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Developing a Model of Maternal Competence Based on the Grounded Theory Approach

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Abstract

Abstract

This study aimed to develop a culturally grounded model of maternal competence in Iran using the grounded theory approach. A qualitative study based on Strauss and Corbin's methodology was conducted with 15 participants (9 mothers of children aged 5–12 and 6 experts in Family Counseling and Psychology) selected through purposive sampling method. Data were collected via semi-structured interviews and analyzed through the constant comparative method, including open, axial, and selective coding. Maternal competence emerged as the core category, conceptualized as a dynamic process shaped by causal conditions (e.g., cognitive-emotional flexibility, parental self-efficacy, emotion regulation, and attachment representations), contextual factors (e.g., perceived gender norms, economic/cultural capital, and the digital environment), and intervening risk and protective factors. Mothers used strategies such as emotional self-care, cognitive restructuring, positive parenting, responsive interaction, structured problem-solving, and co-parenting. Consequences were identified at three levels: enhanced maternal well-being (reduced burnout and increased self-compassion), positive child development (secure attachment and self-regulation), and improved family functioning (cohesion and reduced intergenerational transmission of dysfunction). Maternal competence is not a static trait but an evolving, context-dependent process formed through interactions between individual capacities, relational dynamics, and sociocultural pressures. This culturally sensitive model provides a framework for designing educational and counseling interventions to empower mothers and support family health in Iran.

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Introduction

The quality of parent-child interaction is linked to significant outcomes, such as a child's self-esteem, resilience, and adaptive behavior (Lyu et al., 2025; Muarifah et al., 2022). Consequently, the quality of maternal role performance is considered a key factor in a child's development and adjustment. A concept closely related to the quality of this role is maternal competence, which refers to a mother's perception of her ability to provide care and effectively fulfill her maternal role (Talebi et al., 2023). However, according to the Becoming a Mother theory, this competence is a dynamic process, shaped through the interplay of a mother's experiences with her child, her family, and her social environment; it cannot be reduced merely to a specific skill or a sense of self-efficacy (Mercer, 2004). Previous research has also highlighted the influence of factors such as self-efficacy, the mother's psychological state, the child's characteristics, caregiving experience, and social support on maternal competence (Azmoude et al., 2014; Coleman & Karraker, 2003; Ngai et al., 2011; Tarkka, 2003). Nevertheless, most studies have examined these variables primarily as predictors or correlates; there is limited evidence regarding the actual process through which a mother's individual resources are aligned with the child's needs, family dynamics, social support, and the demands of the maternal role. This gap is particularly significant in the Iranian context because norms, cultural and religious beliefs, family relationships, and social expectations shape the experience of motherhood (Alinejad-Naeini et al., 2022; Arghavanian et al., 2019). Accordingly, this study used Grounded Theory to elucidate the process of developing maternal competence and to present an indigenous model within Iran's sociocultural context. The research question was as follows: How does maternal competence develop within the sociocultural context of Iran, and what conditions, factors, strategies, and consequences play a role in this process?

Method

This study used a qualitative approach utilizing Grounded Theory, based on the model developed by Strauss and Corbin (1994). The participants consisted of nine mothers (aged 24-42, with one to three children) and seven experts in the fields of Family Studies and Psychology in Kermanshah. The mothers had at least one child between the ages of 5 and 12. The experts held a master's or doctoral degree in a relevant field, possessed at least five years of professional experience, and had specialized expertise in areas such as family studies, parenting, mother-child relations, or related interventions. Sampling began with a purposive method among the mothers; as the analysis progressed, theoretical sampling was employed to select experts and additional mothers based on emerging theoretical requirements. Data were collected through in-depth, semi-structured interviews lasting 30 to 40 minutes, conducted between February 2026 and April 2026. Theoretical saturation was reached by the thirteenth interview, and three supplementary interviews were conducted to enhance conceptual adequacy. Data analysis proceeded concurrently with data collection, involving the three stages of open, axial, and selective coding. The relationships between categories were examined using the paradigmatic model of Strauss and Corbin. MAXQDA software was used for data management. The trustworthiness of the findings was ensured through prolonged engagement with the data, constant comparison of concepts and categories, theoretical sampling, and adherence to the criteria of credibility, reliability, confirmability, and transferability (Guba & Lincoln, 1989).

Results

Analysis of data from 16 interviews, utilizing open, axial, and selective coding, led to the extraction of over 415 initial concepts, which were then organized into the main categories of a maternal competence model. Axial coding identified nine categories for causal conditions, five for contextual conditions, 15 for intervening conditions, 11 for strategies, and 15 for consequences. Through selective coding, maternal competence was identified as the core category, around which the relationships among all other categories were integrated.

Regarding causal conditions, nine categories were identified: cognitive-emotional flexibility, parental self-efficacy, maternal attachment representations, parental schemas, self-differentiation and the maintenance of individual identity, maturity in the maternal role, emotion regulation capacity, intergenerational transmission of parenting patterns, and self-knowledge. These findings indicate that maternal competence is rooted in a constellation of a mother's cognitive, emotional, identity-related, and developmental capacities.

Contextual conditions encompassed perceived gender norms and the fear of negative evaluation, the family's economic resources and cultural capital, the digital environment and social comparison, religious-spiritual orientation as a coping resource, and the organization of roles and family structure. These factors shaped the social, cultural, and familial context of the maternal experience.

Considering the intervening factors, six weakening factors and nine protective factors were identified. The weakening factors included the mother's psychological vulnerabilities, the child's difficulties in emotional regulation, an ineffective social support network, chronic family conflicts, parental perfectionism and unrealistic standards, developmental transitions within the family life cycle, and a gap between knowledge and practice. Conversely, the protective factors identified included perceived social support, adaptive coping styles, a balance

between work and family roles, relative financial independence, effective co-parenting and high-quality marital relationships, finding meaning in motherhood, awareness and flexibility in relating to the new generation, the establishment of structure and order in family life, and the mother's physical and psychological well-being.

The identified strategies were categorized into three levels: individual, parenting, and interpersonal. Individual strategies included emotional and cognitive self-care, structured problem-solving, the cognitive restructuring of parental schemas, and the use of emotional pauses and temporary distraction. Parenting strategies encompassed positive parenting, characterized by reinforcement and sensitive, responsive interaction as well as authoritative parenting rooted in continuous learning and a clear educational vision. At the interpersonal level, strategies included seeking social support, managing role boundaries while maintaining individual identity, and engaging in co-parenting.

Finally, the outcomes of maternal competence were categorized across three levels: the mother, the child, and the family/society. At the maternal level, the identified factors included vitality (versus parental burnout), self-compassion (versus self-criticism and guilt), emotional regulation, a sense of competence and satisfaction with the maternal role, and a sense of calmness and hope (versus despair and anxiety). At the child level, factors included secure attachment, psychological resilience, self-regulation, social and academic competence, the free expression of emotions, self-esteem, and hopefulness. At the family and societal levels, positive outcomes were identified as family cohesion and resilience, marital satisfaction, positive co-parenting, the promotion of mental health and social resilience, and the transmission of healthy patterns to the next generation. Conversely, negative outcomes included family conflict, the erosion of the marital relationship, dysfunctional co-parenting, and the persistence of intergenerational trauma.

Conclusion

The present study was conducted to develop a model of maternal competence within the cultural context of Iran. The findings indicated that maternal competence was a multidimensional, dynamic, and context-dependent construct, emerging from the interplay of a mother's psychological capacities, relational and intergenerational experiences, family and social circumstances, available support resources, and parenting strategies. This finding aligns with a process-oriented perspective on the evolution of the maternal role as well as evidence regarding the roles of self-efficacy, emotion regulation, social support, and relationship quality in parental functioning (Coleman & Karraker, 2003; Lotto et al., 2024; Mercer, 2004; Ngai et al., 2011). Furthermore, the proposed model conceptualizes maternal competence as extending beyond the mere acquisition of parenting skills; it is framed as an ongoing process of balancing the needs of the mother, the child, the family, and the broader socio-cultural context.

In this model, capacities such as self-efficacy, cognitive-emotional flexibility, emotion regulation, and self-awareness interact with both risk (weakening) and protective factors, which manifest as individual, parenting, and interpersonal strategies, ultimately shaping outcomes for the mother, the child, and the family. Consequently, maternal competence can be conceptualized as a form of dynamic balancing, wherein the mother selects and adjusts appropriate strategies in response to the evolving needs of herself, her child, and the environment.

Accordingly, interventions aimed at enhancing maternal competence should encompass not only parenting skills training but also self-efficacy, emotion regulation, self-awareness, self-care, co-parenting, and the utilization of social support. Given the qualitative nature of this research and the fact that participants were drawn specifically from the cultural context of Kermanshah, the findings should be generalized with caution. It is recommended that future quantitative and longitudinal studies examine the structure and relationships proposed by this model across more diverse samples and cultural contexts.

Statements

Author Contributions

The study design and the development of the methodological framework were carried out by the authors. Data collection and analysis, drafting of the initial manuscript, and interpretation of the findings were performed by the authors; the manuscript was also jointly reviewed and edited. All authors have reviewed and approved the final version of the manuscript.

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Conflict of Interest

The authors declare that there are no financial, professional, personal, or organizational conflicts of interest regarding this research study or the publication of this manuscript.

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Data Availability Statement

The data used in this study are available upon reasonable request from the corresponding author, subject to ethical considerations and the protection of the participants' confidentiality.

AI Use Statement

During the preparation of this manuscript, the authors utilized the generative AI tool (ChatGPT) to improve writing, enhance conciseness, and organize and rewrite portions of the text. The final content was reviewed and revised by the authors, who shoulder full responsibility for the accuracy and scientific content of the manuscript.

Ethical Approval

All ethical standards were upheld in this research, including obtaining informed consent from participants and ensuring the protection of privacy and the confidentiality of information. Participants had the right to withdraw from the study at any stage. This research was conducted with the approval of the Research Ethics Committee of the Islamic Azad University, Sanandaj Branch, under ethics code IR.IAU.SDJ.REC.1405.003.

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