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Feeling ambivalent about maternal role: lived experiences of faculty members of universities of medical sciences in Iran during motherhood: a phenomenological study

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Abstract

Background

Motherhood is a key role for women in Iranian society and globally. Recent changes in attitudes, education, and job opportunities have altered motherhood for some women. This study explores the experiences of female faculty members at University of Medical Sciences in 2023 in Iran regarding their maternal role.

Methods

The present study was a descrptive phenomenological study using Max van Manen's methods. Data were collected through semi-structured face-to-face interviews with 7 participants who were selected from nursing, medical, and paramedical schools through purposive sampling. To enrich the data, maximum diversity was used in terms of specialization, employment history and type, nativeness, number of children, and duration of marriage, and data collection and analysis were performed simultaneously based on Colaizzi' phenomenological methods. Lincoln and Guba's criteria ensured accuracy and trustworthiness.

Results

The results of the present study showed that lived experiences of faculty members of medical sciences universities in Iran during motherhood included 7 themes of pregnancy syndrome, mental crisis, adjusted role, insufficient support, wrong policy making, extremism imposition and false traditionalism imposition.

Conclusions

According to the results, the government policy makers should comprehensively examine the conditions of this educated class and take steps to solve their problems to encourage childbearing and young population.

Trial registration number:

Not applicable

Background

Iran has seen a quick decline in fertility due to age and development changes (1). Reduced fertility and mortality contribute to population aging in Iran, linked to increased life expectancy, an increase in life

expectancy (2), one- and two-child policies of the government over the past decades(3), an increase in the divorce rate(4), a reduction in economic growth, inflation(5), a delay in marriage age and a reduction in marriage due to women's education and consequently a reduction in births and a delay in childbearing (6) and women's employment, especially in developing and developed countries(7).

Motherhood is a key role for women, as giving birth and raising children is significant(8). Pregnancy, childbirth, and motherhood are natural but influenced by social and cultural, situational values(9). Today's mothers are seeking to evaluate their experiences due to the lack of support for themselves and their children. The increase in women's independence has changed their attitude towards motherhood, so that motherhood is no longer their only role, and working women often face conflict between work and parenting.(10).

Employment impacts many personal, family, and social areas and has gained significant interest recently. Some view it positively, noting increased satisfaction and a sense of belonging(11). There is a focus on employing more women in various fields. But some others pay attention to the negative aspects and talk about the conflict between family and work(12). Working women highlighted the need for more flexibility in laws regarding mother/child conditions and a lack of gender bias among employers, affecting job satisfaction.(13). Working women worry that their absence may harm their child and feel guilty. (14) The imbalance between work and personal life for women is due to daily fatigue, childcare responsibilities, and lack of spousal support.(15). A lack of family support for women limits their dreams and goals(16).

Female faculty members face serious challenges in fulfilling their motherly duties due to multiple job pressures (teaching, research, cultural, administrative) and long and indefinite working hours that extend to the home. These factors lead to severe interference between their work and personal lives(17). The overlap of women's reproductive age with the need to care for children, and at the same time, the time requirements of academic institutions to prove academic competence and promotion, make the conflict between career advancement and family responsibilities, especially motherhood, very difficult for female faculty (18). Coping strategies of academic women are often individual, resulting in adverse consequences such as ineffective coercive impression, feelings of victimization, intense compensatory efforts, reduced fertility, and limited social engagement. These role conflicts lead to negative emotional reactions and significant psychological consequences such as depression, anxiety, and chronic stress. (19). Although, most women successfully balance work and life(20), role dichotomy is always a challenge (21). Studies have shown that faculty members are under pressure from various aspects (physical, mental, professional, supportive) during pregnancy, to the point that even remembering pregnancy memories bothers them(22). While without understanding these experiences, it is challenging to implement effective, evidence-based policies and support programs for working women in academia.

Phenomenology helps understand mental experiences, making it suitable for exploring maternal roles in working women(23), the researcher intends to explore women's experiences with this type of qualitative

research. Medical faculty member to pay during motherhood. Therefore, the present study was conducted to explain lived experiences of female faculty member's maternal role.

Methods

The present study used a qualitative approach with the phenomenological method, focusing on Coliazzi techniques to explore the lived experiences of female faculty regarding their maternal role. This method seeks to uncover mental or emotional meanings, showing that different individuals may interpret the same event in varied ways(24).

The research took place at Dezful University of Medical Sciences, focusing on faculty members from nursing(3), medical(2), and paramedical(2) schools. Participants were chosen using purposive sampling and had to be faculty members and mothers. Inclusion criteria: The participant must be a faculty member (any employment relationship) and also be in the role of a mother. Those unwilling or unable to share their maternal experiences were excluded. To prevent premature data saturation, maximum diversity was observed in sampling, and participants differed in terms of number of children, duration of marriage, and type of employment. Interviews lasted 35–50 minutes, averaging 42 minutes, held in professors' rooms in 2023. Participant selection and data collection lasted one month, with the researcher maintaining contact for three months.

The data collection method was a semi-structured interview. Participants shared their lived experiences, including their perceptions, thoughts, and feelings about the maternal role. The interview aimed to discover "What is it like to live with this role? ", "Tell me about a day in your life. ", "What experiences do you have with the role of a faculty member on maternal role? ", and "What problems did you have?" Probing questions like "Can you give me a live example? ", "What do you mean? ", and "How?" were also asked. In addition to interviews, there was close observation without intermediaries, along with field notes and observations of non-verbal cues.

On average, each interview lasted about 35 minutes, continuing until data saturation was achieved. Data were analyzed alongside collection using Colaizzi phenomenological methods(24). During the interviews, the recorded materials were reviewed, and new questions were created to enhance the data. A holistic approach was used for data analysis, focusing on the text's overall meaning. Key phrases were identified, and line-by-line analysis was conducted. Thematic analysis helped reveal themes and subcategories through understanding lived experiences. Six stages were used: approaching, reviewing, reflecting, writing, maintaining direction, and ensuring context correspondence.

To ensure the accuracy and trustworthiness of the data, criteria of Lincoln and Guba were used (25). For dependability, subject prolong engagement and member check were used, including interviews and field notes. For conformability, think description and audit trail were implemented, recording the research process. For transferability, detailed descriptions of the context, transcripts, and processes were provided. For credibility, member check confirmed the themes with participants, ensuring approval from

all subjects. Data coding and analysis were performed independently and jointly by researchers to ensure agreement on topics.

The researcher, being both a mother and a faculty worker, took the lead as the main participant. After data analysis and coding, the interview questions became clearer. However, in later interviews, he did not share his views or influence the themes. (Bracketing).

The researcher was a participant in the study and worked to reduce personal biases during data collection and analysis, knowing complete objectivity is difficult. To improve the credibility of the findings, a fellow researcher with qualitative research experience reviewed and validated the data analysis.

Results

7 participants participated in the present study. 4 participants had a master's degree and 3 participants had a specialized doctorate. 5 participants were contract employees and 2 were committed to service. Their average work experience was 13. 1 years, their average duration of marriage was 10. 4 years, and the average number of their children was 1. 5. The average age of their children was 6 years old. 3 of them were employees, 2 were self-employed, 1 was a doctor, and 1was a instructor. Other demographic information is given in Table 1.

Table 1
Demographic information of female faculty members with Materhood experience

No.	age	Level of education	Work experience	Employment status	Duration of marriage	Number of children
1	36	M.A	14	contract	2	1
2	36	M.A	10	contract	9	1
3	42	M.A	18	contract	13	1
4	47	Ph.D.	15	committed to service	14	2
5	41	M.A	13	contract	13	3
6	42	Ph.D.	7	contract	10	1
7	47	Ph.D.	15	committed to service	22	2

The lived experiences of faculty members in the role of mothers were as follows (Fig. 1):

Lived body: pregnancy syndrome

Participants in the study reported feeling very tired during childbirth due to lack of rest and work duties before delivery, resulting in long and difficult natural childbirths.

Also, the participants in the present study experienced extreme fatigue after giving birth and had complications such as anorexia and weight loss.

The participants in the study felt very tired during childbirth because of not getting enough rest and working in the days before delivery. In natural childbirth cases, the delivery was prolonged and difficult, leading to suffering from atony.

Pt. 1: "I lost my appetite so much, especially during the postpartum period that I lost 5 kilos".

Pt. 3: "For the first two months, I just wanted to sleep".

Lived psycho: mental crisis

All participants mentioned experiencing postpartum depression and feelings of loneliness and anxiety. They described isolation, frequent crying, mixed feelings about their child, and separation anxiety. Some regretted having a child, feeling guilty upon returning to work and being away from their child. Most reported increased aggression and regret in the initial months after birth. Mood changes were more pronounced in those with birth complications and newborn disorders.

Pt. 1:" In the first days after giving birth, I cried so much that I didn't cry like that for my father's death, but gradually I got better".

Pt. 4: "I used to get angry with my child's cry and I just wanted to make him silent".

Pt. 4: "I had such a hard time for the first one that I am not ready to become a mother again".

Lived role: adjusted role

The lived role of female faculty members showed a weakening of maternal and spousal roles, especially in working women away from their families. Participants noted their maternal role focused on meeting basic needs after childbirth, lacking the ability to address needs beyond that. Role playing was child-centered, and some returned to work early, facing challenges and outsourcing maternal duties. They highlighted ongoing conflicts between maternal and occupational roles, with older children seeking more emotional support from their mothers.

Pt. 5: "I never get to work and deal with children as I would like".

Pt. 3: "I would like to study for the doctorate exam, but I don't have the time and this bothers me".

Pt. 7: "Really, since I return to work, I don't spend much time for my family, especially my husband".

Lived support: insufficient support

All participants in the study noted insufficient job support for mothers and inadequate child care facilities. Most relied on their husbands for help and sought additional assistance.

Pt. 3: "There is no place in the university to take care of the baby and I have to go home to breastfeed him and come back".

Pt. 4: 'Why shouldn't committed to service faculty members have maternity leave like contract faculty members?"

Lived policy: wrong policy

Participants strongly pointed to structural inadequacies and ineffective policies at the university level and at the government level that not only do not support the role of motherhood, but also indirectly make it face additional challe

nges. This inefficiency is manifested in the form of a mismatch between professional requirements and the needs of motherhood, inadequate organizational supports, and a lack of flexible policies based on the realities of working women’s lives.Pt. 6: "What kind for the mother to have a child?"

Pt. 7:" Why should tenured faculty members receive less maternity leave than their contract counterparts? This is blatant policy discrimination".

Pt. 4:" Why should tenured faculty members receive less maternity leave than their contract counterparts? This is blatant policy discrimination".

Lived Spirituality: imposition of extremism

All participants said they religious duties, lacked time for especially when their child was young, and faced spiritual challenges at work, particularly during breastfeeding.

Pt. 1: "Although they know that I am breastfeeding, they do not prepare boiling water for me because some people fast".

Lived culture: Folklorism

Participants frequently mentioned the strict expectations and traditional views of family members (especially mothers and mothers-in-law) that define the role of motherhood in a limited framework based on past experiences. These expectations often conflict with modern lifestyles, specialized knowledge, and career demands of women, leading to tension in family relationships and feelings of inadequacy in the role of motherhood.

Pt. 3: "When I go to work, I feel guilty and judged by my family".

Lived attitude: Maternal crime

Many participants said society often views working women with infants negatively, labeling them as ruthless and money-focused.

Pt 5: "When I want to come to work, I feel so guilty that I feel judged by my family".

Discussion

The aim of this phenomenological study was to explain the lived experiences of female faculty members at Dezful University of Medical Sciences regarding the role of motherhood. The findings of this study revealed seven main themes including pregnancy syndrome (physical experiences), psychological crisis, modified role, insufficient support, incorrect policy-making, imposition of religious extremism, and imposition of incorrect traditionalism. In this section, the findings of the present study are discussed in light of the existing literature.

The findings of this study showed that participants experienced extreme fatigue during pregnancy and postpartum (“pregnancy syndrome”) as well as “psychological crises” such as postpartum depression, guilt, aggression, and loneliness. This finding is consistent with the results of other studies. For example, Al-Nawrasi et al have also pointed out that the conflict of multiple roles (professional, maternal, and spousal) leads to physical and psychological burnout in working women. The reason for this similarity can be found in the universal nature of the stress caused by work-family conflict. Jiang and Yang’s study (26)also speaks of a “maternal health penalty,” which suggests that the physical and psychological burden of childbearing falls on women.

However, the distinguishing feature of the present study is its specific “organizational setting.” Our participants emphasized the additional stress resulting from the broad and unlimited responsibilities of faculty (teaching, research, cultural affairs, and administrative management), which distinguishes this finding from the more general study by Jalali-Aria et al(27). In other words, although the nature of fatigue and psychological stress is common among working mothers, the volume, intensity, and permanence of professional commitments in academic careers, especially in the field of medical sciences, exacerbates and multiplies these stresses. The quote from Participant 4, who stated, “I had such a hard time with the first one that I don’t want to be a mother again,” is indicative of the depth of this psychological crisis that directly affects their desire to have children in the future.

The theme of “role adjustment,” in which the role of mother and wife is weakened in favor of the career role or reduced to “providing for basic needs,” is directly related to the concept of “role conflict” in the literature. This finding is consistent with the results of Heydari Khayat (28)who show that women, especially in full-time jobs, face the highest degree of interference with family responsibilities at work. The reason for this similarity is the traditional gender division of labor that still exists in many societies,

including Iran, and the main burden of household and childcare responsibilities falls on women. The study by Taghizadeh et al (29)confirms this issue in the form of the concept of “helpless woman” in the Iranian context.

The main difference in our study is in the “type of role adjustment.” Our participants had been forced to “outsource” their mothering role due to the heavy workload of their academic duties, reducing their role to simply providing for “basic needs.” This particular type of adjustment, accompanied by intense guilt, may not be as pronounced in other occupations with fixed hours. As Participant 7 stated, “I really don’t have much time for my family, especially my wife, since I returned to work.” This reflects the “work-family role conflict” identified by Horan and Su (30)as a major source of stress. This conflict is compounded when women are under pressure to advance their academic careers, a phenomenon that Kolivand et al (22)has addressed in her study of faculty mothers in the Iran.

The themes of “inadequate support” are key findings of this research, clearly underscoring the need for institutional change. Participants noted the lack of childcare facilities at universities and the lack of uniform rules for maternity leave. These results are consistent with the findings of Jalali-Aria(27) who show that the lack of family-friendly policies increases the costs of motherhood for working women. This similarity is due to the structural weakness common to many systems in addressing the specific needs of working women and mothers.

In the Iranian context, this inadequacy of support takes on more complex dimensions. As Aakari-nodousan(31) have noted in their study entitled “Challenges of Childbearing for Working Women,” the decline in widespread family support in urban communities places additional pressure on working mothers.

This was also evident in the present qualitative data, where many participants relied on the help of their spouses and nuclear families. Alarifi et al (32)also emphasizes the importance of social support, especially from the spouse, in reducing the stress of role conflict. However, as Participant 3 stated, “There is no place to babysit at the university and I have to go home to breastfeed and come back,” this suggests that individual supports, although necessary, are not sufficient to compensate for the gap in institutional support.

The theme of “wrong policymaking” refers to participants’ criticism of general population policies and university internal regulations. This finding is consistent with Kolivand et al(22)’s study (44), which concluded that issues related to the cost of motherhood are particularly exacerbated when family support policies are limited. This similarity is due to policymakers’ ignoring of real structural barriers to childbearing.

Conclusion

The transition to motherhood can be both natural and difficult for working women. A study found that female faculty members experienced challenges, including physical and mental strain, role conflict, lack

of support, inadequate policies, and cultural pressures. These factors can make it hard for these women to adjust to motherhood. Conversely, a supportive social and political environment, friendly working conditions, and emotional backing from family, especially especially spouses, can help ease the transition.

The study suggests that policymakers need to improve youth policies to encourage childbearing. Current supports for mothers are inadequate given the challenges of raising children. Solutions including reduced working hours for mothers, a ban on dismissal during pregnancy and childbirth, childcare facilities at the workplace, the right to flexible or part-time work, and tax breaks for working women with children could not help alleviate the problems of these educated women. The study highlights the importance of addressing the issues faced by women in Type 3 universities, often overlooked compared to Type 1 universities, and calls for more research on working women's experiences across different professions and countries.

Limitation

The methodological limitations of this phenomenological study primarily concern the generalizability of its findings. Due to the small sample size(n = 7) derived from a purposive sampling strategy focused on data saturation, the results cannot be broadly applied to all working women. Furthermore, the study was context-specific, conducted solely within a Type 3 university setting, which may limit the transferability of the findings to larger, Type 1 universities or different institutional environments. A final limitation noted is that all participants reported successful deliveries, meaning the experiences of mothers who have faced miscarriage or other adverse birth outcomes were not captured, suggesting a need for separate investigation into those contexts.

Declarations

Ethics approval and consent to participate

All ethical considerations in human research, such as informed consent, permission to register, data confidentiality, and the right to withdraw, were observed in accordance with the Declaration of Helsinki.The authors thank the Student Research Committee of Dezful University of Medical Sciences, Dezful, Iran for their support and assistance during the study. (Ethical Code: IR.DUMS.REC.1401.101)

Consent for publication

Not applicable

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Author's contributions

MBBSH and NR wrote the main manuscript text . HA and HK Prepared tables 1 and 1 figure. All authors reviewed the manuscript.

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Figures

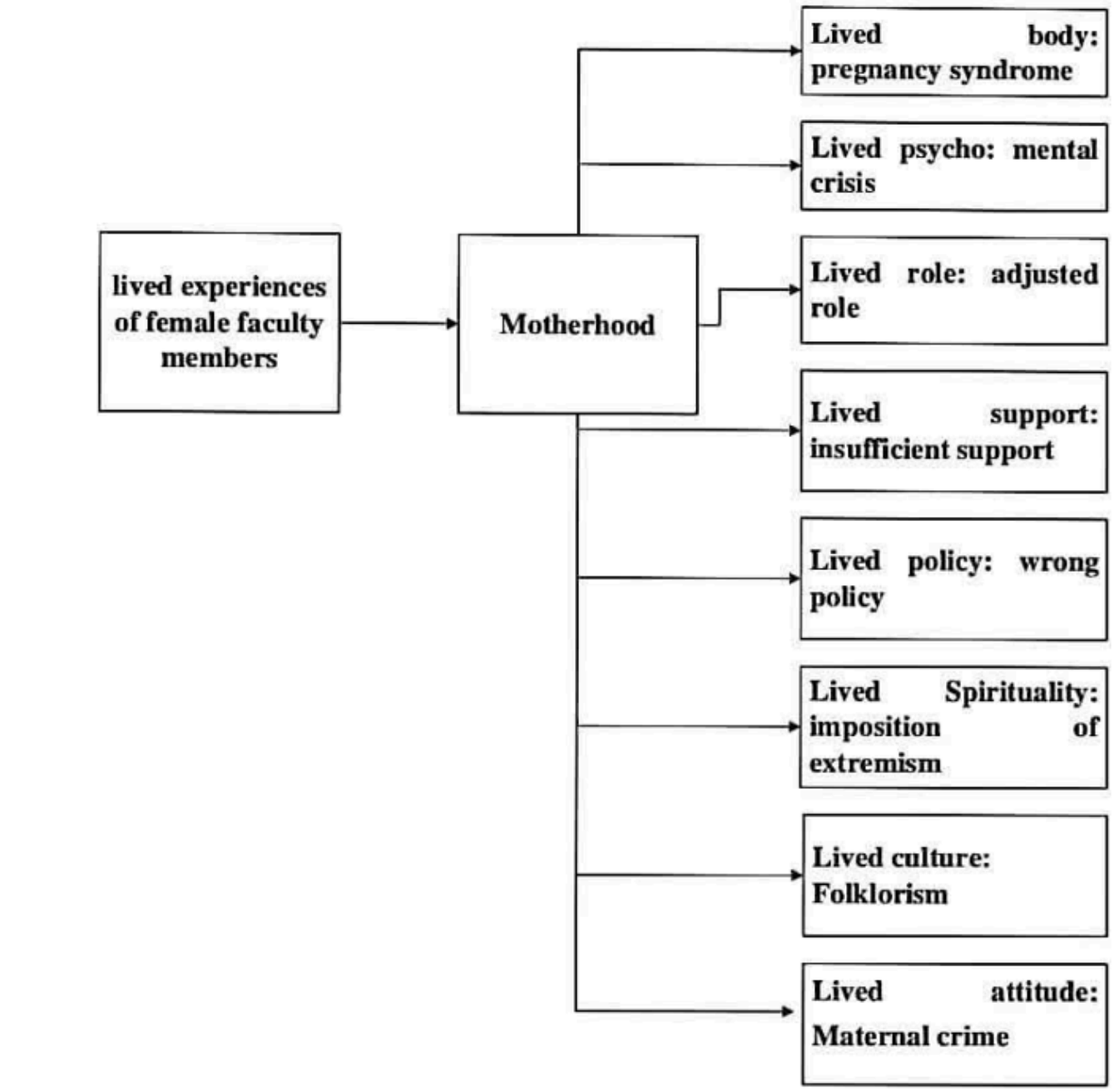


Figure 1

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