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The menopausal transition and women's workplace identity: A qualitative systematic review

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ABSTRACT

Background: The menopausal transition is a significant life stage characterised by complex biological, psychological, and social changes, often coinciding with a period of career consolidation or advancement. While research on menopause in the workplace is expanding, it focuses predominantly on symptoms and productivity. However, work is an important psychological and social space in which women construct and sustain professional identity. Emerging qualitative studies suggest menopausal symptoms can challenge self-trust, disrupt coherence in the professional self, and influence career trajectory. To date, no systematic review has synthesised evidence on how the menopausal transition shapes women's workplace identities.

Objectives: Synthesise existing qualitative evidence on how the menopausal transition shapes women's workplace identities and how identity change is managed within organisational contexts.

Design: Systematic review and thematic synthesis.

Data sources and methods: Six electronic databases and Google Scholar were systematically searched, supplemented by targeted website and reference list screening. Eligible studies included peri- or postmenopausal women, examined workplace identity, and reported original qualitative data.

Results: Nine studies involving 332 women across diverse occupational and cultural contexts were included. Analytical themes were: (1) menopause destabilises the professional self; (2) professional identity as ongoing identity management; and (3) cultural and structural contexts shape identity work.

Conclusion: The menopausal transition can be understood as an identity-relevant work-life stage in which professional selves become fragile and require renegotiation. Clinical and organisational responses should address identity disruption alongside symptom management by supporting women's sense of belonging at work and fostering cultures and policies that reduce stigma.

1. Introduction

The menopausal transition is a multifaceted life stage shaped by biological, psychological, and social factors, with considerable variation in the onset and severity of symptoms experienced by women (Gracia & Freeman, 2018). Epidemiological evidence suggests that between 46 and 80% of women experience vasomotor symptoms such as hot flushes and night sweats (Gibson et al., 2024; Nappi et al., 2021), alongside other commonly reported symptoms including disrupted sleep, cognitive changes, and shifts in mood, with prevalence rates varying across populations (Fang et al., 2024; Gracia & Freeman, 2018; Thurston et al., 2025). These changes typically occur during a broadly defined midlife period, when women are often balancing demanding professional roles, family responsibilities, and evolving health needs. The menopausal transition therefore has implications that extend beyond individual wellbeing, influencing psychological health, social roles, professional functioning, and identity.

Menopause can intersect with women's working lives in complex ways which can disrupt work functioning and occupational trajectories. In a cross-sectional survey of hospital employees in Ireland, 65% of women reported that menopausal symptoms affected work performance and 18% had taken sick leave, while 35% reported that menopausal symptoms had influenced career development decisions (O'Neill et al., 2023). In the same study, women also reported specific employment changes, including ceasing to work night shifts, reductions in hours worked, changing roles, or leaving a job, with symptom severity associated with both career-related decisions and employment changes (O'Neill et al., 2023). Similarly, a recent narrative review synthesising

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research across diverse national and occupational contexts found women experiencing severe menopausal symptoms were more likely to report absenteeism, decline promotions or leave employment altogether (Safwan et al., 2024). These decisions are often linked to symptoms including fatigue, sleep disturbance, or memory lapses, which can undermine confidence and productivity (Chartered Institute of Personnel and Development, 2023; Hardy et al., 2018; O'Neill et al., 2023; The Menopause Hub, 2023). The effects may vary by employment context, as sector and role conditions can shape experiences, with some women in physically demanding or heat-exposed jobs reporting symptoms as particularly intrusive (Riach et al., 2023).

Workplace factors such as inflexible schedules, limited supervisor support, and persistent stigma can intensify the impact of menopausal symptoms. While formal organisational responses and policies have developed in recent years, these supports may not necessarily translate into meaningful or accessible support for women in practice (Safwan et al., 2024). Considerations such as fear of disclosure, concerns about aging or credibility, limited awareness of policies, and variability in line management support may provide contextual lenses for understanding the potential disconnect between policy provision and women's lived experience (Atkinson et al., 2020; Jack et al., 2016; Safwan et al., 2024). Despite emerging insights, existing literature tends to approach menopause at work through a productivity and performance lens. These accounts foreground how symptoms may affect productivity, work capacity, or absence, positioning menopause as an organisational efficiency concern, with relatively limited exploration of its psychological and identity-related meanings (Atkinson et al., 2020; Jack et al., 2016). Qualitative research has shown that menopause at work can be experienced as stigmatising and emotionally difficult, particularly where women feel their bodies or symptoms do not fit workplace expectations (Whiley et al., 2023), which highlights how feelings such as shame or embarrassment may shape experiences at work, beyond what can be captured through productivity or absence alone.

Work is not only a source of income but also a domain in which women locate meaning, belonging, and a sense of competence (Ashforth & Schinoff, 2016). Identity is an important lens for understanding menopause in the workplace. Professional identity encompasses how people view themselves in relation to their roles, how they are recognised by others, and how they negotiate competence and legitimacy in organisational contexts (Alvesson et al., 2008; Brown, 2022). When professional identities are challenged or disrupted, individuals may engage in identity work, defined as ongoing efforts through which individuals form, sustain, and repair a coherent sense of self in organisational contexts (Alvesson & Willmott, 2002). In workplace settings, this may involve managing self-presentation and adapting behaviour to maintain legitimacy and credibility (Alvesson & Willmott, 2002; Brown, 2022). Organisational psychology and behavioural research have highlighted identity as a central factor in shaping work-related behaviours (Miscenko & Day, 2016). From this perspective, disruptions to an individual's sense of competence, credibility, or role expectations may prompt identity work as they attempt to sustain a coherent professional self within changing personal or organisational circumstances.

Recent research has also examined menopause at work through an ideal worker lens. The concept of the ideal worker, originally introduced by Acker (1990) to describe uninterrupted productivity and a disembodied, always-available employee, has been applied to menopause to highlight how expectations to appear capable, reliable, and unaffected may shape women's management of menopause in organisational contexts (Steffan & Loretto, 2025). While this research focuses mainly on organisational norms, it also points to the importance of understanding how women experience these expectations at an individual level.

Psychological research has long recognised that identity is dynamic and renegotiated at transitional stages across the life course, such as adolescence, parenthood, and retirement (Erikson, 1968; Kroger et al., 2010). Menopause is another life stage where symptoms can threaten women's professional self-concept, lowering confidence in their abilities, generating anxiety about colleagues' perceptions, and, in some cases, creating a sense of not recognising themselves at work (Mallen et al., 2025). During transitions, shifts in confidence, self-efficacy, and perceived competence may prompt reflection on existing professional identities, and how this may be perceived by others (Sveningsson & Alvesson, 2003). Research outside workplace settings has shown that menopause can involve significant changes in how women see themselves, including feelings of invisibility, uncertainty, or personal change (Opayemi, 2025). However, much less is known about how these identity changes are experienced within work contexts, as menopause has been relatively neglected as a context for women's workplace identity change.

Identity challenges during menopause can affect wellbeing, career progression, and labour market participation. These disruptions may also reinforce gendered inequalities if women internalise symptoms as personal shortcomings rather than recognising the structural and cultural contexts in which they occur (Brown, 2022; Riach et al., 2023). Research on internalised and embodied ageism highlights how age-related norms and stereotypes can be taken up by workers themselves, shaping perceptions of competence and legitimacy in the workplace (Vickerstaff & van der Horst, 2021, 2022). These processes intersect with gendered expectations about aging, as women's aging bodies are often subject to heightened scrutiny and reduced tolerance for deviation from normative standards at work, a phenomenon conceptualised as gendered ageism (Duncan & Loretto, 2004).

To date, research on menopause at work has largely prioritised productivity or occupational health, with less attention to identity. Overall, existing research suggests that menopause at work can involve stigma, pressure to conform, and changes in how women see themselves, but these insights are spread across different literature and have not yet been brought together. To the best of our knowledge, no systematic review exists which examines how the menopausal transition may influence women's workplace identities. Addressing this gap is important because workplace identity shapes how individuals interpret challenges, seek support, and remain engaged in work roles. Without attention to identity processes, menopause-related difficulties may be framed solely as individual or performance problems, obscuring their psychological and relational dimensions and limiting the development of clinically and organisationally meaningful responses.

Qualitative studies provide valuable insights into the lived experience of work, though they tend to consider isolated elements of menopause at work, such as symptom management or organisational support. Without synthesis, it is difficult to identify shared patterns, theoretical insights, or implications for psychological practice and women's health. Existing reviews on menopause and work have highlighted the need for integrative approaches which move beyond describing symptoms to understanding how women make sense of, and adapt to, menopause in the workplace (Atkinson et al., 2020). To address this gap, the present review systematically examines how the menopausal transition shapes women's workplace identities, synthesising evidence on how identity is renegotiated, what strategies women employ to sustain professional credibility and participation, and how workplace and cultural contexts influence these processes.

In this review, the term *midlife* is used descriptively to refer to the life stage in which menopause most commonly occurs, while acknowledging substantial individual variation in the timing of the menopausal transition. Menopause can be experienced by individuals who do not identify as women but who have ovaries; however the existing literature has overwhelmingly referenced menopause without distinguishing between sex and gender. Accordingly, the term *women* is used throughout this review in line with the language of the included studies, which referred to individuals experiencing menopause without specifying sex assigned at birth or gender identity. The synthesis therefore reflects how menopause and workplace identity have been framed in the existing literature.

Against this conceptual backdrop, by framing menopause as an

identity-relevant life stage, this review advances understanding of the psychological dimensions of women's experiences at work and informs clinical and organisational practice by considering the following question: How does the menopausal transition shape women's workplace identity?

2. Methods

2.1. Protocol and registration

This systematic review was conducted in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines (Page et al., 2021), and a review protocol was registered in PROSPERO [Reference CRD42024580372].

2.2. Search strategy

Six electronic databases (CINAHL, PsycARTICLES, PsycINFO, PubMed, Scopus, and Web of Science) were systematically searched to identify literature relating to menopausal women's workplace identities. The search strategy was developed by the research team in consultation with a research librarian experienced in systematic reviews and combined Boolean operators with keywords and CINAHL Subject Headings, with search terms organised around three key concepts: workplace, identity, and menopausal transition.

In addition to the database searches, Google Scholar was searched to capture potentially overlooked research. The primary researcher was guided by strategies outlined by Braithwaite et al. (2019) and Godin et al. (2015), and a systematic approach for searching grey literature was developed in consultation with the research team.

Websites such as the World Health Organization (WHO), the International Menopause Society (IMS), the British Menopause Society (BMS), and the Menopause Society of Ireland (MSI), were also handsearched, but no eligible data were identified. Finally, the reference lists of included articles were screened. This process did not yield any further studies.

2.3. Eligibility criteria

Eligibility criteria were developed to ensure inclusion of studies examining workplace identity in the context of menopause. Table 1 summarises inclusion and exclusion criteria.

Although the eligibility criteria were intentionally broad, most included studies described participants as peri- or menopausal women and did not specify age at onset or mode of menopause, with minimal reference to treatment-related or early menopause.

2.4. Study selection

Electronic database and Google Scholar search results were uploaded to Rayyan, an online platform to support removal of duplicate records and facilitate study screening. AI-assisted screening features were not used in this review; screening was completed manually by the research team. Following duplicate removal, 432 records progressed to title and abstract screening. The primary researcher screened all titles and abstracts, while a second and third reviewer screened a combined total of 44% of the records to ensure reliability. Prior to the full-text review, the inclusion criteria were clarified and refined through team discussion. At the full-text stage, the primary researcher screened all articles, and 35% were screened collaboratively with a second reviewer, with agreement reached through discussion.

2.5. Data extraction

A data extraction table was designed to collect and present data of interest based on the research question. Extracted data included author (s), year of publication, study context, population, study aim, scope of relevance (classified as primary, where workplace identity during menopause was the central focus, or secondary, where substantial insights were provided within a subsection), design and methods, findings, and illustrative quotes (Table 2). For secondary studies, only data relevant to workplace identity and menopause were extracted.

2.6. Critical appraisal

All included studies were qualitative, except for one mixed-methods study, for which only the qualitative component was appraised and reported. Methodological quality was assessed using the Joanna Briggs Institute's (2020) Critical Appraisal Checklist for Qualitative Research, which evaluates the extent to which a study addresses potential bias in its design, conduct, and analysis. This checklist comprises of ten items rated as *yes, no, unclear,* or *not applicable*. The guidance of Lockwood et al. (2015) was used to interpret each question. Responses judged to be only partially relevant were coded as *unclear* in line with JBI categories. To aid consistency across studies, a simple scoring system was applied in which *yes* responses were scored as 1 and *no* or *unclear* responses as 0, producing a maximum possible score of 10.

Methodological quality scores ranged from 5/10 to 10/10. All included studies except one (George, 1996) were rated as high quality (≥70%). Despite lower methodological clarity, this study was retained due to its unique contribution to the experiences of working-class Indian women, a social and cultural group not otherwise represented in the review.

Table 1
Inclusion and exclusion criteria.

Inclusion criteria
•Women who were perimenopausal, postmenopausal, or who had experienced menopause through surgical or chemical induction, within a workplace context. Eligibility was based on menopausal status rather than age and was open to inclusion of early or premature menopause.
•Explicit examination of workplace identity, defined as personal identity within the workplace, professional identity, or related constructs such as self-identity, self-esteem, self-concept, sense of self, self-perception, self-view, or self-confidence in relation to menopause.
•Original empirical data from qualitative, quantitative, or mixed method studies.
•Published in English.
•Peer-reviewed journals, book chapters, theses, dissertations, conference proceedings, or credible institutional or governmental reports. No date restriction was applied to include all available literature on this topic and avoid omission of relevant earlier research.
Exclusion criteria
•Studies focused on non-menopausal populations or menopausal status not specified.
•Studies addressing menopause and identity without reference to workplace context.
•Theoretical papers, commentaries, opinion pieces, perspectives, or literature reviews without original empirical data.
•Non-academic or non-credible sources, such as blogs or popular media.
•Studies making only brief passing mention of identity, or which focused solely on symptoms, human resource policies, or workplace performance without examining identity.

Table 2
Data extraction.

Author(s), year, study location	Population	Study aim	Scope of relevance	Design and methods	Findings	Illustrative quotes[a]
Bochantin (2014), **USA.**	Online forum posts by professional MW (n = 18 posters; 1325 posts; ages not reported)	To understand how MW make sense of MP at work, the tensions they face, and how they communicatively manage those tensions in an online community.	Secondary	Qualitative; dialectical approach; grounded theory; online forum posts; open/ colour coding and thematic clustering.	Dialectical tension between embracing and denying menopausal identity. MW managed tensions by denying, integrating or shifting between identities; online forums acted as a resource for sense-making during MP.	"I'm menopausal-go easy on me!'' Some posters deny their menopausal selves to appear more youthful (e.g. using anti-aging creams, dyeing grey, wearing "trendier'' clothes). Happy to be menopausal when hearing stories from younger co-workers binge-drinking and "vomiting all over herself … I thank god I am in my fifties so I don't have to relive that!''
Bodza et al. (2019), **UK.**	MW, counselling sector (n = 3, aged 45–55+)	To explore how counsellors having menopausal symptoms experience their client work.	Primary	Qualitative; IPA; semi-structured interviews; IPA analysis.	Transitioning personal and professional identity, limited dialogue about menopause, ethical dilemmas of practising while menopausal, and influence of symptoms during client work. MW described confusion about menopausal changes permeating personal and professional identity, questioning of professional capacity, and searching for ways back to a professional self. Embarrassment resulting from vasomotor symptoms and questioning of counselling effectiveness led to self-doubt and reflection on competence within the workplace.	"I think the (counsellor) photo definitely reflects me as an older and older woman, so I think I might look like I'm okay to talk to, a non-threatening person." "I don't know, I have been quite shocked, and I felt quite alone actually." "But it is something that can have an effect, sat there with my clients and their focusing and looking at me and I'm thinking am I looking warm, as I feel."
Fox and Mano (2024), **UK.**	MW, social work academics in HE (n = 2; one white British, one black African).	Explore MW's lived experiences of gendered health issues at middlescence in the neoliberal academy through an intersectional lens.	Secondary	Qualitative; duoethnography; written reflections and meetings; thematic analysis with vignettes.	Negotiating a positive professional identity and self-concept as social work academics while managing health challenges. Experiences required emotional labour and suppression of authentic feelings. Confidence, disclosure and workplace adjustments were shaped by intersecting factors such as gender, ethnicity and organisational culture.	"… I anticipate that I will be expected to demonstrate my capabilities … It left me a bit uneasy that I may be viewed as incompetent … if I was to become unwell when just joining the team." "I have been reflecting about my health challenges and how this impacts my emerging professional identity in academia." "As I grow older, I feel a greater sense of confidence and freedom … I am assured in what I do and know my own abilities." "How can I maintain my professionalism … and manage such embarrassing health concerns which may be viewed as unprofessional in a classroom context?"
George (1996), **India.**	MW, fish sellers in low-income coastal community (n = 190, aged 35–69).	Describe experience of MP and identity continuity in a non-Western, lower SES.	Primary	Qualitative; fieldwork in community settings (interviews and observation); analysis as reported in article.	Continuity of occupational identity (fish seller) buffered against menopausal transition; symptoms were reported but not medicalised or pathologized, and no midlife identity crisis was	Menopause gave "more time and freedom to pursue their fish-selling business." "It's a common thing for women; it's a natural thing for women; it's freedom

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Table 2 (*continued*)

Author(s), year, study location	Population	Study aim	Scope of relevance	Design and methods	Findings	Illustrative quotes[a]
					reported. Menopause provided more time and freedom for business, contrasting with Western "deficiency disease" narratives.	from trouble; it's a sign of aging; it's a gift from God."
Godfrey (2024), **UK.**	MW, secondary school leaders (n = 5, aged 45–58).	Explores the impact of discourses on the experiences and identities of menopausal secondary school leaders and considers whether identity renegotiation is necessary during this stage.	Primary	Qualitative; interpretivist, critical feminist philosophical approach; diaries and semi-structured interviews; reflexive thematic analysis; semi-fictional vignettes used to present themes.	MP discourses defined MW as old or less effective, and the taboo nature of MP enforced silence. Symptoms undermined leadership, leading MW to question their ability to remain in such roles and to forge identity through peer support. Organisational silence and inflexibility heightened the threat to careers.	"The blurriness could undermine me, the way that a hot flush has the capacity to humiliate and destabilise my sense of strength and autonomy." "I look in the mirror and I just don't recognise the woman who is staring back at me … tears always just brimming, waiting to expel in public." "I'm too expensive, why would they want me when they can have some Early Career Teacher, full of energy and promise rather than this dried up old woman."
Root (2023), **UK.**	MW across sectors with cognitive MP symptoms (n = 5, aged 49–57).	Explored how working MW experiencing cognitive symptoms of MP interpret their experiences, and how this affects self-concept, WPI, and career choices.	Primary	Qualitative; career and organisational lens; analysis of MW's narratives about work and cognition.	MP symptoms undermined confidence and professional identity, fostered fear and silence, hindered disclosure, and threatened careers. MW concealed struggles, questioned roles, and felt diminished in male-dominated workplaces.	"I felt lost, lost my confidence … lost motivation … I sat in silence the entire meeting. I didn't have the confidence to put my hand up … I tend to shrink into the corner. Never done that before, my insides are saying to me 'I just can't do this'." "I would try and read the material in advance to try and get the words and their phraseology into my mind. Behind the scenes I was endlessly checking things … never confident what something was good enough which isn't really me, working longer days … taking more time in the evenings to prepare things than I would have done."
Smith (2024), **New Zealand.**	Peri-/menopausal nurses in public health system (n = 35, aged 40–60).	Investigate the lived experience of MP for nurses in their WP and what helps/hinders support.	Secondary	Qualitative; anonymous survey; reflexive thematic analysis (phenomenological framing).	Themes of "challenge to my identity" and "coat of armour" (silence/concealment) were identified. MW described menopause as disrupting confidence and professional self-concept, leading them to question competence and workplace value. MW adopted stoicism and concealment to manage symptoms and maintain professionalism, reinforcing stigma and isolation.	"I lived this for a good two - three years. It was horrible and made me feel that I was useless and not a useful/well functioning member of the team."
Steffan (2021), **UK.**	MW, across sectors (n = 21, aged 47–62).	Examines how older MW navigate MP in the WP and how they construct their WPIs around these experiences.	Primary	Qualitative; interviews; analysis of identity talk.	Contradictory identity talk: neoliberal discourse (control/manage symptoms at work) versus "menopause talk", which was negative and self-deprecating. MW coped through silence and hiding, experienced fear and	"[Women should make] an effort in their appearance, in their self-preservation … the day you accept the menopausal belly … it's a good day … obviously women put on weight as we get older, but we should be allowed to do

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Table 2 (*continued*)

Author(s), year, study location	Population	Study aim	Scope of relevance	Design and methods	Findings	Illustrative quotes[a]
					declining confidence, and faced disrupted WPI. Strong focus on impact of weight and perceived ageism on WPI.	that without any stigma … I do think that women need to help themselves … I have a huge internal battle with it … I want to embrace it … there is a physiological reason why this is happening to me, there's not a lot I can do … [it's] as if I've done something wrong." "… it's been going on for 10 years … but I manage, I'm one of these people I'll have a couple of cups of coffee in the morning and I'm fine." "The intensity of being surrounded by that many young skinny people … I sort of did it to myself, because others were frustrated that I was doing that … it was definitely connected to [weight gain] for me."
Steffan and Potočnik (2025), **UK.**	MW, across sectors (qualitative interviews subsample n = 53, drawn from survey sample n = 685; aged 40 - 64 years, M = 50 years.)	Explores how resilience, when weakened during MP, disrupts MW's identity work, and how rebuilding resilience through greater awareness and reflection after MP supports both cognitive and emotional identity work.	Secondary	Qualitative interviews, reflexive thematic analysis.	MP experienced as in identity threat, marked by fear, shame, and vulnerability. Awareness and reflection after MP restored realistic resilience and supported identity repositioning. Emotion work serves to normalise, mask, and reframe identity.	"I thought it would probably be dodgy moods and irregular periods … I never thought about it changing fundamentally who I was … I'm not the same person. I just feel like my personality is so different." "How in Hell's name am I supposed to keep my job or keep working? … It makes me scared … how long until they start thinking, what on earth is wrong with her, she used to be good at her job." "I'm actually really good at what I do … [work] is a big sense of my identity … and now I just feel like I'm not really cut out for this … but I've come to recognize that it is because of my [menopause] difficulties rather than me as a person." "I think people are trying to understand it, they're encouraging you to talk about it more but they don't really want you to talk about it …"

HE = Higher Education; IPA = Interpretative Phenomenological Analysis; MP = Menopause; MW = Menopausal Women; SES = Socioeconomic Status; UK: United Kingdom; USA = United States of America; WP = Workplace; WPI = Workplace Identity.

[a] Illustrative quotes are in addition to quotes included in results.

2.7. Data synthesis

Data were analysed using thematic synthesis via a three-stage process involving line-by-line coding of study findings, the development of descriptive themes, and the generation of higher-order analytical themes (Thomas & Harden, 2008). This method allowed for integration of findings from studies using varied qualitative approaches and moved beyond description to produce new conceptual insights. Thematic synthesis was particularly suited to this review as it preserved women's individual accounts of the menopausal transition at work, while simultaneously identifying shared patterns and meanings across studies. The balance of staying close to participants lived experiences and developing higher level interpretations provided the depth needed to address the aim of the review: understanding how the menopausal transition shapes women's workplace identities.

During stage one, the primary researcher systematically extracted all relevant data from studies before applying line-by-line coding. During stage two, related codes were clustered into broader categories prior to

organisation into descriptive themes. During stage three, themes were consolidated based on their similarities and differences, leading to the development of three analytical themes which captured the core findings of the synthesis.

To promote study quality assurance, the line-by-line coding, descriptive and analytical themes were considered with co-authors. Feedback was provided at a conceptual level, offering further perspectives on the coherence and plausibility of themes.

3. Results

3.1. Search results

Electronic database searches identified 554 records. Records were exported to Rayyan, where 122 duplicates were removed. A total of 432 records were screened by title and abstract, resulting in 20 articles identified for full-text review. This high rate of exclusions was largely due to the inclusion of Google Scholar searches, which retrieved a broad set of less relevant results because of its limited search functionality. Two records could not be retrieved as only thesis abstracts were available and the full texts could not be located. Following full-text screening, nine records met the inclusion criteria, while nine records were excluded. Full identification and selection, including reasons for exclusion, are presented via PRISMA flow diagram (Fig. 1).

3.2. Study characteristics

With the exception of George (1996), all studies were published between 2014 and 2025. Most were conducted in the UK (Bodza et al., 2019; Fox & Mano, 2024; Godfrey, 2024; Root, 2023; Steffan, 2021; Steffan & Potočnik, 2025), with one study each conducted in the USA (Bochantin, 2014), India (George, 1996), and New Zealand (Smith, 2024). Two studies were postgraduate dissertations (Godfrey, 2024; Smith, 2024), while all others were peer-reviewed articles.

Participant ages were reported in all but two studies (Bochantin, 2014; Fox & Mano, 2024) and ranged between 35 and 69 years. Across all nine studies, data were gathered from 332 women, with George (1996) accounting for 190 participants. Five studies (Bodza et al., 2019; George, 1996; Godfrey, 2024; Root, 2023; Steffan, 2021) had menopause and workplace identity as their primary focus, while the remaining four studies included these domains as a substantial secondary component.

The occupational and social contexts of participants varied across studies. Participants included white British counsellors in professional practice settings (Bodza et al., 2019); two social work academics, one white British and one Black African (Fox & Mano, 2024); working-class Indian fish sellers (George, 1996); white middle-class women leaders in secondary schools (Godfrey, 2024); and peri-/menopausal nurses in New Zealand (Smith, 2024). Other studies also reported a broad occupational spread, with substantial representation in education, academia, and healthcare, alongside sectors such as counselling, law, medicine, charity, recruitment, the arts, public services, accountancy and finance,

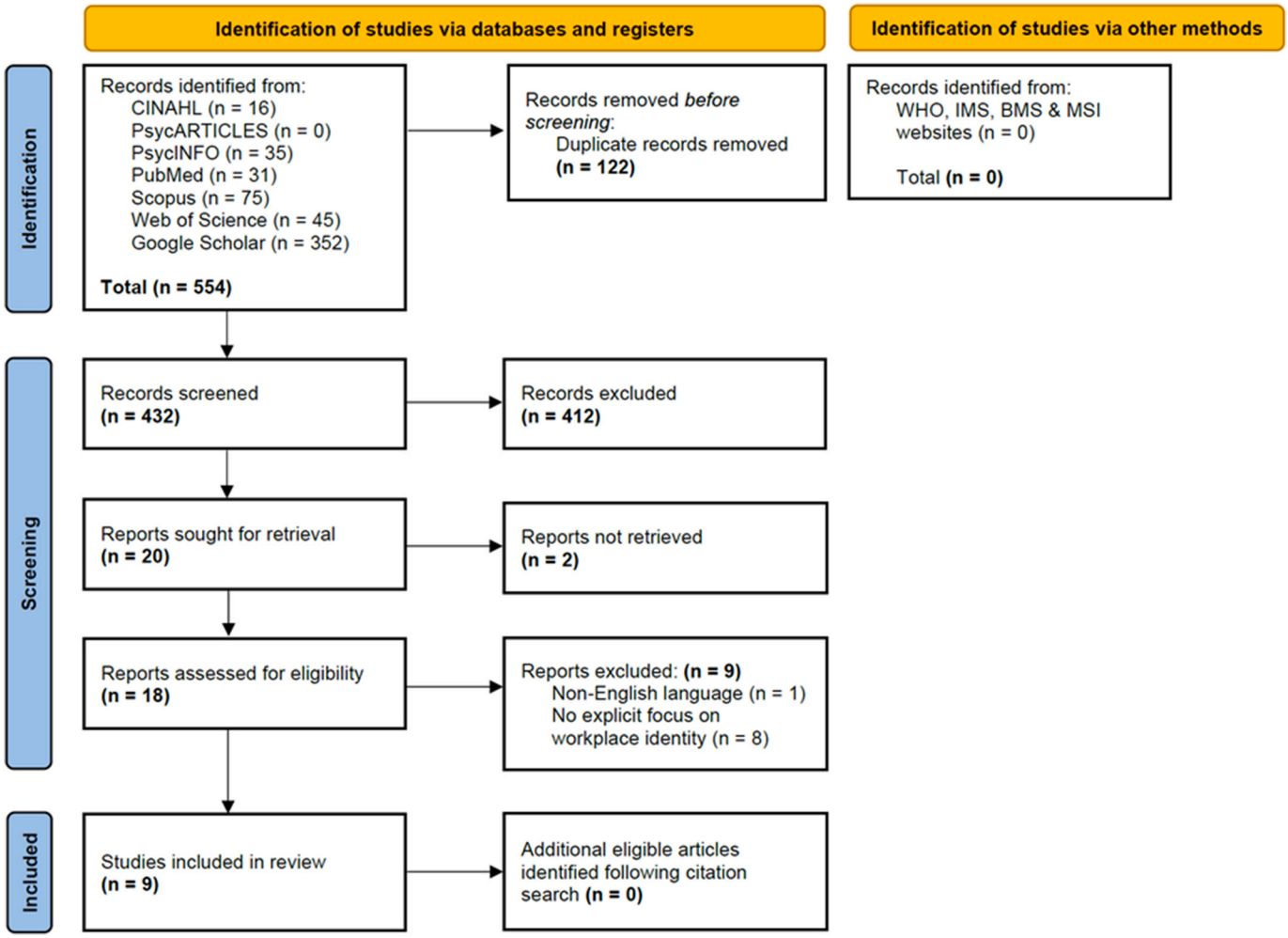

Fig. 1. PRISMA 2020 flow diagram for new systematic reviews, which included searches of databases, registers, and other sources.

hospitality, and other industries (Steffan, 2021; Steffan & Potočnik, 2025). The concentration of research within education, healthcare, and related professions may reflect broader patterns about where menopause-at-work research has tended to focus, alongside the gendered composition of these sectors, rather than indicating that menopause-related identity experiences are confined to particular industries.

3.3. Thematic synthesis findings

The synthesis generated three analytical themes capturing how the menopausal transition shapes women's workplace identities. Analytical themes were supported by sub-themes developed through line-by-line coding and refinement of earlier descriptive themes. The three analytical themes were: (1) Menopause destabilises the professional self; (2) Professional identity as ongoing identity management; and (3) Cultural and structural contexts shape identity work. Table 3 summarises the analytical themes and their descriptive sub-themes. While themes are presented separately, there was considerable overlap and interconnection across categories, reflecting the complex and entangled nature of women's workplace experiences.

Consistent with the approach of Thomas and Harden (2008), the analytical themes represent an interpretive level of synthesis rather than a simple aggregation of study findings. Thematic synthesis requires the development of higher-order insights from patterns observed across studies; therefore, not every sub-theme appears in every included paper. Instead, the synthesis identifies similarities, differences and broader conceptual understandings generated from the collective evidence.

3.3.1. Menopause destabilises the professional self

Across most studies (Bodza et al., 2019; Godfrey, 2024; Root, 2023; Smith, 2024; Steffan, 2021; Steffan & Potočnik, 2025) the menopausal transition destabilised women's sense of themselves at work, with previously secure professional identities becoming fragile and conditional. Embodied disruption undermined women's sense of credibility, leaving workplace identity feeling precarious and requiring continual effort to protect it (Godfrey, 2024; Root, 2023; Smith, 2024). This destabilisation appeared to arise not just from "growing older", but from menopause-specific experiences of embodied unpredictability, such as vasomotor symptoms and cognitive disruption, and from the meanings attached to these changes within occupational settings where competence, composure, and reliability are highly visible and evaluated. Importantly, how this destabilisation was experienced and interpreted varied by occupational context, particularly in roles where performance, safety, emotional presence, or leadership visibility were central to professional identity.

3.3.1.1. Precarious identity and eroded self-trust. The precarious nature of women's workplace identity was a dominant theme. Women described a destabilising loss of self-belief in abilities, having previously relied on years of accumulated expertise and confidence (Bodza et al., 2019; Godfrey, 2024; Root, 2023; Smith, 2024). One participant explained *"… People expect you to be sharp … that self-belief you've built up from years of experience … when that isn't there, that fundamentally calls into question … am I in the right place? Am I in the right role?"* (Root, 2023, p. 83). This sentiment suggests that menopause threatened a key identity anchor: the expectation that accrued experience should translate into stable confidence and dependable work performance.

Across studies, women described ongoing self-questioning about their capacity to meet work demands, with some expressing doubts about their fitness for work: *"I definitely, every single day, question whether I have the bandwidth for this job anymore"* (Godfrey, 2024, p. 66). The impression that long-standing professional identities could be undermined by menopause was observed in another study (Bodza et al., 2019), where one participant noted changes were *"so far from her self-concept that she no longer recognised herself"* (p. 547). This mismatch suggests more than transient stress: it reflects a disruption in continuity of self at work, where women question how they have come to see themselves professionally and how they experience their capabilities during menopause.

Cognitive disruption played a central role in eroding self-trust. Forgetfulness, memory lapses, and difficulties with focus threatened the sense of reliability women felt they could project (Godfrey, 2024; Root, 2023; Smith, 2024). One woman admitted *"If it's not on the list … it will get lost in the hurly burly of the day …"* (Godfrey, 2024, p. 60). In another study, a nurse worried about making safety-related errors due to cognitive disruption and appearing *"incompetent or unsafe"* (Smith, 2024, p. 45). In occupational contexts where errors carry reputational or safety consequences, cognitive symptoms appeared to be interpreted not just as minor lapses, but rather as threats to core identity markers of competence and safety. Such examples highlight how cognitive symptoms challenged identity markers, prompting heightened vigilance about performance.

Anticipation of error appeared to amplify fears of external judgment and reinforce internal doubts. It is possible that this anticipation of mistakes became self-perpetuating, with each lapse further eroding confidence in professional abilities (Godfrey, 2024; Root, 2023; Smith, 2024). In one study, the erosion of self-trust triggered profound questioning of competence: *"… I feel a failure and like I'm the stupidest person in the room. I also think I have early dementia"* (Smith, 2024, p. 89). Women's loss of trust in their own body and mind destabilised core aspects of workplace identity, such as being competent, reliable, and safe (Bodza et al., 2019; Godfrey, 2024; Root, 2023; Smith, 2024). Strain prompted withdrawal or consideration of leaving work altogether, with one woman concluding she was simply *"going to quit"* (Godfrey, 2024, p. 89). Women's accounts reflected doubts about both their performance and place within the workplace.

Together, these accounts suggest that identity threat arose not only from symptoms themselves, but from uncertainty about when disruption might occur and how this would affect women's ability to appear reliable and competent at work.

Collectively, these accounts show how menopause disrupted not only daily functioning but the deeper psychological foundation of professional identity. Women found themselves continually doubting their credibility and renegotiating their role within the workplace.

3.3.1.2. Menopausal bodies and the ideal worker. Destabilisation of workplace identity was compounded by the tension between menopausal embodiment and what, in this synthesis, is conceptualised as the cultural standard of the ideal worker: an individual prepared to devote themselves fully to their work and who can prioritise their work over other responsibilities (Acker, 1990, 2006). Here, this cultural standard is understood as operating through workplace norms and practices, while being shaped by wider societal expectations about productivity, gender and aging. Across the included studies, this standard was reflected in

Table 3
Analytical and descriptive sub-themes.

Analytical themes	Descriptive sub-themes
Menopause destabilises the professional self	Precarious identity and eroded self-trust
	Menopausal bodies and the ideal worker
Professional identity as ongoing identity management	Silence, disclosure, and ambivalence
	Authenticity and emotional strain
	Resilience strategies, reframing, and their costs
Cultural and structural contexts shape identity work	Organisational structures and leadership pressures
	Cultural framings and ageism
	Intersectional dynamics

expectations of workers to be consistently rational, competent, and productive (Bodza et al., 2019; Godfrey, 2024; Root, 2023; Smith, 2024; Steffan, 2021), which often felt unattainable for women experiencing menopausal symptoms. Within the workplace contexts represented in the reviewed studies, this suggests that menopausal embodiment was not only a private experience but an identity-relevant misfit in workplaces organised around uninterrupted performance.

Women feared that lapses of memory or concentration would read as incompetence, rather than a temporary difficulty (Godfrey, 2024; Root, 2023; Smith, 2024). For example, Root (2023, p. 86) described one participant who explained: *"I would regularly forget keywords in presentations, often even the subject of the presentation … I started to lose confidence … The words would escape me. Topics I delivered regularly would dilute, just disappear … just swimming before my eyes …"*. Forgetting familiar names mid-conversation was described as "*embarrassing*" and undermined credibility (Smith, 2024, p. 88). Taken together, these accounts suggest that even minor disruptions risked being interpreted through strict performance norms, heightening women's sense of exposure.

Physical symptoms also challenged the ideal worker image (Bodza et al., 2019; Godfrey, 2024; Root, 2023; Smith, 2024; Steffan, 2021). One counsellor described how menopausal symptoms, including constant itching, could *"completely destroy"* what they have in the room with their client (Bodza et al., 2019, p. 550). Hot flushes were a recurrent source of anxiety, with the visible unpredictability of symptoms undermining the image of authority expected in senior roles (Godfrey, 2024; Root, 2023; Steffan, 2021). One senior leader described the contrast between her past and present self in management meetings: *"… I was always a hyper-efficient very organised person, and now they've got a hot emotional mess …"* (Steffan, 2021, p. 207). Another woman described being "*regularly a hot and exhausted mess*" and questioned her suitability to be someone *"leading a department or giving direction to other members of staff"* (Godfrey, 2024, p. 90). In considering these accounts together, the language around "mess" appears to signal more than symptom disruption, capturing an identity shift from a "controlled professional" to an "exposed body", where visible signs of menopause were interpreted as incompatible with leadership authority. Here, seniority mattered not simply as a demographic descriptor, but because leadership roles intensified the identity stakes of menopausal visibility: authority, decisiveness, and composure were central to how these women understood their professional selves. As a result, embodied disruption felt particularly threatening to credibility. These examples highlight how menopausal embodiment conflicted with expectations of composure and control, positioning women's bodies as misaligned with dominant professional norms.

Across studies, women demonstrated how the embodied changes of menopause came into conflict with dominant workplace ideals. The mismatch rendered participants feeling that their bodies were unprofessional and unpredictable, and intensified the challenge of sustaining a credible workplace identity. Notably, concerns were largely based on women's own perceptions of diminished performance rather than explicit criticism from colleagues, suggesting that much of this destabilisation was internally driven rather than the result of direct external judgement. This may indicate that ideal worker norms had been internalised, shaping self-evaluation even in the absence of explicit workplace scrutiny.

3.3.2. *Professional identity as ongoing identity management*

In response to the destabilisation of professional identity, women engaged in complex, resource-intensive identity work. Concealment, selective disclosure, and resilience strategies enabled them to remain credible but often carried significant costs. Workplace identity during menopause was neither fixed nor stable, rather it was actively managed, shifting with audience, context, and organisational culture (Bochantin, 2014; Bodza et al., 2019; Fox & Mano, 2024; George, 1996; Godfrey, 2024; Root, 2023; Smith, 2024; Steffan, 2021; Steffan & Potočnik, 2025). These patterns illustrate how identity development during menopause became a continual and effortful process, shaped by the demands of different workplace contexts and their occupational norms.

3.3.2.1. Silence, disclosure, and ambivalence. Silence was a widespread strategy for protecting workplace identity, with women concealing their symptoms to avoid stigmatisation and being seen as incompetent or past their prime (Bodza et al., 2019; Godfrey, 2024; Root, 2023; Smith, 2024; Steffan & Potočnik, 2025). In one study, a woman described avoiding identification as being menopausal, stating *"You don't want to walk around with a big M on your forehead … Others will see me as less capable …"* (Root, 2023, p. 83). Such accounts suggest that concealment functioned as a form of identity protection, helping women avoid interpretations that could undermine credibility.

Silence offered short-term protection but reinforced isolation, even in professions where disclosure and openness are valued, such as counselling and caring roles (Bodza et al., 2019; Steffan & Potočnik, 2025). Workplace cultures which appeared to sanction only certain forms of "acceptable" personal disclosure, as reflected in participant accounts, further constrained women's openness (Godfrey, 2024; Root, 2023). As noted by one participant, disclosure of personal struggles was generally deemed unacceptable in professional cultures: "*No one talks about their personal issues at work … other than those events in life which are deemed acceptable, sanitised*" (Godfrey, 2024, p. 90). Taken together, these accounts imply that the "problem" was not only symptoms, but the limited cultural space for embodied vulnerability at work, especially where professionalism is equated with emotional neutrality.

Where disclosure did occur, it was cautious and strategic. Some women described weighing the risks of humiliation against the potential benefits of solidarity, choosing selective openness with trusted colleagues (Fox & Mano, 2024; Godfrey, 2024; Root, 2023). For some, openness was framed as leadership duty: "*As the female deputy and at one point last year the most senior woman in the school I feel I have a duty of care to the female staff to be open about how hard this is*" (Godfrey, 2024, pp. 66-67). In another study, disclosure was strategically withheld, especially from male managers: *"I report to a male. There's absolutely no way on this earth I would have a conversation with him. He would look at me and run away …"* (Root, 2023, p. 85). These contrasting strategies illustrate how disclosure was shaped by anticipated power dynamics and gendered interpretations of credibility, rather than by symptom severity alone.

Women also appeared to oscillate between denying and embracing their menopausal identities at work, revealing an incongruence in how they positioned themselves. This dynamic was illustrated in Bochantin (2014). Women dyed their grey hair, wore more fashionable clothes, or used anti-aging creams to project an image of youthfulness (Bochantin, 2014). Yet in other moments, the same women expressed relief about their stage of life, particularly upon hearing stories from younger colleagues: *"After hearing that story, I thank god I am in my fifties so I don't have to relive that!''* (p. 272). For some women, actively embracing their menopausal identity at work allowed for connection and solidarity with peers: "*At my job, we celebrate our menopausalness! A group of women on my floor have affectionately begun referring to ourselves as the 'mensi-mob!' … Even the men join in and find this humorous …*" (Bochantin, 2014, p. 272). These participant accounts indicate that women adjusted how menopause was acknowledged or concealed in response to different workplace contexts. Identity positioning shifted in relation to perceived risk, support, and cultural norms, highlighting the fluid and context-dependent nature of women's workplace identities during menopause.

These shifting positions underscored the fluid, context-dependent nature of identity work: concealment could feel necessary in some situations, while embracing menopause or using humour became viable in others. This ambivalence highlighted not indecision but the precariousness of negotiating credibility in shifting cultural and organisational

settings.

3.3.2.2. Authenticity and emotional strain. While the aforementioned strategies helped protect workplace credibility, they often produced a sense of dissonance between women's lived experiences and their professional roles.

Counsellors, teachers, and other care professionals described a sense of incongruence between outwardly masking symptoms and privately struggling (Bodza et al., 2019; Steffan & Potočnik, 2025). One counsellor, speaking to a client about self-care, wondered *"what am I role modelling here?"* (Bodza et al., 2019, p. 550), highlighting conflict between professional ideals and personal experience. Here, the challenge was not framed only as reduced capacity, but as an ethical and identity-based tension, where concealment threatened alignment with core professional values.

Educators expressed similar concerns, with one teaching assistant noting the pressure to "… put a big smile on your face but actually inside you are feeling rubbish … you have to behave the way people expect you to behave … not being true to yourself …" (Steffan & Potočnik, 2025, p. 1298). These accounts demonstrate how emotional strain accumulated when women felt compelled to inhabit a professional persona misaligned with their internal state.

This incongruence was particularly difficult in roles that valued authenticity, empathy, or openness, such as counselling, teaching, or leadership. The resulting strain compounded the emotional burden of symptom management, leaving women exhausted and at times questioning whether they could continue in their roles. This suggests that identity demands were not only cognitive and behavioural, but also emotional, intensifying the labour involved in sustaining a credible professional self.

3.3.2.3. Resilience strategies, reframing, and their costs. Alongside concealment, women described using resilience strategies to sustain credibility. These were often individualised and framed as self-responsibility, echoing wider neoliberal discourses of self-management. In one study, women emphasised coping without external support: *"It's a rocky time in a woman's life … this is a physical thing that you just have to get through, I didn't ask for any help with drugs or anything"* (Steffan, 2021, p. 205). Another woman echoed *"… it's been going on for 10 years … but I manage, I'm one of these people I'll have a couple of cups of coffee in the morning and I'm fine"* (Steffan, 2021, p. 205). Such narratives reflect wider cultural expectations that women manage difficulties independently, reinforcing the individualisation of menopausal challenges.

Humour was commonly used as a tactic to embrace, reframe, or defuse menopausal identity in the workplace (Bochantin, 2014; Smith, 2024). For some, collective humour enabled solidarity, as seen in the creation of the *"mensi-mob"* (Bochantin, 2014, p. 272). Others used self-deprecating humour to normalise or soften the impact of cognitive lapses, such as one participant who explained, *"I have to have a notebook with me so that I can remember … CRAFT book is what it is called (Can't Remember a F***ing Thing)"* (Smith, 2024, p. 89). By laughing at or playfully naming their struggles, women could reclaim agency and reduce the threat to professional credibility, even while acknowledging disruption.

Professional expertise, at times, provided a buffer against the erosion of confidence and credibility that menopausal symptoms threatened to cause in the workplace. A counsellor explained how ethical frameworks guided decisions about fitness to practice (Bodza et al., 2019). Training also helped women trust their own bodily knowledge: *"I know my body is telling me something is wrong …"* (Bodza et al., 2019, p. 547). This example demonstrates how professional identity could serve as a resource, offering tools for decision-making and self-validation.

For some, resilience also meant reframing menopause as a transformative or future-oriented process, imagining future adaptation and professional maturity (George, 1996; Steffan & Potočnik, 2025). Women spoke of *"learning to accept a new version"* of themselves (Steffan & Potočnik, 2025, p. 1298), or reframed menopause as liberation from menstruation, enabling them to invest energy differently at work (George, 1996). These future-oriented interpretations softened the sense of disruption, although they appeared more frequently in accounts framed through cultural narratives of menopause as natural transition, rather than in contexts dominated by professional identity norms.

Yet while such strategies enabled continued participation, they were not without a cost (Godfrey, 2024; Root, 2023; Steffan, 2021). A teacher described the exhaustion of maintaining composure:

> *It's exhausting trying to keep that in check … you know that this is a heightened anxiety because of your body, but it still makes any decision making virtually impossible as you second, third, fourth guess yourself and then ruminate all day about the inevitable disaster that will occur because of your terrible choices.* (Godfrey, 2024, p. 66).

The paradox of resilience was that it sustained identity in the short term but depleted women emotionally, potentially leaving their professional selves even more fragile.

3.3.3. Cultural and structural contexts shape identity work

Women's experiences of changes in their identity work were shaped by wider organisational, cultural, and structural contexts. These forces not only intensified the identity threats of menopause but also constrained the possibilities for response (Fox & Mano, 2024; George, 1996; Godfrey, 2024; Root, 2023; Steffan, 2021; Steffan & Potočnik, 2025). This shows that identity work was not carried out in isolation but was continually shaped by the expectations and constraints of the environments in which women worked, with occupational settings influencing how visible and manageable symptoms became.

3.3.3.1. Organisational structures and leadership pressures. Organisational inflexibility often compounded strain. One woman who considered part-time work was told such arrangements were *"not appropriate for leadership roles"* (Godfrey, 2024, p. 90). Cultures equating competence with unbroken productivity meant disclosure carried risks:

> *For women, where they have reached that level, where they are expected to be dynamic, to be attentive, to be switched on … A price comes with that, you don't want to give anybody ammunition to say: 'she's not performing quite right'"* (Root, 2023, p. 83).

Together, these accounts demonstrate how dominant organisational norms positioned flexibility or vulnerability as incompatible with professionalism, narrowing the space available for women to respond authentically to menopausal challenges.

Leadership positions amplified vulnerability (Godfrey, 2024; Root, 2023). In one study, a senior leader described: *"People look to me for direction, for answers, for advice, for guidance. I felt totally spaced out … which was really frightening. It just makes you feel vulnerable …"* (Root, 2023, p. 82). As noted earlier, leadership also heightened responsibility in gendered ways: in another study, the most senior woman on one team reflected on her obligation to other women in the workplace *to "be open about how hard this is"* (Godfrey, 2024, p. 67). This pattern implies that seniority brought both heightened visibility and a moral expectation to model resilience, intensifying identity strain.

3.3.3.2. Cultural framings and ageism. Cultural meanings also shaped women's sense of identity. In a study of fish sellers in India (George, 1996), menopause was understood positively as relief from menstruation, enabling fuller work participation. By contrast, UK-based studies conducted across a range of organisational settings, tended to frame menopause as a form of decline, with women describing themselves as diminished or *"a mess"* (Godfrey, 2024; Root, 2023; Steffan, 2021). These contrasts show how cultural narratives inform the emotional and

identity-related meanings women attach to menopause, influencing whether it is experienced as loss, liberation, or something in between.

Ageism intersected strongly with these framings, through women's interpretations of how they were perceived, rather than through explicitly documented discriminatory acts. Women engaged in anticipatory or self-directed evaluations, with one participant reflecting: *"Why would they want me when they can have some ECT (Early Career Teacher), full of energy and promise … ?"* (Godfrey, 2024, p. 89). Another, after redundancy, questioned whether her replacement by *"younger fresher meat"* was coincidental (Root, 2023, p. 87). Perceptions of how age intersected with appearance and body norms were also reflected in participant accounts: *"I would imagine if slim-younger-lady and fat-older-lady are going for a job, irrespective of experience and qualifications, there is no discussion there …"* (Steffan, 2021, p. 208). These examples indicate that anticipated ageism shaped how women evaluated their own value and replaceability, reinforcing internal feelings of vulnerability even when overt discrimination or judgement was not described.

Across studies, these expressions highlight how gendered ageism was experienced and made sense of by participants. Their perceptions intensified feelings of being devalued or replaceable, contributing to further destabilisation of workplace identity.

3.3.3.3. Intersectional dynamics. Some accounts highlighted how other social positions intersected with menopause and shaped how women interpreted their experiences. In one study (Fox & Mano, 2024), as a Black woman in academia, Mano situated aspects of her menopausal experience within broader struggles around racism in higher education, describing solidarity with other Black academics as sustaining her confidence. This demonstrates how shared cultural or identity-based communities could provide alternative sources of affirmation that buffered against workplace marginalisation.

In another study, however, intersecting social positions shaped how participants concerns were perceived, with one woman reflecting that she felt dismissed as simply *"a middle-aged woman complaining"* (Steffan & Potočnik, 2025, p. 1296). These examples highlight that identity work during menopause occurs within broader contexts of cultural narratives, social categories, and structural inequalities that women draw upon to make sense of their experiences, rather than indicating menopause as the direct cause of these dynamics.

Taken together, the findings show that the menopausal transition was often experienced as destabilising to women's workplace identities. Embodied disruption could undermine confidence and credibility, while strategies of concealment, selective disclosure, and resilience helped to sustain participation, but which came at a personal cost. Organisational structures, cultural framings, and gendered ageism were interpreted as magnifying these challenges, with occupational demands shaping both the visibility of menopausal changes and the identity risks attached to them, meaning professional identity felt precarious and context-dependent, and often required continual renegotiation.

4. Discussion

This review set out to examine how women's workplace identities are shaped by the menopausal transition. The synthesis shows that menopause is more than a health issue: it is a profound identity challenge that can destabilise women's sense of themselves as competent, credible, and legitimate workers. These findings build on previous research that has tended to frame menopause in terms of symptoms and productivity (O'Neill et al., 2023; Riach et al., 2023), showing that the impact extends to the psychological core of how women understand and sustain their professional selves. This positions menopause as a health transition with meaningful psychological and occupational consequences. To contextualise these findings, the discussion considers three areas: the processes through which identity is disrupted, the organisational and cultural norms that shape these experiences, and the implications for policy and practice.

A central finding of the review was the erosion of self-trust. Women described how cognitive lapses, fatigue, and bodily unpredictability undermined the confidence that had been built over years of professional practice. Professional identities that once felt secure became fragile, leaving women questioning their credibility and even their right to occupy their roles. Importantly, this questioning appeared to be driven less by how others evaluated them and more by women's own internal self-questioning, highlighting an inwardly directed identity threat which warrants explicit attention in clinical and organisational responses. This pattern is consistent with identity-based accounts of professional self-concept disruption, in which individuals' internal standards of competence and legitimacy are destabilised within organisational contexts (Alvesson et al., 2008; Brown, 2022). This also aligns with earlier findings that identity disruption can emerge during normative life transitions (Erikson, 1968; Kroger et al., 2010) but extends this by showing how disruption unfolds specifically in relation to workplace norms and professional expectations. The synthesis also suggests a gradual rather than sudden erosion of identity, with small disruptions accumulating over time; this mirrors identity-based accounts of destabilisation as a cumulative process rather than a single turning point, which has important implications for early intervention and support.

The conflict between menopausal embodiment and the cultural standard of an ideal worker sharpened this identity threat. The ideal worker norm reflects organisational and societal expectations across workplace contexts of uninterrupted productivity and a disembodied, always-available worker (Acker, 1990, 2006), which is at odds with the flexibility required by workers with embodied or caregiving demands (Leslie et al., 2012; Ruiz Castro, 2012). Menopause introduces similar tensions, as women in this synthesis interpreted symptoms as incompatible with expectations of consistent competence and composure. Forgetting names, losing words, or experiencing visible hot flushes were not interpreted as transient disruptions but as failures against expectations of rationality, consistency, and productivity. For those in leadership roles, credibility was especially precarious: women feared being exposed in ways that compromised both their authority and their duty to model resilience. This finding may be particularly salient given that menopause commonly coincides with the life stage at which many women enter or consolidate leadership positions, creating a temporal overlap that can intensify vulnerability. These findings extend ideal worker theory by demonstrating how such norms are not only organisational standards but are internalised and experienced psychologically, shaping women's self-evaluations and identity security at work. These dynamics illustrated how the embodied realities of menopause collided with normative organisational ideals, producing identity disruption that extended beyond symptom burden to the psychological core of self-concept at work.

In response, women engaged in considerable identity work to manage the risk that menopause posed to their professional selves. Concealment and silence offered short-term protection but created incongruence between lived experience and professional role, especially in professions grounded in relational presence or emotional availability. Selective disclosure and humour at times opened space for solidarity, while reframing menopause as a stage of transformation allowed a minority of women to reclaim agency. These resilience strategies closely align with identity work as conceptualised by Alvesson and Willmott (2002), involving ongoing efforts to sustain a coherent and credible professional self under conditions of threat.

Yet across contexts, these resilience strategies were double-edged: they sustained participation but depleted emotional resources, and were primarily centred on individual adjustment within existing workplace conditions. This suggests that interventions centred solely on individual coping may be insufficient unless combined with organisational changes that reduce the need for continual self-management. In this

context, while many organisations have introduced menopause-related policies in recent years, the findings of this review suggest that their effectiveness may depend not only on their formal presence, but also on how menopause is framed and discussed within workplace cultures, particularly where concerns about credibility, stigma, or professional identity may shape whether women feel able to draw on available supports. The synthesis further highlights that such identity work is often emotionally costly and structurally unsupported during the menopausal transition, signalling the need for both identity-focused and systems-level responses. While the review identified recurring patterns in how menopause destabilised women's workplace identities, the included studies largely described how these identity tensions were experienced in workplace contexts, with less explicit attention to how professional identities may be altered over time.

Cultural and structural contexts were also highlighted as central to shaping workplace identity. Organisational inflexibility, performance-driven cultures, and the expectation that leaders be perpetually "switched on" intensified vulnerability. Cultural framings of menopause as decline, coupled with gendered ageism, reinforced the sense of being diminished or replaceable. Intersectional positioning further influenced outcomes: while some women found affirmation through peer solidarity, others may have experienced menopause as compounding existing marginalisations and contributing to exclusion. From a Gestalt perspective (Perls et al., 1951), these findings speak to the challenge of integrating competing parts of the self, at a life stage already marked by transition.

Notably, themes were rarely discrete: disclosure intertwined with authenticity, resilience with structural pressures, and cultural narratives with gendered ageism and embodied disruption. This interconnection suggests that workplace identity during the menopausal transition is not shaped by isolated processes, but rather a plethora of mutually reinforcing dynamics, underlining the need for holistic rather than symptom-focused interventions. While this review focused on workplace identity, the synthesis revealed that embodiment, gendered ageism, and structural inequalities are integral to shaping it. This overlap underscores that workplace identity is inseparable from these dimensions, reflecting the complex and interwoven nature of menopausal transition in the workplace. Taken together, the findings suggest that workplace identity during menopause is continuously negotiated through interaction of embodied change, organisational norms, and ongoing identity work. The findings also highlight the need for identity work that supports the integration of multiple parts of the self over time, rather than relying on short-term compensatory strategies.

Overall, the synthesis suggests that menopause could be conceptualised as a developmental transition with profound implications for workplace identity. Like other transitional stages, it unsettles established self-concept, yet it has been comparatively neglected in psychological and occupational health research to date. Identity research suggests that individuals' sense of self is closely tied to perceptions of competence, legitimacy, and role recognition within social and organisational contexts, and that identities may become unsettled during periods of transition or tension between personal experience and role expectations (Alvesson et al., 2008; Brown, 2022; Erikson, 1968; Kroger et al., 2010). Framing menopause through identity theory positions identity disruption as a key mechanism through which women's professional credibility and sense of belonging are negotiated and, at times, undermined.

4.1. Limitations, strengths, and future directions

This review is limited by the available evidence, which predominantly represents white, professional, and middle-class women, leaving the perspectives of those in manual, hazardous, or ethnically diverse roles underexplored. In addition, none of the included studies explicitly distinguished between sex and gender, limiting consideration of the experiences of people whose gender identities are not represented in the existing literature and who may experience the menopausal transition. While George (1996) included a larger and more diverse sample, due to limited methodological quality and theoretical development, it offered minimal insight and sat somewhat apart from the rest of the literature.

Despite these limitations, the review is strengthened by the inclusion of recent, high-quality studies and the use of a rigorous thematic synthesis approach, which enabled interpretative insights beyond the data, while preserving closeness to participant experiences.

Future studies should prioritise more diverse samples and explore workplace identity in a wider range of occupational and cultural contexts. Experience-based approaches could also capture how meaning-making unfolds in real time, offering richer insight into the moment-to-moment negotiation of workplace identity during menopause. Greater theoretical engagement with identity would also clarify how embodied disruption, organisational culture, and structural inequalities interact in shaping women's professional selves. Longitudinal designs would be particularly valuable for tracing the gradual process of identity destabilisation and renegotiation as identified throughout this review. Such approaches may help clarify how the identity tensions identified in this review may translate into longer-term shifts in women's workplace identities.

4.2. Conclusion

The menopausal transition destabilises women's workplace identities in significant and psychologically costly ways for health and wellbeing. Embodied disruption undermined confidence and credibility, while strategies of concealment, disclosure, and resilience enabled participation but carried emotional and psychological strain. Organisational cultures, gendered ageism, and intersecting inequalities magnified these challenges, meaning women's workplace identities required continual renegotiation.

By moving beyond productivity focused accounts, this review contributes a psychological perspective on menopause at work and underscores the need for recognition of identity disruption as a critical issue. Specifically, it positions menopause as a developmental and identity-relevant transition that reshapes professional self-concept, credibility and belonging in workplace contexts. Workplace identity challenges have meaningful practice implications: perceived loss of competence or coherence in a woman's professional self-concept may heighten distress, shape help-seeking, and influence engagement with services. Recognising menopause as a developmental and identity-relevant transition highlights the need for multi-level interventions that address not only physical symptoms, but also women's sense of belonging, credibility, and self-efficacy in the workplace.

These findings hold important practical implications for clinicians and organisations. For clinicians, psychological work may involve supporting women to reconstruct their professional narratives, rebuild self-trust, and help contextualise menopausal experiences as normative life transitions rather than individual deficiencies within health, occupational, and organisational contexts. In practice, this means attending to women's sense of competence and belonging in the workplace alongside symptom management. For employers, the findings highlight the importance of cultures and policies that reduce stigma and support women in sustaining credible, authentic professional selves. Supporting women to integrate evolving aspects of self and navigate transitions may therefore form an essential component of both therapeutic and organisational practice.

CRediT authorship contribution statement

Stephanie Wall: Writing – review & editing, Writing – original draft, Visualization, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Maria Dempsey:** Writing – review & editing, Validation, Supervision, Methodology, Conceptualization. **Samantha Dockray:** Writing – review & editing,

Validation, Supervision, Methodology, Conceptualization. **Sarah Foley:** Writing – review & editing, Validation, Supervision, Methodology, Conceptualization.

Ethical considerations

Formal ethical approval was not required as this study was a review of existing literature. However, a systematic review protocol was reviewed by the relevant academic department in the primary researcher's institution of study prior to commencement of the study.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

Acker, J. (1990). Hierarchies, jobs, bodies: A theory of gendered organizations. *Gender & Society, 4*(2), 139–158.

Acker, J. (2006). *Class questions: Feminist answers*. Rowman & Littlefield.

Alvesson, M., Ashcraft, K. L., & Thomas, R. (2008). Identity matters: Reflections on the construction of identity scholarship in organization studies. *Organization, 15*(1), 5–28.

Alvesson, M., & Willmott, H. (2002). Identity regulation as organizational control: Producing the appropriate individual. *Journal of Management Studies, 39*(5).

Ashforth, B. E., & Schinoff, B. S. (2016). Identity under construction: How individuals come to define themselves in organizations. *Annual Review of Organizational Psychology and Organizational Behavior, 3*(1), 111–137.

Atkinson, C., Beck, V., Brewis, J., Davies, A., & Duberley, J. (2020). *Menopause and the workplace: New directions in HRM research and HR practice*. Human Resource Management Journal, advance online publication.

Bochantin, J. (2014). Long live the mensi-mob: Communicating support online with regards to experiencing menopause in the workplace. *Communication Studies, 65*(3), 260–280.

Bodza, C., Morrey, T., & Hogan, K. F. (2019). How do counsellors having menopausal symptoms experience their client work: An interpretative phenomenological analysis. *Counselling and Psychotherapy Research, 19*(4), 544–552.

Braithwaite, J., Zurynski, Y., Ludlow, K., Holt, J., Augustsson, H., & Campbell, M. (2019). Towards sustainable healthcare system performance in the 21st century in high income countries: A protocol for a systematic review of the grey literature. *BMJ Open, 9*(1), Article e025892.

Brown, A. D. (2022). Identities in and around organizations: Towards an identity work perspective. *Human Relations, 75*(7), 1205–1237.

Chartered Institute of Personnel and Development. (2023). *Menopause in the workplace: Employee experiences in 2023*. Chartered Institute of Personnel and Development. https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/2023-pdfs/2023-menopause-report-8456.pdf.

Duncan, C., & Loretto, W. (2004). Never the right age? Gender and age-based discrimination in employment. *Gender, Work and Organization, 11*(1), 95–115.

Erikson, E. H. (1968). *Identity, youth and crisis*. W. W. Norton Company.

Fang, Y., Liu, F., Zhang, X., Chen, L., Liu, Y., Yang, L., Zheng, X., Liu, J., Li, K., & Li, Z. (2024). Mapping global prevalence of menopausal symptoms among middle-aged women: A systematic review and meta-analysis. *BMC Public Health, 24*(1767), 1–22.

Fox, J., & Mano, I. (2024). A duoethnography: Female academics' experiences of gendered health issues at the intersection of middlescence, ethnic origin, social and professional status in the neoliberal academy. *Journal of Organizational Ethnography, 13*(3), 333–351.

George, T. (1996). Women in a south Indian fishing village: Role identity, continuity, and the experience of menopause. *Health Care for Women International, 17*(4), 271–279.

Gibson, C. J., Ajmera, M., O'Sullivan, F., Shiozawa, A., Lozano-Ortega, G., Badillo, E., Venkataraman, M., & Mancuso, S. (2024). Epidemiology and clinical outcomes of vasomotor symptoms among perimenopausal women and women aged 65 years or older in the US: A systematic review. *Women & Health, 64*(9), 687–703.

Godfrey, J. M. (2024). *Having your cake but not eating it: The impact of menopause on the careers of women secondary school leaders in England [Doctoral dissertation, University of Bristol]*. University of Bristol Research Repository. https://research-information.bris.ac.uk/ws/portalfiles/portal/437914113/Dissertation_Final_JMG_Print.pdf.

Godin, K., Stapleton, J., Kirkpatrick, S. I., Hanning, R. M., & Leatherdale, S. T. (2015). Applying systematic review search methods to the grey literature: A case study examining guidelines for school-based breakfast programs in Canada. *Systematic Reviews, 4*, 138.

Gracia, C. R., & Freeman, E. W. (2018). Onset of the menopause transition: The earliest signs and symptoms. *Obstsrics and Gynecology Clinics of North America, 45*(4), 585–597.

Hardy, C., Thorne, E., Griffiths, A., & Hunter, M. S. (2018). Work outcomes in midlife women: The impact of menopause, work stress and working environment. *Women's Midlife Health, 4*(3), 1–8.

Jack, G., Riach, K., Bariola, E., Pitts, M., Schapper, J., & Sarrel, P. (2016). Menopause in the workplace: What employers should be doing. *Maturitas, 85*(2), 88–95.

Joanna Briggs Institute. (2020). *Critical appraisal checklist for qualitative research*. The Joanna Briggs Institute. https://jbi.global/sites/default/files/2020-08/Checklist_for_Qualitative_Research.pdf.

Kroger, J., Martinussen, M., & Marcia, J. E. (2010). Identity status change during adolescence and young adulthood: A meta-analysis. *Journal of Adolescence, 33*(5), 683–698.

Leslie, L. M., Manchester, C. F., Park, T.-Y., & Mehng, S. A. (2012). Flexible work practices: A source of career premiums or penalties? *Academy of Management Journal, 55*(6), 1407–1428.

Lockwood, C., Munn, Z., & Porritt, K. (2015). Qualitative research synthesis: Methodological guidance for systematic reviewers utilizing meta-aggregation. *International Journal of Evidence-Based Healthcare, 13*(3), 179–187.

Mallen, S., Coppola, J., Shaffer, N., Minkin, M. J., Ward, A., & Snow, S. (2025). I did not recognize myself: A mixed methods study to better understand the experiences of menopause in a US workplace. *Menopause, 32*(10).

Miscenko, D., & Day, D. V. (2016). Identity and identification at work. *Organizational Psychology Review, 6*(3), 215–247.

Nappi, R. E., Kroll, R., Siddiqui, E., Stoykova, B., Rea, C., Gemmen, E., & Schultz, N. M. (2021). Global cross-sectional survey of women with vasomotor symptoms associated with menopause: Prevalence and quality of life burden. *Menopause, 28*(8), 875–882.

O'Neill, M. T., Jones, V., & Reid, A. (2023). Impact of menopausal symptoms on work and careers: A cross-sectional study. *Occupational Medicine, 73*, 332–338.

Opayemi, O. O. (2025). Menopausal transition, uncertainty, and women's identity construction: Understanding the influence of menopause talk with peers and healthcare providers. *Communication Quarterly, 73*(2), 239–263.

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., … Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ, 372*(n71), 1–9.

Perls, F. S., Hefferline, R., & Goodman, P. (1951). *Gestalt therapy: Excitement and growth in the human personality*. Gestalt Journal Press.

Riach, K., Lee, M., & Mavromati, K. (2023). *Advancing menopause and menstrual health in organisations (AMMInO): A national study of employees in health and social care*. University of Glasgow.

Root, H. (2023). Words escape me: How working women experience cognitive menopause symptoms. *Journal of the National Institute for Career Education and Counselling, 51*(1), 79–92.

Ruiz Castro, M. (2012). Time demands and gender roles: The case of a big four firm in Mexico. *Gender, Work and Organization, 19*(5), 532–554.

Safwan, N., Saadedine, M., Shufelt, C. L., Kapoor, E., Kling, J. M., Chaudhry, R., & Faubion, S. S. (2024). Menopause in the workplace: Challenges, impact, and next steps. *Maturitas, 185*(107983), 1–5.

Smith, S. (2024). *The lived experience of menopause for nurses in their workplace [Masters thesis]*. Massey University. https://mro.massey.ac.nz/server/api/core/bitstreams/f2cb042f-9b88-4334-9ca0-117f928f7871/content.

Steffan, B. (2021). Managing menopause at work: The contradictory nature of identity talk. *Gender, Work and Organization, 28*, 195–214.

Steffan, B., & Loretto, W. (2025). Menopause, work and mid-life: Challenging the ideal worker stereotype. *Gender, Work and Organization, 32*(1), 116–131.

Steffan, B., & Potočnik, K. (2025). Responding to menopause at work as an identity threat: Resilience as resource for cognitive and emotional identity work. *British Journal of Management, 36*, 1–13.

Sveningsson, S., & Alvesson, M. (2003). Managing managerial identities: Organizational fragmentation, discourse and identity struggle. *Human Relations, 56*(10), 1163–1193.

The Menopause Hub. (2023). Menopause in the workplace. https://www.themenopausehub.ie/menopause-blog/2022/1/1/menopause-in-the-workplace.

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology, 8*, 45.

Thurston, R. C., Thomas, H. N., Castle, A. J., & Gibson, C. J. (2025). Menopause as a biological and psychological transition. *Nature Reviews Psychology, 4*(8), 530–543.

Vickerstaff, S., & van der Horst, M. (2021). The impact of age stereotypes and age norms on employees' retirement choices: A neglected aspect of research on extended working lives. *Frontiers in Sociology, 6*, 1–8.

Vickerstaff, S., & van der Horst, M. (2022). Embodied ageism: "I don't know if you do get to an age where you're too old to learn". *Journal of Aging Studies, 62*(101054), 1–8.

Whiley, L. A., Wright, A., Stutterheim, S. E., & Grandy, G. (2023). "A part of being a woman, really": Menopause at work as "dirty" femininity. *Gender, Work and Organization, 30*(3), 897–916.