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The Invisible Struggle in the Workplace: An Interpretative Phenomenological Analysis of Turkish Women's Menopause Experiences

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ABSTRACT

Menopause is a biological process that occurs in women between the ages of 45 and 55, indicating the end of their natural reproductive years. The menopausal transition usually takes place while women are in work, and difficult symptoms can impact their self-perceived work performance, productivity, and impaired job capability. In Turkey, there is no qualitative research on the impact of menopausal symptoms in the workplace. Therefore, the aim of this study was to explore the way in which menopausal symptoms can influence the professional lives of working women by investigating their experiences and coping strategies in the workplace. A qualitative study design using interpretive phenomenological analysis (IPA) was used. Semistructured individual interviews were conducted with 10 employed, postmenopausal women aged 49 to 61, who shared both their current and past experiences of how menopause influenced their working lives. Through the IPA analysis, four key themes were identified: Menopause and Professional Life; Menopause and Work Performance; Workplace Invisibility of Menopause; Navigating Menopause as a Social and Personal Transition. This study posits that the experience of menopause is individualized for each woman, as evidenced by the unique variations in the onset of symptoms, severity of symptoms, duration and severity of symptoms, and the impacts of this transitional phase. According to the results, menopause is not solely a biological transition; rather, it is a multifaceted and intricate experience that affects a woman's identity, emotional well-being, social relationships, and professional status. Consequently, future studies should investigate the intricate consequences of menopause on several facets of women's lives, including identity and social interactions, to provide a more thorough comprehension of its implications.

1 | Introduction

Menopause is a biological process that is typical of women between the ages of 45 and 55 and indicates the final phase of their reproductive years [1, 2]. Low levels of circulating estrogen and dysfunction of the ovarian follicles are the root causes of this health condition, and changes in the menstrual cycle are typically the first indication of the menopausal transition. The term "perimenopause" refers to the time period beginning with the first appearance of these symptoms and ending 1 year following the last menstrual cycle. Perimenopause typically begins in the mid-40s and may last for four to eight years. It refers to the

transitional period during which menstrual irregularity and menopausal symptoms may first appear and continues until 12 months after the final menstrual period (FMP). A woman is classified as postmenopausal after 12 consecutive months of amenorrhea. Perimenopause can have a significant impact on physical, emotional, mental, and social well-being and can last for several years [2–4].

Notably, the quality of life of perimenopausal women can be significantly impacted by a variety of symptoms, including depressed mood, lack of motivation, lack of pleasurable sense, and disrupted sleep [5, 6]. Menopausal women, on the other hand, experience a wide range of psychological symptoms, including impaired memory and attention, irritability, high levels of distress, anxiety, depression, and insomnia, which may hamper coping and also reduce quality of life in these women. In addition to psychological symptoms, menopausal women may experience physical symptoms, including hot flashes, asthenia, burning, palpitations, bone and joint pain, exhaustion, headache, breast tenderness, and vaginal irritation, dryness, night sweats, and itching. Vaginal dryness and hot flashes are the most challenging symptoms for women, as over 70% of women experience these symptoms as a result of reducing levels of estrogen [5, 7–9].

Several research studies indicated that menopause symptoms affect not only women but also families and relationships. Women's sexual lives, for instance, are influenced not only by menopausal variables but also by the experiences of their past and current lives and relationships [10–14]. Thus, women's sexual and personal relationships may be significantly impacted by menopause symptoms, which can, in turn, have a detrimental effect on women's psychological well-being and the quality of their intimate relationships [12, 15, 16]. Furthermore, there are detrimental impacts of menopause on the workplace [17–19]. Menopause occurs between the ages of 45 and 55, and the transition to menopause usually lasts for four to eight years. Thus, the majority of middle-aged women laborers will be experiencing the menopausal transition at any given moment [1, 2, 19]. In Turkey, the retirement age for women is set at 58 as of 2023 [20]. The report of the Menopause and Osteoporosis Association of Turkey reveals that the average age of menopause is 47 [21]. During this period, many women may experience menopausal symptoms while continuing their working lives. According to prior research, although findings are not entirely consistent across studies, menopausal working women have various workplace experiences.

These experiences encompass challenges, such as a detrimental impact on self-perceived work performance, work ability, productivity, and impaired job capability [18, 19, 22], whereas other studies found that menopausal status alone is not consistently associated with work outcomes, suggesting that this relationship is complex and context-dependent. Women are generally hesitant to disclose their menopausal status, and this issue is particularly sensitive in the workplace, where stigmatization and ridicule are prevalent. Therefore, menopause-related discussions at work are often considered taboo, and there has been limited consideration of the potential actions that employers could take to offer support [23, 24]. Also, to our knowledge, there is not qualitative research in Turkey on the effects of menopausal symptoms in the workplace, and the absence of supportive policies and workplace accommodations make it difficult for women going through menopause and deprives them of crucial support at work. Studies conducted in different cultural and workplace contexts further show that menopausal experiences at work are shaped not only by symptoms but also by workplace awareness, organizational support, sociocultural expectations, and access to appropriate information. Research from Saudi Arabia, Nigeria, and India indicates that menopausal symptoms can affect women's work ability, occupational well-being, quality of work, and quality of life, while workplace awareness and support may remain insufficient [25–27]. Broader qualitative evidence from Saudi Arabia, South Africa, Chinese cultural contexts, and cross-cultural studies also suggests that menopause is a culturally embedded transition shaped by gendered expectations, family and social roles, religious meanings, healthcare responsiveness, and norms around bodily privacy [28–31]. Such cultural and structural factors are particularly salient in the Turkish context, where conservative gender norms, patriarchal workplace structures, and the absence of formal menopause policy create a distinct set of barriers for working women, barriers that remain largely unexplored in the qualitative literature.

Despite growing recognition of menopause as an occupational health concern, policy engagement remains limited. In the UK, formal workplace menopause guidance has been developed, and institutional frameworks now exist to support employers in addressing menopausal symptoms at work [32, 33]. However, such frameworks remain largely confined to a small number of Western countries. To the best of our knowledge, no equivalent occupational health framework or labor law provision specifically addressing menopause in the workplace currently exists in Turkey, representing a significant policy gap that this study seeks to highlight.

Menopause is not solely a biological process but also a multidimensional, embodied, gendered, and socially situated life stage that influences women's identity, psychological well-being, social roles, and workplace experiences. Feminist organizational and intersectional perspectives suggest that menopause at work is shaped not only by symptoms but also by age, gender, workplace norms, organizational expectations, and access to support [34, 35]. This perspective is useful for examining how working women experience, conceal, and manage menopausal symptoms within gendered workplace contexts. Women's health nurses play a critical role in addressing the physical, psychological, and social challenges experienced during this period through holistic care and health education. Recognizing menopause-related difficulties in the workplace allows nurses to strengthen their roles in counseling, advocacy, and education, thereby helping women maintain their well-being and work performance [19, 36, 37]. To address this gap, we conducted a qualitative study of women's lived experiences of menopause in the workplace. Specifically, it aimed to explore how menopausal symptoms can affect the professional lives of working women by exploring their experiences, challenges, and coping mechanisms within the workplace.

2 | Methods

2.1 | Study Design

A qualitative study design, using interpretative phenomenological analysis (IPA) methodology, was used. IPA's main goal is to

gain an in-depth understanding of people's lived experiences and the meanings they create about their personal and social lives [38–40]. IPA is increasingly used in health-related research, especially women's health [41–44], as it is a useful tool to challenge assumptions and to look at experiences like menopause beyond a purely medical framework. To our knowledge, this is the first study in Turkey that explores the menopause experience of working women in the workplace and the first to use the IPA methodology to do so. The Standards for Reporting Qualitative Research (SRQR) was used to guide reporting [45].

2.2 | Participants

The sampling strategy included Turkish speaking, currently employed, postmenopausal women (all participants had experienced a minimum of 12 consecutive months of amenorrhea and were therefore classified as postmenopausal according to WHO criteria). Postmenopausal participants were purposively selected because the study aimed to explore women's interpretations and meanings of their menopausal experiences in the workplace after the transition had been completed, allowing them to reflect both on the process and its ongoing effects on their working lives. Participants were recruited from the Aegean and Mediterranean regions of Turkey via social media platforms (Instagram and Facebook), through online communities for working women, such as specific WhatsApp groups, and through word-of-mouth. Purposive sampling was used because it can provide "insight into a particular experience" (Smith et al., 2009, p.49) and ensures that participants with experience of the research area are recruited. Purposive sampling is a nonprobabilistic sampling procedure and is a method in which the target population is selected according to the objectives of the study and whether it fits for the particular inclusion and exclusion criteria which have been set [46]. Initially, 13 women expressed interest in participating in the study. However, three subsequently withdrew, citing demanding work schedules, and personal reasons.

The final sample was comprised of 10 working, postmenopausal women aged between 49 and 61, with a mean age of 54.7. Eight participants held a bachelor's degree, one a doctorate, and one an associate degree. The participants came from a diverse range of professional backgrounds, allowing for a rich exploration of the experience across different workplace contexts. The majority were employed in the public sector ($n = 7$), with most working within educational institutions ($n = 5$) and others in healthcare ($n = 2$), freelance roles ($n = 1$), the finance sector (n= 1), and an administrative department ($n = 1$). Most participants were married ($n = 6$) and had children ($n = 9$). The mean age at their FMP was 48.3 years, and all participants had experienced natural menopause (Table 1).

2.3 | Ethical Considerations

Ethical approval was obtained from the Pamukkale University Non-Interventional Clinical Research Ethics Committee (Decision Date: 28 November 2023; Approval No: E-60116787-020-458728). All participants were provided with a detailed information sheet about the study's aims and procedures. Prior to each interview, verbal informed consent was obtained from all participants. To ensure anonymity and confidentiality, all names used in this paper are pseudonyms, and any identifying details have been altered. After the interviews, participants were offered emotional support and informed about available health and psychological counseling services for further assistance if needed.

2.4 | Data Collection

Semistructured individual interviews were conducted between June 2024 and May 2025. A combination of online and in-person interviews was used to accommodate participant preferences. Six of the 10 participants were interviewed via video call from their homes. The remaining four interviews were conducted in person: two at the participant's home and two at their workplace. Giving participants a choice of location and method was intended to create a comfortable and relaxed environment where they could openly discuss their personal and professional experiences, thereby helping to reduce the power imbalance between interviewer and interviewee. Interviews lasted between 40 min and 1 h and 45 min and were audio-recorded with the participants' verbal consent.

A semi-structured interview guide was used to facilitate the interviews. This guide allowed for flexibility in dialogue and sensitive question phrasing, allowing the researcher to probe further when necessary and ensuring that all areas of interest were covered [39]. Interview questions were developed based on a comprehensive literature review on menopause and workplace experiences. Questions focused on participants' physical and psychosocial experiences with menopause, the impact of these symptoms on their job performance and professional identity, their coping mechanisms, and their perceptions of workplace culture and support. The interviews were conducted by the lead researcher (HB), who has significant expertise on the topic based on her doctoral thesis and previous studies on menopause. The interview guide is provided in Appendix 1.

2.5 | Data Analysis

Data were analyzed using the IPA seven steps suggested by Smith et al. [47]. This process is based on a holistic approach, involving an in-depth examination of each participant's narrative before moving on to the next. Exploratory noting was conducted by reading each interview transcript multiple times, and then themes were developed for each participant. In the final stage, common patterns and connections among the participants' narratives were examined to create the study's final, overarching group experiential themes (Table 2).

Audio recordings were transcribed verbatim in Turkish. The initial IPA stages, including reading and re-reading, exploratory noting, and experiential statement development, were conducted in Turkish by the first author (HB). Selected quotations, analytic notes, and theme summaries were then translated into English for team discussion. The analysis considered both explicit accounts and implicit meanings, including emotional tone, metaphors, contradictions, and sociocultural context. For example, the statement "You can only get through the situation you're in by embracing your work" was interpreted not only as continuing employment but as work functioning as a psychological anchor and a means of regaining control, contributing to the subtheme Work as Coping and Transformation.

2.6 | Rigor and Reflexivity

The study was conducted by a team of researchers with complementary expertise. One member, a Professor of Psychology

TABLE 1 | Demographic and occupational characteristics of participants.

Participant id	Age	Education level	Marital status	Children	Employment sector	Years in current job	Work environment	Menopausal status	Age at final menstrual period	Living situation
P1: Aysel	49	Bachelor's	Married	Yes	Self-employed	24	Freelance	Postmenopausal	40	Living with spouse and children
P2: Beyza	54	Doctorate	Married	Yes	Public	25	Healthcare Facility	Postmenopausal	49	Living with spouse and children
P3: Canan	52	Associate degree	Single	No	Public	6	Healthcare Facility	Postmenopausal	49	Living alone
P4: Dora	53	Bachelor's	Married	Yes	Public	31	Educational Institution	Postmenopausal	48	Living with spouse
P5: Esra	57	Bachelor's	Married	Yes	Public	35	Educational Institution	Postmenopausal	52	Living with spouse
P6: Fatma	56	Bachelor's	Divorced	Yes	Self-employed	27	Finance Sector	Postmenopausal	52	Living with children
P7: Gaye	53	Bachelor's	Married	Yes	Public	30	Educational Institution	Postmenopausal	44	Living with spouse and children
P8: Hande	59	Bachelor's	Widowed	Yes	Private Sector	39	Educational Institution	Postmenopausal	55	Living alone
P9: Jale	61	Bachelor's	Married	Yes	Public	40	Administrative Department	Postmenopausal	55	Living with spouse
P10: Naz	53	Bachelor's	Divorced	Yes	Public	31	Educational Institution	Postmenopausal	39	Living alone

TABLE 2 | The steps of the interpretative phenomenological analysis (IPA) data analysis process (adapted from Smith et al. [47]).

IPA steps	Process
Step 1	Reading and re-reading of the transcript
Step 2	Exploratory noting
Step 3	Constructing experiential statements
Step 4	Searching for connections across experiential statements that form Personal Experiential statements
Step 5	Naming of the Personal Experiential Themes (PETS)
Step 6	Continuing the individual analysis of other cases
Step 7	Working with personal experiential to develop Group Experiential Themes (GETs)

and Health, has long-standing experience in menopause research, while the others are all PhD-qualified and experienced in qualitative methodologies. The team included four women and one man. The first author, who had previously conducted doctoral research on menopause and is fluent in Turkish, undertook the interviews. Her linguistic fluency and cultural familiarity supported the development of rapport with participants and a sensitive exploration of their experiences.

All interviews were conducted in Turkish; the first author (HB), a fluent Turkish speaker, produced initial translations which were subsequently reviewed by the bilingual co-authors to preserve idiomatic and culturally specific meanings. To ensure reflexivity, rigor, and trustworthiness, careful attention was paid to translation accuracy and the preservation of meaning throughout this process. Regular team discussions were held to compare interpretations, refine coding, and reach agreement on the development of themes. These strategies helped to minimize potential bias and enhance the credibility of the findings.

While formal member checking with participants was not conducted, this is consistent with IPA's philosophical stance that meaning is co-constructed through interpretation rather than participant validation (Smith et al., 2022). In keeping with IPA principles, the aim of this study was idiographic depth rather than data saturation. An audit trail was maintained through documented team discussions and regular reflexive meetings in which interpretive decisions were collectively reviewed and agreed upon. Furthermore, the emerging themes and interpretations were reviewed by two independent colleagues with expertise in qualitative research, who confirmed the coherence and credibility of the analytic process.

3 | Results

The findings are organized into four interconnected superordinate themes that were identified during analysis (IPA). The four group experiential themes discussed below are 'Menopause and Professional Life'; 'Menopause and Work Performance'; 'Workplace Invisibility of Menopause'; and 'Navigating Menopause as a Social and Personal Transition'. Each of these themes consists of subordinate themes.

3.1 | Menopause and Professional Life

The findings reveal that menopause is not merely a biological transition but a multifaceted experience that affects a woman's identity, mood, social relationships, and professional standing. This theme has been analyzed under two subthemes: Physical and Cognitive Symptoms at Work and Emotional and Body Image Challenges.

3.1.1 | Physical and Cognitive Symptoms at Work

Participants expressed that they sometimes struggled to cope with sudden waves of heat and intense bouts of sweating. These episodes were typically described as a sudden surge of warmth spreading from the chest up to the neck.

> "It's a warmth that comes from my chest to my neck. It makes me sweat, but I don't stop working, I manage." (P10, Naz)

Such symptoms become particularly problematic in professions that require working in crowded environments, sustained attention, and public representation. Esra (P5) highlighted just how uncomfortable a hot flash can be while teaching. Esra's account shows that a hot flash may be followed by a sudden cold sensation or chill, reflecting the heat–cold fluctuation often associated with vasomotor symptoms:

> "But when you experience it in the classroom, for instance... You're teaching a class. Suddenly, your whole body goes cold. That, for example, is a very uncomfortable thing. I mean, you want to take a shower right then and there, but you're in class." (P5, Esra)

These kinds of physical symptoms threaten not only physical but also social comfort, reinforcing a feeling of "loss of control" in the work environment. However, participants reported experiencing menopausal symptoms quite mildly and therefore did not face significant negative impacts on their work lives. Participant accounts also described they experienced symptoms like hot flashes or insomnia on a "very light" or "barely noticeable" level, emphasizing that this period did not hinder their professional productivity. For instance, P9 Jale, 55, experienced natural menopause and stated that she consumed yarrow regularly for 1-2 years. She stated that she never experienced typical symptoms such as hot flashes, night sweats, or sleep disturbances as a result. She attributes the absence of symptoms to the use of the herb.

Night sweats and insomnia caused participants to wake up tired and experience low energy levels throughout the day. This situation directly affected the performance of women in professions

requiring high levels of concentration, empathy, and communication.

> "I sweat a lot at night. I wake up tired, so there are times I struggle at work... I have an especially hard time tolerating noise." (P8, Hande)

Similarly, Dora described the impact of her symptoms on work efficiency as follows:

> "The night sweats and insomnia started... And there are lots and lots of hot flashes." (P4, Dora)

It was noted that this condition, especially when combined with morning fatigue and a lack of concentration, reduced productivity at work. Participants reported that menopause symptoms, when combined with workplace stressors, intensified the symptoms. Beyza articulated this interaction:

> "You know, I think stress makes the hot flashes worse. And a hot flash, in turn, lowers your tolerance. It's something that reduces your ability to cope. I guess it gets worse with stress." (P2, Beyza)

3.1.2 | Emotional Struggles and Body Image Challenges

Alongside the physical symptoms, our findings indicate that symptoms like hot flashes also make emotional regulation more difficult. The statement from Hande points to the psychosocial dimension of this process:

> "Trouble with anger control... You can cry very quickly, you can get angry very quickly." (P8, Hande)

> "I had sudden bouts of anger, crying spells, melancholic states... it significantly affected my motivation at work." (P3, Canan)

Unexpected crying, difficulty controlling anger, and emotional swings, as participants described, could be interpreted by colleagues as unprofessional behavior. Participants pointed out that this created social distance between themselves and their colleagues, often leading to strained professional interactions and further exacerbating the emotional distress they experienced. Participants expressed that weight gain and changes in their physical appearance negatively affected their body image, which, in their view, undermined their professional visibility and self-confidence. This change was particularly impactful on how women evaluated themselves in job positions where external appearance is considered important.

> "You gain weight, you don't feel good about yourself." (P5, Esra)

Participants working in environments with a high concentration of younger women reported feeling aged, inadequate, or excluded. This feeling was not limited to physical appearance but led women to question their own competence:

> "There were young women where I worked. Looking at them, I started to feel bad about myself. I can't dress like them; I can't carry myself like them anymore." (P2, Beyza)

These experiences in professional life also influenced how women felt about their work performance, which is explored in the next theme.

3.2 | Menopause and Work Performance

The findings demonstrate that menopause can lead to negative outcomes (decreased concentration, forgetfulness, and loss of motivation) but also have a positive effect for women (increased focus, job satisfaction, and career advancement). Thus, the impact of menopause varies and is influenced by how it is individually interpreted, the workplace environment, and the coping strategies women employ. This theme has two subthemes: Performance Decline and Loss of Motivation, and Work as Coping and Transformation.

3.2.1 | Performance Decline and Loss of Motivation

Participants stated that the physical and psychological symptoms they experienced during menopause negatively affected their work performance. Specifically, insomnia, hot flashes, and cognitive fog led to outcomes such as difficulty concentrating, forgetfulness, and loss of motivation, which were felt more acutely in professional roles requiring high levels of attention and mental focus. Participants described how sleep disturbance and fatigue led to difficulty waking up, reduced energy, and feelings of inadequacy during the workday. Further accounts described that hot flashes and emotional fluctuations disrupted their concentration, particularly while teaching or performing tasks that required composure and focus.

> "It really affected my work motivation. Because when you experience those tides... it's very hard to focus on work." (P3, Canan)

> "Forgetfulness and distractibility... you struggle while doing your job." (P10, Naz)

These excerpts demonstrate that menopause has a direct impact not only on physical but also on cognitive and psychosocial functionality. Participants mentioned they felt these difficulties to a limited extent, attributing this to external factors such as a supportive work environment or flexible working conditions. In this context, it should be emphasized that the effects of menopause on work life are not fixed but rather variable depending on contextual and individual circumstances.

3.2.2 | Work as Coping and Transformation

Work not just as an economic necessity but also as a coping strategy stands out in this theme. Participants stated that to combat the emotional and physical challenges they faced during menopause, they clung more tightly to their jobs and that their professional roles made them feel psychologically strong, allowing them to experience the process as a form of "therapy."

"You can only get through the situation you're in by embracing your work, by dedicating yourself completely to it. That's how I got through it... I can say I became completely focused on my work." (P1, Aysel)

"Menopause connected me more to my work... I love my job... I can say it connected me more to my work. Because it satisfies me." (P6, Fatma)

Interpreting work in this manner also plays a role in reconstructing a female identity that may have been shaken. For participants, work is not just a task but an arena that reinforces their self-confidence, increases their sense of control, and offers an opportunity for transformation. Surprisingly, participants described menopause as a turning point in their careers, stating that they developed a more serious, concentrated, and productive professional identity during this period:

"During menopause, by adding my professional experience into the mix, I think I reached my peak... Because I can focus more on my work. I can concentrate more. Because I've become a more serious person." (P1, Aysel)

"I try to turn everything to my advantage." (P7, Gaye)

Women's experiences at work were also shaped by how their workplaces responded to menopause, which becomes clearer in the next theme.

3.3 | Workplace Invisibility of Menopause

Participants shared that menopause is often surrounded by silence, shaped by gender-based communication barriers, and neglected in institutional structures. The lack of policies, empathy, and practical accommodations results in women feeling unsupported and compelled to navigate this complex life stage on their own. These findings reveal that the challenges of menopause in the workplace are not only physiological but also deeply social and structural. This superordinate theme is analyzed under three subthemes: Silence and Gender–Based Barriers, Policy Absence and Institutional Invisibility, and Need for Structural Accommodations.

3.3.1 | Silence and Gender–Based Barriers

Participant accounts showed that discussing menopause in the work environment is seen as an "inappropriate," "uncomfortable," or "misunderstood" topic. This perception creates a stark, gender-based divide in communication. The interviews reveal that women almost exclusively discuss menopause with their female friends and colleagues, creating a crucial, albeit sometimes limited, space for solidarity and shared experience. Participants also noted that they never talk about menopause at work, even with women.

"I haven't discussed menopause with anyone at work, including women and my colleagues never discussed it with me." (P9, Jale).

Conversely, participants emphasized a near-total avoidance of the topic with male work colleagues. This reluctance was rooted in concerns that opening up to male managers or colleagues could become a "subject of ridicule" or would simply be met with a lack of understanding. Participants also expressed a need to be constantly "careful" about their attitudes and words around men, leading them to develop a form of gender-based self-censorship. This dynamic highlight a work culture where menopause is publicly silenced, forcing women to suppress their own bodily experiences to conform to the role of the "appropriate female employee."

"We would talk about it with our female friends... Men wouldn't know or understand anyway... Or, you know, sometimes it becomes a subject of ridicule." (P8, Hande)

"The men are not at an educational level where we can discuss this... We still have to be very careful about our attitudes, behaviors, and words." (P10, Naz)

These reflections illustrate that menopause often remains a silenced topic in mixed-gender work environments. The participants' caution underscores how workplace culture subtly reinforces this silence, leaving women to navigate their experiences privately while striving to maintain a professional image.

3.3.2 | Policy Absence and Institutional Invisibility

Participants consistently described that there were no written regulations, support mechanisms, or awareness initiatives related to menopause in their corporate environments. This deficiency forces women to devise individual solutions and renders their struggles invisible. Institutional silence does not just mean a lack of information; it also reveals that this period is excluded from the workplace agenda and ignored. Participants explicitly stated that "policies need to be created" and called for employers to take responsibility.

"Right now, in the institution where I work, there is no such policy. But I think there should be." (P2, Beyza)

"There is absolutely no policy. I think there needs to be... There should definitely be training and awareness initiatives." (P6, Fatma)

Stating that symptoms like insomnia, hot flashes, and irritability can negatively affect work performance, participants expressed that they expect understanding and flexibility from employers and managers during this process. Participants suggested practical solutions such as providing a more comfortable work environment, flexibility in task assignments, or a reduced workload on certain days. Meanwhile, participants stated that even using their legal right to sick leave is limited by the fear of stigmatization. Another prominent expectation was that this process should be seen not as an "illness, but an impactful period," and that the corporate approach should be restructured accordingly.

"Taking sick leave is important... but I think one would hesitate to take that leave... there needs to be flexibility at work." (P5, Esra)

"I mean, I expect some humanity... If you're having a bad day, you know... you could be given less work or a more comfortable environment." (P8, Hande)

Overall, participants highlighted the need for workplace adjustments that view menopause not as an illness but as a significant and impactful life stage. They suggested that corporate policies should be restructured to accommodate this reality, promoting empathy and flexibility rather than silence and stigma.

3.3.3 | Need for Structural Accommodations

Participants mentioned that while coping with symptoms like hot flashes, sweating, and fatigue that accompany menopause, the physical conditions of the workplace are not suitable. Participants frequently highlighted issues such as a lack of air conditioning or the absence of rest areas. This situation contributes to menopause becoming an invisible problem in the workplace.

> "The physical environments are definitely not suitable... If there were at least one rest room... but there isn't one." (P4, Dora)

Participants noted that they struggle to carry the same workload during menopause and mentioned that practices like reduced working hours or half-day work would be very beneficial. Having to maintain the same work pace despite the changing physical capacity that comes with age leads to burnout for women.

> "I am 53 years old, and I still teach 25 hours a week. My young colleague teaches a maximum of 30." (P10, Naz)

> "I think women should be allowed to work half-days." (P6, Fatma)

These challenges in the workplace were reflected in women's wider social and healthcare experiences, which are discussed in the final theme.

3.4 | Navigating Menopause as a Social and Personal Transition

For the participants, menopause was not merely a biological or medical process but a profound and multifaceted transition intertwined with gender roles, social expectations, healthcare shortcomings, and identity transformation. The accounts reveal that women navigate menopause amidst social stigma, institutional invisibility, and emotional loneliness yet often respond with personal strength, resistance, and redefinition. This superordinate theme is analyzed under five subthemes: Stigma and Reclaiming Womanhood, Searching for Support and Solidarity, Healthcare Support Gaps, Personal Coping and Resilience, and Reconstruction of Self.

3.4.1 | Stigma and Reclaiming Womanhood

Participants pointed out that menopause is socially coded as the "end of womanhood," which negatively affects women's identity and self-perception. This view can cause women to feel invisible or worthless in social life, creating internal conflicts and psychological pressure. At the same time, however, participants rejected these imposed negative meanings and redefined menopause as a new life stage, an era of empowerment and maturity. This re-contextualization demonstrates the tension between social norms and personal experience and women's will to reconstruct their own identity.

> "Menopause is definitely not an end. On the contrary, it's a beginning... I actually say a new era is dawning." (P1, Aysel)

> "Menopause is not the end of anything. It's as if womanhood is lost or something. For me, these are not problems. I mean, I believe my feminine energy is intact." (P4, Dora)

Women believed that the negative social perception of menopause needs to be transformed, and accordingly, they demand the widespread implementation of awareness and education initiatives. Increasing gender awareness is important both for making women's experiences visible and for raising consciousness among men. This approach reflects the collective expectations and hopes of women who interpret menopause not as the end of life but as a new beginning and a period of empowerment.

> "I think the lack of information about menopause affects women more, psychologically." (P3, Canan)

> "The fact that men do not have an adequate level of education on menopause is a serious problem. Gender awareness should be increased." (P10, Naz)

This structure, by examining the menopausal experience in a multidimensional and in-depth way, reveals the meanings within the participants' lifeworlds and exposes the relationship between individual experiences and the social context. It is clearly seen in these themes that women both feel oppressed and also show resistance by re-contextualizing this process.

3.4.2 | Searching for Support and Solidarity

Women stated that they do not receive the support they expect from healthcare professionals and their social circles during menopause, which deepens their sense of loneliness. However, the search for social sharing and solidarity emerges as an important resistance mechanism to overcome this loneliness. The participants' emphasis on therapists, support groups, and information sharing shows the need for the experience to be socialized. In this context, there is an attempt to normalize the menopausal experience through visibility and collective consciousness.

> "They are not alone, and today there are many resources. There are therapists, scientific articles and gynaecologists." (P1, Aysel)

> "They should share their experiences... They are not alone... It's something everyone experiences or will experience." (P7, Gaye).

3.4.3 | Healthcare Support Gaps

Although the healthcare system mostly regards menopause as a natural process rather than a disease, this approach means that proactive and holistic support is not provided for women's experiences. Participants feel that they are not followed up on in the postmenopausal period and that the guidance they need is not

provided. This situation causes women to be rendered invisible in the healthcare field and left to deal with the process on their own. The guidance and education that women demand stand out as a need to compensate for the shortcomings in the healthcare system.

> "When you enter menopause, nobody calls you... It's as if they, too, have an attitude that accepts that womanhood is over after menopause." (P1, Aysel)

> "They should be a guide for us. Like training, seminars... whatever is necessary, like medicine, treatment, support." (P3, Canan)

3.4.4 | Personal Coping and Resilience

When deprived of institutional support, women tend to compensate for these deficiencies through their own efforts. Participants described methods such as sports, nutrition, hobbies, and social interaction as playing a critical role in maintaining physical and mental well-being. These personal strategies reflect how women protect, resist, and find meaning in the face of the difficulties they experience while managing menopause. At the same time, this situation shows that women are trying to regain autonomy over their own bodies and lives.

> "They should never, ever let themselves go... They should do their sports. They should pay close attention to their nutrition." (P7, Gaye)

> "Diversifying their activities... they definitely need to find things to keep themselves busy." (P5, Esra)

3.4.5 | Reconstruction of Self

Menopause was interpreted by participants not merely as a biological transition but as an experience intertwined with feminine identity, self-worth, and social roles. For women, this process was interpreted less as a sense of loss and more as an opportunity for personal transformation and redefinition. Participants stated that they accepted menopause as a natural stage of life; this process of acceptance, however, was shaped by different emotional and cognitive responses. It was observed that a positive and conscious framework was adopted, viewing menopause not as an "end" but as the beginning of a new period.

> "Menopause is definitely not an end. On the contrary, it's a beginning... I actually say a new era is dawning." (P1, Aysel)

> "Menopause is not the end of anything... As for me, I believe my feminine energy is intact." (P4, Dora)

The menopausal process prompted a deep questioning of perceptions regarding feminine identity and self-worth. Participants expressed that they initially experienced a sense of inadequacy but, over time, came to see the process as an opportunity for inner strength.

> "You feel very lonely, incomplete, especially incomplete as a woman... I am valuable simply for who I am." (P1, Aysel)

In the participants' narratives, the effects of menopause on sexual life were experienced in different ways on personal, physical, and relational levels. Participants highlighted a sense of gaining control over their sexuality, while others spoke of difficulties related to symptoms.

> "I'll engage in sexual activity if I feel like it... If a person won't walk the path with me because I'm going through my natural process of menopause, then they shouldn't walk it at all." (P1, Aysel)

On the other hand, participants also complained about their partners' insensitivity to the menopausal process and the general ignorance of men.

> "Their partners need to accompany them... men are not knowledgeable about this." (P10, Naz)

Participants attributed the changes related to sexuality not to menopause, but to the natural consequences of aging:

> "Sexuality? I never linked it to menopause like that. I guess it's probably due to age." (P5, Esra)

4 | Discussion

The objective of this study is to investigate the impact of menopausal symptoms in the workplace and to examine the lack of supportive practices and policies for women experiencing these challenges. Utilizing interpretative phenomenological analysis to delve into the lived experiences of menopausal women in professional settings, four superordinate themes were identified: Menopause and Professional Life, Menopause and Work Performance, Workplace Invisibility of Menopause, and Navigating Menopause as a Social and Personal Transition. These findings support the feminist-informed perspective that menopause is shaped by multiple intersecting factors. They show that women's experiences of menopause in the workplace are influenced by the context of their lives, both personally and professionally, including the intersection of biology, gender norms, workplace expectations, and the availability of support. In this study, it is posited that each woman's experience of menopause is individualized, characterized by distinct variations in the onset of symptoms, severity of symptoms, duration and severity of symptoms, impacts of this transitional phase, and support received at work. This finding is consistent with that of Riach and Jack (2021), stating the constellation of symptoms manifesting during this transition is unique to each individual [34]. One variability was constructed around severity of the symptoms; while some women report experiencing severe physical symptoms, others may only exhibit mild manifestations, with many falling along a continuum between these extremes [48–50]. This underscores the significance of acknowledging menopause as a diverse experience, which can help normalize women's varied experiences during this phase and alleviate feelings of isolation or confusion often stemming from comparisons with others. On a wider scale, the evidence highlights the multifaceted nature of menopausal experiences and their significant implications for women's occupational well-being.

Current research findings indicate that menopause extends beyond a mere biological transition, instead representing a complex and multifaceted experience that influences various aspects of a woman's life, including her identity, emotional well-being, social relationships, and professional status. These insights are corroborated by recent findings from Faubion et al. (2023), which highlight a significant correlation between menopause symptoms and detrimental work outcomes, particularly in terms of reduced productivity [37]. There was a connection between symptom severity and professional consequences, underscoring the need for a comprehensive understanding of menopause in the context of women's health and workplace dynamics.

The findings of this current study highlight that the physical symptoms associated with menopause significantly jeopardize physiological comfort and have adverse implications for social interactions, emotional regulation, and body image perception. Unsurprisingly, these factors collectively exacerbate feelings of "loss of control" within the workplace environment, indicating the need for greater awareness and supportive measures for affected individuals. This multifaceted impact of menopause on women's workplace performance and motivation, further reveals a significant decline during this life stage. A systematic review illustrates that menopausal symptoms, both physical and psychological, correlate with decreased work ability and increased absenteeism [36]. Notably, women experiencing severe menopausal symptoms are eight times more likely to report low work ability compared to their asymptomatic counterparts [51]. Although the mechanisms are not fully understood, evidence suggests that managing menopausal symptoms can help women think more clearly and maintain their focus at work, highlighting the value of even simple forms of workplace support [52].

Notably, a subset of participants perceived menopause as a pivotal moment in their careers, fostering a more serious and productive professional identity, potentially as a response to the disruptions in their self-concept prompted by menopausal changes. Therefore, many women experiencing menopause often navigate this transitional life phase not merely as a time of loss but as an opportunity for professional growth and identity reconstruction. Contrary to traditional perceptions [32, 35, 53, 54], evidence from this study showed that work could be a useful coping mechanism, serving as a transformative force during menopause. Their professional roles intensified their psychological experiences, enabling women to experience this period as therapeutic. Further, evidence revealed that having a fulfilling employment for menopausal women promotes self-confidence, enhances a sense of agency, and promote personal growth and transformation. The findings suggest that menopause, often viewed negatively, can be seen as a significant opportunity for women's professional growth and identity reconstruction. This perspective challenges the narrative of menopause as a period of loss, emphasizing the need for further research into its psychosocial and economic effects on women's workforces.

While previous studies have not characterized menopause as a significant transformational phase in a woman's life, they do provide evidence suggesting a comparable pattern [55, 56]. Research by Jack et al. (2014) highlights three time-related narratives that reflect the experiences of menopausal women in the workplace [57]. First, some women described menopause as a "period of time" that offers an opportunity for reflection, representing a second chance or renewed ambitions. During this phase, women often prioritize themselves, placing their personal lives at the centre and re-evaluating their work-life balance. Second, menopause is viewed as a "spiral," as their bodily experiences during this time may not align with conventional notions of time. Finally, new alliances form around menopause, fostering connections with significant individuals and the organization itself. By reframing menopause, we can foster a deeper understanding of women's experiences and advocate for improved workplace policies and support that enhance their professional paths during this stage of life. This phenomenon underscores the complexity and subjectivity of menopause's impact on work performance, emphasizing the interplay between individual experiences, occupational contexts, and available support systems. Thus, menopause should not be perceived solely as a negative experience but recognized as a multifaceted process that may catalyze professional reinvention [58, 59].

Menopause, a universal phenomenon, remains a 'taboo topic' seldom discussed at the workplace [32, 35, 53, 54], often inadequately addressed in the workplace, reinforcing a culture of silence and stigma. This lack of recognition hampers open dialogue and understanding, leaving many women feeling unsupported and isolated. These societal attitudes undervalue the challenges faced by menopausal women and overlook necessary workplace adjustments and policy that could enhance their well-being and productivity. In contrast to countries such as the UK, where formal workplace menopause guidance now exists [32, 33], and Scandinavian models, where gender equality frameworks actively incorporate occupational health provisions for women, Turkey currently lacks any comparable institutional framework. This absence reflects broader structural inequalities in women's occupational health policy across non-Western contexts. Also, in some workplace contexts, physical appearance or body presentation remains of high importance, reinforcing the narrative that the individual should shoulder the responsibility for managing their body and conform to workplace expectations rather than the employer [35, 54, 57]. The extent of the effect of menopause symptoms on work-related outcomes is hidden owing to the high level of presenteeism. Despite suffering from menopause-related ill-health, most women demonstrated resiliency [17], highlighting the ability of women to adapt and persist despite facing physical and emotional struggles associated with this stage of life. This experience of invisibility and silence resonates with international qualitative evidence from nursing contexts, where menopausal symptoms at work were shaped by limited recognition, difficulties in open discussion, and the need for practical digital and nondigital support strategies [60]. Similarly, women in the present study described relying on individual coping strategies when menopause was not adequately recognized within workplace structures.

Given that menopausal women comprise a significant portion of the workforce, the socio-economic impact of this could be enormous and severe. Due to the sensitive nature, symptoms may go unreported, leading to decreased job satisfaction, a sense of invisibility, and hindered career advancement, ultimately prompting many to consider leaving their jobs. Analyzing data on how menopause symptoms (e.g., hot flashes, mood swings, and sleep disturbances) affect concentration, productivity, and absenteeism could help in understanding the economic implications of neglecting the global issue. In addition, to create a more

inclusive work environment, it is crucial to break the taboo surrounding menopause.

To our knowledge, this study is the first to explore women's experiences of menopause at work in Turkey, providing new insights that enrich our understanding of this life stage in a cultural context that has not previously been studied. It is also the first qualitative investigation of menopause at work in Turkey to use IPA, a method that privileges women's voices and places their lived experiences at the forefront. To ensure the authenticity of accounts, all interviews were conducted in Turkish, allowing participants to express themselves in their native language before translation for team analysis. Understanding the cultural setting provides valuable context for these findings. In Turkey, menopause is often viewed as a personal life transition that is typically shared within close circles rather than in public professional settings. This silence may be understood within the context of Turkey's patriarchal workplace structures and conservative cultural norms, in which women's bodily experiences are expected to remain private. Religion and traditional gender roles further reinforce the expectation that women manage health transitions individually. Therefore, the limited visibility of menopause at work may reflect a cultural preference for maintaining a boundary between private health matters and professional life. Despite these strengths, some limitations should be noted. The study focused on women who had already reached menopause and therefore does not capture the perspectives of those in the perimenopausal stage. In addition, the sample largely comprised educated women, which may influence how menopause at work is understood and experienced. The sample was predominantly composed of educated, public-sector women, which limits the transferability of findings to women in private-sector employment, informal work, or lower socioeconomic groups. Future research should purposively include these populations to ensure broader applicability.

The results from this study have significant implications for practice and offer recommendations for future research. For example, future research should further explore the nuanced impacts of menopause on various aspects of women's lives, including identity and social relationships, to provide a more comprehensive understanding of its effects. Additionally, research should encompass a diverse range of populations to ensure that findings are applicable to women of different cultures, personal and professional backgrounds, educational and socioeconomic statuses and workplace sectors, as all these factors appear to influence menopausal women's experience of this biological transition phase. Also, there is a need to systematically explore how different cultural attitudes towards menopause influence workplace dynamics and individual experiences. Understanding these cultural differences could inform more tailored support initiatives. In addition, further studies should explore the specific workplace accommodations that can effectively support individual women experiencing menopause, as this could lead to improved health outcomes and job performance (this may include flexible working pattern, private space for discomfort management, educational, and well-being support). On a policy level, there should be advocacy for workplace policies that recognize menopause as a significant health issue, ensuring that affected individuals have access to necessary resources and support systems. On a policy level, menopause should be recognized within health and well-being frameworks, allowing flexibility in work arrangements and access to necessary resources and support systems. Practical adjustments, such as access to ventilation, rest spaces, and comfortable dress codes, can make a significant difference. Menopausal women should also have access to health resources and well-being support. These actions create supportive environments that help individuals sustain performance, maintain well-being, and continue career progression. Recent viewpoint literature emphasizes the importance of amplifying women's voices in menopause research and advocates participatory and inclusive approaches that reflect women's diverse experiences [61]. The present study aligns with this perspective by foregrounding Turkish working women's accounts of menopause at work and highlights the need for future research with women from diverse socioeconomic, employment, and workplace contexts in Turkey.

5 | Conclusion

In conclusion, addressing menopause in the workplace is more than simply a health issue; it is critical to cultivating an inclusive and supportive culture. Workplaces can establish an environment that acknowledges the distinctive obstacles encountered by women during this transition by effectively incorporating menopause into health and well-being frameworks. Also, workplaces can foster a more inclusive culture by normalizing conversations, training managers, educating male colleagues about menopause and its symptoms, and reducing stigma. Ultimately, the development of such supportive structures not only improves individual performance but also prepares individuals for career advancement, guaranteeing that all employees can flourish during this critical period of their lives.

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Conflicts of Interest

The authors declare no conflicts of interest.

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Data are available on request due to privacy/ethical restrictions.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Supporting Information.** Appendix 1. Sociodemographic data form and semistructured interview guide used in the study.