

# Anadolu Üniversitesi İktisadi ve İdari Bilimler Fakültesi

Anadolu University Journal of Economics and Administrative Sciences



Cilt: 26, Sayı: 1, Yıl: 2025 e-ISSN: 2687-184X

https://dergipark.org.tr/en/pub/anadoluibfd

**DOI:** 10.53443/anadoluibfd.1555171 2025, 26(1), 483-510

Makale Türü / Submission Type: Araştırma Makalesi/Research Article Başvuru Tarihi / Date Submitted: 24/09/2024 Kabul Tarihi / Date Accepted: 04/03/2025

# INSIGHTS INTO WHITE COLLAR WOMEN'S WORKPLACE EXPERIENCES DURING MENOPAUSE-A HUMAN RESOURCE MANAGEMENT PERSPECTIVE\*

Ela Burcu UÇEL<sup>2</sup>

#### Abstract

Menopause has been studied widely in medicine and health sciences, but research on management, especially in Türkiye seems to be extremely limited. This creates a data gap which leads to corporate and managerial ignorance of menopausal women's experiences at the workplace. The current study focused on white collar menopausal women's workplace experiences. Due to the exploratory nature of the study, a qualitative design and in-depth interview method were used. Nine participants volunteered for the study and as the data analysis showed saturation, no more interviews were conducted. Findings indicate that women have multiple hardships at the office during menopause and flexible working conditions and support of female colleagues and managers may facilitate their experiences. Furthermore, organizations should provide flexible working alternatives, trainings, adjusted offices and policy change especially in performance and compensation management in support of mid-life menopausal working women.

Keywords: Menopause, Working Women, Workplace, Human Resources Management

JEL Codes: O15, M12

# BEYAZ YAKALI KADINLARIN MENOPOZAL DÖNEMDEKİ İŞ YERİ DENEYİMLERİNİN İNSAN KAYNAKLARI PERSPEKTİFİNDEN İNCELENMESİ

## Öz

Menopoz tıp ve sağlık bilimlerinde yoğun şekilde çalışılmakla beraber, yönetim organizasyon alanında bilhassa Türkiye'de, yeterli araştırma olmadığı söylenebilir. Bu durum alanda veri eksikliği yaratmakta ve menopozal dönemdeki kadınların örgütsel bağlamdaki deneyimlerinin dikkate alınmaması sonucunu doğurmaktadır. Bu çalışma menopozal dönemdeki beyaz yakalı kadınların iş yeri tecrübelerine odaklanmıştır. Araştırmanın keşfedici doğası gereği, nitel bir tasarım yapılmış ve derinlemesine görüşme yöntemi kullanılmıştır. Beyaz yakalı 9 kadın katılımcı ile yürütülen çalışma sonucu elde edilen verilerin analizi, menopoz dönemindeki beyaz yakalı kadınların iş yerinde çeşitlik zorluklarla karşılaştıklarını göstermektedir. Bununla birlikte bu zorlukların etkisi hafifletmekte esnek çalışma yöntemlerinin ve diğer kadın çalışanlar ve kadın yöneticilerin desteğinin etkili olduğuna işaret etmektedir. Bulgular, kurumların menopoz dönemindeki kadın çalışanları desteklemek için esnek çalışma imkanları sunmak, çalışma ortamını uygun hale getirmek, menopoza dair kalıp yargıları ortadan kaldırmaya yarayacak eğitimler düzenlemek ve özellikle performans ve ücret yönetimi alanlarında politika değişikliğine gitmek gibi alternatifleri gündeme almaları gerektiğine işaret etmektedir.

Anahtar Kelimeler: Menopoz, Çalışan Kadın, İş Yeri, İnsan Kaynakları Yönetimi

JEL Kodları: O15, M12

-

<sup>\*</sup> Bu çalışma için İzmir Katip Çelebi Üniversitesi Etik Kurulunun 08/05/2024 tarihli toplantısının 2024-08-09 nolu kararı ile etik kurul onayı alınmıstır.

<sup>&</sup>lt;sup>2</sup> Dr. Öğr. Üyesi, İzmir Katip Çelebi Üniversitesi, İktisadi ve İdari Bilimler Fakültesi, <u>elaburcu.ucel@ikc.edu.tr</u>, <u>https://orcid.org/0000-0001-7210-</u>9476



#### INTRODUCTION

Menopause is frequently studied in medicine and health sciences, but research in management and organization is relatively less, even lesser in the Turkish context. Atkinson, Charmichael and Duberley (2021, p. 658) state that menopause is "under-theorised and poorly understood in work and employment literature". A good number of studies examine women's physical, psychological and marital experiences of and attitudes towards menopause in Türkiye (e.g., Erkin, Ardahan, and Kert, 2014; Dökmen, 2009; Bezircioğlu, Gülseren, Öniz, and Kındıroğlu, 2004; Çoban, Nehir, Demirci, Özbaşaran, and İnceboz, 2008; Ayrancı, Orsal, Orsal, Arslan, and Emeksiz, 2010), but only a very few focus on menopausal women in organizational settings (e.g., Oğurlu, Küçük, and Aksu, 2011; Salık and Kamal, 2015; Besen, Eker, and Yurdakul, 2021). Given the labor force participation rate of women in the country (35.1 %) (Türkiye İstatistik Kurumu, [TÜİK], 2022), ignoring the effects of this biological phase on women and their workplace experiences not only creates negative individual and organizational outcomes but also a significant knowledge gap. The current study aimed to contribute the field by attempting to fill this gap. To our knowledge, it will be the first to address menopausal white collar women's workplace experiences and observations related to menopause in Türkiye with a human resource management perspective.

#### LITERATURE REVIEW

Menopause is defined as the perpetual ending of the menstrual cycle (Huffman, Myers, Tingle, and Bond, 2005). It is a transition that every mid-life woman experiences due to the natural decline in the ovarian reproduction of the related hormones (Kalb, 2007). Menopause is classified as natural and induced. Natural menopause is the natural ending of the menstrual cycle which is generally experienced around ages 45-51, the mean age in Türkiye is 45-48 (Uncu, Alper, Ozdemir, Bilgel, and Uncu, 2007). Induced menopause happens when woman's ovaries are removed via surgery for medical reasons (Batool, Kausar, Naqvi, Javed, and Tufail, 2017). Natural or induced, women may experience a wide array of menopausal symptoms during menopause. These symptoms are grouped in four different dimensions as physical, sexual, vasomotor and psychological (Greene, 1998). Physical symptoms are muscle pain, headache, joint pain, problems with breathing, irregular periods, weight gain, skin dryness, menstrual flooding, fatigue, hair loss, increase in allergies, poor memory, mental confusion and foggy brain; sexual symptoms are loss of libido and dryness; vasomotor symptoms are night sweats and hot flashes; psychological symptoms are crying spells, mood instability, panic attacks, depression, anxiety, sleep disorders and quick heartbeat (Worden, 2011; Lobo, Kelsey, and Marcus, 2000; Griffiths et al., 2013; Hardy, Griffiths, and Hunter, 2017). Previous research indicates that many of the menopausal symptoms may be culturally defined (Flint, 1975). With these



symptoms, women's quality of life may be negatively influenced (Chen et al., 2012; Erkin et al. 2014) as, together they may create a domino effect (Brewis, Beck, Davies, and Matheson, 2017).

That negative influence is also reflected to the organizational domain for working women. Menopausal working women have diverse experiences at the workplace. These experiences include difficulties; negative influence on self-perceived work performance, on self-perceived work ability, on self-perceived productivity; time management (Griffiths et al., 2013; Geukes, van Aalst, Nauta, and Oosterhof, 2012; Brewis et al., 2017; Jack et al., 2014; Geukes, Oosterhof, van Aalst, and Anema, 2020; D'Angelo et al., 2022), and an impaired career capacity (Vincent et al., 2024). Most women feel the need to conceal that they are in menopause, at the workplace. The main reasons are, they do not want to be seen as aging and they have the fear of stigmatization (Reynolds, 1999; Kittell, Mansfield, and Voda, 1998; Jyrikinen and McKie, 2012). This fear exists, because menopause is a social and cultural construct (Kelly, 2011) which has negative impact on women. The menopausal experience is not universal (Melby and Lampl, 2011); life style, culture, childhood experiences and many other factors may influence how a woman experiences menopause (Sievelt, 2014). Different cultures may have different ideas and perspectives on the aging female body (Richters, 1997) and that may shape women's menopausal experiences.

Menopause is an invisible, hidden and a stigmatized issue at the workplace (Paul, 2003; Jack et al., 2014). It is mostly named as a workplace taboo (Beck, Brewis, and Davies, 2021). Women conceal that they are in menopause, as it is a taboo. The neoliberal understanding defines an ideal worker as "young". Aging is associated with lower productivity; thus, it must be masked (Rowe and Kahn, 1998). Moreover, menopausal women do not want to be seen as complaining (Irni, 2009) and don't want to attract negative performance related attention because of stereotypes about menopause (Beck, Brewis, Davies, and Matheson, 2023). Moreover, they fear being subject to teasing, ridicule, harassment, humiliation and jokes, and being less desirable for their organizations (Beck et al., 2021; Jack et al., 2014; Whiley, Wright, Stutterheim, and Grandy, 2023).

As most women are unwilling to disclose that they are experiencing menopause, they cannot ask for support and understanding from their managers and organizations. Hereby a number of negative organizational results may eventually emerge, like absenteeism, presenteeism and losing the employee (Faubion et al., 2023). Menopause- similarly to other natural life events that a woman experiences like pregnancy and motherhood- may hinder women's careers. As, some women with severe symptoms end up leaving employment, retiring, changing jobs, shifting to part time work and giving up on promotion (Bazeley, Marren, and Shepherd, 2022; Jack et al., 2014; Evandrou, Falkingham, Qin, and Vlachantoni, 2021). Women face various inequalities in the workplace. They experience glass ceiling-the invisible



barriers that keep them from climbing to the top management positions- (Purcell, MacArthur, and Samblanet, 2010), and they try to free themselves from the sticky floors-the tendency to keep female employees at the lower levels of the organizational hierarchies- (Booth, Francesconi, and Frank, 2003). Moreover, they experience discrimination because of their maternal bodies. They are subject to motherhood penalty-career losses resulting from pregnancy and motherhood-, they struggle with the maternal wallinvisible barriers they face at the workplace as a result of motherhood- and they experience stigmatization during menopause (Gatrell, 2013; Crosby, Williams, and Biernat, 2004; Correll, Benard, and Paik, 2007). In order to provide gender equal workplaces, organizations should take the female body in consideration, when defining the ideal worker and setting the standards for her. For performance management, career planning, employee wellbeing and retention purposes, organizations should embrace the very existence of menopause. They should make necessary policy changes to create supportive and inclusive workplaces for menopausal women. Because, research shows that poor working conditions like poor ventilation, bad employee-superior relationships, bad colleague relationships and stressful environment worsen menopausal symptoms and menopausal women's work experiences (Brewis et al., 2017; Bariola, Jack, Pitts, Riach, and Sarrel, 2017). Human resource practitioners must be informed about menopausal women's workplace experiences and the individual and organizational results of menopause at the workplace. They should pay significant attention on the issue and on the required policy changes. Human resource scholars on the other hand, should address the issue in depth in order to provide insights that would be useful for organizations in creating change (Atkinson et al., 2021a).

Menopause research focusing on organizational settings in the Turkish context is quite few (e.g., Oğurlu et al., 2011; Salık and Kamal, 2015; Besen et al., 2021). Previous research conducted in other cultural settings may not be helpful in understanding the realities of the Turkish context, as, how menopause is defined and which meanings are embedded to it, vary between different socio-cultural contexts (Kaufert, 1982). Therefore, a gap exists in menopause research in organizational settings in the Turkish context.

#### **METHOD**

The current study aims to examine white collar menopausal women's workplace experiences and observations in Türkiye, and obtain an understanding on the issue via looking for answers to the following research questions:

- What are the workplace experiences of white collar menopausal women?
- How is menopause handled in the workplace by white collar menopausal women?



• How can organizations facilitate this transition period at the workplace for menopausal women?

Ethical approval for this study was obtained from the Ethics Committee of İzmir Katip Çelebi University with the decision numbered 2024-08-09, dated 08/05/2024.

The research had an exploratory aim, as it attempted to understand human experience (Todd, Nerlich, McKeown, and Clarke, 2004). Thus, a phenomenological research design was employed and in-depth interview method was used. Phenomenological research involves obtaining meaning from several individuals' lived experiences about a certain phenomenon (Creswell and Poth, 2016). Hereby the collection of participants' individual stories led the researcher to develop an understanding of how they experienced and handled menopause at the workplace (Creswell, 2014). The required ethical approval for the field study was granted by İzmir Katip Çelebi University, with the ethical approval document numbered- 2024- 0809.

The study was conducted with white collar menopausal women, using purposive snowball sampling. Blue collar menopausal women were not included to the study due to the differences in working conditions between white collar and blue collar employees. The participants were reached out to via researcher's professional networking. Inclusion criteria was experiencing menopause and working as a white collar employee. Blue collar women experiencing menopause were not included in the sample. Semi-structured in-depth interviews were conducted with 9 participants (for participant demographics, please see Table 1). Interview modes (face to face or online), places and dates were selected by the participants. An interview protocol was used, participants were informed about the research aims and ensured about anonymity. The participant consents were also taken. Each interview lasted 30-40 minutes and was recorded by the permission of the participant. The researcher also kept a research diary and noted her observations about each participant and the interview. After each interview the recordings were transcribed verbatim by the researcher. A concurrent process of interviewing and transcribing, reading and analyzing data was run. At the end of the ninth interview, researcher was convinced about data saturation, thus no more interviews were conducted, following the golden standard of Morse (Morse, 1995).

For *trustworthiness* of the study, Lincoln and Guba's criteria was used as a guide (Lincoln and Guba, 1985). *Credibility* was granted via researcher involvement. She studied the topic thoroughly, focused on interviewing skills, ensured to build trust with the participants and make them feel at ease. Furthermore, continuous triangulation was used by visiting and revisiting data, researcher's interpretations of data and theories. Lastly, transcriptions and the paper were sent to random participants for member checking. Purposeful sampling was used to help *transferability* (Bitsch, 2005). Detailed explanations of the field study (research design, sampling and data collection), data analysis and the context were provided with the same



aim (Li, 2004). Member checking and peer examination were employed for *dependability:* the findings were sent to random participants for checking and they were discussed with a neutral peer (Tobin and Begley, 2004; Bitsch, 2005). Additionally, code-recode strategy was used. Two weeks after the first coding, researcher revisited the data and coded again. Then, a comparison between two codings were made. It was seen that the two codings are parallel to one another (Chilisa and Preece, 2005). *Confirmability* was assured with reflexive journal. The researcher kept a journal during field study for reflection, initial interpretations and noting about the following phases of the study (Wallendorf and Belk, 1989). With this journal the influence of researcher's perceptions, background and experiences on the study was evaluated (Krefting, 1991).

Coding-inductive constant comparison method was used for data analysis (Miles and Huberman, 1994; Glaser and Strauss, 1967). Several readings of the transcriptions allowed finding emergent themes and determining related codes and categories. When the analysis showed saturation of meaning derived from data, both the interviews and the analysis were ended.

#### **FINDINGS**

This section presents the findings of the study with respective themes and related participant quotations.

#### Society's View of Menopause

The participants shared their feelings and thoughts about and reactions to experiencing menopause, but their reflections explicitly showed how immensely these feelings, thoughts and reactions were influenced by societal beliefs and understandings related to menopause. The research shows that the cultural group a woman belongs to influences her menopausal experiences (Huffman et al., 2005). Social learning and cultural background shape menopausal attitudes and experiences, thus they differ in different cultures and ethnic groups (Huffman et al., 2005). Similarly, Veneiga and Kraaimat argue that women's attitude influence how they label menopause (Veneiga and Kraaimat, 1995).

#### Taboo

The current findings are parallel to previous research mentioned above, as they show that menopause is culturally seen as a taboo in Turkey and it is not discussed overtly. Turkish culture is described as collectivist, indicating the high degree of individual integration to groups (Hui and Triandis, 1986). Thus,



group attitudes and beliefs about menopause may have greater impact on the individual and individual's menopausal experiences.

I just realized that menopause is a taboo, for me, too. Menopause is really, like when we have our period, we do not speak about it loudly, I realized that we do the same thing about the menopause. A. (Age 53, entrepreneur)

#### Label

The participant reflections revealed societal perceptions and labelling of the women experiencing menopause, which involved mostly negative characteristics like useless, distressed, failing to get pleasure out of life and, a physical tag: overweight. In some cases, the negativity of perceptions goes too far as naming the menopausal women as half a woman.

Menopause is kept as a secret because of the tag "aww she's in menopause". It's interesting, its kept from others. One of my friends for example, she didn't tell it to anyone... A friend, she had a surgical menopause, her uterus was removed, her husband told her that she half a woman now.

N. (Age 52, Middle Manager)

...the labels like menopausal woman its easily tagged to women.

G. (Age 59, Academician)

I didn't tell it to anyone because a certain perception of "menopausal women" exists, the society has it, I understood that I have it. I mean the menopausal women, she gained weight, she is fat, has no job, she's at home, having hot flashes, distress. that was my perception.....thoughts like she is not going to enjoy life any more,

A. (Age 53, entrepreneur)

This rather unpleasant societal "label" may create fear and shame, and may urge women to hide menopause or experience it in secret, as seen in the participant reflections. By concealing menopause and its symptoms, they try to keep up appearances (Kittell et al., 1998) and try to avoid negative consequences.

#### Joke

Jokes and mocking about menopause are also emergent in the participant reflections. Women may try to overcome the psychological and physical effects of menopause by making jokes about it.



I was joking about menopause at the workplace, saying I found peace in menopause.

G. (Age 59, Academician)

Male colleagues also make menopause jokes and mock about it (Whiley et al., 2023).

Men have jokes about menopause, I mean not like mobbing but, still women need to tolerate and manage it. I was trying to handle them by laughing.

G. (Age 59, Academician)

But these jokes-unlike women's-are not only vain in helping women handle the overall menopausal experience, but also make it even more challenging, as mocking about menopause creates shame and discomfort.

#### Women's Reaction to Menopause

Women's reaction to and attitude toward menopause are culture bound (Huffman et al., 2005) and unique (Jack et al., 2014). As mentioned in the previous section, societal views about it have huge impact on how women proceed with menopause, but still experiences are one of a kind for every single woman, as reflected by the participants.

## Menopausal experience like a fingerprint

Every woman's menopausal experience is unique like fingerprints. Every one experiences differently. It's hard to make generalizations, I mean, of course there are landmark changes that you go through but how you experience them, how you react is important and its different for everyone.

G. (Age 59, Academician)

I have pain, stiches very often, I have headaches. I am thinking why do I have them because my sister had a very comfortable menopause, mine is totally different. Everyone's experience of it is different.

Ü. (Age 57, Academician)

This finding is in line with previous research arguing that menopausal experience is different for every woman (Talaulikar, 2022) and it is particularly subjective (Jack et al., 2016). Some have smooth



transitions but others experience multiple challenges and hardships. Understanding this uniqueness and accepting that menopausal experience is individual like a fingerprint, is important. Because it prevents other people to have and to emphasize standard reactions and responses.

#### **Positive reactions**

Participant reflections presented a classification of reactions to menopause as positive and negative. Women who welcome menopause positively are assuming that they will be pampered by family and friends during this transition period and they liked the idea of being cherished by others.

...I have two friends, their perspectives about menopause are totally different. They were thinking that they would be blanketed by their families during menopause, they would be treasured. It was something positive for them.

A. (Age 53, entrepreneur)

Moreover, some women feel liberated from menstruation and the problems related to it during menopause. They report this among the positive aspects of menopause. This finding is parallel with previous research conducted in Western settings (Hvas, 2001).

## Negative reactions: concealing and being in denial.

Other women react to menopause either by denial or concealing it from loved ones. As they may think menopause is unpleasant; it is a sign of loss of youth (Gujski et al., 2017) and it damages "femininity". Additionally, the research shows that menopausal women may feel "less desirable" for the organization intellectually and physically, as a result of their workplace daily interactions (Jack et al., 2014). The belief that a menopausal woman's ageing body does not fit the norm defining the "ideal worker" is another reason why working women avoid disclosing menopause (Atkinson et. al, 2021a).

When I learned, I hid it from my husband, I didn't tell him, I told no one. In fact, I continued using sanitary pads just to make my husband think that I am still having periods. The first year I had trouble accepting it... I had hard time accepting that I was in menopause.

A. (Age 53, entrepreneur)

Menopause is kept as a secret because of the tag "aww she's in menopause". It's interesting, its kept from others. I had a surgical menopause; my uterus was removed. My female colleagues tried



to hide it from others at the workplace, they did not tell that my uterus was removed. The ideas of the society and upbringing have impact. These things are psychological, social acceptance matters. N. (Age 52, Middle Manager)

The anxiety and hesitation about husband/partner's reaction to menopause, stereotypes about menopause and other social misconceptions may lead women to deny menopause and have trouble accepting this transition. Husband's attitudes are important for women as research shows that menopausal complaints are influenced by husband's attitudes about menopause (Aksu, Sevinçok, Kücük, Sezer, and Ogurlu, 2011). To avoid negative attitudes or the fear of being seen by the husband as "less of a woman" makes women hide that they are in menopause. Hiding it in the workplace on the other hand, has a lot to do with menopause being a taboo and an unspoken subject in public and business spheres, and an aging woman being undesirable in organizational settings.

## **Factors Facilitating Menopause at the Workplace**

The participants mainly talked about their workplace experiences during this menopausal transition period due to the pursuit of the study. A main theme was the factors that facilitated their experiences, helped them with the symptoms and symptom related burdens at the workplace.

# Flexible working

Self-employed or not, a major factor that eased women's hardships was flexible working hours. Being able to arrange work hours, and having the chances to work from home when needed, appeared to be a good way to handle unexpected and heavy periods, hot flashes, pain and psychological implications.

But I had the advantage of being self-employed, I mean I was arranging my working hours as I wish. That helped a lot...I managed this process well because I had the chances to decide when to work.

A. (Age 53, entrepreneur)

## Support from other women

Another factor that helped was receiving support from other women in the workplace. Colleagues or superiors, menopausal or not, women have an understanding about the notion of experiencing menopause and thus, for menopausal women they may become a safe haven at the workplace.



I was supported by my girlfriends most in this period, because we have similar experiences, shared experiences like gaining weight, temper... Hereby I realized that I was not alone, I realized that it's a period like puberty and it will pass eventually. Knowing that help a lot.

A. (Age 53, entrepreneur)

Having female managers seem to be quiet a smoothing factor as experiences are shared.

I had a sympathetic environment at the workplace as my manager, she and I were having the same experience (menopause)...So if I had serious symptoms, I would have talked to her... It's easier with women, to tell...

G. (Age 59, Academician)

I had an employee who had a heavy period for six months during menopause. Even though I am a female manager she didn't come and tell me about it. She was very angry and aggressive, I invited her and asked her if she had a problem. Then she told me that she had a heavy period and it was causing trouble both at home and at work, and that was the reason of her anger. She was having problems with her husband and that was reflected to her work. I showed understanding and tolerance and prevented her from having troubles at work, I tried to comfort her, but if she had a male manager, he could not have realized the possible reasons of the change in her attitudes at the workplace. As I knew her age, I guessed that she was experiencing menopause. Besides even if he has realized, she could not have talked to him openly as she has done with me. She couldn't have found the understanding and empathy she needed.

S. (Age 65, Middle Manager)

This is a personal matter, I cannot and do not share it with male colleagues or managers. Sharing this is risky, it can influence people's perceptions negatively about my performance etc.

L. (Age 58, Foreign Relations Expert)

My previous manager was male, I am not sure if I could have told him, I am thinking of the past and no, I would have held back. It's easier with women, to tell...

G. (Age 59, Academician)

Women find it difficult to talk about menopause, it is harder to talk about it with men. Research shows that majority of women are reluctant to share menopausal challenges with male managers (Griffiths et al., 2013). Thus, one of the salient facilitating factors was having female superiors. They can share menopausal



experiences with female superiors easily, as in most of the cases it is a shared experience. Thus, the superior can put herself into employee's shoes and empathize with. Moreover, it's more likely that a female superior notices the menopausal symptoms that an employee experiences and offers support and assistance.

## Outcomes of Menopause at the Workplace

For working women, experiencing menopause involves dealing with its symptoms at the workplace and previous research shows that menopause creates diverse business outcomes for working women (e.g., Vincent et al., 2024; Griffiths et al., 2013; Dennis and Hobson, 2023). Additionally, it may have serious negative impact on work lives of women (Bazeley et al., 2022). Menopausal transition's impact at the workplace appeared under four main sub-themes in the current study *impact on: routine daily work, work performance, workplace attire and career decisions*.

# Impact on routine daily work

Certain physical symptoms of menopause may create burden at workplace, during work. Tiredness, hot flashes, tearfulness, pain, low energy and urinary problems are among them (Griffiths et al., 2013; Daan and Fauser, 2015; Tokuç, Kaplan, Balık, and Gül, 2006; Yurdakul, Eker, and Kaya, 2007; D'angelo et al., 2022). Previous research shows that women may experience difficulties at the workplace because of these symptoms (Faubion et al., 2023).

... that's why you need to urinate more, which is a problem at the workplace.

V. (Age 63, Doctor)

Urinary problems emerge because of the estrogen deficiency.

*U.* (Age 59, Middle Manager)

Some menopausal working women are obliged to have more frequent toilette breaks due to urinary symptoms like recurrent need to urinate and urinary incontinence (Legendre, Ringa, Panjo, Zins, and Fritel, 2015; Griffiths et al., 2016). This can create problems, as it can be perceived as "avoiding work" by ignorant colleagues and managers.

Sweating at the office, that causes problems because it's hot for me but my colleague thinks that the heat is fine.

L. (Age 58, Foreign Relations Expert)



Especially after meals there is sweat. My position requires smart and attentive wear; thus, sweating was a serious burden for me. We were going to business lunches and after eating I was sweating like hell and it was visible. Others also see it. It's so annoying, so bothersome. I was wearing silk shirts, because I needed to look sharp, because of the sweat, the shirt was being all wet. Sweating and its visibility it's so annoying that I got angry and aggressive.

U. (Age 59, Middle Manager)

Hot flashes or sweating is another common physical symptom, and it creates adverse effects for women at the office (Faubion et al., 2023). Sharing the office with colleagues, and having different ideas about the heat can be a problem. Another problem is the burden of hot flashes and sweating during representative duties, as presented by participant U's quotation. Hot flashes are reported to be "particularly difficult" (Griffith et. al, 2013, p.155) as it may hinder the representative ability and is hard to handle during formal meetings (Jafari, Seifi, and Heidari, 2017).

Heavy periods are very hard to handle at the office... didn't know what to do when a heavy period started during a meeting. That was such a difficult situation. During a business trip, we were in the plane and when the plane landed, I had a very heavy period, my clothes, the plane seat, they were all blood. I informed the flight attendant that the seat needs to be cleaned. I had colleagues with me, I left them and went to the toilette with my briefcase to change. It was such an unpleasant situation...

I experienced intolerance most. I mean I was bleeding I was having changes in my body. Should I deal with my body or with my job? I always want to complete my duties properly, that's who I am, but when I had these problems during menopause, that was the reason of my intolerance L. (Age 58, Foreign Relations Expert)

Heavy periods and sudden heavy bleeding may create extreme inconvenience for working women as seen in participant L's reflections. It is quiet disturbing to visibly experience heavy bleeding and also very compelling to abruptly leave meetings to manage the situation.

# Impact on work performance: decreased performance, concentration problems, slowing down

Women may have negative self-reported performance during menopause, as they may perceive having worse than before performance due to the symptoms.

Menopause had an impact on my work performance, my performance fell down, I tell this as the boss, as the owner of the company (she laughs).



A. (Age 53, entrepreneur)

Having problems about the mental capacity. The jobs that I finished very shortly before started lasting longer. I can say that I slowed down mentally.

G. (Age 59, Academician)

Problems in sleeping and concentration, forgetfulness, missing mails that needed answers, missing duties...

V. (Age 63, Doctor)

Previous research indicates that menopausal symptoms are correlated with lower performance at the workplace (High and Marcellino, 1997; Hashimoto, Yoshida, Nakamura, Takeishi, and Yoshizawa, 2021), specifically adding that organizations should grant relevant work environments and conditions so that symptoms are not negatively impacting performance (Kopenhager and Guidozzi, 2015; Hashimoto et. al, 2021). On the other hand, Hardy et. al.'s study shows that no significant relationship exists between menopausal status and job performance (Hardy et al., 2017). This itself can be seen as evidence that menopausal experience is unique for every woman, as it may and may not have negative influence on work performance.

#### **Impact on workplace attire**

Menopause has implications on workplace attire of women. Their choices of dress (style, color, and fabric) are largely influenced by menopausal symptoms like hot flashes, menstrual flooding, and weight gain (Kittell et al., 1998; Steffan, 2021; Butler, 2020).

My workplace attire was also influenced by menopause, I preferred wearing less revealing and more comfortable dresses. Not high heels but babettes...

A. (Age 53, entrepreneur)

I was wearing in multiple layers, like a t-shirt, a sweater or a jacket. When the hot flashes come taking them off one by one.

G. (Age 59, Academician)



I quit synthetics because of the sweat and hot flashes, I have zero tolerance to it. I prefer cotton cloths, not a nice silk shirt, not a chance.

L. (Age 58, Foreign Relations Expert)

Normally dress is functional in identity construction (Rafaeli and Pratt 1993; Tsaousi and Brewis, 2013; Entwistle, 2015; Tsaousi, 2021) and organizational representation (Creelman, 2018), but during menopause it serves additional purposes: concealing weight gain, sweating and menstrual bleeding and providing comfort in the face of symptoms like hot flashes.

## Impact on career decisions

Research shows that menopausal experiences (symptoms and bodily changes) may create career consequences (Van der Heijden, Pak, and Santana, 2021) for women. While some menopausal women experience no changes during this transition period, others may face changes like career recalibration, loss of direction and retirement (Vincent et al., 2024).

... like the ambition meter that I had inside stopped. Now I'm picky about what I want to do at work. Things like titles and positions that mean a lot to others, have lost their meaning for me. I preferred making solid changes in my career plan...some of my friends preferred retirement but others, one of them decided to run for mayor, another created a new brand during menopause.

G. (Age 59, Academician)

Complaints related to menopause can cause losses in career, it may even lead to early retirement and end it.

*V.* (*Age 63, Doctor*)

Women who experience symptoms harshly may choose retirement, as it becomes burdensome to deal with the symptoms at the workplace whilst trying to meet performance expectations. Others may change their career course or, at times, may make radical career shifts. Apparently, menopause is not only a bodily transformation for women but also a mid-life recalibration of life expectations.

## **Expectations of HR Policy Change**

The participants were addressed the following question: "what should your organization do to facilitate the menopausal transition at the workplace and make you feel comfortable?" during the interviews. The related findings are as follows, and all carry great importance for organizations.



## **Trainings**

The findings show the need to provide trainings to employees and managers to create menopause awareness and to inform about the menopausal symptoms. These trainings are vital in order to create supportive workplaces for mid-life working women.

Men should be informed... So, without stigmatizing or labelling, to create awareness of this period and the transformation it brings to women. Especially, to inform male managers, it's necessary.

G. (Age 59, Academician)

#### Menopause circles and professional support

The previous sections showed that sharing common experiences helps women in overcoming the hardships of menopause. Thus, providing professional support and/or creating menopause circles where women may voluntarily come and share experiences should be on an organization's to do list.

It would be very helpful to have someone to talk to about my experiences at the workplace.

B. (Age 59, Finance Expert)

The thing we have to do in corporate life is to make menopause talkable, easy to talk about. We cannot even imagine talking about it at the workplace. I have 34 employees and we always talk about their lives, families, problems. But menopause has never been mentioned, people do not even imagine talking about it. It should be normalized.

A. (Age 53, entrepreneur)

Menopause circles, and above mentioned trainings will have another use: normalizing menopause, shattering the "menopause" taboo and making it the normal, biological phase-that every female person goes through-as it is.

## Flexible and hybrid work

Symptoms like sudden and heavy periods, menstrual flooding, hot flashes and pain are significantly hard to handle at the workplace, and during face-to-face meetings. Hybrid work would provide women with the chances to experience these symptoms at home, in private, while remotely working.

The employee should be able to take the day off, take a leave anytime she wishes during this period. Flexible working hours and hybrid work should be granted.



#### A. (Age 53, entrepreneur)

We, the women in menopause, all have the same problem at work. We are trying to handle the sudden burdens, sudden heavy periods and required medical operations without taking the day off. Because if we take the day off, it's from our annual leave and we don't want that.

L (Age 58, Foreign Relations Expert)

Additionally, the medical visits that menopausal women should have in order to manage the symptoms, and the transition period itself would require taking days off. Organizations may provide autonomy about working hours and grant medical leaves other than the annual leave.

## Adjusted environment

The participant reflections show that some changes in the offices and the organizational atmosphere might create a great deal of difference for menopausal women: well-ventilated offices, water fountains, personal lockers to keep spare clothes and sanitary pads, office gardens or sports facilities to exercise during the lunch hours and after work, and a flexible dress code which allows women to pick comfortable and relevant attire.

Companies should be prepared, like small but important adjustments like well-ventilated offices, plenty of water and other fluids which are needed during hot flashes.

G. (Age 59, Academician)

On a normal day, during a meeting a sudden heavy period shocks a woman. It's annoying. All menopausal women at the office have spare clothes and underwear in our drawers.

L. (Age 58, Foreign Relations Expert)

The chances to exercise during working hours, like for half an hour only would help a lot.

B. (Age 59, Finance Expert)

Current findings are parallel with previous research, as it is advised to make suitable adjustments in the work places to help women manage the menopausal transition (Jack et al., 2016; Atkinson et al., 2021b; Safwan et al., 2024).



## **Policy changes**

Participant reflections directed attention to much needed HR policy change in performance evaluation, and compensation management.

The point which I treasure a lot is the experience, not the speed. Thus, women should have performance evaluation based on expertise, not speed, during the menopause.

A. (Age 53, entrepreneur)

Menopausal women are mid-life, mid-career or senior employees. Therefore, they have valuable experiences, expertise and foresight and all are of serious use to organizations. The psychological and physical symptoms of menopause may slow down their performances, cause concentration problems, and decrease work ability. Organizations should have adjusted performance evaluation policies for these women, which focus on competency, experience and talent, rather than current outcomes and speed.

For example, my health insurance package includes a birth coverage which I will never use anymore. I told them to remove it and to include a package that would be useful during menopause, like which involves bone density tests, hormone tests or psychological support etc. HR should consider the biological phase the employee is in, when designing these packages.

G. (Age 59, Academician)

The last finding shows that menopausal women would benefit tailor made compensation packages which involve health care coverage that is designed based on the biological phase that the employee is experiencing.

## **DISCUSSION AND CONCLUSION**

As a normal biological phase experienced by nearly half of the working population during the life time, menopause is extremely underrated as a research topic in business, mostly in Türkiye. This may be a reflection of the cultural understanding of menopause as a taboo both in public and business domains. The lack of research in business matters, as this biological transition period has physical and psychological consequences for women at the workplace. The current study humbly attempted to contribute to menopause studies in Türkiye via examining white collar menopausal women's experiences and observations at the workplace.



The findings can be classified under five main themes: society's view of menopause, women's reactions to menopause, factors facilitating menopause at the workplace, outcomes of menopause at the workplace and women's expectations of HR policy change.

First theme, society's view of menopause provides a portrayal of societal understandings of menopause from participants' point of view. Menopause is a taboo, a (unpleasant) label tagged to women and a joke which at times helps women overcome their own feelings and others' ideas about menopause and at other times, a joke made by others that can be offensive but still overlooked and tolerated by women. This theme calls attention to the need to create societal awareness about menopause and to fight the stigma created around it.

The second theme, women's reactions to menopause, presents the insight that menopause is a unique experience for every single woman. Some have pleasant transition periods, others face challenges and burden; some share their menopausal status with family and friends, others prefer to keep it from everyone even from their partners; some are willing to share their experiences and challenges and to ask for support, whereas others prefer to stay anonymous and have this experience alone, without any intervention. This very fact speaks to policy makers, the much-needed policy change should ensure that all supportive options are discretional.

The third theme, the factors facilitating menopause at the workplace, shows that flexible working conditions and female colleagues and managers are the main work-related sources of comfort and support during the menopause. The freedom to arrange working hours and/or hybrid work helps managing physical symptoms and eliminating the resulting anxiety and stress. The female colleagues on the other hand, provide psychological support, and they help overcoming the feeling of loneliness via sharing common experiences, burdens and challenges. When the woman is willing to share experiences and ask for help, the female superiors are seen as safe haven, as menopause is mainly (accepted as) a "feminen issue". Additionally, the female superiors may identify and understand the symptoms and symptom related problems of the woman, even if the woman herself hesitate to or is unwilling to disclose. Hereby the female superiors may provide support which would be very valuable for menopausal women.

The fourth theme, outcomes of menopause at the workplace presents the impact of menopausal symptoms on work: on *routine daily work, work performance, workplace attire and career decisions*. Daily work routine is influenced by urinary problems caused by estrogen deficiency (frequent need to urinate and visit the toilet). It is also impacted by sweating and hot flashes, mainly during meetings and representative duties and lastly, heavy periods, and menstrual flooding. All of these symptoms are unsettling. They create

## Anadolu Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi, 26(1), 483-510 Anadolu University Journal of Economics and Administrative Sciences, 26(1), 483-510



discomfort, and may cause anxiety, stress and shame. Shame is a result of stigmatization of female aging and lack of support (Nosek, Kennedy, and Gudmundsdottir, 2010). Self-reported work performance is influenced by menopausal symptoms, as some woman report foggy brain, concentration problems and a slowdown in some cognitive functions. Menopause also has impact on workplace attire. Menopausal women mostly prefer cotton clothes which are helpful for hot flashes and sweating. Certain fabric like viscose and silk are extremely uncomfortable as they worsen these symptoms and make them highly visible which is inconvenient at the workplace. Besides, women choose comfortable and baggy clothes to conceal heavy periods and weight gain. Organizations should secure flexibility and alternatives to menopausal women about dress codes and uniforms. Lastly, menopause may have serious impact on women's career decisions. Some may prefer retirement as they find symptoms very hard to handle at the workplace alongside with organizational responsibilities and expectations. Others may make –sometimes radical- career changes.

The fifth and last theme, women's expectations of HR policy change, is the one which encapsulates the greatest managerial implication of the study. Menopausal working women consider certain human resources policy changes necessary for organizations, so that they are more inclusive of mid-life female employees. Trainings designed to create awareness on menopause are quite needed to overcome the menopause stigma/taboo. As, managers' ignorance and unawareness may build invisible barriers for menopausal women. Menopause circles and professional assistance of experts are also requested. Because sharing experiences and finding support and understanding are extremely helpful to overcome menopausal challenges. Flexible working conditions are particularly mentioned by participants. The chances to arrange own working hours, and working from home on demand are useful during menopause. Handling the unsettling symptoms at home, far from the eyes, rather than at the office, being noticeable and visible, is quite comforting. Flexible work is also needed for medical visits, treatments and tests. On the other hand adjusted environment- offices that provide well ventilation, water fountains and refreshments to cool off, private lockers to keep spare clothes and sanitary pads and opportunities for bodily movement and exercise are helpful as well. Finally, the participant reflections presented the need to change, and adopt performance evaluation criteria and compensation packages. Linking performance to outcomes may harm some menopausal woman, as symptoms may influence cognitive abilities, concentration and performing certain physical activity. Considering the experience and know-how that menopausal women have, basing performance evaluation on competency rather than outcomes is the way to make performance management more inclusive. In a similar vein, benefits should be adjusted according to the biological phase that the employee is in, considering the current needs. Removing birth and child care benefits from the packages and involving medical benefits designed for mid-life women is not only useful but also effective, as when



the symptoms are attended medically by health care professionals, women handle them better (Sood et al., 2016) and this reflects to workplace outcomes positively (Sarrel et al., 2015).

The overall examination of the findings addresses the need to acknowledge menopausal women's experiences in organizational settings; accept the need to make necessary adjustments in HR policies and practices, and implement these changes. As mentioned in the previous sections, each woman has her own menopausal experience. Thus, organizations should emphasize the cafeteria approach (Beck et al., 2018) and provide multiple options (like hybrid work, flexible working hours, adjusted environment etc.) so that women can choose whatever option works for them and their experiences with the symptoms most, or prefer using none, and stay anonymous.

The social context that women experience menopause in, matters (Ballard, Kuh, and Wadsworth, 2011); and understanding the social, mental and physical dimensions of menopause requires taking women's overall lives and their daily experiences into consideration (Levine and Dougherty, 1952). Thus, more menopause research focusing on organizational settings and on the Turkish context are needed in order to thoroughly understand working women's menopausal experiences and guide managers and policy makers to make required policy changes. This study was a humble attempt to answer that need. Future research should focus on blue collar menopausal women's workplace experiences in order to deepen our understanding about menopausal women's experiences in organizational settings.

#### AUTHOR STATEMENT / YAZAR BEYANI

Researcher declared that all contributions to the article were his own. Researcher have not declared any conflict of interest.

Ethical approval for this study was obtained from the Ethics Committee of İzmir Kâtip Çelebi University with the decision numbered 2024-08-09, dated 08/05/2024.

Araştırmacı makaledeki tüm katkının kendine ait olduğunu bildirmiştir. Araştırmacı herhangi bir çıkar çatışması bildirmemiştir.

Bu çalışma için İzmir Kâtip Çelebi Üniversitesi Etik Kurulunun 08/05/2024 tarihli toplantısının 2024-08-09 nolu kararı ile etik kurul onayı alınmıştır.



#### REFERENCES

- Aksu, H., Sevinçok, L., Kücük, M., Sezer, S. D., & Ogurlu, N. (2011). The attitudes of menopausal women and their spouses towards menopause. *Clinical and Experimental Obstetrics and Gynaecology*, 38(3), 251.
- Atkinson, C., Carmichael, F., & Duberley, J. (2021a). The menopause taboo at work: Examining women's embodied experiences of menopause in the UK police service. *Work, Employment and Society*, *35*(4), 657-676.
- Atkinson, C., Beck, V., Brewis, J., Davies, A., & Duberley, J. (2021b). Menopause and the workplace: New directions in HRM research and HR practice. *Human Resource Management Journal*, *31*(1), 49-64.
- Ayrancı, U., Orsal, O., Orsal, O., Arslan, G., & Emeksiz, D. F. (2010). Menopause status and attitudes in a Turkish midlife female population: an epidemiological study. *BMC women's health*, 10, 1-14.
- Ballard, K. D., Kuh, D. J., & Wadsworth, M. E. (2001). The role of the menopause in women's experiences of the 'change of life'. *Sociology of Health & Illness*, 23(4), 397-424.
- Bariola, E., Jack, G., Pitts, M., Riach, K., & Sarrel, P. (2017). Employment conditions and work-related stressors are associated with menopausal symptom reporting among perimenopausal and postmenopausal women. *Menopause*, 24(3), 247-251.
- Batool, S., Kausar, R., Naqvi, G., Javed, A., & Tufail, H. (2017). Menopausal attitude and symptoms in peri and post-menopausal working women. *Pakistan Journal of Psychological Research*, *32*(1), 55-75.
- Bazeley, A., Marren, C., & Shepherd, A. (2022). Menopause and the workplace. Fawcett Society.
- Beck, V., Brewis, J., Davies, A., Fish, S., & Garlick, D. (2018). Developing workplace menopause policies: four reasons why, and how. *Occupational Health [at Work]*, 15(3), 22-25.
- Beck, V., Brewis, J., & Davies, A. (2021). Women's experiences of menopause at work and performance management. *Organization*, 28(3), 510-520.
- Beck, V., Brewis, J., Davies, A., & Matheson, J. (2023). Cis women's bodies at work: co-modification and (in) visibility in organization and management studies and menopause at work scholarship. *International Journal of Management Reviews*, 25(3), 495-514.
- Besen, M. A., Eker, A., & Yurdakul, M. (2021). Effects of menopausal symptoms on work life and organizational environment. *Current Women's Health Reviews*, 17(1), 79-85.
- Bezircioğlu, İ., Gülseren, L., Öniz, A., & Kındıroğlu, N. (2004). Menopoz öncesi ve sonrası dönemde depresyon-anksiyete ve yetiyitimi. *Turk Physciatry Dergisi*, *15*, 199-207.
- Booth, A. L., Francesconi, M., & Frank, J. (2003). A sticky floors model of promotion, pay, and gender. *European Economic Review*, 47(2), 295-322.
- Brewis, J. Beck, V. Davies, A. & Matheson, J. (2017). *The effects of menopause transition on women's economic participation in the UK*. London: Department for Education.



- Bitsch, V. (2005). Qualitative research: A grounded theory example and evaluation criteria. *Journal of Agribusiness*, 23(1), 75-91.
- Butler, C. (2020) Managing the menopause through 'abjection work': When boobs can become embarrassingly useful, again. *Work, Employment and Society*, *34*, 696–712.
- Chen, P.L., Chao, H.T., Chou, K.R., Huang, H. M., Cheng, S. Y. Utian, W. H., & Liao, Y. M. (2012). The Chinese Utian Quality of Life Scale for women around menopause: translation and psychometric testing. *Menopause*, 19, 438-447.
- Chilisa, B., & Preece, J. (2005). *African perspective in adult learning: Research methods for adult educators*. Hamburg: UNESCO Institute of Education.
- Correll, S. J., Benard, S., & Paik, I. (2007). Getting a job: Is there a motherhood penalty? *American Journal of Sociology*, 112(5), 1297-1338.
- Creelman, V. (2018). Expressing accountability and organizational ethos: Business dress as visual rhetoric. In *Rhetorical theory and praxis in the business communication classroom* (pp. 139-160). Routledge.
- Creswell, J.W. (2014). *Research design: qualitative, quantitative, and mixed methods approaches* (4th ed.) USA: SAGE publications.
- Creswell, J. W., & Poth, C. N. (2016). Qualitative inquiry and research design: Choosing among five approaches. Sage publications.
- Crosby, F. J., Williams, J. C., & Biernat, M. (2004). The maternal wall. *Journal of Social Issues*, 60(4), 675-682.
- Çıtak, A. M. (2021). *Bir kadınlık deneyimi olarak menopoz* (Unpublished doctoral dissertation). Akdeniz Üniversitesi Sosyal Bilimler Enstitüsü.
- Çoban, A., Nehir, S., Demirci, H., Özbaşaran, F., & İnceboz, Ü. (2008). Klimakterik dönemdeki evli kadınların eş uyumları ve menopoza ilişkin tutumlarının menopozal yakınmalar üzerine etkisi. *Fırat Üniversitesi Sağlık Bilimleri Dergisi*, 22(6), 343-349.
- Daan, N. M., & Fauser, B. C. (2015). Menopause prediction and potential implications. *Maturitas*, 82(3), 257-265.
- Dennis, N., & Hobson, G. (2023). Working well: Mitigating the impact of menopause in the workplace-A narrative evidence review. *Maturitas*, 177.
- D'Angelo, S., Bevilacqua, G., Hammond, J., Zaballa, E., Dennison, E. M., & Walker-Bone, K. (2022). Impact of menopausal symptoms on work: findings from women in the Health and Employment after Fifty (HEAF) Study. *International Journal of Environmental Research and Public Health*, 20(1).
- Dökmen, Z. Y. (2009). Menopoz, beden imgesi ve ruh sağlığı. Türk Psikoloji Yazıları, 12(24), 41-55.
- Entwistle, J. (2015). The fashioned body: Fashion, dress, and modern social theory. Oxford: Polity Press.
- Erkin, Ö., Ardahan, M., & Kert, A. (2014). Menopoz döneminin kadınların yaşam kalitesine etkisi. Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi, 3(4), 1095-1113.



- Ertem, G. (2010). Kadınların menopoz sonrası yaşam kalitelerinin incelenmesi. *Uluslararası İnsan Bilimleri Dergisi*, 7(1), 469-483.
- Evandrou, M., Falkingham, J., Qin, M., Vlachantoni, A. (2021) Menopausal transition and change in employment: Evidence from the National Child Development Study. *Maturitas*, *143*, 96–104.
- Faubion, S. S., Enders, F., Hedges, M. S., Chaudhry, R., Kling, J. M., Shufelt, C. L., ... & Kapoor, E. (2023, June). Impact of menopause symptoms on women in the workplace. *Mayo Clinic Proceedings*, 98(6), 833-845.
- Flint, M. (1975). The menopause: reward or punishment?. *Psychosomatics: Journal of Consultation and Liaison Psychiatry*, 16(4), 161-163.
- Gatrell, C. J. (2013). Maternal body work: How women managers and professionals negotiate pregnancy and new motherhood at work. *Human Relations*, 66(5), 621-644.
- Geukes, M.P. van Aalst, M.C.E. Nauta, & H. Oosterhof. (2012). The impact of menopausal symptoms on work ability. *Menopause*, 19, 278–282. doi: gme.0b013e31822ddc97
- Geukes, M., Oosterhof, H., van Aalst, M. P., & Anema, J. R. (2020). Attitude, confidence and social norm of Dutch occupational physicians regarding menopause in a work context. *Maturitas*, *139*, 27-32.
- Glaser, B., & Strauss, A. (2017). *Discovery of grounded theory: Strategies for qualitative research*. London: Routledge.
- Greene, J. G. (1998). Constructing a standard climacteric scale. *Maturitas*, 29, 25–31.
- Griffiths, A., MacLennan, S. J., & Hassard, J. (2013). Menopause and work: an electronic survey of employees' attitudes in the UK. *Maturitas*, 76(2), 155-159.
- Griffiths, A., Ceausu, I., Depypere, H., Lambrinoudaki, I., Mueck, A., Pérez-López, F. R., ... & Rees, M. (2016). EMAS recommendations for conditions in the workplace for menopausal women. *Maturitas*, 85, 79-81.
- Gujski, M., Pinkas, J., Juńczyk, T., Pawełczak-Barszczowska, A., Raczkiewicz, D., Owoc, A., & Bojar, I. (2017). Stress at the place of work and cognitive functions among women performing intellectual work during peri-and post-menopausal period. *International Journal of Occupational Medicine and Environmental Health*, 30(6), 943-961.
- Hardy, C., Griffiths, A., & Hunter, M. S. (2017). What do working menopausal women want? A qualitative investigation into women's perspectives on employer and line manager support. *Maturitas*, 101, 37-41. doi: 10.1016/j. maturitas.2017.04.011
- Hashimoto, K., Yoshida, M., Nakamura, Y., Takeishi, Y., & Yoshizawa, T. (2021). Relationship between number of menopausal symptoms and work performance in Japanese working women. *Menopause*, 28(2), 175-181.
- High, R. V., & Marcellino, P. A. (1994). Menopausal women and the work environment. *Social Behavior and Personality: an international journal*, 22(4), 347-354.



- Hvas, L. (2001). Positive aspects of menopause: a qualitative study. *Maturitas*, 39(1), 11-17.
- Huffman, S. B., Myers, J. E., Tingle, L. R., & Bond, L. A. (2005). Menopause symptoms and attitudes of African American women: Closing the knowledge gap and expanding opportunities for counseling. *Journal of Counseling & Development*, 83(1), 48-56.
- Hui, C. H., & Triandis, H. C. (1986). Individualism–collectivism: A study of cross-cultural researchers. *Journal of Cross-Cultural Psychology*, 17, 225–248.
- Irni, S. (2009). Cranky old women? Irritation, resistance and gendering practices in work organizations. *Gender, Work & Organization*, 16(6), 667-683.
- Jack, G., Pitts, M., Riach, K., Bariola, E., Schapper, J., & Sarrel, P. (2014). Women, work and the menopause: releasing the potential of older professional women. La Trobe University, Melbourne, Australia. Retrieved from https://womenworkandthemenopause.com/final-project-pdf-download/
- Jack, G., Riach, K., Bariola, E., Pitts, M., Schapper, J., & Sarrel, P. (2016). Menopause in the workplace: what employers should be doing. *Maturitas*, 85, 88-95.
- Jafari, M., Seifi, B., & Heidari, M. (2017). Risk assessment: factors contributing to discomfort for menopausal women in workplace. *Journal of Menopausal Medicine*, 23(2), 85-90.
- Jyrkinen M & McKie L (2012) Gender, age and ageism: experiences of women managers in Finland and Scotland. Work, Employment and Society 26(1), 61–77.
- Kakkar, V., Kaur, D., Chopra, K., Kaur, A., & Kaur, I. P. (2007). Assessment of the variation in menopausal symptoms with age, education and working/non-working status in north-Indian sub population using menopause rating scale (MRS). *Maturitas*, *57*(3), 306-314.
- Kalb, K. B. (2007). The everything health guide to menopause: Reassuring advice and up to date information to keep you healthy and happy (2nd Ed.). Avon Mass: Adams Media Corp.
- Kaufert, P. A. (1982). Anthropology and the menopause: the development of a theoretical framework. *Maturitas*, 4(3), 181-193.
- Kelly, B. O. (2011). Menopause as a social and cultural construction. XULAneXUS, 8(2).
- Kittell, L. A., Mansfield, P. K., & Voda, A. M. (1998) Keeping up appearances: The basic social process of the menopausal transition. *Qualitative Health Research*, 8, 618–633.
- Kopenhager, T., & Guidozzi, F. (2015). Working women and the menopause. Climacteric, 18(3), 372-375.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, 43(3), 214.
- Kurt, G., & Arslan, H. (2020). Kadınların menopoz döneminde yaşadıkları sağlık sorunları ve baş etme vöntemleri. *Cukurova Medical Journal*, 45(3), 910-920.
- Legendre, G., Ringa, V., Panjo, H., Zins, M., & Fritel, X. (2015). Incidence and remission of urinary incontinence at midlife: a cohort study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 122(6), 816-824.



- Levine, L., & Dougherty, B. (1952). *The menopause*. New York: Random House.
- Li, D. (2004). Trustworthiness of think-aloud protocols in the study of translation processes. *International Journal of Applied Linguistics*, *14*(3), 301-313. doi: 10.1111/j.1473-4192.2004.00067.x
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newberry Park.
- Lobo, R. A., Kelsey, I. L., & Marcus, R. (2000). *Menopause: Biology and pathobiology*. USA: Academic Press.
- Melby, M. K., & Lampl, M. (2011). Menopause, a biocultural perspective. *Annual Review of Anthropology*, 40(1), 53-70.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks.
- Morse, J. M. (1995). The significance of saturation. Qualitative Health Research, 5(2), 147-149.
- Nosek, M., Kennedy, H. P., & Gudmundsdottir, M. (2010). Silence, stigma, and shame: A postmodern analysis of distress during menopause. *Advances in Nursing Science*, 33(3), E24-E36.
- Oğurlu, N., Küçük, M., & Aksu, H. (2011). Influence of employment status on menopausal symptoms. *International Journal of Gynecology & Obstetrics*, 112(3), 204-207.
- Öztürk, H. S., Temel, A. B., & Ergül, Ö. G. D. Ş. (2008). Kadınların ve erkeklerin menopoza ilişkin görüşleri. *Sosyal Politika Çalışmaları Dergisi*, 14(14), 61-72.
- Paul, J. (2003). Health and safety and the menopause: working through the change. London: TUC.
- Polat, F., & Geçici, F. (2021). Menopoz dönemindeki kadınların gözüyle menopoz: Nitel bir araştırma örneği. *Turkish Journal of Family Medicine and Primary Care*, 15(4), 809-817.
- Purcell, D., MacArthur, K. R., & Samblanet, S. (2010). Gender and the glass ceiling at work. *Sociology Compass*, 4(9), 705-717.
- Rafaeli, A., & Pratt. M. G. (1993). Tailored Meanings: On the Meaning and Impact of Organizational Dress. *Academy of Management Review 18*(1): 32–55. doi: 10.5465/AMR.1993.3997506.
- Reynolds, F. (1999). Distress and coping with hot flushes at work: implications for counsellors in occupational settings. *Counselling Psychology Quarterly*, 12(4), 353-361.
- Richters, J. M. A. (1997). Menopause in different cultures. *Journal of Psychosomatic Obstetrics & Gynecology*, 18(2), 73-80.
- Rowe, J. W., & Kahn, R. L. (1998). Successful aging. New York, NY: Pantheon Books.
- Safwan, N., Saadedine, M., Shufelt, C. L., Kapoor, E., Kling, J. M., Chaudhry, R., & Faubion, S. S. (2024). Menopause in the workplace: Challenges, impact, and next steps. *Maturitas*, 185.



- Salik, R., & Kamal, A. (2015). Variations in menopausal symptoms as a function of education, employment status, and income. *Variations*, 9(2), 110-116.
- Sarrel, P., Portman, D., Lefebvre, P., Lafeuille, M. H., Grittner, A. M., Fortier, J., ... & Aupperle, P. M. (2015). Incremental direct and indirect costs of untreated vasomotor symptoms. *Menopause*, 22(3), 260-266.
- Sievert, L. L. (2014). Anthropology and the study of menopause: Evolutionary, developmental, and comparative perspectives. *Menopause*, 21(10), 1151-1159.
- Sood, R., Kuhle, C., Kapoor, E., Rullo, J., Thielen, J., Frohmader, K., ... & Faubion, S. (2016). A negative view of menopause: does the type of symptom matter?. *Climacteric*, 19(6), 581-587.
- Steffan, B. (2021) Managing menopause at work: The contradictory nature of identity talk. *Gender, Work and Organization*, 28, 195–214.
- Talaulikar, V. (2022). Menopause transition: Physiology and symptoms. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 81, 3-7.
- Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, 48(4), 388-396. doi: 10.1111/j.1365-2648.2004.03207.x
- Todd, Z., Nerlich, B., McKeown, S., & Clarke, D. (2004). Mixing methods in psychology. Z. Todd, B. Nerlich, S. McKeown, & D. Clarke, *The integration of qualitative* (p. 2-15). London: Taylor Francis.
- Tokuç, B., Kaplan, P. B., Balık, G. Ö., & Gül, H. (2006). Quality of life among women who were attending to Trakya University Hospital menopause clinic, *Jag*, *3*(4), 281-287.
- Tsaousi, C. (2020). That's funny... you don't look like a lecturer! Dress and professional identity of female academics. *Studies in Higher Education*, 45(9), 1809-1820.
- Tsaousi, C., & Brewis, J. (2013). Are you feeling special today? Underwear and the 'fashioning' of female identity. *Culture and Organization*, 19(1), 1-21.
- Türkiye İstatistik Kurumu [TÜİK]. (2022). Hane halkı işgücü araştırması. https://data.tuik.gov.tr/Bulten/Index?p=Istatistiklerle-Kadin-2023-53675 adresinden erişildi.
- Uncu, Y., Alper, Z., Ozdemir, H., Bilgel, N., & Uncu, G. (2007). The perception of menopause and hormone therapy among women in Turkey. *Climacteric*, 10(1), 63-71.
- Wallendorf, M., & Belk, R. W. (1989). Assessing trustworthiness in naturalistic consumer research. Association for Consumer Research, 69-84. http://www.acrwebsite.org/volumes/display.asp?id=1 2177.
- Wallendorf, M., & Belk, R. W. (1989). Assessing trustworthiness in naturalistic consumer research. In Hirschman, E.C. (Ed.), *Interpretive consumer research* (p. 69-84). Provo: Association of Consumer Research.
- Whiley, L. A., Wright, A., Stutterheim, S. E., & Grandy, G. (2023). "A part of being a woman, really": Menopause at work as "dirty" femininity. *Gender, Work & Organization*, 30(3), 897-916.



- Whiteley, J., Wagner, J. S., Bushmakin, A., Kopenhafer, L., DiBonaventura, M., & Racketa, J. (2013). Impact of the severity of vasomotor symptoms on health status, resource use, and productivity. *Menopause*, 20(5), 518-524.
- Worden, J. (2011). *The menopause*. Retrieved from: http://www.netdoctor.co.uk/diseases/facts/menopause.htm
- Van der Heijden, B. I., Pak, K., & Santana, M. (2021). Menopause and sustainable career outcomes: A science mapping approach. *International Journal of Environmental Research and Public Health*, 18(23).
- Veeninga, A. T., & Kraaimaat, F. W. (1995). A multifactorial approach to complaints during the climacteric. *Journal of Reproductive and Infant Psychology*, *13*(2), 69-77.
- Vincent, A. J., Johnston-Ataata, K., Flore, J., Kokanović, R., Hickey, M., Boyle, J. A., & Teede, H. J. (2024). A qualitative study of work and early menopause: 'On-the job'experiences and career trajectories. *Maturitas*, 182.
- Yurdakul, M., Eker, A., & Kaya, D. (2007). Menopozal dönemdeki kadınların yaşam kalitesinin değerlendirilmesi. *Fırat Üniversitesi Sağlık Bilimleri Dergisi*, 21(5), 187-193.