Examining The Use Of Video-Calls On Interest And Acceptance Of Cosmetic Procedures

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Abstract

The present study examined the use of video calls on interest and acceptance of cosmetic procedures. The main purpose of the study was to determine if the increased use of video conferencing calls during the pandemic has impacted Irish people's thoughts regarding cosmetic procedures. A total of 109 participants aged between 18-73 completed a questionnaire regarding cosmetic procedure interest, social media and video call usage, and attitudes of acceptance of cosmetic surgery scale. The results revealed a significant increase in desire to obtain cosmetic procedures, females may now be desiring more invasive cosmetic procedures for the future compared to males. Age and time spent on social media were found to be predictive of acceptance of cosmetic surgery while gender and time spent on video conferencing calls were not. Implications for this study and strengths and limitations for researching cosmetic procedures are discussed.

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Introduction

The beginning of the pandemic disrupted many industries, including the domain of cosmetic surgery and injectable procedures, with many clinics closing globally. The apprehension of quarantine and the commotion of the Covid-19 pandemic has ushered fear and uncertainty into society which may have altered how individuals perceive themselves. There was more time to slow down and reflect on personal beliefs that individuals may not have considered pre-pandemic (Büssing et al., 2020). With the introduction of the pandemic came public health and safety social distancing measures. Essentially, individuals have been compelled to participate in video-conferencing meetings for work, educational purposes, and everyday social activities to connect with colleagues, family, and friends. Thus, the use of video call programmes such as Zoom, Microsoft Teams, Google Hangout, and Skype Business have all significantly increased (Hacker et al., 2020). According to Zoom statistics, throughout the entirety of 2020, Zoom has been downloaded on mobile apps more than 485 million times. In December 2019, pre-pandemic, the company's statistics revealed that the programme had 10 million daily participants (Evans, 2020). With millions of people forced to stay at home elicited the shift from in-person interactions to virtual video-conferencing calls. The surge in the use of virtual networking services is not surprising. However, while video-conferencing calls are a practical solution for recreating speaking to someone in real life face-to-face, there is a crucial difference, the self-view function (Pfund et al., 2020; Patel, 2021). Seeing one's self-image frequently for prolonged periods of time may make people hyper-aware of their appearance and insecurities (Karl et al., 2021). Therefore, it is possible that the way people view themselves has changed (Padley & Di Pace, 2021).

Cosmetic procedures are concerned with physical changes to one's appearance through surgical or non-surgical techniques for either enhancement, maintenance, or medical purposes (Swami et al., 2009). Cosmetic procedures have been growing in popularity rapidly throughout the years as an increasingly common way of enhancing one's appearance (Walker et al., 2019). Despite the pandemic, many countries globally have observed an increased surge in the number of people demanding appointments for both surgical and non-surgical cosmetic procedures. According to the International Society of Aesthetic Plastic Surgery (ISAPS, 2020), the top five countries that performed the total number of procedures in 2020 were the USA, Brazil, Germany, Japan, and Turkey. Their global annual report for 2020 has detected a continued increase in non-surgical procedures, specifically fillers. The top five non-surgical procedures executed worldwide for 2020 remained the same as 2019 (botulinum toxin, commercially known as Botox, hyaluronic acid injections, laser hair removal, non-surgical fat reduction, and lastly, photo-rejuvenation/IPL treatment). The top five surgical procedures worldwide also remained consistent throughout 2020 (breast augmentation, liposuction, blepharoplasty, rhinoplasty, and finally, abdominoplasty, more often known as tummy tuck surgery). In particular, rhinoplasties (nose reshaping) and brow lift surgeries are proliferating globally compared to 2019. (See Appendix A & B for further details)

The world's largest association of facial plastic surgeons in the USA, the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS, 2020), reported a 70% increase in bookings in 2020. Their highest number of engagements than ever before. Practitioners have labelled this phenomenon “The Zoom Boom” (Chen et al., 2021; Iacobucci, 2020). The USA's top four most demanded cosmetic surgical procedures in 2020 found that rhinoplasties rose by (78%). The second most popular procedure was rhytidectomy (face-lifts),

an upsurge of (69%), followed by blepharoplasties (eyelid surgeries), which soared by (65%), and lastly, platysmaplasty (neck-lifts) increased to (58%). The AAFPRS's most recent survey outcomes for 2021 have seen the total number of surgical and non-surgical surgery procedures continue to mount drastically. Prevalence rates are rising as an estimated 1.4 billion surgical and non-surgical procedures were performed in the last year in the USA, a 40% escalation since 2020. Surgical procedures (rhinoplasties, face-lifts and eyelid surgery) remained the most requested surgeries as part of this upsurge for 2021. Other trending procedures AAFPRS members cited as increasing significantly were brow-lifts and neck-lifts. Interestingly, the most sought-after procedures that are mentioned above are procedures that are above-the-shoulder. AAFRS members have recognised this trend, where (83%) of members have stated (75%) that their work is focused on facial plastic surgery.

There have been countless studies that have examined cosmetic procedures, and the vast majority of them are associated with women (Cook, 1997; Nerini et al., 2014; Wu et al., 2022; Von Soest et al., 2009; Eriksen, 2012). In the 2020 annual report by the ISAPS, women continue to be the most likely recipients for undergoing cosmetic procedures. Women accounted for (86.3%) of all surgical procedures and (86%) of all nonsurgical cosmetic procedures. This comes as no surprise given that physical attractiveness standards have always been higher for women throughout human history (Bazner, 2002; Strahan et al., 2006; Wijsbek, 2000; Forbes et al., 2007). Several attempts have been made in the past to understand what is driving this desire. One particular study examined various factors that motivate women to undergo cosmetic procedures. The results revealed that women with low self-esteem, low self-rated attractiveness, low life satisfaction, and who frequently watched television were more likely to undergo cosmetic surgery (Furham & Levitas, 2012). Similarly, Markey and Markey (2009) found that body

dissatisfaction, reported physical appearance teasing, and the impact of media messages were all associated with young women considering cosmetic surgery. Swami et al., (2007) argue that the media communicates unrealistic beauty standards for women, such as a slim waist, hourglass figure, and full breasts. This ideal is unattainable for many women, and it can pressure some to alter themselves through cosmetic procedures (Swami et al., 2007).

Conversely, men are blatantly underrepresented regarding cosmetic procedures as they traditionally represent a marginal number within the cosmetic procedure industry (Sinno et al., 2015; Cohen et al., 2016; Alotaibi, 2021). Thus, there are very few studies about men and their interest in such procedures. One previous study investigated the difference between women's and men's interests in cosmetic surgery. The sample included 26,963 women and 25,714 heterosexual men aged 18-65, (48%) of women were interested in one or more cosmetic procedures while (23%) alluded that they were potentially interested. Men appeared to be less interested than women, (23%) were interested, and (17%) were potentially interested (Frederick et al., 2007). In a major study by Brown et al., (2007), they found that women expressed a greater likelihood of undergoing cosmetic procedures than men, younger men reported more desire to obtain cosmetic procedures than older men, and consistent with previous studies low self-evaluations of physical attractiveness anticipated higher likelihood of getting cosmetic procedures. Men and women were also directly compared on the vicarious experience of friends and family who had obtained cosmetic procedures. This was a significant finding from the study, as vicarious experience promoted the likelihood of women obtaining cosmetic procedures but not men. According to the researchers, vicarious experience may increase awareness about cosmetic procedures, and as a result, it can have a normalising effect by removing the negative stigma associated with obtaining cosmetic procedures (Brown et al., 2007).

More recently, there has been an increasing demand for males seeking such cosmetic services (Kain & Amar, 2020). According to the (AAFPRS, 2021), the difference between women and men pursuing cosmetic procedures is gradually shifting. Regarding procedures, eye-lifts and Botox are becoming more common equalised procedures between genders. While hair transplants are booming in popularity and are the only procedure for which men exceed women. A previous study analysed factors effecting men's attitudes towards cosmetic surgery. The findings were that low ratings of body satisfaction, prolonged time watching television, increased time on social media sites and higher degrees of masculine gender role stress were all influential aspects of attitudes towards cosmetic surgery. This study demonstrates that men, like women, are subject to body image dissatisfaction, which is growing more widespread than previously considered (Abbas & Karadavut, 2017).

Previous literature on cosmetic procedures has implied that ageing is associated with seeking cosmetic procedures (Honigman & Castle, 2006; Frederick et al., 2007; Slevec & Tiggemann, 2010). Older women may feel pressurised to obtain cosmetic procedures as their appearance changes due to ageing. One particular study by Goodman (1994) interviewed twenty-four women aged between 29-75 on women's receptivity to cosmetic surgery. In this study, twelve women had undergone cosmetic surgery, and twelve had none. The findings were that older women were more concerned with their faces, specifically drooping skin and wrinkles. Which subsequently led them to undergo face-lifts, chemical peels, and chin tucks to improve their appearance concerns. Younger women, on the other hand, were more displeased with their bodies' appearance and shape. Recently, several studies have found many young people pursuing cosmetic procedures (Arab et al., 2019; Yeslev et al., 2017; Wang et al., 2020; Jin et al., 2022). According to the AAFPRS (2021) statistics, age distribution varies across procedure types. The

most common surgical procedure for the (19–34) age group is rhinoplasties, a pattern consistent for the last number of years. However, the most common procedure for the 35-50 age group is Botox, a minimally invasive procedure that purposely targets wrinkles. Although middle-aged and older women are the primary consumer group for anti-ageing cosmetic procedures such as Botox and neck-lifts, there are very limited studies that have examined older adults' attitudes and willingness to undergo cosmetic procedures (Hurd-Clarke et al., 2007).

Acknowledging that younger people are inclined to have invasive surgical procedures, such as a rhinoplasty, may be attributed to social media applications like Snapchat and Instagram (Di Gesto et al., 2021; Ramphul & Mejias, 2018; Cristel et al., 2021; Chen et al., 2019). These particular apps permit users to use editing tools such as beauty filters that smooth the skin to look perfectly airbrushed. These tools not only blur out the skin but can also modify the size and shape of the face, including the eyes to make them visibly larger, the nose to make it narrow and smaller, bigger lips, higher cheekbones and more within seconds (Ramphul & Mejias, 2018; Lavrence & Cambre, 2020). Previous studies have reported a trend among plastic surgeons in which they have disclosed that their patients aspire to look like their filtered selfie or close to what the filter resembles (Othman et al., 2021; Ramphul & Mejias). Subsequently, the term "Snapchat Dysmorphia" was coined (Cristel et al.,2021). Not only is this expectation unachievable, but it can also have a severely damaging psychological impact on young people, especially those who already suffer from body dysmorphic disorder and eating disorders (Rajanala et al., 2018; McLean et al., 2015; Coy-Dibley, 2016). For example, in a recent study by Varman et al., (2021), they examined social media filter use and interest in getting facial cosmetic procedures in women aged 18-29. They found that the use of face-enhancing filters on Instagram, other face altering software and a history of previous mental health illness were all

significantly correlated with motivation to undergo facial cosmetic procedures (Varman et al., 2021).

On platforms like Instagram, the feed is generally flooded with 'perfect' images. Some of the pictures shared on the app are subtly edited beforehand using photo editing apps like FaceTune, YouCam Perfect, Perfect365. Manipulating images is becoming more normal, making it very difficult for users to differentiate between what is reality and what is not (MacCallum & Widdows, 2016; Kleemans et al., 2016; Nightingale et al., 2017). Viewing these types of 'perfect' images enables people to strive for unrealistic beauty standards, body dissatisfaction, self-image related concerns (Tiggemann & Anderberg, 2020; Mills et al., 2018; Fardouly & Vartanian, 2016). There has been little exploration regarding the relationship between time spent on social media and attitudes towards undergoing cosmetic procedures. However, one current study has examined the effects of social media on desire for cosmetic procedures among one hundred and eighteen women aged 18-29. Participants were queried on their time spent on social media, contentment with their appearance, mood and desire to obtain cosmetic procedures. Participants were then exposed to random pictures of either facial cosmetic enhancements or pictures of travel. The results signified that those who viewed the pictures of women's facial cosmetic enhancements impacted the participant's desire to obtain cosmetic procedures. Even more so, if they heavily consumed social media, followed a multitude of accounts, and were less content with their appearance (Walker et al., 2019). This study emphasises how frequent social media usage can be highly persuasive to young women to consider cosmetic procedures.

People are not only viewing 'perfect' images on social media. We are now also viewing our imperfect images without filters on video-conferencing calls. According to Rice and colleagues (2021), individuals have been obligated to confront their image unfiltered and

unedited on Zoom and other video-conferencing applications. Video calling users are now seeing themselves from an observer's perspective (Pfund et al., 2020). Considering this is now the primary way of communicating, individuals are more inclined to spend extended periods of time on calls. This is the first time individuals are seeing their dynamic moving faces without filters for extended time periods. In many cases, the calls are under bad lighting and presented at awkward angles (Rice et al., 2020). Previously, individuals may not have had to stare at their reflections on their laptops and PCs for such lengths of time. Digital web cameras can also make people's appearance look distorted as the lens is wider, which may give individuals an unfamiliar view of themselves compared to the one they're used to seeing in the mirror. This may worsen the perception of one's self-image especially if they are already dissatisfied with what they are seeing (Rice et al., 2020).

A recent study by Cristel et al., (2020) surveyed 158 individuals on their facial appearance while on video conferencing calls. A concerning finding from this study was that many participants displayed high ratings of anxiety, stress, and self-consciousness because of their facial appearance when engaging in video conferencing calls. (55%) of participants were worried about their facial appearance, with the nose being the area of most concern (16%). Followed by submental fat, also known as a double chin (15%), forehead wrinkles (12%) were also noted as a bothersome area. Furthermore, (60%) of participants responded that they had never obtained any facial cosmetic procedures before. Nevertheless, (40%) now intend to get cosmetic procedures based on their appearance dissatisfaction whilst on video conferencing calls alone. It is noteworthy to mention (39%) had already undergone facial cosmetic procedures before but plan to continue with future procedures. Consistent with the results from the AAFPRS (2021) and ISAPS (2020), the two most desired non-surgical procedures participants mentioned

in this study were Botox and filler. In another study, a Google Trend analysis was conducted to investigate whether the pandemic has influenced the public's interest in cosmetic procedures, specifically above-the-shoulder procedures. The search terms and volumes were analysed between January 2015 and March 2020, and the findings were that the above-the-shoulder procedures had significantly increased after February 2020. The most popular search terms included both minimally invasive procedures and invasive surgical procedures such as Botox, lip filler, rhinoplasty, eyelid surgery, chin surgery, brow lift, cheek surgery, neck lift, ear surgery, hair transplantation, and breast reduction (Thawanyarat et al., 2022). This study may suggest that people are more enticed to acquire cosmetic procedures above the shoulder as these regions are more visible on video conferencing calls than below-the-shoulder regions (Sharma et al., 2021).

Previous research has examined factors that may influence a person to undergo cosmetic procedures before the pandemic. However, while social media and video conferencing calls existed before the pandemic, there is currently a scarcity of studies on how the greater reliance on online modes (frequent use of video conferencing calls and social media usage) has impacted Irish society's interest and attitudes regarding cosmetic procedures. There is also a gap in the literature to investigate if Irish people now desire more invasive cosmetic procedures than before. Additionally, although extensive research has been carried out on previous influencing factors like gender and age, there is still much uncertainty about how females and males and younger and older ages differ or not regarding their interest and attitudes towards cosmetic procedures.

The Current Study

Ireland has the youngest population in Europe, with one-third of the population under 25 years of age (IDA Ireland, 2018). Considering the number of young adults obtaining cosmetic

procedures is increasing (Arab et al., 2019; Yeslev et al., 2017; Wang et al., 2020; Jin et al., 2022) and how they are also the age group (18-29) who spend the longest time on social media platforms such as Instagram, Snapchat, and TikTok compared to older adults (Auxier & Anderson, 2021). Therefore, it is important to establish if age is a factor that impacts attitudes towards cosmetic surgery within an Irish population. The main aim of the current study is to determine whether the increased use of video conferencing calls during the pandemic has impacted people's interests and attitudes regarding cosmetic procedures. Based on prior research, it will also control for the following variables, gender, age, time spent on social media, time spent on video calls. This research may prove informative to practitioners regarding the reasons behind seeking cosmetic procedures. The aim of this study has generated the following research questions and hypotheses:

Research question 1: Since the introduction of more frequent video conferencing calls (due to greater reliance on online modes of interaction), is there a change in attitude towards undergoing cosmetic procedures? This change is measured by comparing cosmetic procedures obtained in the past with cosmetic procedures desired in the future. Hypothesis for research question 1: There will be a significant change in attitudes, individuals will now desire more cosmetic procedures.

Research question 2: Are individuals considering more invasive cosmetic procedures? This change is measured by comparing the invasiveness of cosmetic procedures obtained in the past to the invasiveness of cosmetic procedures desired in the future. Hypothesis for research question 2: Individuals will consider more invasive cosmetic procedures.

Research question 3: Is gender associated with desire to obtain future cosmetic procedures? Hypothesis for research question 3: Females will report a greater desire to obtain future cosmetic procedures than males.

Research question 4: Is gender associated with desiring more invasive cosmetic procedures? Hypothesis for research question 4: Females will report a greater desire to have more invasive cosmetic procedures than males.

Research question 5: Do gender, age, time spent on social media, time spent on video calls predict greater acceptance of cosmetic surgery. Hypothesis for research question 5: Gender, age, time spent on social media, time spent on video calls will predict acceptance of cosmetic surgery.

Methods

Participants

A total of 109 participants took part in the study. Participants were predominately female 70.6% (n = 77) while 29.4% (n = 32) were male. The study utilised a non-probability snowballing sampling technique as a link to the survey along with a brief description of what the survey entailed was promoted on the following social media platforms, Facebook, Instagram, and Twitter. The survey link was also distributed to WhatsApp group chats of family and friends by using convenience sampling. In line with ethical considerations, the inclusion criteria for this study were that participants needed to be at least 18 years of age to participate. There was a wide variety of ages included as ages ranged from (18-73 years) with a mean age of 31.05 years (SD = 12.78). Furthermore, due to the nature of the study, gender and age were the only two demographics obtained.

Materials

Demographics: The questionnaire was created using Google Forms, a free survey builder. The questionnaire was comprised of four sections. The first section focused on two demographic questions regarding the participant's gender *(1= Female, 2= Male)* and age. (See Appendix C)

Cosmetic Procedure Interest: The second section of the questionnaire explored cosmetic procedure interests. The questions in the second and third sections of the questionnaire were derived from a previous similar study conducted by Pikoos and colleagues (2021). They have examined the impact of video calling on appearance dissatisfaction and interest in aesthetic treatment in Australia during the Covid-19 pandemic. There were six questions in this section. The first question in this section was regarding if the participant had any previous cosmetic

procedures. Participants could answer *"1= Yes"* or *"2= No"* to this question. The next question investigated what type/s of procedures participants had in the past. Participants were provided with a list of popular cosmetic procedures and were asked to tick all appropriate boxes. An 'other' box was also provided so that participants could write in their answers if the ones they had weren't listed. The scoring for this question was based on the number of cosmetic procedures the participant had in the past. Participants were also given the option of selecting *"0= I have not had any cosmetic procedures before"*.

The following question was whether the cosmetic procedures were obtained after March 2020. Participants could respond *"1= Yes"* or *"2= No"* to this answer. Participants were then questioned if they were considering any cosmetic procedures in the future. They were presented with three answers *"1= Yes"*, *"2= No"* or *"3= Unsure"*. Next, participants were queried on which type/s of procedures they desired in the future. Again, the same list of procedures was provided, and participants were asked to tick all relevant boxes. An 'other' box was also provided so that participants could write in their answers if the ones they were considering weren't listed. The scoring for this question was based on the number of cosmetic procedures the participant was desiring in the future. Participants were also given the option of selecting *"0= I am not considering having any cosmetic procedures in the future"*. Finally, participants were asked their motivations for seeking cosmetic procedures and tick all that applied. A list of different answers was presented for either 1= self-focused reasons (*e.g. To feel more confident)*, 2= other-focused (*e.g. To look better in photos)*, or 3= medical reasons (*e.g. To correct an aspect of my appearance caused by an accident, injury or congenital disability*). Those who did not have any motivation were able to select *"0= I do not wish to seek any cosmetic procedures"*. (See Appendix D for further detail).

Social Media and Video Call Usage: The third section had three questions concerning social media and video call usage. The first question examined how much time the participant spent per day on social media sites or apps within the last week. Participants were provided with a list of options ranging from *"1= less than 30 minutes"* to *"7= more than eight hours". "0= No time spent at all"*. The second question in this section addressed whether the participant used video calls or not. Participants could respond *"1= Yes"* or *"2= No"* to this question. Lastly, participants were questioned on how much time they spent per day on video calls within the last week. The same list of times was provided as mentioned above ranging from *"1= less than 30 minutes"* to *"7= more than eight hours". "0= No time spent at all"* (See Appendix E for further detail)

Acceptance of Cosmetic Surgery Scale: The fourth and final section of the questionnaire was comprised of an Acceptance of Cosmetic Surgery Scale (ACSS), a 15-item measure developed by Henderson-King & Henderson-King (2005). Participants read 15 statements and rated them all on a seven-point scale where 1 illustrated strong disagreement and 7 illustrated strong agreement. High scores indicated acceptance of cosmetic surgery. The ACSS is a multidimensional measure with 3 subscales that assess several components of one's attitudes regarding cosmetic surgery: Intrapersonal, Social, and Consider. Intrapersonal measures the acceptance of cosmetic surgery based on intrapersonal motivation and self-orientated beliefs. (5 items, sample item., *"In the future, I could end up having some kind of cosmetic surgery"*). The Social subscale measures the acceptance of cosmetic surgery based on social motivations (5 items, sample item., *"I would seriously consider having cosmetic surgery if my partner thought it was a good idea"*). The Consider subscale measures the degree to which an individual would consider having cosmetic surgery (5 items, sample item., *"If I could have a surgical procedure*

done for free, I would consider trying cosmetic surgery"). Question 10 was the only item that was reversed scored *"I would never have any plastic surgery"*. In the original study, the ACSS has presented high internal consistency, good test-retest reliability after three weeks, and good convergent and divergent reliability based on previous work (Henderson-King and Henderson-King, 2005). The current study had a high level of internal consistency as the Cronbach alpha was ($\alpha = .92$). (See Appendix F for further detail).

Design

The present study was of cross-sectional design. It was quantitative in nature as an online questionnaire was utilised due to its accessibility. The first hypothesis was measured by comparing cosmetic procedures obtained in the past with cosmetic procedures desired in the future. The second hypothesis was calculated by comparing the invasiveness of cosmetic procedures obtained in the past with the invasiveness of cosmetic procedures desired in the future. For the third hypothesis, a between-subjects design was implemented as females and males were compared on cosmetic procedures they obtained in the past with cosmetic procedures desired in the future. The fourth hypothesis also employed a between-subjects design as females and males were compared on the invasiveness of cosmetic procedures they obtained in the past to the invasiveness of cosmetic procedures desired in the future. For the fifth hypothesis, the predictor variables (PV) were gender, age, time spent on social media, time spent on video calls. The criterion variable (CV) was acceptance of cosmetic surgery.

Procedure

Before the study could commence, ethical approval was required from the National College of Ireland's ethics committee. The questionnaire was designed using Google Forms. The link to the questionnaire was shared online to Facebook, Instagram, and Twitter, along with a

recruitment poster (see appendix G) which advertised what the study was and what it entailed. The same process was repeated into WhatsApp group chats of family members and friends. When the participant clicked on the link to the study, the first page they were brought to was the participant information sheet (see appendix H), which stated the nature and purpose of the study, the benefits and risks of participating, the approximated time frame it would take to complete which was roughly 5-10 minutes as well as contact details of the researcher and supervisor of the study in the event there were any further enquiries. The following page included a consent form (see appendix I). Participants were expected to read the statements on the consent form before proceeding. Informed consent was obtained at the end of the form when the participant clicked on the agree to button, which confirmed that they read and agreed to all the statements on the form as well as agreeing to participate in the study. When this was established, participants could begin filling out the first section of the questionnaire, which investigated demographic information (gender and age), cosmetic procedure interest, social media and video call usage, and finally, the attitudes of acceptance of cosmetic surgery scale. All questions were mandatory, so once all sections were complete, participants were provided with a debriefing sheet that included helpline numbers and links to websites that might have been of benefit in the event of distress. (See Appendix J).

Ethical Considerations

This research study was approved by The National College of Ireland's ethics committee. All data was collected following the National College of Ireland ethical guidelines. An information sheet was provided to explain the study including the risks and benefits. The consent form was provided to safeguard participants. Informed consent was obtained from all participants. A debriefing sheet was created for participants acknowledging their contribution,

along with a list of support helpline numbers and website links for those who may feel distressed after participating. The researcher and the supervisor of the thesis contact details were also supplied if there were any further queries.

Statistical Analysis

Descriptive statistics were performed for age, gender, all variables of interest and participant's motivations for seeking cosmetic procedures. To calculate how many cosmetic procedures a participant obtained in the past before the shift from in-person interactions to online interactions was gauged by looking at the SPSS dataset and going through all of the individual responses. For example: If a participant selected *"I have not had any cosmetic procedure before",* they were given a score of 0 as they never obtained any previous procedures. If a participant selected that they had *"Botox or other neurotoxin" and "Dermal/soft tissue filler (including lip filler)"*, they were assigned a score of 2 since that was the total number of procedures they had in the past. The same process was repeated for what participants were considering in the future after two years of frequently interacting online. If a participant selected that *"I am not considering any cosmetic procedures in the future"*, they were given a score of 0. In contrast, participants desiring multiple procedures were given a score accordingly. Each participant was given their own unique score based on what they responded to in the questionnaire.

Calculation of Level of Invasiveness

To calculate the overall level of invasiveness, participants were provided with a list of popular cosmetic procedures along with an 'other' box where participants were given a choice to write their own answers that might not have been listed. Participants were asked what cosmetic procedures they had previously and subsequently what they were now considering in the future

(if any). The type of procedure/s the participant selected was then allocated a number. The higher the number, the more invasive the procedure was. Numbers were manually added up. An example from the dataset is as follows: A participant selected procedures that they are now considering in the future: *Facial Contouring (Rhinoplasty, Chin or Cheek Enhancement), Breast Enhancement (Augmentation, Lift, Reduction), and Botox or other neurotoxins.* The participant was given a score of 8 based on their choice. The table below indicates what each number represents.

0	= I wouldn't consider having any cosmetic procedures	
1	= Non-invasive procedures	e.g. IPL Treatment
2	= Minimally invasive procedures	e.g. Botox
3	= Any surgical procedures	e.g. Rhinoplasty

Inferential Statistics

A non-parametric Wilcoxon Signed Rank Test was used to compare cosmetic procedures obtained in the past with cosmetic procedures desired in the future, including the level of invasiveness. Additionally, a Mann-Whitney U test was used to compare gender differences (female and male) on this potential change. A procedure conducting median scores for each group was also computed. Lastly, a standard multiple regression was performed to determine if gender, age, time spent on social media, time spent on video calls predict acceptance of cosmetic surgery.

Results

Descriptive Statistics

The online survey was completed by 109 participants. A large proportion of the sample were female 70.6% (n = 77) while 29.4% (n = 32) were male. The ages in the sample ranged from 18-73 years, with a mean age of 31.05 years (SD = 12.78). Means (M), Standard Deviations (SD), and Range for cosmetic procedure interests and the severity levels are displayed in Table 1. Frequencies for all variables of interest are presented in Table 2. The number of participants and types of cosmetic procedures obtained in the past is displayed in Table 3. For comparison, the number of participants and types of cosmetic procedures now desired is illustrated in Table 4. Lastly, Figure 1 provides the percentage of participants' motivations for obtaining a cosmetic procedure.

Table 1

Descriptive statistics for cosmetic procedure interests (N = 109)

Variable	*M* [95% CI]	*SD*	Range
Number of previous cosmetic procedures	0.29[0.16, 0.43]	0.70	0-5
Level of invasiveness (pre)	0.51[0.25, 0.78]	1.39	0-11
Number of cosmetic procedures now considering	0.83[0.65, 1.02]	0.99	0-3
Level of invasiveness (post)	1.72[1.31, 2.14]	2.18	0-8

Table 2

Descriptive statistics for all variables of interest (N = 109)

Variable	Frequency	Valid %
Video Call Use		
Yes	95	87.2%
No	14	12.8%
Previous Cosmetic Procedures		
Yes	23	21.1%
No	86	78.9%
Obtain Any Cosmetic Procedures After March 2020		
Yes	19	17.4%
No	90	82.6%
Considering Any Cosmetic Procedures In The Future		
Yes	40	36.7%
No	50	45.9%
Unsure	19	7.4%

The Number and Type of Cosmetic Procedures

Table 3

The number of participants and the types of procedures obtained in the past:

I have not had any prior cosmetic procedures	86 participants
Dermal/soft tissue filler (including lip filler)	12 participants
Botox or other neurotoxins	4 participants
Non-surgical laser or IPL treatment	12 participants
Breast enhancement (augmentation, lift, reduction)	2 participants
Face rejuvenation (face lift, eye lift, neck lift, brow lift)	1 participant
Hair transplantation	1 participant

Table 4

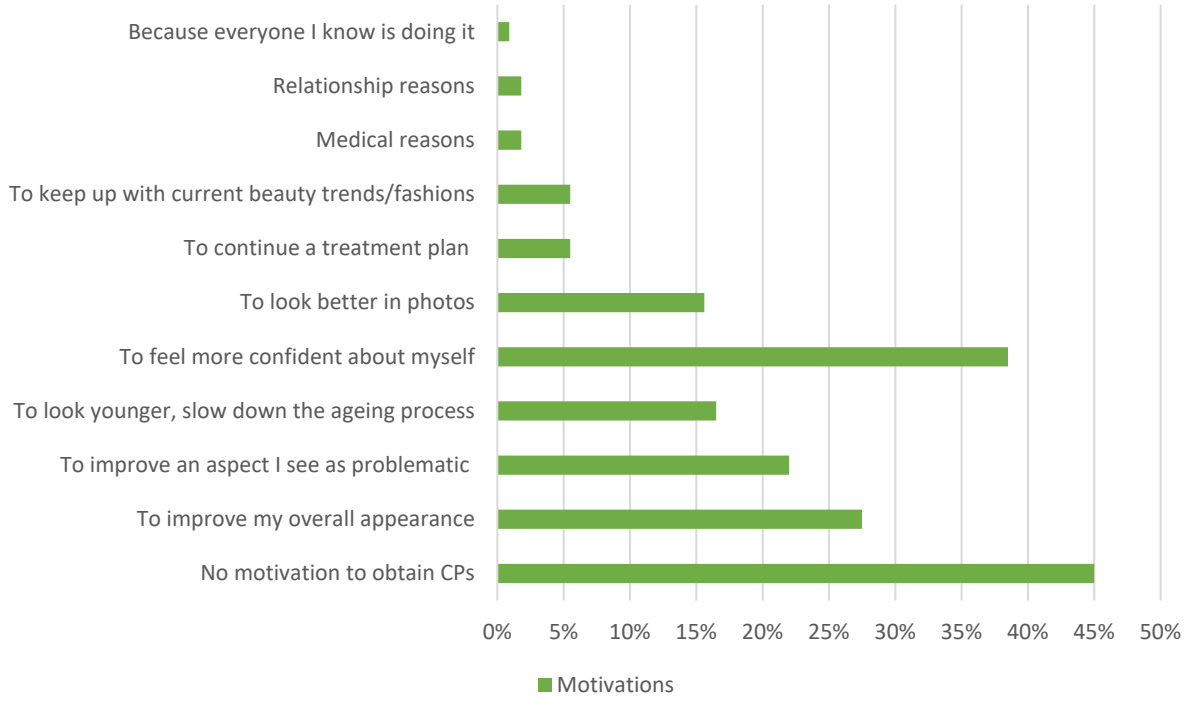
The number of participants and the types of procedures they are now considering:

I am not considering any cosmetic procedures in the future	50 participants
Dermal/soft tissue filler (including lip filler)	19 participants
Botox or other neurotoxins	25 participants
Non-surgical laser or IPL treatment	20 participants
Breast enhancement (augmentation, lift, reduction)	9 participants
Body contouring (tummy tuck, liposuction)	4 participants
Facial contouring (rhinoplasty, chin, cheek enhancement)	6 participants
Face rejuvenation (face lift, eye lift, neck lift, brow lift)	3 participants
Hair transplantation	3 participants
Other-box: Brazilian butt lift	1 participant

Motivations For Seeking Cosmetic Procedures

Figure 1

The bar chart below represents the percentage of participants' motivations for obtaining a cosmetic procedure.



As can be seen from the graph above the greatest reason for obtaining cosmetic procedures are for self-focused (internal) reasons.

Inferential Statistics

Preliminary analyses were performed to ensure no violation of assumptions of normality; A significant result ($p < .05$) of the Kolmogorov-Smirnov statistic was found for the total score of the acceptance of cosmetic surgery scale (ACSS), indicating that the data was not normally distributed. Accordingly, a non-parametric Wilcoxon Signed Rank Test was computed to compare cosmetic procedures obtained in the past with cosmetic procedures desired in the future.

The Wilcoxon Signed Rank Test revealed a statistically significant increase in how many cosmetic procedures individuals are now considering in the future, z = -5.42, with a small effect size (r = 0.30). The median score for is there a change in attitudes towards undergoing cosmetic procedures increased from how many cosmetic procedures individuals had previously (Md = .00) to how many cosmetic procedures individuals are now considering (Md = 1.00).

A non-parametric Wilcoxon Signed Rank Test was computed to compare the scores of the cosmetic procedure level of invasiveness (participants have previously obtained) to the cosmetic procedure level of invasiveness (participants are desiring in the future). The Wilcoxon Signed Rank Test revealed a statistically significant increase in the level of invasiveness participants are desiring in the future z= -5.42, with a small effect size (r = 0.31). The median score for is there a change in the level of invasiveness increased from participant's previous cosmetic procedures (Md = .00) to now the level of invasiveness they are now desiring (Md = 1.00).

A further Mann-Whitney U Test was conducted to compare group differences between females and males (is there a change in attitudes towards undergoing cosmetic procedures between the two groups). The test revealed no significant difference between the groups for how many cosmetic procedures were obtained previously in females (Md = .00, n = 77) and males (Md = .00, n = 32). However, there was a statistically significant difference between the groups for how many cosmetic procedures participants are now desiring in the future. For females (Md = 1.00, n= 77) and males (Md = .00, n = 32).

Additionally, a Mann-Whitney U Test was conducted to distinguish if there were any gender differences between females and males considering more invasive cosmetic procedures in the future. This change is measured by comparing the invasiveness of cosmetic procedures

obtained in the past to the invasiveness of cosmetic procedures desired in the future. There were no significant differences between the groups in the level of invasiveness participants had previously. For females (Md = .00, n = 77) and males (Md = .00, n = 32). However, there was a statistically significant difference between the groups in the level of invasiveness participants are now desiring in the future. For females (Md = 2.00, n = 77) and males (Md = .00, n =32).

To investigate if age, gender, time spent on social media, time spent on video calls (PV's) predict acceptance of cosmetic procedures a standard multiple regression was conducted. The outcome variable was acceptance of cosmetic surgery. Age was found to be statistically significant [B = -.312, 95% CI (-0.61, -0.01), $p < .05$], indicating for every one unit of change in age there was a decrease of -.312 units of acceptance of cosmetic surgery. Time spent on social media was also found to be statistically significant [B = 2.49, 95% CI (0.18, 4.81), $p < .05$], indicating for every one unit of change on time spent on social media, there was an increase of 2.49 of acceptance of cosmetic surgery. The model explained approximately (17.9%) of the variability [R-squared = .179]. Therefore, the null hypothesis is partially rejected and the alternative hypothesis the retained.

Discussion

The current study aimed to explore whether the increased use of video conferencing calls during the pandemic had impacted Irish people's interests and attitudes regarding cosmetic procedures. Although multiple factors may influence interest and attitudes towards cosmetic procedures, this study sought to determine whether gender, age, time spent on social media, time spent on video calls were all predictive of acceptance of cosmetic surgery.

As expected, the results revealed that there was a statistically significant increase in desire to obtain cosmetic procedures. This supports the first hypothesis that there was a change in attitudes towards undergoing cosmetic procedures since video conferencing became much more widespread. However, these results need to be interpreted with caution as there may only be a potential association. Previous findings have found the surge in the number of people obtaining cosmetic procedures may be partially attributed to the overexposure of video conferencing calls during the pandemic (Pikoos et al., 2021; Rice et al., 2021; Padley & Di Pace, 2021). However, other influencing factors could have contributed to this increase in desire to obtain cosmetic procedures during the pandemic. These factors may be: the need for cosmetic procedures was a coping mechanism for the increased time at home due to quarantine, increased social media usage, prolonged at-home recovery time, usage of face masks, remote working (privacy from friends and colleagues) and (no requirement for annual leave), lifestyle changes, more income due to restrictions not being able to spend it on social events or travel, desire to look better than pre-pandemic (Chandawarkar et al., 2020; Sharma & Asaria, 2021; Duggan et al. 2020). Furthermore, these factors may have impacted people's decisions to undergo cosmetic procedures during the pandemic. Additionally, one study has found that individuals who have previous cosmetic procedures are more inclined to have a repeated procedure for either

maintenance purposes or because they have less anxiety and more willingness to consider other cosmetic procedures (Maisel et al., 2018). This may have added to the demand for cosmetic procedures to some extent.

A further aim of this study was to discover if individuals were considering more invasive cosmetic procedures. The second hypothesis stated that individuals would desire more invasive cosmetic procedures, the results showed that there was a statistically significant increase in desire. Individuals are now desiring more invasive cosmetic procedures than in the past. In support of this, the third hypothesis declared that females would desire more invasive cosmetic procedures than males. The second and third hypothesis was therefore accepted. This is in line with past research, women have historically had significantly more surgical procedures than men (Brown et al., 2007). Additionally, the result must be interpreted with caution as there may be a multitude of reasons why females are now considering more invasive procedures. It is difficult to explain this result because in the current study the most frequently desired cosmetic procedures were non-surgical procedures such as Botox and filler. However, despite the fact they are non-surgical they are still considered minimally invasive cosmetic procedures. According to the statistics from the International Society of Aesthetic Plastic Surgery (ISAPS, 2020), the top five non-surgical procedures for women are rated in order of popularity (Botox, dermal filler, hair removal, IPL treatment, non-surgical fat reduction). In the current study, the top three most desired non-surgical procedures were similar (Botox or other neurotoxin, IPL treatment, dermal/soft tissue filler). As reported by (ISAPS, 2020), women's top five surgical procedures are (breast augmentation, liposuction, eyelid surgery, tummy tuck surgery, rhinoplasty). In the current study, the top three desired surgical procedures are (breast enhancement; including augmentation, lift, reduction, facial contouring; including rhinoplasty, chin, cheek enhancement,

body contouring; including tummy tuck, liposuction). It is noteworthy to mention this information was derived from an earlier time in the pandemic (2020). Only emergency procedures were occurring in the first few months of the pandemic (due to lockdown in many countries) and not procedures for aesthetic purposes (ISAPS, 2020). Further research is required to examine whether the ISAPS global yearly statistics for 2021 reflected a shift in the types of cosmetic procedures people were exploring as the pandemic lingered on. These findings are not yet available, but future studies should be aware of the interest in above-the-shoulder surgical cosmetic procedures due to the visibility of these areas during video conferencing calls (Hopkins et al., 2020; Rice et al., 2021; Thawanyarat et al., 2022).

It was also stated that females would be more likely than males to desire future cosmetic procedures. This study confirms that gender, specifically females are associated with desire for future cosmetic procedures, this finding is not surprising, as it has been reported numerous times in earlier research. Traditionally, women's worth is more often based on their physical appearance and sex appeal while men's worth is based on their status and success (Brooks, 2010; Brown et al., 2007; Voges et al., 2019; Lai et al., 2021). Previous research has found that one of the underlying reasons may be the pressure exerted by the mass media including social media and peers (Swami et al., 2007).

The fifth and final hypothesis proposed that gender, age, time spent on social media, and time spent on video conferencing calls would all be predictive of cosmetic surgery acceptance. The results of this study indicate that acceptance decreases with increasing age. However, this result does not support the previous research. Previous research has found that age is directly associated with acceptance and desire to pursue cosmetic surgery. Older adults were found to have greater positive attitudes towards cosmetic surgery than younger adults (Henderson-King &

Henderson-King, 2005; Swami et al., 2009; Slevec & Tiggemann, 2010). A possible explanation for this might be that although the number of cosmetic surgeries performed worldwide is increasing, it may be still stigmatised. Cosmetic surgery may still carry a negative reputation among the older generation (Alotaibi, 2021). Another significant finding was that as time spent on social media increases, so does acceptance. This also accords with the earlier observations, which demonstrated that the more time spent on social media, the greater the acceptance of cosmetic surgery and intention to undergo cosmetic surgery (Guizzo et al., 2021; Walker et., 2019; Chen et al., 2019; Gould et al., 2016). In addition to what was mentioned earlier, one previous study has speculated this finding could also be related to advertisements and promotions on social media platforms, such as following plastic surgeon's content and beauty influencers on social media apps (Arab et al., 2019). Additionally, previous studies have found that some individuals routinely compare their appearances to celebrities on social media and as a result feel undesirable (Jung & Hwang, 2016; Arab et al., 2019; Swami et al., 2009). What is particularly concerning is the accessibility of social media, as it can give users more opportunities to make frequent appearance-based social comparisons (Verduyn et al., 2020). Contrary to expectations, this study did not find a significant difference between gender and video conferencing calls.

Practical Implications

We are now just coming to the end of a period where people would have spent a lot of time online. As we now resume in-person interactions, it is critical to consider how the pandemic has impacted people's mental health regarding their self-perception. Based on the findings in this study, practitioners should be aware of people's motivations for undergoing cosmetic procedures such as patients citing video-call use as a reason to undergo procedures (Silence et al., 2021).

The broader implications perhaps should be that practitioners should assess and screen those wishing to seek cosmetic procedures. Patients suffering from body dysmorphic disorder (BDD) are becoming more common among practitioners, research has also shown that some people with BDD can be dissatisfied with the outcome of their cosmetic surgery as they tend to have unrealistic expectations of the outcome (Higgins & Wysong, 2017). The findings from this study further suggest that although there are many benefits to social media (such as staying connected), we are still discovering its potential adverse effects. As research progresses, futures studies should utilise the Instagram Addition Scale (Kircaburun & Griffiths, 2018) to understand the significance of how it may effect one's life. Parents with adolescent children should monitor their screen time use on applications like Instagram and Snapchat. Schools and colleges should make young women aware of unrealistic and manipulated images on social media. Young people should be encouraged to unfollow celebrities and other pages, which may trigger negative emotions.

Strengths & Limitations

There are several important limitations that need to be considered. First, the current study compared past actions with current cognitions. This is not ideal as it is much easier to consider ideas than actually to follow through with them. For many people, thoughts will not translate into action. Although it is challenging to compare future action because it has not yet occurred, caution is necessary when interpreting results. Secondly, the questions in the second and third sections of the questionnaire explored cosmetic interest and social media and video call usage which were adapted from previous research. However, it was not possible to obtain a Cronbach's Alpha value for these two sections; therefore, the reliability of these questions is still unknown.

Nevertheless, these questions and similar were found in two previous published peer-reviewed papers (Pikoos et al., 2021; Chen et al., 2021), thus, it was determined that these questions would be of appropriate use in this investigation. Thirdly, potentially due to the nature of the study, there was only a small number of men who participated (n = 32) compared to the number of women who participated (n = 77). For this reason, the results of this study may not be generalisable to all men. However, many previous studies have focused solely on females (Cook, 1997; Nerini et al., 2014; Wu et al., 2022; Von Soest et al., 2009) while this study included and explored the interest and attitudes of both genders. One of the study's benefits was that it included people of all ages (18-73). This is significant because it can provide us with vital information from various age groups' perspectives and help us understand their perceptions.

Conclusion

The presents study backs up prior findings that females continue to be the most likely recipient of cosmetic procedures compared to males. Extended time spent on social media predicts greater acceptance of cosmetic surgery. The findings from this study make several contributions to the current literature. Firstly, females may be considering more invasive cosmetic procedures in the future. Secondly, time spent on video conferencing calls was not associated with acceptance of cosmetic surgery. Thirdly, older adults are less accepting of cosmetic surgery than younger adults. It's possible that social media played a factor in this demand for cosmetic surgery. As a result, in order to support their patients, practitioners should be aware of these potential factors that may effect one’s decision to undergo cosmetic surgery.

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Appendices

Appendix A

Non-Surgical Procedure Information Sheet

Non-Surgical Procedures	Common Term	Descriptor
Botulinum Toxin	Botox Injections	A procedure that temporarily reduces or eliminates facial fine lines and wrinkles
Hyaluronic Acid	Type of Dermal Filler	A procedure that temporarily helps to diminish facial lines and restores volume and fullness in the face
Laser Hair Removal	N/A	A treatment that uses highly concentrated light to reduce the number of unwanted hairs in a given area which can inhibit future hair growth
Non-Surgical Fat Reduction	N/A	A procedure that uses heat or cooling technology or an injected medication to reduce fat cells.
Intense Pulse Light Therapy (IPL)	Photo-Rejuvenation or Photo-Facial	A treatment that sends out one wave of pulsating light which improves the colour, texture, and pigmentation of the skin

Appendix B

Surgical Procedure Information Sheet

Surgical Procedures	Common Term	Descriptor
Abdominoplasty	Tummy Tuck Surgery	Surgery to make the abdomen thinner and firmer
Blepharoplasty	Eyelid Surgery	Surgery to correct the appearance of the eyelid
Breast Augmentation	Breast-Enlargement or Boob-Job	Surgery to increase breast size
Browplasty	Eyebrow Lift or Forehead Lift	Surgery to elevate or lift the eyebrows to decrease the appearance of wrinkles
Gluteal Lift	Buttock Lift	Surgery to enhance the appearance and shape of the buttocks
Hair Restoration	Hair Transplant	Surgery to move hair you already have to fill an area with thin or no hair
Liposuction	Fat Removal Surgery	Surgery to remove excess fat from specific parts of the body
Platysmaplasty	Neck Lift	Surgery to remove excess skin and improve ageing in the neck
Rhinoplasty	Nose-Reshaping or Nose-Job	Surgery to change the shape of the nose
Rhytidectomy	Face Lift	Surgery to improve the signs of ageing on your face or neck

Appendix C

Demographic Information

1. What is your gender?

   ▢ Male

   ▢ Female

   ▢ Other

2. What is your age in years?

   _____

Appendix D

Cosmetic Procedure Interest

1. Have you had any kind of cosmetic procedure before (an elective non-surgical or surgical procedure to change or enhance your appearance)?

   ▢ Yes

   ▢ No

2. Did you obtain procedures after March 2020?

   ▢ Yes

   ▢ No

3. If you had any kind of cosmetic procedures/treatment before (an elective non-surgical or surgical treatment), What type of cosmetic procedures/treatments have you had previously? (please check all that apply).

   ▢ I have not had any cosmetic procedures/treatment before

   ▢ Dermal soft tissue (including lip filler and filler for nose jobs)

   ▢ Botox or other neurotoxin

   ▢ Breast Enhancement (augmentation, lift, reduction)

   ▢ Facial Contouring (rhinoplasty, chin or cheek enhancement)

   ▢ Facial Rejuvenation (face-lift, eyelid lift, neck lift, brow lift)

   ▢ Body Contouring (tummy tuck, liposuction)

   ▢ Non-surgical laser and IPL treatments (laser resurfacing, hair removal, etc.)

   ▢ Hair Transplantation

Other _____

4. Are you seeking out or considering any cosmetic procedures/treatment in the future?

   ▢ Yes

   ▢ No

   ▢ Unsure

5. What type/s of cosmetic procedures/treatments are you considering in the future? (please check all that apply).

   ▢ I have not had any cosmetic procedures/treatment before

   ▢ Dermal soft tissue (including lip filler and filler for nose jobs)

   ▢ Botox or other neurotoxin

   ▢ Breast Enhancement (augmentation, lift, reduction)

   ▢ Facial Contouring (rhinoplasty, chin or cheek enhancement)

   ▢ Facial Rejuvenation (face-lift, eyelid lift, neck lift, brow lift)

   ▢ Body Contouring (tummy tuck, liposuction)

   ▢ Non-surgical laser and IPL treatments (laser resurfacing, hair removal, etc.)

   ▢ Hair Transplantation

   Other _____

6. Please read the entire list and select your motivations for seeking cosmetic treatment (check all that apply).

   ▢ I do not wish to seek any cosmetic procedures/treatment

   ▢ To improve my overall appearance

   ▢ To improve an aspect of my appearance which I see as problematic, even though my family and friends disagree with me

   ▢ To look younger or slow down the ageing process

   ▢ To correct an aspect of my appearance caused by an accident, injury, or congenital disability

   ▢ To feel more confident about myself

   ▢ Relationship reasons (e.g., to find a new partner, to improve an existing relationship, etc.)

   ▢ To look better in photos

   ▢ To keep up with current beauty trends/fashions

   ▢ To continue a treatment plan

   ▢ Because everyone I know is doing it

Appendix E

Social Media Usage

1. How much time have you spent per day on average on social media sites/apps in the LAST week?

   ☐ Less than 30 mins

   ☐ An hour

   ☐ 1-2 hours

   ☐ 3-4 hours

   ☐ 4-6 hours

   ☐ 6-8 hours

   ☐ More than 8 hours a day

   ☐ None at all

2. Do you ever use video-conferencing calls? (like WhatsApp Video, Facetime, Teams, Zoom)

   ☐ Yes

   ☐ No

3. How much time have you spent on video calls in total (for work, education or social purposes) per day in the LAST week?

   ☐ No time

   ☐ Less than 30 mins

   ☐ 30-60 mins a day

▢ 1-2 hours a day

▢ More than 2 hours a day

Appendix F

Acceptance of Cosmetic Surgery: Scale Development and Validation (ACSS)

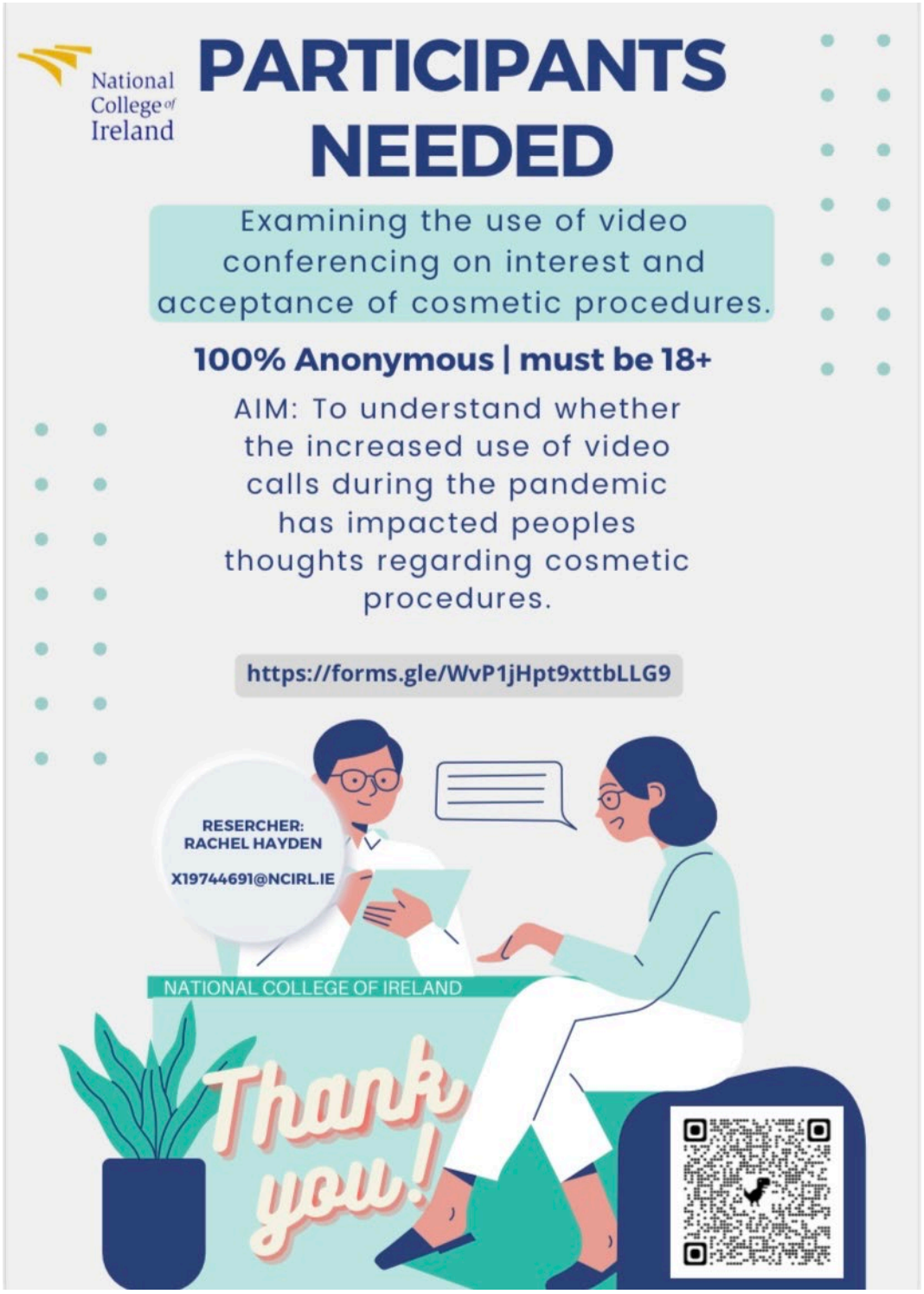
Please record the appropriate answer for each item, answers are rated on a seven-point scale. (1= strongly disagree, 7= strongly agree)

1. It makes sense to have minor cosmetic surgery rather than spending years feeling bad about the way you look.
2. Cosmetic surgery is a good thing because it can help people feel better about themselves.
3. In the future, I could end up having some kind of cosmetic surgery.
4. People who are very unhappy with their physical appearance should consider cosmetic surgery as one option.
5. If cosmetic surgery can make someone happier with the way they look, then they should try it.
6. If I could have a surgical procedure done for free I would consider trying cosmetic surgery.
7. If I knew there would be no negative side effects or pain, I would like to try cosmetic surgery.
8. I have sometimes thought about having cosmetic surgery.
9. I would seriously consider having cosmetic surgery if my partner thought it was a good idea.
10. I would never have any kind of plastic surgery. (R)
11. I would think about having cosmetic surgery in order to keep looking young.
12. If it would benefit my career I would think about having plastic surgery.

13. I would seriously consider having cosmetic surgery if I thought my partner would find me more attractive.
14. Cosmetic surgery can be a big benefit to people's self-image.
15. If a simple cosmetic surgery procedure would make me more attractive to others, I would think about trying it.

Appendix G

Recruitment Poster



Appendix H

Participant Information Sheet

You are being invited to take part in a research study. Before deciding whether to take part, please take the time to read this document, which explains why the research is being done and what it would involve for you. If you have any questions about the information provided, please do not hesitate to contact me using the details at the end of this sheet.

WHO AM I, AND WHAT IS THIS STUDY ABOUT?

My name is Rachel Hayden. I am a third-year psychology student at the National College of Ireland. As part of the BA (Hons) Psychology degree, I will be conducting a research study for my final year thesis. The overall aim of this research project is to examine the use of video-conferencing calls on interest and acceptance of cosmetic procedures. I aim to investigate whether the increased use of video calls during the pandemic has impacted people's thoughts regarding cosmetic procedures. This study will also look at age and gender differences in time spent on video conferencing calls and examine individuals' general interest, attitudes, and acceptance towards obtaining cosmetic procedures. Dr April Hargreaves will supervise this project.

WHAT WILL TAKING PART INVOLVE?

If you decide to participate in this research study, you will be asked to complete an anonymous online questionnaire that will take approximately 5-10 minutes of your time. The questionnaire can be done in your own time, and there are no right or wrong answers. Regarding the topics in

the questionnaire, you will be asked some brief questions regarding past cosmetic procedures/treatments, your interest in future cosmetic procedures, your time spent on social media and video conferencing calls, and questions on acceptance of cosmetic procedures.

DO I HAVE TO PARTICIPATE?

No, participation is entirely voluntary. However, ONLY those aged 18 years or over are eligible to participate for ethical reasons. You may refuse to participate in the research or refuse to answer any question without any consequence. Withdrawal is possible by exiting the browser tab of the questionnaire at any time. However, once you have submitted your responses, it will not be possible to withdraw your data from the study since the questionnaire is anonymous. The individual responses cannot be retracted.

WHAT ARE THE POSSIBLE BENEFITS AND RISKS OF TAKING PART?

There are no direct benefits to taking part in this research. However, the information gathered may contribute to research that can help us understand the effects of video calls on individuals' motivation to seek cosmetic procedures. The results of this study may prove informative to practitioners in terms of the reasons behind seeking cosmetic procedures. There is a small risk that some of the questions contained within this survey may cause minor emotional distress for some participants. If you experience this, you are free to discontinue participation and exit the questionnaire by clicking off the browser tab. Numbers for helplines useful for people in distress will also be provided at the end of the survey. In case you want to note them down now, these are:

SUPPORT SERVICES

(1) The Samaritans (116-123)

(2) BodyWhys Helpline (01-2107906)

(3) Text About It (free text hello to 50808)

WHAT WILL HAPPEN TO THE RESULTS OF THE STUDY?

The results of this study will be submitted for grading as part of my dissertation.

WHO SHOULD YOU CONTACT FOR FURTHER INFORMATION?

Please do not hesitate to contact Rachel Hayden for further information about this questionnaire. My email address is x19744691@student.ncirl.ie or the research supervisor, Dr April Hargreaves, at April.Hargreaves@ncirl.ie.

Appendix I

Consent Form

Thank you for showing interest in the current study. It is greatly appreciated. Please take the time to read the following statements before proceeding. If you wish to take part, please tick the box at the end of the form.

• I am over 18 years of age.

• I understand that I can withdraw from this study at any time, and I do not have to answer any questions that I do not wish to answer without any reason or repercussions.

• I understand that my identity and the information presented are anonymous and confidential.

• I understand that I will not benefit directly from participating in this research.

• I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

• I have had the purpose and nature of the study explained to me in writing, and I have had the opportunity to ask questions I might have.

• I understand that once my responses have been submitted, I cannot withdraw my information because my data is anonymised.

By clicking the I agree button, I am indicating my consent to participate in this study, acknowledging that: I am at least 18 years of age; I understand what I have read and agree to participate in the study described. I understand that my participation is voluntary.

▢ I agree

Rachel Hayden - Final Year Psychology Student

x19744691@student.ncirl.ie

Dr April Hargreaves - Supervisor

April.Hargreaves@ncirl.ie

Appendix J

Debriefing Sheet

Dear Participant,

Thank you for participating in the questionnaire, which aims to examine the use of video-conferencing calls on an individual's interest and acceptance towards cosmetic procedures. I aim to investigate if time spent on video-conferencing calls has had any effect on individuals acquiring cosmetic procedures since the COVID-19 pandemic began. The current study will also examine variables like age and gender differences and will look at individuals' general interests, attitudes, and acceptance of cosmetic procedures.

To clarify, the questionnaire is entirely anonymous and confidential. Therefore, responses cannot be identified as responses will be stored among a pool of anonymous data which cannot be retrieved. The results obtained will be submitted to the National College of Ireland and will be merely used for my final year dissertation.

Again, I would like to thank you for your time and participation in this study. If you wish to contact me with any questions concerning the research study, please do not hesitate to contact me (Rachel Hayden) at x19744691@student@ncirl.ie. If you feel psychologically distressed by any of the topics covered within the survey, please reach out to your family and friends. Below I have left some support phone numbers and websites that you may wish to browse.

SUPPORT SERVICES

(1) The Samaritans (free call 116-123)

(2) Body-Whys Helpline (01-2107906)

(3) Text About It (free text hello to 50808)

https://www.healthyminds.whct.nhs.uk/body-dysmorphic-disorder-bdd/

https://www.bodywhys.ie/understanding-eating-disorders/other-eating-disorders/body-dysmorphic-disorder-bdd/

https://www.samaritans.org/ireland/how-we-can-help/contact-samaritan/

https://www.hse.ie/eng/services/list/4/mental-health-services/

https://turn2me.ie/