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Body Consciousness of Clinical Staff Working in Plastic and Cosmetic Surgery Environments

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Body-Consciousness of Clinical Staff Working in Plastic and Cosmetic Surgery
Environments

by

Jodie Alexander

A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
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Abstract

A quantitative research study was conducted to determine body consciousness of cosmetic surgery clinical staff. All forms of media have made an impact on how a person views themselves and others; as well as, has glamourized plastic surgery and cosmetic procedures. The social media explosion of the past decade has changed the way the individuals perceive their own image. Clinical staff working in plastic surgery are exposed to body objectification on a daily basis. As an employee in this setting, it is their responsibility to care for and educate clients who may have low self-esteem and body consciousness. The purpose of this research study was to determine the perception of body consciousness of clinical staff working in a cosmetic and plastic surgery environment. Participants were asked to complete the Objectified Body Consciousness Scale (OBCS). The results determined that clinical staff had average scores on the overall OBCS score and each subscale. The score range for the OBCS is 24-168, with a median score of body consciousness being 72. For participants in this study, data analysis determined that the mean was 95.26, the median was 96, and the mode was 98. Each subscale was also analyzed. Scores were as follows: Body Surveillance 37.6, Body Shame 23.7, and Control Beliefs 32.8.

Keywords: body consciousness, body image, self-esteem

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CHAPTER I

Introduction

The media has a major impact on body image and influences cosmetic surgery and aesthetic nonsurgical procedures performed. Cosmetic surgery and non-invasive aesthetic procedures are common and are gaining popularity. This rising popularity may be in part due to celebrities publicly admitting to having these treatments and procedures performed. Markey and Markey (2012) stated that the media portrays the ideal body as “flawless and essential, inferring that men and women strive for perfection” (p. 209). The majority of the American public has access to reality television including YouTube, Instagram, and other social media sites where celebrities are posting glamorous photos and even openly discussing cosmetic procedures. Markey and Markey (2012) further stated that average female beauty is on the decline as medial contact increases. As this current perception of flawless beauty becomes increasingly unattainable, self-esteem and body image are likely to diminish or suffer resulting in the average American female seeking cosmetic treatments in order to achieve perfection. Women are even willing to suffer the financial burden to improve their physical appearance. With this growing willingness to undertake the financial burden, finance companies are increasingly available to ease this burden and make these procedures more attainable.

Significance

According to the 2015 Plastic Surgery Procedural Statistics, there were 15.9 billion cosmetic procedures performed in 2015, a 2% increase from 2014. There were 13.3 billion dollars spent in the United States on cosmetic procedures. Patients aged 40-

54 make up 49% of the total procedures and showed an increase of 2% from 2014. Females make up 92% of all cosmetic procedures performed in the United States and even showed a 1% increase from the previous year (American Society of Plastic Surgeons, 2015). This industry has experienced a steady increase and continues to exhibit steady growth with no indication in a decline. Plastic and aesthetic healthcare providers perform the majority of these procedures in multiple practice settings and employ office and clinical staff that are constantly exposed to patients wishing to improve their self-esteem and attain their quest for perfection. Each patient has their unique perception of the “ideal” image and desires self-improvement.

Cosmetic treatments are performed in plastic surgery offices, medi-spas, dermatology offices, some primary care offices, dentist offices, and gynecology offices. These treatments range from non-invasive skin treatments to lasers for skin resurfacing, injectables including neuromodulators and dermal fillers and finally, surgery. Clinical staff are constantly exposed to patients wishing to improve their appearance and self-esteem, and continue to offer support as patients choose their procedure and proceed with treatment. Being exposed to people with a compromised body image must have some effect on the clinical staff themselves and may influence these individuals to undergo cosmetic procedures as well.

Problem Statement

Cosmetic surgery clinical staff are constantly surrounded by patients who are examining ways to improve their physical appearance, which may overtime affect their body consciousness. Body consciousness is how a person views their body as an outside observer. Many clinical staff of cosmetic surgery practices are patients or patient

advocates and are in a position to educate and advocate for the patient and promote positive outcomes. Most Americans trust their healthcare providers to be honest and ethical.

According to the Gallup (2016) poll, nurses are at the top of the list with 84% of the public rating their standards as high or very high. There is no doubt the nurse will be sought out to give honest and ethical information. Nurses are also knowledgeable of the procedures and treatments available to improve appearances. Some nurses may even seek the same or similar procedures for the same reason, to improve appearance and strive for flawless beauty. Some patients desire a “natural” look while others pursue a “done” look. Patients often look to the nurse for recommendations, validation, and confirmation of expectations. Patients may even place their expectations of results on the appearance of individuals in the office and, unrealistically, assume their results will be similar.

Purpose

The purpose of this thesis was to explore the body consciousness of clinical staff working in practices that offer cosmetic surgery and nonsurgical aesthetic procedures. Being around people with potential body image disturbances can be very influential on the clinical staff.

Research Question

This study aimed to answer the following research question:

- What is the perception of body consciousness of clinical staff working in a cosmetic and plastic surgery environment?

Theoretical Framework

This study used the theoretical framework of Objectification Theory to facilitate the understanding of the impact of working in cosmetic and plastic surgery environments and the body consciousness of clinical staff. The Objectification Theory describes how society views a female as an “object” rather than a “being” and that much emphasis is placed on physical appearance (Fredrickson & Roberts, 1997). According to Fredrickson and Roberts (1997), self-objectification develops based on societal views and how women are treated based on appearance. Some women are impacted more than others and objectification may occur at different stages of life. Self-objectification influences how women perceive themselves through the eyes of others and can lead to self-consciousness and body monitoring and influence their quality of life (Fredrickson & Roberts, 1997). Fredrickson and Roberts (1997) also proposed that “thoughts and actions of whatever women do are interrupted by images of how their bodies appear” (p. 180); therefore, subconsciously affecting all areas of their lives. “Habitual body monitoring can lead to shame, anxiety, shortage of peak motivational states, and scant awareness of internal bodily states” (p. 184) and these can lead to mental health disturbances (Fredrickson & Roberts, 1997).

Summary

Body consciousness is linked to how a person feels about their physical appearance and body objectification is thinking of the physical body as an “object” and placing self-worth on appearance. The media has a major impact on the “ideal” for beauty as celebrities are critiqued over their physical appearances. The use of technology has increased exponentially over the past several years and the general population has

immediate access to the latest celebrity news. This has a major effect on society, especially women, as the perceived “ideal” is becoming harder and harder to achieve. Plastic surgery and cosmetic procedures have increased as image has become more important to “regular” women. The clinical staff working in cosmetic and plastic surgery environments are not only exposed to the media but to the lay person seeking treatment.

CHAPTER II

Literature Review

A literature review was conducted using the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, and the World Wide Web (WWW). The following keywords were used: self-esteem, body image, plastic surgery, and cosmetic surgery. There were several articles relating patient body image and self-esteem to cosmetic and plastic surgery; however, when the word “employee” or “nurse” were entered, the search results dropped dramatically. No articles were directly related to this topic. A second search was done on the same databases and the World Wide Web using the keywords research and reconstructive surgery, when the search was changed to “cosmetic surgery” the number dropped from approximately 550 articles to approximately 55 articles.

Literature Related to Problem Statement

Attitudes Toward Cosmetic Surgery

Slevec and Tiggemann (2010) investigated factors that influence the attitudes of middle aged women toward cosmetic surgery. A sample of 108 participants between the ages of 35 and 55 participated in the study. Participants were asked to complete a questionnaire measuring body dissatisfaction, appearance investment, aging anxiety, media exposure (television and magazine), and attitudes toward cosmetic surgery (delineated in terms of general attitudes, social motivations, and actual consideration). The study concluded that multiple factors influence attitudes toward cosmetic surgery including body dissatisfaction, appearance investment, aging anxiety, and exposure to media. Interestingly, body dissatisfaction was not always a predictor of pursuing

cosmetic surgery as women that were satisfied with their body may have considered cosmetic surgery as beneficial (Slevec & Tiggemann, 2010). Each individual is unique, so the likelihood of a single factor influencing a woman's decision to undergo a body enhancing procedure is unique to her.

Tam, Ng, Kim, Yeung, and Cheung (2012) conducted a qualitative study on participants in Hong Kong, Japan and the United States (U.S.) to compare attitudes toward cosmetic surgery in multiple cultures. The three phase study asked participants to (1) list attributes that characterize cosmetic surgery patients, (2) give ratings to the measures of social relationship willingness, general acceptance of cosmetic surgery, and social contact, and (3) hypotheses were developed from the data received from phase one and two. Researchers found that motivators for cosmetic surgery were low self-esteem, confidence, economically well-off, and good looking were noted in all three cultures. The prevalent physical attractiveness stereotype also suggests that beautiful people should be "kind and competent" (Tam et al., 2012, p. 474). One major difference is that participants from Hong Kong and Japan were more concerned with keeping their surgical history confidential. This was found not to be as much of a priority in participants from the U.S. Tam et al. (2012) also determined that most participants still had a negative attitude toward those that have had cosmetic surgery because according to the majority of study participants, "natural" is considered beautiful and cosmetic surgery goes against this.

The Media

Media today plays a huge role in consumers utilizing treatment modalities to enhance and achieve beauty. Ashikali, Dittmar, and Ayers (2014) conducted a study to investigate adolescent girls' (aged 15-19) responses to a cosmetic TV program using an experimental design. The participants were randomly allocated to one of three conditions: a cosmetic surgery TV program, which (1) mentioned risks associated with surgery, (2) did not mention risks, or (3) to the control condition, a home makeover program. The study concluded that girls exposed to the cosmetic surgery programs reported more dissatisfaction with their weight and appearance while the girls that watched the program that discussed the risks expressed an even higher dissatisfaction. Results showed that exposure to cosmetic surgery programs resulted in girls reporting more dissatisfaction with their weight and appearance, but no changes were observed in attitudes toward cosmetic surgery. Girls' responses to cosmetic surgery programs varied according to their materialistic values and the extent that they derived self-worth from their appearance.

Likelihood of Having Cosmetic Surgery

Markey and Markey (2012) conducted a study to examine emerging adults' (median age 19.5) qualitative responses to a television depiction of idealized female beauty. Ninety-one participants viewed a reality television show featuring a woman's cosmetic surgery transformation. They were asked to write a response to what they viewed; researchers coded these responses as "appearance", "psychology", or "entertainment" for emotional tone and thematic content. The participants' own appearance satisfaction and interest in changing their appearance via cosmetic surgery

was assessed by completing the Interest in Cosmetic Surgery Questionnaire (ICSQ) developed by Markey and Markey in 2009. The ICSQ consists of a list of 17 cosmetic procedures derived from information provided from the American Society of Plastic Surgeon's web page. Participants were asked to rate the extent to which they were interested in obtaining the procedures using a 5-point Likert scale. The results concluded that there are limitations to this qualitative study but suggests that there is some evidence for a causal link between media presentation of cosmetic surgery and individuals' desire to pursue surgery.

Swami et al. (2008) conducted a study to determine the likelihood of people living in an Austrian community of having cosmetic surgery. Participants included 168 women and 151 men. Participants were asked to complete a questionnaire measuring how likely they were to consider common cosmetic procedures. The "likelihood was reported on an 8-point scale (0=no change under any circumstance, 7=perform procedure). The list comprised 49 of the most popular cosmetic procedures, derived from lists available from reputable cosmetic surgery clinics. Both the present study and Brown et al. showed that the scale has excellent internal consistency" (Swami et al., 2008, p. 213). Respondents were also asked to rate on a 5-point scale (1=Never, 5=Very Often) how often they had seen advertisements, read articles, or seen television programs about cosmetic surgery. The items were collapsed and analyzed and showed a=0.79 reliability. To measure personal and vicarious experience, participants were asked whether they had ever had plastic surgery and how many individuals they know have had plastic surgery. Participants were also asked to report their age, gender, ethnicity, highest educational level, marital status, height and weight (BMI was calculated) and to rate themselves on

their physical attractiveness using a 7-point scale. The study found that previous experience of having had surgery was a significant predictor of future likelihood of augmentative procedures and that media exposure mediated the influence of vicarious experience and gender. Having had previous cosmetic surgery is a predictor for the likelihood of having future procedures. Only 4.7% of study participants have already had a cosmetic procedure, so this identified a gap and future studies should be conducted on this population. It was determined that greater media exposure leads to greater awareness of cosmetic surgery which alters the previous perception of a certain type of person having cosmetic surgery; at the same time, altering the view of what is the “ideal body type”. Women are more likely to have cosmetic procedures than men because there is greater sociocultural pressure on physical attractiveness in women.

Motivation for Cosmetic Surgery

Ericksen and Billick (2012) discussed the importance of pre-operative assessment to determine the motivation behind cosmetic surgery patients, which can predict the satisfaction of the surgical outcome. Dr. I. Sweitzer, a psychiatrist from Melbourne, Australia developed a screening tool for pre-operative cosmetic surgery patients. The tool assessed the patient’s motivation, expectations, risk, and anxiety that classifies patients into seven categories: “(1) the minimal defect patient, (2) patients with secondary gain, (3) older patient and the patient in crisis, (4) the polysurgical patient, (5) the paranoid patient, (6) the schizophrenic patient, and (7) the male patient” (Ericksen & Billick, 2012, p. 346). According to Drs. Adamson and Chen, “there are psychosocial consequences after every surgery and it is best to identify them early on to avoid problems postoperatively” (as cited in Eriksen & Billick, 2012, p. 347). It is

recommended to avoid patients that are at risk for not being satisfied due to pre-existing psychological conditions such as Body Dysmorphic Disorder (BDD) or patients with the wrong motivation such as a life crisis. The most satisfied patients state they have improved body image and how they look on the outside aligns with how they feel on the inside (Ericksen & Billick, 2012).

Self-Objectification

Noser and Zeigler-Hill (2014) conducted a study of 465 American female college students “to examine the degree to which the components of objectified body consciousness mediated the association between appearance contingent self-worth and appearance self-esteem and predicted that appearance contingent self-worth would be negatively associated with appearance self-esteem” (pp. 120-121). The researchers measured appearance contingent self-worth, body surveillance, body shame, control beliefs, appearance self-esteem, body mass index, and global self-esteem using the Contingencies Self Worth Scale (CSW), the Objectified Body Consciousness Scale, the State Self-Esteem Scale, Body Mass Index Calculations (relationship of weight to height), and the Rosenberg Self-Esteem Scale (1979). All scales have been validated in previous studies. Results showed that women who base their feelings of self-worth on physical appearance only are more likely to experience more body shaming and experience lower levels of self-esteem. These individuals are likely to encounter cosmetic practices to boost feelings of self-worth.

Rubin, Nemeroff, and Russo (2004) conducted a qualitative study of 25 graduate and undergraduate women at Arizona State University. The participants were identified as “feminist” or “womanist” and participated in group discussions to examine beauty

ideals in their culture. Analysis was conducted using the grounded theory methodology. The results determined that even though the participants were feminist, they were still subjected to body-objectification and its impact, which impacts their body consciousness and at times, compared themselves to other women.

Mercurio and Landry (2008) evaluated the association among self-objectification to indicators of well-being. Two hundred and twenty-seven undergraduate females enrolled in psychology courses at George Washington University served as participants in this study. Their ages ranged from 18 to 31, with a mean age of 19.42 years (SD=1.36). Participants were asked to complete the Objectified Body Consciousness Scale, Rosenberg Self Esteem Scale, and Satisfaction with Life Scale. The researchers concluded that there was a positive correlation between body shame and self-esteem. The study identified that self-objectification has an impact on overall health which can in turn, impact the quality of life.

The perception of one's self may not always be accurate. Mills, Shikatani, Tiggemann, and Hollitt (2014) presented 101 female undergraduate students at York University in Toronto, Canada with three photos of themselves. The first photo was their accurate weight, the second and third photos depicted the subject at a lower and higher weight respectively. The research determined that "weight gain was associated with body dissatisfaction and self-esteem" (p. 525). Interestingly, some subjects that were shown a thinner version of themselves did not result in subjects feeling better about their body (Mills et al., 2014).

Fardouly, Diedrich, Vartanian, and Halliwell (2015) discussed the portrayal of women as "sexually objectifying because it focuses on physical appearance rather than

personality or abilities” (p. 447). Female participants aged 17–25 years completed questionnaires about their media usage, appearance comparison tendency in general, appearance comparisons to specific target groups on Facebook, and self-objectification. Participants were asked to report how many hours they use a variety of media (Facebook, internet, television, music videos, and print magazines, etc) in a typical day. The researchers used the Upward and Downward Appearance Comparison Scale to measure the participants’ general tendency to compare themselves to others and asked participants how often they compare their own appearance to six different target groups of females when looking at images on Facebook. The Self-Objectification Questionnaire was used to measure the extent to which participants view their body in terms of appearance (objectified) or competence (non-objectified). The researchers determined that there was a positive correlation between social media and self-objectification that were mediated solely by physical appearance and that this leads to negative outcomes that are harmful such as depression, eating disorders, and body dissatisfaction (Fardouly et al., 2015). There were several limitations of the study. First, because it is a correlation study, the researchers were unable to determine if spending time on Facebook lowered self-esteem or if people that have low self-esteem spend more time on Facebook. Second, all types of media were studied together and future research could focus on specific media. Third, Facebook was the only type of social media studied and future research could separately study Facebook, Twitter, Instagram, etc. Fourth, traditional media focused on full body pictures and the majority of pictures on Facebook are portraits. Finally, the study was focused on a small convenience sample of participants and a larger, more diverse

population would provide a more accurate portrayal of female sexual objectification (Fardouly et al., 2015).

Literature Related to Theoretical Framework

Tiggemann and Williams (2012) conducted a study to test the Objectification Theory. Participants included 286 undergraduate students enrolled in psychology courses at Flinders University of South Australia. There were 115 males and 171 female participants with a median age of 22.11 (SD=6.08). The study incorporated self-objectification, self-surveillance, body, shame, appearance anxiety, internal body awareness, flow, disordered eating, depressed mood, and sexual functioning, all found to provide strong evidence in support of the theory (Tiggemann & Williams, 2012). Participants were asked to complete the Self-Objectification Questionnaire, the Objectified Body Consciousness Scale, the Appearance Anxiety Scale, the Eating Disorder Inventory, the Zung Self-Rating Depression Scale, and the Female Sexual Function Index. The authors reported that at the time of the study, it was the only research that used the full model proposed by the Objectification Theory. The researchers concluded that their findings extended objectification theory by examining all postulated outcomes within a single framework and offered sound support to the theory as indicated by the acceptable level of fit to the hypothetical model.

Grey, Horgan, Long, Herzog, and Lindemulder (2016) conducted a study to determine that women who were primed with objectifying images exhibited more self-objectification than women who were primed with either body-competent images of women or product-only images. This was based on the Objectification Theory. Sixty-six female undergraduate students (mean age 18.97, SD = 2.72) from an upper-Midwestern

university in the United States were asked to rate 29 images on a Likert scale in terms of how much they thought a person was being sexually objectified. The students were granted research credit in their psychology class in exchange for participation. The participants were provided with a written definition of “objectification” as defined by Fredrickson and Roberts (1997) prior to the rating. The rating scale was 1 (not at all) to 5 (a great deal). Using a modified version of the Twenty Statements Test to measure self-objectification, participants were asked to write 10 statements about themselves. The study concluded that there was a significant relationship to how women are portrayed in the media and how women react to them. The authors suggested that objectifying images of women be removed from media and advertising (Grey et al., 2016)

Claudat and Warren (2014) used the Objectification Theory as “a framework for understanding how women’s sexual objectification experiences simultaneously encourage body image disturbance and sexual problems” (p. 509). Participants included 368 American females (aged 18-24) ethnically diverse college students. Using the Objectified Body Consciousness Scale, Body Exposure during Sexual Activities Questionnaire, and Sexual Satisfaction Survey for Women, the researchers examined sexual satisfaction in relation to body objectification. The researchers concluded that body self-consciousness produced decreased sexual satisfaction (Claudat & Warren, 2014).

The Objectification Theory was developed with a focus on women but one study by Oehlhof, Musher-Eizenman, Neufeld, and Hauser (2009) tested the theory on men and women. According to the researchers, men were once thought to be immune to the pressures of social media to appear a certain way. A research study of 183 college

students (111 women, 72 men) completed a questionnaire containing measures of self-objectification and ideal body shape (using a figure array ranging from non-muscular to very muscular). It was determined that the ideal male body type is lean and muscular, and men do in fact feel pressure to obtain a particular physique. Oehlhof et al. (2009) found that self-objectification and other body related variables may differ for men and women.

Strengths and Limitations of Literature

There is an abundance of literature and research on body image, self-esteem, and body consciousness that is mostly based on the female population. The literature proves the accuracy of the Objectification Theory and there is even more pressure to appear a certain way due to the explosion of social media and impact that it has on self-worth.

Plastic surgery has become mainstream and acceptable, and is socially acceptable in most cultures. This is also largely based on the media's influence and portrayal of an ideal body type. There continues to be an increase in plastic surgery and cosmetic procedures as more non-surgical procedures become available. There is research to support motives behind obtaining plastic surgery and age groups that are most likely to pursue surgery.

There is abundant amount of published research emphasizing body image and the cosmetic patient that seeks to enhance their beauty, but a gap remains in the literature that explores the perception of body image on the nurse and employees interacting and advocating for patients and/or patients in the plastic and cosmetic surgery specialty.

Summary

Plastic surgery nurses are exposed to patients who are seeking to improve their physical appearance. Many patients are seeking surgery to improve their body-consciousness and self-esteem. This specialty primarily works to improve the physical body and may be perceived as “body-objectification.” The improvement of the physical body has been proven to also improve self-esteem and body consciousness in the majority of patients.

CHAPTER III

Methodology

This study was designed to determine the body consciousness of clinical staff working in the cosmetic and plastic surgery environments. This chapter includes the research design, setting, sample, protection of human subjects, instruments, data collection procedure, and data analysis used to conduct this research study.

Research Design

A descriptive design was used to determine the body consciousness of clinical staff working in the cosmetic and plastic surgery environments.

Setting

Clinical staff that work in plastic and cosmetic surgery were asked to participate in this research study.

Sample

The researcher contacted local plastic surgery offices in North and South Carolina to determine if employees would participate. Three offices agreed to participate. Inclusion criteria was that participants must be employed by a Plastic Surgeon, Cosmetic Surgeon, Medi-Spa, or Cosmetic Dermatologist. Participants could work in any of the following roles: technicians, medical assistants, licensed practical/vocational nurses, clinical nurse specialist, nurse practitioners, physician assistants, physicians, practice managers, aestheticians, and administrative staff.

Protection of Human Subjects

The study posed minimal risk to research participants. Participation in the study was strictly voluntary and there was no compensation for participation. Participants were given a consent form (Appendix A) and asked to complete the survey anonymously.

Instruments

This study used the Objectified Body Consciousness Scale (OBCS) (Appendix B), created by Dr. Nita McKinley. Permission to use the tool was obtained (Appendix C).

The OBCS is a 24-item questionnaire measuring body consciousness. Questions are based on a 7-point Likert scale ranging from Strongly Disagree to Strongly Agree. Questions are divided into three subscales including body surveillance, body shame, and appearance control beliefs. Questions 1, 2, 3, 4, 7, 8, 13, 15, 17, 18, 20, 21, 22, 24 are reversed coded. The total score is then determined by adding the sum of the 24 questions. The score range is 24-168, with higher scores indicated a higher level of body consciousness.

Questions are further divided into three subscales: body surveillance, body shame, and control beliefs. Each subscale consists of eight items with overall scores on these scales ranging from 8-64. Higher scores on body surveillance indicated a conscious awareness of focusing on appearance, whereas lower scores indicated little focus placed on appearance. Higher scores on body shame indicated negative feelings associated with not fulfilling societal expectations, whereas lower scores indicated absence of negative feelings if societal expectations are not met. Higher scores on control belief indicated belief that weight and appearance can be altered or maintained by oneself, whereas lower

scores indicated belief that weight and appearance are predetermined factors that one has no control over (McKinley & Hyde, 1996).

The OBCS had a reported Cronbach's alpha of 0.75 (McKinley & Hyde, 1996).

Data Collection Procedure

Survey packets were delivered by the researcher to the Office Manager at each participating facility. The Office Manager distributed the survey packets which included the consent form and the Objectified Body Consciousness Scale. An envelope was left with the Office Managers for completed surveys to be collected. Participants were given one week to complete the survey. The researcher picked up the surveys from each office at the conclusion of the one week.

Data Analysis

Data was analyzed by the researcher using an excel spreadsheet. Descriptive statistics were used to determine the mean score of the OBCS.

CHAPTER IV

Results

This research study sought to determine the perception of body consciousness of clinical staff working in a cosmetic and plastic surgery environment. The following chapter outlines the statistical results.

Sample Characteristics

The sample consisted of 42 employees working in the cosmetic or plastic surgery offices. Three offices participated. No demographic information was collected.

Major Findings

Data analysis determined that the mean was 95.26, the median was 96, and the mode was 98. Each subscale was also analyzed. Scores were as follows: Body Surveillance 37.6, Body Shame 23.7, and Control Beliefs 32.8.

CHAPTER V

Discussion

Through extensive research, McKinley and Hyde (1996) concluded that increased pressure on women to appear a certain way can lead to both psychological disorders and eating disorders. This study attempted to determine if employees of plastic and cosmetic surgery offices experienced increased pressure to meet societal expectations.

Implication of Findings

The results of this study determined that participants had average scores on the overall OBCS score and each subscale. The score range for the OBCS is 24-168, with a median score of body consciousness being 72. The scores on each subscale range from 8-56, with a median score of 24. There is not a specific “cut off” for median scores, only higher scores indicating higher levels of overall body consciousness. Participants in this study rated their overall level of body consciousness as 96, with the subscales scores as follows: Body Surveillance 37.6, Body Shame 23.7, and Control Beliefs 32.8.

Question #20 “I really don’t think I have much control over how my body looks” had the highest response score with a mean of 6.3 (agree-strongly agree). This is an interesting response from those working in plastic surgery environments. This may indicate that these employees heavily depend on an “outside” influence having control over how the body looks. This could show that they expect a plastic surgeon to change their appearance as opposed to exercise or diet. This could also apply to injectables and other non-surgical procedures that enhance the physical appearance.

Question #11 “I feel like I must be a bad person when I don’t look as good as I could” had the lowest response score with a mean of 1.9 (strongly disagree-disagree).

This researcher interpreted this finding as a “healthy” response, as it shows little correlation between appearance and self-esteem. McKinley and Hyde (1996) stated that the internalization of body standards can result in body shame. This demonstrated that confidence and self-perception may not be related to how one feels about their outer appearance. This is especially important for someone working in a plastic surgery environment and to how they may view their clientele. If they do not feel this way about themselves, they probably do not consider appearance in relation to being a good or bad person, which may prevent them from pre-judging a client based on their physical appearance. Body shaming has become a “buzzword” for the media and many people have been publicly accused of body shaming others. A plastic surgeon must assure that his/her staff would not be guilty of this as it could ruin his/her reputation and yield negative attention from the public.

The researcher was also interested in the response to #17, “I think a person is pretty much stuck with the looks they are born with” that had a low response score of 2.1 (disagree-somewhat disagree) from this population. Again, this is interesting coming from plastic surgery employees as the researcher is assuming that a different population may not be as aware of or accessible to plastic surgery resources. The OBCS by McKinley and Hyde (1996) relied on the assumption that women do have control over their appearance. The knowledge of cosmetic and plastic surgery procedures show that plastic surgery employees believe a person can change their appearance.

Application to Theoretical/Conceptual Framework

In 1997, Fredrickson and Roberts studied the Objectification Theory and determined that women are heavily influenced by the media to look a certain way and

that men view the body as an “object”. This still applies in 2018 but has even intensified through social media, body shaming, the access to and acceptance of plastic surgery. Employees working in plastic surgery environments are exposed to body objectification on a daily basis. It can be difficult to work in an environment where clients are constantly pursuing an “ideal” body. The nurse must be aware of her own body consciousness and remain confident so that she is available to care for his/her patient and be an advocate. A plastic surgery nurse could be at risk of objectifying a patient by projecting their own objectification onto another.

Plastic surgery employees must make sure they do not inadvertently “objectify” a patient even if the patient is objectifying themselves. Awareness of objectification is particularly important in the field of plastic surgery because the client is not ill but is healthy and is coming to improve their physical appearance.

Limitations

The sample size was very small and was limited to one city in the eastern United States. These findings cannot be generalized to other parts of the United States that may be influenced by their own cultural or societal biases.

Recommendations

Plastic surgery patients have been studied for years but little emphasis has been placed on evaluating the effects of plastic surgery on staff working in these environments. The researcher was surprised to find that there was not any documented research on nurses working in plastic surgery environments. This population of nurses is highly influenced by social media and appearance on a daily basis and there is a need for research to determine the impact of working in this environment.

The researcher recommends further investigating plastic surgery nurses and patients and their reaction to questions #20 and #17 of the OBCS. The survey participants strongly believed that one is not “stuck” with the body with which they are born, and that they do “not” have control over their physical appearance. These two questions show a correlation that the participants place the outcomes “outside” of their control and into the hands of others. Prior to social media and the acceptance of plastic surgery, this may not have been an expected answer.

Conclusion

Exploration of body consciousness of plastic and cosmetic surgery employees was the aim of this research study. The results did not provide the conclusion that the researcher was expecting; however, it did identify new areas of research and the need to investigate further. It is essential to the nursing profession to further investigate body consciousness, body shaming, and body objectification. The explosion of social media and the acceptance of plastic surgery proves that research needs to be updated and modernized to ensure awareness amongst nurses.

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Appendix A

Informed Consent

Study Title:

Perception of Body Consciousness of Clinical Staff Working in Plastic and Cosmetic Surgery Environments

Researcher:

You are being asked to participate in a research study being conducted by Jodie Alexander, a Master of Science in Nursing student at Gardner-Webb University.

Purpose:

The purpose of this study is to determine the perception of body consciousness of employees working in the cosmetic and plastic surgery environments.

Procedure:

You are being asked to complete the Objectified Body Consciousness Scale. This is a 24-item questionnaire, based on a 7-point Likert scale. Once you have completed the survey, place it in the envelope in the location designated by your manager. If you choose not to participate, you may also place a blank survey in the envelope or you may discard the survey.

Time Required:

It is anticipated that this research study will require 15 minutes of your time. Once you have completed the survey, you will have no further obligations.

Voluntary Participation:

Participation in this research study is voluntary. You have the right to withdraw from the research study at any time without penalty. You also have the right to refuse to answer any question(s) for any reason without penalty.

Confidentiality:

Your participation and responses to the survey questions will be anonymous and confidential. All answers will be tallied in an electronic database. This information will be stored on the researcher's password protected personal computer. The collected data and results will be retained by the Hunt School of Nursing for three years after completion of the study and then destroyed.

Risks:

There are no anticipated risks in this study; however, should you experience any type of distress from completing this survey, please contact your manager.

Benefits:

There are no direct benefits associated with participation in this study.

Payments:

You will receive no payment for participating in this study.

If you have questions about the research study, contact the following individuals:

Jodie Alexander	Dr. Tracy Arnold
MSN Student – Hunt School of Nursing	Hunt School of Nursing
Gardner-Webb University	Gardner-Webb University
Boiling Springs, NC 28017	Boiling Springs, NC 28017
704-517-0108	704-406-4359
jalexander1@gardner-webb.edu	tarnold@gardner-webb.edu

Consent to Participate:

By completing this survey, you are voluntarily consenting to participate in this research study. If you choose not to participate in this study, you may either submit a blank survey or discard this survey.

Appendix B

Objectified Body Consciousness Scale

The Objectified Body Consciousness Scale

INSTRUCTIONS:

Circle the number that corresponds to how much you agree with each of the statements on the following pages.

Circle NA only if the statement does not apply to you. Do not circle NA if you don't agree with a statement.

For example, if the statement says "When I am happy, I feel like singing" and you don't feel like singing when you are happy, then you would circle one of the disagree choices. You would only circle NA if you were never happy.

	Strongly Disagree			Neither agree nor disagree			Strongly Agree	Does not apply
1. I rarely think about how I look.....	1	2	3	4	5	6	7	NA
2. When I can't control my weight, I feel like something must be wrong with me.	1	2	3	4	5	6	7	NA
3. I think it is more important that my clothes are comfortable than whether they look good on me.....	1	2	3	4	5	6	7	NA
4. I think a person is pretty much stuck with the looks they are born with.	1	2	3	4	5	6	7	NA
5. I feel ashamed of myself when I haven't made the effort to look my best.	1	2	3	4	5	6	7	NA
6. A large part of being in shape is having that kind of body in the first place.....	1	2	3	4	5	6	7	NA
7. I think more about how my body feels than how my body looks.	1	2	3	4	5	6	7	NA
8. I feel like I must be a bad person when I don't look as good as I could.	1	2	3	4	5	6	7	NA
9. I rarely compare how I look with how other people look.	1	2	3	4	5	6	7	NA
10. I think a person can look pretty much how they want to if they are willing to work at it.	1	2	3	4	5	6	7	NA

	Strongly Disagree			Neither agree nor disagree			Strongly Agree	Does not apply
11. I would be ashamed for people to know what I really weigh.....1	2	3	4	5	6	7	NA	
12. I really don't think I have much control over how my body looks.....1	2	3	4	5	6	7	NA	
13. Even when I can't control my weight, I think I'm an okay person.1	2	3	4	5	6	7	NA	
14. During the day, I think about how I look many times...1	2	3	4	5	6	7	NA	
15. I never worry that something is wrong with me when I am not exercising as much as I should.1	2	3	4	5	6	7	NA	
16. I often worry about whether the clothes I am wearing make me look good.1	2	3	4	5	6	7	NA	
17. When I'm not exercising enough, I question whether I am a good enough person.1	2	3	4	5	6	7	NA	
18. I rarely worry about how I look to other people1	2	3	4	5	6	7	NA	
19. I think a person's weight is mostly determined by the genes they are born with.1	2	3	4	5	6	7	NA	
20. I am more concerned with what my body can do than how it looks.....1	2	3	4	5	6	7	NA	
21. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.....1	2	3	4	5	6	7	NA	
22. When I'm not the size I think I should be, I feel ashamed....1	2	3	4	5	6	7	NA	
23. I can weigh what I'm supposed to when I try hard enough.....1	2	3	4	5	6	7	NA	
24. The shape you are in depends mostly on your genes.1	2	3	4	5	6	7	NA	

Appendix C

Permission to Use Tool

----- Forwarded message -----

From: "Nita McKinley" <nmmckin@uw.edu>
Date: Jan 23, 2018 6:03 PM
Subject: Automatic reply: Objectified Body Consciousness Scale
To: "jodie alexander" <jodiealex72@gmail.com>
Cc:

Effective August 31, 2017, I have retired from UWT. I will no longer be responding to emails sent to this account.

If you are writing regarding the OBC Scales, you are welcome to use these scales for non-profit research.

If you have a question regarding the SBHS division or Psychology Major, please contact Dr. Carolyn West at carwest@uw.edu.

For other urgent matters, please contact the SIAS office at ias@uw.edu or call [253.692.4450](tel:253.692.4450).