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Research Article

Testing the Model of Direct and Indirect Effects of Self-Esteem and Communication Skills on the Sexual Satisfaction of Female Nurses in Shiraz: The Mediating Role of Hidden Communication Aggression

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ABSTRACT

Aim: Considering the effects of hidden communication aggression and its consequences on the couple's relations, reducing it can diminish its consequences. The present study aimed to examine the model of direct and indirect effects of self-esteem and communication skills on sexual satisfaction with mediating role of hidden aggression dimensions of spouses in female nurses of public and private hospitals in Shiraz city.

Methods: The study sample consisted of 310 female nurses selected through the two-stage random cluster sampling method. The research method was correlational, and the research tools were the Self-Esteem Scale (SES), the Marital Social-Skills Inventory (MSSI), the Hidden Communication Aggression Scale (HCAS), and the Sexual Satisfaction Scale for Women (SSSW). Data analysis was done using Pearson's correlation coefficient and structural equation modeling.

Results: The results showed that there was a significant relationship in the direct paths of self-esteem to the social image sabotage, self-esteem to emotional withdrawal, communication skills to emotional withdrawal, self-esteem to sexual satisfaction, communication skills to sexual satisfaction, social image sabotage to sexual satisfaction, and emotional withdrawal to sexual satisfaction, but the relation of communication skills to the social image sabotage was not significant ($P=0.41$). Also, the mediating role of emotional withdrawal was significant between self-esteem and sexual satisfaction ($P=0.006$, $\beta=0.038$) and between communication skills and sexual satisfaction ($P=0.006$, $\beta=-0.062$) at $P<0.05$. But the mediating role of the social image sabotage variable was not significant between communication skills and sexual satisfaction ($P=0.20$, $\beta=0.027$) and between self-esteem and sexual satisfaction ($p=0.06$, $\beta=-0.034$).

Conclusion: Researchers interested in this field are suggested to examine the effect of home violence and especially covert violence in other psychological variables so that the results of this type of violence in married life can be



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better recognized. The results of this research on self-esteem showed that people with high self-esteem have higher quality and satisfaction in their relationships and married life. Thus, those responsible for the education and upbringing of people since childhood (family, teachers, counselors, etc.) should attempt to increase this spirit in people and make the increase of this spirit in the individual a priority of their work.

1. Introduction

In all countries, including Iran, the majority of nurses are women. Nursing is considered a very stressful job, and this high job stress affects the physical and mental health of nurses. This stress is due to the combination of personal and work environment factors (Wu, Chi, Chen, Wong, & Jin, 2010). Psychological disorders and distress are among the outcomes that most female employees experience due to their efforts to balance their family and work roles (Voydanov, 2005).

The family is a social unit and organized system and the most fundamental institution of the society, which plays a significant role in the survival and growth of mankind. The family with its optimal functioning helps to make the community healthy and provides the basis for the growth and prosperity of its members, so it is the most effective institution in the formation of human personality (Harper & Snowden, 2017). Since mental health is related to the lack of healthy functioning of the family, it can be positively or negatively affected by the quality of married life (Heinrichs et al., 2009).

One of the significant factors affecting marital satisfaction is sexual satisfaction. Marital sexual satisfaction, as one of the components related to marital satisfaction and sexual desire, is the emotional reaction resulting from the subjective evaluation of the positive and negative aspects of a sexual relationship, and indeed, it is known as the last stage of the sexual response cycle (Sánchez-Fuentes et al., 2014). It seems that sexual satisfaction is an influential factor in couples' relationships and interactions (Fisher et al., 2015). People who engage in regular sex reported higher levels of general life satisfaction, which indicates that not only is sexual satisfaction important to relationships, but it continues to affect the outer aspects of that relationship, meaning that the individual's sexual satisfaction is an essential factor in the person's overall happiness and satisfaction (Debrot et al., 2017).

Self-esteem is a variable that can be related to sexual satisfaction in nurses. Self-esteem, or self-confidence, is the degree of approval, acceptance, and a sense of worth towards self. Research showed high self-esteem impacts persuading, leading, and influencing people (Lyros et al., 2010). Self-esteem can affect a person's sexual functioning as well, e.g. low self-esteem can suppress an individual's sexual desires (McKay & Fanning, 2005, Translated by Arjamandi Nasab, 2017). Also, aggression towards the spouse, as one of the manifestations of home violence, can affect the life of the couples from different angles; for example, it can cause a decrease in women's self-confidence and, as a result, disturbances in interpersonal relationships, low self-esteem, high anxiety, eating disorders, and sexual disorders (Allen et al., 2009).

Another variable that can be related to sexual satisfaction in nurses is communication skills. Communication skills are the chief determinant of marital compatibility and intimate marital relationships, and many couple problems are caused by misunderstanding and ineffective communication, the result of which is the feeling of disappointment and anger due to the failure to meet the spouse's needs and desires in married life (Sprecher, 2011). Indeed, people can be involved in interpersonal interactions and relational processes through communication skills, through which people share their information, thoughts, and feelings by exchanging verbal and

non-verbal messages (Brox & Heath, 1993, cited in Harigie & Dickson, 2004). The four dimensions of marital communication skills are expressiveness/empathy, assertive self-affirmation, proactive self-control, and assertive conversation. The dimension of assertive self-affirmation assesses the set of self-expression skills and the ability to request decisively in dealing with the spouse. The third dimension, proactive self-control, includes self-monitoring skills that assess the capacity to regulate one's behaviors. The fourth dimension, assertive conversation, encompasses the ability to communicate personal needs and preferences in interaction with the needs and preferences of the other party (Aguiar et al., 2018).

Among other factors affecting marital sexual satisfaction is the hidden aggression dimension of the spouse. Violence and aggression either is manifested in an overt reaction to physical or verbal conflict (Balci & Salah, 2015) or is formed covertly by hiding the outward signs in people (Kramer, 2015). Intimate partner violence limits the victim's personal growth, productivity, socio-economic role, and physical and mental health (Esser, Idowi, Dorasero, & Umatocho, 2009). Home violence has different forms, such as physical violence, sexual abuse, emotional abuse, control, intimidation, stalking, and economic deprivation (Ekta & Rakesh Kumar, 2016). Hidden communication aggression has been the focus of researchers over the years of studies on couple aggression (Coyne et al., 2019). In general, in hidden communication aggression, the person attempts to harm the partner and damage the relationship purposefully (Aizpitarte et al., 2019). Covert communication aggression includes two components: social image sabotage and emotional withdrawal.

Social image sabotage is a form of indirect irritation through insulting, spreading rumors, telling the private information of the spouse to others, or making it possible for others to intervene in disputes and arguments between the spouses. This type of relational aggression is used to control the spouse through social pressure (Carroll et al., 2010). In emotional withdrawal, one of the spouses withholds attention and affection from her/his spouse to restrain the relationship by ignoring him/her, not having sexual relations, threatening to leave, and such behaviors (Clifford, 2013). Khazaei et al. (2017) emphasized the personality factors that affect hidden communicative aggression. Frankel et al. (2015) have also mentioned the effects of communication factors. In addition, Schmitt et al. (2007) stated that couple interactions based on negativity and anger exchange negatively affect marital quality. Kim et al. (2016) also showed that aggression has many negative effects on the communication function and the marital quality of couples. Halmos et al. (2020) also demonstrated that women commit overt and relational aggression significantly more than men.

Considering the effects of hidden communication aggression and its consequences on the couple's relations, reducing it can diminish its consequences. In terms of methodology, developing a model to explain the occurrence of influential variables in the couple's relationships, like hidden aggression, can be essential. Thus, research like this is necessary to convince the officials to pay attention to marital sexual satisfaction as a significant component in the spousal relationship. Although many researchers have examined these variables previously, according to the research conducted in this field, a model that includes all these variables in one model has not been developed yet. Therefore, this study proposed a model to investigate the direct and indirect effects of self-esteem and communication skills on sexual satisfaction in female nurses with mediating role of covert aggression dimensions of their spouses to examine the variables affecting the degree of satisfaction. [Figure 1](#) shows the proposed model of this research.

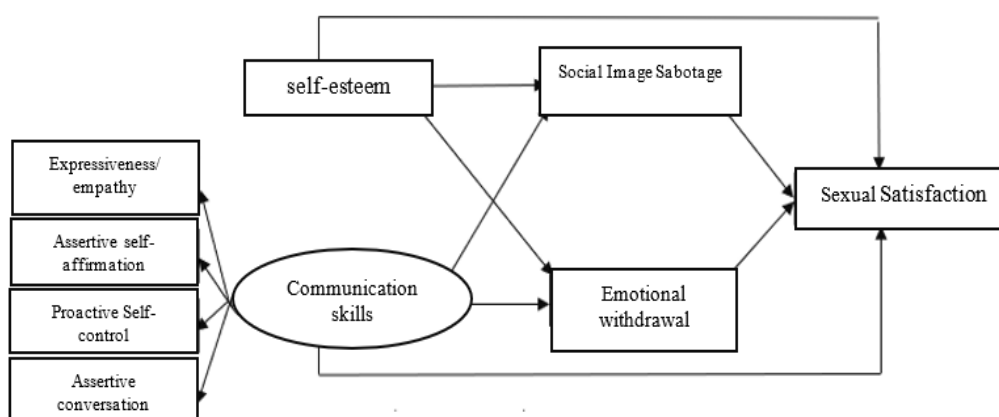


Figure 1. The proposed model of the research

2. Objectives

The present study aimed to examine the model of direct and indirect effects of self-esteem and communication skills on sexual satisfaction with mediating role of hidden aggression dimensions of spouses in female nurses of public and private hospitals in Shiraz city.

3. Methods

The research method was correlational using path analysis. The statistical population included all married female nurses working in public and private hospitals in Shiraz in the first quarter of 2021.

3.1. Sample and procedure

The research sample consisted of 250 nurses selected from the research population by a two-stage random cluster sampling method. For choosing the research sample, first, eight hospitals were selected in Shiraz, next, two departments were chosen from each hospital, and finally, the married nurses of these departments were identified as the research samples. The research inclusion criteria included being a woman, being married, age between 25 and 55 years old, not having an activity outside of the marital relationship at the moment, not participating in therapy programs or marital training, and willingness to participate in the research. Finally, 206 complete questionnaires were collected (the return rate was 0.82). The findings of the research showed that the frequency of associate, bachelor, and master education levels was 17, 67, and 16%, respectively; the age percentages below 30 years, 30 to 40 years, and above 40 years were 28, 42, and 30, respectively; and the work experience below ten years, 11 to 20 years, and above 20 years was 48, 35, and 17 percent, respectively. The length of the marriage of the research sample for groups below five years, 6 to 10 years, 11 to 15 years, and above 15 years was 25, 32, 33, and 10, respectively.

3.2. Research Tools

3.2.1. Self-Esteem Scale (SES):

This instrument was developed by Rosenberg (1965) to measure overall self-esteem and personal worth. This scale includes ten general statements to assess life satisfaction and feeling about oneself (Salasali & Silverstone, 2003). Its scoring is based on a 4-point Likert scale from completely disagree to completely agree. It has a high correlation with the New York and Gottman National Questionnaire in measuring self-esteem, so its content validity is confirmed.

Also, the test-retest correlation of this scale ranges from 0.82 to 0.88, and the internal reliability coefficient, or Cronbach's alpha, ranges from 0.77 to 0.88 (Quoted by Karimi, 2014). Rosenberg (1965) reported the Cronbach's alpha coefficient of this questionnaire at 0.89. The reliability of this tool in this study with Cronbach's alpha was equal to 0.87.

3.2.2. Marital Social-Skills Inventory (MSSI):

Aguiar et al.'s (2018) marital communication skills questionnaire was used to measure communication skills in this study. This questionnaire consists of 17 items that measure the couple's communication skills, including expressiveness/empathy (6 items), assertive self-affirmation (6 items), proactive self-control (3 items), and assertive conversation (2 items). This questionnaire is scored on a 5-point Likert scale (1 to 5). A higher score indicates a higher level of communication skills. To ensure the reliability of this scale, Aguiar et al. (2018) reported Cronbach's alpha coefficient for four components of expressiveness and empathy, assertive self-affirmation, proactive self-control, and assertive conversation as 0.83, 0.66, 0.69, and 0.55, respectively. In this study, Cronbach's alpha coefficient of this tool was 0.89, 0.67, 0.71, and 0.66 for four components, and 0.83 for the whole questionnaire.

3.2.3. Hidden Communication Aggression Scale (HCAS):

This scale was prepared by Nelson and Carroll (2006) to measure emotional withdrawal and social image sabotage in couples' relationships. It is a modified version of the Aggression and Victimization Self-Report Questionnaire (Morales & Crick, 1998) and the Adult Romantic Relationship Scale (Linder et al., 2002). This scale contains 12 items, including the subscale of emotional withdrawal (6 items) and the subscale of social image sabotage (6 items). The Likert scale is graded according to answers from 1 to 7 degrees, from very little = 1 to very much = 7. In their research, Khazaei et al. (2017) reported the convergent and divergent validity of this scale as 0.47 and 0.42, respectively, by examining the correlation coefficient of the revised questionnaire of marital conflicts and Spanier's marital compatibility scale. Meng et al. (2015) reported the reliability coefficient using Cronbach's alpha for social image sabotage and emotional withdrawal as 0.90 and 0.86 in men and 0.880 and 0.90 in women, respectively. Khazaei et al. (2017) also obtained its reliability coefficient using Cronbach's alpha of 0.85. In this study, the reliability coefficients of the two subscales were obtained as 0.86 and 0.90, respectively.

3.2.4. Sexual Satisfaction Scale for Women (SSSW):

This scale was developed by Meston and Trapnell (2005) to measure nurses' sexual satisfaction. This scale is a reliable, valid, and multidimensional self-report tool that examines women's sexual distress and contentment. This scale has 30 questions consisting of five components: contentment, communication, compatibility, relational concern, and personal concern. In the present study, six items related to the subscale of sexual satisfaction were used. Roshan Chesli et al. (2014) reported a moderate to strong and significant correlation between five dimensions of the sexual satisfaction questionnaire with similar components in the Female Sexual Functioning Inventory (FSFI), Luke Wallace Marital Adaptation Test (LWMAT), Female Sexual Distress Scale (FSDS), Sexual Satisfaction Inventory (SSI), and Depression, Anxiety and Stress Scale (DASS-21). They also reported the reliability coefficients for the total questionnaire of 0.96 and its components from 0.82 to 0.91, as well as the test-retest coefficients for the sexual satisfaction score and its dimensions from 0.73 to 0.97. In the research of Zolfaghari et al. (2021), Cronbach's alpha coefficient of the sexual satisfaction subscale of this questionnaire was obtained as 0.87. In the present study, the reliability of the sexual satisfaction subscale of this questionnaire was obtained as 0.77.

3.3. Data analysis

In this research, descriptive statistics such as mean, standard deviation, and Pearson correlations were performed first. Next, path analysis was used to test the proposed model. Mediation relationships of the final model were also tested using bootstrap. Data analysis was done using SPSS version 24 and AMOS version 18 software. A significance level of $P < 0.05$ were considered in this research.

4. Results

The mean, standard deviation, and matrix of correlation coefficients between research variables in the sample of female nurses are shown in [Table 1](#).

Table 1. Mean and standard deviation and matrix of correlation coefficients between research variables in the research sample

Research variables	Mean	SD	1	2	3	4	5
1 Self-esteem	28	4.84	-	0.394*	0.486*	-0.393*	0.484*
2 Communication skills	54.5	7.64	-	-	0.573*	-0.346*	0.591*
3 Social image sabotage	17.61	5.11	-	-	-	0.750*	-0.517*
4 Emotional withdrawal	14.69	5.98	-	-	-	-	-0.546*
5 Sexual satisfaction	20.76	3.9	-	-	-	-	-

* $P < 0.05$

Concerning the criterion of normality, the research variables Self-esteem (Skewness=0.13; Kurtosis=0.36), Communication skills (Skewness=0.23; Kurtosis=0.16); Social image sabotage (Skewness= -0.17; Kurtosis=-0.17); Emotional withdrawal (Skewness=-0.10; Kurtosis=-1.19) and Sexual satisfaction (Skewness= 0.34; Kurtosis=0.11) had an absolute skewness value of less than 3 and a kurtosis value of less than 10.

According to the results of [Table 1](#), all correlation coefficients obtained between research variables were significant at $P < 0.05$. In this study, the coefficient of skewness and elongation of the variables for self-esteem were 0.13 and 0.36, for communication skills were 0.23 and 0.16, for social image sabotage were -0.17 and -0.17, for emotional withdrawal were -0.10 and -1.19, and for sexual satisfaction were 0.34 and 0.11. Regarding the normality criterion, all research variables have an absolute value of the skewness coefficient less than 3 and an absolute value of the elongation less than 10; therefore, no violation of the normality of the data was observed. The fit indices of the research model are given in [Table 2](#).

Table 2. Fitness indices of the research proposed model

Fitness indices	χ^2	df	χ^2/df	GFI	AGFI	IFI	TLI	CFI	NFI	RMSEA
proposed model	25.09	11	2.28	0.971	0.905	0.979	0.945	0.979	0.963	0.07

[Table 2](#) shows that the goodness-of-fit indices of the proposed model, including chi-square index ($\chi^2 = 25.09$), relative chi-square ($\chi^2/df = 2.28$), goodness-of-fit index (GFI=0.971), adaptive goodness-of-fit index (AGFI=0.905), Comparative fit index (CFI = 0.979), incremental fit index (IFI = 0.979), Tucker-Lewis fitness index (TLI = 0.945), and root mean square error of approximation (RMSEA = 0.07), indicate good fitness of the model. Therefore, the structural model of the research has an acceptable fitness. [Table 3](#) shows the paths and their standard coefficients in the proposed model.

Table 3. Standard path coefficients of the proposed model

Path	Unstandardized estimation B	Sstandardized estimation β	Critical ratio	Sig. level
Self-esteem to social image sabotage	0.109	0.115	2.09	0.03
Self-esteem to emotional withdrawal	-0.134	-0.165	-2.61	0.009
Communication skills to social image sabotage	-0.05	-0.067	-0.812	0.41
Communication skills to emotional withdrawal	-0.171	-0.272	-2.82	0.002
Self-esteem to sexual satisfaction	0.169	0.135	3.29	0.001
Communication skills to sexual satisfaction	0.351	0.358	5.45	0.001
Social image sabotage to sexual satisfaction	-0.277	-0.208	-4.21	0.001
Emotional withdrawal to sexual satisfaction	-0.212	-0.136	-3.05	0.002

As the results in Table 3 show, the path coefficients of self-esteem to social image sabotage ($\beta = 0.115$, $P = 0.02$), self-esteem to emotional withdrawal ($\beta = -0.165$, $P = 0.01$), communication skills to emotional withdrawal ($\beta = -0.272$, $p = 0.008$), self-esteem to sexual satisfaction ($\beta = 0.135$, $P = 0.001$), communication skills to sexual satisfaction ($\beta = 0.358$, $P = 0.001$), social image sabotage to sexual satisfaction ($\beta = -0.208$, $P = 0.001$), emotional withdrawal to sexual satisfaction ($\beta = -0.136$, $P = 0.002$) are significant. Therefore, the path coefficients of all variables, except communication skills to the social image sabotage ($\beta = -0.067$, $P = 0.41$), were significant and confirmed at the 99% confidence level. Therefore, the non-significant path was removed from the final model. Figure 2 shows the final model of the study with the path coefficients.

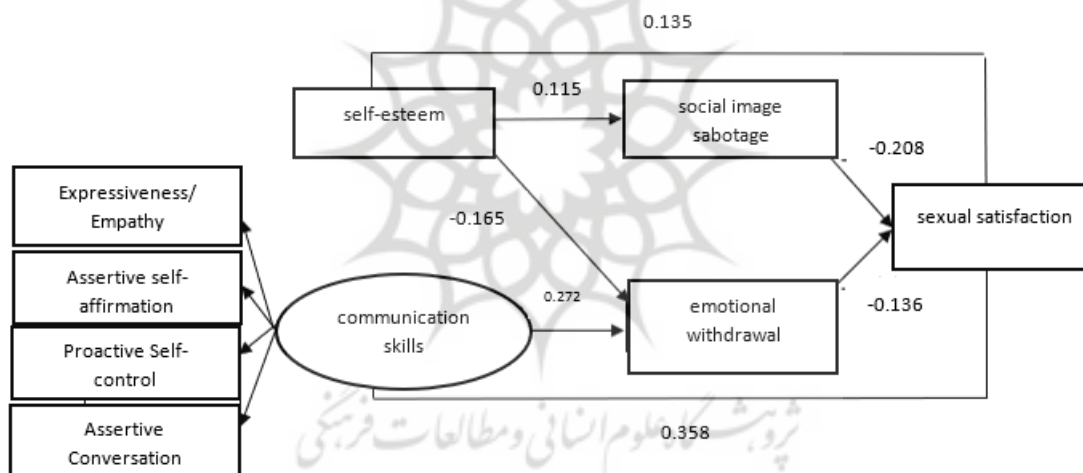


Figure 2. The output of the final model of the study with the standard coefficients of the paths

Table 4 shows the bootstrap results for mediating paths in the final research model.

Table 4. Bootstrap results between research variables

Path	Data	Bootstrap value	Low level	High level	Standard error	Bias
Self-esteem to sexual satisfaction through social image sabotage	0.034	-0.042	-0.075	0.007	0.021	0.06
Self-esteem to sexual satisfaction through emotional withdrawal	0.038	0.047	0.022	0.104	0.021	0.006
Communication skills to sexual satisfaction through social image sabotage	0.027	0.027	-0.005	0.058	0.019	0.20
Communication skills to sexual satisfaction through emotional withdrawal	0.062	-0.06	-0.105	-0.02	0.026	0.006

According to the results shown in Table 4, the significance level for the variable of emotional withdrawal as a mediating variable between self-esteem and sexual satisfaction ($P = 0.006$, $\beta = 0.038$) and between communication skills and sexual contentment ($P = 0.006$, $\beta = -0.062$) is

significant. But for social image sabotage variable as a mediating variable between communication skills and sexual satisfaction ($P=0.20$, $\beta=0.027$) and between self-esteem and sexual satisfaction ($P=0.06$, $\beta=-0.034$) is not significant. The confidence levels for these confidence intervals were 95, and the number of bootstrap resampling was 50,000.

5. Discussion & Conclusion

The present study aimed to examine the effects of self-esteem and social skills on sexual satisfaction with the mediation of the hidden aggression dimensions of the spouse in female nurses in Shiraz hospitals. This research showed that the effect of self-esteem on sexual satisfaction was significant. This result is consistent with the findings of George et al. (2015), Sanchez-Fuentes et al. (2014), Nazari and Abolmaali (2014), and Jahadi et al. (2013). Self-esteem and sexual satisfaction play an undeniable role. Marital sexual satisfaction, as one of the components related to marital satisfaction and sexual desire, is the emotional reaction resulting from the subjective evaluation of the positive and negative aspects of sexual relations, and in fact, it is the last stage of the sexual response cycle (Sanchez-Fuentes et al., 2014). In addition, self-esteem refers to the affective and evaluative dimension of one's self-concept and is considered one of the most effective psychological constructs for sexual satisfaction (Jahadi et al., 2013). People with high self-esteem focus more on their positive attributes and react to events to maintain their self-worth (Sheikholeslami et al., 2011). In contrast, people with low self-esteem suffer from some mental disorders and social problems. Donnelly et al. (2009), Pourdehghan et al. (2009), George et al. (2015), and Nazari and Abol-Maali (2014) showed that self-esteem as a personality trait affects marital satisfaction and its subscales, sexual satisfaction.

The research findings showed that the effect of self-esteem on social image sabotage and emotional withdrawal was significant. This result is consistent with the findings of Noormohammadi et al. (2021), Nazari and Abolmaali (2015), and Dehowib et al. (2021). Hidden communication aggression includes two components: social image sabotage and emotional withdrawal. Social image sabotage is a form of indirect harassment through slandering, spreading rumors, telling the personal information of the spouse to others, or allowing others to interfere in their arguments (Khazae et al., 2017). The goal of this aggression is to use social pressure to restrain the spouse ((Parad & Leerkes, 2011). Also, in emotional withdrawal, the husband withholds attention from his wife to control the relationship by ignoring her, not having sexual relations, threatening to leave, and similar behaviors (Clifford, 2013). Self-esteem also expresses the development of a person's sense of self-worth, which is associated with a person's sense of competence, satisfaction, and personal competence (Nazari & Abul Maali, 2015; Noormohammadi et al., 2021). Therefore, people who have high self-esteem and value themselves and see themselves in a good position in society, respect their personality and talents, are aware of their weaknesses, and in line with self-respect, attempt to fix their respect in front of their spouse and do not allow their spouses to commit hidden aggression. In other words, they do not permit their spouses to commit social image sabotage, gossip, anger, and withdrawal.

In addition, the research results showed that the effect of communication skills on sexual satisfaction was significant. This finding is consistent with the findings of MamSalehi et al. (2020). The communication skills of couples affect most affairs of life and also improve the psychological atmosphere of the family, especially in sexual and marital satisfaction. The couple's effective communication can predict sexual satisfaction and, as a result, marital satisfaction. Therefore, families that are weak in their communication face serious problems in internal interactions, which cause limited relationships between members and ultimately damage the relationship and sexual satisfaction of couples. On the other hand, families with good

communication patterns, provide favorable conditions for meeting their sexual feelings and needs, which facilitates expressing their feelings and thoughts, and ultimately leads to the improvement and promotion of satisfactory sexual relations in couples. Accordingly, it seems that couples' use of ineffective communication patterns in their relationships can reduce their correct understanding of each other's feelings and sexual needs and diminish their level of performance and sexual satisfaction. If this problem is not treated correctly and fundamentally, it can lead to severe problems and covert aggression in couples (MamSalehi et al., 2020).

Also, the results of this research showed that the effect of communication skills on social image sabotage was not confirmed, but its impact on emotional withdrawal was confirmed as significant. This result is consistent with the findings of Hamidikian et al. (2021), Clifford (2013), and Keshtkaran et al. (2012). Communication skills are those skills through which people can engage in interpersonal interactions and the communication process and include different skills, the most important of which are the skills of "effective listening", "regulating emotions", "insight into the communication process", and "assertiveness in communication" (Keshtkaran et al., 2012). Sabotage of social image and emotional withdrawal are components of hidden aggression. Social image sabotage is a form of indirect irritation through insulting, rumors, revealing the spouse's private information to others, or allowing others to interfere in their arguments (Nelson & Carroll, 2006). According to Clifford (2013), emotional withdrawal occurs when one of the spouses refuses attention and affection from the other party with the intention of controlling the relationship by ignoring, not having sexual relations, threatening to leave, and similar behaviors. In explaining this hypothesis, it can be said that communication skills provide the basis of compatibility and positive behavior among spouses. Good relationships between spouses enable them to share their needs, desires, and interests and express their love, intimacy, and affection to each other. Therefore, spouses with good communication skills do not experience emotional withdrawal in their married life because they can express their wishes and feelings easily. Although communication skills play an important role in marital life and the couple's relationships, no significant correlation was observed between communication skills and social image sabotage in this research. Perhaps, we can conclude that people with ruminations may intend to destroy the social image of their spouse, and sometimes when a person does not feel good in the presence of friends and acquaintances, tries to project the feelings toward the absent spouse, who cannot defend (Hamidikian et al., 2021). In general, couples are likely to use social image sabotage as a defense mechanism. In addition, it is ordinary that some hypotheses are not confirmed in research, and sometimes if replicated, different results might be obtained.

The results also showed that the effect of social image sabotage on sexual satisfaction was significant. This finding is consistent with the findings of Ekta and Rakeshkumar (2016), Karol et al. (2010), Ghaffari and Ramezani (2019), and Gholami (2019). One of the marriage goals is sexual relations, which plays a significant role in the quality and continuity of marital life. The reason for many mental disturbances and marital incompatibility is the lack of sexual satisfaction, and years of neglecting the sexual instinct in humans have had irreparable complications in social and marital relationships and have destroyed the foundations of families. Sexual satisfaction is influenced by various factors, the most important of which is the couples' relationships and interactions (Fisher et al., 2015). Besides, people with secure attachment behavior have fewer behavioral problems, anger, and aggression and do not experience hidden aggression in their married life; as a result, they have strong relationships with each other, and their level of interactions and sexual satisfaction is higher (Hughes, 2011; Ekta & Rakeshkumar, 2016). Social image sabotage reduces sexual satisfaction in marital life, and when one of the couples uses social pressure to enforce one's wishes, it takes away the spouse's trust. On the other hand, social

image sabotage, as one of the components of hidden aggression, has direct relationship with marital sexual satisfaction and causes dissatisfaction in married life.

Moreover, the results demonstrated that the effect of emotional withdrawal on sexual satisfaction was significant. This result is consistent with the findings of Ekta and Rakeshkumar (2016), Karol et al. (2010), Ghafari and Ramezani (2018), and Gholami (2018). Sexual satisfaction is the person's pleasant feeling of sexual intercourse and the ability to create mutual pleasure, which includes good feelings about one's body and the sexual partner, a desire to connect with the sexual partner, and interest in sexual activities (Klapilová et al., 2015). Hidden aggression comprises actions involved in the relationship between husband and wife. It refers to behaviors that harm the spouse, not physically, but in the form of spoiling relationships, social acceptance, and intimacy. Emotional withdrawal reduces sexual satisfaction in married life. When spouses use affective withdrawal tactics to fulfill their wishes, they take away their spouse's trust. In addition, emotional withdrawal, as one of the components of hidden aggression, causes a gap in married life and has a direct correlation with the sexual satisfaction of one's spouse.

The results showed that emotional withdrawal mediates the relationship between self-esteem with sexual satisfaction and communication skills with sexual satisfaction. Self-esteem is a psychological term to reflect people's emotional and affective assessment of their value. Self-esteem is the way of judgment and attitude of each person towards self. This term includes beliefs (for example, I am a competent and valuable person) and emotions such as victory, disappointment, pride, and shame (Hiwat, 2009). Self-esteem includes positive or negative self-evaluations and how one feels about self. It is also a dimension of self-appraisal and comprises worth, pride, despair, and hopelessness. Self-esteem is closely related to self-awareness (Smith & Jaffee-Gill, 2013).

Marital sexual satisfaction, as one of the components related to marital satisfaction and sexual desires, is the emotional reaction resulting from the mental evaluation of the positive and negative aspects of sexual relations and is considered the last stage of the sexual response cycle (Sanchez-Fuentes et al., 2014). Sexual satisfaction has defined as the indication of one's awareness of meeting one's and their partner's sexual expectations and needs (Yusel & Gasanov, 2010). Sexual dissatisfaction can lead to problems in the couple's relationship and cause hatred of the spouse, annoyance, jealousy, competition, the feeling of revenge, humiliation, lack of self-confidence, and the like. These problems are reinforced or manifested in tensions and disputes and gradually deepen the gap between spouses (Trudel, 2016). Hidden aggressive behavior in marital relationships is a basis for the growth and expansion of uncompromising social behaviors, poor understanding of interpersonal conditions, and, as a result, less acceptance by the spouse (Parad & Lirks, 2011). In relational aggression, the husband or wife is trying to harm the spouse through purposeful influence, and in other words, damaging the relationship. Hidden aggression includes emotional withdrawal in such a way that a person refrains from expressing affection or sexual intimacy and destroys the social image of the spouse through gossiping, spreading rumors, sharing private information with others, or allowing others to interfere in their arguments.

In this study, the direct and indirect effect of self-esteem on the marital sexual satisfaction of female nurses through the hidden aggression component (emotional withdrawal) was confirmed. In explaining these findings, it can be said that people with self-esteem, despite their mistakes in life, consider themselves valuable, accept themselves, and take responsibility for their lives. A person with high self-esteem feels valuable, powerful, worthy, productive, and efficient and avoids feelings of inferiority, weakness, and helplessness. Since these people have positive functions, they recognize their abilities in married life and try to improve their positive aspects. A

person with high self-esteem has good feelings towards self and others and conveys this feeling to others; as a result, they affect marital sexual satisfaction by taking responsibility for this aspect of married life. These people do not allow their spouses to withdraw emotionally due to the sense of respect they create for their partners. They avoid emotional withdrawal because of their emotional feeling, love, affection, and a sense of respect and responsibility for each other. So it can be said that self-esteem increases sexual satisfaction in couples by preventing withdrawing emotionally. People with self-esteem attract the respect of people around them due to their characteristics and abilities, which affects their sexual satisfaction. However, in this research, no significant correlation was found between self-esteem and sexual satisfaction through social image sabotage.

Also, the research showed no relationship between self-esteem and sexual satisfaction and communication skills and sexual satisfaction through social image sabotage. These findings are in line with Follingstad et al. (2012), Ackerman (2012), and Ghafari and Ramezani (2019). The verbal and non-verbal exchanges of thoughts and feelings between husband and wife are called marital communication. This relationship is the core of the family system, and its disruption can threaten the survival of the family (Stroda, Durbin, Saigal, & Knobloch Feders, 2010). Also, communication skills are a set of abilities that provide the basis for adaptation and positive behavior that enable a person to behave competently (Nagaraja et al., 2012). Most couple therapy theories emphasize that communication skills are effective strategies to increase positive feelings in a marital relationship (Guttman & Driver, 2004). Research shows that improving the communication method significantly impacts the successful resolution of conflicts, and there is a strong positive relationship between social and marital adjustments. When there is conflict in married life, the warm and sincere bond between husband and wife turns into a cold relationship. Marital relationship is a critical part of human life that plays a significant role in determining the degree of life satisfaction and similar to other behaviors, it can be improved as the result of training. Acquiring the proper knowledge about the skills to improve marital relations, strengthening the sense of responsibility for sexual life, and more awareness about healthy sexual relationships help people empower their marital relationships (Epstein et al., 2005; Curtis et al., 2015).

Sexual relationships are affected by the emotional connection between couples, and there might be marital dissatisfaction and family problems following sexual dissatisfaction. The use of aggression in the couple's relationship brings a negative quality to this relationship, such as mistrust, jealousy, and frustration, and a negative perception of the quality of the relationship for both people (both the victim and the aggressive person). Aggressive behavior in marital relationships, either openly or covertly, can negatively affect the sexual satisfaction of spouses. Social sabotage and emotional withdrawal are two components of hidden aggression. Considering that the direct and indirect effects of communication skills on the sexual satisfaction of female nurses were confirmed through the emotional withdrawal of female nurses, in explaining these findings, it can be said that verbal and non-verbal communication skills are integral parts of human beings because people in society and in dealing with others should know how to communicate well. In married life, having communication skills increases the intimacy between couples, and many conflicts and difficulties can be resolved. Good communication between spouses enables them to share their needs, desires, and interests and express their love, friendship, and affection to each other. Therefore, it affects their sexual satisfaction. Based on the obtained results, it can be said that communication skills and sexual satisfaction of female nurses have a significant correlation through emotional withdrawal. However, in this research, no

meaningful correlation was found between communication skills and the sexual satisfaction of female nurses through social image sabotage.

6. Limitation and Recommendation

Given that the research respondents were female nurses, factors like fatigue, work pressure, and specific job conditions might affect their answers to the questionnaires. Since these factors have not been controlled in this research, they could have a side effect on the conclusions, so caution should be taken in generalizing the results. In addition, the limitation of the statistical population to married female nurses of Shiraz hospitals limits the possibility of generalizing the results to the opposite gender group and other regions.

Researchers interested in this field are suggested to examine the effect of home violence and especially covert violence in other psychological variables so that the results of this type of violence in married life can be better recognized. The results of this research on self-esteem showed that people with high self-esteem have higher quality and satisfaction in their relationships and married life. Thus, those responsible for the education and upbringing of people since childhood (family, teachers, counselors, etc.) should attempt to increase this spirit in people and make the increase of this spirit in the individual a priority of their work. It is suggested that seminars and meetings be held with experts, authorities, and consultants to show how to deal with covert aggression for women working in the hospital.

7. Author Contributions

Author 1 and Authors 2 were responsible for the design and study concept. Author 3 read the manuscript and was responsible for data analysis of the study data. Author 1 write the paper.

8. Ethical moral code

This research was approved by the Ethics committee of Islamic Azad University, Ahvaz Branch (code:).

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10. Conflicts of interest

No conflicting interest

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