"Difficulty mentioning the M word": Perceptions of a woman disclosing negative menopause symptoms in the workplace

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Abstract

Purpose

This qualitative study explores general perceptions of a woman experiencing negative menopausal symptoms in the workplace. It examines the socio-cultural understandings informing the responses of a mixed participant group, including those unlikely to have experienced menopause, to a hypothetical scenario involving a woman disclosing negative menopausal symptoms in the workplace – to either a female or male manager.

Design/methodology/approach

Using an innovative hybrid vignette-story completion technique, data were generated from 48 employees of a single UK-based organisation. Participants were presented with a vignette featuring a protagonist (Julie) experiencing negative menopausal symptoms, asked questions about their imaginings of Julie and how she might be perceived by others in the workplace, then presented with a story stem and asked to continue the story in the third person. The stem depicted Julie preparing to tell her manager about her symptoms and featured either a male or female manager, with one variation randomly presented to each participant. Responses were analysed using reflexive thematic analysis.

Findings

This study reports four themes: (1) the burden of menopause; (2) managing menopause at work; (3) menopause as not belonging in the workplace; and (4) menopause as unlocking new life potential. Limitations and directions for future research are discussed.

Originality

Using the innovative hybrid vignette-story completion technique, this study contributes to the current discourse on menopause in the workplace by providing insight into how menopausal employees experiencing negative symptoms are perceived by others and the social understandings that shape these perceptions.

Keywords: Reflexive thematic analysis; story completion; vignette; menopause; workplace

Article classification: Original article – research paper

Introduction

In biomedical terms, "menopause signifies permanent cessation of ovarian function and the end of a woman's reproductive potential" (Ellington *et al.*, 2022, p.17). Menopause can occur naturally, or be induced by surgery, cancer treatments or underlying conditions, with natural menopause referring to the specific point in time that occurs twelve months after cessation of periods (Nelson, 2008). In the UK, the average age of natural menopause is 51 (Beck *et al.*, 2021) and it normally occurs between the ages of 44-55 (Steffan, 2021). Symptoms are likely to begin before periods have stopped - in a phase known as perimenopause - and continue during post-menopause once periods have ceased (Ellington *et al.*, 2022; Nelson, 2008). In both phases, symptoms can occur for months or even years (Nelson, 2008). They are frequently categorised as either physical or psychological and are not always a direct consequence of hormone changes, instead being seen as the result of a "domino effect", with one symptom leading to another (Brewis *et al.*, 2017). Negative symptoms have been found to differ from woman to woman and can include hot flushes, night sweats, sleeping difficulties, anxiety, and loss of concentration (Geukes *et al.*, 2016).

Psycho-socio-cultural perspectives on menopause

Within Western societies, the psychosocial perception of menopause focuses on poor physical and mental health, with common-sense understandings influenced by the wider socio-cultural assumptions about older women (Hunter and Rendall, 2007). In recent years popular media and public figures have played a significant role in shaping menopause discourses (Jermyn, 2023), with ill-health, decrepitude, and disease management (Orgad and Rottenberg, 2023) commonly

featuring within the dominant biomedical discourse of menopause (Hvas and Gannik, 2008; Coupland and Williams, 2002). Alongside metaphors of decline and depletion are those of the disappearance of a woman's value and symbolic capital (Coupland and Williams, 2002). The dominant biomedical discourse has served to reinforce negative cultural attitudes around ageing and shaped menopause as representing the loss of a woman's central role in society (reproduction), alongside a more symbolic representation of the end of a woman's productive life (Grandey *et al.*, 2020). As such, menopause can be viewed as a phenomenon that intersects negative conceptualisations of women and ageing (Atkinson *et al.,* 2020) although some more positive perspectives are starting to emerge (Quental *et al.,* 2023). The inter-relationship of gender and age is complex (Atkinson *et al.*, 2021) and there is a particular lack of understanding of ageing as an aspect of gendering processes within a work context (Riach *et al.*, 2015). The need to understand the interplay between gender and age in the workplace and the influence this has on perceptions of menopause and menopausal women is becoming increasingly significant as the population and workforce continue to age.

Why menopause at work matters

In the UK, the number of women in the workplace aged 50-64 has increased by one-third in the past ten years (Andrews, 2019) but plateaued since the pandemic (Office for National Statistics, 2023). Despite this, UK employees are leaving the labour market earlier than they did in 1950 (Department for Work and Pensions, 2017); for some, this is part of a longer-term plan to retire early and for others, it is because of reasons outside of their control, such as negative menopausal symptoms (Andrews, 2019). Research using data from the National Child Development Study found that women who experienced one severe menopausal symptom at the age of 50 were more likely to have reduced their hours or left their job entirely by the age of 55, compared to women reporting no severe symptoms (Evandrou *et al.*, 2021). Despite a drive to extend working lives (Foster, 2023), little has been done to address issues impacting older workers within workplaces (Lain *et al.*, 2022), and menopause-specific awareness, policies and training exist but are lacking (Dennis and Hobson, 2023; Rodrigo *et al.*, 2023; Schei and Abernethy, 2023). The Women and Equalities Committee (2022) has called on the UK Government to do more to address negative impacts of menopause on women in work, such as

discrimination and loss of income, and there have been calls for further research on menopause within management and organisational studies (Jack *et al.*, 2019, Steffan and Potočnik, 2023).

Research exploring menopause at work

Menopause is a taboo topic that is constructed as incompatible with intersecting career stages, such as leader emergence, where perceptions of a woman experiencing menopause as passive, frail and emotional are incongruous with dominant leadership stereotypes (Grandey *et al.*, 2020). Organisations hold stereotypical perceptions of the capabilities of older female workers alongside a belief that menopause symptoms are permanent (Ryan and Gatrell, 2024; Beck *et al.*, 2021). This dominant discourse of older female workers is evident through menopausal women constructing a personal responsibility to manage their menopausal bodies and present themselves as fit for work (Steffan, 2021).

Common performance management practices, such as ongoing and scores-based procedures (Williams and Beck, 2018), assess this fitness for work and can increase the potential for negative career consequences for menopausal women. This is due to the unpredictable nature of menopause symptoms increasing the likelihood of women needing to take repeated short absences from work, which, in turn, can lead to lower performance scores and eventual disciplinary action (Beck *et al.*, 2021). Many menopausal women perceive their symptoms as negatively impacting their job performance and work ability (Geukes *et al.*, 2012) but are unlikely to disclose experiencing difficulties if their manager is younger or male (Beck *et al.*, 2020; Griffiths, 2017; Griffiths *et al.*, 2013). Existing research indicates that non-disclosure of menopausal status to male managers is driven by women's fear of gendered ageism, failure to meet the ideal worker norm, and losing credibility by highlighting their status as a menopausal woman (Atkinson *et al.,* 2021; Geukes *et al.,* 2023). This reflects wider findings on workplace disclosure of conditions specific to women, such as endometriosis and severe menstrual symptoms, with women less likely to disclose experiencing difficulties to a male manager (Steffan and Potočnik, 2023; Hardy and Hunter, 2021).

Discourses of fear and loss are interwoven throughout much of the menopause literature. Women report feelings of lost identity (de Salis *et al.*, 2018) and engage in "menopause talk" –

fearful, negative and self-deprecating menopause-related identity talk – to describe themselves and how they think they are perceived by their colleagues (Steffan, 2021). There is fear of being perceived negatively by colleagues and managers or having their abilities called into question (Beck *et al.*, 2021; Griffiths, 2017), which results in women avoiding disclosure of their menopause status at work (Beck *et al.*, 2020). Women may avoid requesting temporary adjustments that would allow them to manage their symptoms whilst working, such as a reduction of working hours, for fear of potential negative career consequences (Griffiths, 2017). Instead, women report working hard(er) to manage their symptoms – and any impact they might have on their career – finding ways to counter perceptions of underperformance and manage the embarrassment of their menopausal bodies through "abjection work" (Ryan and Gatrell, 2024; Beck *et al.*, 2021; Butler, 2020; Griffiths, 2017).

Aims of this research – exploring perceptions of negative menopausal symptoms in the workplace

The dominant focus of workplace-specific menopause research has been on the relationship between menopause symptoms and work (Jack *et al.*, 2016) and women's lived experiences of menopause whilst working (Beck *et al.*, 2021; Butler, 2020; Steffan, 2021). Findings indicate that women are unlikely to disclose experiencing difficulties if their manager is male (Beck *et al.*, 2020; Griffiths, 2017) and may base their behaviour on how they think they are perceived by others (Steffan, 2021). Yet there is a scarcity of research exploring how menopausal women are perceived at work.

The current study built on existing research by addressing the following broad and exploratory research question, with a diverse group of participants, including men and younger employees who are unlikely to have experienced menopause (Atkinson *et al.*, 2021):

> How is a woman experiencing negative menopausal symptoms perceived in the workplace?

As part of this broader exploration, we also sought to investigate:

How is a manager perceived to respond to a disclosure of negative menopausal symptoms?

Are there any differences in the perceptions of a male and a female manager's responses to such a disclosure?

People make sense of material and social phenomena, such as menopause, via their constructions, perceptions and assumptions (Braun and Clarke, 2013). The social world – and people's sense-making within it - is complex, messy and full of contradiction, making qualitative methodologies best placed to explore these patterns of meaning (Shaw *et al.*, 2008).

Methodology

Study design and methodology

We generated data using an innovative hybrid vignette-story completion (SC) technique. A vignette is a hypothetical scenario created by the researcher and presented to participants alongside a set of questions about the scenario, with participants invited to respond in either the third or first person (third person completion is the norm in perceptions research, such as the current study). Vignettes are a useful scene-setting tool when participants might not have much or any prior knowledge of the topic of interest (Gray *et al.*, 2017), as might be the case here. Similar to vignettes, SC centres on a hypothetical scenario – the story stem or cue – created by the researcher (Clarke *et al.*, 2019), but participants are invited to complete or continue the story, rather than answer questions about the scenario. SC has previously been used to explore perceptions of menopause among a student population (Hayfield and Campbell, 2022). Here, women's peri/menopausal bodies were portrayed as out of control, with stories predominantly underpinned by biomedical constructions of menopause as something that happens to women and is resolved by medical intervention.

We used a comparative SC design in this study, varying the gender of the manager in the scenario; as such there were two versions of the story stem - one with a female manager and one with a male manager. Combining a vignette with a SC allowed us to harness the strengths of both techniques - providing context and detail through the vignette for participants without

direct experience of menopause, and steering participants to engage with particular aspects of the scenario through the vignette questions, while also allowing for openness and creativity in participants' responses, and exploring differences in perceptions of reporting negative symptoms to either a male or female manager, as included in the SC.

Clarke *et al.* (2017) outlined, further developed by Moller *et al.* (2021), different possibilities for interpreting SC, and by extension vignette data, and our approach reflects their contextualist or socially situated perceptions framework. This framework is concerned with participants' perceptions but views these as partial, shaped by, and embedded within, the participants' social context and reflecting their particular social location. Participants' responses are argued to evidence the range of socially prevalent discourses around the topic of interest. For some participants, stories may reflect aspects of their personal opinions but their actual reaction to a real-life scenario cannot be predicted from their study responses as these are recognised as being context specific.

We treated vignette question responses and story completions as one dataset and analysed them using reflexive thematic analysis (TA), within a broadly critical realist onto-epistemological framework (Braun and Clarke, 2022). The use of reflexive TA allowed us to develop, analyse and interpret patterns across the dataset whilst recognising and embracing our positionalities and subjectivities as researchers, and how these shaped our interpretive engagement with the data (see Supplementary Materials for background on vignette, SC methods and researcher reflexivity).

Data generation

The vignette and story stem scenarios were developed after engaging with relevant research (e.g., Beck *et al.*, 2021; Steffan, 2021; Jack *et al.*, 2019) and reflecting on the aims of the study (for the full vignette-SC see Supplementary Materials). The third and fourth authors – experts in qualitative research methods and menopause research respectively - provided feedback on the scenarios before piloting. The vignette set the scene (Gray *et al.*, 2017), in which the protagonist, Julie, has just discovered that her symptoms which are impacting on her working life are menopause related. Participants were given some examples of the negative symptoms

Julie is experiencing – brain fog, loss of concentration, sleeping difficulties and anxiety – and the impact that they are having on her at work but were not given any information on the context or culture of the organisation (Cronin *et al.*, 2024) she works for, so as not to lead participants in the SC element of the study. The vignette questions focused on how participants imagined Julie, how colleagues may perceive her and how she should deal with the situation, followed by an open 'any other comments' question (Gray *et al.*, 2017). The story stem described Julie as preparing to meet her manager, the main initial point of contact in UK workplaces (Hardy *et al.*, 2017), to discuss the impact of her symptoms at work. As is common in contemporary SC research (Clarke et al., 2017), third-person completion of the story stem was used. The advantage of third-person completion is that it does not assume or require knowledge or experience on the part of participants - this fits with the aim of the study to explore *general* perceptions of menopause experiences in the workplace, and opens up the study to anyone with an interest in taking part. Further, in third-person completion participants are not accountable for their responses in the same way that they would be with first-person completion/self-report, which potentially allows for a wider range of responses including socially undesirable responses (Clarke et al., 2017). This is an important consideration when researching sensitive topics such as menopause in the workplace. The only variation in the two versions of the stem was the manager's gender (signalled by their name - Ruth or Mark - and pronouns). The completion instructions for both the vignette and the story stem were based on those of Braun and Clarke (2013).

Presenting the SC after the vignette, with participants randomly assigned one of the two versions of the stem, meant the story stem acted as a prompt for continuing the vignette scenario. As such, we described the method as story continuation in the research materials, framing the task in a way that allowed participants to write the story however they chose, rather than feeling constrained by having to finish the story (Lenette *et al.*, 2022). The research materials were piloted with a convenience group of four participants (three female; one male), no changes were made as a result of the pilot and pilot responses were not included in the final dataset. Participants completed the study via an online survey platform.

Participants and recruitment

Forty-eight participants were recruited through a city-based non-departmental public body within the UK education sector. The organisation had approximately 400 employees, around two-thirds of whom identified as female and 9 per cent who identified as being from an ethnic minority background. Employees aged 30 to 49 made up 61 per cent of the workforce. All employees were emailed a call for participants detailing research aims and purpose, an introduction to the methods and a link to a *Qualtrics* survey. Once 30 responses were received, a follow-up email was sent noting that the study would close in two weeks, eliciting a further 18 responses. Four participants completed the vignette portion only. Of the 44 participants who completed the SC element, 21 completed the male manager stem and 23 the female manager stem. Forty-two participants provided some or all of the requested demographic data. The provision of demographic data was not compulsory. Those who opted not to provide demographic data are represented by NDD (no demographic data). Overall, most participants identified as female (38 women, 3 men, 1 female adjacent/non-binary), white (38; 2 mixed race) and heterosexual (32; 1 asexual, 2 bisexual, 1 not straight and 1 mainly heterosexual). The age of participants ranged from 25 to 59 years with the two largest age groups being 35-44 (n=11) and 45-54 (n=15) years. Participants were asked to provide details of their job role however, not enough useful information was provided to warrant its inclusion in the study. The distribution of demographic characteristics is broadly representative of the organisation where the research was undertaken, except the ratio of female to male respondents which was higher than in the workforce.

Data analysis

The analytic process was led by the first author, with the other authors acting as critical friends. The first author engaged with the six-phase process for reflexive TA (Braun and Clarke, 2022), starting with dataset familiarisation. This began as soon as we started receiving responses. Throughout, the first author kept a reflexive journal, an important tool for the research journey (Braun and Clarke, 2022), using this to note her thoughts and reflections on the data and how these linked to her epistemological positioning (Gerstl-Pepin and Patrizio, 2009). Following familiarisation, the first author coded on hard copy, copying the codes and associated data extracts to an Excel spreadsheet to help her track and organise them. For theme development,

she printed labels for each code and arranged into themes – working in hard copy helped her visualise each theme and its interwoven nature. The six phases of reflexive TA are recursive (Braun and Clarke, 2022) and the first author repeatedly moved between the different phases whilst exploring the dataset. This process resulted in four themes: (1) the burden of menopause; (2) managing menopause at work; (3) menopause as not belonging in the workplace; and (4) menopause as unlocking new life potential. The characteristics of each theme are set out in Table 1.

In the following analysis, data excerpts have been corrected for spelling and typographical errors and are tagged with participant number, age, gender and method (vignette or SC). The research was conducted following the British Psychological Society (BPS, 2021) Code of Human Research Ethics and was approved by the [REDACTED FOR ANONYMOUS REVIEW] Psychology Ethics Committee.

Analysis and Discussion

We contextualise the analysis in relation to existing literature on menopause in the workplace, noting when participants' perceptions are aligned. For the most part, this existing literature base represents lived experiences rather than perceptions of menopause, including from those who are unlikely to have experienced menopause, which is the focus of this study. The four themes are presented in turn and discussed jointly in the conclusions.

[Insert Table I about here]

The burden of menopause

Across both vignette and SC responses, negative menopausal symptoms were perceived as a burden for everyone in the workplace. For Julie, coming to terms with experiencing the symptoms and their impact on her at work was presented as a burden. Julie took on the responsibility of educating herself and others about menopause and its potential negative consequences, educating her manager (Ruth or Mark) whilst also self-advocating. When Julie shared information about her menopause symptoms, her menopause became a burden for everyone.

Julie's menopause diagnosis was perceived as a burden and, in some responses, adjusting to physical and emotional symptoms was presented as an experience that was all-consuming and overwhelming (Hayfield and Campbell, 2022). Symptoms were presented as eroding Julie's confidence, leaving her questioning her ability to continue working (Andrews, 2019; Jack *et al.*, 2014):

> "She is scared, confused and consumed with how she will get through this." *(P46 Vignette: Female, 46)*

> "She feels everything is much more effort these days. She may even wonder why she bothers to work, why not sit at home and let the days go past." (*P43 Vignette: Female, 59)*

There was a perception that Julie's workplace did not provide menopause training, nor was it likely to have a menopause policy that Julie's manager could refer to (Beck *et al.*, 2021), therefore the burden of education fell to Julie:

> "If Mark's view of the menopause is narrow and stereotypical Julie knows she will have more explaining to do […] The company doesn't have a menopause policy either […] so Mark is in the dark." *(P44 SC: Female, 54)*

For some, the need to educate sat alongside the burden of self-advocacy and, in some cases, this manifested as an essential form of protection against otherwise inevitable performance management (Beck *et al.*, 2021):

> "Must she carry the weight of having to self-advocate, teach and learn herself about the menopause?" *(P4 Vignette: Female-adjacent (non-binary), 25)*

Where Julie asked for support, this was represented as burdening others. This burden was presented in two ways: the necessity of managers advocating for and supporting Julie, and the wider team having to take on additional responsibility if Julie can no longer work in the way that she used to:

> "Julie asks her as a manager to support her in making sure the team understand that this is a normal life stage and that she is still a valuable member of the team." *(P17 SC: Female, 54)*

> "Ruth looks uncomfortable: "I'm going to have to think this through. I want to support you but if you take on less right now it means that the rest of the team have to pick up the slack and I don't think they'll feel that is fair. After all, you are being paid more than they are..." *(P23 SC: Female, 49)*

Managerial advocacy was presented in a way that suggested Julie's contribution to the team needed validating by another now that she is menopausal and framed the role of her manager as working to address the stigmatisation of menopause in the workplace (Bariola *et al.*, 2017).

Across the SC responses, Julie was often presented as battling guilt at the prospect of burdening others. In some instances, her guilt was so significant it acted as a barrier to seeking the support she needed or led to her refusing suggested adjustments:

> "Her boss mentions the possibility of a temporarily reduced workload, but Julie hates this idea - it only means colleagues will have to do more." *(P3 SC: Female, 55)*

On the surface, Julie's feelings appeared to represent guilt associated with being a difficult colleague to work with and a difficult employee to manage. Yet this could also be viewed as representing Julie's guilt of dealing with the taboo topic of menopause so publicly, going against the cultural expectation of menopause as something she is personally responsible for dealing with on her own, in private (Atkinson *et al.*, 2020; Grandey *et al.*, 2020).

Managing menopause at work

The level of support available to Julie was presented as dependent on the organisational culture of her workplace and the perceptions, understanding and personal experiences of her manager. Across many responses, Julie was presented as needing to assess these factors before deciding whether to tell her manager about how her negative menopause symptoms are affecting her at work. In other responses, there was an assumption that support would be forthcoming, but would come at a price.

In general, responses suggest a gendered perception of managers' treatment of Julie as a menopausal employee. Male managers were presented as less likely to understand or provide

appropriate support, with an understanding male manager and unsupportive female manager represented as the exception rather than the rule.

Across many responses to the vignette question, "Should Julie tell her manager about her menopause symptoms and how they are impacting her at work?" there was a suggestion that Julie needed to think carefully about the culture of her workplace and attitudes of senior managers before speaking up:

> "With a good employer and manager this would lead to her getting more support; with a poor manager and an employer with inappropriate policies it could lead to discrimination […] Her response should depend on her assessment of where her work situation lies on this scale." *(P21 Vignette: NDD)*

Where organisational attitudes towards older women were perceived as negative (Jack *et al.*, 2014), there was an assumption that Julie should and would keep quiet. The data reflected the notion that the workplace can be central to menopausal experiences, it can generate, exacerbate or even relieve symptoms (Jack *et al.*, 2019) with a "good" organisation presented as supporting Julie. This support was framed as integral to Julie's experience of menopause, both in the workplace and across other areas of her life.

In some responses, Julie was presented as having a responsibility to think carefully about the information that she shares with her work and how this might reinforce existing negative stereotypes of (older) menopausal women, their competence, and the incongruence of this with leader stereotypes (Grandey *et al.*, 2020):

> "Does she want her colleagues looking down on her/pitying her/seeing her as less capable? No. As women we fought for years to get to the top in industry but still only a few of us get to sit at the top table […] Do we want this taken away? To be stereotyped as 'dappy-women' […] So yes, confide in your female-dominated workplace - they will understand, but if the demographics mean you're a minority here, stay quiet and carve out your own solutions." *(P23 Vignette: Female, 49)*

Here Julie is represented as having a responsibility to avoid contributing to the dominant, negative menopause discourse that, as well as impacting her, could impact all women (Hvas and Gannik, 2008).

Across several vignette responses, there was an assumption that Julie would be supported by her employer but that this would come with longer-term negative consequences for her career:

> "She finds a network of support at work […] In the meantime she is overlooked for promotion and doesn't get to work on the projects that really interest her." *(P14 Vignette: Female, 35)*

> "In a similar way to how people perceive pregnant women […] they are less valued, that they are making mistakes and their attention to detail has fallen*." (P18 Vignette: Female, 28)*

This framing sees Julie's career trajectory as being limited by her gender and similarities were drawn with how pregnant women are viewed in the workplace (Grandey *et al.*, 2020).

Across most SC responses, Mark was presented as an unsupportive manager lacking understanding of menopause and the impact that negative symptoms can have, whereas for Ruth there was an underlying assumption of an empathetic and emotionally intelligent manager. In these stories Ruth was presented as recognising the importance of Julie feeling valued and understood (Bariola *et al.*, 2017):

> "Ruth understands that Julie's knowledge and experience make her a valuable employee even if her capacity is reduced temporarily." *(P34 SC: Male, 37)*

Ruth was generally presented as a respectful manager. She was portrayed as listening carefully to Julie, asking questions to better understand how negative menopausal symptoms could impact Julie at work and taking these difficulties seriously (Hardy *et al.*, 2017). In contrast, Mark was presented as understanding the contemporary social expectation on him to manage Julie "appropriately" whilst simultaneously viewing this responsibility as an inconvenience:

> "Mark knows that he should be understanding in this day and age but secretly wishes that women wouldn't bring their womanly problems into work. He doesn't want to have to deal with all this faff…" *(P26 SC: Female, 27)*

In this response, Mark is presented as viewing the workplace as a masculine space where "womanly problems" do not belong, belittling these problems as "all this faff". He is constructed as frustrated by Julie and, more specifically, by the fact that her menopausal body does not embody the cultural norm of the "ideal worker" (Davies and Frink, 2014).

A supportive male manager and an unsupportive female manager were presented as the exception rather than the rule, which is mainly in line with previous findings that women tend to feel less supported by male managers (Kopenhager and Guidozzi, 2015). Within exceptional representations the male manager was presented as an ally (Bardett *et al.*, 2024) who acknowledges and understands Julie's experience of dealing with negative menopausal symptoms whilst working:

> "Mark offered that Julie could take some time off work initially and they could discuss any changes to her work […] Julie was so stunned by the offer of help and support that she burst into tears and Mark had to go out of the meeting room to get some tissues. He was a thoughtful manager who also returned with two cups of tea." *(P35 SC: Female, 53)*

Where Mark was supportive, displaying empathy and emotional intelligence, there was a perception that this had come from relatable personal experience rather than workplace training:

> "Thankfully, Mark is very understanding of Julie's situation, as his own wife has been through similar and so he recognises that this is a real issue." *(P31 SC: Male, 33)*

Here Mark was represented as the very opposite of the "think manager–think male" stereotype (Ryan *et al.,* 2011), with a higher degree of emotional empathy than is associated with the construct of a successful manager (Fischbach, 2015).

In opposition to this, an unsupportive female manager was presented as stereotyping Julie as displaying poor performance due to age (Posthuma and Campion, 2009), as refusing to acknowledge the existence of negative menopausal symptoms, or as supporting the view that there is no room for menopausal bodies in the workplace:

"When Julie explained to Ruth what she was truly experiencing she hoped that it would be met with a sage nod of worldly understanding but the room was silent […] Ruth smiles in a manner that she hopes looks comforting: "I've not heard of brain fog - are you sure that's a real thing" […] Julie feels a wave of panic - how can Ruth not have heard of this - she's 8 years older - hasn't she been through Meno herself?" *(P23 SC: Female, 49)*

"Ruth's behaviour makes clear that she does not regard 'women's issues' to be relevant to the workplace […] discussion and progressive policies about topics such as menopause are not really acceptable." *(P9 SC: NDD)*

This framing presents Ruth as working to manage the abject body by encouraging Julie to avoid behaviour at work that she deems unprofessional (Ryan and Gatrell, 2024; Butler, 2020), such as talking about her negative menopause symptoms and thereby reminding others of her "misbehaving" menopausal body (Jack *et al.*, 2019).

Menopause as not belonging in the workplace

Menopause was constructed as a "women's issue" that does not belong in the masculinised space of the workplace. It was represented as a taboo topic that should not be discussed and an issue that Julie has the responsibility of solving on her own – reflecting the neoliberal ideology of health as an individual responsibility (Brown and Baker, 2012). Across several responses, perceptions of not belonging in the workplace extended beyond menopause, with Julie constructed as representing a gendered "older worker" who no longer has a place at work.

In several responses, menopause was represented as a taboo (Grandey *et al.*, 2020; Jack *et al.*, 2019) that has no place in a working environment. The following presents a clear example, not only in its content but also because it is the entirety of the participant's SC response:

"Mark tells her to see her doctor and then shuts down the conversation." *(P14 SC: Female, 35)*

Some participants suggested a woman must deny her gender to be able to progress into senior roles. This construct is framed in two ways. In the first, menopause is represented as a taboo "women's issue" (Grandey *et al.*, 2020; Jack *et al.*, 2019) and Ruth is presented as an example of a woman who has successfully progressed in her career by avoiding disclosure of her menopause, or any other "women's issues":

> "After all Ruth has not progressed by talking about her menopause or anything else about her personal life […] In Julie's workplace the women who have progressed or are in senior roles have done so by denying their gender" *(P9 SC: NDD)*

In this example, we can also see the second way in which this construct is framed. Ruth is presented as rejecting stereotypical communal and relational behaviours associated with the female gender role (Eagly and Wood, 2012) that would typically see her supporting Julie. Instead, as a female who has progressed in her career she was represented as embodying the lower levels of sympathy more commonly associated with successful male managers (Fischbach, 2015).

In a handful of vignette responses, Julie was reduced to representing menopause and, by extension, the problem of menopause:

> "That's what Julie has become, an issue to be dealt with." *(P25 SC: Female, 54)*

> "As a problem […] that can only be sorted out by Julie. Ultimately it is Julie's responsibility to get on top of it." *(P8 Vignette: Female, 46)*

These responses exemplify social expectations based in a neoliberal individualisation of health (Brown and Baker, 2012). Julie is presented as personally responsible for ageing well and successfully managing the self (Jermyn, 2023) by crafting solutions to the issue that her menopausal body (Steffan, 2021) has caused her to become.

Across several vignette and SC responses the intersection of age and gender was apparent in the form of gendered ageism (Jyrkinen, 2014), with negative menopausal symptoms presented as a justifiable reason why older women do not belong in the workplace:

> "To him it sounds like the woman's past her prime and if her symptoms could persevere indefinitely, he can't understand why she wouldn't want to slow down and bow out of the rat race." *(P26 SC: Female, 27)*

Julie was represented as being perceived by colleagues as a "woman of a certain age" or as "over the hill":

"Mark says he has noticed that she is sometimes slower in getting tasks finished […] He says he'd assumed her declining performance was age related […] he finds difficulty mentioning the M word." *(P47 SC: Female, 57)*

These representations of Julie reflected the dominant biomedical discourse of menopause as linked to decline (Hvas and Gannik, 2008) and the common societal assumption of declining job performance as directly linked to age (Beck *et al.*, 2021; Posthuma and Campion, 2009). They also presented Julie in direct opposition to the cultural norm of the "ideal worker" (Davies and Frink, 2014) who is implicitly male and implicitly young (Atkinson, 2021).

Menopause as unlocking new life potential

An "ideal world" scenario was constructed as a requirement for menopause not to be the end of Julie's career and in some responses, menopause was viewed as something to hide. Julie's working life as she once knew it was presented as having come to an end and across some responses there was a sense of injustice at this. In contrast, other responses represented menopause as providing Julie with an opportunity to re-evaluate the place work held in her life and positively embrace a new phase of life. This representation challenged the dominant discourse of menopause as overwhelmingly negative.

Existing research suggests that organisations should provide menopause awareness training for managers and have appropriate policies in place to better support women experiencing negative menopausal symptoms to continue working (Hardy *et al.*, 2017; Jack *et al.*, 2016). Across many vignette and SC responses, this was conceptualised as an ideal or perfect world scenario rather than the norm:

"Ideal world scenario - Mark listens and asks if there is anything he or the team can do to support Julie as she goes through this." *(P16 SC: Female, 40)*

"In a perfect world, I'd say yes she should […] However, I cannot think of any workplace in my experience where the management would be open to such a conversation or comfortable with making workload adjustments to accommodate the effects of the menopause." *(P47 Vignette, Female, 57)*

For Julie, who fails to embody the construct of an "ideal worker" (Davies and Frink, 2014) this "ideal world" does not exist, therefore there is no support in place that would enable her to continue working in the way she used to. Across several responses, the reality of not living in an ideal world saw negative menopausal symptoms presented as harmful to Julie's career progression (Grandey *et al.*, 2020):

> "It's not just the lack of sleep, it's the brain fog […] and then there's the forgetfulness […] That doesn't help when trying to apply for promotions, the difficulty remembering the question, formulating a strong/confident response when Julie is feeling so insecure" *(P25 SC, Female, 54)*

> "But if I put myself […] in that same position I absolutely think it would be a major bump in the road career wise. One that I would probably try to keep from work." (P8 Vignette: Female, 46)

Here, menopause was constructed as Julie's "dirty laundry" and, as a symbol of ageing (Jyrkinen, 2014), something that she should hide from work to protect her career.

To achieve this protection, some participants presented Julie adjusting working life in a way that made the situation more manageable:

> "Eventually she decides to reduce her hours and now works part-time at a lower grade. She feels better in herself […] She also feels a sense of injustice - how many men end up being shelved into being part time and having to take a pay cut." (*P14 Vignette: Female, 35*)

> "Julie is not keen to take sick leave, but is interested in a temporary reduction in hours […] and is lucky enough to feel that she could manage financially on temporarily reduced hours." *(P10 SC: Female, 54)*

Here, a reduction in hours was constructed as an enforced choice, reinforcing bodily ageing at work as gendered (Steffan, 2021). There was recognition from some participants that Julie required the privilege of financial capital to reduce her working hours, reflecting a further limiting factor (Jermyn, 2023).

In contrast, Julie was also presented as having taken back control of herself and her experiences by re-evaluating her expectations:

> "I'd like to think she has reset her expectations to accommodate the menopause symptoms and found a solution which allows her to feel productive and successful - even if that is different to her previous expectations." (*P41 Vignette, Female 39*)

This quotation represents an example of the emancipatory feminist discourse of menopause, with Julie constructed as claiming and accepting her different older self rather than looking for ways to recreate her younger self (Coupland and Williams, 2002).

Some participants presented menopause as a life transition with positive opportunities for Julie:

> "In a year from now Julie will be experienced in managing her symptoms, […] Julie will probably be on top of the world and be offering advice to those she recognises are going through a similar situation." *(P12 Vignette: Female, 49)*

> "She is happy and has again been noticing the small joys of life […] outside of work Julie has a thriving social life and also gives time to voluntary activities." (*P35 Vignette: Female, 53*)

Menopause was framed as a positive transformational experience (de Salis *et al.,* 2018), with Julie presented as experiencing two positive opportunities: one, gaining knowledge and being able to use this to support others; two, starting a new phase of life by making more time for activities outside of her working life or, in Quental *et al.'s* (2023) words: adding 'zest'. This reflected an existential discourse of menopause that challenges dominant negative images of decay and deficiency (Hvas and Gannik, 2008).

Conclusion

Overall, the stories and vignette responses reflected a socially dominant view of menopause as a problematic intersection of age and gender (Atkinson *et al.*, 2020), mirroring biomedical discourses of menopause (Hvas and Gannik, 2008; Coupland and Williams, 2002). The perceptions of participants mapped onto existing research that primarily represents the negative, lived experiences of menopausal women (e.g., Atkinson *et al.*, 2021; Evandrou *et al.*, 2021; Butler, 2020; Steffan, 2021). This study demonstrates the need to challenge existing discourses that frame menopause. At a societal level, we call for a shift away from the

dominant and overwhelmingly negative discourse of menopause that has been so influential in shaping perceptions of menopausal employees.

Menopause was mostly positioned as something for women to fear (Steffan, 2021) and something organisations associate with declining job performance (Beck *et al.*, 2021; Posthuma and Campion, 2009) because of dominant biomedical discourses of menopause as linked to decline (Hvas and Gannik, 2008). Some responses constructed a menopausal woman as responsible for managing the taboo of menopause (Grandey *et al.*, 2020) by carefully controlling her problematic and out-of-control body, which contradicts both socio-cultural and organisational norms (Hayfield and Campbell, 2022; Jack et al., 2014). In addition, the dominant construct in the data of male managers as unsympathetic, unhelpful and judgemental is reflective of recent research that reports menopausal women as both unlikely to disclose their symptoms to a male manager and fearful of their negative perceptions (Beck *et al.*, 2021; Griffiths, 2017; Griffiths *et al.*, 2013).

Negative menopause symptoms were perceived to be burdensome, all-consuming and as having the potential to impact a woman's ability to continue working (Andrews, 2019; Jack *et al.*, 2014). On the other hand, where an organisation provided menopause awareness training or had appropriate policies in place (Hardy *et al.*, 2017; Jack *et al.*, 2016), the perception was of an environment in which a menopausal woman would be supported to remain at work. These opposing perceptions present a relationship between work and menopause that is bi-directional, with a woman's experience of menopause having the ability to impact work, and work also having the ability to impact individual experiences of menopause (Hardy *et al.*, 2017).

Perceptions of negative menopausal symptoms and menopausal employees were presented as having the potential to be career damaging – to the same degree as the symptoms themselves – with menopausal women presented in opposition to "ideal workers" (Davies and Frink, 2014). Some participants perceived an "ideal world" in which women experiencing menopause were supported and able to continue working, suggesting that in an "ideal world", menopause does not have to be career damaging. This can be seen to be representative of a world opposed to neoliberalism, where a woman is not individually responsible for her wellbeing (Jermyn, 2023),

nor does she have to find ways to manage or hide her abject body from her place of work (Ryan and Gatrell, 2024; Butler, 2020).

In some responses menopause was presented as a positive experience, as such the dataset captured the dichotomy between the dominant negative construct of an "age of despair" versus a postfeminist and neoliberal construct of "successful ageing" and a time "when life starts" (Jermyn, 2023; Ussher *et al.*, 2019). Recent research represents menopause as a transitional episode that provides opportunities for personal reflection and renewed ambition that can see a woman reimagining and clarifying her focus and aspirations for the remainder of her career (Quental *et al.,* 2023; *Jack et al.*, 2019; Jack *et al.*, 2014). The current study contributes to this discourse via representations of menopause as an opportunity for unlocking new life potential, the possibility to be an enriching life stage (Atkinson *et al.*, 2021), and a time for a woman to claim her different older self (Coupland and Williams, 2002) by embracing positive opportunities that menopause offers both in and outside of work.

This paper has extended existing research focusing on women's lived experiences of menopause whilst working by shifting focus to how women experiencing negative menopausal symptoms are perceived at work. Our findings suggest that whilst perceptions are predominantly shaped by dominant, medicalised and negative discourses of menopause, postfeminist and neoliberal constructs also play a part in shaping positive perceptions.

Limitations and directions for future research

This study featured a protagonist experiencing natural menopause at the "typical" age. Whilst this reflects the experience of many, approximately 1 in 100 women in the UK experience early menopause by the age of 40 (50 Plus Choices Employer Taskforce, 2021) debunking the myth that menopausal "bodies of change" can be easily summed up in clearcut statistics (Throsby and Roberts, 2024). The scenario depicted Julie experiencing negative menopausal symptoms and this does not represent a universal experience of menopause (Orgad and Rottenberg, 2023; Quental *et al.*, 2023). However, women experiencing negative menopausal symptoms are more likely to reduce their working hours or leave work altogether (Evandrou *et al.*, 2021; Andrews, 2019), making perceptions of a woman experiencing negative menopausal symptoms in the

workplace an important research topic. SC researchers have expressed concern about the potential to overly prime participants to respond in a particular way through the way the study is framed (Clarke *et al.,* 2017). Therefore, we chose to present the study to participants as an exploration of perceptions of menopause in the workplace, without specifying the negative nature of symptoms. In reporting our results, we have been careful to present our study as focused specifically on perceptions of negative menopausal symptoms in the workplace. As we note below, it was heartening that despite this focus some participants framed Julie's experience of menopause as positive, suggesting that for these participants at least the study did not wholly reinforce negative menopause discourses.

This research is reflective of white, middle class, heteronormative and cisgendered views of menopause (Jermyn, 2023), found in much of the menopause literature. The name Julie is a typically gendered, white western name that is likely to have led participants to perceive Julie in a particular way. Participants represent the "usual suspects" that dominate this kind of research – white, straight and educated (Braun and Clarke, 2013) – and despite attempting to recruit men to take part, only three participants identified as male. As is common in SC research (Clarke *et al.*, 2019), we had hoped to explore if there were differences in the perceptions of male and female participants, but this wasn't possible given the small number of male participants; instead we focused on differences in participants perceptions of female and male managers, and reoriented our study to focus on general (rather than gender-based) perceptions of the scenario. Ethically, it did not seem appropriate to exclude male participants, who had spent time participating in the study, as we were not specifically concerned with perceptions of female participants.

This research introduced a novel data generation technique for organisational and management research – that of the vignette-story completion method. Our use of this method resulted in a rich dataset. Using a vignette as a scene-setting tool allowed any participant to take part, not just those with experience of menopause. This scaffolded participants' engagement with the story stem, helping them contextualise their stories by first thinking through their responses to the vignette. We argue that this method offers organisational and management researchers an opportunity to explore socio-cultural understandings drawn on by

participants that frame their perceptions of menopausal people underrepresented in dominant menopause discourses. For example, menopause happens to queer women, trans men, assigned female at birth (AFAB) non-binary and intersex people, with research suggesting that being LGBTQIA+ adds queerphobic prejudice to an experience of menopause that is already ageist and misogynistic (Glyde, 2022; Throsby and Roberts, 2024). Experiences of menopause are also different for Black and ethnically minoritised women, with racial discrimination, cultural issues of shame and differences in symptoms cited in the literature (Harlow *et al.,* 2022; Women and Equalities Committee, 2022). Researchers could use vignettes and/or SC with the menopausal character a queer or ethnically minoritised woman, a trans man or AFAB non-binary person to explore how sexuality, race/ethnicity and gender identity intersect with perceptions of menopause in the workplace. Finally, it is hopeful that even though the scenario focused on negative symptoms, there were some accounts of positive aspects of menopause, another area of menopause that is under-researched and which could be explored using vignettes and/or SC. Future research could explore how best to deconstruct the overwhelmingly negative discourse of menopause and the role that both organisations and researchers play in this.

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