Proceedings of the International Conference on Women and Gender Studies, Vol. 3, 2025, pp. 1-15

ISSN: 3051-5084
DOI: https://doi.org/10.32789/women.2025.1001

Workplace Challenges During Menopause: Quantitative Evidence from Professional Settings in Türkiye

S. PALAZ and O. YAVAS

Department of Labour Economics, Faculty of Economics and Administrative Sciences, Bandırma Onyedi Eylül University,
Turkey
spalaz@bandirma.edu.tr
oyavas@bandirma.edu.tr

WORKPLACE CHALLENGES DURING MENOPAUSE: QUANTITATIVE EVIDENCE FROM PROFESSIONAL SETTINGS IN TÜRKİYE

Abstract: Menopause is a natural biological process that occurs in women, typically in their late 40s or early 50s. During this transition, women experience hormonal changes that can cause a range of physical and emotional symptoms. The impact of menopause on women's lives has been well-documented, but little attention has been paid to its effect on women in the workplace. This descriptive study aimed to determine the workplace experiences and challenges faced by women during menopause in healthcare professional settings in Türkiye. Data were collected from 277 women working in both public and private sectors, across clinical and non-clinical roles. The Menopause-Specific Quality of Life Questionnaire (MENQOL) was used to assess menopausal symptoms, alongside a workplace menopause questionnaire to explore disclosure practices and coping strategies. The results reveal significant variations in symptom severity across menopausal phases and types. Participants in the postmenopausal stage reported more intense vasomotor, physical, and sexual symptoms. Symptom severity was also associated with increased sick leave and workplace accommodation requests. Approximately 63% of respondents disclosed their menopausal status to someone at work—mostly colleagues—whereas only a negligible proportion informed supervisors or human resources. Flexible working accommodations, temperature control, and emotional support were among the most requested accommodations. Health promotion initiatives, formal menopause policies, and awareness campaigns were identified as the most effective coping strategies. These findings highlight menopause as an important workplace issue in Türkiye, and highlight the importance of organizational strategies to support working women in this life stage. Gender-sensitive workplace policies are needed to support women in menopause and reduce stigma in professional healthcare settings.

Keywords: Menopausal Symptoms, Healthcare Professionals, Women, Work.

Introduction

The proportion of women over fifty in the workforce has increased significantly in recent decades (Palaz, 2024; Lewis, 2025). This demographic shift has generated new discussions about the occupational health and well-being of women employees. Despite this progress, critical life stages such as menopause continue to receive limited attention in workplace discourse and policy (Hardy *et al*, 2017; Rees *et al*, 2021; Verdonka *et al*, 2022).

Menopause, characterized by the permanent cessation of the menstrual cycle and causing significant hormonal changes, can lead to vasomotor symptoms such as hot flashes, sweating, and night sweats; psychological difficulties such as anxiety, poor memory, feeling depressed and blue, and feeling less accomplished than before; physical ailments such as joint pain, headaches, difficulty sleeping, fatigue, and exhaustion; and sexual health problems (Kilci and Ertem, 2019; Atasoy, 2020). These symptoms, which vary in intensity from woman to woman, can have a significant impact on women's work performance, focus, participation in the workforce, and emotional resilience (Griffiths *et al*, 2013; Matsuura and Yasui, 2025; Uçel, 2025; Palaz and Yavas, 2025).

Unfortunately, menopause continues to be viewed as an individual issue, often overlooked in the workplace and believed to be a private matter for women. As Jack and Riach (2016) note, the persistent taboo surrounding menopause in the workplace makes women hesitant to disclose their

symptoms, thus limiting their access to psychological support and institutional accommodations. This silence is particularly pronounced in patriarchal or traditionally structured work environments, where menopause is often framed as a private or secret matter (Atkinson *et al*, 2021). Consequently, many women refrain from seeking assistance due to concerns about discrimination or perceptions of diminished competence. These organizational and cultural silences serve to exacerbate the challenges menopausal women face, especially in high-intensity sectors such as healthcare, where shift work, extended hours, and emotional labour are prevalent (Hammam *et al*, 2012; Matsuzaki *et al*, 2014; Palaz and Yavas, 2025).

Given the increasing participation of women in the labour force and the growing recognition of gender-specific health issues, it is essential to consider menopause not only as a biomedical transition but also as a critical workplace concern. Although menopausal symptoms have the potential to significantly influence occupational engagement, this topic remains insufficiently explored within the domains of work and organizational research. The persistent silence surrounding menopause in professional environments contributes to the marginalization of midlife women, adversely affecting their well-being, career progression, and overall job satisfaction. Therefore, it is critical to investigate how women deal with menopausal issues at work, the scope and type of institutional support systems that are accessible to them. Addressing this research gap, the present study focuses on the workplace experiences of menopausal women employed in the healthcare sector in Türkiye. Specifically, it investigates the relationship between the severity of menopausal symptoms and workplace behaviours, treatment preferences of menopausal women and their impact on the workplace, support-seeking tendencies, and coping strategies, thereby contributing to a more equitable and health-conscious understanding of gender and aging within organizational life.

Methodology

Research Design

This is a quantitative, descriptive, cross-sectional study designed to examine the menopause experiences of women working in the healthcare sector. Specifically, it examines how healthcare professionals in Türkiye cope with the challenges they encounter at work during menopause. The study was conducted in accordance with ethical guidelines for research on human subjects, and the necessary permissions were obtained from the institutional review board (Bandirma Onyedi Eylül University Ethics Review Board (REF: 2024-705.09.2024)). All responses were kept anonymous and confidential.

Data Collection Tools

- **Menopause-Specific Quality of Life Questionnaire (MENQOL):** A validated instrument measuring the severity of symptoms across four domains: vasomotor, psychosocial, physical, and sexual. MENQOL developed by Hilditch and colleagues in 1996, was adapted to the Turkish society by Şahin and Kharbouch (2007) after performing Turkish validity and reliability analyses. MENQOL is a self-reported measure that assesses quality of life specific to menopause symptoms.

- **Workplace Menopause Questionnaire:** It was developed by researchers to determine issues such as employees' behaviour in disclosing that they are menopausal at work, their leave use due to menopausal symptoms, strategies for coping with menopausal symptoms at work, and the accommodations and policies they expect from their workplaces (Griffiths *et al*, 2013; Gartoulla *et al*, 2016; O'Neill *et al*, 2023).

Data Analysis

In this study, SPSS version 21 was used to code and statistically analyse the data. The Cronbach's Alpha reliability analysis method was used to evaluate the MENQOL scale's internal consistency. A very high degree of reliability was shown by the scale's alpha value of .983. The Shapiro-Wilk and Kolmogorov-Smirnov tests were used to verify assumptions about homogeneity of variance and normal distribution before parametric analyses were performed. Since p =.000 indicated that the premise of normalcy was not met, non-parametric tests were used. When comparing two groups based on numerical variables, the Mann-Whitney U test was utilized, and when comparing three or more groups, the Kruskal-Wallis H test was utilized.

Results

Descriptive statistics of responses to the MENQOL questionnaire indicated that vasomotor symptoms were the most severe among participants, with a mean score of 3.48. This was followed by sexual symptoms (mean = 2.84), physical symptoms (mean = 2.63), and psychosocial symptoms (mean = 2.61). The majority of participants reported experiencing severe menopausal symptoms, with hot flashes (73.3%), sweating (71.5%), and night sweats (70%) being the most common symptoms. These findings support previous studies showing that menopausal women frequently experience vasomotor symptoms such as hot flashes, sweating, and night sweats in the workplace, which can negatively impact both their personal and professional lives (Ayers and Hunter, 2013; Griffiths *et al*, 2013; Hardy *et al*, 2018).

Treatment Preferences of Menopausal Women

In this section, we also wanted to assess our sample's menopause treatment preferences, as treating menopausal symptoms is also thought to be effective in managing symptoms in the workplace. In this study, the majority of participants (71.1%) reported seeing a gynecologist or menopause specialist. Treatment by their primary care physician was also quite common, with 40.1% of participants choosing this option. In contrast, only a small portion (12.6%) reported consulting an occupational physician which may reflect a reluctance to disclose menopause-related issues at work. Alternative or complementary therapies were the least preferred treatment option overall, chosen by only 8.3% of participants. Furthermore, 11.6% reported not using any treatment for menopausal symptoms (see Table 1). In contrast to our study, an Indian study by Kannur and Itagi (2019) aimed to examine the prevalence of menopausal symptoms and coping strategies among employed and unemployed women. It is noteworthy that 55% to 90% of participants did not use any coping strategies. A minority reported using self-management or alternative methods for symptoms such as hot flashes (17.50% and 14.17%) and irritability (19.17% and 28.33%), while only a small group sought medical treatment.

Furthermore, approximately 95% of participants did not use any coping mechanisms for sexual and urogenital symptoms.

Analysis of symptom severity by preferred treatment method reveals several important findings (see Table 2). No statistically significant difference in symptom severity was observed between participants who consulted their primary care physician or used websites and social media compared to those who did not use these methods. Similarly, no significant difference was observed between those who did not receive any treatment and those who did. However, symptom patterns varied across domains. In the vasomotor domain, symptom severity was significantly higher among participants who consulted a gynecologist or menopause specialist, were not taking hormone replacement therapy, were not taking antidepressants, and were not using alternative or complementary therapies. Similarly, participants who neither used hormone replacement therapy nor used alternative or complementary therapies reported higher levels of psychosocial symptoms. A similar pattern emerges when examining physical symptoms. Participants not on hormone replacement therapy, not taking antidepressants, and not using alternative or complementary therapies reported more severe symptoms. This trend continued for sexual symptoms.

These findings suggest that treatment options are underutilized even among participants with more intense symptoms. For example, despite its potential benefits, hormone replacement therapy is often underrepresented due to its high cost or the reluctance of gynecologist to prescribe it (Atasoy, 2020). Similarly, distrust in the effectiveness of alternative or complementary treatments could discourage individuals from exploring these options. Overall, these factors may contribute to a gap between treatment needs and actual treatment uptake among those experiencing more severe menopausal symptoms.

The analysis of treatment preferences across level of education, residence, profession, income, and duration of symptoms reveals several noteworthy patterns (see Table 3). Among high school graduates, the most commonly preferred treatment options were consulting a gynecologist or menopause specialist (55.1%) and a primary care physician (53.1%). However, individuals with associate (81.8%), undergraduate (74.8%), and graduate (67.9%) degrees showed a stronger tendency to consult gynecologists or menopause specialists, while the likelihood of consulting a primary care physician declined as level of education increased.

Residence also played a role in treatment preferences. Individuals living in metropolitan areas showed a higher rate of antidepressant use, which may reflect not only menopausal symptoms but also the additional stress associated with urban living.

Profession emerged as another influential factor. Health professionals such as physicians, dentists, nurses/midwives, dietitians, pharmacists, medical secretaries, and technical staff more frequently preferred gynecologists or menopause specialists. In contrast, administrative and support staff more commonly consulted primary care physicians. Interestingly, nearly half of the physiotherapists (44.4%) reported not seeking any form of treatment.

Income level was also associated with treatment choices, as higher-income participants were more likely to consult gynecologists or menopause specialists rather than primary care physicians. Lastly, those who had experienced menopausal symptoms for 8 to 10 years were the group most likely to use hormone replacement therapy.

Menopausal Symptom Severity in Female Employees in Terms of Menopause Phase, Type, Sick Leave and Workplace Accommodations

As seen in Table 4, the analysis of symptom severity in relation to menopausal stage, type of menopause, and workplace accommodations reveals several noteworthy patterns. Symptom severity significantly differed across menopausal stages, except in the psychosocial domain. Individuals in the postmenopausal phase reported greater severity of vasomotor, physical, and sexual symptoms compared to those in other stages of menopause. The type of menopause also appeared to influence symptom severity. Participants who experienced natural menopause exhibited higher levels of physical and sexual symptoms than those who underwent surgical or medically induced menopause.

Table 4 Menopause Symptoms According to Menopause Period, Type, and Workplace Accommodations

Variables	Sub-Sample Groups	Vasomotor	P	Psychosocial	P	Physical	P	Sexual	P
Menopause Phase n:272	Perimenopause	3,20	,010	2,44	,735	1,52	,000	1,70	,000
	Menopause	3,16		2,54		2,64		2,71	
	Postmenopause	3,96		2,71		2,97		3,43	
Type of Menopause n:276	Natural	3,58	,109	2,66	,534	2,80	,000	3,01	,002
	Premature	2,81		2,32		1,56		1,82	
	Surgery	2,66		2,28		1,93		1,66	
Sick Leave n:272	Frequently	4,72	,000	3,44	,000	3,63	,000	3,80	,000
	Sometimes	4,30		3,29		3,24		3,45	
	Never	2,48		1,85		1,87		2,11	
Accommoda-tions Request	Yes	4,43	,000	3,31	,000	3,39	,000	3,55	,000
	No	2,82		2,14		2,11		2,36	
Flexible Working	Yes	4,58	,000	3,43	,000	3,72	,000	3,85	,000
	No	2,99		2,26		2,15		2,40	
Workplace Temperature Control	Yes	4,61	,000	3,34	,001	3,37	,000	3,53	,005
	No	3,20		2,44		2,45		2,68	
Emotional Support	Yes	4,60	,001	3,38	,002	3,06	,089	3,05	,501
	No	3,31		2,50		2,57		2,81	
Transfer to Another Office	Yes	4,61	,073	4,22	,002	4,04	,005	3,50	,243
	No	3,42		2,54		2,57		2,81	
Reducing Working Hours	Yes	4,47	,006	3,26	,028	3,50	,003	3,74	,011
	No	3,35		2,53		2,52		2,73	
Change of Position and Job	Yes	4,03	,325	3,33	,068	3,45	,047	3,64	,087
	No	3,43		2,56		2,57		2,78	
Ease of Access to Toilet etc.	Yes	4,71	,000	3,81	,000	4,31	,000	4,45	,000
	No	3,28		2,42		2,36		2,58	

Another variable analysed was the request for workplace accommodations due to menopause. Participants who requested such accommodations reported higher symptom severity across all domains. A closer examination of the types of accommodations revealed that individuals who requested flexible working hours, temperature regulation in the workplace, reduced working hours, and improved access to amenities such as toilets etc. exhibited higher mean symptom scores across all domains.

Furthermore, individuals who requested emotional support demonstrated more severe symptoms in the vasomotor and psychosocial domains. Participants who sought a transfer to another office reported higher mean symptom scores in both the psychosocial and physical domains. Lastly, those who requested a change in position or job role experienced statistically significantly higher symptom severity exclusively in the physical domain.

Our findings indicate that there is significant association between the frequency of sick leave and the severity of menopausal symptoms across all domains. Women who reported frequent sick leave had the highest mean scores on the vasomotor, psychosocial, physical, and sexual symptom dimensions, while those who never took sick leave reported the lowest scores. Among the participants, 11% reported frequently, and 40% occasionally, taking sick leave due to menopause-related complaints.

Table 5 explores the relationship between requests for workplace accommodations due to menopause and the incidence of taking sick leave from work. The analysis revealed statistically significant differences between requesting accommodations and taking leave across all types of accommodations. Notably, individuals who requested a change of position or job (33.3%), sought to reduce their working hours (29%), or demanded flexible working accommodations (28.4%) were more likely to have taken leave.

Table 5 Type of Accommodation Requested in the Workplace and Taking Sick Leave from Work

Type of Accommodation	Sub-Sample Groups	Frequently		Sometimes		Never	
		Participants	%	Participants	%	Participants	%
Flexible Working	Yes	23	28,4	55	67,9	3	3,7
	No	7	3,7	53	27,7	131	68,6
Workplace Temperature Control	Yes	13	25,5	31	60,8	7	13,7
	No	17	7,7	77	34,8	127	57,5
Emotional Support	Yes	6	18,2	24	72,7	3	9,1
	No	24	10,0	84	35,1	131	54,8
Transfer to Another Office	Yes	1	10,0	8	80,0	1	10,0
	No	29	11,1	100	38,2	133	50,8
Reducing Working Hours	Yes	9	29,0	20	64,5	2	6,5
	No	21	8,7	88	36,5	132	54,8
Change of Position and Job	Yes	6	33,3	10	55,6	2	11,1
	No	24	9,4	98	38,6	132	52,0
Ease of Access to Toilet etc.	Yes	10	26,3	24	63,2	4	10,5
	No	20	8,5	84	35,9	130	55,6

Further examination of the total number of participants who took sick leave showed that nearly all those who requested flexible working (96.3%), reduction of working hours (93.5%), and emotional support (90.9%) had taken leave from work due to menopause. In contrast, a majority of participants who did not request flexible working (68.6%), temperature control (57.5%), or easier access to facilities such as toilets (55.6%) reported that they had not taken leave due to menopause. These findings suggest a strong association between severe menopausal symptoms and frequent use of sick leave and requests for workplace accommodations. In other words, women with more severe or challenging symptoms are more likely to request workplace accommodations such as reduced work hours, flexible work schedules, or job changes, and women with these challenging symptoms are also more likely to use sick leave. On the other hand, most of those who did not request flexible work hours, temperature control, or easy access to toilets etc. reported not taking sick leave due to menopause. This suggests that those who did not request workplace accommodations had milder symptoms or did not feel the need to take leave.

In short, as menopausal symptoms increase in severity, sick leave increases and employees demand more flexibility and support at work to manage their symptoms. This highlights the importance of workplace policies for employees experiencing menopause.

Disclosure of Menopause in the Workplace

In our sample, the majority of participants (63.6%) reported that they disclosed their menopausal status or symptoms at work. The two main reasons individuals disclosed that they were experiencing menopause were to share their experiences with others (41.5%) and to feel better (41.2%). More than half of the sample (63.2%, n = 175) reported that they had informed someone at work about their menopause. Among those who disclosed this information, the vast majority (91.42%) shared it with a colleague, representing 57.8% of the total sample. In contrast, disclosure to higher-level positions was considerably less common. Only 1.14% of those who disclosed (0.7% of the total sample) informed human resources or personnel departments, while just 2.85% (1.8% of the total sample) shared this information with a manager. Whereas Lewis and Griffiths (2021) note that women who disclose their symptoms to their managers are more likely to receive practical support and flexibility. These findings indicate a strong preference for peer-level communication over formal or hierarchical channels in disclosing menopause in the workplace. As Brewis *et al* (2017) point out, peer networks within organisations provide a sense of belonging and normalise menopause experiences.

These findings suggest that the ways employees disclose their menopause status at work vary based on factors such as age, level of education, residence, and income. Employees aged 35-44 are more likely to share their menopause with colleagues, while those aged 65 and older are more hesitant to share this information. This may be because older employees are generally postmenopausal and have fewer older colleagues at work. Participants with a bachelor's degree preferred to report their menopause to their colleagues, while reporting it to their occupational physicians was less common. Conversely, those with an associate's degree or high school degree were more likely to report their menopause to their occupational physician. Reporting to the human resources department was almost never preferred due to concerns about impacting employee rights. While those living in larger settlements, such as towns and villages, tended to report their menopause to their occupational physicians, this was less common in smaller settlements, such as towns and villages. Those with

better financial means tend to disclose their menopause to their colleagues more. However, those with higher financial means are less likely to disclose it to their workplace physician. On the other hand, our analysis shows that marital status does not have a statistically significant effect in explaining menopausal status.

Table 6 Disclosure of Menopause in the Workplace by Sub-Sample Groups

Variables	Sub-Sample Groups	Colleague	Unit Supervisor	Occupational Physician	Human Resource/Personnel Chiefdom	Manager
Age	25-34	33,3*	16,7	16,7	0,0	0,0
	35-44	63,4*	9,8	22,0	0,0	2,4
	45-54	59,8*	8,3	18,9	0,6	2,4
	55-64	58,8*	5,9	19,6	2,0	0,0
	65 and Over	10,0*	0,0	10,0	0,0	0,0
Level of Education	High School	46,9*	2,0	28,6*	4,1*	0,0
	Associate Degree	43,6*	5,5	34,5*	0,0*	3,6
	Undergraduate	62,2*	11,8	14,3*	0,0*	0,8
	Graduate	73,6*	7,5	5,7*	0,0*	3,8
Residence	Metropolis	72,3	12,3	7,7*	1,5	1,5
	City	55,4	9,2	18,5*	0,0	4,6
	County	52,1	5,6	25,0*	0,7	0,7
	Town/ Village	50,0	0,0	0,0*	0,0	0,0
Marital Status	Married	58,6	7,4	17,2	0,5	1,5
	Single	54,8	9,6	23,3	1,4	2,7
Income	My Income is Less Than My Expenditure	45,9*	4,9	32,8*	1,6	0,0
	My Income Equals to My Expenditure	57,9*	8,8	18,9*	0,6	1,3
	My Income is More Than My Expenditure	70,2*	8,8	5,3*	0,0	5,3

*p<,050

Accommodation Request in the Workplace

Table 7 presents data on participants' requests for workplace accommodations related to menopause. Among the total sample, 40.4% reported requesting some form of accommodation, while the remaining 59.6% did not make such requests. The most frequently requested accommodation was flexible working regulations, cited by 75% of those who sought accommodations, representing 30.3% of the total sample.

Temperature control in the workplace was the second most commonly requested accommodation, with 47.32% of those requesting changes (19.1% of the total sample) identifying it as a need. This highlights the relevance of environmental factors in managing vasomotor symptoms such as hot flashes and night sweats, which are commonly reported during menopause.

In contrast, the least frequently requested accommodations were office transfer and job or position change. Only 10.71% of those requesting accommodations asked to be transferred to another office, and 16.07% sought a change in position or job role. These figures correspond to 4.3% and 6.5% of the overall sample, respectively, indicating a lower preference for more disruptive or structural changes in the workplace.

Coping Strategies at the Workplace

Table 8 presents the mean scores for various policy recommendations aimed at supporting coping strategies for menopause in the workplace. On the 5-point Likert scale used, lower mean scores indicate greater perceived importance. Among the recommendations, "the development and promotion of health in the workplace" received the highest importance, with a mean score of 1.76. This was closely followed by the strategies emphasizing that "menopause is no longer taboo and can be talked about freely" and "menopause awareness in the workplace," both with a mean score of 1.78. These findings highlight the value participants place on fostering an open and supportive environment for discussing menopause and increasing awareness at work.

Conversely, the recommendations with the lowest perceived importance were "reducing working hours" (mean 2.01), "flexibility in changing positions or jobs" (mean 1.99), and "flexible working" (mean 1.97). It is noteworthy that these strategies were less valued despite participants' expressed demands for greater flexibility, suggesting a possible discrepancy between preferred workplace policies and their perceived effectiveness or feasibility. As Hardy *et al* (2019) note, most organizations do not develop specific policies or practices for employees experiencing menopause. Employees often struggle to access sick leave or request personal accommodations at work during this period.

Table 8 Coping Strategies for Menopause in the Workplace

Coping Strategies	Mean Scores	SD
The Development and Promotion of Health in the Workplace	1,76	1,039
Menopause is No Longer Taboo and Can Be Talked About Freely	1,78	1,009
Menopause Awareness in the Workplace	1,78	1,036

Workplace Temperature Control	1,81	,947
Having Rest Areas	1,81	,988
Ease of Access to Toilet and Other Facilities (Such as Drinking Water)	1,81	1,014
Menopause Policy in the Workplace	1,83	1,117
Emotional Support (Colleague and Family Support)	1,85	1,012
Managerial Support	1,90	1,062
Dress Flexibility	1,90	1,079
Flexible Working	1,97	1,112
Flexibility in Changing Positions and Jobs	1,99	1,099
Reducing Working Hours	2,01	1,118

Concluding Remarks

This study aims to provide valuable insights into the menopause experiences of women working in the healthcare sector. It focuses specifically on the severity of menopausal symptoms, women's treatment preferences, workplace disclosure of menopause, workplace coping strategies, and organizational workplace demands. Our findings highlight the significant impact of menopause on women's professional lives and the need for menopause-sensitive workplace policies and support mechanisms.

Our findings indicate that vasomotor symptoms are the most common and severe symptoms among healthcare workers, with hot flashes being particularly common. Furthermore, symptom severity appears to be influenced by the type and stage of menopause, with postmenopausal and naturally menopausal individuals reporting more intense physical and sexual symptoms. For example, participants in the postmenopausal stage reported more intense vasomotor, physical, and sexual symptoms. Symptom severity was also associated with increased sick leave and workplace accommodation requests.

Another key finding is that requests for workplace menopause policy accommodations are strongly associated with the severity of menopausal symptoms. Participants who requested flexible work hours, temperature control, or emotional support reported more intense symptoms and were significantly more likely to take time off due to menopause. This suggests that women need formal workplace accommodations to help them manage their symptoms and fulfill their professional responsibilities without disrupting their work.

While menopause is a biologically universal phenomenon, it can be experienced differently depending on organizational culture, support structures, and social norms. Many women often choose to disclose their menopause to their colleagues, managers, or human resources at work rather than to others. This may indicate stigma or a lack of institutional support. Furthermore, menopause disclosure varies by age, level of education, and socioeconomic status, suggesting that demographic factors shape how and to whom women feel comfortable disclosing their symptoms.

Menopause as a significant workplace issue is crucial, especially in sectors like healthcare, where women constitute a significant portion of the workforce. Managers should promote inclusive workplace policies that normalize open dialogue by integrating menopause-related concerns into

corporate policies. Workplace accommodations such as flexible working hours, workplace temperature control, and increased access to toilets etc. should be incorporated into occupational health and safety protocols to reduce symptom-related difficulties and enhance employee well-being and productivity. Furthermore, managers and human resources personnel should be trained to reduce stigma, encourage disclosure, and ensure the development of individualized support strategies. Given the significantly low rates of consultation with occupational physicians seen in this study, occupational physicians need to take a more proactive role in occupational health and safety to bridge the gap between symptoms and treatment.

While this study only examined the healthcare sector, further research is needed to examine sector-specific experiences of menopause and to evaluate the long-term effectiveness of workplace interventions in improving women's occupational health and safety, productivity, and workplace satisfaction. In sum, this study highlights the need to move beyond individual coping strategies towards systemic workplace interventions by considering menopause not only as an individual workplace issue but also within the context of occupational health and safety.

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Appendix

Table 1 Treatment Preferences

Treatment Preferences	Yes		No	
	Participants	Percentage	Participants	Percentage
Primary Care Physician	111	40,1	166	59,9
Gynecologist/Menopause Specialist	197	71,1	80	28,9
Web Sites/Social Media	70	25,3	207	74,7
Occupational Physician	35	12,6	242	87,4
Hormone Replacement Therapy (HRT)	65	23,5	212	76,5
Antidepressant	40	14,4	237	85,6
Alternative/Supplementary Treatments	23	8,3	254	91,7
None	32	11,6	245	88,4

Table 2 Severity of Symptoms by Treatment Preferences

Variables	Sub-Sample Groups	Vasomotor	P	Psychosocial	P	Physical	P	Sexual	P
Primary Care Physician	Yes	3,48	,796	2,85	,061	2,89	,077	2,93	,549
	No	3,47		2,45		2,45		2,78	
Gynecologist/ Menopause Specialist	Yes	3,64	,041	2,67	,372	2,70	,322	2,89	,493
	No	3,07		2,48		2,46		2,72	
Web Sites/Social Media	Yes	3,43	,986	2,70	,682	2,45	,238	2,57	,222
	No	3,49		2,58		2,69		2,93	
Occupational Physician	Yes	3,81	,204	3,13	,095	3,26	,063	3,49	,035
	No	3,42		2,54		2,54		2,75	
Hormone Replacement Therapy (HRT)	Yes	2,80	,003	2,11	,005	1,81	,000	1,85	,000
	No	3,68		2,77		2,88		3,14	
Antidepressant	Yes	2,88	,046	2,22	,087	1,99	,011	1,81	,000
	No	3,57		2,68		2,74		3,01	
Alternative/ Supplementary Treatments	Yes	2,43	,012	1,85	,025	1,79	,013	1,95	,028
	No	3,57		2,68		2,71		2,92	
None	Yes	3,21	,357	2,22	,145	2,41	,572	2,92	,879
	No	3,51		2,66		2,66		2,83	

Table 3 Preferred Treatment Methods According to Sub-Sample Groups

Variables	Sub-Sample Groups	Treatment Methods (%)							
		TM1	TM2	TM3	TM4	TM5	TM6	TM7	TM8
Level of Education	High School	53,1*	55,1*	12,2	16,3	14,3	20,4	6,1	12,2
	Associate Degree	52,7*	81,8*	30,9	16,4	18,2	7,3	7,3	10,9
	Undergraduate	33,6*	74,8*	28,6	10,1	29,4	16,8	9,2	10,1
	Graduate	28,3*	67,9*	24,5	11,3	24,5	11,3	9,4	15,1
Residence	Metropolis	33,8	66,2	30,8	10,8	30,8	27,7*	12,3	12,3
	City	40,0	73,8	23,1	10,8	26,2	13,8*	9,2	10,8
	County	43,8	71,5	23,6	14,6	18,8	9,0*	6,3	11,8
	Town/ Village	0,0	100,0	50,0	0,0	50,0	0,0*	0,0	0,0
Profession	Physician	21,7*	80,4*	23,9	10,9	30,4	8,7	4,3	10,9*
	Dentist	0,0*	100,0*	12,5	0,0	12,5	12,5	0,0	0,0*
	Nurse/ Midwife	43,8*	74,3*	30,5	12,4	30,5	18,1	7,6	10,5*
	Dietitian	37,5*	87,5*	50,0	25,0	25,0	12,5	25,0	0,0*
	Physiotherapist	33,3*	55,6*	11,1	0,0	11,1	11,1	11,1	44,4*
	Pharmacist	30,8*	76,9*	38,5	7,7	7,7	7,7	15,4	15,4*

	Medical Secretary	52,6*	73,7*	26,3	15,8	15,8	15,8	5,3	10,5*
	Administrative Personnel	53,3*	46,7*	20,0	20,0	40,0	26,7	13,3	0,0*
	Technical Staff	42,1*	73,7*	15,8	5,3	10,5	5,3	21,1	10,5*
	Support Staff	55,9*	50,0*	14,7	20,6	8,8	14,7	2,9	14,7*
	Other	0,0*	0,0*	0,0	0,0	0,0	0,0	0,0	100,0*
Income	My Income is Less Than My Expenditure	50,8*	57,4*	18,0	13,1	21,3	18,0	8,2	11,5
	My Income Equals to My Expenditure	42,8*	74,2*	28,3	13,8	23,3	15,7	10,1	11,3
	My Income is More Than My Expenditure	21,1*	77,2*	24,6	8,8	26,3	7,0	3,5	12,3
Duration of Symptoms	Continued	46,4	72,9	30,0	12,9	29,3*	17,9	9,3	8,6
	Less Than 1 Year	50,0	85,7	28,6	7,1	21,4*	7,1	0,0	0,0
	1-3 Years	31,7	68,3	21,7	16,7	8,3*	5,0	6,7	15,0
	4-7 Years	36,1	66,7	16,7	11,1	19,4*	22,2	5,6	16,7
	8-10 Years	26,7	66,7	13,3	6,7	40,0*	13,3	6,7	20,0
	10+ Years	27,3	63,6	27,3	9,1	27,3*	9,1	18,2	18,2

*p<,050

TM1: Primary Care Physician, TM2: Gynecologist/Menopause Specialist, TM3: Web Sites/ Social Media, TM4: Occupational Physician, TM5: Hormone Replacement Therapy (HRT), TM6: Antidepressant, TM7: Alternative/ Supplementary Treatments, TM8: None

Table 7 Accommodation Request in the Workplace

Type of Accommodation		Yes		No	
		Participants	Percentage	Participants	Percentage
Have You Requested An Accommodation?		112	40,4	165	59,6
If Yes	Flexible Working	84	30,3	193	69,7
	Workplace Temperature Control	53	19,1	224	80,9
	Emotional Support	35	12,6	242	87,4
	Transfer to Another Office	12	4,3	265	95,7
	Reducing Working Hours	31	11,2	246	88,8
	Change of Position and Job	18	6,5	259	93,5
	Ease of Access to Toilet etc.	38	13,7	239	86,3