



# Prediction of sexual health among healthcare professionals based on irrational beliefs and perceived social support

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## Abstract

**Introduction:** Sexual health is an essential dimension of overall health that influences individuals' lives across all ages and stages, preventing the breakdown of family structures. The present study aimed to determine the correlation between sexual health, irrational beliefs, and perceived social support among healthcare professionals.

**Materials and Methods:** The study population of this descriptive-correlational study consisted of all healthcare professionals working in hospitals and medical centers in Kermanshah, Iran, in 2022. Five hundred participants were selected using stratified random sampling based on gender, age range, and professional rank in the medical center. Data collection tools included the Manavipour Sexual Health Questionnaire, the Ahvaz Irrational Beliefs Questionnaire, and the Zimet Multidimensional Scale of Perceived Social Support. All questionnaires demonstrated acceptable convergent validity and composite reliability. Data were analyzed using SPSS 24 and Smart PLS software.

**Results:** The results indicated a significant negative correlation (-0.51) between irrational beliefs and sexual health, as well as a significant positive correlation (0.60) between perceived social support and sexual health ( $P < 0.05$ ). Additionally, the findings showed that irrational beliefs explained 39.6% of the variance in sexual health among healthcare professionals, while perceived social support accounted for 39.7% of the variance.

**Conclusion:** Sexual health among healthcare professionals can be predicted by the variables of irrational beliefs and perceived social support. It is recommended that psychologists and health professionals pay special attention to these factors to improve and enhance the sexual health of healthcare staff and increase their overall productivity.

**Keywords:** Healthcare professionals, Irrational beliefs, Perceived social support, Sexual health

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## Introduction

Health is a multidimensional and multilayered phenomenon considered a fundamental human

right. Various aspects of health, including physical, psychological, social, and sexual health, are critical indicators of an individual's

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overall well-being. The concept of health is paramount and regarded as one of the key indicators of a country's development and progress. Individuals who maintain comprehensive health across all dimensions are more capable of establishing and sustaining a stable and healthy family foundation. Sexual health, one of the core components of individual well-being, influences people's lives at all ages and across different life stages (1).

It refers to a state in which couples experience a healthy, appropriate, and normal sexual relationship (2). Individuals with optimal sexual health possess accurate knowledge about sexual functioning, a positive body image, self-awareness of sexual attitudes, and an appreciation for their sexual desires (3). Sexual health encompasses various aspects, including sexual satisfaction, sexual functioning, and sexual relationships. It refers to any sexual behavior and communication that is mutually consensual and satisfactory for both partners, making consent the primary factor in defining sexual health. Any sexual behavior that causes harm to either party is considered abnormal and inconsistent with sexual health. Multiple factors, including biological and physical health, psychological aspects, socioeconomic conditions, family dynamics, values, religion, gender-related stereotypes, experiences of violence, medications, and illnesses, influence sexual satisfaction. Since sexual function is an integral part of human life and behavior, maintaining sexual health and a fulfilling marital relationship contributes to emotional satisfaction, inner peace, and enhanced self-confidence, thereby strengthening emotional bonds between partners (4). Additionally, it helps prevent psychological disorders, family disintegration, and social harm (5), playing a significant role in overall well-being and public health (6). Achieving sexual health requires the protection, respect, and fulfillment of sexual rights for all individuals. This process depends on a complex interplay of psychological, physical, social, cultural, economic, spiritual, and educational factors (7). Sexual health is a fundamental aspect of reproductive health and has been recognized as a key necessity and strategic approach for achieving the Millennium Development Goals (8).

Research findings indicate that sexual health is influenced by multiple biological, psychological, social, and cultural factors, which can have either a positive or negative

impact on sexual well-being and serve as predictors of sexual health. Among the psychological factors affecting sexual health, irrational beliefs play a significant role (1-9). An individual's beliefs about life can directly impact their psychological well-being (10-13). Irrational beliefs are thought patterns that do not align with reality and disrupt an individual's psychological balance. These beliefs are often associated with lower tolerance levels, increased stress and anxiety, higher prevalence of psychological disorders, and diminished physical health. They directly impact interpersonal interactions and marital relationships, influencing an individual's perception of themselves, the world, and their intimate relationships. Irrational beliefs are considered a primary cause of conflicts in social relationships and, due to their association with excessive worries, unrealistic expectations, and cognitive rumination, can contribute to the development of psychological disorders (11).

Studies indicate that the level of social support significantly impacts physical health (12) and helps individuals cope with the pathogenic effects of stressful life events (13). Perceived social support consists of three key components: (i) emotional support, which is the expression of love and affection; (ii) validation, which is recognition of appropriate behaviors and constructive feedback; and (iii) instrumental support, which is direct assistance, such as help with daily tasks or financial aid (14). Research findings suggest that family, friends, and colleagues constitute the most significant social support networks. However, it is important to note that not all social networks provide beneficial support—only those that actively contribute to an individual's well-being and health can be considered supportive networks. Perceived social support has a direct relationship with health by enhancing physical and psychological well-being and mitigating the negative effects of stressors (15). As a protective factor, perceived social support can shield individuals from both physiological and psychological consequences of illness and is recognized as a key determinant in psychosocial adaptation to illness across different populations (16).

Ensuring a high quality of life, promoting various dimensions of health, and preventing disorders among healthcare professionals are of particular significance. Due to the challenging work conditions and high job-related stress,

healthcare workers face a heightened risk of physical and psychological harm. Any human error in this profession can lead to substantial costs and, in severe cases, may even threaten a patient's life, resulting in irreparable consequences. To effectively provide medical and caregiving services and enhance their productivity, healthcare professionals must establish effective communication with others. This ability enables them to quickly diagnose and treat patients' ailments and potential health issues, ultimately improving patient care outcomes. Evidence suggests that the health of shift workers, including healthcare professionals, is at greater risk due to their irregular work schedules. Inadequate sleep hygiene in these individuals can negatively affect sexual hormones, reproduction, and fertility. The relationship between irrational beliefs, perceived social support, and sexual health is expected to hold scientific significance in predicting sexual health outcomes. Gaining comprehensive knowledge in this area can help develop effective strategies to maintain and enhance sexual health, improve the efficiency of healthcare professionals, and assist policymakers, psychologists, sex therapists, and couples' counselors in addressing sexual health challenges. Considering these factors, the present study examined the correlation between sexual health, irrational beliefs, and perceived social support among healthcare professionals working in hospitals and medical centers in Kermanshah, Iran. The central research question of this study was: Can sexual health be predicted based on irrational beliefs and perceived social support?

## Materials and Methods

This study employed a descriptive-correlational research design. The study population consisted of all healthcare professionals working in public and private hospitals and medical centers in Kermanshah in 2022. The sample size was determined using G\*Power software based on the number of study variables, with a statistical power of 0.90, an effect size of 0.10, and an alpha coefficient of 0.05. Accordingly, 500 healthcare professionals were selected as the study sample. Given the diversity of occupational groups within the target population, a stratified random sampling method was employed. The sampling strata were defined based on gender, age range, and professional rank within the healthcare

center. The inclusion criteria were: Being married, having at least one year of work experience, providing informed consent to participate in the study, and having no chronic physical or psychological illnesses. Exclusion criteria included: Failure to respond to the questionnaire items, lack of willingness to continue participation in the study, and incomplete questionnaire responses. Following the approval of the research proposal by the Research Council and obtaining the necessary authorization from Islamic Azad University, Sanandaj Branch, Hospitals and public and private healthcare centers from various geographical areas of Kermanshah were selected. The healthcare professionals from these institutions were considered for participation while ensuring the representation of different occupational strata and subgroups within the sample. Participants who met the inclusion criteria were provided with detailed explanations regarding the study objectives, participation process, and ethical principles. Considering the workload of healthcare professionals and the time required for accurate responses, participants were encouraged to complete the questionnaires at their convenience. After the allocated response period, the completed questionnaires were collected for analysis.

### Research instruments

*A) Sexual Health Questionnaire:* In this study, the Manavipour Sexual Health Questionnaire was used to assess sexual health. This questionnaire was developed by Manavipour et al. in 2009 and consists of 33 items. Participants indicate their level of agreement with each statement by selecting one of three response options, ranging from "agree" to "disagree." The questionnaire scores range from 33 to 99, with higher scores indicating better sexual health. Manavipour et al. evaluated the face and content validity of the questionnaire using a qualitative method, where five experts reviewed and approved the instrument. However, no detailed report on this process was provided. Additionally, construct validity was assessed through factor analysis on a sample of 150 individuals, revealing that the questionnaire accounted for more than 92% of the variance in sexual health. The internal consistency reliability of the questionnaire was measured using Cronbach's alpha, which yielded a reliability coefficient of 0.82 in the sample (18).

*B) Irrational Beliefs Questionnaire:* The Ahvaz Four-Factor Irrational Beliefs Questionnaire, developed by Motamedin and Abadi in 2005, assessed irrational beliefs. This questionnaire is based on the original Irrational Beliefs Test and consists of 40 items, measuring four dimensions and an overall score. The total possible score ranges from 40 to 200, with higher scores indicating stronger irrational beliefs. Motamedin and Abadi's study on university students in Ahvaz demonstrated that the questionnaire had a convergent validity of 0.87 compared to the Irrational Beliefs Test. Additionally, internal consistency reliability, assessed using Cronbach's alpha, was calculated on a sample of 1,400 students. The reliability coefficients for the subscales were as follows: helplessness in facing change (0.77), need for approval (0.68), problem avoidance (0.59), and emotional irresponsibility (0.68). The overall reliability score for the entire questionnaire was 0.86 (19).

*C) Multidimensional Scale of Perceived Social Support (MSPSS):* This scale was developed by Zimet et al. (1988), was used to assess participants' perceptions of the adequacy of social support resources, including family, friends, and a significant other. The scale consists of 12 items, rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The responses to all items are summed to obtain a total score, with possible scores ranging from 12 to 84. Higher scores indicate greater perceived social support. The validity and reliability of this scale were reported as satisfactory by Zimet et al. (1988). Additionally, in a study by Samanifar, the internal consistency of the questionnaire was assessed using Cronbach's alpha, yielding a reliability coefficient of 0.89 (20).

Descriptive statistics, including frequency distribution, mean, and standard deviation, were utilized for data analysis, while inferential statistics involved Pearson correlation coefficient and Structural Equation Modeling (SEM). Data analysis was conducted using SPSS 24 and Smart PLS software.

## Results

The study included 500 healthcare professionals working in public and private hospitals and medical centers in Kermanshah, comprising 233 women (46.6%) and 267 men (53.4%). Regarding age distribution, 7.6% of participants were under 24 years old, 16.8% were between 24 and 28 years old, 27.8% were between 29 and 33 years old, 14.6% were between 34 and 38 years old, 13.2% were between 39 and 43 years old, 12.6% were between 44 and 48 years old, and 7.4% were 48 years old or older. In terms of marital duration and sexual experience, 18.8% had been married for less than one year, 25.8% for 1 to 5 years, 15.9% for 6 to 10 years, 16.4% for 11 to 15 years, 5.8% for 16 to 20 years, 12.8% for 21 to 25 years, 2.4% for 26 to 30 years, and 2.2% had been married for more than 30 years. Regarding educational background, 34.8% held a professional doctorate, 15.2% were professional doctorate students, 14.4% had a specialized doctorate, 14.4% held a master's degree, 19.2% had a bachelor's degree, and 2% had an associate's degree.

Table 1 shows the mean and standard deviation of the research variables. After confirming the normality through the Kolmogorov-Smirnov test, Pearson's correlation coefficient test was used to determine the correlation between them.

**Table 1.** Descriptive statistics of the variables

Variable	Mean	Standard deviation
Sexual health	56.9	12.3
Sexual health	82.1	19.7
Perceived social support	32.1	11.5

Based on the results of Table 2, there was a significant negative correlation between irrational beliefs and sexual health ( $r = -0.51$ ). This suggests that higher levels of irrational beliefs are associated with lower sexual health. A significant positive correlation existed between perceived social support and sexual

health ( $r = 0.60$ ). This implies that greater perceived social support is linked to better sexual health. Additionally, all latent variables demonstrated adequate discriminant validity, convergent validity, and composite reliability, confirming the measurement model's robustness.

**Table 2.** Correlation of irrational beliefs and perceived social support with sexual health

Variable		Correlation with sexual health
Irrational beliefs		-0.51
Perceived social support		0.60

Table 3 indicated that irrational beliefs had a significant negative effect on sexual health ( $\beta = -0.45$ ,  $T = -3.373$ ), meaning that higher levels of irrational beliefs are associated with lower sexual health. Perceived social support had a significant positive effect on sexual health ( $\beta = 0.68$ ), indicating that greater social support leads to improved sexual health. Variance

Inflation Factor (VIF) values confirm that multicollinearity was not an issue in the model, ensuring the reliability of the relationships tested. These findings suggest that both irrational beliefs and perceived social support were strong predictors of sexual health among healthcare professionals.

**Table 3.** Collinearity indices, direct effects, and effect size of inner model

Pathway	Collinearity (VIF)	Table 3. Collinearity indices, direct effects, and effect size of inner model						
		Direct effect		Effect size (f <sup>2</sup> ) confidence interval				
		P		T		β		2.5% 97.5%
Irrational beliefs → Sexual health	1.845	-0.45	-3.373	0.000	-0.314	-0.527	0.412	
Perceived Social Support → Sexual Health	1.919	0.68	5.125	0.000	0.629	0.752	0.519	

Table 4 presents that sexual health was explained by the variables of irrational beliefs and perceived social support. Both irrational beliefs and perceived social support had a large effect on predicting sexual health. The coefficient of determination ( $R^2$ ) values for both variables (0.396 for irrational beliefs and 0.397 for perceived social support) were

moderate, suggesting that these factors contributed significantly to explaining variations in sexual health. These findings highlight the strong predictive power of irrational beliefs and perceived social support in determining sexual health among healthcare professionals.

**Table 4.**  $R^2$ ,  $Q^2$ , and Importance-Performance Matrix (IPMA)

Variable	$R^2$	$Q^2$	Performance Importance Matrix (IPMA)	
			total effect (significance)	performance
Irrational beliefs	0.396	0.132	0.356	29.67
Perceived social support	0.397	0.128	0.363	31.29

## Discussion

The present study aimed to determine the correlation between sexual health, irrational beliefs, and perceived social support among 500 healthcare professionals, consisting of 233 women and 267 men, working in public and private hospitals and medical centers in Kermanshah in 2022. The research utilized three questionnaires as data collection tools: the Sexual Health Questionnaire, the Irrational Beliefs Questionnaire, and the Perceived Social Support Questionnaire. The findings revealed a significant negative correlation between irrational beliefs and sexual health, indicating that healthcare workers with higher levels of irrational beliefs exhibited lower sexual health. In contrast, those with lower levels of irrational

beliefs experienced better sexual health. This result is consistent with previous studies that identified irrational beliefs as a key factor influencing sexual relationships (15), sexual desires, and marital quality (21). Additionally, the findings align with those of Mikaeili and Samadifard who also reported a correlation between sexual health and irrational beliefs among couples. Their research demonstrated that irrational beliefs in both men and women were significantly associated with sexual health and that sexual health could be predicted based on irrational beliefs (1). Chan and Sun also demonstrated in their study that couples who hold irrational beliefs about the importance of communication and gender roles experience greater breakdowns in their sexual relationships

compared to those who do not hold such beliefs (11). Johnson stated that failure to follow sleep hygiene guidelines among shift workers, including healthcare professionals, can negatively affect their sexual hormones, sexual functioning, fertility, and reproduction. It can also lead to an increase in cognitive disorders. Irrational beliefs can affect individuals' sexual health, which is considered one of the important dimensions of overall health. This finding can be explained by considering that personal beliefs are widely studied variables in the framework of health psychology. Just as positive beliefs and optimism can enhance overall well-being, unhealthy and irrational beliefs can negatively impact an individual's health (17).

Since sexual health is a crucial aspect of overall health, it is reasonable to conclude that irrational beliefs influence sexual health outcomes. Holding irrational beliefs can lead to negative emotions, unhealthy interactions with others, and psychological disorders. These beliefs dominate an individual's mindset, shaping their interpretation of events and influencing the quality and intensity of their emotions and behaviors (22). Consequently, individuals with rigid and unrealistic thought patterns may experience greater psychological distress, which can negatively affect their sexual health and intimate relationships. According to Ellis' Rational Emotive Behavior Therapy (REBT) model, an individual's well-being declines from distorted cognitions. As long as these irrational beliefs persist, individuals may fail to recognize their role in marital and sexual relationship challenges. People who hold irrational beliefs about communication, effective conflict resolution, the importance of family, and gender roles are more likely to experience greater deterioration in their sexual and marital relationships compared to those with rational and adaptive beliefs. This breakdown in relationships can ultimately lead to a decline in sexual health (13,23,24). Similarly, findings by Tarnas et al. suggest that sexual awareness plays a crucial role in predicting women's sexual functioning, highlighting the importance of sexual education and awareness in improving overall sexual health (25).

The results also revealed a significant positive correlation between perceived social support and sexual health among healthcare professionals. This finding is consistent with previous studies conducted by Zohri and Samadifard (26), Saberi

et al. (27), Azhari et al. (28), Barlow (29), and Ryan and Deci (30), all of which demonstrated a positive relationship between social support and overall health. Zohri and Samadifard concluded that sexual health can be predicted by social support and that social support is a key variable related to sexual health. This finding can be explained by the fact that optimal sexual functioning and sexual health are integral components of overall well-being (26). Azhari et al. concluded from their research conducted among women of reproductive age attending health centers that social support is associated with women's sexual functioning (28). One of the factors determining sexual health is adequate sexual functioning. Some researchers consider healthy sexual functioning as an indicator of an individual's overall sexual health and appropriate sexual behavior. Sexual health is a multidimensional phenomenon influenced by various biopsychosocial factors (31).

Strong social support networks can help individuals cope with stress, foster emotional well-being, and enhance relationship satisfaction, all contributing to better sexual health outcomes. Health is the absence of disease and encompasses emotional, psychological, and social well-being. Strong social support and positive relationships play a protective role in maintaining health and well-being. Supportive relationships can motivate healthier behaviors, while individuals with lower levels of social support are more vulnerable to physical and mental health problems. Social support is a multidimensional concept defined as the degree to which individuals receive love, companionship, care, respect, attention, and assistance from others, including family, friends, and significant others (3). From the perspective of Masters and Johnson, sexual health is an essential component of overall well-being—psychological, social, and emotional—and is an inseparable part of a person's identity and character. It directly influences how individuals relate to themselves, their spouses, and others (2,32). Mbizvo et al. found that promoting sexual and reproductive health is essential for development (33). Similarly, Conover and Israel discovered that social support has significant effects on various aspects of sexual relationships and acts as an effective moderating factor in coping with and adapting to stressful marital conditions, thereby improving sexual relationships (34). This highlights the fundamental role of sexual health in shaping

interpersonal relationships and overall life satisfaction. Findings from various studies indicate that higher levels of social support are associated with improved overall health, while lower levels of support contribute to poorer health outcomes. From this perspective, achieving comprehensive well-being is contingent on having sufficient social support. Therefore, it can be concluded that perceived social support is a significant predictor of sexual health. However, this study has certain limitations that should be acknowledged. One key limitation is that the data were collected using self-report questionnaires, which may have been subject to social desirability bias—where participants might have responded in a way they perceived as more socially acceptable rather than providing entirely accurate responses. To mitigate the effects of this limitation, participants were assured of the confidentiality of their personal information, with all questionnaires being anonymous and data analysis conducted in aggregate form to protect their privacy.

### Conclusion

The findings of this study indicate that irrational beliefs and perceived social support are significant variables related to the sexual health of healthcare professionals and have the predictive power to explain variations in sexual health. Therefore, it is recommended that training programs and workshops be organized to educate healthcare workers on strategies to reduce irrational beliefs and enhance perceived social support, thereby promoting their sexual

health as a critical component of overall well-being.

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### Conflict of Interest

The authors declare no conflicts of interest related to this research.

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### Ethical Considerations

Islamic Azad University, Sanandaj Branch approved this study. The ethical considerations included: Informed consent, confidentiality of personal information, anonymity of the questionnaires, and instructions on how to respond to each of the research instruments were given.

### Code of Ethics

IR.IAU.SDJ.REC.1401.084

### Authors' Contributions

Fariba Marzbani: Conducted the literature review, examined conceptual frameworks, reviewed previous research, collected and analyzed data, and contributed to the discussion and conclusion sections. Houshang Jadidi: As the supervising professor, provided guidance and oversight throughout all stages of the research process, and editing the manuscript. Maryam Akbari: As the advising professor, provided supervision and direction throughout the study.

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