

Midlife Health Transitions in Women: The Unaddressed Impact on Workplace Well-Being

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Abstract: *The article is devoted to research on menopause and perimenopause in the professional sphere of middle - aged and older women. The relevance of the topic is determined by demographic shifts in the workforce, as an increasing number of experienced female employees face the physiological and emotional changes associated with the climacteric period. The novelty of the work lies in its interdisciplinary approach to women's health in the workplace. The study describes the characteristic symptoms of menopause and provides a detailed analysis of their impact on work performance and well - being. Particular attention is paid to the coping strategies used by female employees and the support provided by employers. The research aims to identify how physiological fluctuations and psychoemotional factors influence career decisions and which adjustments in organizational culture contribute to the well - being of women within the team. To achieve this goal, an analytical approach was applied to an extensive array of sources. The work reviews advanced developments by specialists in medicine, occupational psychology, and sociology. In conclusion, the article offers a brief overview of corporate support measures, making it useful for HR departments, managers, and labor researchers focused on enhancing women's health and professional development.*

Keywords: menopause; perimenopause; work capacity; psychoemotional state; workplace; productivity; gender aspects; employee support

1. Introduction

Today, there is a rapid increase in the number of working women of middle and older age worldwide. It is estimated that more than half of the approximately 657 million women aged 45–59 continue to work during the onset of menopause [8]. Women over 50 constitute one of the fastest - growing segments of the workforce, which makes the issue of menopause in the workplace increasingly relevant. Menopause is a natural stage of life, but the range of experienced symptoms and their impact on daily activity are extremely varied. Some women experience minimal symptoms, while others suffer moderate to severe symptoms that can persist for many years, reducing quality of life and job satisfaction.

The perimenopausal period (which begins 8–10 years before menstruation ceases) and menopause itself (defined as the absence of menstruation for 12 months) are often accompanied by vasomotor, neurovegetative, and psychoemotional manifestations. Since the average age of onset for menopause is around 51, these changes affect a significant portion of women in the prime of their careers. However, until the last decade, the impact of menopause on work was little studied and often silenced as an "awkward" topic [11]. In recent years, this issue has been examined through the lens of gender equality and employee well - being, and major reviews and empirical studies dedicated to menopause in the labor sphere have begun to appear in the scientific literature.

The aim of this work is to conduct an in - depth analysis of the impact of menopause and perimenopause on women in the workplace, identifying how the physiological and psychoemotional changes of this period affect work capacity, behavior, and professional activity. To achieve this goal, the following tasks are addressed: to summarize contemporary scientific data on the typical symptoms of the menopausal

transition and their effects on work performance and career; to analyze the psychoemotional aspects of experiencing menopause at work, including behavioral reactions, coping strategies, and sociocultural factors; to examine existing approaches and practices for supporting women during menopause implemented by employers, and to evaluate their effectiveness based on the literature; and to identify gaps in knowledge and promising directions for further research in this area.

This review is the first to integrate the results of the latest studies from various disciplinary fields—medicine, occupational psychology, gender studies, and sociology—to assess the impact of menopause on women's professional lives. The novelty of the work lies in its interdisciplinary approach to the issue of menopause in the workplace and the synthesis of scientifically based support measures aimed at developing strategies for creating a more inclusive and healthy work environment.

2. Materials and Methods

The study utilized the following materials: E. Bariola, G. Jack, and L. Piterman [1] identified a link between workplace stressors and climacteric complaints using a sample of perimenopausal and postmenopausal women. M. S. Hunter [6] conducted a long - term study of the psychological and somatic changes during menopause. S. D'Angelo, G. Bevilacqua, and J. Hammond [2] examined the impact of symptoms on performance indicators, relying on large - scale surveys of individuals over fifty. M. Rees, J. Bitzer, A. Cano [8] and colleagues formulated global recommendations for integrating menopausal issues in the workplace. P. Verdonk, E. Bendien, and Y. Appelman [11] explored the evolution of societal attitudes toward women's age - related physiology. M. Evandrou, J. Falkingham, and M. Green [3] analyzed the factors that prompt women to change their employment during the climacteric period. S. S. Faubion, J. K. Bigler, and

M. M. Christmas [4] proposed a set of corporate support measures based on expert consensus. T. S. Rowson and R. J. Jones [10] developed a conceptual model of the subjective perception of menopause in the professional environment. C. H. Rodrigo, E. Sebire, and S. Bhattacharya [9] systematized workplace interventions for improving women's health. M. T. O'Neill, V. Jones, and A. Reid [7] identified the barriers encountered in the adaptation of older employees. S. S. Faubion, F. Enders, and M. S. Hedges [5] evaluated the economic effects of work absences associated with severe symptoms.

The research methodology was based on a comparative study of published data, analysis of sources, and synthesis of interdisciplinary approaches.

Table 1: Most common menopause symptoms among middle - aged working women (Source: compiled by the author based on his own research)

Symptom	Description
Sleep disturbances and fatigue	Chronic sleep disruption (insomnia) accompanied by daytime fatigue and irritability.
Cognitive impairments	Difficulties with concentration, memory decline, and the so - called "menopausal fog" affecting thinking.
Psychoemotional changes	Sudden mood swings, increased anxiety, depressive states, and reduced motivation.
Somatic symptoms	Musculoskeletal pain, headaches, urogenital discomfort (such as vaginal dryness and frequent urination), among others.

The intensity of these manifestations is highly individual and depends on numerous factors such as genetics, lifestyle, the presence of chronic illnesses, and even ethnicity. For example, it has been noted that African American women experience hot flashes more severely than women of European or Asian descent [8]. Psychological attitude also plays a significant role: some perceive menopause as a natural stage and adapt more easily, whereas negative expectations and stress can intensify the subjective experience of symptoms.

Impact on work capacity and productivity

Numerous studies confirm that pronounced menopausal symptoms can negatively affect work performance. Data from a large population survey in the United States indicate that about 13% of women aged 45–60 reported at least one adverse work consequence directly linked to menopausal symptoms (for example, decreased productivity or difficulties fulfilling job duties). Approximately 11% stated that they had to miss work due to these symptoms (median – 3 days per year) [5].

European research presents similar figures; for instance, in Britain, roughly one - third of the surveyed women acknowledge experiencing moderate to severe work difficulties caused by menopausal symptoms [2]. The capacity for effective work is particularly compromised among those with severe symptoms. It has been shown that women with the highest scores on the climacteric symptom scale have an 8–15 times higher risk of reduced work capacity and encountering problems at work compared to those with mild symptoms [8]. In the Netherlands, findings reveal that severe climacteric symptoms increase the risk of long - term sick leave, though adequate treatment of symptoms can significantly improve work performance [8].

Thus, physical ailments during menopause are not merely abstract complaints but factors that directly impact work productivity and economic outcomes. According to estimates,

3. Results

Key symptoms and physiological changes

Menopause is characterized by the cessation of ovarian function and a deficiency of estrogens, which manifests through a range of symptoms. Already in perimenopause (during the stage of irregular cycles), many women begin to experience vasomotor symptoms – hot flashes and night sweats – reported by more than 75% of middle - aged women [8]. The duration of vasomotor symptoms varies: they typically subside after about 5 years, although in a significant number of cases they may persist beyond the age of 60 [8]. Other common complaints are outlined in Table 1.

annual losses for employers due to reduced productivity and absenteeism among women because of menopausal symptoms amount to billions of dollars (in the USA alone, about \$1.8 billion per year) [5].

Individual symptoms contribute differently to the decline in work efficiency. Beyond hot flashes—which distract and cause discomfort in the workplace—women frequently report that persistent fatigue, memory and concentration difficulties, depressed mood, and loss of self - confidence are the most disruptive [6]. Indeed, psychological and cognitive symptoms have been shown to be most strongly associated with decreased work performance, increased absenteeism, and errors. For example, anxiety, irritability, and memory issues during menopause statistically correlate with self - assessed low productivity and frequent workplace distractions. In one survey, 65% of female employees reported that menopausal symptoms made it harder to manage their duties, and 18% had to take sick leave as a result [7].

Thus, the impact of menopause affects both work quality—through reduced concentration, efficiency, and a heightened risk of errors—and quantitative measures, such as an increase in partial workdays, sick leave, and consequent staffing challenges for organizations.

Behavioral reactions and career decisions

Faced with pronounced symptoms, women develop various coping strategies in the workplace. Unfortunately, menopause remains a delicate or even taboo subject in many organizations, where open discussion is uncommon. As a result, many female employees prefer to conceal their condition from management and colleagues, fearing stigmatization or ridicule. This silence leads to additional stress and a sense of isolation at work. Surveys indicate that only a minority of women feel comfortable discussing menopausal difficulties with supervisors or human resources, while the majority suffer silently without receiving any accommodations or assistance [4].

Due to diminished self - confidence and persistent discomfort, some women make career decisions that negatively affect their professional trajectories. For example, a study in the United Kingdom found that female employees with severe symptoms are several times more likely to leave their jobs prematurely, transition to less demanding positions, or reduce their working hours [3]. This not only impacts their current income but also adversely affects long - term prospects, as pension savings decrease and career growth becomes limited.

Overall, menopause can exacerbate the gender gap in careers: during a critical period for advancement, women are forced to "slow down" due to physiological reasons. In addition to job resignations and transitions to less demanding roles, more subtle behavioral changes occur. Some female employees

begin to avoid particularly stressful projects, public speaking, or important meetings (for example, due to fear of a sudden hot flash or emotional outburst). Others attempt to compensate for reduced concentration by overworking—spending more time on tasks, which leads to exhaustion. Still, others opt for remote or flexible work arrangements, if possible, to better manage periods of poor well - being [1].

Sociological and psychological studies provide intriguing insights into the influence of the work environment. According to the conceptual model by Rowson and Jones (2025), in organizations where the ideal of the "perfect worker" (constantly productive, always available, without any weaknesses) prevails, menopausal women may perceive a discrepancy with this standard as a threat (see Fig.1) [10].

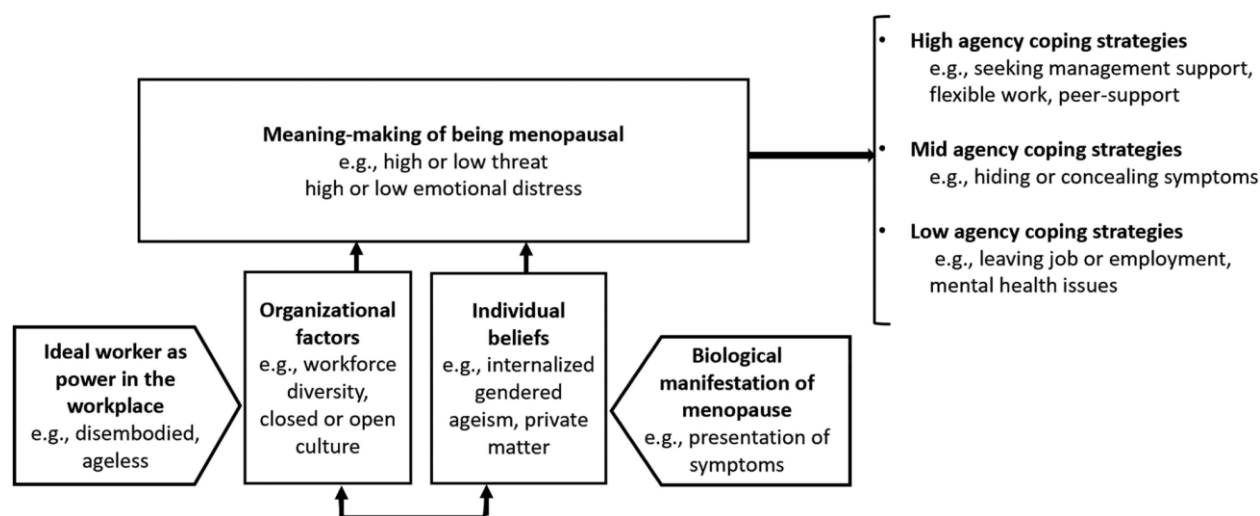


Figure 1: Subjective menopause at work model [10]

This sense of pressure intensifies emotional distress, and female employees adopt various coping strategies—from covert endurance to openly seeking support—depending on their individual confidence in their rights and capabilities [10]. Corporate culture (whether open or one that silences issues), colleague support, and the degree of flexibility in working conditions largely determine how menopause affects a woman's behavior and decisions. Women who feel unprotected or undervalued at work report menopausal difficulties significantly more often, while a high level of support—manifested through understanding from supervisors, flexible scheduling, and the availability of breaks when needed—is associated with more successful adaptation to menopause [10].

It should be emphasized that menopause in itself is not a disease and does not automatically equate to a decline in a woman's qualifications or value. Many women continue to work effectively and productively during this period. However, in the presence of severe symptoms, attention is required both from the individual (through seeking medical advice and maintaining a healthy lifestyle) and from the employer.

In recent years, initiatives to improve conditions for working women undergoing menopause have begun to emerge. The literature describes initial attempts to implement specific workplace interventions. For example, small randomized studies have tested self - help programs incorporating

elements of cognitive - behavioral therapy (CBT) for menopausal women, demonstrating a reduction in depressive symptoms and an enhanced ability to cope with work. Another approach—comprehensive health programs (including consultations on nutrition and lifestyle, yoga sessions, and physical training)—has shown a decrease in the frequency of hot flashes and stress levels, along with increased vitality. Training sessions for staff and managers on the topic of menopause have led to greater awareness and a more empathetic attitude toward female employees of this age [10]. Although such studies are still few and cover limited samples, their results are encouraging: support for women in menopause can be successfully integrated into corporate practice to benefit both employees and the organization.

4. Discussion

The findings confirm that menopause and perimenopause are significant factors affecting women's professional lives. For many years, this topic remained at the periphery of scientific attention and corporate culture, but a modern interdisciplinary approach (medicine, occupational psychology, gender studies) now allows for a comprehensive examination of the issue. Medical research quantitatively demonstrates the link between physiological menopausal symptoms and reduced work capacity. Psychological studies emphasize the subjective experience of women—feelings of shame, anxiety, and loss of identity—and the importance of emotional support and workplace flexibility. Sociological and gender studies

elevate the discussion to the level of organizational culture and social norms, showing that menopause is not only a health issue but also a matter of equal opportunity and inclusivity in the work environment.

A key conclusion from the analysis is the vast variability in the menopausal experience among different women. Some barely experience any impact on work, while for others, the combination of physical and emotional symptoms leads to serious difficulties. This variability is explained by both biological factors (differences in hormonal changes, comorbidities) and working conditions. Unfavorable workplace factors—high demands without breaks, hot or stuffy offices, strict dress codes, night shifts—can exacerbate menopausal symptoms. In contrast, a comfortable environment and understanding from colleagues can mitigate the effects, enabling women to better cope with the transition. This confirms the bidirectional relationship between menopause and work: symptoms affect work, and the organization of work can in turn influence the course of menopause.

The practical significance of the reviewed studies lies in forming a clear demand for support for menopausal women in the workplace. With the workforce aging, retaining qualified and experienced female employees becomes a strategic priority for organizations. This review demonstrates that eliminating the “menopausal taboo” and implementing supportive measures can substantially improve women's well-being and professional performance, thereby benefiting employers as well. Recommendations for creating a “menopause - friendly” work environment have already been developed. In 2021, the European Menopause Association (EMAS) published a consensus urging employers to implement policies that address the needs of women in this age group [8]. In 2024, similar recommendations were released by the North American Menopause Society [4].

Based on best practices, a number of concrete steps beneficial for employers can be outlined (see Fig.2):

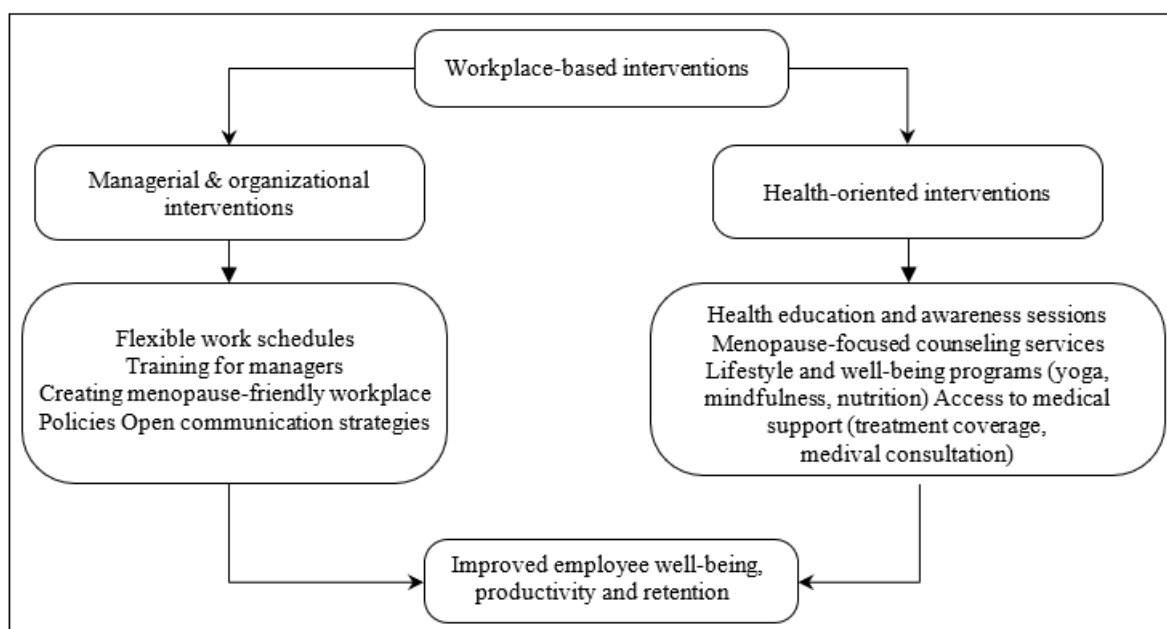


Figure 2: Workplace interventions to support menopausal women: evidence - based recommendations (Source: compiled by the author based on his own research)

It is therefore necessary to encourage openness and respectful discussion of menopause and to eliminate stigma. A zero - tolerance policy should be introduced for any ridicule or discrimination on this basis. Managers and HR specialists should receive training on how to discuss an employee's condition and needs in a proper and confidential manner.

Furthermore, it is recommended to provide flexible working hours when needed, the possibility to work from home temporarily, and additional breaks during shifts. It should be recognized that night shifts and overtime can exacerbate symptoms, so alternatives should be offered when possible.

It is important to ensure a comfortable physical environment: providing options for temperature regulation (for example, fans, air conditioners, access to cool water), offering comfortable work attire made from breathable fabrics instead of a strict dress code, and ensuring the availability of clean

and accessible restroom facilities and, if desired, a private space where one can retreat during a hot flash or to change clothes.

Employers should incorporate information about menopause into corporate wellness programs by offering consultations with doctors or psychologists and health hotlines. Where possible, covering treatment for severe symptoms (hormone therapy, medications) in health insurance is recommended. Easy access to medical and psychological support is one of the key factors in maintaining the quality of life for working women.

It is advisable to formally include considerations of menopause in human resources policies: by incorporating explanations into occupational health documents and guidelines, women will be less fearful of reporting issues and requesting reasonable accommodations. It is also prudent to

monitor retention rates and job satisfaction among employees over 45 and to assess the effectiveness of implemented measures.

Implementation of such measures has already shown positive effects. Feedback from pilot programs indicates increased employee loyalty, reduced turnover, and fewer sick leaves [10]. Importantly, support for menopause fits within the broader context of diversity and inclusion—by considering employees' life stages, a company demonstrates its social responsibility and care for its staff. Although further research on the effectiveness of specific interventions is necessary, particularly across different industries and cultures, the consensus among experts is clear: ignoring the topic of menopause harms both women and organizations, while even simple steps toward support can yield substantial benefits.

5. Conclusion

Menopause and perimenopause are inevitable stages in virtually every woman's life, and an increasing number of women experience these phases during their active working years. The analysis of contemporary research has shown that the physiological changes during the climacteric period—such as hot flashes and sleep disturbances—and the accompanying psychoemotional fluctuations, including stress, depression, and cognitive difficulties, can significantly affect work performance, ranging from reduced productivity and quality of work to decisions to end one's career. At the same time, it has been demonstrated that a supportive work environment and access to medical care can considerably mitigate these effects. Menopause in the workplace is gradually ceasing to be an "invisible" issue, as international organizations and scholars call for its acknowledgment and active support for female employees in this age group. Practical measures—such as flexible work schedules, improved working conditions, training for managers, and access to treatment—are scientifically substantiated and have already proven effective. Their implementation will enhance well-being and help retain valuable specialists, which is crucial in the context of an aging workforce.

Thus, creating conditions in which women can successfully navigate menopause while remaining productive and engaged at work serves the interests of both the women and their employers. Further research in this field will help to refine best practices and overcome remaining barriers, but it is already clear that menopause must be integrated into occupational health and human resource management agendas as a significant aspect of women's health and career longevity.

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