



Midwives' Psychosocial Workplace Experiences and Empowerment Strategies: A Qualitative Content Analysis

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Abstract

Background: Midwives in Iran face significant psychosocial challenges affecting their well-being and professional performance. While global studies have explored healthcare workers' psychosocial aspects, research specifically examining Iranian midwives' experiences remains limited.

Method: This qualitative study employed conventional content analysis following Hsieh and Shannon's (2005) approach. Semi-structured interviews were conducted with 25 midwives working in maternity wards, postpartum units, and gynecological departments in Northeast Iran from April to June 2024. Participants were selected through purposive sampling, ensuring diverse representation across employment statuses and experience levels.

Results: Analysis revealed three main categories under the theme "Midwives' Psychosocial Workplace Experiences and Empowerment Strategies": 1) Emotional Labor in Midwifery, encompassing Heart Echoes, Mind Waves, Unseen Burdens, and Workplace Violence; 2) Navigating External Pressures, including Winds of Change, Tides of Conflict, and Job Insecurity Shadows; and 3) Empowerment and Coping Mechanisms, featuring Professional Development, Shield of Unity, Torch of Advocacy, Autonomy and Innovation, Psychological Defense Mechanisms, and External Sources of coping.

Conclusion: Findings highlight the need for systemic changes in Iranian midwives' work conditions, emphasizing empowerment through education, peer support, and innovation as crucial mitigation strategies.

Keywords: Midwives, psychosocial factors, empowerment, qualitative study, workplace stress, emotional labor, Iran, healthcare

Introduction: Midwives hold a pivotal role in maternal and neonatal healthcare, providing essential support throughout pregnancy, childbirth, and postpartum care. However, their professional journey, is laden with psychosocial challenges that can significantly impact their well-being and job performance. Over the past decade, research has consistently demonstrated that psychosocial factors in the workplace affect employees' performance more profoundly than physical factors [1]. There is a growing consensus among researchers and practitioners that understanding the psychosocial aspects of workplace environments is crucial for ensuring safety and promoting well-being [2]. Psychosocial factors are influenced by various parameters, including organizational structure and management practices. Organizational structure refers to the methods through which organizational activities are divided, organized, and coordinated. It encompasses many dimensions, such as the prevailing organizational culture, employees' expectations of the work environment, job content, job satisfaction, interpersonal relationships in the workplace and with leadership, work-family conflict, ergonomic conditions of the work environment, the prevalence of violence and abusive behaviors at work, as well as colleague support and cooperation [5-1,3].

The unique social, political, and professional context in Iran exacerbates the difficulties faced by midwives. A qualitative study by Hadipour et al. (2020) explored Iranian nurses' perceptions of psychosocial workplace factors, identifying a stressful work environment, lack of managerial support, and individual-social factors as the key challenges [6]. Similarly, a study by Kordi et al., reported that 58% of midwives in Mashhad experienced severe job stress [7]. These findings underscore the urgent need to address the psychosocial factors impacting midwives' work environments and identify empowerment strategies that can enhance their well-being and professional practice.

Empowerment is a multifaceted concept that encompasses the ability to make decisions, exercise professional autonomy, and engage in meaningful work [8]. In healthcare, particularly among midwives, empowerment enhances professional autonomy, allowing practitioners to make informed decisions that improve patient care [9]. Empowerment strategies in organizations promote employee growth and contribute to overall business success, emphasizing the importance of delegation and responsibility [10].

Psychological empowerment, which refers to the belief in one's own competence and ability to influence work-related outcomes, is particularly important for midwives [11]. Studies have shown that midwives who perceive themselves as empowered are more resilient to the stresses of their work and are better able to cope with the emotional demands of their roles [11,12]. A systematic review found a strong relationship between psychological empowerment and job satisfaction among nurses, suggesting similar implications for midwives [13]. Empowerment in midwifery is a multifaceted issue that hinges not only on individual agency but also on the presence of supportive organizational structures. Research indicates that midwives require adequate resources, autonomy, and recognition to thrive in their roles [14]. In Saudi Arabia, structural empowerment is linked to ambiguous hospital policies and insufficient staffing, which hinder midwives' ability to provide optimal care [15]. Addressing these systemic issues can lead to better outcomes for both midwives and the women they serve.

Despite the growing body of research on workplace psychosocial experiences and empowerment, several gaps remain. First, few studies in Iran have specifically focused on the psychosocial factors affecting midwives. Most research has concentrated on nurses, often using quantitative approaches that fail to capture the complex and context-specific nature of midwifery work. Given the unique aspects of midwifery, such as the all-female workforce and the cultural context of women's health services in Iran, it is crucial to explore these factors through a qualitative lens. The experiences of midwives, shaped by their interactions with colleagues, patients, and supervisors, cannot be fully understood through quantitative measures alone. Therefore, a qualitative approach is necessary to gain deep insights into the psychosocial factors affecting midwives in Iran and to identify effective empowerment strategies that can enhance their psychological well-being at work. Also, much of the existing literature focuses on the negative aspects of midwifery, such as stress and burnout, with less attention given to the strategies midwives use to empower themselves and improve their well-being. Additionally, while organizational factors are recognized as critical to empowerment, there is limited research on how specific workplace interventions can foster a culture of empowerment among midwives. The main goal of this study is to explore the psychosocial factors affecting midwives in Iran and identify effective empowerment strategies that can enhance their psychological well-being and professional experience at both individual and organizational levels.

Methodology

Study Design: This study employed a conventional content analysis approach to qualitatively explore midwives' psychosocial workplace experiences and their empowerment strategies for enhancing psychological well-being. Conventional content analysis was chosen because it allows for the inductive derivation of categories directly from the data, enabling a deep exploration of complex and context-specific phenomena without the imposition of preconceived categories or theories (Hsieh & Shannon, 2005) [16]. This approach is particularly suited to investigating how midwives perceive and navigate the psychosocial challenges and opportunities within their work environments.

Study Setting and Participant Selection: The study was conducted across multiple healthcare settings, including maternity wards, postpartum units, and gynecological departments in Iran, to ensure a diverse representation of midwifery work environments. Purposive sampling was used to select participants who had direct experience with the psychosocial factors at workplace being studied. To further enhance diversity, participants were chosen based on varying employment statuses (e.g., permanent, contractual, temporary) and years of professional experience.

The study included 25 midwives who met specific inclusion criteria, including midwives with at least one year of professional experience in clinical settings, Employment in maternity or related units (e.g., labor, postpartum, gynecology) in either permanent, contractual, or temporary roles, Willingness to participate in the study and provide informed consent and Ability to communicate experiences clearly and participate in interviews.

Recruitment was conducted independently of hospital administration to minimize any potential power imbalances or biases. Efforts were made to follow up with non-respondents to ensure a wide range of perspectives were captured. Data saturation was deemed achieved when no new themes or subcategories emerged during the later stages of data analysis, indicating conceptual depth and completeness. This was further confirmed through peer debriefing and external auditing of the coding process.

Data Collection: Data was gathered through semi-structured interviews conducted between April to June 2024. The interviews were carried out by the first author, who had received training in qualitative interviewing methods. The interviews were guided by open-ended questions developed from a comprehensive literature review on psychosocial factors in healthcare, specifically within midwifery. The interview guide was piloted with two midwives to refine questions and ensure clarity and relevance. Based on feedback from the pilot, minor adjustments were made to better capture the nuanced experiences of the participants.

The interviews began after obtaining approval from the Mashhad University of Medical Sciences ethics committee and hospital authorities. Participants were informed about the study's purpose, the voluntary nature of their participation, and their right to withdraw at any time.

Interviews were conducted in neutral, comfortable environments selected by the participants, ensuring that they felt safe to express their experiences without fear of professional repercussions. Questions such as *"Can you describe your experience with psychosocial factors in the workplace?"* and *"What does empowerment in your work context mean to you?"* were used to initiate discussion. The interviews lasted between 30 and 45 minutes, depending on participants' availability and willingness to share their experiences. Non-verbal cues and immediate reflections were documented alongside the audio recordings. All interviews were audio-recorded and transcribed verbatim for subsequent analysis.

Data Analysis: The analysis adhered to the conventional content analysis approach described by Hsieh and Shannon (2005) [16]. The process began with meticulous data preparation, including the verbatim transcription of audio recordings and multiple readings of transcripts to achieve a deep understanding of the content. Initial coding was conducted through a detailed line-by-line examination of the transcripts to identify significant concepts and ideas, leading to the creation of preliminary codes. These codes were then grouped into well-defined categories and further organized into coherent clusters. The final phase involved exploring the relationships between categories and formulating overarching themes, which were validated through team discussions. Data analysis was conducted alongside data collection, enabling theoretical sampling and refinement of interview questions, and continued until data saturation was reached.

To ensure methodological rigor, the study followed Lincoln and Guba's (1985) trustworthiness criteria [17]. Credibility was strengthened by prolonged engagement with the data, participant member checking, and regular peer debriefing. Dependability was established through an external audit conducted by an independent researcher not involved in the study, along with thorough documentation of methodological decisions. Confirmability was ensured by maintaining a comprehensive audit trail detailing research processes and decisions, while transferability was supported by offering rich descriptions of participant demographics and the study context.

Participants were thoroughly informed about the study's purpose, procedures, voluntary participation, right to withdraw, confidentiality measures, and data usage policies through a detailed informed consent process. To safeguard privacy, all data were anonymized during transcription, and participants were assigned pseudonyms.

Ethical Considerations: The study received ethical approval from the Mashhad University of Medical Sciences Ethics Committee (code number: 4000663). Written informed consent was obtained from all participants before the interviews. Participants were informed of their right to withdraw at any time, and confidentiality was strictly maintained by anonymizing the transcripts and removing any identifying information. Given the sensitivity of topics such as workplace violence and stress, participants were offered referrals to counseling services if they experienced distress during or after the interviews. Follow-up support was provided to those who required it, and additional safeguards were implemented to ensure participants' anonymity, especially in cases where they might fear professional repercussions.

Result

Characteristics of Participants : The study included a total of 25 midwives. The participants, primarily aged between 26 and 45, had an average of 12 years of professional experience. They were employed across government and private hospitals in Mashhad, Iran, with varied employment statuses, ranging from permanent to temporary positions. Educational backgrounds were diverse, with most holding a bachelor's degree, while some had advanced degrees, including master's and PhD levels in reproductive health. Although job satisfaction varied, with a few expressing satisfaction and others remaining neutral, the overwhelming workplace challenges, including long hours, job insecurity, and exposure to violence, were commonly reported across all educational and employment levels. These experiences provided rich insights into the psychosocial and emotional stress midwives face in their roles. Table 1 provides further details on participants' characteristics.

Table 1: Characteristics of Participants

Participant Code	Age	Education	Years of Experience	Employment Status	Workplace Unit	Average Working Hours (per shift)	Job Satisfaction	Exposure to Workplace Violence
MC1	28	Bachelor's Midwifery	in 5 years	Contractual	Maternity ward	8–10 hours	Neutral	Yes
MC2	32	Bachelor's Midwifery	in 7 years	Permanent	Postpartum unit	11–12 hours	Satisfied	No
MC3	45	Master's in Midwifery	16 years	Permanent	Gynecology department	13+ hours	Dissatisfied	Yes
MC4	40	Bachelor's Midwifery	in 14 years	Temporary	Maternity ward	11–12 hours	Neutral	Yes
MC5	26	Bachelor's Midwifery	in 2 years	Contractual	Postpartum unit	8–10 hours	Satisfied	No
MC6	36	PhD in Reproductive Health	11 years	Permanent	Gynecology department	13+ hours	Neutral	Yes
MC7	31	Bachelor's Midwifery	in 6 years	Contractual	Maternity ward	8–10 hours	Neutral	No
MC8	39	Master's in Midwifery	12 years	Temporary	Postpartum unit	11–12 hours	Satisfied	Yes

MC9	29	Bachelor's Midwifery	in	5 years	Permanent	Maternity ward	11–12 hours	Neutral	Yes
MC10	42	Bachelor's Midwifery	in	18 years	Contractual	Gynecology department	13+ hours	Dissatisfied	No
MC11	33	Master's in Midwifery		10 years	Temporary	Maternity ward	11–12 hours	Neutral	Yes
MC12	38	Bachelor's Midwifery	in	12 years	Contractual	Postpartum unit	8–10 hours	Satisfied	Yes
MC13	27	Bachelor's Midwifery	in	4 years	Permanent	Maternity ward	8–10 hours	Neutral	No
MC14	41	Bachelor's Midwifery	in	15 years	Permanent	Gynecology department	13+ hours	Neutral	Yes
MC15	30	Master's in Midwifery		8 years	Temporary	Postpartum unit	11–12 hours	Dissatisfied	No
MC16	35	PhD in Reproductive Health		10 years	Permanent	Maternity ward	13+ hours	Satisfied	Yes
MC17	29	Bachelor's Midwifery	in	5 years	Contractual	Postpartum unit	11–12 hours	Neutral	No
MC18	37	Bachelor's Midwifery	in	13 years	Permanent	Gynecology department	13+ hours	Dissatisfied	Yes
MC19	34	Bachelor's Midwifery	in	9 years	Temporary	Maternity ward	8–10 hours	Neutral	No
MC20	43	Master's in Midwifery		17 years	Permanent	Postpartum unit	11–12 hours	Satisfied	Yes
MC21	28	Bachelor's Midwifery	in	6 years	Contractual	Gynecology department	8–10 hours	Neutral	Yes
MC22	39	Bachelor's Midwifery	in	12 years	Permanent	Maternity ward	11–12 hours	Satisfied	No
MC23	31	PhD in Reproductive Health		8 years	Temporary	Postpartum unit	13+ hours	Neutral	Yes
MC24	44	Master's in Midwifery		19 years	Permanent	Gynecology department	13+ hours	Dissatisfied	Yes
MC25	40	Bachelor's Midwifery	in	14 years	Contractual	Maternity ward	11–12 hours	Satisfied	No

Main Theme and Categories : The analysis of the data revealed the overarching theme of **"Midwives' Psychosocial Workplace Experiences and Empowerment Strategies,"** which encompasses midwives' emotional and psychological challenges, coping mechanisms, and their strategies for empowerment. This theme is supported by three main categories: *Emotional Labor in Midwifery*, *Navigating External Pressures* and *Empowerment and Coping*

Mechanisms. Each category includes multiple subcategories reflecting specific dimensions of midwives' workplace experiences and strategies (Table 2).

Table 2: Subcategories, Categories, and Overarching Theme Emerged from the Data Analysis

Subcategories	Categories	Overarching Theme
Heart Echoes	Emotional Labor in Midwifery	Midwives' Psychosocial Workplace Experiences and Empowerment Strategies
Mind Waves		
Unseen Burdens		
Waves of Workplace Violence		
Winds of Change	Navigating External Pressures	
Tides of Conflict		
Job Insecurity Shadows		
Ongoing Professional Development		
Shield of Unity	Empowerment and Coping Mechanisms	
Torch of Advocacy		
Autonomy and Innovation		
Psychological Defense Mechanisms		
External Sources of coping		

Category 1: Emotional Labor in Midwifery

The category captures the profound emotional and psychological experiences that define midwifery work in Iran. Midwives navigate a wide range of emotions, from the joy of successful deliveries to the emotional exhaustion of challenging cases. These insights are captured in the subcategories: *heart echoes*, *mind waves*, *tides of conflict* and *waves of workplace violence*.

Sub-category 1.1: Heart Echoes

This subcategory captures the emotional highs and lows midwives experience, from the joy of childbirth to the grief of difficult outcomes. A midwife described the emotional duality of the profession:

"There are days when I go home feeling utterly drained, yet the joy on a mother's face keeps me going." (MC22)

This illustrates how midwives find motivation and fulfillment despite the emotional toll.

Another participant reflects the lasting emotional impact of traumatic cases:

"After a particularly difficult delivery, I sometimes find it hard to shake off the sadness, even days later." (MC18)

This emphasizes the enduring psychological burden midwives often carry beyond their work environment.

Sub-category 1.2: Mind Waves

This subcategory addresses the cognitive challenges midwives face, including decision-making pressures, mental fatigue, and the struggle to balance work and personal life. One participant shared:

"Balancing my personal life with the demands of work is a daily struggle, long hours and high patient load often leave us feeling overwhelmed and underappreciated." (MC4)

This highlights systemic issues such as understaffing, extended shifts, and high patient-to-midwife ratios, which strain midwives' mental resilience and work-life balance.

Sub-category 1.3: Tides of Conflict

This subcategory reflects the interpersonal challenges midwives encounter, including conflicts with colleagues and the emotional strain of workplace dynamics. One participant stated:

"Conflicts with colleagues are inevitable, but it makes me disappointed sometimes." (MC16)

This reveals the emotional toll of unresolved disputes on job satisfaction and teamwork. Another midwife noted:

"Sometimes the conflict isn't about us but about the pressure we're under. High workloads and stress often spill into our interactions." (MC10)

This observation highlights the systemic pressures that contribute to workplace conflicts. Addressing the root causes, such as workload and stress, may reduce tensions and create a more harmonious environment.

Sub-category 1.4: Waves of Workplace Violence

This subcategory focuses on the violence midwives face, particularly from patients' families, including verbal and psychological abuse. A midwife revealed:

"Patients sometimes lash out at us when things go wrong. It feels like we're the easiest target for their frustrations." (MC16)

This illustrates how midwives are often blamed for systemic issues beyond their control. Another midwife described the hostile environment created by workplace violence:

"Frequent exposure to verbal and physical aggression from patients' families has created a hostile work environment." (MC14)

This statement underscores the prevalence and severity of workplace violence, emphasizing the urgent need for protective measures to ensure midwives' safety and mental health.

category 2: Navigating External Pressures

Midwives face a range of systemic challenges requiring resilience and adaptability to navigate external pressures such as policy changes, workplace conflicts, resource shortages, and workplace violence. This category explores three sub-categories: *winds of change, tides of conflict and job insecurity shadows.*

Sub-category 2.1: Winds of Change

This subcategory highlights the external forces, including policy changes, technological advancements, and evolving healthcare landscapes, that demand midwives' continuous adaptation. A midwife with 9 years of experience remarked:

"With every new policy change, we have to adapt quickly; it's challenging but necessary for survival in this field." (MC19)

This underscores the need for midwives to swiftly adjust to policy shifts to maintain compliance and care quality. Another participant with 5 years of experience highlighted the dual impact of technological advancements:

"Technological advancements are both a blessing and a challenge; we have to constantly learn and adapt." (MC1)

This reflects how new tools and systems bring both benefits and the pressure of ongoing learning.

Sub-category 2.2: Unseen Burdens

This subcategory explores the emotional strain midwives endure due to systemic inequities, such as inadequate pay, lack of recognition, and limited career advancement opportunities. A midwife with over 16 years of experience voiced her frustration:

"We work just as hard, if not harder, than many doctors, but our salaries don't reflect that. It feels like our work isn't valued in the same way, even though we're the ones by the patient's side from start to finish." (MC3)

This highlights the perceived disparity in financial and professional acknowledgment compared to physicians. Another participant with 13 years of experience shared:

"No matter how experienced or skilled we are, we're always seen as secondary to doctors. It's like our work doesn't carry the same weight in the eyes of society or even within the healthcare system." (MC18)

This sentiment reflects the lack of societal and institutional recognition for midwives' critical contributions. The absence of leadership opportunities further compounds these frustrations, as noted by a participant:

"We work on the front lines every day, yet management positions are reserved for others. There's no clear path for us to grow into leadership roles." (MC22)

This indicates systemic barriers to professional growth within the field. Operational challenges, such as resource shortages, exacerbate these burdens. A midwife shared:

"There are times when we are short-staffed or lack essential supplies, and it feels like we're fighting an uphill battle just to provide basic care." (MC9)

This reveals how systemic inadequacies hinder care delivery and contribute to feelings of frustration.

Sub-category 2.3: Job Insecurity Shadows

This subcategory examines the effects of job instability on midwives, stemming from temporary contracts and limited career guarantees. A participant from a postpartum unit with temporary employment shared:

"Every few years, we wonder if we'll still have a job. It's hard to give your best when your future feels so unstable." (MC15)

This quote highlights the detrimental effects of job insecurity on midwives' morale and motivation, underscoring the need for stable employment conditions to enhance professional commitment.

category 3: Empowerment and Coping Mechanisms

This category reflects the internal and external mechanisms midwives rely on to enhance their skills, foster collaboration, and advocate for change within their profession. Empowerment emerges as a multi-dimensional process that involves acquiring knowledge, building supportive networks, and championing the rights and needs of both midwives and their patients. This category emerged from six subcategories: *ongoing professional development, shield of unity, torch of advocacy, autonomy and innovation, psychological defense mechanisms* and *external sources of coping*.

Sub-category 3.1: Ongoing Professional Development

The “*Ongoing Professional Development*” reflects midwives’ dedication to continuous learning and professional development. Through acquiring new knowledge and refining their skills, midwives remain adaptable to the evolving demands of their profession and enhance the quality of care provided. This ongoing pursuit of education strengthens their expertise and fosters innovation in their practices.

A midwife with a PhD in reproductive health discussed the importance of ongoing professional development and education as crucial for maintaining expertise and staying current in the field of midwifery.

"I believe in constantly updating my skills; attending workshops and conferences is essential for staying relevant." (MC23)

This quote highlights the proactive attitude midwives adopt towards professional growth. Another participant highlights the value of peer learning and mentorship in acquiring knowledge and skills, particularly in managing complex or challenging situations.

"Learning from experienced colleagues has been invaluable, especially when dealing with complex cases." (MC20)

This statement underscores the importance of peer learning and mentorship in professional development. Collaborating with more experienced colleagues not only enhances practical skills but also builds confidence in managing challenging situations.

Sub-category 2.2: Shield of Unity

The Shield of Unity subcategory emphasizes the collective strength midwives derive from solidarity, peer support, and teamwork. These elements are vital for coping with the challenges of their profession and fostering resilience. Professional associations, mentoring programs, and collaboration further empower midwives by providing resources, advocacy opportunities, and mutual support. A participant reflects on the importance of peer support and camaraderie among midwives as a vital coping mechanism for managing job-related stress.

"We support each other, especially during tough times. It's our way of coping with the stress." (MC5)

This quote illustrates the emotional and practical support from colleagues helps mitigate the pressures of demanding work environments. This was further illustrated by a midwife with 7 years of experience, who shared:

"Being part of a strong team makes all the difference; we can achieve so much more together." (MC2)

This statement highlights the enhanced outcomes achieved through effective teamwork. A strong team dynamic not only facilitates better problem-solving but also fosters a sense of shared purpose and collective achievement.

Sub-category 2.3: Torch of Advocacy

This subcategory focuses on the advocacy roles that midwives take on, both for their patients and their profession. Midwives actively engage in lobbying for better working conditions and advocating for patient rights, contributing to the visibility and recognition of midwifery within the healthcare system. A midwife with a master’s degree and 12 years of experience, revealed,

"Advocating for my patients’ rights is a core part of my role; it's not just about delivering babies." (MC8)

This statement underscores midwives’ deep commitment to protecting patient rights and ensuring holistic care. A participant from a postpartum unit said,

"We need to raise our voices for better working conditions. If we don't, nothing will change." (MC23)

This quote highlights midwives’ proactive approach to addressing workplace challenges. By advocating for fair policies and improved conditions, midwives seek to create a supportive environment that enables them to perform their roles effectively. This advocacy is essential for driving systemic reforms that benefit both midwives and their patients.

Sub-category 2.4: Autonomy and Innovation

This theme explores how midwives take deliberate actions to enhance their autonomy and professional standing within the healthcare system. This theme highlights their efforts to gain control over their practice, innovate in patient care, and build supportive professional networks.

A participant who works in a maternity ward with 9 years of experience highlights how gaining autonomy through independent practice empowers midwives to prioritize patient-centered care, improving their sense of professional control,

"Establishing my own practice has been empowering; it allows me to make decisions that are best for my patients." (MC19)

This statement underscores the significance of professional autonomy in enhancing midwives' capacity to deliver tailored and patient-centered care. Independent practices allow midwives greater freedom to address patients' unique needs without institutional constraints. Advocating for broader roles not only enhances midwives' professional control but also strengthens their position within the healthcare system, fostering collaborative care dynamics.

A participant who works in a maternity ward with 4 years of experience said:

"Introducing new patient education or care methods like using reflexology or hypnotizing practice in labor has not only improved outcomes but also empowered my patients to take control of their health." (MC13)

This quote emphasizes the importance of integrating innovative techniques into midwifery care. Approaches such as reflexology and hypnosis not only enhance physical and emotional outcomes for patients but also reinforce patient empowerment and trust in the midwife-patient relationship.

Sub-category 2.4: Psychological Defense Mechanisms

This Sub-category explores the resilience and inner strength that midwives cultivate to endure the emotional and physical demands of their profession. Strategies such as emotional distancing and selective vulnerability are employed to safeguard their mental well-being, enabling them to continue providing compassionate care while managing the stress inherent in their profession. A participant in a maternity ward describes,

"Over the years, I've learned to build an emotional barrier; otherwise, the stress would overwhelm me." (MC13)

This quote highlights the deliberate development of emotional defenses as a survival mechanism. The participant's statement emphasizes the necessity of psychological resilience in midwifery, where managing stress is critical to maintaining personal well-being and professional effectiveness. A participant noting,

"I try not to take things personally. It's a way to protect myself from the emotional toll of this job." (MC4)

This statement underscores the use of emotional detachment as a coping strategy. By not internalizing the emotional weight of their work, midwives can protect themselves from burnout while maintaining their capacity to provide empathetic care.

A midwife with 5 years of experience in a maternity ward, draws motivation from the sense of purpose and small successes, which helps sustain their commitment to the profession despite difficulties.

"Even on the toughest days, I remind myself why I chose this profession; Perseverance is key. Sometimes it's about getting through one day at a time, knowing tomorrow will be better." (MC9)

This quote illustrates the participant's long-term dedication and the importance of perseverance in overcoming daily challenges in midwifery.

Sub-category 2.5: External Sources of Coping

This subcategory delves into the external sources of strength midwives draw upon to sustain their mental and emotional health. Spiritual practices, family support, and personal hobbies serve as vital outlets for replenishment and stress relief, providing balance and preventing burnout. A midwife with 14 years of experience reflected on the importance of her faith:

"I pray every morning before my shift. It helps me feel centered and reminds me that I'm part of something bigger than just the job." (MC4)

Leaning on their family allows midwives to decompress, share their concerns, and feel supported in a non-judgmental environment. A participant emphasized how her family plays a pivotal role in maintaining her resilience:

"When I come home after a tough day, my husband is there for me. Just talking to them about my day, even if they don't fully understand, makes all the difference. They are my biggest supporters." (MC22)

Discussion: This study provides a nuanced understanding of midwives' psychosocial workplace experiences in Iran and their empowerment strategies. Through the overarching theme, *"Midwives' Psychosocial Workplace Experiences and Empowerment Strategies,"* and its three categories—*Emotional Labor in Midwifery*, *Navigating External Pressures*, and *Empowerment and Coping Mechanisms*—it offers critical insights into the multifaceted challenges faced by midwives and their resilience strategies. These findings contribute to the existing body of literature by addressing the specific contextual challenges Iranian midwives encounter, which are often underexplored in global studies.

The subcategories *Heart Echoes*, *Mind Waves*, and *Tides of Conflict* highlight the profound emotional demands midwives face. Building on Hochschild's (1983) concept of emotional labor [18], this study reveals how systemic inequities, including pay disparity and professional devaluation, exacerbate emotional stress in midwifery. These inequities align with global evidence linking emotional suppression in caregiving professions to emotional exhaustion and diminished job satisfaction [19].

However, this study uniquely highlights ethical concerns around the systemic devaluation of midwifery in Iran, where midwives often feel subordinate within the healthcare hierarchy due to historical, social, and structural factors. This devaluation, intensified by the medicalization of birth and chronic staff shortages, undermines midwives' autonomy and professional identity [20,21]. Targeted interventions to provide emotional support, ensure equitable recognition, and address workload disparities are essential for mitigating these challenges [22,23]. The subcategory *Waves of Workplace Violence* adds another dimension, highlighting the prevalence of verbal and psychological abuse in midwifery. These findings are consistent with reports documenting high rates of workplace violence in healthcare, particularly against midwives and nurses [24,25]. Addressing this issue requires systemic reforms, including conflict resolution training, better organizational policies, and stronger protections for midwives.

The category *Navigating External Pressures* reflects how midwives adapt to systemic challenges and external demands, as captured in the subcategories *Winds of Change*, *Unseen Burdens*, and *Insecurity Shadows*. The rapid evolution of healthcare policies, technological advancements, and bureaucratic inefficiencies places midwives under constant strain, forcing them to adapt quickly to maintain job effectiveness [26].

Technological advancements, while beneficial, pose additional cognitive and emotional demands, aligning with broader critiques of the "techno-bureaucracy" in modern healthcare [27]. This duality underscores the need for tailored interventions to optimize technological integration while minimizing its burdens on healthcare providers.

The *Job Insecurity Shadows* subcategory captures the persistent uncertainty midwives face regarding job stability, career progression, and resource availability. These structural issues highlight the need for improved organizational policies to reduce insecurity and ensure midwives can focus on delivering quality care without undue stress.

Midwives' pursuit of education and skill enhancement demonstrates their commitment to professional growth and aligns with evidence emphasizing the importance of peer learning and mentorship in advancing careers [28]. Mentoring relationships, particularly in resource-constrained settings, facilitate skill acquisition and professional acclimation, underscoring the value of formal mentorship programs in sustaining the midwifery workforce.

The *Torch of Advocacy* highlights midwives' efforts to assert their professional autonomy and advocate for patient-centered care. This aligns with research indicating that both professional and working-time autonomy enhance job satisfaction and patient outcomes [29]. Drawing on Foucault's theory of power [30], midwives' advocacy efforts can be viewed as a reclaiming of authority within a traditionally hierarchical healthcare system.

The subcategories *Psychological Defense Mechanisms* and *Resilience Springs* reflect midwives' reliance on internal and external coping strategies to manage emotional and physical demands. Emotional detachment serves as a temporary shield against burnout but may lead to long-term challenges such as isolation and depersonalization [31,32]. This duality highlights the need for systemic support to reduce reliance on individual coping mechanisms.

External sources of support, including family, spirituality, and hobbies, play a crucial role in fostering resilience [33,34]. However, the systemic reliance on personal resources underscores a broader societal expectation that healthcare workers must individually manage stress, rather than addressing root causes such as understaffing and inadequate resources.

The *Shield of Unity* subcategory highlights the collective resilience midwives build through peer solidarity, which compensates for the lack of systemic support. This perspective diverges from traditional empowerment models focused on individual agency [35,36], offering a nuanced understanding of how collective resilience strengthens professional identities.

Finally, the *Autonomy and Innovation* subcategory illustrates how midwives leverage creative practices to navigate healthcare challenges and improve patient care. This aligns with literature emphasizing the role of knowledge and training in fostering holistic care [37].

These findings underscore the need for targeted interventions at both systemic and organizational levels to address midwives' psychosocial challenges. Policies aimed at improving staffing levels, providing emotional support, and ensuring professional recognition are critical. Furthermore, fostering peer mentorship, enhancing access to professional development, and integrating holistic care practices can empower midwives to navigate workplace challenges more effectively.

Systemic reforms to address workplace violence, improve technological integration, and reduce job insecurity are also essential. By prioritizing midwives' well-being and empowerment, healthcare systems can ensure the sustainability and effectiveness of the midwifery workforce, ultimately enhancing patient outcomes.

This study offers a comprehensive exploration of midwives' psychosocial workplace experiences and empowerment strategies, providing valuable insights into how they navigate emotional labor, workplace challenges, and systemic barriers. The focus on peer solidarity and innovative coping mechanisms enriches the understanding of resilience in

low-resource settings, while its qualitative approach captures in-depth perspectives often overlooked in quantitative studies.

The study's scope is limited to midwives in Iran, restricting the generalizability of its findings to other cultural and healthcare contexts. Additionally, as a qualitative study, it may not fully encompass the diversity of experiences across broader healthcare environments. Future research with larger, more diverse samples could provide a more holistic understanding of these themes.

Future research should explore systemic changes to support midwives, such as policies addressing workload, staffing, and emotional support. Investigating the long-term impact of empowerment strategies on job satisfaction and patient outcomes, as well as integrating holistic practices into structured healthcare systems, would provide further valuable insights.

Conclusion: This study sheds light on the complex psychosocial experiences of midwives in Iran, emphasizing the interplay between systemic challenges, emotional labor, and empowerment strategies. By addressing these findings, healthcare systems can create more supportive environments that recognize and enhance the critical role of midwives in maternal and newborn care.

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