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Predicting Marital Adjustment and Quality of Life Based on Self-Concept and Self-Efficacy in Women Seeking Cosmetic Surgery

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A B S T R A C T

Objective: The objective of this study was to investigate the predictive roles of self-concept and self-efficacy on marital adjustment and quality of life in women seeking cosmetic surgery.

Methods and Materials: This descriptive-correlational study utilized a regression analysis method. The statistical population included women seeking cosmetic surgery who visited clinics in Tehran during the first half of 2024. A sample of 106 participants was selected using purposive sampling based on inclusion criteria such as age (20–50 years), absence of psychiatric medication use, and no concurrent psychological interventions. Data collection tools included the Spanier Dyadic Adjustment Scale (1986), the WHOQOL-BREF (1996), the Saraswat Self-Concept Questionnaire (1981), and the Sherer and Adams Self-Efficacy Scale (1982). Data were analyzed using Pearson correlation and stepwise multiple regression analysis in SPSS 26.

Findings: Results showed a significant and positive linear relationship between self-concept, self-efficacy, marital adjustment, and quality of life ($p < 0.01$). Self-concept alone explained 23.7% of the variance in marital adjustment, and adding self-efficacy increased the variance explained to 27.6%. Both self-concept and self-efficacy emerged as significant predictors of marital adjustment.

Conclusion: Women with higher self-concept and self-efficacy levels experience better marital adjustment and quality of life. The findings highlight the importance of developing educational and counseling programs to enhance self-concept and self-efficacy in women considering cosmetic surgery, as these factors are crucial for marital satisfaction and overall well-being.

Keywords: *Self-concept, Self-efficacy, Marital adjustment, Quality of life.*

1. Introduction

Humans have always been striving to discover ways to beautify and enhance the appearance of their bodies, adapting to different circumstances and times. By altering their bodies, humans seek to satisfy their innate, psychological, and social need for beauty. With advancements in medical science, cosmetic surgery has become a significant means of body modification for aesthetic enhancement. Cosmetic surgery is a voluntary procedure that is not medically necessary, aimed at increasing the individual's satisfaction with their appearance. Procedures such as rhinoplasty, lip augmentation, cheek enhancement, breast enlargement, abdominoplasty, thigh slimming, wrinkle smoothing, and skin tightening are among those sought annually by many women to achieve their desired beauty (Ibrahim Mohammed & Hussein Ibrahim, 2023).

Attention to appearance within social norms is seen as appropriate and even indicative of psychological well-being when balanced. However, in contemporary societies, due to the excessive emphasis on beauty and the prevalence of images in the fashion and media industries, this attention, especially among women, has become extreme. Nearly all women have experienced feelings of shame or dissatisfaction with their appearance at least once in their lives. This obsession with beauty has progressed to the extent that popular culture equates beauty with being lovable and gaining attention, transcending social classes, educational levels, or socioeconomic status. Beautiful individuals often receive reinforcement in social interactions, either explicitly or implicitly. Consequently, the desire to become more attractive can serve as a strong motivator for undergoing cosmetic surgery (Saemi et al., 2019).

As reported by the International Society of Aesthetic Plastic Surgery in 2020, the number of cosmetic procedures worldwide increased from 20.1 million in 2015 to 25 million in 2019. Like any medical procedure, cosmetic surgery carries various adverse consequences, such as cardiac complications, nerve damage, and infections (Mehraban et al., 2022). Although some evidence suggests that cosmetic surgery may yield psychosocial benefits (Dayan et al., 2010; Wu et al., 2022), other studies indicate the potential for psychological issues post-surgery (Kim & Chung, 2014; von Soest et al., 2011).

One significant factor affecting psychological well-being is an individual's quality of life. Health is a complex concept, defined as a complete state of physical, psychological, and social well-being, not merely the absence of disease or disability. Among the broad domains influenced by health, the intangible concept of quality of life has gained increasing attention. The World Health Organization defines quality of life as individuals' perception of their position in life within the cultural context and value systems in which they live, and in relation to their goals, expectations, standards, and concerns. Quality of life influences the extent to which a person can enjoy essential life amenities and maintain well-being. It encompasses many critical aspects of human dynamics, including physical, psychological, social, environmental, and spiritual domains. Fundamentally, it reflects the interactions between health conditions, social factors, and contextual influences, making it highly subjective and variable over time (Kundu et al., 2022).

Women seeking cosmetic surgery often experience dissatisfaction with their appearance and fear judgment based on their looks. These traits are commonly associated with body image disturbance, which significantly contributes to anxiety, depression, and reduced quality of life (Norouzi Shahedi et al., 2019).

Previous research indicates that negative body image in women is linked to lower satisfaction in romantic and sexual relationships, as well as overall psychological adjustment. These factors collectively influence marital adjustment. The importance of marital adjustment stems from its direct impact on the stability and success of a relationship. Marital adjustment is defined by the couple's ability to reach consensus on major life issues, share interests and activities, and express mutual affection. It is also seen as the couple's ability to resolve conflicts effectively. Successful marital adjustment occurs when the biological, emotional, and social needs of both partners are met, leading to satisfaction and a display of closeness and intimacy. Thus, marital adjustment is a fundamental condition for a successful relationship, enabling couples to navigate the challenges of married life that could otherwise impact the entire family (El-Mneizel et al., 2022).

Another variable that appears to predict quality of life and marital adjustment is self-concept. Self-concept refers to a person's attitudes and feelings about themselves and the set of psychological processes that govern behavior and adjustment. It is a crucial construct for understanding and predicting human behavior, often considered a core element of an individual's personality. Self-concept comprises the cognitive aspect of an individual's self-image and usually

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refers to a dynamic system of learned beliefs, attitudes, and opinions that define a person's self-awareness. It is essentially an individual's subjective assessment of their traits, which may be positive or negative. A positive self-concept indicates self-acceptance, acknowledging both strengths and weaknesses, and fosters self-confidence in social interactions. Conversely, a negative self-concept reflects feelings of worthlessness, incompetence, and inadequacy. The negative aspect of self-concept can adversely affect an individual's quality of life, marital adjustment, and satisfaction, while a positive self-concept can enhance these variables. Body image and self-esteem are critical aspects of self-concept studied extensively in relation to psychological factors (Rodrigues et al., 2021).

Self-efficacy is another variable that can predict quality of life and marital adjustment. Bandura (1977) defines self-efficacy as the power of an individual to process and believe in their ability to succeed in a specific task. In other words, self-efficacy is the individual's belief in their capacity to execute a particular action successfully. It plays a critical role in altering how experiences are perceived, significantly influencing thoughts, well-being, personal achievements, actions, emotions, and motivation. Individuals with high self-efficacy are less likely to fear failure compared to those with low self-efficacy. Beliefs about self-efficacy can affect a person's thinking, reinforcing or undermining their ability to cope with situations (Celcima et al., 2024; Chen et al., 2019; Shengyao, 2024; Wu, 2024).

Given the high demand for cosmetic surgery, particularly among women, research is needed to explore the psychological and social dimensions of individuals seeking these procedures. Some studies have shown that women who undergo cosmetic surgery exhibit lower marital adjustment and sexual functioning than those who do not (Gonji et al., 2015; Nasiri et al., 2021). In the study by Mohammadshahi et al. (2016), it was found that the quality of life decreased following rhinoplasty. These findings highlight the role of self-concept and self-efficacy in individuals undergoing cosmetic surgery and the potential impact of these variables on marital adjustment and quality of life. It is plausible that self-concept and self-efficacy may predict marital adjustment and quality of life (Mohammadshahi et al., 2016).

Ignoring the relationship between self-concept, self-efficacy, and marital quality can lead to increased psychological distress. Poor marital quality is associated with higher risks of mood disorders and anxiety. If women seeking cosmetic surgery do not receive adequate support to enhance their self-concept and self-efficacy, they may experience persistent marital dissatisfaction, exacerbating mental health issues. The link between marital quality and physical health is well-documented, indicating that lack of intervention could have broader health and well-being implications for women. Socially, failing to address these issues could perpetuate cycles of low self-esteem and dissatisfaction with relationships among women. As cosmetic surgery becomes increasingly common, understanding the psychological factors driving this trend is crucial. If these factors remain unexamined, cosmetic trends may rise without corresponding improvements in quality of life or marital satisfaction, reinforcing societal pressures on women to conform to specific beauty standards and complicating self-worth and relationship dynamics. Without focusing on the interaction between self-concept, self-efficacy, and marital adjustment, there remains a significant gap in developing effective interventions. Programs aimed at enhancing self-esteem and communication skills may benefit women considering cosmetic surgery. Failing to address these areas may result in missed opportunities for improving outcomes for women, potentially leading to higher rates of dissatisfaction and marital conflict.

In general, there is limited research on the psychological aspects and predictors of quality of life and marital adjustment both domestically and internationally. The reasons why individuals opt for cosmetic surgery have primarily been explored from the perspective of body image concerns and related issues, with little emphasis on self-concept and self-efficacy—key variables for quality of life and marital adjustment. This study aims to fill the research gap by investigating the understudied variables of self-concept and self-efficacy, as well as the lack of research on marital adjustment in women seeking cosmetic surgery. Thus, the present study addresses the question: Can self-concept and self-efficacy predict marital adjustment and quality of life in women seeking cosmetic surgery?

2. Methods and Materials

2.1. Study design and Participant

In terms of purpose, the present study is applied, and in terms of research method, it is descriptive-correlational, utilizing regression analysis. The statistical population consisted of all women seeking cosmetic surgery who visited clinics in Tehran during the first half of 2024. The sample size was estimated using the formula proposed by Green (1991). Given the number of predictor variables (six

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dimensions of self-concept and self-efficacy), the sample size was determined to be 106 participants. The research sample was selected using purposive sampling, with inclusion criteria being: (1) no use of psychiatric medication; (2) age range of 20 to 50 years; (3) consent to participate in the study; and (4) no concurrent participation in any psychological intervention. From different areas of Tehran (west, east, north, and south), the western part was chosen, and from different districts in the west, Districts 2 and 5 were selected. The sample was randomly chosen from beauty clinics in these districts. The exclusion criteria included: (1) use of psychiatric medication, (2) simultaneous participation in a psychological intervention, and (3) lack of consent to participate in the study.

After obtaining the necessary permissions from the university, 106 women seeking cosmetic surgery who visited clinics in Tehran during the first half of 2024 were selected using multistage cluster random sampling based on inclusion criteria: (1) no use of psychiatric medication, (2) age range of 20 to 50 years, (3) consent to participate, and (4) no concurrent psychological intervention. From different areas of Tehran (west, east, north, and south), the western part was chosen, and from various western districts, Districts 2 and 5 were selected. Participants were randomly recruited from beauty clinics in these districts. After being briefed by the researcher, participants completed the Spanier Dyadic Adjustment Scale (1986), the WHOQOL-BREF (1996), the Saraswat Self-Concept Questionnaire (1981), and the Sherer and Adams Self-Efficacy Scale (1982).

2.2. Measures

2.2.1. Marital Adjustment

Spanier Dyadic Adjustment Scale (1986) was developed by Spanier (1986) to measure marital adjustment between spouses. It is a 32-item tool designed to assess the quality of marital relationships, suitable for measuring overall adjustment between couples. Factor analysis indicates that this scale measures four dimensions: dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. The scale consists of 32 items, with most having six response options, except items 23 and 24 (five options) and items 29 and 30 (two options). Items 23 and 24 are scored from 0 to 4, where 0 represents "never" and 4 represents "always." Items 29 and 30 are scored 0 for "yes" and 1 for "no." The other items are scored from 0 ("never") to 5 ("always"), resulting in a total score ranging from 0 to 150. Spanier (1986) reported a reliability of 0.96 for the overall scale. The internal consistency of the subscales ranged from good to excellent: dyadic satisfaction (0.94), dyadic cohesion (0.81), dyadic consensus (0.90), and affectional expression (0.72). The scale was translated and standardized in Iran in 1995, showing a test-retest correlation of 0.86 for total scores. Subscale correlations were 0.68, 0.75, 0.71, and 0.61, respectively. The internal consistency of this instrument was reported to be 0.95, and its validity was confirmed with a correlation of 0.86 with the Locke-Wallace Marital Adjustment Scale. The scale's validity was initially assessed through logical and content validity methods, and it successfully distinguished between married and divorced couples (Gonji et al., 2015; Saemi et al., 2019).

2.2.2. Self-Concept

Developed by Raj Kumar Saraswat in 1981, this standardized questionnaire consists of 48 five-option items measuring six separate dimensions: physical, social, intellectual, moral, educational, and temperamental self-concept. Each dimension includes eight items. Responses are scored uniformly for all items, whether positive or negative, with scores ranging from 5 ("strongly agree") to 1 ("strongly disagree"). Foroughmand (2006) established the questionnaire's validity through expert opinions from advisors and specialists, ensuring item clarity, relevance, and appropriateness for research purposes. Saraswat (1981) reported a test-retest reliability of 0.91 for the overall self-concept score. Dimension-specific reliability scores were as follows: physical (0.77), social (0.83), temperamental (0.79), educational (0.88), moral (0.67), and intellectual (0.79). Foroughmand (2006) found a reliability score of 0.82 for the questionnaire (Davai et al., 2018).

2.2.3. Quality of Life

World Health Organization Quality of Life Questionnaire - Short Form (1996), a 26-item questionnaire, assesses overall and general quality of life. It was developed in 1996 by a group of experts from the World Health Organization, modifying the 100-item version. The questionnaire includes four subscales: physical health, psychological health, social relationships, and environmental health, as well as an overall score. Responses are based on a five-point Likert scale ranging from 1 ("very poor") to 5 ("very good"). In Iran, Nasiri and colleagues (2006) translated the questionnaire into Persian and reported satisfactory reliability and validity, with a Cronbach's alpha of 0.84. Factor analysis confirmed

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the structural validity of the four subscales. Test-retest reliability for the subscales was reported as follows: physical health (0.77), psychological health (0.77), social relationships (0.75), and environmental health (0.84) (Dayan et al., 2010; Graziani & Tsakos, 2020).

2.2.4. *Self-Efficacy*

Sherer and Adams Self-Efficacy Scale (1982): Translated by Barati in 1996, this single-factor, 17-item questionnaire measures self-efficacy, with responses ranging from 1 ("strongly disagree") to 5 ("strongly agree"). Barati (1996) validated the scale using a sample of 100 high school students, finding a significant correlation ($r = 0.62$, $p < 0.05$) with the Coopersmith Self-Esteem Inventory and a self-assessment measure. Reliability was assessed using the split-half method, yielding a Spearman-Brown coefficient of 0.76 and a Guttman coefficient of 0.76. The Cronbach's alpha was 0.79, and test-retest reliability was 0.73 (Gargari, 2024).

2.3. *Data Analysis*

Data were analyzed using descriptive and inferential statistics. Descriptive statistics included demographic information, means, and standard deviations. Inferential statistics comprised Pearson correlation and multiple regression analysis. Data were analyzed using SPSS 26 software.

3. Findings and Results

The average age of the study participants was 37.16 years, with a standard deviation of 6.501. Descriptive statistics for the variables of self-concept, self-efficacy, marital adjustment, and quality of life are presented in Table 1.

Table 1

Means and Standard Deviations of the Variables Self-Concept, Self-Efficacy, Marital Adjustment, and Quality of Life (n = 106)

Variables	Mean	Standard Deviation
Self-Concept	162.67	14.462
Self-Efficacy	56.01	6.638
Marital Adjustment	100.40	26.396
Quality of Life	92.09	14.194

Data from Table 2 show the results of the Pearson correlation test, indicating a linear relationship between self-concept, self-efficacy, marital adjustment, and quality of life. The significant level suggests a positive and significant linear relationship at $p < 0.01$ between self-concept, self-efficacy, and the variables marital adjustment and quality of life.

Table 2

Correlation Matrix of Self-Concept and Self-Efficacy with Marital Adjustment and Quality of Life

Variables	Self-Concept	Self-Efficacy	Marital Adjustment	Quality of Life
Self-Concept	1	0.683	0.494	0.613
Self-Efficacy	-	1	0.494	0.640
Marital Adjustment	-	-	1	0.618
Quality of Life	-	-	-	1

All $p<0.01$

To identify the best predictor of marital adjustment among the predictor variables self-concept and self-efficacy, a stepwise regression model was used. Both variables entered the equation, and the results are presented in Table 3.

Table 3

Summary of Stepwise Regression Analysis of Self-Concept and Self-Efficacy Variables

Model	Predictor Variables	R	R^2	Adjusted R^2	Standard Error
First	Self-Concept	0.494	0.244	0.237	23.058
Second	Self-Concept, Self-Efficacy	0.539	0.290	0.276	22.456

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Table 3 indicates that self-concept explains 23.7% of the variance in marital adjustment ($R^2 = 0.237$). Adding self-efficacy to self-concept in the second model increases the variance explained in marital adjustment by 3.9% ($R^2 = 0.276$), with self-concept and self-efficacy together accounting for 27.6% of the variance in marital adjustment. The Durbin-Watson statistic, which tests for the independence of errors, is 2.211, falling between 1.5 and 2.5, indicating that the errors are independent and regression analysis is appropriate.

Table 4

ANOVA for Regression of Self-Concept and Self-Efficacy

Source of Variation	Sum of Squares (SS)	Degrees of Freedom (df)	Mean Square (MS)	F	p-value
Regression (Self-Concept)	17865.299	1	17865.299	33.603	0.001
Residual	55292.060	104	531.654		
Total	73157.358	105			
Regression (Self-Concept, Self-Efficacy)	21216.742	2	10608.371	21.037	0.001
Residual	51940.617	103	504.278		
Total	73157.358	105			

Results from Table 4 indicate a relationship between self-concept and self-efficacy with marital adjustment, and these variables can predict marital adjustment.

Table 5

Regression Analysis (Variables Entered Using Stepwise Method)

Model	Source Variables	B	Standard Error	Standardized B (β)	T	p-value
Model 1	Constant	-46.328	25.410			
	Self-Concept	0.902	0.156	0.494	5.797	0.001
Model 2	Constant	-52.128	24.849			
	Self-Concept	0.536	0.208	0.294	2.583	0.011
	Self-Efficacy	1.166	0.452	0.293	2.578	0.011

In Model 1, self-concept entered the equation with the following formula:

Marital Adjustment = (0.902 × Self-Concept) - 46.328

According to Table 5, the standardized β for self-concept is 0.494, indicating that self-concept directly influences marital adjustment, predicting 49.4% of the variance. A one-unit increase in self-concept leads to a 0.494 change in marital adjustment, meaning that higher self-concept is associated with higher marital adjustment. The T value for self-concept is 5.797, significant at $p < 0.01$.

In Model 2, self-concept and self-efficacy entered the equation as follows:

Marital Adjustment = (0.536 × Self-Concept) + (1.166 × Self-Efficacy) - 52.128

The standardized β for self-efficacy is 0.293, showing that self-efficacy directly impacts marital adjustment, predicting 29.3% of the variance. A one-unit increase in self-efficacy results in a 0.293 change in marital adjustment. The T value for self-efficacy is 2.578, significant at $p < 0.05$.

Given the significance of the relationships at a 95% confidence level, the hypothesis that self-concept and self-efficacy can predict marital adjustment in women is supported. Self-concept and self-efficacy are, therefore, predictors of marital adjustment.

4. Discussion and Conclusion

The findings are consistent with previous studies (Davai et al., 2018; Dayan et al., 2010; Gonji et al., 2015; Graziani & Tsakos, 2020; Hussain et al., 2021; Kundu et al., 2022; Martín-Talavera et al., 2023; Mata et al., 2021; Matos et al., 2022; Mehraban et al., 2022; Mohammadshahi et al., 2016; Monga et al., 2022; Moslehi & Robat Milli, 2023; Ramesh et al., 2018; Saemi et al., 2019).

Women with a more positive self-concept generally exhibit higher marital satisfaction and adjustment. Less physically attractive women may consider cosmetic surgery, believing it will enhance their physical appeal and marital satisfaction (Sarwer, 2019). However, when these tendencies are driven by low self-esteem, increased physical satisfaction might not be achieved even after surgery. Self-

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efficacy, defined as an individual's belief in their capability to succeed in specific situations, also serves as a predictor of marital happiness. Women with higher self-efficacy experience greater marital satisfaction and adaptability (Hussain et al., 2021).

Self-concept encompasses an individual's overall self-perception, including beliefs about their abilities, traits, and worth. It is shaped by life experiences and social interactions, influencing various aspects of life, including emotional and social contexts. Self-efficacy, introduced by Albert Bandura, pertains to the belief in one's ability to succeed in specific situations. High self-efficacy fosters resilience and reduces stress by framing challenges as opportunities rather than threats (Matos et al., 2022).

Marital adjustment involves partners' ability to coexist harmoniously, marked by mutual respect, understanding, and support. It is crucial for marital stability and satisfaction, as well-adjusted couples are more adept at navigating conflicts and sustaining healthy relationships. Individuals with a strong and positive self-concept engage more effectively in relationships, expressing their needs and emotions clearly, which enhances understanding and reduces conflict. A well-developed self-concept boosts self-esteem, enabling individuals to engage positively in their marriages and improve adjustment (Rodrigues et al., 2021).

Furthermore, high self-efficacy instills confidence in managing relationship challenges. Couples with higher self-efficacy collaboratively address issues, believing in their joint ability to overcome obstacles. Research has demonstrated a positive correlation between self-efficacy and marital satisfaction, indicating that individuals who have faith in their ability to contribute positively to their relationship experience better adjustment and satisfaction (Kundu et al., 2022; Wu et al., 2022).

5. Limitations and Suggestions

The study sample was limited to women seeking cosmetic surgery who visited clinics in Tehran during the first half of 2024, restricting the generalizability of the findings. Data were collected using self-report measures and questionnaires, which may impact result validity. The cross-sectional nature of the study, conducted at a specific time point, did not allow for longitudinal observation of changes. Analyzing self-concept in women considering cosmetic surgery can reveal strengths and weaknesses. This analysis can incorporate surveys and in-depth interviews to better understand their feelings and attitudes toward themselves and their marital relationships.

Educational and counseling programs aimed at enhancing women's self-efficacy could improve marital adjustment and overall quality of life. These programs might include communication skills, stress management, and problem-solving techniques. Establishing support groups for women considering cosmetic surgery can provide a safe environment for sharing experiences, fostering social connections, and improving self-concept. Marital counseling services for these women could also enhance marital adjustment by addressing self-concept and its impact on relationships.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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