



Review article



Menopause in the workplace: Challenges, impact, and next steps

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ARTICLE INFO

Keywords:

Menopause
Hot flashes
Workplace
Productivity
Economic burden
Menopause policy

ABSTRACT

Introduction: Menopause is a natural part of a woman's life that coincides with a time when many women play significant roles in the workforce. Menopause symptoms, such as hot flashes, fatigue, and difficulty with concentration and memory, can have a negative effect on work productivity and efficiency.

Objectives: This paper summarizes the impact of menopause in the workplace, with an emphasis on the impact of symptoms on employed women and how the workplace influences their experiences. It highlights economic implications, promotes awareness, and suggests potential next steps.

Methods: A search for papers was conducted between August and November 2023 in the PubMed and Medline databases. Papers were selected based on personal experience and interpretation of the findings. Recommendations for managing menopause symptoms in the workplace and guidance on an optimal workplace intervention strategy were provided.

Results: Women experiencing severe menopause symptoms are more likely to report adverse work outcomes, including absenteeism and job-related decisions such as quitting, retiring early, or declining promotions than women experiencing few symptoms. Factors such as a lack of awareness about menopause, inflexible work conditions, and high-stress jobs can exacerbate the severity of these symptoms. Additionally, unaddressed menopause symptoms contribute to both direct and indirect economic costs, including medical resource utilization and lost work productivity, resulting in a substantial economic burden.

Conclusion: Menopause symptoms impair women's work experiences and productivity. In addition to dismantling the stigma associated with menopause, it is critical to create and implement menopause workplace policies and interventions aimed at supporting women in this universal life stage.

1. Introduction

Menopause constitutes a physiological phenomenon and a gender-specific transitional stage within the natural aging process of women. The mean age of menopause is 52 years, which coincides with a time in women's lives when they play an integral role in their families, workplaces, and society in general [1,2]. In 2020, more than 600 million women were between 45 and 59 years of age globally, with 47 % participating in the workforce overall [2]. The increase in retirement age and life expectancy is reflected in the increase in employment among women across age groups, with 75.2 % of women between 45 and 54

years and 59.6 % of those between 55 and 64 years in the workforce [3].

Menopause symptoms can last up to 10 years or longer for some women and can influence various aspects of women's physical, psychological, and social well-being [4,5]. Half of women between the ages of 45 and 55 years who hold professional, managerial, and administrative positions have reported experiencing difficulties such as reduced concentration, fatigue, and memory issues during the menopause transition [6]. Midlife women play pivotal roles as essential drivers of growth, innovation, and prosperity within the workforce, and the impact of menopause extends beyond an individual woman's work experience, potentially influencing the global economy [7].

Although most women will experience menopause while they are

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<https://doi.org/10.1016/j.maturitas.2024.107983>

Received 17 November 2023; Received in revised form 23 February 2024; Accepted 27 March 2024

Available online 3 April 2024

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Abbreviations

WAI	Work Ability Index
BMI	Body Mass Index
VMS	vasomotor symptoms
NHSII	Nurses' Health Study II
HEAF	Health and Employment After Fifty
MENQOL	Menopause-Specific Quality of Life Questionnaire
SWAN	Study of Women's Health Across the Nation
EMAS	European Menopause and Andropause Society
CBT	cognitive behavioral therapy
RCTs	randomized controlled trials

still working, menopause remains under-addressed and overlooked in the workplace, contributing to significant stigmatization. The dearth of literature addressing the impact of menopause symptoms in the workplace, coupled with the absence of effective interventions to bring about change, creates a challenging environment for women experiencing menopause while in the workforce and leaves them without essential support. This narrative review aims to summarize the current literature on the impact of menopause in the workplace, emphasizing the effects of menopause symptoms on employed women and reciprocally, the workplace's influence on women's experiences of menopause. Moreover, it will shed light on the economic implications, advocate for awareness, and suggest potential next steps.

2. Materials and methods

This narrative review includes evidence from literature addressing menopause symptoms in the workplace. Our search was conducted between August and November 2023 in PubMed and Medline using the following terms: "menopause," "hot flashes," "menopause symptoms," "workplace," "employment," "work," "productivity," "retirement," "vasomotor symptoms," "menopause policy," and "economic burden". We screened and selected studies based on our personal experiences and interpretation of the findings. We did not perform a systematic review of existing studies. Specifically, we did not carry out a comprehensive literature review to identify all relevant studies. Included papers were written in English and conducted in humans, with no specific date restrictions. No statistical testing was performed. In addition, we provided recommendations for managing menopause symptoms in the workplace and offered guidance on an optimal workplace intervention strategy based on our collective observations and experiences in clinical practice.

3. The impact of menopause symptoms in the workplace

The most relevant symptoms affecting women in the workplace are hot flashes, fatigue, poor concentration and memory, as well as feelings of low mood and depression [6,8,9]. Hot flashes, specifically, pose challenges in the workplace as they affect women's self-confidence and can have detrimental effects on professional self-image [6]. Additionally, sleep disturbances may result in chronic fatigue, irritability, and contribute to difficulties with short-term memory and concentration, all with the potential to negatively impact work productivity and efficiency [10].

3.1. Work ability and productivity

Accumulating evidence suggests that women's perception of their work ability, efficiency, and productivity may be impacted by the experience of menopause symptoms. A cross-sectional study involving 4440 working women receiving primary care at 4 geographic locations of Mayo Clinic showed that 13 % of the surveyed women experienced at

least one adverse work outcome (e.g., missing days from work, cutting back at work, being laid off or fired, choosing to quit, retire, or change jobs) related to menopause symptoms [11]. The severity of menopause symptoms was directly linked to the likelihood of experiencing unfavorable work-related outcomes. For instance, women in the highest menopause symptom quartile were 15.6 times more likely to report adverse work outcomes compared to women in the lowest quartile [11]. In another cross-sectional study, symptomatic women visiting an outpatient clinic for menopause symptoms ($n = 60$) exhibited lower work ability compared to controls ($n = 205$) as assessed by the Work Ability Index (WAI), which is a self-administered questionnaire designed to assess an employee's capability to meet the mental and physical requirements of their job. Notably, 28 % of symptomatic women reported reduced work ability in contrast to only 3 % in the reference group. Even after adjusting for factors such as age, education, exercise, smoking, and BMI, these women were still eight times more likely to report poor work ability when compared to asymptomatic women [12]. Further, symptomatic women faced an increased risk of extended periods of absence from work [12]. In addition to a woman's own perception of lost work productivity, a large study involving over 500,000 U.S. women showed that untreated vasomotor symptoms (VMS) were linked to a 57 % increase in overall loss of work productivity due to documented disability and medically-related absenteeism [13].

3.2. Career consequences

Beyond lost work productivity, unaddressed bothersome menopause symptoms may have a negative impact on women's career development and career decisions. Women have reported either leaving their jobs altogether, reducing their working hours, or declining promotions as a result of menopause symptoms [14]. In one longitudinal study that followed 3109 employed women for 5 years, it was found that 53.5 % of women considered retirement or reducing their weekly working hours at the age of 50 due to bothersome menopause symptoms [8]. In the same study, women who reported more severe menopause symptoms were 1.43 times more likely to exit employment during the 5-year follow-up period compared to those with no severe menopause symptoms [8]. In another survey ($N = 216$), while experiencing problematic VMS was not directly associated with adverse work outcomes, it was linked to a woman's intention to quit her job. This association was observed alongside other factors, including older age and poorer role clarity [15]. Similarly, a recent cross-sectional study surveyed 407 female employees in a hospital, revealing that 35 % of the women reported making career development decisions due to severe menopause symptoms. In addition, 7 % changed roles, and 2 % quit their jobs [16]. These decisions can have significant career consequences for women employees who are highly skilled and at the peak of their professional careers.

Despite the negative potential impact of menopause symptoms, women often avoid discussing them with colleagues. For example, an Australian study involving 1092 female employees revealed that the significant majority of women expressed discomfort discussing these symptoms with their immediate supervisors, but still they expressed the desire to engage in conversations about menopause and to dismantle the taboos associated with it in the workplace [17]. This is probably due to the fear of being marginalized, ridiculed, or belittled by their peers and superiors [18–21]. In one qualitative study, one respondent reported that her organization exploited menopause as an opportunity to criticize and belittle her role within the unit, while another woman expressed concerns that disclosing her symptoms could be used against her, potentially hindering her chances of promotion [21].

4. Workplace influence on menopause experience

While there is increasing evidence pointing to the adverse effects of menopause on work outcomes, there is a lack of research examining how workplace or organizational factors contribute to intensifying or

alleviating the experience of menopause symptoms for women. In general, employment enhances women's mental well-being by positively influencing self-esteem and improving quality of life, especially during midlife when women may have more time for productivity and self-development [18]. However, specific factors within the work environment can amplify the severity of menopause symptoms. These factors include lack of awareness or knowledge about menopause and insufficient communication skills among colleagues and employers, reinforced by the absence of organizational menopause policies [5,17,22].

4.1. Workplace-related challenges

The interplay of physical and psychosocial work-related stressors may impact the experience of menopause in terms of timing of onset of menopause and symptom severity. For example, the longitudinal prospective Nurses' Health Study II (NHSII) revealed a moderately significant increased risk (HR: 1.11, 95 % CI: 1.01–1.21) of earlier onset menopause in women working on rotating night shifts of 10 months duration and longer in the past 2-year interval [23]. Similarly, a French study, which included 1594 employed women, demonstrated that having a high-strain job (i.e., a demanding job with high upper-level control) was associated with an earlier onset of menopause [24]. As for the influence of work conditions on the menopause experience, one cross-sectional study ($N = 131$) identified a correlation between unfavorable physical working conditions, such as a lack of ventilation, rigid working hours, and an inability to modify workload or tasks, and a greater menopause symptom burden among postmenopausal women [25]. In another study conducted among healthcare workers ($N = 1700$), work stress was identified among the most significant exacerbating factors for menopause symptoms [26]. Similarly, a recent study ($N = 409$) conducted as part of the Health and Employment After Fifty (HEAF) initiative showed that workplace psychosocial factors, such as job insecurity, concerns about work, job dissatisfaction, and feeling inadequately appreciated, were found to be associated with a higher risk of menopause symptoms affecting the ability to cope with work [27].

4.2. Mitigating the impact of menopause symptoms in the workplace

Conversely, employment has been shown to be associated with lower menopause symptom burden and higher menopause-specific quality of life (measured by the Menopause-Specific Quality of Life Questionnaire, MENQOL) [28]. Further, women's work positions and environments may mitigate the impact of menopause symptoms on their work and productivity [5,15,29]. For instance, in one study including 476 women in academic, administrative, or executive roles, high supervisor support ($\beta = +0.10, p = 0.04$), full-time employment ($\beta = +0.11, p = 0.02$), and the ability to control room temperature ($\beta = +0.11, p = 0.02$) were linked to lower reported menopause symptoms [29]. In another study ($n = 896$), the following factors were consistently highly rated by midlife women as being helpful or potentially helpful: management awareness of menopause as a potential health issue, flexible working hours, information and advice from their employer about managing menopause while at work, improved ventilation, air conditioning, temperature control, and access to informal support in the workplace [6]. Recent reviews have also identified that incorporating menopause care in occupational health to provide more accessible medical support and offering psychological assistance play a pivotal role in alleviating women's menopause-related challenges in the workplace [30,31]. Moreover, promoting women's financial independence through continuous training and educational initiatives can enhance their self-esteem, cultivate a stronger sense of belonging in the workplace, and foster greater feelings of appreciation, all of which contribute to an improved work experience [30,31].

5. Economic burden of menopause-related symptoms at work

Menopause symptoms contribute to an increased economic burden both for women and for society. This is manifested in direct costs related to medical resource utilization, such as clinician visits, laboratory testing, prescription, and over-the-counter treatments [13]. It can also lead to indirect costs, which are those associated with the loss of work productivity, either through absenteeism or presenteeism (coming to work but being less productive), quitting or retiring early, switching to a lower position, and worker replacement [5,11,13,32]. For example, a retrospective analysis of the SWAN cohort revealed that the emergence of new sleep disturbances during menopause, such as difficulty falling asleep, waking early, or experiencing sleep interruptions, was associated with a reduction in weekly work time by approximately 30 min during follow-up visits. This, in turn, was estimated to result in an annual productivity loss of approximately \$2.2 billion dollars in the U.S. [33]. Similarly, a recent estimate based on a study involving 4440 employed women revealed that the annual cost of lost workdays due to menopause in the U.S. was approximately \$1.8 billion dollars and \$26 billion when direct medical costs were included [11]. This estimate excluded costs associated with reduced work hours, unemployment, and early retirement.

In addition to missed workdays or reduced work productivity, there are reports of women in midlife quitting the workforce during menopause. Midlife women are often at a stage in their careers where they have achieved significant successes and secured leadership roles. Nevertheless, the fact that women may choose to leave their jobs during this time, disengaging from the leadership development pipeline, underscores a lack of support for women in the workplace during menopause. This is a potentially overlooked factor that significantly contributes to the underrepresentation of women in high-ranking leadership positions. In a UK report involving 2000 women between 45 and 67 years, it was found that 17 % of women going through menopause considered resigning from their jobs due to a lack of support, and 6 % had made the decision to leave their positions [34]. Moreover, the British United Provident Association disclosed that nearly one million women were forced to exit the workforce in 2022 due to the lack of sufficient workplace support to address their menopause symptoms. Hence, menopause symptoms, particularly when severe, can not only negatively impact an individual's personal financial stability but may also pose a significant economic burden on a broader scale.

6. Existing recommendations and policies

Work is critical for midlife women. Engaging in work contributes to women's economic independence, serves as a means of self-fulfillment, development, and empowerment, and promotes health and self-confidence [18]. Over the past few years, organizations and professional bodies have begun to develop recommendations and guidelines to support the ongoing participation of midlife women in the workplace and to integrate menopause awareness into programs for employees, managers, and supervisors. Workplace menopause recommendations in the U.K. outline the importance of including policies that enable supervisory support and work adjustments such as flexibility in the work environment concerning temperature, dress codes, and sick leaves [5,22,35]. In 2021, the European Menopause and Andropause Society (EMAS) published a statement providing evidence-based recommendations for women, their employers and supervisors, and for healthcare professionals with an emphasis on promoting health and well-being of menopausal women in the workplace by achieving a greater menopause awareness, implementing more flexible work schedules, reducing stigma, and managing the work environment [2]. Most recommendations primarily emphasize the importance of encouraging open discussions about challenging symptoms and suggesting various workplace adaptations to better manage these symptoms.

Measures implemented at both the individual and workplace levels

have been positively received by both women and supervisors, holding the potential for greater success. In a recent quasi-experimental study, self-efficacy in managing menopause symptoms was compared between a group that received educational workshops following the latest EMAS recommendations ($n = 25$) and a control group ($n = 29$). After 12 weeks of the intervention, women in the intervention group exhibited higher self-efficacy (6.52 ± 1.45) in managing menopause symptoms compared to the control group (5.84 ± 1.51) ($p = 0.04$) [36]. Women in the intervention group also reported reduced presenteeism and perceived the organization as more menopause-friendly than women in the control group. However, there were no significant differences in the Work Ability Index between the two groups [36]. Moreover, in a survey of women in the U.K., it was discovered that over 90 % of respondents identified social and informational strategies as effective for managing menopause symptoms in the workplace. Other strategies that were reported as helpful included psychological approaches (such as distraction and humor), practical solutions, organizational techniques, and modifying health behaviors (like exercise, sleep, and diet) [6]. Furthermore, in a multicenter randomized controlled trial, self-help cognitive behavioral therapy (CBT) was associated with less work-related disability and menopause-related presenteeism after a 20-week intervention [37]. However, the findings were limited by the use of a self-assessment of work productivity versus the use of an objective measurement. A recent systematic review assessed the effectiveness of 5 randomized controlled trial (RCTs) interventions (such as yoga meditation, self-help CBT, web-based training, health education sessions and work-life programs) designed to support women with menopause symptoms in the workplace. Findings from yoga meditation, health promotion sessions and awareness programs demonstrated significant improvements in menopause symptoms and an enhanced knowledge and perception regarding menopause [38]. These studies were of moderate overall quality because of multiple factors affecting both internal and external validity such as lack of blinding or allocation concealment, lack of adjustment for confounding variables and selection bias of participants. Currently there remains a paucity of high-quality data on the efficacy of various interventions to reduce the impact of menopause symptoms in the workplace [5,36].

6.1. Limitations in existing research

Despite numerous studies revealing the adverse impact of menopause symptoms in the workplace, there remain critical knowledge gaps concerning menopause and its effects on women employees, as well as employers and healthcare professionals.

While some studies have explored the associations between menopause and workplace performance, the majority have been based on subjective perceptions. It's important to emphasize that severe menopause symptoms can be associated with lower self-confidence, high levels of anxiety, and low mood, all of which can negatively affect how women perceive their work performance when experiencing these symptoms [39]. Moreover, many studies examining these associations do not specify the types of work environments in which women are employed. A recent study showed that no distinctions based on the type of work or physical work characteristics were observed on the ability of women to cope with menopause symptoms [27]. Nevertheless, recognizing that women in executive or administrative roles may have significantly different experiences compared to those in physically demanding jobs is crucial. Additionally, there remains a gap in the understanding of menopause experiences in the workplace of individuals who do not identify as cisgender. Understanding these diverse experiences is particularly important when proposing recommendations for creating menopause-friendly workplaces, as various work environments may require tailored interventions.

7. Future directions: creating a better menopause experience at work

In addition, not all women feel comfortable sharing their menopause experiences with colleagues, supervisors, or employers. Many women may opt not to disclose their menopause status at work, driven by concerns and experiences of gendered ageism, where menopausal women might be unfairly perceived as less competitive, competent, or capable. Thus, on a company or corporate level, employers should initiate the implementation of menopause policies that address the stigma associated with menopause. This should encompass engagement with all stakeholders, education for managers, provision of appropriate accommodations, and the assurance that the workplace is a supportive and inclusive environment without mandatory activities or training. Once implemented, such a workplace policy should outline roles, responsibilities, and goals. Though research on effective interventions is limited, opportunities for workplace interventions include providing education, enhancing communication skills between employees and supervisors, training employers and managers to raise awareness and knowledge about menopause, and instituting supportive workplace policies, such as flexible work hours [40].

The current body of evidence regarding the effectiveness of workplace interventions is significantly heterogeneous in the outcomes measured. Therefore, future research should focus on easily assessed, meaningful measures, such as the number of lost work hours, retirement intentions, and levels of presenteeism. Similarly, interventions should prioritize ease of implementation, cost-effectiveness, and offer a range of options for women to choose from based on their unique menopause experiences. Given the diversity of menopause symptoms that impact women in the workplace, a one-size-fits-all approach will likely fall short. The development and implementation of a culturally competent, customizable, multi-component intervention package for menopause in workplace settings may be the optimal solution, empowering women, employers, and healthcare professionals.

The menopausal transition is a temporary phase, even if it may extend for a long duration in some women. Recognizing the transient nature of this experience underscores the significance of adopting a long-term perspective when evaluating the performance of female employees, rather than fixating on short-term performance deficits. This perspective is particularly pertinent for women in leadership and executive positions, where performance management plays a crucial role [39]. Additionally, research has indicated that addressing and treating these menopause symptoms can enhance work capacity [41]. This highlights, once again, the importance of increasing awareness about the menopause experience in general and offering different safe, effective, and affordable treatment options for women.

8. Conclusions

There is substantial evidence of a negative impact of menopause symptoms on a woman's workplace experience and her work capacity which translates to a significant economic burden, potentially for the individual woman and for society more globally. While research underscores the adverse associations between menopause and women's work experiences, midlife women remain irreplaceable employees and team members who bring invaluable experiences and expertise, making them crucial for economic growth. In this context, there is a need for workplace policies that support women during this phase of life and challenge the taboos associated with menopause in the workplace. Addressing women's fears and concerns and deliberately establishing a supportive environment for women to express their needs may contribute to the resolution of this issue. Additionally, further research is essential to evaluate practical, effective, and affordable interventions with measurable benefits in the workplace.

Contributors

Nancy Safwan performed the literature review, drafted the manuscript, and incorporated the edits from the other authors.

Mariam Saadedine drafted the manuscript, providing feedback and edits.

Chrisandra L. Shufelt reviewed and edited the manuscript.

Ekta Kapoor reviewed and edited the manuscript.

Juliana M. Kling reviewed and edited the manuscript.

Rajeev Chaudhry reviewed and edited the manuscript.

Stephanie S. Faubion supervised the writing process, participated in the literature review, and reviewed and edited the manuscript.

Funding

No funding from an external source was received for the preparation of this review.

Provenance and peer review

This article was commissioned and was externally peer reviewed.

Declaration of competing interest

Ekta Kapoor has no conflicts of interest directly related to the subject of this manuscript. However, over the past 36 months she has had the following competing interests. She has been a consultant for Astellas and Mithra Pharmaceuticals, Scynexis and Womaness. She receives grant support from Mithra Pharmaceuticals. She has received payment for development of educational content from Med Learning Group and Academy of Continued Healthcare Learning. She has received honoraria for CME activity from PriMed and OBG Management.

Juliana M. Kling has undertaken consulting for Proctor & Gamble, Triangle Insights Group & Everyday Health.

All other authors declare that they have no competing interest.

Acknowledgments

Nancy Safwan performed the literature review, drafted the manuscript, and incorporated the edits from the other authors. Mariam Saadedine drafted the manuscript, providing feedback and edits. Chrisandra Shufelt, Ekta Kapoor, Juliana Kling, and Rajeev Chaudhry reviewed and edited the manuscript. Stephanie Faubion supervised the writing process, participated in the literature review, and reviewed and edited the manuscript.

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