated: The data utilized in this study were exclusively acquired through self-report instruments and questionnaires. Consequently, there exists the potential for the provision of biased and socially desirable responses, as well as ambiguity in the completion of the questionnaire, thereby necessitating a cautious approach in drawing conclusions and generalizing the findings. Additionally, it is noteworthy that the research was conducted in a cross-sectional manner. Given that attitudes and behaviors pertaining to beauty and cosmetic surgery may evolve over time, the outcomes of the present investigation may rapidly become obsolete. The execution of periodic studies to refresh the findings could mitigate this limitation; ultimately, it is advisable to explore psychological variables, such as personality types, social support, emotion regulation, and interpersonal relationships that influence cosmetic surgery, in alignment with the background of the study.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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