Interventions to improve the impact of menopausal symptoms on working women: A Literature Review

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References

Aim: To identify and assess interventions aimed at improving the negative impacts of menopausal symptoms on work performance and job satisfaction

Introduction

Over the past 25 years, the UK has seen a 14.3% increase in the number of women aged 50+ in full-time employment (1). As more women are navigating menopause while working, it is becoming increasingly important to address its impact on job performance. Many women stated that “having problematic hot flushes at work was associated with intention to stop working” (2), while more than half the women expressed that they had no control of the temperature in their workspace (3). Apart from hot flushes, a UK study found that the most challenging symptoms were poor concentration, tiredness, poor memory, feeling low/depressed and reduced confidence (4). Additionally, there are psychological symptoms brought on by menopause that can have a significant negative impact on productivity and capacity to work (5).

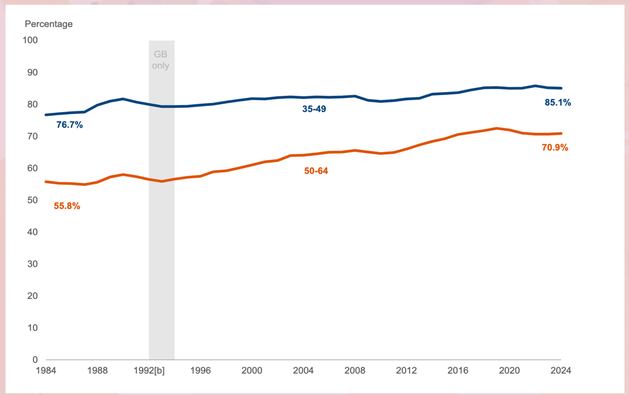

Figure 1: Employment rates of people aged 35-49 (blue) and people aged 50-64 (orange) in the United Kingdom

Methodology

We searched Medline, PubMed and Google Scholar to identify publications that combine menopause, work outcomes, and interventions. MeSH terms used to extract data for this literature review include: “Menopause”, “Menopausal symptoms”, “Workplace Interventions”, “Workplace Accommodations” and “Job Satisfaction”. This yielded seven publications based on reading abstracts. Four met the inclusion criteria and were appraised. Conclusions based on them were given.

Results

A systematic review (6) of five trials showed the following:

- Self-help CBT significantly improved presenteeism, work/social functioning, and confidence in discussing menopause at work. Over one-third of participants spoke to their managers about menopause-related issues.
- Web-based training improved menopause-related knowledge, attitudes, confidence, and increased the intention to discuss menopause at work.
- Raja yoga and a work-life programme did not significantly improve work outcomes, but both alleviated menopausal symptoms.

A quasi-experimental study by the European Menopause and Andropause Society (EMAS) (3) assessed an educational workplace intervention for supporting women with menopausal symptoms. The intervention showed short term benefits through workshops, online resources, and anti-stigma discussions that aimed to improve self-efficacy, knowledge, and presenteeism.
However, there were no significant changes in symptom severity, beliefs about menopause, or workplace culture, likely due to low engagement from managers and HR staff.

Another review (7) analysed 63 articles and found:

- Effective workplace interventions for menopausal women include flexible working hours, extra rest breaks, and environmental adjustments to ease symptoms.
- Health and wellness programs improved awareness and understanding among staff, while training for managers and HR enhanced support.
- Peer networks helped reduce stigma and foster community.

However, the review noted that such interventions are rarely implemented, largely due to workplace stigma, highlighting the need for broader institutional support and further research.

EMAS (8) also published a list of recommendations on various levels (organisational, managerial, healthcare workers, and employees affected) based on reviewing the literature and consensus of expert opinion.

Discussion

This literature review highlights the importance of targeted interventions in addressing menopausal symptoms in the workplace. Among the interventions assessed, self-help CBT was noted to have the strongest evidence for improving work-related outcomes, including presenteeism and social functioning. It also fostered greater awareness and openness in discussing menopause-related issues.
This aligns with NICE guidelines (13) which highlight the effectiveness of CBT in addressing the psychological aspects of menopause.

Other interventions such as educational workplaces were also beneficial in improving presenteeism, knowledge and enhancing self-efficacy towards menopause. However, their impact on the severity of symptoms or broader changes within organisations was limited. Moving forward, more research is needed to promote long-term change, explore the potential for wider organisational reform, and evaluate the effectiveness of integrating education-based interventions with self-help CBT to more effectively manage symptom severity.

Key limitations of this review include the lack of research on how menopause affects women across different professions, industries, and cultural contexts, with a notable gap in male-dominated sectors like the military and industrial fields. Additionally, the trials included in the systematic review were of short duration, potentially limiting the reliability of their outcomes.

Conclusion

Although self-help CBT is evidenced to be the most effective intervention, a holistic approach that addresses individual, managerial, and organisational factors can further improve the work life of menopausal women. Health and wellness programs, combined with manager and HR training, are essential for raising awareness and building a supportive workplace culture (12). Creating employee networks can also help reduce stigma and encourage the sharing of effective coping strategies (7). Future research should prioritise the development and evaluation of large-scale, long-term interventions aimed at creating a more inclusive and supportive work environment for women experiencing menopause.