

The Psychosocial Experiences of Men with Rhinoplasty: A Qualitative Study

Burun Estetiği Olan Erkeklerin Psikososyal Deneyimleri: Nitel Bir Çalışma

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ABSTRACT Objective: This study was conducted to determine the psychosocial experiences of men with rhinoplasty. **Material and Methods:** This study was a qualitative study conducted using the phenomenological method. The study was conducted between May and June 2022. A total of 13 men with rhinoplasty were interviewed. Data were collected with an information form and a semi-structured interview form. The data were analysed using content analysis and themes were created. The study protocol was carried out in accordance with the Helsinki Declaration of 1975. Permission was obtained from the ethics committee and individual consent was obtained from participants. **Results:** The ages of the men participating in the study ranged from 19 to 32 years. The majority of the participants had undergraduate education, middle income level, were employed, and single. Two main themes and 5 sub-themes emerged. The themes were mirror (appearance & new nose/new life) and comments about the nose (pressure, perspective and before/after). Participants emphasized the positive and negative effects of rhinoplasty surgeries in terms of psychosocial impact. **Conclusion:** It was found that with rhinoplasty, men's appearance improved and their self-confidence increased; however, they were exposed to pressure and negative statements about the nose, and need comprehensive counselling about the process. In line with this, counselling-based interventions by mental health professionals can be planned for men before and after rhinoplasty. Educational interventions for youth, adults, families and society can be implemented.

Keywords: Rhinoplasty; men; qualitative study; psychosocial experiences

ÖZET Amaç: Bu çalışma, burun estetiği yaptıran erkeklerin psikososyal deneyimlerini belirlemek amacıyla yapılmıştır. **Gereç ve Yöntemler:** Fenomenolojik yöntem kullanılarak yapılan nitel bir çalışmadır. Çalışma, Mayıs-Haziran 2022 tarihleri arasında gerçekleştirilmiştir. Amaçlı örnekleme yöntemi ile belirlenmiş, burun estetiği olan 13 erkek ile görüşülmüştür. Veriler, kişisel bilgi formu ve yarı yapılandırılmış görüşme formuyla derinlemesine görüşme yapılarak toplanmıştır. Veriler içerik analizi yöntemi ile çözümlenerek temalar oluşturulmuştur. Çalışma protokolü, 1975 Helsinki Deklarasyonuna uygun olarak yürütülmüştür. Etik kurul izni ve katılımcılardan bireysel onam alınmıştır. **Bulgular:** Çalışmada erkeklerin yaşları 19 ve 32 yaş arasında değişmektedir. Katılımcıların çoğunluğu lisans eğitimi almış, orta gelir düzeyine sahip, çalışan ve bekârdır. Araştırmada 2 ana tema ve 5 alt tema ortaya çıkmıştır. Temalar ve alt temalar; ayna (görünüm ve yeni burun yeni yaşam) ve burun hakkında söylemler (baskı, bakış açısı, öncesi/sonrası) olarak belirlenmiştir. Katılımcılar, burun estetiği ameliyatlarının psikososyal açıdan olumlu ve olumsuz etkilerini vurgulamışlardır. **Sonuç:** Burun estetiği ile erkeklerin görünümünün iyileştiği ve öz güvenlerinin arttığı bununla birlikte burun konusunda baskıya ve olumsuz söylemlere maruz kaldıkları ve süreçle ilgili kapsamlı bir danışmanlığa ihtiyacın olduğu bulunmuştur. Bu doğrultuda, ruh sağlığı profesyonelleri rinoplasti öncesinde ve sonrasında erkeklerle danışmanlık temelli müdahaleler planlanabilir. Gençleri, yetişkinleri, aileleri ve toplumu temel alan eğitimsel müdahaleler yapılabilir.

Anahtar Kelimeler: Burun estetiği; erkek; nitel çalışma; psikososyal deneyim

Due to advances in surgical technology and the change in perceptions about beauty, the desire to have plastic surgery and the number of people who have undergone plastic surgery are increasing day by day in the twenty-first century.^{1,2} In some aesthetic operations, the aim may be treatment, in some of them the

aim is beautification and in some of them the aim is both treatment and beautification.³ Rhinoplasty, an aesthetic operations, is a surgical procedure that reconstructs the shape of the nose while preserving its airway function.⁴ The fact that rhinoplasty has aesthetic as well as functional goals increases the im-

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portance of the surgery.⁵ Rhinoplasty is one of the most common facial surgeries worldwide.⁶ In a report, in which rhinoplasty was ranked 5th in the list of the most frequently performed aesthetic operations in the world (top 20), rhinoplasty was ranked 4th among the aesthetic operations performed on the male gender in terms of gender distribution.⁷

The number of rhinoplasty operations is increasing every year, especially due to the widespread use of social media and changes in individual perceptions of beauty.^{8,9} Although mental health is only one of the numerous factors affecting rhinoplasty, it is a very important issue.¹⁰ However, there is no consensus about the psychological predispositions of individuals undergoing rhinoplasty. It was stated that individuals with rhinoplasty have negative mental health or are psychologically stable.¹¹ However, although the majority of individuals who have rhinoplasty are women, rhinoplasty techniques are also performed on men in a series of cases. It was reported that masculine features should be preserved, the nose should not be feminized or excessively enlarged during rhinoplasty applications.¹²

Depending on how men perceive the results of rhinoplasty, it can affect their psychosocial health positively or negatively, and it is stated that the effects of rhinoplasty on the psychosocial health of individuals are important in terms of holistic health.¹³ In this context, understanding men's rhinoplasty experiences may have profound implications for the protection of physical, psychological and social health. This study was conducted to determine the psychosocial experiences of men with rhinoplasty.

RESEARCH QUESTIONS

- What do men with rhinoplasty think or feel?
- What are the experiences of men with rhinoplasty?

MATERIAL AND METHODS

STUDY TYPE

This research was a qualitative study using the phenomenological method to determine the psychosocial experiences of men with rhinoplasty.

STUDY POPULATION AND SAMPLE

The population of this research consists of men who had rhinoplasty in 2022 and were followed up in an aesthetic, plastic and reconstructive surgery clinic in a province of Türkiye. Thirteen men with rhinoplasty, determined by the purposeful sampling method, constituted the sample. The study was conducted between May and June 2022.

It is stated that in qualitative studies, the number of participants depends on the understanding and nature of the phenomenon being analysed, and the researcher may terminate the study when data saturation is reached.¹⁴ Accordingly, the study was terminated when data saturation was reached (13 participants).

INCLUSION CRITERIA FOR THE STUDY

Men who were over the age of 18, had rhinoplasty for beautification, at least 3 months after the operation (due to pain) and who volunteered were included in the study. Participants who had rhinoplasty for treatment, had communication problems and a diagnosis of mental illness were not included in the study, as this would affect the results.

DATA COLLECTION TOOLS

Data collection tools consisted of 2 parts; the "Information Form" with introductory information about men and the semi-structured "Interview Form".

Information Form: This consists of questions about the descriptive characteristics of men regarding their age, employment status, profession, income level (*high: income more than expenses, middle: income equal to expenses, low: income less than expenses*), education level (*primary school, high school, university, etc.*) and rhinoplasty procedure. These questions were based on the statements of the participants.

Semi-structured Interview Form: This consists of open-ended questions evaluating the experiences of men regarding the rhinoplasty process (Table 1). Semi-structured interview questions were created by examining the literature.^{15,16}

TABLE 1: Semi-structured interview questions.

1.	How did you decide to have rhinoplasty?
2.	What influenced your decision to have rhinoplasty?
3.	How did you feel after the rhinoplasty?
4.	What has changed in your life after the rhinoplasty? (private, family, work, social life etc.)
5.	What does being rhinoplasty mean to you?
6.	Are there any situations that you would like to add that I did not ask about?

COLLECTION OF DATA

The data were collected by the researchers between May and June 2022 using the personal information form and semi-structured interview form. The semi-structured interview form included the questions listed in Table 1. In the interviews, the questions were asked in the same order and additional explanations were made when necessary. All of the stated opinions were evaluated as qualitative data. Data were recorded as interview notes with the permission of participants who refused the voice recorder. An interview was held with each participant. No additional interviews were held. The interviews continued until data saturation was reached and terminated when data saturation was reached. The interviews lasted an average of 35-40 minutes. Care was taken to conduct the interviews in an environment where the researcher and the participant could see each other easily, where there was no noise and interruption, and allowing comfortable communication.

EVALUATION OF THE DATA

Quantitative data from the personal information form were evaluated in the computer environment and expressed as numbers and percentages. Qualitative data were analysed by content analysis and written as raw data. Qualitative data were first transcribed to the computer environment by the researchers and then analysed with content analysis. The data in the research were used to identify themes and sub-themes revealing the relationships between the categories. Expert opinion was obtained regarding the validity of the themes and sub-themes from four independent researchers with qualitative research training and experience. After the expert opinions were obtained,

unnecessary coding was removed, the connections between codes were regrouped, the main idea in the statements was discovered and the themes and sub-themes were finalized. Themes were created from the obtained data, not pre-existing data. Themes are supported by direct quotations when necessary.

CREDIBILITY AND TRUSTWORTHINESS OF QUALITATIVE DATA

In this study, long-duration interviews, participant confirmation and expert review methods were used to ensure credibility. There was no pre-study interaction, prejudice or bias between researchers and participants. Before the in-depth interview, necessary information about the study was provided for the establishment of secure communication between the researcher and the participant, and the data were collected on the planned day, time and place. At the end of the interview, the data obtained by the researcher were summarised for the individuals and the individuals were asked to state their thoughts about accuracy for participant confirmation. In addition, individuals were asked whether they had any final opinion that they would like to add. The interview was terminated by recording the additional explanations. During the planning phase of the study, expert opinion was obtained about the questions in the interview form and then about the themes. Expert opinion was obtained from academics (f4 independent academics) who are mental health professionals and have experience of qualitative research. Thus, an attempt was made to ensure credibility by receiving expert opinions from the beginning to the conclusion of the research. Method triangulation (individual interview and observation) were used to ensure reliability in the study. In the name of confirmability, interview notes and notes about the statements of the participants during the interview were taken as raw data, and the statements of the individuals were directly included in the research report. It is thought that the research results obtained from interviews with this sample group can be used in similar sample groups in different environments, and thus the transferability criterion is met.

REFLEXIVITY

The self-reflexive knowledge of the researchers in this study is as follows; the first researcher (PhD)

TABLE 2: Introductory characteristics of the participants.

Participant number	Age	Marital status	Employment status	Educational status	Income status
Participant 1	21	Single	No	Undergraduate	High
Participant 2	21	Single	Yes	High school	Middle
Participant 3	24	Single	Yes	Undergraduate	High
Participant 4	22	Single	No	Undergraduate	Middle
Participant 5	32	Married	Yes	Undergraduate	Middle
Participant 6	27	Single	Yes	High school	Middle
Participant 7	25	Single	No	High school	Middle
Participant 8	20	Single	No	High school	Middle
Participant 9	32	Single	Yes	Undergraduate	High
Participant 10	31	Married	Yes	Doctorate	High
Participant 11	24	Married	Yes	Undergraduate	Middle
Participant 12	23	Married	Yes	Undergraduate	Middle
Participant 13	19	Single	Yes	Undergraduate	Middle

completed her doctorate in psychiatric nursing. The first researcher has scientific research experience in mental illnesses and qualitative research. The second researcher (PhD) is an associate professor in social and cultural anthropology. Her research interests and publications focus on health, identity and ethnography. The fact that the first researcher conducting the interviews was a psychiatric nurse ensured effective communication with the participants and the sustainability of the interviews.

ETHICAL ASPECTS OF THE STUDY

The study protocol was carried out in accordance with the Helsinki Declaration of 1975 and approval was obtained from Nevşehir Hacı Bektaş Veli University Non-Interventional Clinical Research Ethics Committee (date: March 28, 2022, no: 3). Institutional permission was obtained from the aesthetic, plastic and reconstructive surgery clinic in the province where the research was conducted. Written informed consent was obtained by explaining the purpose of the study to all participants. The names of the participants were kept confidential, and the participant number and age are indicated by codes instead of names.

RESULTS

INTERVIEW AND SAMPLE CHARACTERISTICS

The ages of the men participating in the study ranged from 19 to 32 years. The majority of the

TABLE 3: Themes and subthemes emerging from the interviews.

Themes	Subthemes
Mirror	Appearance New nose-new life
Talks about nose	Pressure Perspective Before/after

participants had undergraduate education, middle income level, were employed and single (Table 2).

THEMES EMERGING FROM THE INTERVIEWS

In the study, 2 themes related to the experiences of men with rhinoplasty and 5 sub-themes belonging to these themes emerged (Table 3).

THEME 1. MIRROR

All the participants stated that they did not like their nose, that they saw their nose as a defect and that it greatly affected their appearance because the nose is the organ in the middle of the face. They emphasized that they had rhinoplasty because they wanted to improve their appearance in the mirror. They stated that their lives changed after rhinoplasty, they felt good as if they were born again, their self-confidence increased, and they liked their new face when they looked in the mirror.

APPEARANCE

All the participants stated that they were more uncomfortable with their nose due to digitalization and social media, they did not like their appearance before rhinoplasty, they cared about a beautiful appearance, they tried to improve their appearance with rhinoplasty, and they wanted to be liked.

“I had an ugly and big nose. It was like my whole face was my nose. When I looked at my face, I only saw my nose. Most of the time I avoided looking in the mirror. Then I made a decision. I didn't want to see this face anymore. I had an operation.” (P9-32)

“I think looking good or being attractive (looking handsome and sexy) is very important for everyone. While social media is a big part of our lives today... So I thought if I got my nose done, I would change. I am happy with the result.” (P10-31, he was smiling while talking)

NEW NOSE-NEW LIFE

Almost all the participants stated that they felt better after rhinoplasty, the surgeon who performed the rhinoplasty gave them a new life, they made peace with mirrors in their new lives, their self-confidence increased, and their social and interpersonal skills improved.

“New nose, new image, new relationships, new photos... I can define everything in my life as new. It's a very nice feeling. After the surgery, my nose suited my face and I can say that it made me more handsome or more confident.” (P1-21, he was sitting on the couch confidently)

“I used to feel sorry for how my nose looked on side photos taken in environments with friends. I couldn't take a random photo. I had to adjust the angle of my nose. But after rhinoplasty, I officially made peace with the camera.” (P4-22)

THEME 2. COMMENTS ABOUT THE NOSE

All the participants stated that they were exposed to pressure from their social circles about their noses, and especially that analogies were made. They stated that when they decided to have rhinoplasty, they were exposed to discourse in line with the perspectives of people around them, and they were criticized on the

basis of religious beliefs. Finally, they emphasized that the aesthetic decision was a difficult process (pain, bruising, swelling, intense anxiety, fear, uncertainty), they tried to get information from experienced people and talk about their nose, and compare photos of individuals who had rhinoplasty (before/after in social media).

Pressure

Most of the participants stated that the comments of people in their social circle about their noses put pressure on them about getting rhinoplasty. They stated that negative jokes were made about their nose and even fun was made of their nose and that they were exposed to negative feedback. They emphasized that this situation negatively affected their psychosocial health, and they were unhappy. For these reasons, they stated that they had rhinoplasty and were satisfied with the result.

“People around me used to joke that my nose was ugly. They even made analogies like the ugly duckling.” (P8-20, with a frowning and angry face)

“My friends made negative comments about my nose. They said your nose is big, drooping downwards. They used to say that my last name must be big-nose, and they would laugh. I would get upset, pretend I didn't hear.” (P3-24, sad facial expression)

Perspective

The majority of the participants stated that society's perspective on rhinoplasty affects the rhinoplasty process and caused them to be criticized. Participants stated that they had a reaction from their families before rhinoplasty, that individuals around them did not approve of rhinoplasty due to their religious values, and that they considered that aesthetics was not suitable for men.

“My family, especially my mother, said that there was no need for rhinoplasty even though I had a big nose. They tried to persuade me not to have it, not to get it done. Because when she had rhinoplasty, it was perceived as if there was a defect.” (P7-25)

“Are you going to get your nose done like a woman? The people around me said Look! Your stern and masculine gaze will disappear. There were many

comments saying, you shouldn't have it done." (P5-32, with an angry facial expression)

"Before rhinoplasty, they said it's a big sin not to like the nose created by God. After rhinoplasty, they said God forgive you for doing this. So, they continued to comment from these perspectives before and after rhinoplasty." (P6-27, he had a reactive demeanour)

Before/After

Almost all the participants stated that they had serious fears and concerns before and after rhinoplasty. They stated that they followed people who had rhinoplasty on social media and that they examined photos of individuals before/after rhinoplasty. In addition, they stated that they conducted long-term research about surgeons (best surgeon, hospital, price, etc.). They emphasized that they tried to get information from individuals who had rhinoplasty about their worries and fears, and that their anxiety (painful process, postoperative difficulties, etc.) was reduced thanks to the people who shared their experiences.

"I had a lot of fear because I did not know the operation procedure. I spoke to people who had rhinoplasty before and after they had rhinoplasty. I asked what they were going through. Furthermore, I researched a lot about who was the best surgeon. Being informed helped me go through this process easily." (P12-23)

"The first time after surgery, I said, what did I do? Because actually, a small change changed my face and became a major change. In general, it was difficult for me to get used to the new face. For days, I looked at photos of people who had rhinoplasty. Moreover, I talked to them and was relieved to hear similar things." (P11-24, smiling)

DISCUSSION

With the spread of social media, flawless appearance has gained importance along with external appearance. While social media users use various applications to look perfect in their photos, they apply to aesthetic procedures to bring this flawless look into their real lives. In a study, it was stated that aesthetic procedures on social media make a perceptual change

as procedures that everyone can do.¹⁷ As a matter of fact, the participants in this study stated that they were more uncomfortable with their noses due to the effect of digitalization and social media today, they did not like their appearance before rhinoplasty, and they wanted to change their appearance. Similarly, in a study, the external appearance evaluation and social skills of those who applied for rhinoplasty were low, and interventions before rhinoplasty were better for people who had difficulties with these variables.¹⁸

The reasons for having rhinoplasty were stated to be to improve quality of life, to increase self-confidence and social interaction, to be satisfied with oneself and to stop obsessions.^{16,19} Furthermore, it was stated that rhinoplasty can contribute to the mental well-being of the individual regardless of gender, marital status, education or age.²⁰ Almost all the participants in this study stated that they felt good after rhinoplasty, the surgeon who performed the rhinoplasty gave them new life, they made peace with mirrors in their new lives, their self-confidence increased, and therefore their social and interpersonal skills improved. However, it is stated that rhinoplasty may result in unsatisfactory outcomes in individuals with mental illness.^{10,21} Therefore, before the decision for rhinoplasty, individuals should be evaluated with a multidisciplinary approach in terms of physical, mental and social aspects. During follow-up, mental health professionals can perform interventions based on the individual's psychosocial health in cases involving the individual being unable to adapt to change or dissatisfaction after rhinoplasty.

Social, psychological and physical conditions are effective in shaping the nose of the individual. It was stated that the most important social factors affecting rhinoplasty are social media and the social environment, respectively.²² Today, mass media such as fashion, health and beauty magazines, television, and advertisements paint images of what the ideal appearance looks like.^{23,24} In a study conducted with men having rhinoplasty, men were negatively affected by negative perceptions of their appearance and the opinions of people in society about their noses.¹³ Similarly, most of the participants in this study stated that the comments of people in their social circle about their noses put pressure on them

about getting rhinoplasty. In this context, short- and long-term follow-up of feelings and thoughts before and after rhinoplasty may be useful. Finally, mental health professionals can hold educational interventions for youth, adults, families and the community.

It was stated that people affected by family and community culture will not want to have plastic surgery for many reasons (prejudice, religious beliefs, etc.) or may blame the individual for the surgery.¹³ The majority of the participants in this study stated that society criticized them for their perspective on rhinoplasty. Participants stated that they received reactions from their families before rhinoplasty, that surrounding individuals did not approve of rhinoplasty due to their religious values, and that they considered that aesthetics was not suitable for men. In this context, therapeutic interviews can be conducted with men who apply for rhinoplasty, so they can express themselves. Mental health professionals should strive to understand people's aesthetic reasons, develop positive attitudes, and improve psychosocial health.

There are a wide variety of personal expectations and even fictitious ideals for rhinoplasty results. Almost all the participants in this study stated that they had serious fears and concerns before and after rhinoplasty. They stated that they followed people who had rhinoplasty on social media and that they examined photos of individuals before/after rhinoplasty. Moreover, they conducted long-term research about surgeons (best surgeon, hospital, price, etc.). They emphasized that they tried to get information from individuals who had rhinoplasty about their worries and fears, and that their anxiety (painful process, postoperative difficulties, etc.) was reduced thanks to people who shared their experiences. It was reported that individuals with aesthetic rhinoplasty have higher aesthetic expectations and anxiety levels than individuals who have rhinoplasty for treatment purposes.^{25,26} In addition, the more time that passes after rhinoplasty, the higher the rhinoplasty satisfaction of individuals.¹ The participants in this study made similar statements.

LIMITATIONS OF THE STUDY

Considering that the rate of undergoing rhinoplasty in the under-18 age group is higher, it is thought that

the age range (19-32 years old) in this study may be a limitation.⁷ We think different results will emerge if the study is performed specific to sex (woman). For this reason, a limitation of the study is that it was performed with men. Finally, semi-structured interview questions were not tested before or a preliminary study was not conducted with this group.

CONCLUSION

It was found that the positive and negative effects of rhinoplasty surgeries have very important consequences for psychosocial health. In the study, men had rhinoplasty because they did not like their appearance because of their nose, and they wanted to look better in the mirror. It was found that men's lives changed after rhinoplasty, their self-confidence increased, and they liked themselves when they looked in the mirror. However, men were exposed to pressure about their nose and negative comments in line with the perspectives of surrounding people. Finally, it was seen that the aesthetic decision is a difficult process (pain, bruising, swelling, intense anxiety, fear, uncertainty) and they need comprehensive counselling regarding this process. In line with this, counselling-based interventions by mental health professionals can be planned for men before and after rhinoplasty. Educational interventions for youth, adults, families and the community can be held by mental health professionals. In addition, mental health professionals should aim to create permanent solutions in the short and long term, taking into account the impact of these initiatives on men.

Authorship Contributions

All authors contributed equally while this study preparing.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise,

working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Gülhan Küçük Öztürk, Zeliha Nilüfer Nahya; **Design:** Gülhan Küçük Öztürk, Zeliha Nilüfer Nahya; **Control/Supervision:** Gülhan Küçük Öztürk; **Data Collection**

and/or Processing: Gülhan Küçük Öztürk; **Analysis and/or Interpretation:** Gülhan Küçük Öztürk, Zeliha Nilüfer Nahya; **Literature Review:** Gülhan Küçük Öztürk, Zeliha Nilüfer Nahya; **Writing the Article:** Gülhan Küçük Öztürk, Zeliha Nilüfer Nahya; **Critical Review:** Gülhan Küçük Öztürk, Zeliha Nilüfer Nahya; **Materials:** Gülhan Küçük Öztürk, Zeliha Nilüfer Nahya.

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