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Understanding the subjective experience of menopause at work: a systematic review and conceptual model

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Understanding the Subjective Experience of Menopause at Work: A Systematic Review and Conceptual Model

Tatiana S. Rowson and Rebecca J. Jones

Henley Business School, University of Reading, Reading, UK

ABSTRACT

This systematic review adds to the growing interest in the subjective experiences of menopause at work. We take a Power Threat Meaning Framework lens to examine how menopausal women make sense of and respond to their experiences at work. The results indicate that the power associated with the ideal worker standard can be perceived as a threat to menopausal women. In addition to the biological experience of symptoms, workplace factors and individual beliefs influence women's meaning-making processes, exacerbating or alleviating the sense of threat and impacting women's threat response and potential emotional distress. Women engage in different coping strategies to reduce distress, depending on their level of agency. We contribute to the literature by introducing the subjective menopause at work conceptual model, explaining how women's lived experiences of menopause impact their responses and potential outcomes. Our subjective menopause at work conceptual model can be used to inform organizational practices, initiatives and interventions.

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Menopausal symptoms; power threat meaning framework; workplace; lived experience; emotional distress; ideal worker

Introduction

Menopause is still often considered a taboo topic of conversation in the workplace (Jack et al., 2019), despite recent global statistics indicating that there are 657 million women aged 45–59, with 47.0% of these women contributing to the labor force (United Nations, 2020). For Europe, almost two-thirds of men (67.0%) aged 55–64 were employed compared to 54.3% of women in the same age group. The data indicates that in Europe, the gender employment gap widens as age increases (Eurostat, 2022). Similar trends can be seen in the US, with 67.4% of men aged 55–64 in employment compared to 56.7% of women (US Bureau of Labor Statistics, 2021). In the UK, the employment rate for women aged 50 and over has been steadily increasing, from just 46.9% of women aged 50–64 in employment in 1992, compared to 67.1% by 2021 (Office for National Statistics, 2022). Despite these figures, 1 in 3 women leaves the labor force early, without the necessary financial resources to retire (Department for Work & Pensions, 2017). Evidence suggests that the experience of bothersome menopausal symptoms may be an important factor in women leaving the workforce or reducing their working hours (Bryson et al., 2022; Evandrou et al., 2021; Steffan &

CONTACT Tatiana S. Rowson T.Rowson@henley.ac.uk Henley Business School, University of Reading, Reading, UK.
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Potočnik, 2023). For example, Evandrou et al. (2021) analyzed 3109 employed women using individual observations at ages 50 and 55 from the longitudinal UK National Child Development Study. They found that severe menopausal symptoms increased the likelihood of women leaving employment or reducing their working hours, with the impact varying based on HRT use and their partner's economic activity. With the same data set, Bryson et al. (2022) used multiple individual observations of a sample over 4000 women (from birth) to estimate how menopause symptoms influenced work transitions. In addition to finding similar overall results, they also found that early natural menopause significantly reduces women's employment rates, with the number and severity of symptoms further decreasing participation. Similar work transitions have been also reported in smaller studies, such as the survey conducted by Steffan and Potočnik (2023). Consequently, understanding the experience of menopause at work and how women can be supported is an important topic for scholarly attention.

Menopause refers to the cessation of menstrual periods (Atkinson et al., 2021; Rees et al., 2021). It occurs on average at the age of 51, although it may happen earlier naturally or due to medical reasons (Rees et al., 2021). The experience of symptoms during the transition to menopause can be troublesome and may also affect individuals who identify as transgender and non-binary.[1] There are 34 recognized symptoms of menopause (Brewis et al., 2017; Hickey et al., 2017), these vary from woman to woman and its severity may change over time (Atkinson et al., 2021). It is estimated that nearly 25% of women experience severe symptoms which may last for up to ten years (Grandey et al., 2020; Utian, 2005). While some working women perceive menopause positively (Jack et al., 2019), evidence highlights a general negative experience, indicating that menopausal symptoms have a detrimental impact on the quality of women's working life (Atkinson et al., 2021; Atkinson et al., 2015; Brewis et al., 2017; Bryson et al., 2022; Evandrou et al., 2021; Grandey et al., 2020). For example, some women describe the suffering they have experienced due to menopause, including feeling as though they have lost themselves, barely sleeping at night due to insomnia, struggling with crushing anxiety, and describing the experience of menopause as an 'absolute nightmare' (My Menopause Centre, 2024).

Until recently, biomedical and psychosocial research on menopause neglected work-related experiences and outcomes (Jack et al., 2019) and has tended to focus on how to cope with symptoms of menopause. However, the importance of women's subjective experiences of menopause at work, rather than a narrow focus on how to cope with symptoms, has started to emerge. For instance, research has explored women's attitudes and individual discourse on menopause (Atkinson et al., 2021); beliefs around menopause (Hunter, 2021) and meaning attached to being menopausal (Grandey et al., 2020), including whether this is perceived as a temporary phase of life or a sign of age decline (Beck et al., 2020). Despite these initial studies, greater examination of the psychological mechanisms of emotional distress and behavioral responses associated with being menopausal at work remain underexplored areas of study. Furthermore, there is a notable lack of theorizing in this area. Consequently, we still do not fully understand why certain personal strategies (Steffan & Potočnik, 2023) or organizational initiatives designed to improve the experience of menopause at work may or may not be effective. To make the workplace fit for menopausal women, we must first develop a theory that explains how women's subjective experiences of menopausal symptoms

at work influence their responses and coping strategies. This systematic literature review adds to the growing interest in psychosocial aspects of menopause at work. We build on the Power Threat Meaning Framework (PTMF) (Johnstone & Boyle, 2018) as a theoretical model to inform our analysis of the literature and conceptualization of women's lived experience of menopause at work.

This article contributes to the literature by adding a perspective from psychology, introducing the Subjective Menopause at Work conceptual model. We highlight how the experience of power, threat, and meaning-making can exacerbate the emotional distress associated with menopausal symptoms at work and its outcomes. Moreover, we argue that without directly addressing these issues, workplace initiatives designed to improve women's experiences of menopause at work may only ever have a limited impact.

Power threat meaning framework (PTMF)

The PTMF moves away from the medicalized view of mental distress and behavioral responses to adopt a psychosocial perspective (Johnstone & Boyle, 2018; Harper & Cromby, 2022). It builds on the assumption that individuals' experiences happen in a particular context, where social structures and collective assumptions potentially shape their meaning (Cromby, 2022). This shift in perspective is consistent with developments in the research on menopause suggesting that experiences are not universal, but contextually bound (Atkinson et al., 2021; Hunter, 2019). Unlike other theoretical frameworks (e.g. Conservation of Resources, Hobfoll, 2011; Selection, Optimization and Compensation, Baltes & Baltes, 1990; Transactional Model of Stress, Lazarus & Folkman, 1984), the PTMF allows us to explore how workplace and individual factors related to the subjective experience of menopause at work interact at a micro, meso, and macro level (Atkinson et al., 2021). Therefore, the PTMF offers a more comprehensive lens to understand the inherent gendered aspect of menopause, enabling us to fully integrate the breadth of existing research while capturing the complexity of women's experiences.

The PTMF builds on the relationship between power, threat (threat response) and meaning to explain patterns of emotional distress and troubling behaviors (Johnstone & Boyle, 2018). Power refers to inequalities inherent to social systems (Boyle, 2022; Cromby, 2022) and how these operate through the possession of valuable attributes or resources that gives some individuals or groups an advantage and even control over what others have access to or the opportunity to enjoy (Boyle, 2022). Examples of power include economic (e.g. money), biological (e.g. strength and fertility) and ideological power (e.g. any capacity to influence language, meaning, and perspective).

Inequalities of power play an important role in experiences of emotional distress (Boyle, 2022) and are relevant when we consider the experience of menopause at work. The prevalence of the ideal worker notion can be argued to be one form of ideological power that influences women's experiences at work (Acker, 1990, 2006, 2012) and consequently menopausal women. Boyle (2022) also argues that medicalized or other individualized narratives, such as neoliberal discourses, are modes of ideological power. They turn our attention away from the social world, narrowing the understanding of the issue. In the case of menopause, it focuses our attention on the physical symptoms of menopause and how to alleviate these instead of contextual factors. Ideological power may potentially produce feelings of shame, guilt, incompetence and exclusion

(Boyle, 2022) for women who feel that they are not effectively managing their menopausal symptoms. Johnstone and Boyle (2018) argue that these feelings are common ingredients in all forms of distress.

Inequalities derived from the negative ways that power operates can be interpreted by individuals as threats (Harper & Cromby, 2022). Threats however are not necessarily explained by a specific event, but often they are a result of a "subtle, cumulative and/or socially acceptable" operation of power (Johnstone & Boyle, 2018, p. 11), such as everyday sexism, ageism and gendered organizations (Acker, 2012; Duncan & Loretto, 2004; Steffan, 2021). Whether manifested in terms of emotional distress and/or troubling behavior, individuals' threat responses such as crying spells or bursts of anger are a defense mechanism against the adversities and challenges posed by the negative influence of power (Harper & Cromby, 2022; Johnstone, 2022). The relationship between power, threat and individuals' threat response however is not linear but influenced by personal meaning and agency (Harper & Cromby, 2022), as well as the prevailing cultural narratives and social norms (Cromby, 2022). Therefore, it is timely that research on menopause at work focuses on gaining greater understanding of women's subjective experiences and meaning-making processes in the context of work. We argue that by considering the incremental dynamics of power, threat and meaning (collective and personal), the PTMF enables us to explore and understand the complexity of factors that impact how women make sense and respond to the experience of menopause symptoms at work. Moreover, it enables organizations to design more effective initiatives to support working women at menopause stage. We use the lens of the PTMF to answer the following review question:

> How does the experience of power, threat, and meaning-making influence emotional distress and behavioral responses associated with menopausal symptoms at work?

Method

A systematic review aims to answer the review questions by identifying, critically evaluating, synthesizing and integrating the findings of relevant research (Cooper, 2003). This approach enables us to develop knowledge that cannot be captured from reading individual studies in isolation (Denyer & Tranfield, 2009). In our literature review we adopted a narrative synthesis method (Popay et al., 2006), which uses words and text to synthesize qualitative and quantitative studies (Briner & Denyer, 2012; Popay et al., 2006). This method is flexible and allows us to coherently "tell the story" (Briner & Denyer, 2012, p. 125; Popay et al., 2006, p. 5) of menopausal working women's meaning-making process and their responses to the experience of troubling symptoms.

Briner and Denyer (2012) propose that a systematic review should be conducted according to a method that is designed to specifically address the research questions, explicitly state the review method used, be sufficiently detailed so that the review could be replicated and provide a structured synthesis of the results related to the research question. We adhered to those principles and followed the systematic approach also outlined by Briner and Denyer (2012): (1) planning the review, (2) literature search, (3) appraising studies, (4) analysis and synthesis and (5) reporting (see also Popay et al., 2006).

Literature search

To identify relevant studies to be included in our review, we searched the following electronic databases: EBSCO Business Source Complete, Science Direct, Wiley Online, Proquest, Emerald, Jstor, Taylor and Francis Online and Sage Journals. We also conducted a search of the first five pages of Google Scholar for each search term, consistent with the procedure suggested by Bozer and Jones (2018). The following search terms were used: (menopause) and (work). In addition to this electronic database search, we manually reviewed the reference lists of all the articles identified through our search, including other review articles.

Inclusion criteria

To be included in our review studies had to meet two criteria. First, the study had to empirically examine the experience of menopause in the workplace and specifically how women respond to the experience of menopause symptoms while working. Therefore, studies in which menopause or symptoms of menopause were explored generally were excluded. Second, studies had to have been published in English. As this systematic review was designed to be as inclusive as possible, studies were not excluded based on research design or restricted based on publication date.

Data set

Our search identified 101,179 studies, of which 22 were considered relevant following the application of our inclusion criteria. We prescreened articles based on the topic (area of research) to only include articles which used the word "work" in the sense of labor or workplace. A large proportion of studies identified in our search provided descriptive accounts of menopause at work, such as recommendations for employers. We excluded these articles and instead focused on articles that provided empirical data (quantitative and/or qualitative) examining the experience of menopause at work. A PRISMA diagram introduced by Moher et al. (2009) to illustrate the flow of information through the four phases of the systematic review is displayed in Figure 1.

Study quality

All studies identified as meeting the inclusion criteria were evaluated for quality using JBI's critical appraisal tools (see Aromataris et al., 2024). JBI provides a series of checklists to assist in assessing the trustworthiness, relevance, and results of published papers. Separate checklists are provided for different research designs (i.e., analytical cross-sectional studies, qualitative research, quasi-experimental etc.), therefore in completing the quality appraisal the appropriate checklist was selected for each study based on the relevant research design. The checklists range from eight to ten points and require the reviewer to assess whether the study does or does not meet each of the criteria (e.g. if the study is unclear so does not allow for accurate assessment or the point is not applicable). Once all items are completed, an overall appraisal is completed to decide whether to include or exclude the study in the review. Both authors

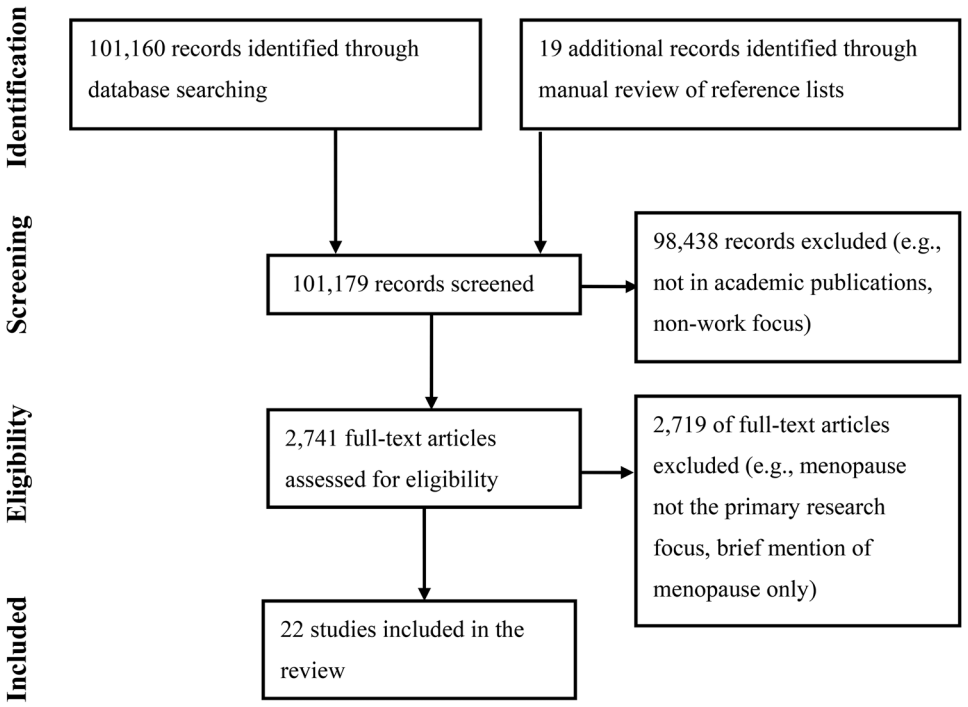

Figure 1. Flow of information through the different phases of the review (adapted from Moher et al., 2009).

independently scored each of the studies. There were no disagreements in the assessment of study quality. All 22 of the studies were deemed to meet the quality criteria and were therefore included.

Description of variables

The coding of studies provided a comprehensive review of the existing menopause at work literature. All eligible studies were coded on menopause symptoms detailed in their study: the initiatives/intervention(s), theoretical explanation and findings plus a number of specific variables to obtain an overview of the research methodology including: type of article (quantitative; qualitative; conceptual; discussion; review), research design (cross-sectional survey, experiment, interviews, focus group, case study), work context (i.e. higher education, shift workers, non-manual workers, police etc.) and the aim of the research. The coding protocol was developed jointly by both authors who independently coded data from each study that met the inclusion criteria. To confirm interrater agreement, our approach mirrored that of Wang and Chugh (2014). All studies were cross-checked independently by both authors and any discrepancies discussed until an agreement was reached.

Analytical approach

In this narrative synthesis we adopted an inductive thematic analysis approach which mimics the process used in primary data (Popay et al., 2006; see also Braun & Clarke, 2006).

We started by uploading the manuscripts of the 22 empirical studies identified to N-Vivo 20. To maintain the focus on the empirical sections only, we followed the recommendation of Thomas and Harden (2008) to use only the results or findings in the analysis. This approach was followed in all manuscripts identified regardless of research design (Dixon-Woods et al., 2006; Popay et al., 2006). The initial thematic coding was conducted by the first author who identified the initial codes and themes. This preliminary process was audited and discussed in detail with the second for accuracy and agreement. Following this stage, both authors reviewed, refined, and agreed on the final themes together.

Results

Of the 22 studies included in our review, 9 utilized quantitative designs (e.g. Bariola et al., 2017), 8 utilized qualitative designs (e.g., Butler, 2020), and 5 utilized mixed-methods designs (e.g. Reynolds, 1999). These studies were set in a range of work contexts such as higher education (Jack et al., 2019), health care workers (Hickey et al., 2017; Matsuzaki et al., 2016), office workers (Griffiths et al., 2013) and the police (Atkinson et al., 2021). A summary of studies reviewed can be found in Table 1. They are listed in the references marked with an asterisk (*).

The analysis of the literature identified three conceptual themes, each representing a cluster of factors that influence women's subjective experiences and responses to being menopausal at work. These themes are: (1) Ideal worker as power in the workplace, (2) The meaning-making of being menopausal (high or low threat) and (3) Coping strategies as a response to threat. Although we have presented these sequentially, these themes and their subthemes interact dynamically, leading to individualized experiences and outcomes.

Theme 1: Ideal worker as power in the workplace

The literature reviewed indicates that the ideal worker concept (Acker, 1990) is a representation of power in organizations that is particularly important in the context of menopause. The ideal worker notion is disembodied and ageless, hence it disadvantages menopausal women by exposing them to ageist and sexist attitudes in the workplace (Jack et al., 2019). The unpredictable nature (Jack et al., 2019; Steffan, 2021) and visibility of menopausal symptoms (e.g. hot flushes, menstrual flooding) (Atkinson et al., 2021; Butler, 2020; Hardy et al., 2019; Morris & Symonds, 2004; Reynolds, 1999) along with the prevalence of gendered ageism in the workplace (Atkinson et al., 2021; Steffan, 2021) make it harder for women to conform with this idealized worker. Consequently, older women who do not manage to "keep up appearances" (Morris & Symonds, 2004, p. 315) and conceal their aging menopausal bodies (Steffan, 2021) can be perceived as no longer competent or valued in the workplace (Atkinson et al., 2021: Jack et al., 2019).

Theme 2: The meaning-making of being menopausal (high or low threat)

Perceptions of threat associated with being menopausal at work are influenced by interpretations and meanings that women attach to their experiences in relation to representations of power (e.g. ideal worker). How these idealized expectations translate

Table 1. Summary of papers included in systematic review.

Citation	Type of paper	Type of research	Work context	Aim of the paper
Ariyoshi (2009)	Mixed methods	Cross-sectional surveys and case studies	Newspaper company	To evaluate the impact of interventions for menopausal symptoms among employees at a newspaper company in Japan and to clarify the role of the occupational health nurse.
Atkinson, Carmichael et al. (2021)	Mixed methods	Cross-sectional survey	Police	To understand workplace experiences of menopause and how aspects of work can ameliorate or amplify these experiences.
Bariola et al. (2017)	Quantitative	Cross-sectional survey	Higher education	To examined associations between employment conditions, work-related stressors, and menopausal symptom reporting among perimenopausal and postmenopausal working women.
Bochantin (2014)	Qualitative	Online forum posts	Various	To examine through dialectical analysis how menopausal women make sense of their experiences and tensions they may face in dealing with menopause at work and also how the women of the discussion board communicatively manage these tensions.
Butler (2020)	Qualitative	Interviews and focus groups	Administrative - local government	To explore how power and menopause relate at work.
Griffiths et al. (2013)	Quantitative	Cross-sectional survey	Office-based workers various levels and organizations	To explore women's experiences of working through menopausal transition, identify the perceived effects of menopausal symptoms on working life and the perceived effects of work on menopausal symptoms, and to provide recommendations for women, healthcare practitioners and employers.
Hammam et al. (2012)	Quantitative	Cross-sectional survey	Teaching staff	To investigate the relationship between experience of the menopause transition and work and to examine the factors affecting how women cope, including the extent to which women disclosed their menopausal status.
Hardy et al. (2018)	Quantitative	Experiment	Various	To examine the efficacy of an unguided, self-help CBT booklet on hot flush and night sweat (HFNS) problem rating, delivered in a work setting.
Hardy et al. (2019)	Qualitative	Interviews	Various	To examine how working menopausal women would prefer to have conversations about the menopause at work.
Hickey et al. (2017)	Quantitative	Cross-sectional survey	Hospital employees	To examine the relationship between reproductive stage, menopausal symptoms and work, and advises how employers can best support menopausal women.
Jack et al. (2019)	Qualitative	Interviews	University	To explore the relationship between agency and time in women's embodied and subjective experiences of menopause at work.
Matsuzaki et al. (2016)	Quantitative	Cross-sectional comparative survey	Nurses and general workers	To examine the differences in coping with menopausal symptoms between nurses and general workers and examine the experience of symptoms in the context of Japan.
Morris and Symonds (2004)	Qualitative	Interviews and focus groups	Various	To discover how health promotion could be used to help improve women's quality of life in relation to menopause.
O'Neil et al. (2023)	Quantitative	Cross-sectional survey	Hospital employees	To measure the prevalence of menopausal symptoms in employees in a healthcare setting, to assess the impact of individual symptoms on work, attendance and career development.
Putnam and Bochantin (2009)	Qualitative	Online forum posts	Various	To explore how women frame problems about menopause at work in ways that make them open to negotiation.
Reynolds (1999)	Mixed methods	Questionnaires at 2 time points including open questions	Various	To explore whether mid-life women regard hot flushes at work as a substantial stressor.
Riach and Jack (2021)	Qualitative	Open question survey	Higher education and Healthcare	To explore menopausal experiences of women working in higher education and healthcare sectors in Australia, from an intersectionality lens.

(*Continued*)

Table 1. Continued.

Citation	Type of paper	Type of research	Work context	Aim of the paper
Rutanen et al. (2014)	Quantitative	Experiment	Various (white- and blue-collar roles)	To investigate the effects of physical exercise on work ability and daily strain among women with menopausal symptoms.
Steffan (2021)	Qualitative	Interviews	White-collar	To explore how do female workers construct their identity around their experiences of managing menopause at work.
Steffan and Potočnik (2023)	Mixed methods	Interviews and cross-sectional survey	Various	To explore how women manage their physical and psychological menopause symptoms at work and how these symptoms affect their performance and retention.
Targett and Beck (2022)	Mixed methods	Cross-sectional survey including open questions	Local council employees	To examine the experience of implementing menopause considerations into an organizational well-being strategy instead of instituting a menopause policy.
Xu et al. (2020)	Quantitative	Experiment, cohort prospective study	Shift workers versus day workers	To examine whether sunlight affects hot flushes in working menopausal women and explored effect modification by shift work and season.

into threat is not only influenced by biological manifestations of menopause (e.g. type, severity and frequency of symptoms), but also by both individual beliefs (e.g. internalized narratives around being menopausal) and contextual factors specific to their workplace (e.g. workforce composition and diversity).

Sub-theme: workplace factors

There are certain contextual factors that contribute to making women feel marginalized and isolated. Workforce composition and diversity and organizational culture often emerged in the literature reviewed. Environments that are male-dominated or that reflect a masculine culture (e.g. police, science and technology occupations) create a greater sense of threat (Atkinson et al., 2021; Bochantin, 2014; Hardy et al., 2019; Jack et al., 2019). This is worsened when workspaces, dress codes, and work arrangements do not consider menopausal women's bodies (Atkinson et al., 2021; Butler, 2020; Riach & Jack, 2021). Organizational culture also influences the taboo around the topic of menopause and therefore impacts threat-related distress.

Greater female representation does not necessarily diminish the perceived threat Rather, it is the presence of women at a similar age or life stage that makes a difference (Atkinson et al., 2021; Bochantin, 2014; Hammam et al., 2012; Jack et al., 2019). These women can relate to each other's experiences, offer mutual support (Atkinson et al., 2021; Bochantin, 2014; Hammam et al., 2012; Hardy et al., 2019), and help normalize the presence of older women in the workplace (Jack et al., 2019; Reynolds, 1999). Organizations with an open culture provide a safe environment where women can discuss their experiences without feeling exposed or judged (Hardy et al., 2019; Targett & Beck, 2022). Greater employee awareness and managerial knowledge about menopause and aging decreases the taboo that prevents conversations on the topic (Hardy et al., 2019).

A positive response from the organization to women's requests for adjustments, even small gestures such as providing desk fans, may lower the perceived threat by validating their experiences (Jack et al., 2019; Targett & Beck, 2022). The level of managerial support also seems to influence the experience of bothersome symptoms (Bariola et al., 2017; O'Neill et al., 2023; Steffan & Potočnik, 2023). However, when initiatives to support menopausal women do not consider the diversity of needs and circumstances, such as occupational level or disposable income, they can make certain groups of women feel othered, alienated and marginalized, regardless of any good intentions from management (Butler, 2020).

Sub-theme: Individual beliefs about menopause

Menopause is not a homogenous experience (Atkinson et al., 2021; Butler, 2020; Steffan, 2021). Individual factors such as social class (Butler, 2020), broader context (e.g. cultural, professional) (Morris & Symonds, 2004) and one's own biology (Steffan, 2021) influence the beliefs women form about menopause as a stage of life and make sense of their experiences at work. Hence, we argue that just like other aspects of aging, the sense of threat (and threat-response) triggered by menopause is an individualized experience (Steffan & Potočnik, 2023). The meaning-making process of being menopausal often requires women to make sense of contradictory beliefs and attitudes to aging and menopause that cannot necessarily be reconciled (Bochantin, 2014; Steffan, 2021). While there is an acceptance that it is a natural stage of life (Atkinson et al.,

2021; Morris & Symonds, 2004), a period to reflect and reevaluate life (Atkinson et al., 2021; Jack et al., 2019) and even a time of liberation from menstruation or unwanted pregnancy (Jack et al., 2019; Morris & Symonds, 2004), this life stage is not necessarily unproblematic (Morris & Symonds, 2004). The perception of loss of control associated with trying to manage unpredictable physical symptoms, such as hot flushes or menstrual flooding, can exacerbate a sense of threat (Atkinson et al., 2021; Hardy et al., 2019; Jack et al., 2019; Morris & Symonds, 2004; Reynolds, 1999; Steffan, 2021).

An aging and changing body may also threaten women's own professional appearance standards (Atkinson et al., 2021; Bochantin, 2014; Morris & Symonds, 2004) and how competent they come across to others (Hammam et al., 2012; Reynolds, 1999; Steffan, 2021). Some women also report making extra efforts to maintain their standards of work performance (Atkinson et al., 2021; Griffiths et al., 2013; O'Neill et al., 2023; Riach & Jack, 2021; Steffan & Potočnik, 2023). These experiences, whether associated with the hormonal change of menopause or the stigma of being older, may be perceived as threatening (Riach & Jack, 2021; Steffan, 2021; Steffan & Potočnik, 2023) as they create a greater sense of dissonance from the ideal worker standard. These perceptions of threat can be amplified by women's lack of information about menopause (Reynolds, 1999; Steffan, 2021), the idea that this is a permanent rather than a temporary phase of life (Jack et al., 2019) and prevailing negative stereotypes about menopause and aging as an undesirable indicator of decline (Atkinson et al., 2021; Hardy et al., 2019; Jack et al., 2019; Putnam & Bochantin, 2009; Reynolds, 1999; Steffan, 2021; Steffan & Potočnik, 2023; Targett & Beck, 2022).

Despite the potential impact of menopause on women's productivity and well-being at work, the dominant belief is that this is a private matter (Putnam & Bochantin, 2009; Reynolds, 1999; Steffan, 2021), women's business (Atkinson et al., 2021; Butler, 2020; Jack et al., 2019; Targett & Beck, 2022) and not a topic of conversation that is likely to be openly discussed at work (Atkinson et al., 2021; Hardy et al., 2019; Jack et al., 2019; O'Neill et al., 2023). The framing of menopause as a personal issue (Putnam & Bochantin, 2009) implies that the burden to cope with symptoms and manage workplace consequences lies with the woman (Jack et al., 2019; Putnam & Bochantin, 2009; Reynolds, 1999; Steffan, 2021; Steffan & Potočnik, 2023). This mindset of personal responsibility, consistent with the neoliberal discourse of self-management, perpetuates women's sense of isolation and the silence around the female body at work (Steffan, 2021). Conversely, when the experience of menopausal women is framed as an organizational matter, women find themselves empowered to voice their concerns to their supervisors and negotiate reasonable adjustment and support (Putnam & Bochantin, 2009).

Theme 3: Coping strategies as a response to threat

Anxiety and mood swings are recognized symptoms of menopause (Hickey et al., 2017; Steffan & Potočnik, 2023). While we acknowledge that some of these emotional experiences may to some extent be attributed to the hormonal fluctuations of menopause, it is also likely that these are magnified by contextual and individual beliefs described in the previous section. Negative emotional responses from women indicate an experience of threat and include a sense of loss of control over their body and appearance (Atkinson et al., 2021; Bochantin, 2014; Jack et al., 2019; Morris & Symonds, 2004;

Putnam & Bochantin, 2009; Steffan, 2021), feelings of stress and/or anxiety (Bochantin, 2014; Griffiths et al., 2013; Hammam et al., 2012; Jack et al., 2019; Morris & Symonds, 2004; Reynolds, 1999) and embarrassment and/or shame (Atkinson et al., 2021; Bochantin, 2014; Butler, 2020; Griffiths et al., 2013; Hardy et al., 2019; Jack et al., 2019; Matsuzaki et al., 2016; Morris & Symonds, 2004; Putnam & Bochantin, 2009; Reynolds, 1999; Steffan, 2021). Women also described having their confidence and self-efficacy at work affected (Atkinson et al., 2021; Griffiths et al., 2013; Jack et al., 2019; Reynolds, 1999; Steffan, 2021) and experiencing a fear of being the target of gendered ageism (Atkinson et al., 2021; Hardy et al., 2019; Jack et al., 2019; Reynolds, 1999; Steffan, 2021; Steffan & Potočnik, 2023; Targett & Beck, 2022).

Coping strategies outlined in the literature give women different degrees of agency, particularly when it comes to reducing the sense of threat. Griffiths et al. (2013) summarize different types of coping strategies as: informational (e.g. understanding menopause symptoms and treatments (Ariyoshi, 2009; Morris & Symonds, 2004)), lifestyle changes (e.g. healthy behaviors such as exercise and nutrition (Matsuzaki et al., 2016; Morris & Symonds, 2004; Xu et al., 2020)), practical (e.g. drinking cold water, writing reminders (Bariola et al., 2017; Butler, 2020; Hickey et al., 2017; Reynolds, 1999; Steffan & Potočnik, 2023)), psychological (e.g. distractions, reframing (Atkinson et al., 2021; Hardy et al., 2018; Jack et al., 2019; Matsuzaki et al., 2016; Morris & Symonds, 2004)), social (e.g. talking to other women (Atkinson et al., 2021; Butler, 2020; Hammam et al., 2012; Hardy et al., 2019; Jack et al., 2019; Putnam & Bochantin, 2009; Reynolds, 1999)), and organizational (e.g. flexible work arrangements (Atkinson et al., 2021; Hardy et al., 2019; O'Neill et al., 2023; Putnam & Bochantin, 2009; Reynolds, 1999; Steffan & Potočnik, 2023)). These coping strategies imply women have reached a level of acceptance and openness about their menopause status (Putnam & Bochantin, 2009), which in turn indicate that the level of threat was perceived as manageable in the first place.

Other coping strategies are also reported in the literature (e.g. hiding signs of aging or menopause (Bochantin, 2014; Morris & Symonds, 2004; Putnam & Bochantin, 2009; Steffan, 2021), avoiding meeting others (Jack et al., 2019), attributing issues to made up illness (Putnam & Bochantin, 2009), engaging in self-deprecating (negative) identity talk (Steffan, 2021) or abjection work (Butler, 2020)). These strategies at times involve a level of rejection of menopause status (Bochantin, 2014; Steffan, 2021) or self-imposed otherness in relation to other "stupid" women (Butler, 2020, p. 705). Coping strategies such as exiting the workforce entirely, were not explored in depth in the literature reviewed, however there is evidence of women moving to part-time work and leaving or losing their jobs due to performance issues associated with menopause symptoms (Steffan & Potočnik, 2023).

Subjective menopause at work conceptual model

We build on the results of this systematic review of the literature and use the lens of the PTMF (Johnstone & Boyle, 2018) to develop a conceptual model explaining the subjective experience of menopause at work. We aim to capture how the experience of power, threat, and meaning-making may influence emotional distress and behavioral responses associated with menopausal symptoms at work, considering the dynamic interaction of individual beliefs and workplace factors (organizational context) and potential coping strategies and outcomes (see Figure 2: Subjective Menopause at Work model).

Our conceptual model starts by acknowledging that the ideological power is associated with the gendered and ageless ideal worker. As with other forms of power described by the PTMF, the notion of the ideal worker generates inequalities between people, depending on how close to power individuals find themselves. Idealized expectations of undivided commitment to work free from non-work distractions such as the female reproductive cycle, become particularly detrimental to menopausal women whose symptoms may interfere with work (Butler, 2020; Steffan, 2021). Transgressing the expectations around the ideal worker may expose women to gendered ageist attitudes at work (Jack et al., 2019).

When organizational structures and practices favor and validate the notion of the ideal worker (e.g. lack of diversity or unsupportive management), there is a greater chance that menopausal women will feel marginalized or isolated and consequently interpret their situation as high threat. The opposite extreme of this can also be true. When organizations have policies and practices that encourage open conversations and reasonable workplace adjustments, menopause-related discussions may not be perceived as taboo and women may feel comfortable to disclose their status and seek support (low threat).

The second aspect of our model captures personal factors contributing to the experience of emotional distress. We acknowledge the importance of the biological experience of menopause itself as a threat. Menopause symptoms can create a sense of dissonance from the expectations around the ideal worker (Butler, 2020; Jack et al., 2019; Steffan, 2021). While the incongruity between the menopausal body (biological experience) and idealized workplace norms may trigger women's meaning-making, it is the dynamic of organizational factors and personal beliefs that shape perceptions of threat attached to being menopausal at work.

When women believe menopause-related experiences at work are a private matter (Putnam & Bochantin, 2009; Reynolds, 1999; Steffan, 2021), they may take on the burden of managing their symptoms privately (Atkinson et al., 2021; Grandey et al., 2020; Jack et al., 2019), concealing from others any discrepancy between the menopausal self and the ideal worker. In the context of work, the meaning women place on their experiences may involve feelings of shame and guilt for not being able to live up to the notion of the ideal worker or not being able to "put up with it" (Morris & Symonds, 2004, p. 316). In such extremes the subjective experience of menopause at work is

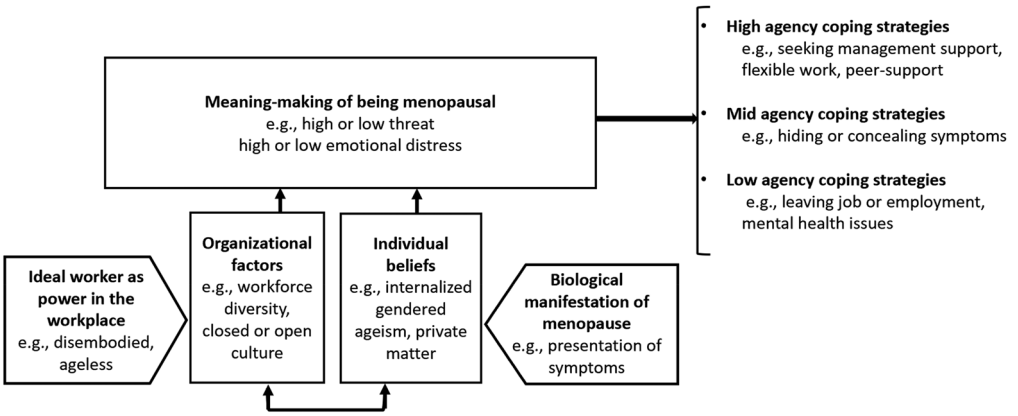

Figure 2. Subjective menopause at work model.

perceived as a high threat. Alternatively, when women recognize the organization's responsibility in supporting them to manage their symptoms at work, they are more likely to speak up about their needs and request reasonable adjustments without the concern they are transgressing ideal worker norms and expectations (low threat).

The experience of threat has an emotional impact such as embarrassment and anxiety over loss of control. According to PTMF, coping strategies are a survival mechanism to deal with adversities and threat-related emotional distress. These encompass more than just behavioral strategies (Steffan & Potočnik, 2023), and their effectiveness depends on the extent to which they increase women's agency by resourcing them to overcome the threat and the power associated with the ideal worker.

High agency coping strategies position menopause-related issues not only as a personal matter but also as a workplace concern (Putnam & Bochantin, 2009). These strategies include negotiating flexible working and seeking professional or peer support (e.g. Griffiths et al., 2013; Hardy et al., 2018) and give women the resources to overcome the threat and effects of the ideal worker's power.

Mid-agency coping strategies help women to avoid or even reduce the threat (e.g. concealing their symptoms (Jack et al., 2019; Steffan, 2021)). Although these strategies indicate that women have some agency to manage the threat, they do not necessarily equip them to reduce the influence of the ideal worker's power.

Low agency strategies refer to strategies that do not reduce the threat or effects of power on menopausal women. Those strategies are deployed when women find themselves with few resources to challenge the power of the ideal worker beyond reducing their exposure to threat. These strategies include leaving their jobs or the labor force altogether (Steffan & Potočnik, 2023).

Discussion

We were surprised by the small number of studies that focused specifically on the experiences of menopause in the workplace, as opposed to studies focused on menopause generally and/or menopause and working women. The paucity of studies focused on this important topic further stresses the need and urgency for further scholarly attention. Johnstone and Boyle (2018, p. 10) argue that an individual "cannot be understood, separately from his or her relationships, community, and culture." In our analysis of the literature, represented in our conceptual model, we highlighted how the dynamics of the workplace and individuals contribute to women's subjective experience of menopause at work.

Workplace context influences perceptions of menopause as being low or high threat, depending on how much the work environment reflects the ideal worker norms and expectations. Grandey et al. (2020) argue that women are made to conform with this androcentric standard throughout their career. However, during the menopause transition the experience of symptoms at work, often unpredictable, uncontrollable and inherently female, explicitly deviates from this idealized worker. These experiences position menopausal women at a lower status. When intersectionalities beyond gender and age are considered (Riach & Jack, 2021), menopausal women's disadvantage in relation to the ideal worker may be exacerbated even further (see Atkinson et al., 2021) as women

would also be subjected to power imbalance related to other characteristics such as race, social class, sexuality (Acker, 2006, 2012), and disability (Foster & Wass, 2013)

The importance of workplace conditions in fostering a positive and supportive environment that reduces the power of the ideal worker, and increases women's agency have been documented in empirical research (e.g. Atkinson et al., 2015; Atkinson et al., 2021; Brewis et al., 2017; Jack et al., 2019) and in guidance for employers (e.g. Griffiths et al., 2016; Hardy et al., 2018; Norton & Treymayne, 2020; Rees et al., 2021). However emotional distress is not explained by workplace aspects alone. The loss of a youthful appearance and fertility associated with idealized notions of femininity (Chrisler, 2011; Rowson & Gonzalez-White, 2019; Rowson et al., 2023; Steffan, 2021; Ussher, 2011), contributes to reducing the perceived social value of menopausal women in society and consequently at work (Grandey et al., 2020).

While most of the studies included in this review emphasize the experience of symptoms at work, we argue that women's subjective experience is highly influenced by how women make meaning of menopause (Harper & Cromby, 2022). When women internalize these unrealistic standards of worker (and femininity), being menopausal is undesirable, a discrediting stigma, a dangerous other (Rowson et al., 2023), that needs to remain hidden (Atkinson et al., 2021; Atkinson et al., 2021; Grandey et al., 2020; Steffan, 2021). The threat of being discovered as transgressing idealized standards can increase women's emotional distress. Therefore, they are more likely to isolate themselves to manage their symptoms alone to avoid being perceived as a failure (Atkinson et al., 2021; Atkinson et al., 2021; Grandey et al., 2020; Jack et al., 2019). This may explain the widening gender employment gap observed in labor statistics (Eurostat, 2022) which places women at the greatest risk of financial insecurity in later life (see DWP, 2017; Sawyer & James, 2018).

We propose that to support women's experience of menopause at work a shift away from the ideal worker is essential. Organizations must recognize their responsibility in supporting real workers (not only menopausal women, but also workers with disabilities, chronic conditions, older, etc.) to continue being effective and desirable members of the workforce. This is particularly important in the context of extending working lives agenda, and the need to adopt age inclusive workplace practices and policies (see DWP, 2017; Organisation for Economic Cooperation & Development, 2019; van der Horst & Vickerstaff, 2022).

Implications and future research

Our conceptual model enabled us to identify key gaps in the literature. First and foremost, the subjective experience of menopause requires more empirical research. Research in this domain would build on the initial findings in this area and serve to validate our model. We highlighted the important roles of the workplace and individuals in the subjective experience of menopause. However, little is known about the dynamic between these elements on women's response and coping strategies. Therefore, further research should seek to explore and understand this dynamic interaction both quantitatively and qualitatively. For example, research could utilize comparative case studies (e.g. different industries, organizational levels) exploring workplace policies and practices, general attitudes and beliefs toward menopause and women's lived experience. Linked to this, it was apparent in our literature review that the research on menopause at work placed little consideration on

intersectionalities beyond age and gender. Future research should seek to address this by directly exploring other aspects of the ideal worker (e.g. race, class, and disability) in the context of experiencing menopause at work.

Finally, we have linked our conceptual model to the concept of the ideal worker. While the ideal worker has received substantial scholarly attention (e.g. Acker, 1990, 2006, 2012; Foster & Wass, 2013), more research is needed to explore how the issue of the ideal worker can be addressed by creating cultural, societal and organizational transformations to foster more inclusive work environments. For example, researchers could utilize case studies, exploring organizational transformations, creating culture change aimed at recognizing real workers.

Conclusion

Even though menopause is experienced by around half of the population, we still know very little about how the experience of power, threat, and meaning-making may influence emotional distress and behavioral responses associated with menopausal symptoms at work. Associated gaps in theorizing around this subject mean our understanding of what can be done to support women in this respect is incomplete. In this article we have presented a systematic literature review of the empirical research on menopause at work. By analyzing the findings using the lens of the PTMF, we propose a conceptual model that highlights the dynamic interaction between workplace and individual. We believe this helps to deepen our understanding of the subjective experience of menopause at work.

Our analysis suggests that menopause support needs to target both organizational factors and individual beliefs and attitudes to effectively ease the potential emotional distress and improve women's well-being. In addition to the recommendations outlined by Rees et al. (2021), it is important that initiatives help to reduce the power imbalance and sense of threat menopausal women may experience. For example, workplace leadership could work to reduce the ideological power of the ideal worker narrative by identifying systemic ageism and sexism within their organization that reinforce this ideal (see also Atkinson, Beck et al., 2021).

At an individual level women should be given the opportunity to understand their experiences and their internalized beliefs around menopause and work that may be detrimental to their well-being (e.g. believing this is their personal responsibility, feeling ashamed about not coping, leading to them suffering in silence). Individual level initiatives, such as informed by PTMF, may help women to experience greater agency to reject the ideal worker standard throughout the menopausal phase.[2] Consequently, those responsible for workplace initiatives may provide support and guidance to menopausal women, such as with training, coaching or group-facilitated sessions, where they can explore their own experiences in the context of the PTMF.

Notes

1. For reasons of space in this article we use the terms "woman," "women," "female," "she," "her" and so on as placeholders when referring to individuals going through menopause.
2. We have expanded Boyle and Johnstone (2020) PTMF reflective questions to include the context of menopause. These are available upon request.

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No potential conflict of interest was reported by the authors.

ORCID

Tatiana S. Rowson http://orcid.org/0000-0002-1605-2927
Rebecca J. Jones http://orcid.org/0000-0001-7329-0502

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