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Exploring the Experiences of Women with OCD in the Workplace: A Qualitative Study

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A B S T R A C T

Objective: This study aimed to explore the lived workplace experiences of women diagnosed with obsessive-compulsive disorder (OCD).

Methods and Materials: A qualitative research design was employed using a phenomenological approach. Nineteen female participants diagnosed with OCD and currently employed in various sectors in Tehran were recruited through purposive sampling. Data were collected through in-depth semi-structured interviews until theoretical saturation was reached. Each interview was transcribed verbatim and analyzed using thematic analysis. NVivo software was used for data coding and management. The data analysis followed Braun and Clarke's six-phase framework, ensuring credibility and dependability through peer debriefing and member checking.

Findings: Four major themes emerged from the data: (1) emotional and psychological challenges, including anxiety, fear of judgment, emotional exhaustion, and self-stigma; (2) interpersonal and social dynamics, marked by concealment strategies, strained coworker relationships, and perceived discrimination; (3) coping mechanisms and adaptive strategies such as task structuring, spiritual practices, and psychotherapy; and (4) workplace structures and institutional responses, highlighting environmental stressors, lack of accommodations, and rare instances of supportive practices. Participants frequently described the workplace as a source of stress and a trigger for symptom exacerbation, often exacerbated by rigid expectations, stigma, and insufficient mental health literacy among supervisors.

Conclusion: The findings underscore the complex and often invisible struggles faced by women with OCD in professional environments. There is a pressing need for workplace interventions that foster psychological safety, reduce stigma, and provide gender-sensitive mental health accommodations. Clinicians and organizations must collaborate to create inclusive systems that validate and support the lived realities of women with OCD.

Keywords: *Obsessive-compulsive disorder; women; workplace experience; qualitative research; mental health stigma; occupational stress; coping strategies.*

1. Introduction

Obsessive-compulsive disorder (OCD) is a chronic and debilitating mental health condition characterized by intrusive obsessions and repetitive compulsions that individuals feel compelled to perform in order to alleviate distress or prevent feared outcomes. Globally, OCD affects approximately 2–3% of the population and often interferes significantly with an individual's daily functioning, including social, academic, and occupational roles (Abas & Qasim, 2023; Chen et al., 2021). The condition is frequently underdiagnosed or misunderstood, particularly in workplace settings, where the visibility of symptoms may be minimized due to fear of stigma and professional repercussions (Aboujaoude & Starčević, 2021; Jabeen & Kausar, 2020). For women, the impact of OCD within the workplace context may be further complicated by gendered expectations, occupational roles, and psychosocial dynamics unique to female professionals (Rao et al., 2016; Zandt et al., 2025).

Despite increasing awareness of OCD as a significant mental health concern, much of the existing literature has predominantly focused on its clinical presentation and biological underpinnings, with less attention paid to the subjective experiences of individuals navigating the disorder in real-world environments such as workplaces (Chen et al., 2021; Dessoki et al., 2021). Moreover, studies examining gender differences in OCD have revealed that women may present with different symptom patterns, experience greater internalized stigma, and report distinct psychosocial stressors compared to men (Jianliang, 2023; Ma et al., 2021; Zandt et al., 2025). These differences are especially salient in the context of employment, where women with OCD must balance the cognitive and emotional toll of their symptoms with performance expectations, interpersonal dynamics, and cultural norms regarding gender and mental health (Knapton, 2020; Rao et al., 2016).

Emerging evidence underscores the role of gender in shaping the manifestation and management of OCD symptoms. For instance, recent reviews have suggested that women may be more likely to exhibit contamination fears, washing compulsions, and higher comorbidity with affective disorders, whereas men often present with symmetry obsessions and checking rituals (Jabeen & Kausar, 2020; Zandt et al., 2025). Gender differences have also been noted in help-seeking behavior, coping strategies, and responses to treatment (Lieneman et al., 2024; Ma et al., 2021). Notably, female patients tend to report greater emotional distress, perceived lack of support, and more frequent interference with occupational functioning compared to their male counterparts (Jalalifar et al., 2023; Tyagi & Bundies, 2021). These findings raise critical questions about how women with OCD experience their disorder within the often-pressurized context of paid employment.

OCD's interference with occupational functioning is well-documented, with symptoms such as repetitive checking, mental rituals, and obsessive doubt leading to inefficiencies, strained relationships with coworkers, and increased absenteeism (Pinciotti et al., 2022; Pozza et al., 2019). These challenges may be exacerbated by the structure and culture of specific workplaces, especially those that demand high levels of productivity, emotional labor, or public interaction (Aboujaoude & Starčević, 2021; Li et al., 2020). Individuals with OCD often experience difficulties adapting to inflexible work environments or navigating the expectations of managerial staff who may lack awareness of mental health conditions (Williams et al., 2017). A qualitative study of OCD patients found that many attempted to conceal their symptoms at work due to fear of discrimination or being perceived as incompetent (Pinciotti et al., 2022). This concealment may create a dissonance between internal distress and external performance, leading to heightened emotional exhaustion and further symptom exacerbation (Aboujaoude & Starčević, 2021; K & Zaboski, 2024).

The intersection of OCD and occupational stress has garnered increasing interest, particularly in light of research indicating that work-related stressors—such as interpersonal conflict, performance pressure, and role ambiguity—can act as precipitants or aggravating factors for OCD symptoms (Hühne et al., 2024; Ranjan et al., 2022). Furthermore, it is now recognized that social and environmental factors—including perceived social support, access to accommodations, and the inclusiveness of workplace culture—play a critical role in shaping how individuals with OCD experience and manage their symptoms (K & Zaboski, 2024; Li et al., 2020). Women, in particular, may face unique social expectations in the workplace that intensify the emotional toll of living with OCD. These include the dual burden of professional and domestic responsibilities, societal pressure to maintain emotional composure, and gender-specific stigmatization of mental health conditions (Rao et al., 2016; Williams et al., 2017).

In addition to psychosocial burdens, neurobiological and cognitive factors also contribute to the occupational impairments associated with OCD. Neuroimaging studies

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have identified altered connectivity in key brain regions involved in cognitive control, decision-making, and emotional regulation among individuals with OCD, which may underlie some of the task-related difficulties reported in the workplace (Chen et al., 2021). Functional impairments in domains such as working memory, attention, and flexibility have been associated with poorer occupational performance and heightened stress sensitivity, particularly under socially demanding conditions (Li et al., 2020; Ma et al., 2021). This underscores the importance of understanding not only the psychological but also the neurological vulnerabilities that may shape how OCD manifests in occupational settings.

Moreover, several studies have begun to highlight the role of traumatic or stressful life events in exacerbating or precipitating OCD symptoms, particularly among women (Hühne et al., 2024; Moreira-de-Oliveira et al., 2022). Female participants in these studies often described the workplace itself as a source of chronic stress—citing experiences of discrimination, lack of empathy, and insufficient mental health support—as contributing to symptom persistence or worsening (Jalalifar et al., 2023; Pinciotti et al., 2022). In certain sectors, such as healthcare and education, where emotional labor is a central requirement, women with OCD may face even greater internal conflict as they attempt to suppress distressing thoughts and maintain an appearance of emotional stability (Azzahra et al., 2025; Febriana et al., 2023).

Despite these findings, there remains a significant gap in the literature regarding the lived experiences of women with OCD in the workplace. While quantitative studies have provided valuable insights into prevalence rates, symptom patterns, and comorbidities, they often fail to capture the complexity, nuance, and subjectivity of how women interpret and navigate their condition within the context of professional life (Lieneman et al., 2024; Zandt et al., 2025). Qualitative inquiry, by contrast, allows for a deeper exploration of meaning-making, coping mechanisms, identity negotiation, and systemic barriers—dimensions that are crucial for informing both workplace policy and therapeutic intervention (Moreira-de-Oliveira et al., 2022; Ranjan et al., 2022).

Furthermore, there is growing recognition that workplace experiences of individuals with OCD cannot be fully understood without considering intersectional factors such as gender identity, cultural norms, and social class. For example, gender minorities with OCD may face compounded stigmatization and unique barriers to disclosure and support (Lieneman et al., 2024; Pinciotti et al., 2022). Likewise, cultural frameworks surrounding mental illness and productivity can influence how women interpret their OCD symptoms and whether they view disclosure as a viable option in the workplace (Jabeen & Kausar, 2020; Knapton, 2020). Theoretical perspectives on "doing gender" at work further highlight how mental health experiences are shaped by expectations of femininity, emotional labor, and compliance with organizational norms (Rao et al., 2016).

In response to these gaps, the present study aims to explore the lived experiences of women with obsessive-compulsive disorder in the workplace using a qualitative approach.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design using a phenomenological approach to explore the lived experiences of women with obsessive-compulsive disorder (OCD) in the workplace. A total of 19 female participants diagnosed with OCD were recruited from various professional sectors in Tehran through purposive sampling. Inclusion criteria required participants to (1) have a formal clinical diagnosis of OCD, (2) be currently employed, and (3) be willing to share their experiences in a semi-structured interview. The sample size was determined based on the principle of theoretical saturation, which was achieved after 19 interviews when no new themes or insights emerged from additional data.

2.2. Measures

2.2.1. Semi-Structure Interview

Data were collected through in-depth, semi-structured interviews conducted in person or via secure video conferencing platforms, depending on the participant's preference and public health considerations. An interview guide was developed to explore key dimensions of workplace experience, such as interpersonal relationships, task performance, stigma, coping mechanisms, and access to support systems. Each interview lasted between 45 and 70 minutes and was audio-recorded with the participants' consent. Interviews were transcribed verbatim for analysis.

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2.3. Data Analysis

Data were analyzed using thematic analysis, following the six-step process outlined by Braun and Clarke (2006). NVivo software was employed to assist in the coding, organization, and management of the qualitative data. Initial codes were generated from meaningful units within the transcribed interviews, and these codes were then grouped into broader themes through iterative comparison and refinement. The analysis was conducted concurrently with data collection to facilitate theoretical saturation and ensure the richness of the emerging themes. Throughout the process, attention was paid to maintaining the credibility, transferability, dependability, and confirmability of the findings by engaging in member checking, peer debriefing, and maintaining an audit trail.

3. Findings and Results

The study included 19 female participants diagnosed with obsessive-compulsive disorder (OCD), all residing and employed in Tehran. The participants ranged in age from 26 to 49 years, with a mean age of 36.2 years (SD = 6.7). In terms of educational background, 4 participants (21%) held a high school diploma, 8 (42%) had a bachelor's degree, and 7 (37%) had completed postgraduate education (master's or higher). Regarding occupational status, 5 participants (26%) worked in healthcare, 4 (21%) in education, 6 (32%) in administrative or office-based roles, and 4 (21%) in service and retail sectors. Marital status varied, with 11 participants (58%) being married, 6 (32%) single, and 2 (10%) divorced. The average duration of OCD diagnosis was 7.8 years (range: 2–18 years). Fifteen participants (79%) reported previous or current engagement in psychotherapy, and 13 (68%) reported using psychiatric medication. This diversity in age, education, profession, and treatment history provided a broad perspective on the lived experiences of women with OCD in the workplace.

Table 1

Themes, Subthemes, and Concepts from the Interviews

Category (Main Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Emotional and Psychological Challenges	Anxiety in Task Completion	Perfectionism, fear of failure, overchecking, guilt after mistakes
	Fear of Judgment	Self-consciousness, fear of being misunderstood, comparing self to others
	Workplace-Induced Obsessive Thoughts	Triggering by workplace routines, obsessive focus on cleanliness, counting behaviors
	Internalized Stigma	Shame, self-blame, hiding symptoms, fear of disclosure
	Emotional Exhaustion	Burnout, constant mental tension, insomnia, emotional detachment
	Conflict Between OCD and Role Expectations	Feeling inadequate, pressure to appear "normal," double effort to maintain image
	Fluctuations in Self-Esteem	Self-doubt, seeking validation, brief moments of confidence, vulnerability to criticism
2. Interpersonal and Social Dynamics	Concealment Strategies	Masking behaviors, avoiding eye contact, silence in meetings, staying late to redo work
	Relationship with Colleagues	Avoidance of socialization, fear of rejection, discomfort in teamwork, trust issues
	Experiences of Workplace Discrimination	Being overlooked, exclusion from teams, condescending remarks, microaggressions
	Lack of Understanding from Supervisors	Dismissive attitudes, pressure to perform, trivialization of symptoms
	Seeking Empathy and Support	Bonding with one coworker, indirect disclosures, desire for safe spaces
3. Coping Mechanisms and Adaptive Strategies	Personal Coping Techniques	Deep breathing, list-making, mental rehearsal, avoidance of triggering tasks
	Use of Formal Psychological Support	Cognitive-behavioral therapy, medication, self-help books, support groups
	Task Structuring and Organization	Prioritization, hyper-scheduling, visual checklists, digital reminders
	Occupational Avoidance or Exit Strategies	Changing departments, requesting remote work, resigning, taking frequent leave
	Reliance on Religious/Spiritual Practices	Praying before tasks, seeking inner calm, interpreting OCD as a spiritual test

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	Rationalization of Symptoms	"It helps me work better," "I'm just thorough," redefining OCD as strength
4. Workplace Structures and Institutional Response	Inflexible Work Environment	Rigid schedules, lack of privacy, noise, crowded shared spaces
	Lack of Mental Health Accommodations	No designated quiet zones, absence of HR support, denial of flexible hours
	Role of Organizational Culture	Competitive atmosphere, silence about mental health, pressure to multitask
	Positive Organizational Interventions	Supervisor training, inclusion workshops, mental health leave, confidential disclosure
	Experience with HR Systems	Bureaucracy, fear of documentation, lack of confidentiality, impersonal responses

1. Emotional and Psychological Challenges

Anxiety in Task Completion: Participants frequently described overwhelming anxiety associated with performing workplace tasks, often linked to perfectionism and fear of failure. Many expressed an urge to repeatedly check their work, leading to inefficiencies and distress. One participant shared, *"I recheck every email at least five times before sending it. I'm terrified I'll make a mistake and it'll reflect badly on me."* This compulsive checking was reported to be mentally exhausting and a source of shame.

Fear of Judgment: The fear of being judged or misunderstood was a prevalent concern. Participants reported feeling self-conscious about their behaviors and worried that colleagues might misinterpret their actions as incompetence or oddity. *"I know I come across as rigid, but I can't explain to them why I need to arrange everything on my desk before I can start,"* noted one respondent.

Workplace-Induced Obsessive Thoughts: Several participants reported that certain workplace routines—such as shared spaces, deadlines, or task repetition—acted as triggers for their obsessive thoughts. *"Shared keyboards are the worst. I have to wipe them down every time or I can't concentrate,"* one participant explained. These thoughts often became intrusive and impeded task performance.

Internalized Stigma: Participants spoke of deep-seated shame and self-blame, often preferring to hide their condition. The fear of being labeled or excluded led many to suppress their symptoms. One participant reflected, *"I'd rather they think I'm slow than know I have OCD. The label carries too much weight."*

Emotional Exhaustion: Persistent emotional strain was a common theme, with participants reporting symptoms of burnout, emotional fatigue, and even detachment from their professional roles. *"Some days, it feels like my brain never gets a break—not during work, not even at home,"* recounted one participant.

Conflict Between OCD and Role Expectations: Participants described a constant tension between their OCD-related behaviors and professional expectations. The pressure to appear "normal" and meet standards often led to overcompensation. As one participant stated, *"I put in double the effort just to appear like I'm keeping up. It's exhausting trying to hide it all."*

Fluctuations in Self-Esteem: Participants noted their self-esteem varied greatly depending on interpersonal feedback and perceived performance. While some moments of confidence arose, these were often overshadowed by self-doubt. *"If I get praised, I feel good—but just briefly. The next mistake brings all the doubt back,"* said one interviewee.

2. Interpersonal and Social Dynamics

Concealment Strategies: Many women reported deliberate efforts to mask their symptoms to avoid attention. Strategies included minimizing eye contact, limiting participation in group discussions, and staying late to secretly re-do tasks. One respondent stated, *"No one sees how long I stay behind to 'fix' things. I can't afford their judgment."*

Relationship with Colleagues: Interpersonal relationships at work were often described as strained or distant. Participants cited discomfort in group tasks, fear of negative evaluation, and difficulty building trust. *"I avoid team projects. It's hard when people don't understand why I take so long,"* explained one participant.

Experiences of Workplace Discrimination: Several participants recounted being sidelined or treated differently due to perceived eccentricities. Some noted exclusion from key projects or being subjected to subtle microaggressions. *"I was never openly bullied, but I could feel they thought I was 'too intense,'"* reported one participant.

Lack of Understanding from Supervisors: Supervisors were often seen as unsympathetic or dismissive, with some participants feeling pressured to underreport their struggles. One woman recalled, *"I tried explaining my situation to my manager. She said, 'We all have our quirks. Just don't let it affect your work.'"*

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Seeking Empathy and Support: Despite negative experiences, a few participants managed to form supportive relationships with trusted colleagues. These bonds offered emotional relief and, in some cases, safe opportunities to disclose their condition. *"One co-worker figured it out on her own. She's been my rock ever since,"* noted one respondent.

3. Coping Mechanisms and Adaptive Strategies

Personal Coping Techniques: Participants described employing self-taught strategies such as list-making, deep breathing, or avoidance of known triggers to manage their symptoms. One woman explained, *"I rehearse conversations in my head before meetings. It helps keep the anxiety under control."*

Use of Formal Psychological Support: Many respondents acknowledged the role of therapy and medication in coping with OCD. Others turned to literature and online support groups. *"My CBT therapist taught me to challenge my obsessive thoughts. It's slow progress, but it helps,"* stated one participant.

Task Structuring and Organization: Highly structured task management strategies—such as visual checklists, detailed schedules, and digital reminders—were common. *"If my day is planned to the minute, I can function better. It calms the chaos in my mind,"* shared one woman.

Occupational Avoidance or Exit Strategies: Some participants reported changing roles, requesting remote work, or even leaving jobs due to unmanageable stressors. One interviewee noted, *"I had to quit my last job. Open-plan offices were just too overwhelming."*

Reliance on Religious/Spiritual Practices: For some participants, spirituality played a critical role in coping. Practices included prayer, spiritual interpretation of suffering, and rituals to regain calm. *"I say a short prayer before I enter meetings—it's my way of grounding myself,"* one participant stated.

Rationalization of Symptoms: Several women reframed their OCD traits as professional strengths, using terms like "detail-oriented" or "thorough." This reframing served as both a coping mechanism and a self-protection strategy. *"My OCD makes me more precise. I just tell myself that's a good thing,"* said one respondent.

4. Workplace Structures and Institutional Response

Inflexible Work Environment: Participants criticized rigid and overstimulating office environments, noting that noise, lack of privacy, and shared spaces heightened their distress. *"I can't focus with all the noise—it makes my compulsions worse,"* one woman reported.

Lack of Mental Health Accommodations: A recurring theme was the absence of policies or infrastructure to support employees with mental health needs. Participants pointed out that no quiet spaces, mental health days, or confidential resources were available. *"We have ramps for physical disabilities, but nothing for mental ones,"* said one participant.

Role of Organizational Culture: The broader workplace culture was often described as competitive, stigmatizing, and silent about mental health. This culture discouraged disclosure and fostered feelings of isolation. *"Everyone acts like they're fine, even when they're falling apart. That's the norm,"* remarked one interviewee.

Positive Organizational Interventions: Despite overall challenges, a few participants had experienced progressive workplace interventions, such as manager sensitivity training or confidential HR consultations. *"Our team had a mental health workshop last year. It was the first time I felt seen,"* stated one woman.

Experience with HR Systems: Interactions with HR were often viewed as bureaucratic or ineffective. Concerns about confidentiality, stigma, and documentation discouraged many from seeking help. *"I never told HR. What if it went in my file?"* questioned one respondent.

4. Discussion and Conclusion

The present study sought to explore the lived experiences of women with obsessive-compulsive disorder (OCD) in workplace contexts, with a specific focus on their emotional challenges, interpersonal relationships, coping strategies, and organizational environments. The findings revealed that participants encountered a complex interplay of internal distress and external pressures that shaped their daily functioning at work. Women described persistent anxiety, fear of judgment, emotional exhaustion, and self-stigmatization—experiences that often led to concealment of symptoms, isolation, and overcompensation. These findings align with prior literature emphasizing the high psychological toll OCD imposes on occupational engagement (Aboujaoude & Starčević, 2021; Li et al., 2020).

One of the most prominent themes identified was the intense emotional burden associated with task completion and workplace performance. The participants frequently reported perfectionism, compulsive checking, and anticipatory anxiety—behaviors rooted in the fear of making errors or being negatively evaluated by others. This is consistent with earlier findings which associate OCD with

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cognitive distortions about failure, responsibility, and control (Chen et al., 2021; Ma et al., 2021). Furthermore, the women's concerns about being misunderstood or judged harshly by colleagues support research that indicates individuals with OCD often fear stigmatization and thus tend to avoid disclosing their condition at work (Pinciotti et al., 2022; Williams et al., 2017). These concealment efforts, while adaptive in the short term, appeared to increase emotional fatigue and reduce opportunities for social support—mirroring results from studies on workplace mental health stigma (K & Zaboski, 2024).

The participants also described a significant mismatch between the expectations imposed by their occupational roles and the limitations imposed by their symptoms. This inner conflict frequently led to emotional dysregulation, self-doubt, and fluctuating self-esteem. Similar patterns have been documented in gender-specific OCD research, which shows that women often experience higher levels of internalized pressure to manage both emotional labor and professional output (Jianliang, 2023; Rao et al., 2016; Zandt et al., 2025). This phenomenon is further complicated by broader gender norms that implicitly demand perfection, patience, and compliance from women in professional environments, making any deviation from these standards a potential threat to identity and job security.

Interpersonally, the study highlighted pervasive social withdrawal and strained relationships with coworkers. Many participants expressed a reluctance to engage in social interactions due to fear of negative judgment or being perceived as incompetent. These findings are congruent with previous research documenting interpersonal dysfunction in OCD, where compulsive behaviors are often concealed to avoid ridicule or misunderstanding, leading to social isolation and mistrust (Abas & Qasim, 2023; Li et al., 2020). Moreover, the reported lack of empathy and understanding from supervisors echoes earlier findings that managers frequently lack adequate training in recognizing or supporting employees with mental health disorders, especially those with "invisible" conditions like OCD (Jabeen & Kausar, 2020; K & Zaboski, 2024).

Discriminatory practices and occupational stigma emerged as recurring concerns. Participants described being excluded from teams, overlooked for promotions, or treated with condescension due to perceptions of their behaviors as "excessive" or "inefficient." These experiences are consistent with data on workplace microaggressions faced by individuals with psychiatric conditions, particularly women, who often bear the double burden of mental health stigma and gender-based marginalization (Ranjan et al., 2022; Williams et al., 2017). As documented by Pinciotti and colleagues, gender minority and female-identifying OCD patients often report compounded difficulties in navigating professional hierarchies and seeking appropriate accommodations (Pinciotti et al., 2022).

In coping with these challenges, participants employed a range of individual and institutional strategies, including mindfulness techniques, hyper-structuring of tasks, and engagement in therapy. These findings are consistent with studies emphasizing the role of self-regulation and structured routines in mitigating OCD-related distress (Ma et al., 2021; Pozza et al., 2019). Notably, some participants reframed their compulsions as adaptive traits—e.g., labeling their perfectionism as "professional diligence." This form of rationalization has been previously observed as a self-preserving mechanism that allows individuals to maintain a coherent occupational identity despite internal conflict (Moreira-de-Oliveira et al., 2022).

Spirituality also played a noteworthy role in several participants' coping strategies. Prayers, ritual purification, and framing OCD as a spiritual test were reported by some as methods for reducing anxiety. This is supported by previous studies highlighting the cultural and personal importance of religiosity in managing OCD symptoms, particularly among women from collectivist or faith-based backgrounds (Azzahra et al., 2025; Febriana et al., 2023). These strategies often functioned alongside or in place of professional interventions, underscoring the need for culturally sensitive therapeutic approaches.

The organizational environment was another critical domain identified in this study. Inflexible work schedules, overstimulating open-plan offices, and the absence of mental health accommodations were all cited as aggravating factors. These environmental stressors often acted as triggers for compulsive thoughts and behaviors, echoing findings from neurocognitive studies that link sensory overload with heightened OCD symptomatology (Chen et al., 2021; Li et al., 2020). Moreover, the perception of human resources departments as impersonal and bureaucratic discouraged many women from seeking formal support, reflecting a systemic failure in addressing mental health diversity in the workplace (Aboujaoude & Starčević, 2021; Jalalifar et al., 2023).

Only a few participants reported positive institutional responses, such as access to mental health workshops, empathetic managers, or informal peer support. These instances highlight the potential for workplace

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transformation when mental health literacy and inclusive practices are embedded within organizational culture (Hühne et al., 2024; K & Zaboski, 2024). However, such positive cases were rare, and the majority of participants expressed skepticism about their organization's capacity or willingness to accommodate employees with psychiatric conditions.

This study contributes to the growing literature that situates mental illness, particularly OCD, within the sociocultural framework of work and gender. Women with OCD occupy a complex position: they must navigate not only the personal burden of their disorder but also systemic barriers, gendered expectations, and limited structural support. While previous research has highlighted gender differences in symptom expression, this study goes further in illustrating how these differences translate into lived experiences in occupational contexts (Jianliang, 2023; Lieneman et al., 2024; Zandt et al., 2025).

5. Suggestions and Limitations

While the current study offers valuable insights into the workplace experiences of women with OCD, it is not without limitations. First, the sample consisted solely of participants from Tehran, limiting the cultural and contextual generalizability of the findings to other regions or countries with different workplace norms, healthcare systems, or gender dynamics. Second, self-selection bias may have influenced the sample, as those more willing to speak about their condition may have had either particularly negative or particularly well-processed experiences. Third, the study relied exclusively on self-report through interviews; thus, behavioral observations or multi-informant perspectives were not included. Additionally, while the qualitative design allows for in-depth exploration, it does not allow for statistical generalization or the measurement of effect sizes between variables such as symptom severity and occupational impairment.

Future research would benefit from expanding the participant base to include women from diverse cultural, professional, and socioeconomic backgrounds. Comparative studies that examine the experiences of men and gender-diverse individuals with OCD in the workplace would also be valuable in understanding how gender roles interact with psychiatric conditions across contexts. Longitudinal studies could explore how women with OCD navigate career trajectories over time, especially in relation to job retention, burnout, and disclosure patterns. Further, integrating neuropsychological assessments with qualitative interviews may deepen our understanding of how cognitive dysfunctions associated with OCD interact with occupational demands. Lastly, interventional research exploring the efficacy of workplace-based accommodations, training programs, or peer-support networks tailored for employees with OCD is needed to develop best practices in mental health inclusion.

To support women with OCD in the workplace, organizations should prioritize the development of inclusive mental health policies that recognize psychiatric diversity as an integral part of employee well-being. This includes providing flexible work arrangements, private workspaces, and access to confidential counseling services. Human resources departments and managerial staff should receive regular training on recognizing and responding sensitively to mental health disclosures, including OCD-specific presentations. Establishing peer-led support groups or mentorship programs for individuals with mental health conditions may also foster a sense of belonging and reduce stigma. Clinicians and therapists should be encouraged to consider occupational challenges as a core treatment domain and collaborate with employers when appropriate to develop sustainable support plans.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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