

**Empowering Midlife: Exploring A Thematic Analysis of How the menopausal Transition  
Shapes Working Experiences**

Bonny van der Aa

Department of Psychology, BMS Faculty, University of Twente

Bachelor Thesis PCPT (202000381)

1<sup>st</sup> supervisor: Dr. Marijke Schotanus-Dijkstra

2<sup>nd</sup> supervisor: Kim Tönis MSc

June 24<sup>th</sup>, 2025

## **Abstract**

This qualitative study explored how women experience the menopausal transition in the workplace and how it affects their perceived functioning and engagement at work. Although menopause is a natural life stage affecting a growing proportion of the workforce, it remains poorly understood and underdiscussed in professional contexts. Existing research has primarily focused on symptom prevalence, productivity loss, or organisational interventions, often overlooking how women themselves interpret and navigate this transition in everyday work life. At the same time, menopause is not universally experienced as negative, some women report personal growth, increased confidence, or relief from previous burdens. These divergent experiences point to the need for a deeper, more nuanced understanding of how menopause intersects with professional identity, organisational culture, and support structures. Through thematic analysis of 12 semi-structured interviews with mainly Dutch women aged 47–57, three overarching themes emerged: “Redefining the Relationship with Work”, “Social Bridges and Barriers”, and “Identity and Self-Perception at Work”. Findings reveal that the menopausal transition is shaped not only by physical symptoms but also by broader life-phase dynamics, workplace flexibility, and social support. While some women face stigma and diminished work capacity, others experience renewed purpose and emotional resilience. The study underscores the need for supportive, inclusive work environments that legitimise menopause-related needs and promote open communication. These insights point to the importance of culturally sensitive, flexible workplace practices that empower women during this transitional life stage.

## Introduction

Menopause marks the end of the female reproductive years and is a natural stage of biological ageing, driven by declining ovarian follicular function and oestrogen levels (World Health Organization, 2024). It consists of three phases: perimenopause, menopause, and postmenopause. Perimenopause typically begins in the mid-40s to early 50s, lasting 4–8 years and often marked by menstrual irregularities. Menopause is defined as 12 consecutive months without menstruation, usually occurring between the mid-40s and late 50s (Mayo Clinic, 2024; WHO, 2024). Postmenopause follows and continues for life. Symptoms often peak around age 60, then decline (Zhang et al., 2020). While the biological stages are well documented, far less is known about how this transition affects women’s workplace experiences, including productivity, wellbeing, and professional identity.

Hormonal changes during the menopausal transition can cause a wide range of physical and psychological symptoms, reported by many women. A Dutch cross-sectional study by Hengel et al. (2023) found that 80% of perimenopausal working women experience symptoms either sometimes (52.5%) or often (27.5%). Common complaints include hot flashes, sleep disturbances, mood changes, fatigue, and difficulty concentrating (WHO, 2024; Hengel et al., 2023). The onset and severity of symptoms are influenced by factors such as race, smoking, and age at menarche (Harlow & Signorello, 2000). Despite their prevalence, these symptoms are rarely discussed at work, contributing to stigma and the invisibility of menopause in professional settings.

About one-third of working women experience moderate to severe menopausal symptoms, which are linked to reduced coping ability at work, lower motivation, productivity loss, and in some cases, thoughts of reducing hours or leaving the workforce (D’Angelo et al.,

2022). Psychological and somatic symptoms in particular are associated with lower work capacity, diminished work experience, higher absenteeism (Jack et al., 2015; Faubion et al., 2024; Geukes et al., 2011; Griffiths et al., 2013), and may even affect employment duration (Faubion et al., 2024). Women with more severe symptoms are over eight times more likely to report reduced work ability (Geukes et al., 2016), while those with intense symptoms also perceive work demands as higher (Viotti et al., 2021). Overall, the menopausal transition can impair women's ability to meet job demands, reduce productivity, increase absenteeism, and contribute to workforce attrition.

It is important to note that the menopausal transition is not universally negative. Although often framed as a period of decline, many women report positive experiences that support their functioning at work. For example, the end of menstruation and related issues such as cramps, PMS, and fear of pregnancy can bring relief (Hvas, 2001). Others describe menopause as a time of personal growth, with increased self-awareness, resilience, and assertiveness that may enhance confidence and communication in professional settings (Hvas, 2001; Busch et al., 2003). A positive attitude toward menopause has also been linked to improved body image and lower depression levels (Erbil, 2017; Dashti et al., 2021), suggesting that mindset influences both wellbeing and workplace engagement. As symptoms often subside over time, many women also report a renewed sense of purpose and freedom (Mayo Clinic, 2024). Atkinson et al. (2024) emphasise that positive attitudes and inclusive work environments are key to sustaining job satisfaction and retention during this phase. However, beyond this example, research rarely addresses the positive dimensions of menopause at work, an omission this study aims to fill. The divergent experiences that women have during the menopausal transition, ranging from distressing symptoms to personal growth, suggest that multiple factors, including individual,

organisational, and environmental influences, shape how women navigate menopause in professional settings. A range of factors can support women during the menopausal transition by alleviating symptoms and enhancing wellbeing. At the individual level, a quasi-experimental study demonstrated that combining positive affirmations with structured group-based support significantly reduced physical and psychological symptoms, providing empirical evidence for the effectiveness of positive psychological interventions (Masitoh et al., 2021). Organisational and environmental conditions also play a critical role. Workplace factors such as temperature, design, and psychosocial dynamics can either exacerbate or ease menopausal symptoms (Jack et al., 2015; The Menopause Society, 2024). In addition, fostering an open and supportive organisational culture through strategies like managerial training, and implementing tailored measures such as increased flexibility have been shown to improve the work experience of (peri)menopausal women (Rees et al., 2021; The Menopause Society, 2024; Safwan et al., 2024).

While these early initiatives appear promising, much of the existing research focuses on symptom prevalence, productivity loss, or organisational interventions, offering limited insight into how women themselves experience and interpret the menopausal transition in everyday professional contexts. Few studies examine how women make sense of this transition or reflect on its impact on their work and identity. This study addresses that gap by exploring how women navigate the menopausal transition at work and how it influences their functioning and engagement in the workplace

Existing research on menopause in the context of work and wellbeing has largely relied on surveys and other quantitative methods, often within specific professional sectors. Jack et al. (2015) conducted a scoping review of empirical studies, most of which used surveys to assess symptom severity and work outcomes. Similarly, Yoeli et al. (2021) conducted a narrative

review on women in precarious or casual work, incorporating both quantitative and qualitative studies. However, the qualitative work, such as by Audet et al. (2017) and Delanoë et al. (2012), focused more on health practices and sociocultural aspects than workplace functioning. As a result, the literature offers only a partial view of women's lived experiences in professional contexts. Given the societal, cultural, and psychological complexity of menopause, and its limited exploration in occupational settings, qualitative research is well-suited to capture the nuance and meaning of these experiences (Lim, 2024; Hamilton & Finley, 2019; Nassaji, 2020; Aspers & Corte, 2019). Where numerical data fall short, qualitative methods offer rich, context-specific interpretation (Lim, 2024; Lorentzon, 1993). Their iterative nature also allows new insights to emerge organically, making them well fit for underexplored topics (Lim, 2024; Aspers & Corte, 2019). This study adopts an in-depth, interview-based approach to better capture women's experiences of menopause at work.

## **Methods**

### **Research Design**

A qualitative research design with semi-structured interviews was employed to examine how women experience the menopausal transition in the workplace and how this transition affects their perceived functioning and engagement at work. The study received ethical approval from the Ethics Committee of the University of Twente: Faculty of Behavioural, Management, and Social Sciences, domain Humanities & Social Sciences with application number: 250588.

### **Participants**

Recruitment was realised through multiple channels using convenience sampling. This included social media posts and re-posts by others through the social networks of contacts of the

researcher, spreading flyers and posters in high-traffic locations and snowball sampling, whereby found participants referred other participants.

Eligible participants consisted of biological women who were either peri-menopausal or up to five years post-menopausal at the time of conducting the interview. They needed to possess an adequate level of Dutch or English and be employed at some point during the menopausal transition. Women who had undergone a hysterectomy were excluded from the study, as their menopausal transition may differ significantly from natural menopause in terms of symptom onset, hormonal changes, and lived experiences, which could affect the comparability of their work-related experiences.

It is difficult to determine the exact reach of the recruitment methods, as most recruitment took place online. 10 women responded to online posts, and five were recruited through snowball sampling. Three women were excluded from the final sample due to communication difficulties or scheduling conflicts. The final sample consisted of 12 participants, with an age range of 47–57 years and a mean age of 52.25. Their highest attained education level was either MBO (n=2), HBO (n=7) or University (n=3). Finally, 91.67% of the participants were primarily Dutch, and one participant had an Australian background.

## **Procedure**

After recruitment and verification of the inclusion and exclusion criteria, participants were invited for a one-on-one interview, conducted either in person or online via Microsoft Teams. Prior to data collection, all participants received an information sheet and provided written informed consent. This consent covered the purpose of the study, data usage and storage, potential risks, and the anonymisation and confidentiality of the collected data. In addition,

explicit permission was obtained for audio recording the interview for later transcription.

Interviews were designed to last approximately 60 minutes and were audio recorded using a mobile device for in-person sessions or Microsoft Teams' built-in function for online sessions.

The interviews were transcribed using Amberscript, then reviewed, corrected, and anonymised to ensure accuracy and confidentiality. Although conducted in Dutch, all interviews were translated into English by the researcher for readability. Transcripts were imported into Atlas.ti for coding.

## **Materials**

For the interviews, an interview schedule consisting of 31 questions was developed collaboratively with other researchers involved in the broader research project. The interview schedule, provided in Appendix A, included demographic questions as well as questions related to coping, personal growth, work, and career paths. While the schedule was developed collaboratively, the 12 interviews for this study were executed individually. The interviews were designed to last approximately 60 minutes. Probes and prompts were included to gain a more in-depth understanding where necessary. For example, questions like “What changes have you noticed in how you experience your work life and career path since entering the menopausal transition?” and “What would the ideal workplace look like for you during the menopausal transition?” were asked during the interview.

Throughout the research process, I kept a reflective logbook to capture key observations, responses, and emerging patterns. These brief entries supported both analytical depth and transparency, helping me stay connected to participants' experiences while documenting key aspects. Several sub-themes, such as Ownership, closely mirrored early reflections noted in the logbook, underscoring the value of tracking these intuitive insights. The logbook was also used to document changes made following consultations with a fellow researcher, a professional from



a different disciplinary background, and a woman with lived experience of the menopause. Their input contributed to identifying potential biases stemming from the researcher's own perspective and enhanced the trustworthiness of the analysis. Overall, the logbook served as a central tool for maintaining reflexivity and ensuring analytical rigour throughout the study.

## **Data Analysis**

Specifically, thematic analysis was employed as it offers a flexible yet rigorous approach to identifying, analysing, and reporting patterns within qualitative data (Peshkin, 1993; Lim, 2024; Hamilton & Finley, 2019; Nassaji, 2020). This method allows for both deductive examination of themes informed by existing literature on menopausal health and occupational wellbeing, as well as an inductive exploration of themes emerging directly from the data (Hamilton & Finley, 2019; Aspers & Corte, 2019). By applying thematic analysis, this study aims to identify systematically recurring themes that women recognise as relevant to their job satisfaction and perceived social support during the menopausal transition, thereby contributing valuable insights to an area where empirical evidence remains limited.

The data were analysed following Braun and Clarke's (2006) six-step framework for thematic analysis: (1) familiarisation with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. This process began with immersion in the transcripts through repeated reading, followed by initial line-by-line coding. An inductive approach was adopted, allowing codes to emerge directly from the data without the use of pre-established categories. To initiate coding, four interviews were selected based on their richness and variation in content. These interviews formed the basis of the preliminary coding scheme. The remaining interviews were then coded using this initial scheme, with new codes added when necessary. This iterative process continued

until no new codes emerged, indicating thematic saturation. Once saturation was achieved, all 12 interviews were re-coded using the finalised scheme to ensure consistency.

Codes were applied each time they were mentioned by a participant, rather than once per participant, to facilitate pattern recognition and to assess the relative salience of themes across participants' workplace experiences. Related codes were then clustered into sub-themes and overarching themes. The coding framework was refined through iterative merging, splitting, and re-labelling of codes where appropriate. An overview of the themes and sub-themes is presented in Table 1, and a complete list of codes can be found in Appendix B.

To ensure clarity and accuracy, selected excerpts were reviewed by three individuals external to the main research process: a fellow researcher in psychology, a person from a different disciplinary background, and a woman with lived experience of menopause. In addition, inter-coder reliability was assessed by having a second coder independently apply two codes: 'Support at Work' and 'Flexibility', to 13% of one interview using sentence-level coding. Cohen's Kappa was calculated for both codes, resulting in  $\kappa = 0.64$ , indicating substantial agreement (Landis & Koch, 1977). Due to time constraints, inter-coder reliability was limited to these two conceptually significant and frequently occurring codes.

**Table 1**

*Overview of Themes and Sub-Themes Identified Through an Inductive Approach*

<b>Themes and Sub-Themes</b>	<b>Definition</b>	<b>Example quote</b>	<b>N(%)</b>
Redefining the Relationship with Work			12(46.5)
Reducing Workload	Consciously letting go of tasks, responsibilities, or ambitions that no longer align with current energy levels or personal priorities	“I find it more important to enjoy my work and still have energy left when I get home to do other fun things”	10(13.4)
Ownership	Participants’ efforts to regain control over how, when, and where they work, often driven through autonomy and flexibility	“I mean, I do have the freedom to plan for myself when things work and when they don’t.”	9(18.1)
Professional Progression	How participants reevaluated or redefined career growth and the new progressions they booked	“I don’t really have that feeling anymore that I need to keep pushing. I still want to do a lot, and luckily, I still can but I don’t need to move up or go further”	8(6.0)
Disengagement	Voluntary and involuntary separation from work, including preparing for retirement or job loss during menopausal transition	“On the other hand, I’m actually quite good at letting go. I think it’s also just that the younger generation is slowly taking over now.”	6(3.6)

(continued)

Table 1 (continued)

*Overview of Themes and Sub-Themes Identified Through an Inductive Approach*

<b>Themes and Sub-Themes</b>	<b>Definition</b>	<b>Example quote</b>	<b>N(%)</b>
Consistency	Desire for stability and routine at work, to maintain productivity and manage symptoms	"That routine was really helpful. At some point, it even became the thing I drew energy from"	4(2.4)
Adjusting	Changes made to their work or finding solutions to find a better fit between them and the work environment	"And okay, but what is it that I actually want? That's when I decided to start a coaching programme with a coach. To find out what I specifically want in a job"	3(3.0)
Social Bridges and Barriers			12(33.6)
Organisational Responsiveness	Presence or absence of support from employers, including formal policies, informal gestures, or managerial support	"Seeing how my employer supported a colleague with serious symptoms, I'm confident I would have received the same understanding if I'd needed it. It was a very supportive organisation."	11(20.8)
Recognition	The extent to which participants felt seen, understood, or validated	"There's no financial pressure, and my partner has been through a similar phase himself, so he understands. He's not pushing me to find something quickly, which really helps."	7(4.5)
Stigma and Norms	Includes cultural and workplace taboos, the perception that menopause is an inappropriate or uncomfortable topic in professional settings	"And because it's easier to say you're at home with a migraine than to say you're at home with menopause symptoms."	6(6.2)

(continued)

Table 1 (continued)

*Overview of Themes and Sub-Themes Identified Through an Inductive Approach*

<b>Themes and Sub-Themes</b>	<b>Definition</b>	<b>Example quote</b>	<b>N(%)</b>
Safe Communication	Reflects whether participants felt able to speak openly about their needs without fear of judgement or negative consequences	“Yeah, I just have a really good relationship with her [supervisor]. So when I say that my hormones are all over the place, she understands what I mean and that’s really nice”	6(2.1)
Identity and Self-Perception at Work			10(19.9)
Navigating Change	How participants coped with physical, emotional, or cognitive changes, and how these affected their sense of control and how they are viewed at work	"That might be a bigger transition, because I’ve noticed that people do treat you a bit differently... When you’re fumbling with something, people are quicker to think, ‘Oh, that poor old little woman.’"	8(7.0)
Life Reflection	Looking back on career paths, achievements, and turning points	“And then I think, wow, I’ve built up so much during that time, and gathered so much knowledge and experience.”	7(8.2)
Self-Empowerment	Captures increased self-confidence and the ability to prioritise personal needs or boundaries without guilt or external validation	“Yeah, in my early twenties I was incredibly insecure, and now I know my worth. And that, you could say, is something I find beautiful about this stage of life.”	5(3.3)
Purpose and Meaning	Desire to contribute in ways that feel fulfilling	“Yeah, I still feel like I’m doing good things, you know what I mean? That I’m not useless or anything that I can still make someone happy who needs help.”	2(1.4)

*Note.* Percentages (%) refer to the proportion of total text fragments (N = 340) coded under each theme or sub-theme. The number of participants (n = 12) indicates how many mentioned the theme or sub-theme

## Results

The twelve interviews ranged from 35 to 80 minutes, with an average duration of 48 minutes. Longer interviews were typically associated with more severe symptoms or greater familiarity with the topic, while shorter ones often involved women who had engaged less with the subject or experienced fewer complaints. Four interviews were conducted in person and eight online, primarily due to geographical constraints. The online setting made it more difficult to provide verbal listening cues without disrupting the audio recording, which may have slightly affected the conversational flow. Still, most participants, particularly those recruited through public posters or social media, spoke openly and in detail, suggesting strong intrinsic motivation to share their experiences. One participant showed an emotional response, but overall, the atmosphere remained open and engaged.

All participants were between 47 and 57 years old. Nine of the twelve women reported experiencing difficulties at work related to menopausal symptoms. Common issues included brain fog (n=5), fatigue (n=4), loss of energy or difficulty sustaining energy (n=3), difficulty concentrating (n=3), impatience or irritability (n=3), stiffness or joint pain (n=3), and loss of sleep (n=2). Less frequently, participants mentioned symptoms such as mood swings, a constant feeling of dissatisfaction, increased stress, and burnout (each reported by one participant). These symptoms affected both cognitive and physical functioning and were experienced as barriers to maintaining productivity and wellbeing at work.

In reflecting on their work situations, several women expressed a desire to become or remain self-employed, citing the need for greater flexibility and control in managing symptoms and workloads. This search for autonomy points to a broader sense of misalignment between conventional work structures and the lived experiences of women navigating the menopausal

transition. Thematic analysis of the interviews resulted in three overarching themes that reflect these dynamics: “Redefining the Relationship with Work”, “Social Bridges and Barriers”, and “Identity and Self-Perception at Work” (Table 1).

### **Theme 1: Redefining the Relationship with Work**

All participants reassessed their relationship with work during the menopausal transition, prompted by changes in energy, concentration, and personal priorities. Rather than striving to meet external expectations, several women shifted their focus to work that felt meaningful and manageable. Five reported feeling less pressure to prove themselves and gradually let go of tasks that no longer aligned with their values or capacity. These adjustments were often not calculated but emerged through reflection on how best to manage limited energy.

This shift was frequently accompanied by a desire for greater autonomy. Seven women could adapt their working hours or routines to better match fluctuating energy levels, with self-employed participants experiencing the most flexibility. One explained: “I’m able to organise my own work, so I can move things around and do them at times when I feel better.” In contrast, salaried employees were more dependent on understanding supervisors, highlighting inequalities in workplace agency. For some, entrepreneurship became a means to regain control over when and how they worked.

While three participants expressed no longer seeking promotions or added responsibilities, others remained professionally engaged, with ambitions turning inward towards specialised training, meaningful contribution, or new directions. Five women described looking ahead with curiosity rather than ambition, viewing this life stage as an opportunity to redefine work on their own terms. However, not all transitions were voluntary. Three participants lost

their jobs during this period, describing the experience as disorienting and painful. One shared: “There was frustration, anger... and then suddenly, the rug gets pulled out from under you.”

These abrupt disruptions stood in stark contrast to the more gradual, intentional shifts described by others and were experienced as ruptures that undermined confidence and direction.

## **Theme 2: Social bridges and barriers**

Social bridges and barriers played a central role in shaping how participants navigated the menopausal transition for all 12 women in the sample. While those who encountered empathetic colleagues or supervisors valued the given forms of support, such responses were typically interpersonal rather than organisational. Support was highly dependent on the personality and disposition of individual managers, making it unpredictable and uneven across workplaces.

More commonly, participants encountered silence (n=3) or discomfort around the topic (n=6). Two participants noted that they never discussed their symptoms at work due to discomfort with the topic, while three mentioned actively avoiding doing so due to strained relationships or lack of trust. No participant reported a supervisor ever initiating a conversation on the subject. When women did raise their difficulties, they were often met with indifference or unease, leading to feelings of isolation or vulnerability. In one case, this lack of understanding contributed to the termination of a contract. Across the sample, psychological safety to speak openly about menopause remained the exception.

Cultural and gendered dynamics further complicated communication. Six participants described menopause as a taboo subject, particularly in male-dominated environments. Some feared being perceived as unreliable when symptoms such as fatigue or forgetfulness became visible. The presence of male colleagues or supervisors often intensified this discomfort. As one



woman remarked: “As soon as a man entered the room... you just felt like: it is none of his business, you know?” Although not universally shared, this view was explicitly raised by three participants.

Support outside of work, especially from partners, emerged as an essential buffer. When participants felt understood at home, they were better able to meet professional demands, reinforcing the idea that work-related wellbeing cannot be understood in isolation from broader social contexts.

### **Theme 3: Identity and Self-perception at work**

The menopausal transition prompted many women to reconsider their identity at work, not primarily in emotional terms but through practical reflection on age, role, and future direction (n=10). While one participant reported not feeling older, most became more conscious of their age and organisational position. For some, this awareness brought calm and perspective. One reflected: “Yeah, it’s not very sexy, but I know that in the end you become a kinder, wiser woman, and that keeps me going.”

This period also encouraged deeper career reflection. Some participants expressed pride in their achievements, while others felt they were only now discovering the type of work that truly suited them. These insights helped clarify what they wanted from the remainder of their working lives, whether scaling back, shifting direction, or holding onto work that felt meaningful. Such reflections contributed to a clearer sense of how to sustain work in ways aligned with personal needs.

Physical changes also shaped how women saw themselves in the workplace, particularly in public-facing roles. Five participants described becoming more aware of their appearance.

One actress remarked on the pressure to remain “presentable”, adding: “But you can be presentable with wrinkles too, right?” While comments like this were often followed by statements of acceptance, three women expressed a sense of lost control over their changing appearance. As one stated: “So I just let it be. It’ll happen how it happens. And yeah... that’s just how it is.” These shifts in body image were closely linked to evolving confidence and visibility at work.

Despite physical and emotional challenges, many participants described a growing confidence in their value and contributions. Four said they no longer felt the need to prove themselves and instead prioritised decisions that supported their wellbeing. Even those who had left the workforce sought meaningful engagement through volunteering or informal caregiving. One woman supported a mute elderly man in her neighbourhood using her professional experience with children. Another, despite severe symptoms, said: “Yes, it gave me a sense of fulfilment, but also a bit of hope... like, I can still do it.” Although hope was only explicitly mentioned once, it emerged as a quiet but powerful undercurrent of resilience and renewed purpose.

## **Discussion**

This study explored how women experience the menopausal transition in the workplace. A thematic analysis of twelve semi-structured interviews yielded three key themes, selected for their relevance to the workplace dynamics: (1) life-phase complexity and the challenge of isolating work, (2) support from employers and colleagues as a decisive factor, and (3) professional agency, flexibility, and autonomy. These findings demonstrate that the experience of menopause at work is shaped not only by physiological changes but also by broader social, temporal, and organisational contexts (Jack et al., 2018; Lazar et al., 2019). As recent study by

Quental (2023) has argued, menopause can be a site of agency and transformation when workplaces move beyond deficit-oriented views and enable more inclusive and empowering responses.

### **Life-phase complexity and the challenge of isolating work**

An important consideration that emerged during analysis was how difficult it can be to isolate the impact of menopause from broader midlife dynamics. While participants focused primarily on their work-related experiences, their reflections often hinted at a wider re-evaluation of roles, priorities, and energy. This complexity is reflected in the literature, which describes midlife as a time of “colliding” transitions, including caregiving for ageing parents, supporting adolescent children, or coping with personal loss (Saadedine et al., 2024). These overlapping demands can intensify stress and elevate work–life conflict, complicating efforts to attribute workplace challenges solely to menopause. Other qualitative studies similarly highlight how midlife women frame cumulative stressors, rather than menopause alone, as central to their evolving work experiences (Thomas et al., 2018; Dare, 2011). Together, these insights reinforce the need to move beyond narrow and primarily medical perspectives of menopause and instead approach it as a multidimensional phenomenon embedded in the broader life course, including the effect it has on women's experiences at work.

### **Support from employers and colleagues as a decisive factor**

The degree of support women received in the workplace played a critical role in shaping their menopausal experiences at work. Participants who described open and trusting relationships with supervisors or colleagues, particularly female colleagues, reported feeling more psychologically safe, better able to express their needs, and more empowered to adjust their

workday. This aligns with evidence that supportive and flexible workplace conditions such as autonomy, consideration for menopausal symptoms, and a positive work climate can buffer the negative effects of menopause, improve mental health, and enhance job satisfaction and performance (Gervais & Millea, 2016). In contrast, women who lacked supportive relationships or avoided discussing menopause altogether often endured their symptoms in silence. This exacerbated emotional strain and hindered their ability to manage work effectively. The need to suppress symptoms also delays potential interventions, ultimately creating negative outcomes for both employee and employer (Menopause Society Menopause and the Workplace Advisory Panel, 2024).

These findings are mirrored in large-scale surveys. Griffiths et al. (2013) found that many women were reluctant to disclose menopause-related health concerns at work, particularly when supervisors were male or younger females, due to fears of embarrassment or stigma. The Menopause Society (2024) similarly highlighted that menopause remains a taboo topic, often viewed as inappropriate for professional settings, an attitude reinforced by systemic ageism and gender norms. Notably, even minimal forms of workplace support, such as small gestures of empathy or flexibility, were found to significantly enhance women's wellbeing, as echoed in both the current interviews and Griffiths et al. (2013) findings.

A population-based cross-sectional study by D'Angelo et al. (2023), using data from over 400 British women in the HEAF cohort, found that poor psychosocial job conditions (such as feeling unappreciated, job insecurity, or dissatisfaction) were among the strongest predictors of difficulty coping with menopausal symptoms at work. These findings suggest that fostering openness requires more than individual courage; it necessitates organisational leadership and structural change to normalise menopause and legitimise related needs.

## **Professional agency, flexibility, and autonomy**

A key insight of this study is the central role of flexibility and autonomy in how participants navigate their professional lives during menopause. Many viewed the ability to self-regulate schedules and workload as beneficial for managing fluctuating energy levels. Half of the participants were self-employed or exploring self-employment, which was perceived to create a better alignment between work and wellbeing. This aligns with findings from Geukes et al. (2016), who reported that women with severe menopausal symptoms were over eight times more likely to report low work ability, and with Hengel et al. (2023), who emphasised the importance of flexible job conditions in mitigating such impacts. Thomas et al. (2018) further found that self-employed individuals report higher levels of eudaimonic wellbeing—such as purpose, personal growth, and self-realisation—partly due to greater control and flexibility.

For some women in this study, flexibility meant starting later after a poor night's sleep; for others, it meant stepping away from leadership roles and focussing on more balanced or meaningful work. These shifts reflect a re-evaluation of professional priorities, one that emphasises sustainability and wellbeing over hierarchical growth. As Jack et al. (2018) argue, menopause can lead women to rethink their role and identity at work, as well as how envision their career progression. Quental (2023) adds that this shift can be empowering, allowing women to challenge traditional workplace expectations and redefine what meaningful work looks like to them.

The Menopause Society (2024) consensus supports this by advocating tailored accommodations such as rest breaks, adjusted workloads, and temperature control. These findings suggest that one-size-fits-all interventions may overlook the individual nature of menopausal needs. As Griffiths et al. (2013) note, simple measures such as flexible schedules,

access to information, and empathic management, can be both low-cost and high impact. Enabling such flexibility not only improves women's wellbeing but also strengthens the organisational resilience.

### **Strengths and Limitations**

A key strength of this study lies in the methodological transparency and reflectivity in the methods used and entire study. Thematic analysis was conducted systematically and iteratively, supported by a codebook and qualitative software to ensure transparency and consistency in coding. Analytical rigour was further strengthened by incorporating critical input from a fellow researcher in the field of psychology, a researcher from a technical background and someone with lived menopausal experiences. Keeping a logbook, using peer consultation, and even the cautious use of ChatGPT served as prompts to challenge biases and refine theme development.

Nevertheless, the study has important limitations. The coding process was primarily conducted by one researcher, and although selective intercoder reliability checks were performed on key and frequently used codes, the full dataset was not independently coded by a second researcher, which may affect the consistency and robustness of the coding process. The sample was also demographically homogeneous, with an overrepresentation of women with a university of applied sciences (HBO) education and limited ethnic diversity, which restricts the generalisability of findings. This is likely due to the use of snowball sampling. Additionally, the interview guide did not always encourage participants to directly connect their symptoms to the workplace setting, which made it harder to distinguish the effects of menopausal symptoms on their work. Nor was it completely fit for self-employed participants. Finally, participants varied in how openly they spoke about their experiences, which may have affected the richness of the

data. At the same time, this hesitation also highlights a broader issue: many women still feel uncomfortable talking about menopause at work.

### **Implications and Future Directions**

This study's limitations point to key directions for future research and practice. The coding process, primarily conducted by one researcher, highlights the need for future studies to adopt dual coding or collaborative analysis to enhance interpretive consistency and reliability. The sample's lack of ethnic diversity and overrepresentation of HBO graduates underscores the importance of more inclusive recruitment strategies that reflect a broader range of work and life contexts. Future studies should prioritise reaching women in underrepresented roles, such as shift workers or those in male-dominated sectors, to support a more intersectional understanding of how menopause affects work. Furthermore, since half of the participants mentioned self-employment, this would also be valuable to perform specific research on. Additionally, because the interview guide did not consistently prompt links between symptoms and work experiences directly, future research would benefit from more targeted questions or longitudinal methods that capture day-to-day symptom variation. Researchers may also consider participatory or co-designed approaches to better represent marginalised groups. Building on these improvements, applied research is needed to evaluate the impact of workplace interventions such as flexible scheduling, menopause training for managers, and confidential communication channels, especially in jobs with limited autonomy. Finally, while few participants referenced formal policies, the findings suggest that menopause should be more structurally recognised as a legitimate workplace challenge. This requires not only policy, but also a shift in organisational culture to foster openness, empathy, and psychological safety. Cross-cultural studies could help

determine whether the identified barriers are context-specific or widely shared, and practical guidance, such as the measures noted by Griffiths et al. (2013) can help organisations better support women while also improving resilience and retention.

## **Conclusion**

This study offers new insights into how women experience the menopausal transition in the workplace and how it affects their functioning, engagement, and sense of identity at work. The findings demonstrate that menopause at work is not simply a matter of managing symptoms, but rather that it is deeply shaped by broader life-phase dynamics, workplace structures, and relational contexts. Women described a need for flexibility, autonomy, and recognition, with many reevaluating their professional goals and redefining what meaningful work looks like to them. Supportive relationships and empathy from others emerged as key factors in enabling women to navigate this transition sustainably, while silence and stigma increased strain. These insights align with and extend existing literature by illustrating that sustainable work participation for menopausal women requires more than awareness or policy, it requires structurally embedded, culturally sensitive workplace practices that legitimise women's experiences and empower their agency. While limited in diversity and scale, this study highlights the value of qualitative inquiry into this topic and calls for further research and organisational action to better support women during the menopausal transition.

## **AI Use Statement**

During the process of writing this thesis, I made use of OpenAI's ChatGPT (GPT-4) as a support tool. It was used for translating Dutch quotes into English, providing feedback on sections for clarity, generating feedback questions during the thematic analysis, and editing the



final text for style and coherence. Furthermore, it was used to analyse parts of the transcripts with the coding scheme to compare to the researcher's coding. All final interpretations, coding decisions, and final written content were my own. The AI was used to enhance expression and structure, not to generate content or analyse data independently.

## References

- Aspers, P., & Corte, U. (2019). What is Qualitative in Qualitative Research. *Qualitative Sociology*, 42(2), 139–160. <https://doi.org/10.1007/s11133-019-9413-7>
- Atkinson, C., Carmichael, F., & Duberley, J. (2024). A bio-psycho-social investigation of menopause transition and job satisfaction. *Maturitas*, 193, 108187. <https://doi.org/10.1016/j.maturitas.2024.108187>
- Audet, M., Dumas, A., Binette, R., & Dionne, I. J. (2017). Women, weight, poverty and menopause: understanding health practices in a context of chronic disease prevention. *Sociology of Health & Illness*, 39(8), 1412–1426. <https://doi.org/10.1111/1467-9566.12593>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Busch, H., Barth-Olofsson, A. S., Rosenhagen, S., & Collins, A. (2003). Menopausal transition and psychological development. *Menopause the Journal of the North American Menopause Society*, 10(2), 179–187. <https://doi.org/10.1097/00042192-200310020-00011>
- Centraal Bureau voor de Statistiek. (2024, October 8). Nederlanders hebben steeds vaker hbo of universiteit gevolgd. *Centraal Bureau Voor De Statistiek*. <https://www.cbs.nl/nl-nl/nieuws/2024/41/nederlanders-hebben-steeds-vaker-hbo-of-universiteit-gevolgd>
- 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), 295. <https://doi.org/10.3390/ijerph20010295>

- Dare, J. S. (2011). Transitions in Midlife Women's Lives: Contemporary Experiences. *Health Care for Women International*, 32(2), 111–133.  
<https://doi.org/10.1080/07399332.2010.500753>
- Dashti, S., Bahri, N., Najafi, T. F., Amirideli, M., & Roudsari, R. L. (2021). Influencing factors on women's attitudes toward menopause: a systematic review. *Menopause the Journal of the North American Menopause Society*, 28(10), 1192–1200.  
<https://doi.org/10.1097/gme.0000000000001833>
- Delanoë, D., Hajri, S., Bachelot, A., Draoui, D. M., Hassoun, D., Marsicano, E., & Ringa, V. (2012). Class, gender and culture in the experience of menopause. A comparative survey in Tunisia and France. *Social Science & Medicine*, 75(2), 401–409.  
<https://doi.org/10.1016/j.socscimed.2012.02.051>
- Erbil, N. (2017). Attitudes towards menopause and depression, body image of women during menopause. *Alexandria Journal of Medicine*, 54(3), 241–246.  
<https://doi.org/10.1016/j.ajme.2017.05.012>
- Faubion, S., Bigler, J. K., Christmas, M., Cortés, Y. I., Gill, C., Green-Smith, P., Kapoor, E., Reed, S. D., Shufelt, C. L., Soares, C. N., & Thomas, H. N. (2024). Menopause and the workplace: consensus recommendations from The Menopause Society. *Menopause the Journal of the North American Menopause Society*, 31(9), 741–749.  
<https://doi.org/10.1097/gme.0000000000002415>
- Gervais, R. L., & Millea, P. M. (2016). Exploring Resources, Life-Balance and Well-Being of women who work in a global context. In Springer eBooks. <https://doi.org/10.1007/978-3-319-31736-6>

- Geukes, M., Van Aalst, M. P., Nauta, M. C., & Oosterhof, H. (2011). The impact of menopausal symptoms on work ability. *Menopause the Journal of the North American Menopause Society*, 19(3), 278–282. <https://doi.org/10.1097/gme.0b013e31822ddc97>
- Geukes, M., Van Aalst, M. P., Robroek, S. J., Laven, J. S., & Oosterhof, H. (2016). The impact of menopause on work ability in women with severe menopausal symptoms. *Maturitas*, 90, 3–8. <https://doi.org/10.1016/j.maturitas.2016.05.001>
- 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. <https://doi.org/10.1016/j.maturitas.2013.07.005>
- Hamilton, A. B., & Finley, E. P. (2019). Qualitative methods in implementation research: An introduction. *Psychiatry Research*, 280, 112516. <https://doi.org/10.1016/j.psychres.2019.112516>
- Hammam, R. A., Abbas, R. A., & Hunter, M. S. (2012b). Menopause and work – The experience of middle-aged female teaching staff in an Egyptian governmental faculty of medicine. *Maturitas*, 71(3), 294–300. <https://doi.org/10.1016/j.maturitas.2011.12.012>
- Harlow, B. L., & Signorello, L. B. (2000). Factors associated with early menopause. *Maturitas*, 35(1), 3–9. [https://doi.org/10.1016/s0378-5122\(00\)00092-x](https://doi.org/10.1016/s0378-5122(00)00092-x)
- Hengel, K. M. O., Soeter, M., Maur, M. I. D., Van Oostrom, S. H., Loef, B., & Hooftman, W. E. (2023). Perimenopause: Symptoms, work ability and health among 4010 Dutch workers. *Maturitas*, 176, 107793. <https://doi.org/10.1016/j.maturitas.2023.107793>
- Hvas, L. (2001). Positive aspects of menopause. *Maturitas*, 39(1), 11–17. [https://doi.org/10.1016/s0378-5122\(01\)00184-0](https://doi.org/10.1016/s0378-5122(01)00184-0)

- Jack, G., Riach, K., & Bariola, E. (2018). Temporality and gendered agency: Menopausal subjectivities in women's work. *Human Relations*, 72(1), 122–143.  
<https://doi.org/10.1177/0018726718767739>
- Jack, G., Riach, K., Bariola, E., Pitts, M., Schapper, J., & Sarrel, P. (2015). Menopause in the workplace: What employers should be doing. *Maturitas*, 85, 88–95.  
<https://doi.org/10.1016/j.maturitas.2015.12.006>
- Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *PubMed*.
- Lazar, A., Su, N. M., Bardzell, J., & Bardzell, S. (2019). Parting the Red Sea. *Wiley Online Library*, 1–16. <https://doi.org/10.1145/3290605.3300710>
- Lim, W. M. (2024). What is qualitative research? An overview and guidelines. *Australasian Marketing Journal (AMJ)*. <https://doi.org/10.1177/14413582241264619>
- Lorentzon, M. (1993). Doing qualitative research. *Journal of Advanced Nursing*, 18(6), 1007.  
<https://doi.org/10.1046/j.1365-2648.1993.180610057.x>
- Masitoh, S., Fratidhina, Y., & Syam, H. (2021). Peer group and positive affirmations affect on physical changes and psychological consequences of menopause. *Jurnal Ilmu Dan Teknologi Kesehatan*, 9(1), 98–110. <https://doi.org/10.32668/jitek.v9i1.612>
- Mayo Clinic. (2024, April 23). *Explaining the stages of menopause*. Mayo Clinic Press.  
Retrieved March 1, 2025, from <https://mcpres.mayoclinic.org/menopause/explaining-the-stages-of-menopause/>
- Menopause Society Menopause and the Workplace Advisory Panel. (2024). Menopause and the workplace: consensus recommendations from The Menopause Society. *The Journal of the Menopause Society*, 31(9), 741–749. <https://doi.org/10.1097/gme.0000000000002415>

Nassaji, H. (2020). Good qualitative research. *Language Teaching Research*, 24(4), 427–431.

<https://doi.org/10.1177/1362168820941288>

Peshkin, A. (1993). The goodness of qualitative research. *Educational Researcher*, 22(2), 23–29.

<https://doi.org/10.3102/0013189x022002023>

Quental, C., Gaviria, P. R., & Del Bucchia, C. (2023). The dialectic of (menopause) zest:

Breaking the mold of organizational irrelevance. *Gender Work and Organization*, 30(5),

1816–1838. <https://doi.org/10.1111/gwao.13017>

Rees, M., Bitzer, J., Cano, A., Ceausu, I., Chedraui, P., Durmusoglu, F., Erkkola, R., Geukes,

M., Godfrey, A., Goulis, D. G., Griffiths, A., Hardy, C., Hickey, M., Hirschberg, A. L.,

Hunter, M., Kiesel, L., Jack, G., Lopes, P., Mishra, G., . . . Lambrinoudaki, I. (2021).

Global consensus recommendations on menopause in the workplace: A European

Menopause and Andropause Society (EMAS) position statement. *Maturitas*, 151, 55–62.

<https://doi.org/10.1016/j.maturitas.2021.06.006>

Saadedine, M., Safwan, N., Kapoor, E., Shufelt, C. L., Kling, J. M., Hedges, M. S., Chaudhry,

R., Cole, K., Winham, S. J., Griffin, J. M., & Faubion, S. S. (2024). Association of

informal caregiving and Menopause symptoms in Midlife Women: A Cross-Sectional

Study. *Mayo Clinic Proceedings*. <https://doi.org/10.1016/j.mayocp.2024.07.009>

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, 107983. <https://doi.org/10.1016/j.maturitas.2024.107983>

The Menopause Society. (2024). Menopause and the workplace: consensus recommendations

from The Menopause Society. *Menopause the Journal of the North American Menopause*

*Society*, 31(9), 741–749. <https://doi.org/10.1097/gme.0000000000002415>

- Thomas, A. J., Mitchell, E. S., & Woods, N. F. (2018). The challenges of midlife women: themes from the Seattle midlife Women's health study. *Women's Midlife Health*, 4(1).  
<https://doi.org/10.1186/s40695-018-0039-9>
- Viotti, S., Guidetti, G., Sottimano, I., Traverso, L., Martini, M., & Converso, D. (2021). Do Menopausal Symptoms Affect the Relationship between Job Demands, Work Ability, and Exhaustion? Testing a Moderated Mediation Model in a Sample of Italian Administrative Employees. *International Journal of Environmental Research and Public Health*, 18(19), 10029. <https://doi.org/10.3390/ijerph181910029>
- World Health Organization. (2024, October 16). *Menopause*. <https://www.who.int/news-room/fact-sheets/detail/menopause>
- Yoeli, H., Macnaughton, J., & McLusky, S. (2021). Menopausal symptoms and work: A narrative review of women's experiences in casual, informal, or precarious jobs. *Maturitas*, 150, 14–21. <https://doi.org/10.1016/j.maturitas.2021.05.007>
- Zhang, L., Ruan, X., Cui, Y., Gu, M., & Mueck, A. O. (2020). Menopausal symptoms and associated social and environmental factors in midlife Chinese women. Clinical interventions in aging. *Clinical Interventions in Aging*, Volume 15, 2195–2208.  
<https://doi.org/10.2147/cia.s278976>

## Appendix A

### Interview Questions

Semi-Structured Interview Scheme: SPICE-up your life interview study

Menopausal Transition and Coping Strategies

Introduction

- Introduce yourself briefly (student from ...)
- The purpose of this interview is to explore more in depth how women experience the menopausal transition. I have some questions to guide our conversation, but I am mainly interested in your personal story.
- Can I record this interview (audio/video) to ensure accurate transcription and reporting?
- START RECORDING

Ethical Considerations

- Before we start, I have some practicalities to check with you. [Read the informed consent form and ask if they agree with all of them (you can give a hand-out as well).]

Main Questions and Probes

Introduction – before we focus on the menopausal transition, I would first like to get to know you a bit better.

- How are you feeling about the interview?



- Can you introduce yourself?
- What does your day-to-day life look like?
- How are you doing today?

Definition of the menopausal transition:

- How would you define the menopausal transition? (if this is not accurate or unknown, you could explain what we perceive as the menopausal transition. For this study it is any mental or physical changes that might be experienced due to changing hormones during the transition towards the final menstruation and up to 3 years after this final menstruation)

Understanding the Menopausal Experience

- What is your experience with the menopausal transition so far?
  - o What were the first signs or symptoms you noticed?
  - o How long have you been experiencing these symptoms?
  - o How have your symptoms changed over time?
  - o How do you feel about this phase of life?

Coping Strategies

- What actions have you taken to manage your menopausal symptoms?
  - o Check: medical treatment, hormonal treatment, alternative therapies

- o Check: related to physical and related to psychological symptoms, any differences or similarities?
- o What was most effective for you?
- How have lifestyle changes or any other changes in your daily routines helped you to cope with the menopausal transition?
- o Check: diet, exercise, sleep, relaxation, meaning in life
- o What was most effective for you?

#### The Role of Health Care Professionals

- What has been your experience with healthcare professionals regarding the menopausal transition?
- What useful guidance or treatments have you received?
- What could be improved in terms of medical or psychological support?

#### Social Support and Relationships

- How do you talk about the menopausal transition with others?
- o Check: family, friends, support groups, colleagues, neighbours
- Who have supported you most during the menopausal transition? Why these people and what was most helpful?
- o Check: family, friends, support groups, colleagues, neighbours

- Have your relationships changed during this transition? In what way?

#### Personal Growth and Positive Changes

- What positive changes have you noticed in your (daily) life because of the menopausal transition?
- In what way do you think you have grown from (going through) the menopausal transition?

#### Career and Work-Life

- How would you describe your career path so far?
- How would you describe your current role and responsibilities at work?
- What changes have you noticed in how you experience your work life and career path since entering the menopausal transition?
- What changes have you noticed in how you experienced your work life after pregnancy and the postpartum period? In what way was the transition to motherhood similar and different compared to the transition to menopause?
- What would the ideal workplace look like for you during the menopausal transition?
- How much support do you receive from your employer or team during the menopausal transition?

#### Concluding

- What has been the most difficult aspect of the menopausal transition for you?
- What do you wish you had known before entering the menopausal transition?
- What resources or support would have made your menopausal transition easier?
- Based on your experience, what advice would you give to other women currently navigating through the menopausal transition?

Demographic Information – check if you don't know it yet

- What is your age?
- What is your nationality and cultural background?
- What is your educational background? (low, middle, high)
- What is your current living situation? (with/without partner, with/without children (at home))
- What is your current employment situation? (how many hours, what type of job)

Conclusion & Consent

- Thank you for sharing your experiences with us. Your insights are invaluable in understanding how women navigate menopause and how they find ways to cope and grow.
- Before we conclude:
  - o Do you have any final thoughts or anything you'd like to add?

- o Please take a moment to review the informed consent form once again. Are you still agreeing with our terms and conditions?
- We truly appreciate your time and openness. If you have any questions or need further assistance, please feel free to reach out. Thank you!

For the interviewers:

Common follow-up questions to keep with you as well could be:

- Can you explain that further?
- What do you mean by that?
- Can you give an example?
- How did that make you feel?
- Could you elaborate on that point?
- Can you describe that experience in more detail?
- What happened next?
- How did that impact you?

## Appendix B

### Full coding scheme

Themes, sub-themes and codes	Definition
<b>Redefining the relationship with work</b>	
<i>Reducing workload</i>	Consciously letting go of tasks, responsibilities, or ambitions that no longer align with current energy levels or personal priorities
Work-Life Balance	Finding a new balance between working and private life, usually finding work less important futur
Letting Go of Work Tasks	Feeling less responsible, easier to let go of tasks
Making Choices	Making (or needing to make) choices in what they want
Setting Boundaries	Setting more/clearer boundaries
Rest	Incorporating more rest within their working days and lives
<i>Ownership</i>	Participants' efforts to regain control over how, when, and where they work, often driven through autonomy and flexibility
Flexibility	Working more from home or more flexible hours.
Autonomy	Being able to make your own decisions.
Entrepreneurial Drive	Wanting to become self-employed or being self-employed
Freedom	Having or wanting more freedom than before.
<i>Professional Progression</i>	How participants reevaluated or redefined career growth and the new progressions they booked
Future Oriented	Looking towards the future. Curious as to where they will end up and what the next steps will look like.
Growth	More senior functions, deciding they don't need as much growth as before. Or growing in a different way like taking new courses or specializing further.
New Challenges	Finding new challenges like following new courses
Work Experience	Gaining more work experience and more senior functions

<i>Disengagement</i>	Voluntary and involuntary separation from work, including preparing for retirement or job loss during menopausal transition
Approaching End of Work	Looking ahead towards the end of their career, wrapping up, handing over the reins, instructing others to take over.
Terminating work	Losing their job or quitting work.
<i>Consistency</i>	Desire for stability and routine at work, to maintain productivity and manage symptoms
Stability	Stability in the way that work is experienced.
Routine	Helpfulness of routine to stay productive
Advice towards the Employer	Advice formulated towards their employer
Professional Help	Using professional help to improve
<b>Social Bridges and Barriers</b>	
<i>Organisational Responsiveness</i>	Presence or absence of support from employers, including formal policies, informal gestures, or managerial support
Support at work	Feeling supported. Receiving support at work or providing support to others in the menopausal transition.
Disconnect with the employer	Little to no (positive) contact with the employer about the difficulties surrounding menopause.
Missing communication	Little to no communication with the employer
Attention to the individual	Supervisor/employee/co-worker recognizes the individual needs of the participant.
<i>Recognition</i>	The extent to which participants felt seen, understood, or validated
Understanding	Understanding towards themselves or others
Social support	Support by family or friends
Comparison	Comparing their own experiences to those of the women around them that are in the menopausal transition or have been in the menopausal transition.
Gender differences	Women having difficulties in communicating their challenges and needs toward male coworkers/employers

External perception	How the participant feels they are viewed by others.
<i>Safe communication</i>	Reflects whether participants felt able to speak openly about their needs without fear of judgement or negative consequences
Openness	Being open about the effects of menopause
Trust	Having trust in yourself or others
<b>Identity and Self-Perception at Work</b>	
<i>Navigating Change</i>	How participants coped with physical, emotional, or cognitive changes, and how these affected their sense of control and how they are viewed at work
Acceptance	Mentioning acceptance in that menopause has an effect on their professional lives or the symptoms that occur at work, or to do with the accompanying life phase.
Lack of control	Having the feeling of not being in control
Physical appearance	Value on their physical appearance and its changes
Confluence	Things coming together, making sense together, pieces falling into place
<i>Life reflection</i>	Looking back on career paths, achievements, and turning points
Reflecting	Reflecting on their career. The differences between how it used to be and how it is now.
Getting older	Being part of the older generation/being aware of getting older
Confluence	Things coming together, making sense together, pieces falling into place
<i>Self-Empowerment</i>	Captures increased self-confidence and the ability to prioritise personal needs or boundaries without guilt or external validation
Choosing yourself	Choosing yourself more and what they want to do
Confidence	Less urge to prove yourself. Knowing their own worth and less need to prove themselves.
Feeling useful	Needing to feel useful, but potentially in a new way
Hope	Hope in that things will get better

---