

**MENOPAUSE IN THE WORKPLACE: PRELIMINARY FINDINGS AMONG FEMALE
HEALTHCARE PROFESSIONALS IN TÜRKİYE****Prof. Serap PALAZ ÇAKIR (Ph.D.)*** **Res. Asst. Onur YAVAŞ**** **ABSTRACT**

The aim of this study was to examine the prevalence of menopausal symptoms among healthcare professionals and to assess their impact on work performance and career decisions. This descriptive cross-sectional study targeted female healthcare professionals working in both the public and private sectors. Menopausal symptoms were assessed using the Menopause-Specific Quality of Life Questionnaire (MENQOL). Additionally, a participant information form was used to investigate symptom variation across demographic variables, and a workplace menopause questionnaire was used to assess the impact of these symptoms on work-related outcomes. In this sample of Turkish healthcare professionals, more than half of the participants reported experiencing severe menopausal symptoms. The most frequently reported symptoms were vasomotor in nature, including hot flashes, sweating, and night sweats, and were found to significantly impair job performance, increase sick leave, and affect career decisions. These findings highlight that menopause is a significant workplace issue in Türkiye and highlight the need for further research to better understand and address its impact on working women.

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

Jel Codes: I10, I31, J10.

1. INTRODUCTION

Menopause is a process characterized by physiological and psychological changes that usually occur between the ages of 45 and 55 and represents an important period in women's lives. A review of studies on menopause in Türkiye indicates that the average age of menopause is between 46-47 years (Kurt and Arslan, 2020; Özcan and Oskay, 2013). Common symptoms include hot flashes, night sweats, sleep disturbances, fatigue, mood swings, depression, anxiety, difficulty concentrating, and memory problems (Atasoy, 2020). These symptoms can negatively affect women's quality of life and work

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performance (Atkinson, Carmichael and Duberley, 2021; Griffiths, MacLennan and Hassard, 2013; Geukes, Van Aalst, Nauta and Oosterhof, 2012).

As life expectancy increases, women are living longer, remaining in the workforce for extended periods, and retiring later in life. The middle adult years bring about changes in body integrity and psychosocial changes due to aging. Unlike men, women experience the biggest change in their lives during this period: menopause. Almost all women over the age of 45, who make up a significant portion of the workforce, will inevitably experience perimenopause and menopause and their symptoms at work. These symptoms can be mild or moderate for some women, while for others they can be severe and disruptive. To elaborate further, working women in menopause face unique challenges that impact their productivity and job satisfaction. Physiological symptoms such as hot flushes and sleep disturbances may lead to fatigue. Conversely, psychological symptoms—namely anxiety or depression—tend to impair concentration, thereby disrupting emotional balance. These challenges can lead to poor performance, reduced productivity, and increased absenteeism (Hardy, Thorne, Griffiths and Hunter, 2018; Matsuzaki, Uemura and Yasui, 2014).

There is some evidence from research on menopause in the workplace that women who work in non-managerial jobs, heavy jobs, jobs with high workload or stress, and workplaces with poor work relationships and poor support are more likely to experience menopausal symptoms (Martelli, Zingaretti, Salvio, Bracci and Santarelli, 2021; Jack et al., 2016). Existing research indicates that many women are concerned about the potential effects of menopausal symptoms on their occupational performance (Griffiths et al., 2013; Geukes et al., 2012). Additionally, some studies suggest that women may need to exert additional effort in the workplace to sustain their performance levels during this transition (Hardy, Griffiths, Thorne and Hunter, 2019).

Although menopause in the workplace and its effects on working life have attracted considerable attention in the international literature in recent years and many qualified studies have been conducted on this topic (Matsuura and Yasui, 2025; Fenton and Panay, 2014; Geukes et al., 2012), to the best of our knowledge, no studies have been identified that specifically examine menopause and its effects on working life in Türkiye (Palaz, 2024; Arar and Erbil, 2022; Özcan, 2019). However, the problem of population aging has also begun in Türkiye. According to general population censuses, the number of women over the age of 45 in Türkiye has been increasing. In 2012, the female population in this age group was approximately 13 million, rising to 18 million by 2023. According to 2023 data, women's labour force participation rates are 45% (ages 45–49), 35.9% (50–54), 25% (55–59), 17.5% (60–64), and 6.1% (65+). Data indicate that the number of women continuing to work beyond the age of 45 is considerably high. Since the average age of menopause in Türkiye is around 46–47, many women in their late forties are likely to experience menopause while still working, especially due to the new retirement age rule. With the enactment of the new retirement law in Türkiye in 1999, the retirement

age was set at 58 for women and 60 for men. An additional regulation introduced in 2008 gradually increased the retirement age, ultimately raising it to 65 for both women and men. For instance, following the legislative change in 2008, the employment rate for this age group exhibited a steady upward trend, despite minor fluctuations in certain years. In 2008, the employment rate for individuals aged 55–64 was 27.5%, rising to 35.3% by 2018 (Palaz, 2024).

This present study was conducted to investigate the prevalence of menopausal symptoms among employees in healthcare settings and to assess the impact of individual symptoms on work performance and career development. Despite its relevance, menopause remains a largely taboo topic in the workplace—even among healthcare professionals—and there is a notable gap in the existing literature addressing this issue. This study aims to be the first to explore this topic, with the goal of breaking the taboo surrounding menopause in professional settings. It seeks to contribute to the development of policies and practices tailored to the needs of women experiencing menopause in the workforce, ultimately promoting their well-being, career decisions, and performance by raising awareness and fostering a supportive work environment.

2. METHODS

2.1. Study Settings, Sample and Procedure

This descriptive cross-sectional study was carried out in Türkiye, between September 10, 2024 and March 10, 2025. The research population of this study consists of female healthcare professionals working in the public or private sectors which encompassed both clinical and non-clinical roles. The sample of the study consists of women who are in the perimenopause, menopause, and postmenopausal period. Participation was voluntary, and the questionnaire was accompanied by an informational leaflet about menopause. All responses were anonymous and confidential. Ethical approval for the study was granted by the Bandırma Onyedi Eylül University Ethical Review Committee (REF: 2024-705.09.2024).

The minimum required sample size was determined using Cochran's sample size determination formula. Based on data collected using a categorical instrument, the sample size was calculated to be 384, with an acceptable margin of error of 5% and an alpha level of 0.05. Since an accurate frame of the target population was unavailable, the finite population correction formula was not applied to adjust the calculated sample size (Cochran, 1977). A total of 384 paper questionnaires were distributed, and 285 were returned, of which 277 (72%) were deemed usable. The target population was difficult to reach due to the taboo surrounding discussions of menopause in the workplace. Therefore, **snowball sampling**, a widely recognized and effective method for recruiting hard-to-reach populations, was employed.

2.2. Measures

The content of the self-administered questionnaire consists of 3 sections. The first section asked demographic and organizational information of the participants (13 questions). The Menopause-Specific Quality of Life Scale (MENQOL) was used in the second section. 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. Respondents are asked whether they have experienced any of the 29 symptoms within the past week and to rate how bother-some each symptom was on a 6-point Likert scale. The 29 items are combined into four domains: vasomotor (3 items), psychosocial (7 items), physical (16 items), and sexual (3 items). Since the average score is used in the total scale, the lowest score that can be obtained from the scale is “0”, and the highest score is “6”. A score of “0” indicates that no problem is experienced regarding the issue. A score of “1” indicates that the problem exists, is experienced but is not disturbing at all, and scores between “2-6” indicate the severity and increasing degrees of the existing problem. In the final section, 10 questions were asked to understand the effects of menopause on work life by reviewing the relevant literature (O’Neill, Jones and Reid, 2023; Gartoulla, Bell, Worsley and Davis, 2016; Griffiths et al., 2013).

2.3. Analysis

Data were coded and statistically analysed using SPSS version 21. The internal consistency of the MENQOL scale was assessed using the Cronbach's Alpha reliability analysis method. The scale's alpha value was found to be ,983, indicating a very high level of reliability. Prior to conducting parametric analyses, assumptions regarding normal distribution and homogeneity of variance were tested using the Shapiro-Wilk and Kolmogorov-Smirnov tests. As the assumption of normality was not satisfied ($p = .000$), non-parametric tests were applied. The Mann-Whitney U test was used to compare two groups based on numerical variables, while the Kruskal-Wallis H test was employed for comparisons involving three or more groups.

3. RESULTS

3.1. Sample Characteristics

The sample size consists of 277 participants. Among them, 61% were between the ages of 45 and 54, 73% were married, and 81.6% had 1-3 children. In terms of educational background, 43% held a bachelor's degree. Regarding employment characteristics, 52.3% were employed in the public sector, 72.6% worked daytime shifts, and 50.5% were permanent staff members. The average number of weekly working hours was 41.39. Occupationally, 37.9% of the participants were nurses or midwives, 16.6% were physicians, and 12.3% were support staff. Additionally, 82.7% did not occupy administrative

positions. The mean age of onset of menopausal symptoms was $45 \pm 4,07$ years, ranging from 30 to 55. Furthermore, 85.2% of the participants indicated that they had entered menopause naturally. In terms of menopausal status, 49.5% reported being in menopause, 35% were in the postmenopausal stage, and 50.5% stated that they were still experiencing menopausal symptoms.

3.2. Findings

Table 1 presents the descriptive statistics for the responses given within the scope of MENQOL questionnaire. The most severe symptoms experienced by the participants belonged to the vasomotor domain, 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 symptom most frequently experienced at a bothersome level was “hot flushes or flashes,” reported by 203 participants, with the highest mean severity score of 3.57. Conversely, the least prevalent symptom (155 participants) was “involuntary urination when laughing or coughing”. Additionally, the symptom “decrease in physical strength” had the lowest mean score (2.42). While participants complained more about physical symptoms, particularly difficulty sleeping and feeling tired or worn out, the severity of symptoms affecting emotional and psychological well-being was comparatively lower.

Table 1. Frequency of Menopausal Symptoms of Healthcare Employees

Symptoms	No Problem		Not Disturbing at all		Bothered		Mean	SD
	Participants	Percentage	Participants	Percentage	Participants	Percentage		
Vasomotor	Hot Flushes or Flashes	33	11,9	41	14,8	203	73,3	3,57
	Night Sweats	39	14,1	44	15,9	194	70	3,39
	Sweating	37	13,4	42	15,2	198	71,5	3,48
								2,159
Psychosocial	Being Dissatisfied with My Personal Life	51	18,4	38	13,7	188	67,9	2,69
	Feeling Anxious or Nervous	33	11,9	51	18,4	193	69,7	2,81
	Experiencing Poor Memory	56	20,2	44	15,9	177	63,9	2,51
	Accomplishing Less Than I Used To	60	21,7	43	15,5	174	62,8	2,44
	Feeling Depressed Down or Blue	52	18,8	40	14,4	185	66,8	2,61
	Being Impatient with Other People	44	15,9	45	16,2	188	67,9	2,63
	Feelings of Wanting to be Alone	48	17,3	48	17,3	181	65,3	2,62
								1,942
Physical	Flatulence (Wind) or Gas Pains	66	23,8	50	18,1	161	58,1	2,46
	Aching in Muscles and Joints	43	15,5	65	23,5	169	61	2,75
	Feeling Tired or Worn Out	29	10,5	67	24,2	181	65,3	2,85
	Difficulty Sleeping	43	15,5	43	15,5	191	69	3,04
	Aches in Back of Neck or Head	41	14,8	50	18,1	186	67,1	2,89
	Decrease in Physical Strength	53	19,1	51	18,4	173	62,5	2,42
	Decrease in Stamina	48	17,3	56	20,2	173	62,5	2,44
	Feeling a Lack of Energy	41	14,8	57	20,6	179	64,6	2,52
	Drying Skin	48	17,3	56	20,2	173	62,5	2,61
	Weight Gain	52	18,8	50	18,1	175	63,2	2,59

	Increased Facial Hair	77	27,8	39	14,1	161	58,1	2,49	2,161
	Changes in Appearance, Texture, or Tone of Your Skin	57	20,6	57	20,6	163	58,8	2,57	2,076
	Feeling Bloating	45	16,2	61	22	171	61,7	2,78	2,092
	Low Backache	49	17,7	52	18,8	176	63,5	2,74	2,059
	Frequent Urination	70	25,3	46	16,6	161	58,1	2,56	2,140
	Involuntary Urination When Laughing or Coughing	77	27,8	45	16,2	155	56	2,43	2,125
Sexual	Change in Your Sexual Desire	46	16,6	50	18,1	181	65,7	2,86	2,038
	Vaginal Dryness During Intercourse	54	19,5	41	14,8	182	65,7	2,82	2,087
	Avoiding Intimacy	50	18,1	48	17,3	179	64,6	2,85	2,106

In Table 2, mean scores on the MENQOL domains are compared across sub-sample groups within the scope of the variables. A statistically significant difference was identified in terms of the variables of level of education and the number of children across all domains. Conversely, marital status was determined to be insignificant in all domains. The significance of other variables varies across domains.

Table 2. Differences in Menopause Symptoms According to Demographic Variables and Menopause Status

Variables	Sub-Sample Groups	Vasomotor	P	Psychosocial	P	Physical	P	Sexual	P
Age	25-34	1,55		1,97		0,96		1,00	
	35-44	3,16		2,45		2,04		2,19	
	45-54	3,59	,023	2,73	,582	2,79	,010	2,90	,007
	55-64	3,30		2,40		2,62		3,20	
	65+	4,76		2,78		3,29		3,83	
Level of Education	High School	4,02		3,18		3,12		3,19	
	Associate Degree	3,98	,011	3,44	,000	3,43	,000	3,57	,005
	Undergraduate	3,28		2,36		2,29		2,51	
	Graduate	2,83		1,78		2,06		2,45	
Marital Status	Married	3,34		2,57		2,60		2,85	
	Single	3,81	,140	2,70	,505	2,69	,709	2,81	,851
Number of Children	0	3,90		2,77		1,93		2,10	
	1-3	3,32	,026	2,47	,000	2,62	,001	2,86	,014
	4+	4,56		4,02		3,78		3,80	
Income	My Income is Less Than My Expenditure	3,89		3,17		2,71		2,61	
	My Income Equals to My Expenditure	3,42	,222	2,60	,002	2,66	,639	2,83	,375
	My Income is More Than My Expenditure	3,18		2,04		2,45		3,11	
Type of Menopause	Natural	3,58		2,66		2,80		3,01	
	Premature	2,81	,109	2,32	,534	1,56	,000	1,82	,002
	Surgery	2,66		2,28		1,93		1,66	
Menopause Phase	Perimenopause	3,20		2,44		1,52		1,70	
	Menopause	3,16	,010	2,54	,735	2,64	,000	2,71	,000
	Postmenopausal	3,96		2,71		2,97		3,43	

Duration of Symptoms	Continued	3,30		2,64		2,48		2,65	
	Less Than 1 Year	3,64		2,61		2,75		2,42	
	1-3 Years	4,12	,073	2,83	,024	3,27	,011	3,64	,027
	4-7 Years	3,43		2,91		2,70		2,63	
	8-10 Years	2,48		1,30		1,54		2,44	
	10+ Years	3,42		1,79		2,14		2,84	

The highest symptom severity scores by age were reported in participants aged 65 years and older. An analysis of educational attainment indicated that individuals who have completed high school or an associate degree exhibit more severe menopausal symptom. Additionally, participants with more than four children reported greater symptom intensity. Although statistical significance was observed in only one domain, it is concluded that the severity of symptoms, except sexual symptoms, diminishes as economic welfare increases. Consistent with the findings concerning the age variable, elevated levels of complaints are seen in the postmenopausal group. Symptom severity was significantly higher in two domains among women who experienced natural menopause. Finally, participants who indicated that their menopausal symptoms lasted between one and three years had the highest symptom severity scores across most domains.

Table 3. Impact of Menopausal Symptoms on Work

Variables	Sub-Sample Groups	Vasomotor	P	Psychosocial	P	Physical	P	Sexual	P
Work Performance	Yes	4,45		3,37		3,39		3,58	
	No	2,12	,000	1,56	,000	1,57	,000	1,81	,000
Career Decisions	Yes	4,62		3,63		3,76		4,03	
	No	3,31	,001	2,47	,000	2,47	,000	2,67	,000
Sick Leave	Yes	4,32		3,44		3,30		3,33	
	No	3,19	,000	2,33	,000	2,40	,000	2,67	,017
Working Hours	Yes	3,59		2,83		2,93		3,39	
	No	3,46	,755	2,58	,464	2,59	,294	2,76	,081
Job/Task Change	Yes	3,26		2,64		2,74		3,29	
	No	3,49	,685	2,61	,763	2,62	,559	2,81	,356
Night Shift	Yes	2,27		2,33		1,78		1,36	
	No	3,52	,058	2,62	,554	2,66	,113	2,90	,022
Not Affected My Working Life	Yes	1,75		1,29		1,40		1,55	
	No	4,10	,000	3,09	,000	3,08	,000	3,31	,000
Positively Affected My Working Life	Yes	2,58		2,42		1,98		3,33	
	No	3,49	,434	2,61	,775	2,64	,477	2,83	,658

Table 3 analyses the effects of menopause on the workplace across MENQOL domains. The responses to the questions on work performance, career decisions, sick leave, and not affected my working life differ significantly among all sub-sample groups. Participants who reported more severe symptoms in the vasomotor, psychosocial, physical, and sexual domains were more likely to indicate negative effects on job performance and career decisions, as well as increased use of sick leave. Conversely, as expected, those who stated that menopause did not affect their working life reported lower levels of menopausal complaints. Although not statistically significant, higher levels of symptoms

were observed among those who adjusted their working hours and, with the exception of vasomotor symptoms, among those who changed jobs or tasks. Finally, the analyses indicated a reduction in symptom severity among participants who discontinued night shifts or reported a positive impact of menopause on their working life, though these differences were also not statistically significant.

4. DISCUSSION

This study is the first to examine women's experiences of menopause in the workplace in Türkiye. We found that more than half of the participants experienced severe menopausal symptoms, with the most common symptoms being “hot flushes or flushing” (73.3%), followed by “sweating” (71.5%) and “night sweats” (70%). These findings are consistent with previous studies indicating that menopausal women in the workplace often experience vasomotor symptoms -such as hot flushes, sweating, and night sweats- which can adversely affect both their personal and work lives (Hardy et al., 2018; Ayers and Hunter, 2013). As noted by Griffiths et al. (2013), women frequently conceal or refrain from disclosing these symptoms due to feelings of embarrassment and concern about others' reactions (Smith, Mann, Mirza and Hunter, 2011), as well as the challenges associated with managing such symptoms in the work environment. In addition, healthcare employees in our study also complained about physical and psychosocial symptoms such as feeling anxious or nervous (69.7%), being impatient with other people (67.9%), difficulty sleeping (69%), feeling tired or worn out (65,3%) and feeling a lack of energy (64,6%). Similarly, in Japanese study nearly 70% of nurses reported tiredness, irritability, difficulty concentrating, tension, and nervousness (Matsuzaki et al., 2014). These findings align with previous studies conducted among Turkish women who are not in employment status (Kurt and Arslan, 2020; Şahin and Coşkun, 2007). Oğurlu, Küçük, and Aksu (2011), who examined the influence of menopausal symptoms on both employed and non-employed postmenopausal Turkish women, found that the most prominent symptoms in both groups were hot flushes, irritability, difficulty sleeping, and muscle and joint pain.

Our analysis also reveals that the high prevalence of vasomotor symptoms, as well as symptoms such as difficulty sleeping, feeling tired or lacking energy, feeling anxious or tense, and being impatient with other people, are very distressing symptoms that affect work performance, especially for healthcare workers doing emotional labour. Working environment and workload seem to be to play very important role in experiencing menopausal symptoms. Given the average weekly working hours of healthcare professionals in Türkiye (41.39 hours), their relatively lower income levels (with 42.6% reporting that their income does not meet their expenses), and the aging demographic of the workforce (61% are between the ages of 45 and 54), the high prevalence of menopausal complaints among this group is not unexpected. In line with that the result also supports the findings of previous studies that women with higher levels of education, fewer children, and higher income levels report fewer menopausal

complaints. Additionally, age appears to have a greater influence on physical symptoms associated with menopause. The type of menopause and the duration of symptoms had a greater impact on symptom severity during the postmenopausal period (D'Angelo et al., 2023; Ceylan and Özerdoğan, 2014).

Turkish women working in the healthcare sector stated that menopause negatively affects their job performance, sick leave, and careers decisions. On the other hand, if menopause symptoms were mild or manageable, their work lives were not affected. Similarly, a study conducted in Ireland among women working in healthcare found that over 50% of respondents reported a negative impact of menopausal symptoms on their working lives. In that study, 65% of participants noted a decline in work performance, and 18% reported taking sick leave due to menopausal symptoms (O'Neill et al., 2023). Another study conducted in Britain found that 59% of women reported a negative impact of menopause on their work, with 30% taking sick leave due to symptoms; however, only 25% disclosed the true reason to their manager (Chartered Institute of Personnel and Development, 2023). In our study among the participants, 11% reported frequently, and 40% occasionally, taking sick leave due to menopause-related complaints. In another study conducted in South Africa, approximately 10% of women said they considered leaving their job due to severe menopausal symptoms (Kopenhager and Guidozzi, 2015). Similarly, in the present study, approximately 10% of participants reported considering resignation or early retirement due to discomfort caused by menopausal symptoms. Additionally, 43% indicated that they had occasionally contemplated such options.

An interesting finding of this study is that, contrary to existing literature, a majority of participants (63.6%) reported disclosing their menopausal status or symptoms in the workplace. Notably, approximately 60% of those who disclosed did so to their colleagues (Griffiths et al., 2013; Hammam, Abbas and Hunter, 2012; Griffiths, MacLennan and Wong, 2010). This relatively high rate of disclosure may be attributed to the sample comprising healthcare employees, who are likely to possess greater awareness and understanding of menopausal health issues.

This sample of Turkish healthcare employees reported that menopausal women are significantly affected in the workplace by vasomotor symptoms such as hot flushes, sweating, and night sweats which negatively influence work performance, sick leave, and career decisions. As previously noted, this study is the first known attempt to explore the impact of menopause on the workplace. While it provides valuable insights into how menopausal symptoms affect work performance, attendance, and career decisions, it is not without limitations. Firstly, the study included a relatively small and specific sample of women working in healthcare, which may limit the generalizability of the findings to other occupational groups or broader populations. Secondly, the cross-sectional design restricts the ability to draw causal inferences between menopausal symptoms and workplace outcomes. In addition, recall and response biases may have influenced participants' self-reported data. To mitigate recall bias, the survey was designed with questions targeting recent and specific experiences, and standardized instruments

were utilized. To reduce response bias, anonymity and confidentiality were assured, neutral language was employed, and the survey was administered in a private, self-completed format. Despite these limitations, the study is significant as it sheds light on an underexplored area, highlighting the need for workplace interventions and policies to support menopausal employees.

5. CONCLUSION

Historically, menopause has been overlooked and trivialized. Although a natural process, for some women the vasomotor, physical and psychological symptoms of menopause can be devastating and have a serious impact on a woman's life. Menopause presents a significant yet often overlooked challenge for women in the workplace. Many women are forced to leave their jobs due to lack of sleep, concentration problems and physical challenges, while institutional awareness and support mechanisms are still lacking. It is essential that both employers and employees are adequately informed and educated about the potential symptoms of menopause and their impact on women in the workplace. Further academic research is needed to raise awareness among employers and to encourage the development of evidence-based policies that recognize menopause as a legitimate workplace issue.

Future research recommendations are as follows. Longitudinal studies with larger, sector-wide sample sizes are recommended to gain a more comprehensive and generalizable understanding of menopause in the workplace (Jack et al., 2016). In addition to quantitative methods, qualitative research exploring women's lived experiences can offer in-depth insights into how menopausal symptoms intersect with work-related challenges. Studies conducted across various sectors and occupational groups should pay particular attention to the physical and psychosocial demands of specific roles, thereby producing more systematic and sector-sensitive analyses. Such research would not only enhance generalizability across industries but also form a basis for comparative studies particularly those exploring cross-cultural or international differences in how menopause affects working women in diverse employment contexts. Although numerous studies have been conducted by health professionals on menopause in Türkiye, its workplace dimension remains largely underexplored. Therefore, establishing interdisciplinary research teams that bridge health and labor studies is essential to developing collaborative and contextually grounded investigations into menopause at work. Future research should also investigate the effectiveness of workplace interventions such as flexible working arrangements or menopause-friendly policies in mitigating the negative impact of symptoms. Moreover, studies focusing on psychosocial outcomes, including job satisfaction, burnout, and emotional well-being, could provide a more comprehensive picture.

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Veri Toplama ve İşleme / <i>Data Collecting and Processing</i>	Verileri toplamak, düzenlenmek ve raporlamak / <i>Collecting, organizing and reporting data</i>	Prof. Serap PALAZ ÇAKIR (Ph.D.) Res. Asst. Onur YAVAŞ
Tartışma ve Yorum / <i>Discussion and Interpretation</i>	Bulguların değerlendirilmesinde ve sonuçlandırılmasında sorumluluk almak / <i>Taking responsibility in evaluating and finalizing the findings</i>	Prof. Serap PALAZ ÇAKIR (Ph.D.) Res. Asst. Onur YAVAŞ
Literatür Taraması / <i>Literature Review</i>	Çalışma için gerekli literatürü taramak / <i>Review the literature required for the study</i>	Prof. Serap PALAZ ÇAKIR (Ph.D.) Res. Asst. Onur YAVAŞ

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