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Workplace Identity, Menopause and Experiential Narratives (WIMEN)

Thesis presented by

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for the degree of

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University College Cork

School of Applied Psychology

Supervisor(s): Prof Samantha Dockray, Dr Maria Dempsey and Dr Sarah Foley

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Declaration

This is to certify that the work I am submitting is my own and has not been submitted for another degree, either at University College Cork or elsewhere. All external references and sources are clearly acknowledged and identified within the contents. I have read and understood the regulations of University College Cork concerning plagiarism and intellectual property.

Signed: 

Date: 27th April 2026





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Please note that Acknowledgments are unavailable due to a request by the author.

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Glossary of Key Terms

Term	Definition
Perimenopause	The transitional phase prior to menopause during which hormonal changes occur and menstrual cycles become irregular.
Menopause	The single point in time defined retrospectively after 12 consecutive months without a menstrual period.
Post-menopause	The life stage following menopause, beginning 12 months after the final menstrual period and continuing for the remainder of a woman's life.
Menopausal Transition	A broader term encompassing perimenopause, menopause, and post-menopause.
Workplace Identity	Refers to the way in which individuals understand themselves in relation to their occupational roles and experiences within the workplace. *Note: This term is used interchangeably with professional identity throughout the thesis.*

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Abstract

The menopausal transition typically occurs during midlife, a period during which many women remain actively engaged in professional roles. Although research on menopause in the workplace has increased in recent years, much of the existing literature has focused primarily on symptom management and productivity outcomes, with comparatively limited attention to the psychological processes through which menopausal experiences intersect with workplace identity. This thesis aimed to explore how the menopausal transition shapes women's workplace identities and how these identities are negotiated within everyday working life.

The thesis comprised of two complementary qualitative studies. The first study was a systematic review, which thematically synthesised existing evidence on how the menopausal transition shapes women's workplace identities. Across the nine studies included in the review, menopausal symptoms were identified as destabilising to women's professional selves, disrupting previously stable experiences of competence and credibility at work. Women engaged in strategies such as concealment, resilience, or selective disclosure in order to maintain professional functioning. The review also identified how cultural and structural contexts shape identity work, and identified significant limitations within the literature, particularly a lack of research examining how these identity processes unfold within the context of everyday working life.

The second study addressed this gap using Interpretative Phenomenological Analysis to explore how women made sense of menopausal experiences in everyday working life and how these experiences shaped workplace identity. Participants documented and reflected on their experiences of menopause in the context of work through structured reflective diaries completed over a four-week period, allowing experiential narratives to be captured as workplace experiences unfolded over time. This

provided insight into how embodied changes, workplace expectations, and relational dynamics interact within everyday professional contexts, shaping how women interpreted their competence and professional selves. The analysis suggests that menopause functions as an identity-relevant developmental transition in which embodied disruption prompts processes of identity tension, renegotiation, and maintenance within professional contexts.

Drawing together insights from both studies, the thesis proposes a conceptual framework illustrating how menopausal identity disruption emerges through the interaction of embodied changes, organisational expectations surrounding professional performance, and relational recognition within workplace environments. Conceptually, the research advances menopause at work literature by positioning menopause as a psychological, relational, and organisational phenomenon rather than solely a biomedical or productivity-related issue. Methodologically, the use of structured reflective diaries enabled identity processes to be examined as they unfolded within everyday working life. The findings also highlight important implications for clinical psychology and organisational practice, emphasising the importance of recognising how menopausal experiences intersect with professional identity, belonging, and meaning making within workplace contexts.

Chapter One: Introduction

Background Literature

The Menopausal Transition

The menopausal transition represents a significant life stage characterised by interacting biological, psychological, and social changes (Thurston et al., 2025). The menopausal transition is a gradual process, consisting of three stages: perimenopause, menopause, and post-menopause (Cleveland Clinic, 2024). Perimenopause is characterised by fluctuating hormone levels and is typically marked by the onset of irregular menstrual periods and vasomotor symptoms, such as hot flushes and night sweats (Gracia & Freeman, 2018). While prevalence rates and symptom severity vary, it is estimated that between 46% and 80% of women experience vasomotor symptoms (Gibson et al., 2024; Nappi et al. 2021). In addition to vasomotor symptoms, women may also experience fatigue, disrupted sleep, cognitive changes and shifts in mood (Fang et al., 2024; Gracia & Freeman, 2018; Thurston et al., 2025). Although considerable variation exists in the age of onset of perimenopausal symptoms, it typically occurs between 45 and 55 years of age, and this stage of the menopausal transition may last between five and ten years (National Institute of Aging, 2024). Menopause, by comparison, refers to a single point in time defined retrospectively as 12 consecutive months following a woman's final menstrual period (Gracia & Freeman, 2018; National Institute of Aging, 2024). Women subsequently enter the post-menopausal stage of the transition, which lasts for the remainder of their life (Cleveland Clinic, 2024).

While the menopausal transition is often understood primarily in terms of biological changes, these changes occur within broader psychological and sociocultural contexts (Atkinson et al., 2025; Throsby & Roberts, 2024; Whelan et al., 2026). Conceptualising menopause as a biopsychosocial transition therefore requires attention

not only to physiological processes but also to the psychological experiences and sociocultural environments within which the transition occurs.

However, much of the existing literature continues to privilege biomedical framings of menopause, often positioning symptoms primarily as individual health concerns rather than experiences embedded within broader social and organisational contexts. For many women, perimenopausal symptoms commence at a time in their life where they may be experiencing multiple demands in their personal and professional lives (Riach et al., 2023). Transition theory provides a useful scaffolding framework for understanding such periods of change. Meleis (2010) conceptualises transitions as processes that occur when individuals move from one state or life phase to another, often involving disruption to established roles, uncertainty, and processes of adaptation and adjustment within changing personal and social contexts.

Although menopause is widely recognised as a significant life stage associated with a range of psychosocial experiences, discussions have rarely been situated within psychological theories of identity development. Viewing menopause as a life transition therefore raises important questions about how women's sense of self may be shaped, challenged, or renegotiated during this period. These questions connect with broader psychological work examining how identity develops and evolves across the lifespan.

Identity Development Across the Lifespan

Identity has long been conceptualised as a dynamic and central process in human development. Erikson (1968) described identity formation during adolescence as the development of a coherent sense of self that emerges through a gradual process of ego growth. During this process, childhood identifications are evaluated, reorganised, and selectively integrated to produce a new sense of self shaped by personal experience and by the ways individuals are recognised within their social context (Erikson, 1968; Kroger

et al., 2010). Although adolescence is typically emphasised as a key period for identity formation, Erikson's broader framework situates identity development within a lifespan perspective in which identity continues to evolve in relation to changing roles and experiences.

Reviews of identity research highlight the considerable body of work examining identity development during adolescence and early adulthood, reflecting the longstanding emphasis placed on these life stages within psychological models of identity development (Kroger et al., 2010). While identity processes associated with later life transitions have received less empirical attention, recent research suggests that many individuals reach a more integrated sense of identity across life domains later in life and that processes of exploration and commitment continue to evolve across the life course (Branje et al., 2021; Maehler & Hernández-Torrano, 2025). These findings suggest that midlife transitions may represent important contexts in which identity renegotiations occur.

To understand how identity may be renegotiated during midlife transitions, Identity Process Theory proposes that individuals negotiate new experiences through processes of identity assimilation and accommodation (Whitbourne et al., 2002). Identity assimilation refers to efforts to maintain a sense of self-consistency by interpreting new experiences through existing identity structures, whereas identity accommodation involves changing aspects of the self when experiences become discrepant from existing identity understandings (Whitbourne et al., 2002). Identity can be understood as a broad biopsychosocial self-definition that includes domains such as relationships, occupation, and social roles (Whitbourne et al., 2002).

Sociological perspectives similarly emphasise that identity is shaped within social contexts, where individuals engage in ongoing identity work as they construct and reconstruct their sense of self (Alvesson & Willmott, 2002). Within this context,

menopause may represent a significant yet under-theorised developmental transition. As a life stage involving bodily change, shifting social expectations, and evolving personal and professional roles, menopause may prompt women to renegotiate aspects of their identity and sense of self. As identity is shaped through social roles and recognition from others, the workplace represents a particularly important context in which identity is enacted, evaluated, and sustained.

Identity at Work

Work represents an important domain through which identity is constructed and sustained across adulthood. Beyond its economic function, work provides opportunities for individuals to develop meaning, competence, and social recognition, making occupational roles a central component of how people understand themselves and are recognised by others (Ashforth & Schinoff, 2016). Professional or workplace identity broadly refers to the ways in which individuals understand themselves in relation to their occupational roles (Gecas, 1982; Miscenko & Day, 2016). These meanings may be grounded in personal characteristics, social roles, or group memberships associated with occupational life (Ashforth, 2000). In essence, professional identity reflects how individuals interpret and enact their work roles, including how they evaluate their competence, credibility, and legitimacy within organisational contexts (Alvesson et al., 2008; Brown, 2022).

Professional identities are not solely internal self-definitions but are constructed and negotiated through ongoing interaction with social and organisational environments (Alvesson et al., 2008; Ashforth & Schinoff, 2016). As such, professional identity is continually shaped through interactions with others in the workplace, where colleagues, managers, and organisational structures influence how competence and legitimacy are recognised. Within workplace contexts, individuals seek recognition from colleagues and

managers as competent and legitimate members of their professional community. Professional identity is therefore continually enacted and evaluated through everyday workplace interactions, where expectations regarding productivity, reliability, and professional conduct shape how individuals come to understand what it means to perform their role effectively (Brown, 2022). In this sense, work identity reflects a dynamic relationship between individuals and their occupational environments, in which identities both influence and are shaped by workplace experiences (Miscenko & Day, 2016).

These processes are often discussed through the aforementioned notion of identity work, referring to the ongoing efforts through which individuals form, sustain, and repair a coherent sense of self within organisational contexts (Alvesson & Willmott, 2002). Identity work may involve managing self-presentation, adapting behaviour to align with organisational expectations, and responding to experiences that challenge one's sense of competence or professional legitimacy (Alvesson & Willmott, 2002; Brown, 2022). Through these processes, individuals attempt to maintain continuity between their internal sense of self and the identities recognised within their professional environment, often constructing narratives that help them interpret workplace experiences and integrate them into their broader sense of professional self.

A key feature of work identity concerns the motives individuals hold to construct and maintain valued aspects of their professional selves. Identity construction is understood to be guided by a range of identity-related motives that shape how individuals define and enact who they are within the workplace (Ashforth & Schinoff, 2016). These motives include self-verification, referring to the desire for one's self-views to be confirmed by others; self-coherence, reflecting the need to maintain a stable and internally consistent sense of self; self-continuity, referring to the desire to experience a

sense of consistency in identity over time; and self-efficacy, reflecting a desire to feel competent and capable in their role (Ashforth & Schinoff, 2016).

As professional identity is closely linked to perceptions of competence and credibility, workplace experiences that disrupt an individual's perceived ability to perform effectively may be experienced as a threat to identity. Situations that raise doubts about one's reliability, capability, or legitimacy can prompt individuals to reflect on how they are perceived by others and whether they continue to meet the expectations associated with their professional role (Brown, 2022; Miscenko & Day, 2016). In response, individuals may engage in identity work to protect, reinterpret, or renegotiate aspects of their professional identity in order to maintain a coherent sense of self (Brown, 2022; Miscenko & Day, 2016).

Understanding professional identity as a socially negotiated and continually evaluated process provides an important framework for examining how life transitions may intersect with workplace experiences. In contexts where bodily or psychological changes influence individuals perceived ability to perform at work, these experiences may extend beyond practical challenges to involve deeper questions about competence, legitimacy, and professional self-understanding.

The Body at Work

While professional identity is often discussed in terms of competence, credibility, and role expectations, these processes are also shaped by assumptions about workers physical bodies. For example, organisational research has long noted that workplace norms frequently rely on implicit assumptions about workers whose bodies are stable, predictable, and capable of sustaining consistent productivity (Acker, 1990; 2006). These assumptions reflect the ideal worker norm, which refers to an employee characterised by uninterrupted availability, continuous productivity, and minimal interference from bodily

or personal demands (Acker, 1990; 2006; Grandey et al., 2020). Within many organisational contexts, workers are implicitly expected to perform as though their bodies remain largely invisible and static within professional life.

From an embodiment perspective, however, work is always performed through bodies that are shaped by biological processes, emotional states, and social experiences. Embodiment theory highlights how organisational life often privileges the appearance of disembodied workers whose bodily needs and fluctuations remain hidden from view (Atkinson et al., 2021; Trethewey, 1999). This implicit disembodiment means that certain bodily experiences may become more visible or problematic within professional contexts when they disrupt expectations of control, composure, or professionalism (Trethewey, 1999).

When bodily experiences disrupt organisational expectations of stability and control, the body can become more visible within organisational life, exposing tensions between lived bodily experience and ideal worker norms (Acker, 1990; Trethewey, 1999). These dynamics are further influenced by gendered norms surrounding aging. In many workplace contexts, women's aging bodies may be subject to greater scrutiny and reduced tolerance for deviation from expected standards, a concept referred to as gendered ageism (Duncan & Loretto, 2004). Recent work has further highlighted how menopausal experiences intersect with gendered and age-related workplace expectations, shaping how women's bodies are perceived and evaluated within organisational settings (Riach & Jack, 2021). These disruptions can challenge assumptions about which bodies most easily conform to organisational expectations and may require individuals to manage how their bodies are perceived within professional contexts.

The menopausal transition represents one such embodied change that may challenge expectations of stability and control within workplace contexts. Symptoms

associated with the menopausal transition, including hot flushes, sleep disruption, fatigue, and cognitive changes, may be difficult to conceal within workplace environments that prioritise consistent performance and emotional control (Atkinson et al., 2021; Riach et al., 2023). Recent work has highlighted that menopause at work can be understood as an intersectional experience shaped by overlapping dynamics of gender, age, health, and employment conditions, which structure how menopausal experiences are understood and responded to within organisational contexts (Riach & Jack, 2021). As a result, menopausal experiences may draw attention to the embodied nature of work in ways that conflict with organisational expectations of the ideal worker. In doing so, menopause may expose the extent to which organisational norms implicitly privilege bodies that appear stable, controlled, and unaffected by physiological change. Studies examining menopause at work have highlighted how women may feel pressure to manage or conceal symptoms in order to maintain perceptions of competence and professionalism (Steffan & Loretto, 2025).

These tensions between embodied experiences and workplace expectations are reflected in a growing body of research examining menopause at work. Menopausal symptoms can influence women's working lives in multiple ways, affecting both day-to-day work functioning and longer-term employment decisions, including adjustments to work patterns, reduced hours, or leaving employment altogether (Evandrou et al., 2021; O'Neill et al., 2023; Safwan et al., 2024). Workplace conditions may further shape these experiences, as factors such as inflexible schedules, physically demanding roles, limited managerial support, and persistent stigma can intensify the challenges associated with menopausal symptoms (Atkinson et al., 2020; Jack et al., 2016; Riach et al., 2023; Safwan et al., 2024).

However, much of the existing literature has tended to frame menopause at work primarily in terms of productivity, absenteeism, or labour market participation. While these perspectives highlight important organisational implications, they offer more limited insight into how women make sense of these experiences in relation to their professional identities, including how embodied changes may intersect with expectations surrounding competence, reliability, and credibility within the workplace.

Understanding menopause as an embodied workplace experience therefore highlights the importance of examining how organisational norms shape the ways menopausal experiences are interpreted and managed within professional contexts. These tensions between embodied change and workplace expectations may have important implications for how women understand themselves as workers and how their professional identities are negotiated during the menopausal transition.

Integrating Menopause, Identity and Work

Taken together, the preceding sections suggest that the menopausal transition represents an important, yet under-examined, context in which identity processes unfold within working life. Menopause involves significant bodily, psychological, and sociocultural changes occurring at a stage of life when many women remain actively engaged in paid employment. As such, menopausal experiences do not occur in isolation but within social and organisational environments that shape how these changes are interpreted and managed.

Identity theories emphasise that individuals continuously negotiate their sense of self in response to new experiences and changing life circumstances (Whitbourne et al., 2002; Erikson, 1968). Within workplace contexts, these processes are particularly salient because professional identity is closely linked to perceptions of competence and credibility (Brown, 2022). At the same time, organisational research highlights how

workplace norms often privilege workers whose bodies appear stable, predictable, and unaffected by physiological change (Acker, 1990; Atkinson et al., 2021).

These perspectives highlight tensions between embodied experiences and organisational expectations. Bodily changes associated with menopause may disrupt assumptions about consistent productivity and reliability, potentially raising concerns about competence, credibility, or professional recognition within the workplace. These tensions may therefore extend beyond practical challenges associated with symptom management to involve broader questions about professional identity and how women understand themselves as workers during the menopausal transition.

Understanding menopause as a transition occurring at the intersection of identity development, embodied experience, and organisational norms highlights the importance of examining how women interpret and negotiate these experiences within workplace contexts. This perspective provides a conceptual foundation for exploring how menopausal experiences may shape and reshape professional identity within everyday working life.

Identified Gap

Although research exists on menopause in the workplace, identity development across the lifespan, and professional identity within organisations, these bodies of literature have largely developed in parallel, rather than in conversation, with one another. Research examining menopause at work has tended to focus on symptom prevalence, productivity, sickness absence, or organisational policy responses. While these approaches have generated valuable insights into how menopausal symptoms may affect work functioning, they often frame menopause primarily as a biomedical issue concerned with performance, absence, or workplace accommodation, with women responsible for management of menopausal symptoms.

In contrast, psychological research on identity has traditionally focused on developmental processes occurring during adolescence and early adulthood, with less attention to identity processes associated with later-life transitions (Kroger et al., 2010). Although identity theories emphasise that the self continues to evolve across adulthood, empirical work examining identity renegotiation during midlife transitions such as menopause remains limited.

Research on professional identity within organisational contexts has similarly examined how individuals construct and maintain professional selves within workplaces, often focusing on issues such as legitimacy, competence, and recognition (Alvesson et al., 2008; Brown, 2022). However, this literature rarely considers how embodied life transitions, including menopause, may intersect with these identity processes.

When reviewed together, these areas in existing literature reveal a conceptual disconnect. While menopause research often examines symptoms and workplace outcomes, identity research rarely considers menopause as a context in which identity renegotiation may occur, and organisational studies of professional identity seldom address how embodied life transitions may shape workers' experiences of competence, legitimacy, and belonging.

Relatively little research has examined how menopausal experiences may shape professional identity within the context of everyday working life. Addressing this gap requires research that brings together perspectives from menopause research, identity theory, and organisational norms literature to explore how menopausal experiences are interpreted and negotiated within workplace contexts.

Relevance to Clinical Psychology

Clinical psychology frequently engages with experiences of identity disruption and life transitions, supporting individuals as they make sense of changes in their roles,

bodies, and sense of self across the lifespan. From this perspective, menopause represents not only a physiological transition but also a potentially significant psychological and identity-relevant experience that may intersect with broader questions of self-concept, competence, and meaning within everyday life. With this in mind, supporting women through the menopausal transition falls squarely within the scope of clinical psychological understanding and practice.

Experiences associated with the menopausal transition, including shifts in confidence, perceived competence, and self-recognition, may have implications for psychological wellbeing and adjustment. For women navigating menopause while remaining actively engaged in paid employment, these experiences may intersect with workplace expectations and professional identity in ways that influence how they understand themselves as workers and professionals.

Understanding menopause through an identity lens may therefore contribute to psychological formulation by highlighting how bodily change, workplace expectations, and social meanings intersect to shape women's experiences during this transition. Clinical psychologists may encounter women experiencing distress related not only to physical symptoms but also to changes in confidence, professional identity, or perceived legitimacy within workplace environments. Recognising these dynamics may support more nuanced formulation and validation of women's experiences.

It is possible that considering menopause as developmental, identity-relevant transition that occurs within social and organisational contexts may also inform broader psychological approaches to supporting wellbeing during midlife transitions. In addition to individual therapeutic work focused on meaning making, identity reconstruction, and adjustment processes, psychological perspectives may also contribute to discussions

about workplace wellbeing and the psychological implications of organisational environments for women navigating the menopausal transition.

Thesis Overview

In response to the conceptual gaps identified above, this thesis examines how menopausal experiences intersect with professional identity within workplace contexts. In doing so, it brings together previously disconnected strands of research on menopause, identity development, and work, with the aim of consolidating existing knowledge while extending understanding of how these processes shape women's workplace identity during the menopausal transition.

Chapter Two presents a systematic review of qualitative literature examining menopause and workplace identity. Through a conceptual mapping and synthesis of existing research, this review explores how menopausal experiences have been understood within workplace contexts and identifies key themes and gaps within the current evidence base.

Building on insights from this review, Chapter Three presents an empirical study, which explores women's lived experiences of navigating the menopausal transition within everyday working life using a longitudinal diary methodology. This methodological approach captured women's reflections as experiences unfolded over time, enabling exploration of how menopausal experiences are interpreted and integrated into professional identity within the temporal flow of everyday working life.

Finally, Chapter Four integrates findings from both studies to discuss the broader conceptual, methodological, and practical implications of this research, highlighting how menopausal experiences intersect with professional identity within organisational contexts and identifying directions for future research and practice.

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Chapter Two: Systematic Review

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

Prepared in accordance with submission guidelines of *SSM - Qualitative Research in Health* (Appendix A).

This review has been accepted for publication in SSM – Qualitative Research in Health as of April 2026.

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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.

Keywords

Menopause; Workplace Identity; Professional Identity; Employment; Thematic Synthesis.

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 46-80% 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 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 at 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?

Methods

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].

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. Full search strategy is available in Appendix B.

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 (Appendix C).

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 hand-searched, but no eligible data were identified. Finally, the reference lists of included articles were screened. This process did not yield any further studies.

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.

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.

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.

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.

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.

Table 2

Data extraction

Author(s), year, study location	Population	Study aim	Scope of relevance	Design and methods	Findings	Illustrative quotes[1]
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 reported. Menopause provided more time and freedom for business, contrasting with Western “deficiency disease” narratives.	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 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 declining confidence, and faced disrupted WPI. Strong focus on impact of weight and perceived ageism on WPI.	"[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 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…"

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

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.

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 (Appendix D).

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.

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.

Results

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 (Figure 1).

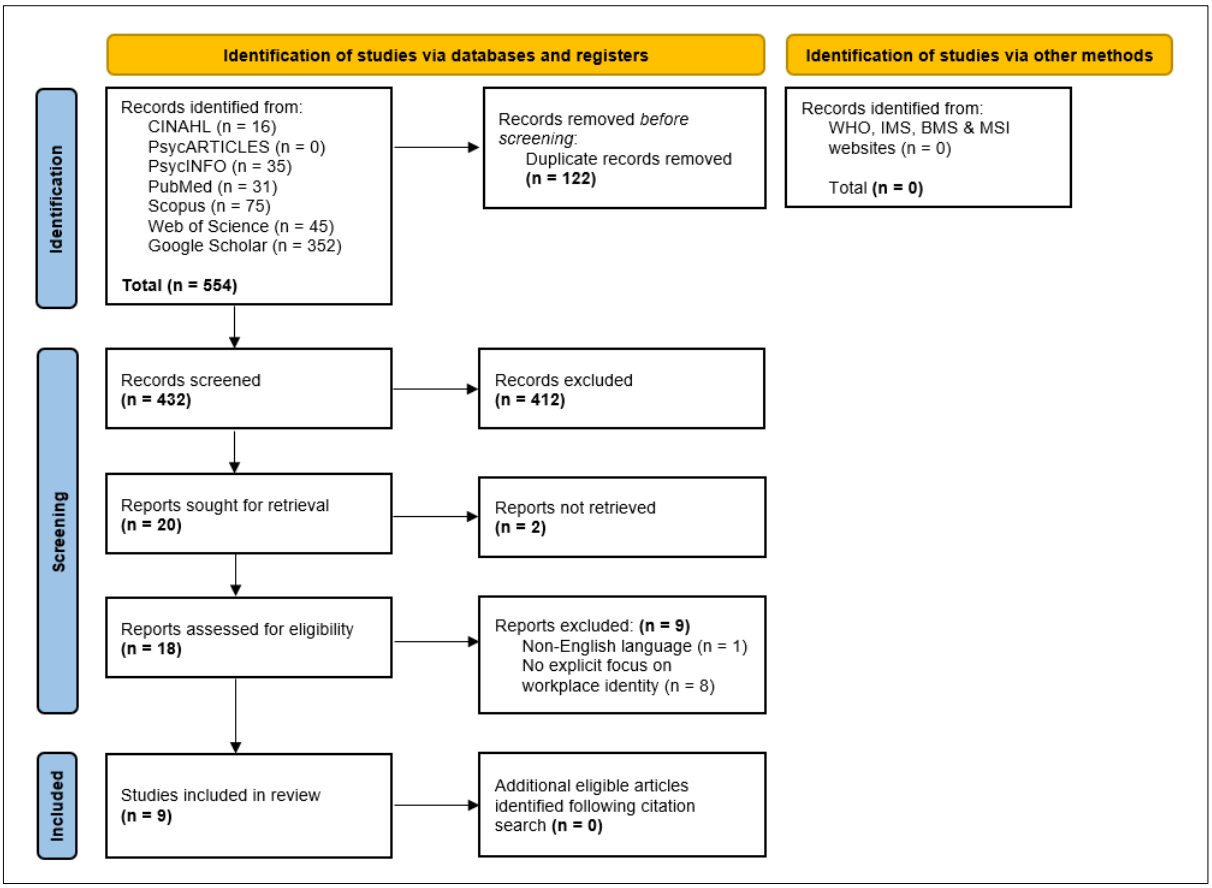


Fig. 1. *PRISMA 2020 Flow Diagram for New Systematic Reviews, which Included Searches of Databases, Registers, and Other Sources.*

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 - 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, 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.

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.

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

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.

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.

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 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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

Primary researcher: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration; Visualization; Writing - original draft; Writing - review & editing.

Co-author 1: Conceptualization; Methodology; Supervision; Validation; Writing - review & editing.

Co-author 2: Conceptualization; Methodology; Supervision; Validation; Writing - review & editing.

Co-author 3: Conceptualization; Methodology; Supervision; Validation; Writing - review & editing.

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.

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.

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Chapter Three: Empirical Study

Title: Workplace Identity, Menopause and Experiential Narratives (WIMEN)

Prepared using Chicago Referencing Style, in accordance with submission guidelines of *Qualitative Research in Psychology* (Appendix E).

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Abstract

The menopausal transition can shape women's experiences at work in complex ways, yet little research has examined how these experiences influence professional identity as they unfold in everyday working life. This study explored how women experiencing menopause made sense of workplace experiences and how these experiences shaped their sense of themselves as professionals. Nine nurses completed structured reflective diaries over four weeks. Data were analysed using Interpretative Phenomenological Analysis. Menopausal changes were experienced as embodied disruptions to previously reliable ways of functioning at work, prompting heightened self-monitoring and moments of doubt about competence and professional capability. At the same time, participants actively worked to preserve valued identities as competent professionals, often drawing on recognition from colleagues, managers and patients to stabilise their sense of self. For some women, these experiences also prompted reflection on the sustainability of their roles and the future direction of their working lives. The findings highlight menopause as a dynamic, embodied and relational identity process within organisational contexts and underscore the importance of psychological perspectives that attend to identity, meaning making and workplace context when supporting women during the menopausal transition.

Keywords

Menopause; Professional Identity; Workplace Experiences; Interpretative Phenomenological Analysis; Embodiment.

Introduction

The menopausal transition represents a significant life stage characterised by interacting biological, psychological and social changes (Gracia and Freeman 2018). Experiences vary widely in terms of symptoms, symptom severity, age of onset and duration of the transition (Fang et al. 2024; Gibson et al. 2024; Hirschberg et al. 2025; Nappi et al. 2021; National Institute on Aging 2024). As this transition often occurs while women remain actively engaged in paid employment, menopause can shape not only physical wellbeing but also women's experiences of work and how they understand themselves within their professional roles. This study therefore considers menopause as an embodied and psychosocial transition situated within working life, with particular attention to its implications for workplace participation and professional identity.

Within workplace contexts, menopausal symptoms can negatively impact women's working lives, both in terms of daily work functioning and longer-term career trajectories. A cross-sectional survey of hospital employees in Ireland found that menopausal symptoms affected several aspects of women's working lives, including work performance, sickness-related absence, and employment decisions such as changing roles, altering work patterns or leaving employment entirely (O'Neill, Jones and Reid 2023). Longitudinal evidence from the UK National Child Development Study similarly suggests that women experiencing severe menopausal symptoms may be more likely to reduce their working hours or transition out of employment (Evandrou et al. 2021). Comparable patterns have been observed internationally, where menopausal symptoms have been linked to challenges such as increased absenteeism, as well as decisions relating to career progression or leaving the workforce (Safwan et al. 2024). Such changes may also carry financial consequences for women, as reducing working

hours or leaving employment can result in lost income and missed opportunities for career progression (Brewis et al. 2017).

Workplace conditions may also shape how menopausal symptoms are experienced and managed. Riach, Lee and Mavromati (2023) found that aspects of work organisation, including workload and limited opportunities for breaks, could restrict women's ability to manage symptoms during the working day. Physical working environments may also exacerbate symptoms, with women reporting factors such as warm workplace temperatures or the need to wear personal protective equipment intensified experiences such as hot flushes. The impact of symptoms may also vary across roles, with women in positions such as nursing and midwifery reporting greater disruption to their work compared to other occupational roles within the health services sectors (Riach, Lee and Mavromati 2023).

Work represents an important domain through which individuals construct meaning, competence, and a sense of self (Ashforth and Schinoff 2016). Professional identity encompasses how individuals understand themselves in relation to their occupational roles and how they are recognised within organisational contexts (Alvesson, Ashcraft and Thomas 2008; Brown 2022). Because work is closely tied to individual's sense of competence, legitimacy, and social recognition, experiences that challenge one's ability to perform effectively at work may also challenge how they see themselves in their professional roles. When individuals encounter such experiences, they may engage in identity work, which are ongoing efforts to maintain, repair, or renegotiate a coherent sense of self within their professional roles (Alvesson and Willmott 2002). Understanding these processes is important as professional identity shapes how individuals interpret workplace challenges and maintain a sense of competence and legitimacy in their roles

(Brown 2022). It can also influence how individuals respond behaviourally to work-related experiences (Miscenko and Day 2016).

However, professional identities are not constructed in isolation. They develop within organisational contexts that shape expectations about what it means to perform effectively and be recognised as a competent worker. Organisational research has highlighted how many workplaces remain structured around the ideal worker norm, conceptualised as an employee who can prioritise work over domestic responsibilities and remain unburdened by bodily constraints, enabling them to maintain consistent reliability and productivity (Acker 1990, 2006; Grandey, Gabriel and King 2020). These expectations privilege workers who can maintain uninterrupted performance and minimise visible disruptions to their capacity to work. The ideal worker norm has frequently been conceptualised as a gendered organisational expectation, often described as a masculine ideal of unlimited work devotion (Blair-Loy 2003; Müller and Chung 2025; Williams, Blair-Loy and Berdahl 2013).

These gendered expectations are also implicitly embodied. The ideal worker norm assumes bodies that are stable, predictable, and capable of sustaining continuous productivity, and relies on the assumption of worker whose bodily processes remain largely invisible within professional contexts (Acker 1990, 2006; Atkinson, Carmichael and Duberley 2021). Menopause challenges these assumptions because it involves bodily changes that may become difficult to conceal in professional contexts. Symptoms such as fatigue, sleep disruption, cognitive changes and hot flushes can shape women's experiences of work and their perceived ability to function effectively in their roles (Atkinson, Carmichael and Duberley 2021). In this way, menopause draws attention to the embodied nature of workers and highlights how organisational norms are structured around particular assumptions about which bodies can most easily conform to workplace

expectations (Riach and Jack 2021). These dynamics illustrate how menopause can expose tensions between embodied experiences and the expectations associated with the ideal worker (Steffan and Loretto 2025).

A recent systematic review (Wall et al. forthcoming) highlighted that the menopausal transition can destabilise women's workplace identities in psychologically significant ways. Across all studies, menopausal symptoms were experienced as disrupting previously held professional confidence and credibility. Women engaged in strategies such as concealment or selective disclosure, or relied on personal resilience, to remain engaged in professional roles (Bodza, Morrey and Hogan 2019; Godfrey 2024; Smith 2024; Steffan and Potočnik, 2025). However, while these strategies enabled continued participation in the short term, they often involved considerable emotional and psychological effort, which may be difficult for women to sustain over time. These experiences were further influenced by organisational cultures, gendered ageism, and broader structural inequalities (Fox and Mano 2024; George 1996; Root 2023; Steffan 2021), requiring women to continually renegotiate their professional identities.

The review was limited by the available evidence, which predominantly represented white, professional, and middle-class women, leaving the perspectives of those in manual, hazardous, or ethnically diverse roles underexplored. Additionally, existing studies have largely relied on methodological approaches that capture women's experiences at a single point in time, such as interviews, surveys or single collections of written accounts. While these approaches provide valuable insight into how women interpret and narrate their experiences, they tend to reflect accounts which have already been partially integrated into broader understandings of work and identity.

Consequently, less is known about how women make sense of menopausal experiences within the context of their daily working lives, and how bodily changes,

workplace expectations and professional identities are negotiated within these everyday contexts. Approaches that capture experiences closer to the moment at which they occur may offer richer insight into how professional identities are challenged, maintained, or renegotiated during the menopausal transition.

In response to this gap, this study sought to explore how women experiencing the menopausal transition make sense of their workplace experiences and how these experiences shape their professional identities.

Methods

Design

A qualitative research design was adopted to explore how the menopausal transition was experienced in relation to women's sense of self in the workplace. Data were generated through online structured reflective diaries, which enabled participants to record weekly experiences and reflections over a four-week period. Diary methods enable rich first-person accounts to be documented closer to when experiences occur, supporting exploration of temporal change and ongoing meaning making, and facilitating the documentation of personal or emotionally sensitive experiences that may be more difficult to capture through retrospective approaches (Bolger, Davis and Rafaeli 2003; Stephens, Ottrey and Matthews 2026).

Recruitment

Eligibility for participation was open to women experiencing perimenopause or menopause, or who were post-menopausal, who were working in a non-desk based role in Ireland and could read and write in English. A multi-channel recruitment strategy was employed, with study information circulated through workplaces, professional organisations, social media and community notice boards (Appendix F). Snowball

recruitment was encouraged, whereby individuals were invited to share study information with others who may have been interested in taking part (Tenzek 2017).

Interested individuals first completed a short screening questionnaire to determine eligibility. Eligible individuals were subsequently invited to attend a brief onboarding call with the lead researcher. The purpose of this call was to introduce the study, ensure individuals understood what participation would entail, and provide an opportunity to ask questions before deciding whether to partake in the study. Individuals who wished to continue were provided with a participant information leaflet (Appendix G) and link to a consent form (Appendix H), with consent required prior to accessing the online diary.

Twenty-three women met eligibility criteria and were invited to an onboarding call. Eleven women attended the call and provided consent to participate in the study. Two participants subsequently withdrew from the study prior to completing diary entries due to personal circumstances. The final sample consisted of nine participants, all of whom worked in nursing roles.

Data Collection

Diary entries were collected using Qualtrics, a secure online platform (Qualtrics 2025). Participants received a personalised link to their diary each week via email from the lead researcher. The diary consisted of the same set of open-ended prompts each week, enabling participants to reflect on their experiences over the course of the four-week data collection period. Prompts invited participants to reflect on bodily experiences, moments of feeling like or unlike themselves at work, experiences related to age, performance, or workplace expectations, and any other experiences that stood out during the week. The full set of prompts is available in Appendix I. At the end of each diary submission, participants received an automated message reminding them they could contact the lead

researcher and providing information about relevant support services should they wish to access additional support.

After the second diary entry, participants were offered an optional mid-point check-in with the lead researcher to discuss how the process was going and address any questions. Following completion of the final diary entry, all participants were invited to take part in a debrief conversation to reflect on their experience of the study and to provide an opportunity to discuss any issues arising from participation. Four participants availed of the debrief.

Eight participants completed all four weeks of diary entries, while one participant contributed entries for three weeks.

Data Analysis

Data were analysed using Interpretative Phenomenological Analysis (IPA) as outlined by Smith, Flowers and Larkin (2022). IPA seeks to explore how individuals make sense of their lived experiences through an interpretative process and is theoretically underpinned by phenomenology, hermeneutics, and idiography (Smith, Flowers and Larkin 2022).

Analysis followed the iterative analytic process described by Smith, Flowers and Larkin (2022). Diary entries were exported from Qualtrics and organised in Microsoft Excel to facilitate systematic engagement with the data. Analysis was conducted on a case-by-case basis. For each participant, diary entries were read and re-read to support familiarisation with the data. Initial exploratory notes were then recorded, capturing descriptive and conceptual observations about the text.

From these notes, experiential statements were developed to summarise key elements of participants experiences. A separate column was also used to record reflexive notes and analytic reflections arising during the analytic process. Examples of these

analytic stages are provided in Appendix J. Given the longitudinal diary design, analytic engagement involved consideration of both individual entries and the evolving narrative across the four-week diary period.

Experiential statements were subsequently examined for patterns and connections, leading to the development of Personal Experiential Themes (PETs) for each participant (Appendix K). Early stages of analysis were shared and discussed with the research team to support reflexive engagement with the data and the developing interpretations.

Pen portraits were constructed for each participant. While not a standard analytic step within IPA, pen portraits were used as a pragmatic strategy to summarise each participant's diary accounts, bringing together key aspects of their experiences into a coherent account of their trajectory. This approach helps preserve the integrity of individual cases by reassembling participants experiences into a holistic narrative following detailed analytic work (Blundell and Oakley 2024; Sheard and Marsh 2019; Sheard et al. 2017).

Following completion of idiographic analysis for each participant, themes were examined across cases to identify patterns of convergence and divergence. Through this process, Group Experiential Themes (GETs) were developed (Appendix L).

Reflexivity

The lead researcher is a female trainee clinical psychologist with an interest in women's health, identity, and workplace experiences. While not experiencing menopause herself, the researcher lives with a hormonal condition and was aware that this may have shaped her sensitivity to participants accounts of bodily disruption. The researcher was also mindful that having a close family member working as a nurse may have contributed to a degree of familiarity with healthcare work environments. Reflexive awareness was

actively maintained throughout the analytic process through the use of reflexive notes recorded alongside analytic observations, as well as through ongoing research supervision, in order to support critical reflection on how these positional factors might influence interpretation.

The researcher was also mindful of the potential influence of her clinical training during interactions with participants. During onboarding calls and optional check-in or debriefing sessions, participants often shared personal and emotionally meaningful experiences. The researcher was aware of the tension between responding in a supportive and validating manner, consistent with clinical training, while also maintaining her role as a researcher rather than a clinician. In these instances, the researcher aimed to acknowledge participants experiences while avoiding therapeutic interpretation or intervention and subsequently reflected on these interactions in reflexive notes to consider how they might shape later interpretation of the data.

Sharing emerging interpretations with research supervisors allowed for alternative interpretations to be explored and for developing assumptions to be critically examined through reflexive discussion. In addition, a summary document containing each participants pen portrait (Blundell and Oakley 2024; Sheard and Marsh 2019; Sheard et al. 2017), alongside individual PETs and provisional GETs (Smith, Flowers and Larkin 2022) was shared with participants. Participants were invited to provide feedback on whether interpretations broadly resonated with their experiences. This process was intended to offer participants the opportunity to reflect on the developing interpretation rather than to determine the analytic outcomes. Engaging participants in this way also supported reflexive consideration of how interpretations were being constructed and whether key aspects of participants experiences had been overlooked or misrepresented.

Results

Participant Pen Portraits

Each participant was assigned a pseudonym. A pen portrait was developed for each participant drawing on available demographic information and reflections contained within the diary entries. These pen portraits provide a brief overview of participants experiences across the data collection period and draw on relevant contextual information, including role, workplace environment and menopausal status where provided, prior to presentation of analysis across participants.

Anna was a psychiatric nurse working in an inpatient unit for older adults, where her role involved significant physical care responsibilities. She described navigating the early stages of perimenopause while continuing to manage the demanding pace of ward work. Across her diary entries she frequently reflected on persistent fatigue, cognitive slowing and fluctuating energy levels, which sometimes made sustaining concentration and completing paperwork more difficult. Despite this, she remained committed to supporting patients and contributing to the team, often drawing on experience to maintain her responsibilities. At times she wondered whether the physical and emotional demands of her role would remain sustainable as these symptoms affected her confidence and sense of professional identity.

Berna was a staff nurse in her early forties working full time in an inpatient mental health unit, where she had spent several years in her current role. She described experiencing perimenopause while continuing to manage the demands of clinical work, without currently receiving treatment or formal support for symptoms. Across her diary entries she frequently reflected on persistent fatigue and fluctuating energy levels, which made sustaining her usual pace of work more difficult. Maintaining productivity remained closely tied to her sense of being a competent professional, and she often

described pushing through tiredness to meet workplace expectations. Over time, however, her reflections suggested a gradual shift towards recognising bodily limits and reconsidering what it means to be a good worker.

Carol was a mental health nurse in her early fifties with more than twenty years of nursing experience and several years in her current role. During the study she described being in the later stages of perimenopause and spoke frequently about approaching the one-year mark since her last period, referring to this as *"crossing over"* into post-menopause. Although hormone therapy and some workplace flexibility helped support her, she continued to experience fluctuating fatigue, brain fog and emotional sensitivity that made sustaining her usual pace of work difficult. Despite this, she remained strongly committed to supporting service users and colleagues. At times she reflected on whether adjusting her role or working pattern might help protect her wellbeing, while recognising the financial realities of relying on her income.

Deborah was a Clinical Nurse Manager in her late fifties working within a community mental health home-based treatment team, with more than twenty years of nursing experience. Having transitioned through menopause a number of years prior, she reflected on this period as both physically challenging and professionally transformative. Across her diary entries she described the private effort involved in managing fatigue and fluctuating energy while maintaining a competent professional presence. At the same time, she frequently framed age and experience as professional strengths, positioning herself as a source of stability and authority within a younger team. Drawing on both personal and professional experience, she had also developed a strong interest in menopause education, describing how lived experience had strengthened her confidence, advocacy and sense of professional purpose.

Elaine was a community mental health nurse with more than twenty years of nursing experience and over a decade in her current role. During the study she described navigating the perimenopausal transition while continuing to manage a busy clinical caseload. Across her diary entries she frequently reflected on persistent fatigue, poor sleep and fluctuating energy levels, which made work feel more physically and emotionally demanding than before. She also noticed occasional lapses in concentration and memory, prompting increased vigilance in her work. Despite these challenges, supporting clients and families remained a strong source of satisfaction, and recognition from colleagues reinforced her sense of competence and professional identity despite ongoing tiredness.

Faye was a nurse working in a demanding clinical environment who described herself humorously as the *"queen of menopause."* During the study she reflected on how fluctuating energy, poor sleep and periods of burnout shaped her experience of work. Across her diary entries she described how exhaustion and external pressures sometimes made it difficult to access the *"best version"* of herself as a professional. While she remained committed to patient care and valued her role within the team, she frequently evaluated her effectiveness through productivity and completing tasks. Moments of feeling organised and on top of work restored a sense of competence, whereas slowing down often brought feelings of guilt. Her reflections also highlighted how personal stress and family responsibilities were closely intertwined with her experience of work.

Grace was a community nurse in the early stages of her career, working in a structured Monday to Friday role and training as a nurse prescriber. At the time of the study, she was in her thirties and navigating an early onset of perimenopause while also managing Attention Deficit Hyperactivity Disorder (ADHD), a chronic autoimmune condition, postgraduate study and single parenting. Across her diary entries she reflected

on how fluctuating physical symptoms, brain fog and anxiety sometimes made sustaining her usual level of functioning at work more difficult. Tasks such as paperwork and administrative responsibilities often required greater effort, leading to worries about falling behind expectations and questioning her professional competence. Despite these challenges, supportive management and reassurance from colleagues helped sustain her confidence during periods of self-doubt, highlighting the importance of workplace understanding while she balanced multiple responsibilities alongside unexpected bodily and cognitive changes early in her career.

Helen was an intellectual disability nurse working in a clinical role that also involved supporting staff and teaching nursing students. Although she did not specify her stage within the menopausal transition, she frequently described experiencing intrusive symptoms such as heat flushes, night sweats, fatigue and brain fog, which made every day work tasks more physically demanding. Mornings were often the most difficult, with symptoms gradually settling as the day progressed. Despite these challenges, she remained committed to maintaining a competent and positive presence at work, often pushing through symptoms while privately managing discomfort. Conversations with colleagues who shared similar experiences provided reassurance and a sense of solidarity. She was also particularly interested in menopause education and had developed a menopause group within her workplace, reflecting her commitment to improving awareness and support for women navigating this transition.

Irene was a community mental health nurse with more than twenty years of nursing experience, working with people experiencing homelessness and addiction. At the time of the study, she described herself as post-menopausal and was using hormone replacement therapy. Across her diary entries she reflected on persistent fatigue, bodily discomfort and disrupted sleep, which made the physical and emotional demands of her

role increasingly difficult to sustain. Commuting to work and managing a heavy caseload often left her feeling depleted and self-conscious about appearing tired or unwell in front of colleagues. Despite this, moments of successfully supporting clients or managing complex situations reinforced her sense of being a capable and experienced nurse. Her reflections highlighted the considerable effort required to maintain functioning at work while questioning the long-term sustainability of the role.

Group Experiential Themes

Five GETs were developed (Table 4), with participant quotations presented verbatim and only minor punctuation adjustments made where necessary to improve readability.

Table 4

Group Experiential Themes

Group Experiential Themes	Description
GET 1: Embodied Disruption: The Menopausal Body at Work	Menopausal symptoms such as fatigue, sleep disruption and cognitive changes disrupted routine work tasks, creating fluctuating and unpredictable capacities for professional functioning.
GET 2: Destabilising The Professional Self	Cognitive changes, fatigue and emotional strain prompted increased self-monitoring and doubts about competence, destabilising participants previously secure sense of themselves as capable professionals.
GET 3: Preserving the "Good Worker" Identity	Despite internal depletion, participants worked to maintain their identity as competent professionals by prioritising patient care, pushing through fatigue, and using strategies to sustain work performance.
GET 4: Relational Recognition at Work	Recognition, reassurance and support from colleagues, managers and patients helped counter self-doubt, reinforcing participants sense of competence and belonging within the workplace.
GET 5: Renegotiating Professional Identity	Menopausal experiences prompted reflection on career sustainability, leading participants to reconsider workload, priorities and future roles while renegotiating expectations of competence and self-care.

GET 1: Embodied Disruption: The Menopausal Body at Work. Across accounts, menopausal symptoms were experienced as intrusive and unpredictable bodily disruptions which interfered with participants ability to function in ways they had previously taken for granted within their professional roles. Rather than being experienced as isolated physical symptoms, these changes often undermined the reliability of the body itself. Participants frequently described a sense that their capacity to function professionally was no longer stable or within their control. Carol captured this experience succinctly when she described her symptoms as a *"roller-coaster",* suggesting an ongoing cycle of unpredictable fluctuations which disrupted expectations of bodily consistency.

Fatigue, disrupted sleep and low energy were among the most frequently mentioned difficulties faced by participants. Irene described how poor sleep regularly left her struggling to maintain alertness during the working day: *"This week I've been waking really early which is having an impact on how tired I feel during the day. By lunchtime I have been feeling really tired. As usual I fell asleep on my way to and from work."* Irene's use of the phrase *"as usual"* suggests this was not an isolated incident and instead had become an expected part of her routine. What was once an ordinary working day now included moments where her body demanded rest in ways that disrupted normal professional functioning. Irene later described falling asleep at a shared table with colleagues during lunchtime, which she described as *"embarrassing"* but was something she felt powerless to control. This contrast between the social setting and involuntary need to sleep highlights how bodily fatigue could intrude into spaces where professional composure was normally expected.

Even where good quality sleep was reported, fatigue remained present within the working day. Berna described needing coffee to *"push through"* when the physical

tiredness arrives and energy levels drop at 3pm in the afternoon, *"despite having a minimum of 7 hours of good quality sleep at night."* This suggests that fatigue was not always directly linked to insufficient sleep, but could emerge independently within the working day, reinforcing participants sense that their energy levels were no longer fully predictable or within their control.

Participants often used vivid metaphors to convey the heaviness of this fatigue. Carol described feeling as though she was *"walking through mud… heavy, heavy."* The imagery of moving through mud suggests not only exhaustion but a sense of resistance or effort in carrying out even routine activities. Fatigue here appears to be experienced as something that slows the body down and makes movement itself effortful. In this way, bodily changes were not simply felt internally but were experienced as shaping the pace and flow of everyday work activities. While fatigue was widely reported across participants, it manifested in different ways within the working day. For Irene, exhaustion intruded publicly when she fell asleep in shared spaces at work, whereas Grace described managing fatigue more privately by taking brief naps in her car between appointments.

Alongside fatigue, participants described how bodily symptoms interfered with practical work tasks. Grace described how cramping following the commencement of Hormone Replacement Therapy made routine aspects of her role difficult: *"…I felt uncomfortable in any clothes I was wearing and due to my role's strict dress policy, I felt very uncomfortable. I spend a lot of time travelling for work and am in and out of the car so found this quite difficult with how I was feeling in my body."* Grace's repeated reference to discomfort highlights how clothing and bodily sensation became particularly salient within the workplace. Activities that would ordinarily pass without reflection, such as sitting in a car or wearing work attire, now required constant bodily awareness. In this

way, the body became increasingly present within participants experiences of work, disrupting assumptions that the body could function quietly in the background.

For some participants, these symptoms were also experienced as visibly apparent to others. Helen described feeling *"self-conscious about sweating",* while Elaine noted the difficulty of managing hot flushes within a shared office space with several junior colleagues. Carol similarly reflected that during periods of extreme fatigue she *"looked a wreck"*, recalling one occasion where her manager encouraged her to go home and sleep. These accounts suggest that menopausal symptoms were not only privately experienced but could also become visible within the workplace, heightening participants awareness of how their bodies might be perceived by colleagues and managers. In this way, the menopausal body could feel as though it was betraying the composed professional image participants were accustomed to presenting at work.

Alongside physical symptoms, many participants described disruptions to cognitive functioning, often referred to as *"brain fog".* Carol captured this experience vividly: *"It's like my head is offline… my thoughts are slow and not sharp… I know what I want to say and can't… everything is slower."* Carol's description of her head being *"offline"* evokes imagery of a system temporarily shutting down, while the repeated emphasis on slowness suggests a perceived loss of mental efficiency. Carol's account demonstrates not only the experience of forgetfulness, but awareness that cognitive processes which had previously felt automatic were now becoming unreliable. The gap between knowing what she wanted to say and being unable to articulate it highlights the disjunction between intention and performance which participants often found unsettling.

These cognitive disruptions carried additional significance for participants working in clinical environments. Anna described worrying that brain fog might result in her *"forgetting to handover important information"* about patients, while Helen

expressed concern about the possibility of making mistakes when particularly tired. In this way, cognitive changes were experienced not simply as frustrating but as potentially consequential within professional contexts where clarity of thinking and accuracy were central to safe clinical practice.

For some participants, the unpredictability of these disruptions created an additional layer of difficulty. Symptoms often fluctuated across days or weeks, making it difficult to anticipate how the body would function at any given time. Berna described feeling *"some days strong and capable, other days tired and unsettled."* The juxtaposition of *"strong and capable"* with *"tired and unsettled"* highlights the contrast between different bodily states, suggesting a shifting sense of what participants could rely on from their bodies. Similarly, Carol described how periods of exhaustion could suddenly be followed by unexpected bursts of energy: *"Saturday arrived I felt better… I was on fire!! Productive, organised, making decisions and back to myself. The relief I can't tell you how much it felt."* The phrase *"back to myself"* suggests that periods of energy were experienced as a temporary return to a previously familiar version of the self. At the same time, the intensity of her language *"on fire!!"* indicates how striking these moments of relief felt in contrast to periods of depletion. Yet these instances were often short-lived and followed by renewed uncertainty about when symptoms might return. Carol later explained that she struggled to plan activities in advance because she could not predict when she would *"crash"*.

Across accounts, these fluctuations appeared to disrupt assumptions that the body could function consistently within professional roles. Participants described their capacity to work as increasingly dependent on shifting bodily states, reinforcing the sense that professional functioning could no longer be fully relied upon.

In response to these disruptions, participants often described making practical adjustments to their work routines to continue functioning. Carol described deliberately scheduling demanding appointments earlier in the day, explaining otherwise she *"would fade by afternoon."* Deborah described consciously using a *"pace and plan"* strategy to structure her workload realistically, while Irene described simplifying her work schedule and rearranging meetings to reduce travel. These adjustments suggest that sustaining professional functioning increasingly required careful planning and adaptation in response to fluctuating bodily capacity.

Participant reflections illustrated how menopausal symptoms were experienced not only as bodily sensations but as disruptions which reshaped their daily experiences of work. Previously routine activities required increasing levels of careful planning, pacing, and adaptation in order to sustain professional functioning. In this way, the menopausal transition disrupted assumptions that the body could remain stable, controlled and unobtrusive within professional life, bringing the body into sharper focus within participants experiences of themselves at work.

GET 2: Destabilising the Professional Self. Beyond the practical disruptions to professional functioning, many participants reflected on how the menopausal transition prompted subtle or more explicit questioning of their professional competence. Difficulties with fatigue, memory, concentration and emotional strain created a growing awareness that they were not always able to perform in the same way they had previously and often required greater effort and management to maintain their usual standards. Across accounts, there was a clear tension between participants longstanding identity as competent and experienced nurses and the emerging sense that their bodies and energy no longer allowed them to perform the role in the same way, creating moments where their professional self-concept felt less stable.

For some participants, this emerged through increased self-monitoring of routine tasks. Elaine described becoming more vigilant about everyday organisational responsibilities: *"I found myself double checking appointment times I arranged and writing down reminders of to do lists etc… A slight apprehension that I might forget something"*. The phrase *"double checking"* suggests a shift from habitual competence to heightened vigilance, while the *"slight apprehension"* indicates that the concern is anticipatory rather than reactive; the possibility of forgetting becomes something she must actively guard against. Carol described a similar strategy of constantly *"keeping notes of tasks"* to ensure that nothing was overlooked. Across participants, these moments indicate that aspects of professional functioning that had previously been taken for granted were now subject to greater scrutiny, as participants attempted to maintain the reliability associated with their professional roles.

For others, these disruptions to functioning were experienced in more emotionally charged ways. Grace described the self-critical thoughts that arose when she was delayed completing clinical notes: *"I had thoughts like 'I am shit at my job' and worries that I was going to be pulled up on my work."* The blunt phrasing of being *"shit"* at her job conveys the intensity of Grace's internal critique. Rather than describing a specific mistake, her language collapses a momentary delay in completing notes into a broader judgement about professional competence. In this way, everyday difficulties appeared to take on a more global meaning about her ability as a clinician. Grace later described how one particularly difficult week prompted a wider questioning of her professional role: *"I questioned absolutely everything this week and whether it was sufficient… my ability, my role, my position in my job… this is generally not like me."* The repetition of *"my"* followed by *"ability, role, position"* suggests that her reflection moves beyond individual tasks to encompass the foundations of her professional identity. Her comment about this

not being generally like her indicates an awareness that these doubts represent a departure from how she typically experiences herself at work.

Irene described a similar internal dialogue during periods of extreme fatigue: *"It was an unspoken feeling… that I'm slower… grumpy… I feel lazy and less on the ball. I question myself a lot and the quality of my work and the quality of my life and I feel I'm losing out on both."* The phrase *"unspoken feeling"* suggests that these judgements were largely internally generated rather than explicitly expressed by colleagues. Irene's language moves from specific descriptors of functioning, such as *"slower… grumpy… less on the ball"* to a broader evaluation of her work and life more generally. In this way, bodily changes appeared to trigger a wider process of self-evaluation extending beyond the immediate workplace context.

These reflections were often intensified through comparisons with earlier versions of participants professional selves. Berna described how fatigue prompted her to reflect on her previous capacity at work: *"The fatigue I experienced made me reflect on the fact that 10 years ago I would have been 'buzzing' around the unit full of energy".* Berna's choice of words evokes an image of energetic movement and effortless activity. By contrasting this with her current experience of fatigue, Berna implicitly positions her earlier professional self as more capable and resilient. Carol expressed a similar sense of change when reflecting on the pace of work, noting *"I can't go at the pace I used to, no matter how hard I try."* Carol's comment highlights a perceived gap between effort and outcome. Despite continuing to try to meet previous standards, the pace she once maintained now feels unattainable. These comparisons suggest that the destabilisation of professional confidence was not only linked to present difficulties but also to an awareness of how current capacities differed from earlier periods of professional life.

For some participants, these comparisons were sharpened when working alongside younger colleagues. Helen described how teaching younger students heightened her awareness of age: *"17/18 year old students make you think about your age… Also realised they have no concept of menopause… I got blank responses so that made me feel very old."* Helen's reflection suggests that the generational gap made menopause more visible as an age-related experience. The *"blank responses"* from students appear to reinforce a sense of difference between her own stage of life and that of those she was teaching. Irene similarly reflected on feeling like an outlier within her team: *"I feel like there's a spark missing and I can't keep up with the younger members of the team."* The metaphor of a missing a spark conveys a perceived loss of vitality that had previously characterised Irene's engagement at work. Notably, Irene also repeatedly described herself as *"the oldest by a lot"* and later *"the oldest by far"* within her team. The repetition of these phrases suggests that age had become an increasingly salient lens through which she was interpreting these changes in energy and performance. In these moments, the menopausal transition sometimes appeared to intersect with broader reflections on aging and professional capability.

Participants also described moments where they felt more or less aligned with their sense of professional self. Berna reflected that she felt most like herself when *"fully engaged and confident in my work… moments when my focus flowed naturally, and I felt grounded in what I was doing."* The idea of focus flowing naturally indicates a state of ease and fluency in professional functioning. In contrast, Berna explained that when she felt fatigued or distracted, her *"usual energy and clarity seemed harder to access."* The language of *"access"* implies that this version of herself had not disappeared entirely but had become more difficult to reach. Anna described a similar contrast, feeling most like herself when she was *"on the ball and completing paperwork… showering people with*

ease and having enough energy." Her choice of words conveys a sense of alertness and efficiency associated with her professional identity. In contrast, she described feeling least like herself when she was *"foggy with paperwork"* or when she had not completed *"one simple task from a few weeks ago (paperwork)"*. The emphasis on *"one simple task"* suggests how small lapses could become symbolically loaded as evidence of diminished competence and highlighted a tendency for self-critical evaluation of work.

At times, participant reflections extended beyond everyday functioning to encompass broader concerns about professional development. Carol described feeling conflicted about the possibility of pursuing management roles: *"I think it's sad as I do believe I am capable and good at my job… I feel I am capable of more but I feel I am not able and can't risk changing into management with all this going on. I feel I have to white knuckle this until the end."* Carol's phrasing around *"white knuckling"* evokes the image of enduring a difficult journey through sheer determination. Although she acknowledges that she is respected by colleagues and consultants, the unpredictability of her symptoms appears to constrain her sense of what is professionally possible. Grace expressed a related concern about confidence during early perimenopause: "*I feel my overall confidence has been affected. This is also feeding into my job. I've been questioning am I as far along as I want to be in my role."* Here, reflections on menopausal change appear to intersect with broader questions about career trajectory and professional development.

These accounts illustrate how menopausal symptoms not only disrupted work performance but also destabilised aspects of participants professional self-understanding. Participants frequently interpreted present difficulties in relation to earlier versions of themselves or in comparison with younger colleagues, heightening awareness of aging within the professional role. Fluctuations in cognitive clarity, energy and emotional stability therefore prompted ongoing reflection on competence, capability and career

trajectory, creating an additional layer of psychological labour alongside the demands of clinical work.

GET 3: Preserving the "Good Worker" Identity. Following moments where menopausal changes appeared to destabilise aspects of their professional self-understanding, participants described actively working to preserve their identity as a good worker. Continuing to meet the demands of their roles and prioritising patient care appeared central to how participants understood themselves as professionals. Rather than withdrawing from their roles, participants frequently described making deliberate efforts to continue performing in ways that aligned with their own internal standards of professionalism, even when feeling internally depleted.

Participants accounts suggested that being a good worker involved more than task completion. Instead, it was closely tied to delivering high-quality patient care, being a dependable colleague, and maintaining professional standards even during periods of personal difficulty. In this sense, continuing to perform their role became a way of sustaining a valued sense of themselves as competent professionals, rather than simply responding to organisational expectations.

Several participants described consciously pushing through fatigue or discomfort in order to continue fulfilling their responsibilities. Helen reflected on experiencing a hot flush while delivering education to students: *"Even though I felt really hot, my brain said just keep going… I didn't look any different so I just kept going… but thought after that was a bit harder than I had expected… I should have probably said 'I'm having a moment, can I open the window' but in fight or flight mode I tend to just keep going and say nothing, as though I've done something wrong (not been the best version of myself)."* Helen's description of her brain telling her to keep going suggests an almost automatic internal directive to continue performing despite physical discomfort. Her comment about

not looking any different indicates that maintaining outward composure was important, even when the experience internally felt demanding. Interestingly, Helen later reflects that she *"should have probably said"* something, suggesting a retrospective awareness that continuing silently may not have been necessary. However, the reference to being *in "fight or flight mode"* conveys the intensity of the moment and the instinctive drive to maintain professional performance.

Deborah described a similar pattern of continuing to function despite significant symptoms: *"Despite all of this, I looked fine on the outside — no one would really know unless I told them how I was feeling. It didn't really affect my work, though I did feel a bit slower and more tired than usual."* Deborah's emphasis on appearing *"fine on the outside"* suggests a distinction between internal experience and outward professional presentation. While she acknowledges feeling slower and more tired, the key marker of being a good worker appears to be that the work itself continues to be completed. Elaine echoed this sentiment in simpler terms, explaining that although colleagues sometimes noticed she looked tired, it did not interfere with her ability to carry out her role, emphasising that her *"tasks still get done"*. In these accounts, professional identity appears closely tied to the ability to continue delivering work despite personal discomfort.

For some participants, maintaining performance during difficult periods served to reinforce their sense of being a good worker. Anna described pushing through fatigue helped her reconnect with a familiar version of herself: *"Being able to push through the tiredness made me feel like I did 10 years ago."* The temporal comparison suggests that maintaining productivity served as a way of reconnecting with an earlier professional self, characterised by energy and capability. In this way, continuing to function despite fatigue appeared to restore a sense of continuity in professional identity.

Participants also described prioritising aspects of their work that were most closely linked to their professional values, particularly patient care. Faye reflected that although menopausal symptoms sometimes affected her ability to keep on top of administrative tasks, her commitment to patients remained unchanged: *"My patients always get the best of me… it's the admin side of my job that slips."* Faye's emphasis on patients getting the best of her speaks to a hierarchy of professional priorities. Administrative tasks may become more difficult, but the core relational aspects of her role remain protected. Similarly, Anna described feeling most aligned with her professional self when she was able to remain present and engaged with patients: *"Felt like a good worker when I stayed present and delivered thoughtful, steady work, even on days when I wasn't feeling my best."* The idea of thoughtful, steady work conveys a sense of professionalism grounded not in speed or productivity but in attentiveness and care. In this way, meaningful patient interactions appeared to reaffirm participants sense of themselves as competent practitioners even when other aspects of their role became more demanding.

Moments of successful practice played an important role in reinforcing professional identity. Irene described the renewed sense of competence she experienced following a challenging client appointment*: "It made me feel like a capable person and dependable."* Her choice of the words *"capable"* and *"dependable"* reflects qualities that align closely with the identity of a reliable healthcare professional. Similarly, Elaine described the satisfaction of completing a long period of work with a client, explaining that *"completing work with an individual after a long period of engagement… gave great work satisfaction."* Moments of positive feedback appeared to help stabilise participants sense of professional value.

Deborah offered a slightly different perspective, reflecting that maintaining professional standards did not necessarily require performing at her usual pace: *"I felt like a slow worker this week! I got everything done but it was tiring for me. I felt I did an 'ok' job and sometimes that is fine. Luckily my work can be adapted to how I feel and if I need to come in later or go earlier I can."* Deborah's description of herself as a slow worker indicates an awareness of reduced pace, yet she simultaneously reframes this as acceptable. Her comment that *"sometimes that is fine"* suggests a more flexible interpretation of what it means to perform well at work. In contrast to participants who emphasised pushing through fatigue to maintain previous levels of productivity, Deborah appears to adjust her expectations, separating professional competence from constant high performance.

Nevertheless, maintaining a good worker identity often required considerable effort for participants. Helen described feeling pressure to continue working despite feeling unwell: *"Feels like I have to just suck it up and keep going, or else get a sick cert - no in between, so you're either managing or 'off sick', which is hard."* The phrase *"suck it up and keep going"* conveys a sense of endurance and obligation, suggesting that continuing to work despite discomfort is experienced as the default expectation. Helen later described how difficult it could be to continue functioning while depleted, explaining that it was *"hard to not be ok in work… and keep putting one foot in front of the other."* The imagery of placing one foot in front of the other evokes a sense of persistence through effort, highlighting the emotional and physical labour involved in sustaining professional functioning.

Participants actively worked to preserve the identity of a competent professional despite the challenges associated with the menopausal transition. Continuing to show up for patients, completing essential tasks, and maintaining professional standards allowed

participants to sustain a sense of themselves as reliable and capable workers, even when doing so required significant personal effort.

GET 4: Relational Recognition at Work. Interactions with colleagues, managers and patients played an important role in shaping how participants experienced menopausal changes at work. While earlier themes highlighted internal disruption and self-questioning, participants accounts here illustrate how workplace relationships could help stabilise the professional self. Relational moments of recognition, validation and inclusion often helped counter feelings of inadequacy or isolation, reinforcing participants sense of belonging and competence within the workplace.

For several participants, practical understanding and flexibility from managers played an important role in alleviating pressure during periods of fluctuating symptoms. Grace described how her manager responded during a particularly difficult week by encouraging her to leave work early and complete tasks from home without pressure to finish immediately, telling Grace that *"at the end of the day, as long as the work is done, it doesn't matter the timeline."* Grace interpreted this response as significant reassurance at a time when her confidence was already low. By emphasising that the work itself mattered more than the timing of its completion, her manager appeared to challenge the expectation that productivity must occur at a constant pace. Grace later reflected that she felt *"very lucky"* to have a manager who understood the menopause journey, noting that *"in previous roles this wouldn't have been accepted."* In this way, managerial flexibility appeared to create space for Grace to maintain professional participation without feeling that temporary fluctuations in capacity undermined her competence.

Carol similarly described the relief associated with having a supportive manager, explaining it had been a *"relief and a weight of worry off my shoulders about what's expected of me and having time to rest"* when experiencing intense fatigue. The metaphor

of a *"weight of worry"* suggests that uncertainty about expectations had previously added additional strain to an already demanding experience. Managerial understanding therefore appeared to reduce this burden, allowing Carol to focus on sustaining her work rather than fearing judgement about her performance.

For Grace, reassurance from her manager also helped stabilise her confidence during a week where she had been questioning her abilities: *"I realised that external validation is very important for me at this moment in time… Luckily I have a very supportive manager who can reassure me that I am doing a good job. This week, even though my confidence was low, I had that external validation that what I was doing was enough."* Grace's reflection that validation was very important at that moment in time shows that the menopausal transition had temporarily altered how she evaluated her own competence. External reassurance from management appeared to interrupt the cycle of self-doubt described in earlier themes, helping her re-establish a sense that her work remained valuable.

Grace later reflected that observing other women speaking more openly about perimenopausal symptoms at work prompted her to reconsider her own reluctance to disclose difficulties, explaining that it helped her recognise *"the importance of talking about it and asking for support at times."* In this way, supportive managerial responses and openness about menopause appeared to create relational conditions in which seeking support became more acceptable. These interactions can also be understood as subtly reconfiguring expectations of the ideal worker, shifting the emphasis from uninterrupted productivity towards a more flexible understanding of professional competence.

However, not all participants experienced this level of managerial understanding. Helen described a contrasting situation: *"It's hard to be a woman (said several times this week)… I don't have an understanding manager either, who is younger than me and*

doesn't have a strong awareness of menopause symptoms." Helen's statement suggests that the difficulties she experienced were not only personal but also connected to broader gendered expectations within the workplace. Her reference to her manager being younger and lacking awareness of menopausal symptoms highlights how generational differences in understanding could shape how safe participants felt acknowledging these experiences at work. These contrasting accounts illustrate how managerial responses could significantly influence whether participants felt supported or isolated in navigating menopausal changes.

Alongside managerial support, colleagues often played an important role in normalising participants experiences and providing emotional reassurance. Helen described how conversations with colleagues helped her manage difficult moments, explaining that her *"work colleagues are amazing… sharing makes things feel lighter."* The idea of sharing with others suggests that discussing experiences with colleagues reduced the emotional burden associated with managing symptoms privately. Carol described a similar moment of connection when she found herself crying to a colleague despite this being unusual for her: *"She [is] in same boat so having shared experience and feeling not alone was so helpful."* The metaphor of being in *"the same boat"* conveys a sense of shared journey or common experience, suggesting that menopause became something collectively navigated rather than privately endured. In this way, conversations with colleagues experiencing similar symptoms appeared to transform what might otherwise feel like an individual struggle into a shared workplace experience.

For some participants, a sense of solidarity emerged among colleagues who were navigating similar life stages. Anna reflected that being surrounded by colleagues of a similar age helped foster mutual understanding, describing *"a nice cohort of staff… women of similar age with small kids… we understand each other."* Anna later referred

to the *"comradeship between colleagues… ones same age as me"* describing this as creating a *"lovely environment for emotional support between female staff."* The language used suggests a sense of collective identity emerging within the workplace. Through these relationships, shared experiences appeared to normalise menopausal changes and situate them within a broader collective context rather than as individual shortcomings.

Validation from colleagues could also reaffirm participants professional competence during moments of uncertainty. Irene described a moment where a younger colleague explicitly recognised her experience during a challenging situation, explaining that *"he mentioned seeing my years of experience in that moment and it felt really good to be recognised for that."* This recognition appeared to reframe Irene's age and experience as assets rather than liabilities. Elaine similarly reflected on how junior colleagues sought her advice when navigating difficult situations, noting that her *"many years of experience allows me to provide support and guidance to less experienced staff."* In these moments, relational feedback from colleagues helped reinforce participants sense of professional authority and value.

Deborah also described how interactions with both colleagues and patients allowed her to view her age and experience as an asset rather than a limitation. Deborah reflected that post-menopausal patients expressed appreciation that she was a *"female of a certain age,"* suggesting that shared life experience enabled a different form of connection with clients. She also recalled a younger colleague remarking that they felt *"more secure when I am around and dealing with management,"* which Deborah described as *"a lovely compliment to hear."* Carol similarly reflected on moments where colleagues relied on her experience during busy shifts, noting that a newer colleague who was *"not sure of the role and anxious leaned on me throughout the weekend… but I could*

handle it and [was] able to support her," reinforcing her sense that she remained capable and effective in her role. These moments appeared to reposition experience and maturity as valuable professional resources rather than markers of decline.

Participants also described moments where colleagues demonstrated care and attentiveness during periods when symptoms became visible. Helen recalled an occasion where her colleagues could see she was *"a bit out of sorts… They kept saying take it easy, be kind to yourself… nearly making me feel tearful with their kindness. They make me feel better every time."* Irene described feeling similarly valued when a younger colleague invited her to join a fitness class, explaining that *"it was lovely to be asked to go… lovely to be seen and included."* In these instances, relational gestures appeared to reinforce participants sense that they remained valued members of the workplace community.

Recognition from patients and families could also reinforce participants sense of professional worth. Elaine described how positive feedback from a patient's mother during a difficult week helped remind her of the value of her work. Such moments appeared to reaffirm the meaningful impact of participants professional roles, helping counter the doubts described in earlier themes.

Across participant accounts, the relational nature of professional identity within the workplace was evident. While menopausal symptoms sometimes triggered internal doubts about competence, moments of recognition, inclusion and reassurance from colleagues, managers and patients often helped stabilise participants sense of themselves as capable and valued professionals.

GET 5: Renegotiating Professional Identity. While recognition and support from colleagues and managers helped stabilise participants sense of competence in the present, these experiences did not fully resolve the tensions created by ongoing bodily changes and fluctuating energy levels. For many participants, these tensions prompted

broader reflections about the sustainability of their roles and how their professional identities might need to evolve in the years ahead. Alongside attempting to manage symptoms in the moment, participants appeared to engage in a deeper process of reconsidering how work might realistically fit within this stage of life.

Several participants described how the physical and emotional demands of their roles prompted reflection on how long they could continue working in the same way. Irene reflected on the cumulative impact of fatigue and workload, explaining *"I feel like I can't keep working at this level."* She later elaborated that the demands of mental health nursing increasingly left her feeling *"empty,"* describing how the pace of work remained constant even as her energy fluctuated. Irene reflected that the structure of the profession left her feeling constrained in her options: *"I feel mental health nursing is such a difficult job at this stage of life. The choices we have are really limited. The pace doesn't slow and I have no interest in management or education so I'm stuck trying to manage a full on job when my performance is effected by my stage of life and I'm far too young to retire. I really regret my career choices right now."* The concept of being *"stuck"* highlights the tension of being caught between competing pressures: the physical realities of her current stage of life and the limited flexibility available within the profession. Irene further reflected on how preparing for work increasingly dominated her personal time, explaining that *"my weekend was spent preparing for my work week so I missed out on other activities."* Her conclusion that *"this is also not sustainable"* suggests that menopausal changes prompted not only reflections on daily functioning but also a broader evaluation of how remaining engaged with work was impacting her overall quality of life.

Carol similarly reflected on the longer-term sustainability of work, explaining *"I guess I know I can't work at the pace I used to… my body tells me very quickly when I hit*

my limit." The growing salience of bodily feedback in shaping her approach to work is shaped by Carol's body *"telling"* her when she has reached her limits. Where earlier in the findings participants described pushing through fatigue in order to maintain their roles, here bodily limits appear to demand greater recognition, prompting reflection on whether previous ways of working can be maintained indefinitely. For some participants, these reflections were prompted by the physical demands of everyday caregiving tasks. Anna described how assisting patients with personal care made her reflect on the future of her role: *"Showering people that were incontinent most days made me feel how can I continue to do this for another 27 years."* Anna's rhetorical question highlights the long temporal horizon of her career, juxtaposed with the immediate physical demands of ward work. She also reflected on observing younger colleagues pursuing promotions and further qualifications, explaining that she *"doesn't have the time for that but can't see how I will continue to work on the ward for another twenty plus years and shift work!"* In this way, reflections on menopause intersected with broader awareness of career trajectory and aging within the profession.

These moments suggest that menopausal changes appeared to bring questions of sustainability to the foreground, encouraging participants to reflect on how their professional identities might need to adapt over time.

For some participants, these reflections involved imagining potential changes to their roles or working patterns. Carol described how a particularly difficult week prompted her to consider whether she needed to make a change, reflecting*: "I do think I need to make a change… what I have no idea. But this week was really terrible."* She later reflected on the possibility of moving into a different nursing role, explaining that it might be *"less emotionally draining"* and might allow her to have *"more energy."* Carol's uncertainty about what change might look like suggests that renegotiating professional

identity was often an exploratory process rather than a clearly defined plan. Grace expressed a similar realisation when reflecting on how menopausal changes had affected her approach to work: *"I realised this week that I have entered a change in life and therefore I need to change the way I look at how I work and how I manage my workload."* Grace's phrasing suggests a shift in perspective rather than simply a practical adjustment. Recognising menopause as a *"change in life"* appeared to prompt reflection on how expectations about work and productivity might need to evolve accordingly.

For some participants, these reflections also involved questioning whether new professional opportunities remained viable at this stage of life. Grace described applying for a new role but wondered whether she might be *"too old"* to take on the role, before reassuring herself that *"only good things come with age such as experience and that is something to recognise."* Here, age is simultaneously positioned as a potential limitation and a source of professional strength, reflecting the complex ways participants negotiated meaning around aging and competence.

For others, renegotiating professional identity involved a gradual shift in how self-care was understood. Participants described recognising the need to rest, pace themselves, or prioritise recovery in ways that previously might have been viewed as incompatible with professional expectations. Deborah reflected on how her relationship with work had shifted over time, noting that *"had I completed these questions 7 years ago it would be very different."* She described a previous period in her career where she was overwhelmed, lost confidence in her ability to do her job, and felt she was *"devolving into a meek and anxious old lady",* even considering leaving nursing altogether. In contrast, she now described approaching work with greater awareness of her limits, explaining that she was *"reminding myself that these are natural changes and that looking after myself matters."* Deborah illustrated this shift through a seemingly small

but meaningful decision: *"Normally I'd push myself to go [to the gym], but this week it felt wiser to listen to my body."* Listening to one's body highlights a reframing of bodily signals as legitimate guides rather than obstacles to productivity. Deborah later reflected that she was learning that *"self-care is not indulgent but essential,"* particularly in a role where she gives so much of her energy to others. In this way, self-care appeared to take on a different meaning than in earlier themes: rather than supporting the ability to push through fatigue, it reflected a re-evaluation of expectations around productivity and the recognition that bodily limits required accommodation.

Other participants described similar shifts in how they approached work and energy levels. Faye described intentionally slowing her pace of work and taking leave after an exhausting week, explaining that she was on a *"deliberate go slow at the moment and have the usual Catholic guilt about that… but I really need to recharge."* The *"Catholic guilt"* experienced may indicate that slowing down conflicted with deeply ingrained expectations around productivity and responsibility, highlighting the emotional complexity involved in adjusting professional habits.

For some participants, renegotiating professional identity also involved reframing the meaning of competence and productivity. Berna reflected on how noticing changes in her energy and concentration prompted broader reflections on workplace expectations: *"A few moments made me reflect on how age and expectations intersect at work. I noticed times when my energy or focus didn't match my usual pace, which made me more aware of how my body and abilities are shifting. It also made me think about how workplaces often expect constant productivity, even when our needs change over time. It was a reminder to value experience and self-awareness as strengths, not limitations."* She later reflected that she was learning to redefine what it meant to meet expectations at work, describing how competence could include *"self-awareness and balance, not just output."*

In a similar vein, Deborah reflected that fluctuating energy levels no longer felt incompatible with being a competent professional, explaining that *"being tired and annoyed with patients, and having low energy, is normal… it doesn't make me a bad worker… it just means I'm human."* These reflections suggest that while menopausal changes often disrupted previously taken-for-granted ways of working, they could also prompt a broader re-evaluation of professional identity. Participants appeared to reconsider what it meant to be a competent worker at this stage of life, balancing professional commitment with an increased recognition of bodily limits and shifting priorities.

These accounts suggest that menopausal experiences often prompted a gradual process of renegotiation in how participants understood their professional identities and future working lives. While earlier themes illustrated efforts to maintain established professional identities, participants here appeared to reconsider what competence, productivity and sustainability might look like at this stage of life. In doing so, menopausal experiences became situated within a broader life-stage transition, prompting reflection on how work, aging and wellbeing might be balanced moving forward.

Discussion

The present study explored how women experiencing the menopausal transition made sense of their workplace experiences and how these experiences shaped their sense of professional identity. The findings suggest that menopause at work is not simply experienced as a set of disruptive symptoms, but as an ongoing process of embodied identity negotiation through which previously reliable ways of inhabiting a professional role become less certain. The discussion first considers how menopausal changes disrupt embodied expectations of professional competence, before examining how participants actively worked to preserve valued professional identities through everyday practices and

relational support. It then explores how these experiences prompted broader reflection on the sustainability of working life and the renegotiation of professional identity across the menopausal transition. In doing so, the study contributes to psychological research by conceptualising menopause at work as a dynamic process of identity work unfolding within everyday organisational contexts.

Participants described bodily changes interfering with capacities they had long relied upon in their professional lives, including stamina, cognitive clarity and emotional steadiness. These disruptions prompted heightened self-monitoring, adaptation and reflection, while also generating moments of doubt about competence and professional capability. At the same time, participants actively worked to preserve valued identities as competent professionals, often drawing on recognition from colleagues, managers and patients to stabilise their sense of self. For some women, these experiences also prompted broader reflection on the sustainability of their roles and the future direction of their working lives. In this way, the findings extend existing menopause at work literature, which has largely focused on organisational outcomes such as absence, productivity and employment decisions (Evandrou et al. 2021; O'Neill, Jones and Reid 2023; Safwan et al. 2024), by demonstrating the psychological processes through which professional identity is disrupted, renegotiated and preserved as menopausal experiences unfold within everyday working life.

Embodied Disruption and the Professional Self

A central contribution of the study lies in its illumination of menopause as an embodied disruption to the professional self, extending emerging literature that highlights the interaction between embodied change and organisational expectations (Atkinson, Carmichael and Duberley 2021; Riach and Jack 2021; Steffan and Loretto 2025). Participants did not describe menopausal symptoms simply as private bodily

inconveniences occurring alongside work. Rather, bodily changes became professionally significant because they interfered with capacities that had previously been taken for granted as part of professional identity. Symptoms were often experienced as intrusive and unpredictable, creating a sense that the body could no longer be relied upon to support professional functioning in the ways it once had.

Importantly, these disruptions appeared to alter how participants understood themselves as professionals, rather than simply creating temporary obstacles to task completion. For several participants, bodily changes prompted subtle but meaningful shifts in confidence, pace or energy compared with earlier stages of their careers. In this way, menopausal experiences became psychologically significant because they unsettled previously stable assumptions about competence and reliability within the professional role.

These findings support and extend literature emphasising the embodied nature of work and the ways organisational life often relies on implicit assumptions of a disembodied worker (Atkinson, Carmichael and Duberley 2021). In many professional contexts, competence is associated with bodies that appear stable, controlled and unobtrusive. Participants accounts illustrate how menopause can disrupt this alignment by rendering bodily processes visible within professional settings. Symptoms such as sweating, exhaustion or cognitive disruption interrupted expectations that professional competence should appear seamless and self-contained. In this sense, menopause exposed tensions between embodied experience and organisational expectations structured around the ideal worker norm (Acker 1990, 2006; Grandey, Gabriel and King 2020). As outlined previously, the ideal worker is conceptualised as someone able to prioritise work, maintain consistent productivity and remain largely unaffected by bodily demands. Participants experiences demonstrate how menopausal changes can make these

expectations more difficult to sustain, highlighting how workplace norms remain structured around particular assumptions about which bodies can most easily conform to organisational expectations (Riach and Jack 2021; Steffan and Loretto 2025).

Preserving the "Good Worker" Identity

Despite these disruptions, participants did not simply withdraw from their professional roles. Instead, many described actively working to preserve their identity as a good worker. Participants frequently described pushing through fatigue, reorganising tasks, prioritising patient care or closely monitoring their performance in order to maintain professional standards. These accounts illustrate the ongoing effort required to maintain a coherent sense of professional identity when previously reliable capacities become less certain.

These responses can be understood as forms of identity work (Alvesson and Willmott 2002), reflecting ongoing efforts to sustain a coherent sense of self as a competent professional despite emerging challenges. At times, however, this effort involved considerable psychological labour, with participants aware of the gap between outward functioning and the internal effort required to maintain it.

At the same time, participants accounts suggest that the identity of a good worker was not defined solely in terms of productivity. Instead, it was closely tied to relational and ethical aspects of work, including dependability, care for patients and responsibility toward colleagues. In several accounts, participants described prioritising patient care even when other tasks became more difficult to manage, highlighting the centrality of relational responsibility within professional identity. This finding suggests that professional competence was not interpreted solely through organisational metrics such as productivity, but through participants own moral and relational understandings of good practice. This aligns with literature suggesting that professional identity is closely

connected to competence, legitimacy and recognition within occupational roles (Ashforth and Schinoff 2016; Brown 2022). Maintaining professional identity therefore involved not only meeting organisational expectations but also remaining aligned with participants own values about what it meant to practise well within their roles.

Notably, preserving professional identity did not always involve maintaining previous standards unchanged. While some participants described striving to sustain earlier levels of productivity, others began to reconsider what competence might look like under changing bodily conditions. These reflections suggest that menopause may prompt a gradual renegotiation of internalised professional norms, particularly those that equate competence with constant productivity or endurance.

Relational Recognition and Professional Identity

Participants accounts also highlight the relational nature of professional identity. Their sense of themselves as capable professionals was not sustained solely through individual effort or self-evaluation but was shaped through interactions with colleagues, managers and patients. Moments of reassurance, inclusion and appreciation often helped counter feelings of inadequacy or self-doubt, reinforcing participants sense of competence and belonging within their professional roles. Recognition from colleagues or managers appeared to interrupt cycles of self-doubt and help participants reinterpret temporary disruptions as manageable rather than evidence of declining competence.

Conversations with colleagues experiencing similar symptoms also appeared to help situate menopausal experiences within a shared social context rather than as individual shortcomings. In this sense, relational exchanges played an important role in normalising menopausal experiences within the workplace and mitigating the isolation that participants sometimes described when managing symptoms privately.

Beyond reassurance, interactions with colleagues and patients could also reaffirm participants professional expertise. Positive feedback from colleagues, expressions of appreciation from patients or recognition of participants experience often helped restore a sense of competence during periods where participants had been questioning their abilities. These moments illustrate how relational recognition can function as an important resource in stabilising professional identity during periods of uncertainty**.**

Renegotiating Professional Identity Across the Life Course

Beyond the immediate challenges of symptom management, the menopausal transition also prompted broader reflection on the sustainability of working life. Participants described considering whether their roles could be maintained at the same pace or intensity in the years ahead, sometimes comparing current experiences with earlier stages of their careers.

Rather than representing a sudden turning point, these reflections often appeared to emerge gradually as participants became more aware of bodily limits and shifting priorities. Menopausal changes prompted consideration of how work might realistically be sustained across the coming decades, particularly in physically or emotionally demanding roles.

In this sense, menopause appeared to function not only as a source of disruption but also as a life-stage transition prompting reassessment of priorities, expectations and possibilities. Participants described a range of responses including adjusting workload expectations, reconsidering career trajectories and redefining what it meant to meet professional standards in a sustainable way. These reflections align with broader conceptualisations of menopause as a significant biopsychosocial transition (Gracia and Freeman 2018).

Importantly, renegotiation did not necessarily involve disengagement from work. Rather, participants often described attempts to integrate emerging bodily awareness with continued professional commitment, suggesting that menopause may prompt shifts in how competence, productivity and self-care are understood within the professional role.

Methodological Contribution of the Diary Approach

An important contribution of the present study lies in the use of reflective diaries to capture menopausal experiences within the flow of everyday working life. Much existing research on menopause and work relies on retrospective accounts, which can obscure the subtle but cumulative ways in which menopausal experiences shape professional identity.

By contrast, the diary methodology enabled participants to record experiences close to the time they occurred, capturing reflections emerging within ordinary working days (Bolger, Davis and Rafaeli 2003; Stephens, Ottrey and Matthews 2026). This approach revealed how menopausal experiences often unfolded not as singular disruptive events but as a series of small adjustments, interruptions and reflections that gradually shaped participants understanding of their professional capabilities.

The diary format also appeared to facilitate moments of reflexive awareness among participants themselves. Recording experiences across several weeks encouraged some participants to notice patterns in fatigue, emotional responses or workplace interactions that might otherwise have remained unarticulated within the pace of everyday working life. In this sense, the diary method provided insight not only into experiences themselves but into the evolving process through which participants made sense of those experiences.

Researcher Reflections

It was notable, at the level of the research process, that for some participants taking part in the process served to hold up a metaphorical mirror to aspects of their working lives that had not previously been fully articulated. In some cases, the act of recording experiences over time seemed to prompt greater awareness of strain, adaptation and the need for change, raising the question of whether opportunities to pause and reflect may be limited in everyday working life until difficulties become harder to ignore.

One participant, for example, appeared to move over the course of the diary period from an emphasis on *"pushing through"* toward allowing herself greater grace, slowing down, and redefining expectations. Participants also expressed curiosity about how others in the study were managing, which may indicate that menopausal experiences are often interpreted relationally, in reference to peers and shared life stages rather than solely as individual challenges.

Limitations and Strengths

Despite a broad recruitment strategy, the sample consisted solely of women in nursing, where professional identity may be strongly tied to responsibility, care and dependability. Experiences may therefore differ in other occupational sectors. The meanings attached to being a good worker may also be particularly strong within this professional context, and the findings may therefore not fully capture experiences in occupational sectors with different organisational cultures or expectations.

In addition, although diary methods provide valuable insight into experiences as they unfold, entries are shaped by what participants choose to record and how they interpret events at the time. Variation in the length and detail of diary entries meant that some participants accounts were more extensive than others. In addition, the

asynchronous nature of the diary method meant there was limited opportunity to clarify or explore entries in real time.

A significant strength of the study lies in the way the diary process was designed to support engagement over time. Rapport established at the outset, alongside check-ins, debriefing opportunities and the option to provide feedback on the developing analysis appeared to help participants feel supported and included in the research process, and may have contributed to the strong retention across the study period. Although these elements were not themselves part of the formal analytic dataset, they provided important contextual support for capturing experiences as they unfolded and may have enhanced the depth of reflection within entries.

Implications

The findings of this study have several important implications. They suggest that workplace approaches to menopause should extend beyond narrow concerns with absence or productivity. Participants often continued working despite significant embodied disruption, indicating that menopause may affect professional identity and wellbeing even when performance appears unchanged.

Additionally, the findings highlight the importance of managerial awareness and flexibility. Participants who experienced supportive managerial responses described reduced pressure and greater confidence in managing fluctuating symptoms. For example, workplace initiatives such as menopause awareness training, menopause champions and formal menopause policies have been introduced in some organisational contexts to improve understanding and support for employees experiencing menopausal symptoms (Chartered Institute of Personnel and Development 2023). Such initiatives may help create workplace environments where employees feel able to seek support without fear of stigma or judgement.

Finally, the findings suggest that menopause may prompt broader reflection on sustainability and career trajectories. Supporting employees during this transition may therefore involve not only symptom-related accommodations but also opportunities for flexible working arrangements, role adjustments or conversations about long-term career planning. More broadly, recognising menopause as a life-stage transition rather than solely a medical issue may help organisations create environments that support sustainable professional engagement across the course of working life.

From a psychological perspective, the findings also highlight the importance of opportunities for reflection and meaning making during the menopausal transition. Participants diary entries suggested that space to pause and consider these experiences may be limited within the pace of everyday working life. Creating opportunities for supportive conversations within healthcare, occupational health or peer contexts may therefore help individuals make sense of identity changes emerging during the menopausal transition, rather than framing menopause solely as a matter of symptom management.

CRediT authorship contribution statement

Primary researcher: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration; Visualization; Writing - original draft; Writing - review & editing.

Co-author 1: Conceptualization; Methodology; Supervision; Validation; Writing - review & editing.

Co-author 2: Conceptualization; Methodology; Supervision; Validation; Writing - review & editing.

Co-author 3: Conceptualization; Methodology; Supervision; Validation; Writing - review & editing.

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The authors report there are no competing interests to declare.

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Chapter Four: Discussion and Conclusion

Study Overview and Main Findings

This thesis sought to explore how the menopausal transition shapes women's workplace identities and how these identities are negotiated in working life, through two complementary studies.

The first study, presented in Chapter Two, examined menopause and workplace identity. The review highlighted that much of the existing literature has primarily focused on symptoms and productivity, with comparatively limited attention to identity processes through which women make sense of menopausal change in relation to their professional roles. Findings from the nine studies in this review suggested that the menopausal transition can pose a significant threat to women's workplace identities, which was pertinent across a broad range of occupational contexts. The erosion of self-trust was a central finding of the review, as embodied disruptions undermined women's sense of credibility and confidence in the workplace. Women's professional selves became fragile and required renegotiation, with women engaging in strategies of concealment, disclosure, and resilience to sustain participation in the workplace. While these strategies enabled women to remain in their roles, they carried considerable emotional and psychological strain, raising questions about the long-term sustainability of such efforts. Additionally, organisational cultures, gendered ageism, and intersecting inequalities magnified the threat to identity. While the review identified recurring patterns in how menopause destabilised women's workplace identities, the available literature provided limited insight into how these identity tensions unfolded within everyday working life. Furthermore, the voices of women working in more manual or hazardous roles, where autonomy and flexibility around symptom management may be more constrained, were underrepresented.

The second study, presented in Chapter Three, aimed to address these gaps through a qualitative longitudinal study exploring how women made sense of menopausal experiences as they unfolded in the context of ongoing work. This study captured the dynamic ways in which embodied experiences, emotional responses, and professional self-understandings evolved over time. The diary approach provided a unique opportunity to examine identity processes as they occurred within everyday working life rather than solely through retrospective accounts. While not anticipated at the outset, the shared professional background of participants provided a particularly rich context for exploring identity processes within a demanding, relational, and often physically intensive occupational environment. Nursing roles frequently involve high levels of responsibility, emotional labour, and limited autonomy over working conditions, which may intensify tensions between embodied experiences and workplace expectations.

The two studies provide new insight into how menopausal experiences intersect with professional identity within organisational contexts. The thesis contributes to the literature in three primary ways:

- It proposes a framework that conceptualises menopause as an identity-relevant developmental transition shaped by the interaction between embodied physiological change, organisational expectations, and relational dynamics within the workplace.
- It offers a methodological contribution by demonstrating the value of longitudinal diary methods in capturing the dynamic and evolving nature of identity processes as they unfold within everyday working life.
- It provides clinical and organisational insights, highlighting how menopausal experiences may involve processes of identity threat, renegotiation and

maintenance, that are relevant to psychological formulation, therapeutic practice, and workplace policy.

The remainder of this chapter develops these contributions by integrating insights from both studies and situating them within relevant theoretical and organisational literatures. The discussion first considers menopause as an identity-relevant developmental transition, before examining the mechanisms through which professional identity disruption, renegotiation, and maintenance may occur. Attention is then given to the organisational contexts within which these processes unfold, including the role of embodiment, ideal worker norms, and relational recognition. The chapter then outlines the theoretical contributions of the thesis and presents the conceptual framework proposed to integrate these insights. Finally, the implications for clinical psychology and organisational practice are considered, followed by researcher reflections and concluding remarks.

Menopause as a Developmental Identity Transition

A central contribution of this thesis is the proposition that menopause be understood as an under-recognised developmental transition with important implications for professional identity within working life. Although menopause has traditionally been conceptualised primarily through biomedical frameworks emphasising hormonal change and symptom experience (Atkinson et al., 2020; Jack et al., 2016), the integrated thesis insights suggest that the transition has broader psychological significance (Atkinson et al., 2025; Throsby & Roberts, 2024).

From a lifespan perspective, identity is understood as an evolving process shaped by ongoing life experiences rather than a fixed achievement confined to adolescence (Branje et al., 2021; Erikson, 1968; Kroger et al., 2010; Maehler & Hernández-Torrano, 2025). Models of identity development emphasise how individuals maintain a coherent

sense of self by integrating new experiences into existing identity structures through processes of assimilation and accommodation (Whitbourne et al., 2002).

When life events challenge previously stable assumptions about the self, individuals may experience periods of uncertainty as aspects of identity are reconsidered or renegotiated. Transitions theory similarly conceptualises major life changes as periods characterised by disruption, uncertainty, and adaptation as individuals integrate new realities into existing roles and identities (Meleis, 2010). While transitions may involve physiological, social, or psychological change, their significance often lies in how individuals interpret and respond to these changes within the context of their everyday lives (Alvesson & Willmott, 2002). In this sense, transitions represent periods during which individuals reassess previously taken-for-granted understandings of themselves and their capabilities. Despite recognition that identity development continues across adulthood, comparatively little theoretical attention has been given to how menopausal midlife transitions may intersect with professional identity within workplace contexts.

Conceptualising menopause as a developmental identity transition therefore shifts attention beyond symptom experience alone. Rather than representing solely a biological event, menopause may involve periods in which previously stable understandings of competence, reliability, and professional capability are reconsidered as individuals attempt to integrate embodied change into established working identities. In this sense, menopausal experiences may become identity-relevant when they prompt reflection on how professional roles can be sustained or adapted in the context of changing capacities.

Importantly, these identity processes do not occur independently of the environments within which working lives unfold. The ways in which menopausal experiences become identity-relevant are shaped by the expectations and norms that govern professional performance within organisational contexts (Ashforth & Schinoff,

2016; Riach & Jack, 2021). The following sections therefore examine the mechanisms through which professional identity disruption, renegotiation and maintenance may occur during the menopausal transition, before considering how workplace environments influence these processes.

Mechanisms of Identity Disruption, Maintenance and Renegotiation

The integrated findings suggest that menopausal experiences may give rise to a series of identity processes through which individuals respond to disruptions in previously stable ways of working. These processes appear to involve moments in which professional competence is called into question, followed by efforts to reinterpret or renegotiate expectations of professional performance, and ongoing attempts to maintain valued professional identities within changing circumstances (Alvesson et al., 2008; Brown, 2022; Sveningsson & Alvesson, 2003). Such dynamics are consistent with organisational research suggesting that professional identities often evolve through periods of role transition in which individuals must reconcile existing self-understandings with emerging expectations of how work should be performed (Ibarra, 1999). In these contexts, individuals may experiment with new ways of enacting their roles, drawing on role models and feedback from others as they gradually refine emerging professional identities.

Similarly, professional identity research highlights how identity reconstruction can be triggered when individuals experience a misalignment between the work they are performing and their existing understandings of who they are as professionals (Pratt et al., 2006). When such discrepancies arise, individuals may engage in processes of adjustment through which both work practices and identity understandings are reconsidered and reshaped over time.

Importantly, these processes do not appear to unfold in a strictly linear sequence. Rather, identity negotiation during the menopausal transition may involve movement back and forth between periods of disruption, adjustment, and stabilisation as embodied experiences fluctuate and workplace demands evolve.

Identity Disruption. Moments of disruption were noted when menopausal symptoms interfered with previously reliable ways of working. Disruptions were often interpreted not only as bodily symptoms but as potential threats to professional competence. An increased awareness of performance was evident, as individuals anticipated mistakes and questioned whether they were able to work as effectively as they had previously. These reflections often extended to concerns about whether professional roles could still be performed in ways that aligned with internalised standards of competence and reliability (Brown, 2022; Miscenko & Day, 2016).

As a result, identity threat occurs where individuals perceived that valued aspects of the self may no longer be recognised or validated within a particular social context (Alvesson et al., 2008; Ashforth & Schinoff, 2016; Riach & Jack, 2021). More specifically, identity threat can be understood as an experience that individuals appraise as signalling potential harm to the value, meaning, or enactment of an identity they hold (Petriglieri, 2011).

One mechanism through which identity disruption may occur is heightened self-monitoring. When previously automatic aspects of work performance become uncertain, individuals may become increasingly attentive to their cognitive functioning, emotional responses, or physical stamina during work tasks. This heightened awareness may lead individuals to anticipate mistakes or evaluate their performance more critically. Such processes may generate a feedback loop in which embodied disruption increases

vigilance toward potential performance failures, which in turn amplifies feelings of self-doubt.

Importantly, identity disruption appears to arise not solely from the presence of symptoms themselves but from how these experiences are interpreted in relation to internalised expectations of competence. Professional identities are sustained through motivations such as self-verification, self-coherence, and self-efficacy (Ashforth & Schinoff, 2016). When embodied changes appear to conflict with these expectations, individuals may experience uncertainty regarding whether their professional identities remain intact.

Identity Renegotiation. In response to emerging disruptions, individuals may engage in processes of identity renegotiation through which understandings of professional competence are reinterpreted or adapted. Rather than attempting to maintain previous standards unchanged, renegotiation may involve reconsidering what competence means within the context of evolving capacities.

Identity renegotiation may take several forms. Individuals may begin to adjust expectations of their own performance, reconsider workloads, or adopt different strategies for managing work demands. Over time, professional competence may come to be understood less in terms of moment-to-moment efficiency and more in relation to accumulated professional experience, relational expertise, or broader contributions within the workplace.

Within identity research, such processes can be understood as forms of identity work, through which individuals actively reinterpret and reconstruct valued aspects of the self in response to changing circumstances (Alvesson & Willmott, 2002). Identity renegotiation therefore does not necessarily represent a loss of professional identity. Instead, it may reflect an adaptive process through which individuals integrate embodied

change into revised understandings of professional capability. During periods of role transition individuals often construct self-narratives that help them make sense of changing experiences and maintain a coherent sense of self over time (Ibarra & Barbulescu, 2010). Through this process, individuals may reinterpret disruptive experiences and incorporate them into evolving understandings of who they are as professionals, linking past identities with emerging ways of enacting their roles.

These renegotiations may also be shaped by relational and contextual factors. Moments of recognition, reassurance, or validation from colleagues and managers may help reinforce the legitimacy of revised understandings of competence. Conversely, environments characterised by silence or stigma may limit opportunities for individuals to reinterpret menopausal experiences in constructive ways, thereby intensifying identity disruption.

Identity Maintenance. Alongside renegotiation, individuals may engage in ongoing efforts to maintain valued professional identities in the face of perceived disruption. Such efforts may involve strategies aimed at preserving credibility, sustaining work performance, or minimising the visibility of menopausal experiences within professional environments.

Within organisational research, these responses can be understood as forms of identity maintenance through which individuals attempt to sustain valued identities despite potential threats (Ashforth & Schinoff, 2016; Petriglieri, 2011). Strategies may include persisting through fatigue, adjusting work routines, selectively disclosing menopausal experiences, or managing the visibility of symptoms in order to maintain the appearance of competence.

Importantly, identity maintenance efforts may be sustained by strong commitments to professional roles and responsibilities. For individuals working in caring

or relational professions, professional identity may be closely tied to ethical responsibility toward others, dedication to patient care, or commitment to professional standards. In such contexts, efforts to sustain professional credibility may reflect not only defensive responses to identity threat but also deeply held professional values.

However, these strategies may also carry psychological costs when they involve sustained self-monitoring, concealment, or pressure to maintain previous levels of performance despite changing capacities. Over time, the effort required to maintain professional identity under such conditions may contribute to emotional strain or exhaustion.

Integrative synthesis. The integrated findings suggest that menopausal identity disruption unfolds through cycles of disruption, adaptation and maintenance. Identity threat may emerge when embodied changes challenge previously stable ways of performing competence, prompting increased self-monitoring and uncertainty. In response, individuals may attempt to reinterpret expectations of professional capability while simultaneously engaging in efforts to sustain valued professional identities.

This dynamic process aligns with identity theories that emphasise the ongoing negotiation of professional identities within social contexts (Ashforth & Schinoff, 2016; Brown, 2022). However, the present findings extend this literature by demonstrating how embodied physiological transitions can act as catalysts for identity renegotiation within organisational environments.

Organisational Context: Embodiment, Ideal Worker Norms and Relational Recognition

While the previous section focused on the psychological processes through which professional identity disruption and renegotiation may occur, it is important to note these processes are shaped by the organisational contexts within which working lives unfold.

Professional identities are not constructed in isolation but are embedded within social and organisational environments that define what competence, reliability, and professionalism are expected to look like (Ashforth & Schinoff, 2016; Brown, 2022). Understanding how menopausal experiences become identity-relevant therefore requires attention to the organisational norms and relational dynamics that shape how embodied change is interpreted within workplace settings.

Embodiment and the Ideal Worker. The ideal worker norm, which assumes employees whose bodies remain stable, predictable, and capable of sustaining uninterrupted productivity, privileges workers who appear consistently energetic, emotionally composed, and unaffected by bodily variability (Acker, 1990; 2006; Grandey et al., 2020; Williams et al., 2013). As a result, many workplace environments implicitly assume a form of disembodied worker whose physical needs remain largely invisible within professional performance (Trethewey, 1999; Atkinson et al., 2021).

Within such contexts, bodily processes that disrupt the appearance of stability may become particularly salient. Menopausal experiences can render the body more visible within workplace environments, particularly where fatigue, sleep disruption, cognitive fluctuation, or vasomotor symptoms interfere with previously reliable work routines (Riach et al., 2023). When these embodied changes occur within environments structured around expectations of steadiness and control, individuals may experience tension between the lived reality of bodily change and the norms that govern professional performance.

These expectations may also become psychologically internalised over time. Organisational standards surrounding productivity, composure, and reliability can shape how individuals evaluate their own performance, such that deviations from these standards may generate self-criticism or doubt even in the absence of explicit feedback

from others. Identity disruption may therefore arise not only from external workplace pressures but also from the internalisation of normative expectations regarding what it means to be a competent professional.

Relational Recognition. Alongside broader organisational norms, relational interactions within the workplace also play an important role in shaping how identity processes unfold during the menopausal transition. Professional identities are sustained not only through individuals' own self-understandings but also through recognition and validation from others within social environments (Ashforth & Schinoff, 2016).

Interactions with colleagues, managers, and professional networks may therefore influence whether menopausal experiences are interpreted as signs of diminished competence or as manageable aspects of working life. Moments of reassurance, acknowledgement, or support may help reinforce individuals' sense of professional value and legitimacy, thereby buffering the effects of identity disruption. Such relational recognition can affirm that professional contributions remain meaningful and valued even when individuals experience temporary fluctuations in energy, concentration, or physical comfort.

Conversely, environments characterised by silence, stigma, or lack of acknowledgement may leave individuals to interpret menopausal experiences privately, potentially intensifying uncertainty or self-doubt. When menopausal experiences are framed as inappropriate topics for discussion or are associated with negative stereotypes surrounding aging or competence, individuals may feel pressure to conceal bodily changes in order to maintain professional credibility.

Relational dynamics are therefore central to how menopausal identity processes unfold within workplace environments. While formal organisational policies may address practical aspects of symptom management, relational recognition operates at the level of

identity by reinforcing individuals' sense of competence, legitimacy, and belonging within professional communities.

Menopausal identity disruption therefore cannot be understood solely as an individual response to bodily change. Rather, identity processes unfold within organisational environments structured around implicit expectations of stable, productive, and largely disembodied workers. When embodied menopausal experiences intersect with these expectations, tensions may emerge that shape how professional competence is interpreted. At the same time, relational interactions within the workplace may either intensify or buffer these tensions by influencing whether individuals feel recognised and supported in their professional roles.

Theoretical Integration and Contribution

The findings of this thesis contribute to existing literature by bringing together insights from identity theory, transitions theory, and organisational research to provide a more integrated understanding of how menopausal experiences intersect with professional identity within workplace contexts. While these bodies of literature have each examined aspects of identity, change, and organisational life, they have rarely been considered together in relation to menopause. Integrating these perspectives allows a clearer conceptualisation of how embodied physiological transitions may shape professional identity within working life.

Identity theory highlights how professional identities are closely tied to perceptions of competence, credibility, and legitimacy within organisational environments (Ashforth & Schinoff, 2016; Brown, 2022). When experiences disrupt capacities that have previously supported these identities, individuals may engage in processes of identity work to maintain or repair valued professional self-understandings (Alvesson & Willmott, 2002; Miscenko & Day, 2016). The present research extends this

perspective by demonstrating how menopause may act as a catalyst for such identity processes, particularly when embodied changes challenge previously stable ways of performing competence within professional roles.

Transitions theory similarly emphasises that periods of life change often involve uncertainty, adaptation, and the reorganisation of previously taken-for-granted roles (Meleis, 2010). The findings of this thesis suggest that menopause may represent one such transition within working life, prompting individuals to reconsider how professional competence is enacted and sustained in the context of changing embodied capacities.

At the same time, organisational research highlights how professional performance is shaped by implicit expectations surrounding the ideal worker (Acker, 1990; 2006; Grandey et al., 2020). Integrating these insights suggests that menopausal identity disruption arises not solely from physiological change itself but from the interaction between embodied change and organisational expectations surrounding professional performance.

Viewed together, these perspectives highlight how menopausal experiences become identity-relevant when embodied change intersects with norms governing competence and legitimacy within workplace environments. In this sense, the present research advances existing literature by conceptualising menopause as an embodied identity transition that unfolds within organisational contexts. This perspective moves beyond framings of menopause solely as a health issue or workplace challenge and instead highlights how physiological life transitions can shape professional identity through their interaction with organisational norms and relational dynamics.

Methodological Contribution

A further contribution of this thesis lies in its methodological approach. Much of the existing menopause at work research has relied on retrospective interviews or survey

methods, which capture experiences at a single point in time. While such approaches provide valuable insight into how menopausal experiences are interpreted, they may be less able to capture how identity tensions unfold within the rhythm of everyday working life.

The use of structured reflective diaries in the present study enabled menopausal experiences to be documented as they occurred across several weeks of working life. This approach allowed fluctuations in embodied experiences, workplace interactions, and interpretations of professional competence to be observed over time. In doing so, the diary method supported examination of identity negotiation as an ongoing and dynamic process rather than a retrospective account (Bolger et al., 2003; Stephens et al., 2026).

The diary process also appeared to create a reflective space through which experiences that are often privately managed within the pace of everyday work could be articulated. While the study did not aim to evaluate the reflective impact of diary writing itself, this observation highlights the value of diary-based approaches in capturing aspects of workplace experience that may otherwise remain unspoken.

This methodological approach complements the conceptual framing of menopause as a developmental transition by enabling insight into how identity disruption, maintenance, and renegotiation may emerge and evolve within everyday professional contexts.

Moving Toward a Conceptual Framework

Building on the theoretical integration outlined, this thesis proposes a conceptual framework that illustrates how menopausal experiences may shape professional identity within workplace contexts. Drawing together insights from both studies, the framework conceptualises professional identity disruption as emerging through the interaction between embodied menopausal change and workplace norms. The framework provides a

way of understanding how these interacting influences may give rise to processes of identity tension, renegotiation, and ultimately, professional identity stabilisation or destabilisation, shaped by the presence or absence of relational recognition (Figure 2).

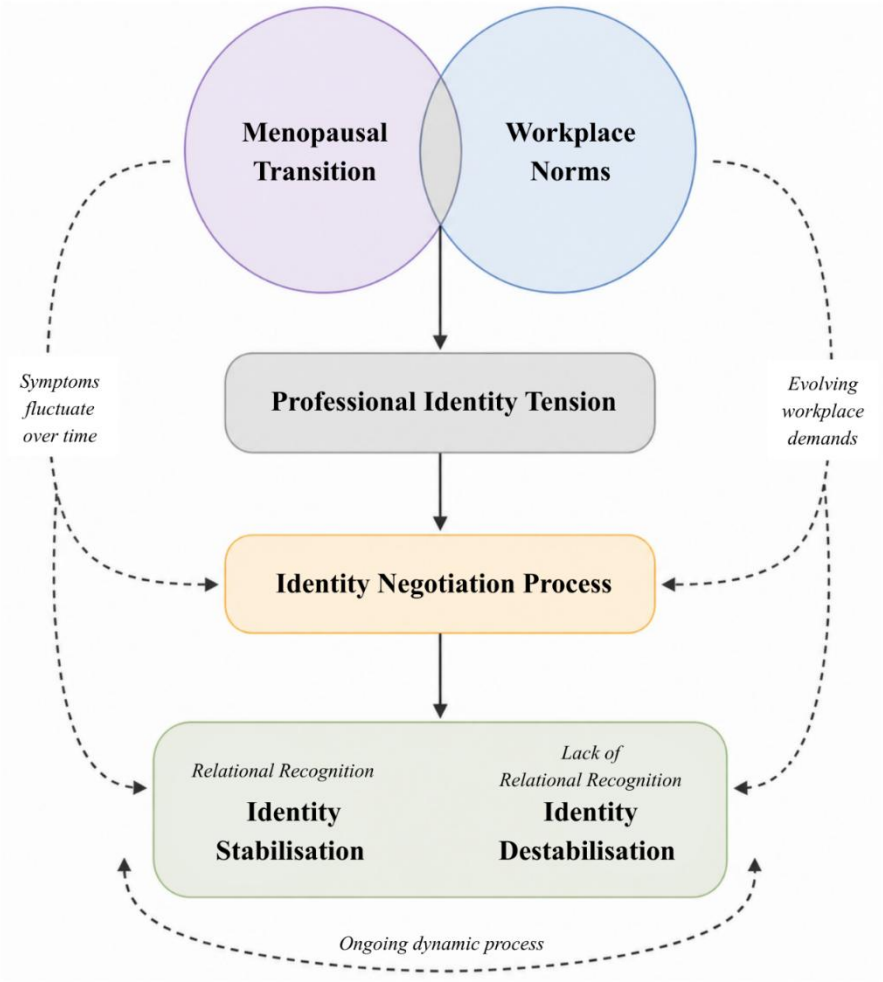


Fig. 2. *Conceptual framework of professional identity processes during the menopausal transition in workplace contexts.*

Menopausal Transition and Workplace Norms interaction

Within the framework, identity disruption is conceptualised as emerging through the interaction between embodied menopausal change and workplace expectations surrounding professional performance. Embodied changes experienced as part of the menopausal transition interfere with established workplace norms around expectations of consistent performance. When these embodied changes occur within organisational

environments structured around expectations of productivity, composure, and reliability, tensions may arise between lived bodily experience and internalised standards of professional performance.

Professional Identity Tension

Through this interaction, professional identity tension may emerge when individuals begin to question their ability to meet expectations associated with valued professional roles. This tension reflects a perceived misalignment between embodied experiences and internalised standards of competence, credibility, and reliability. Professional identity tension therefore represents the point at which menopausal experiences become psychologically and professionally salient, prompting reflection on how professional identities can be sustained within the context of changing embodied capacities.

Identity Negotiation Process

In response to this tension, individuals may engage in processes of identity negotiation through which professional self-understandings are reconsidered, adjusted, or reaffirmed. Identity negotiation may involve reassessing expectations of performance, modifying work practices, drawing on accumulated professional experience, or redefining what competence looks like within the context of embodied change. These processes represent efforts to reconcile changing bodily experiences with valued professional identities and to maintain a sense of continuity within professional roles.

Identity Stabilisation or Destabilisation

The framework proposes that the outcomes of the identity negotiation process may vary depending on how individuals are able to reconcile embodied change with workplace expectations. In some cases, individuals may arrive at revised understandings of competence that allow professional identity to stabilise despite ongoing menopausal experiences. In other cases, persistent tensions between embodied change and workplace

demands may contribute to further destabilisation of professional identity. Relational recognition within workplace environments may play an important role in shaping these outcomes, with supportive interactions reinforcing individuals sense of competence and belonging, while environments lacking relational recognition which are characterised by silence or stigma may intensify identity tensions.

These processes are not necessarily linear. Experiences of disruption, negotiation, and stabilisation may recur over time as menopausal symptoms fluctuate and workplace demands evolve, highlighting the dynamic nature of identity processes during the menopausal transition.

Implications

A central implication of this thesis is that menopause in the workplace should not be conceptualised solely as a set of symptoms requiring individual management, but rather as an identity-relevant developmental transition unfolding within organisational contexts. Framing menopause in this way shifts attention beyond symptom management toward the psychological, relational, and organisational processes through which menopausal experiences intersect with professional identity. The implications of this thesis therefore extend beyond individual wellbeing and instead concern how competence is interpreted, how support is enacted within workplaces, and how organisational environments respond to embodied change across working life.

Given that a growing proportion of the workforce now consists of midlife women, supporting continued engagement in meaningful employment during the menopausal transition is increasingly important for workforce participation, organisational retention of experienced staff, and broader gender equality within the labour market.

Clinical psychology implications

Conceptualising menopause as an identity-relevant developmental transition has important implications for clinical psychology practice. Menopause is frequently addressed within clinical contexts in relation to symptom management, emotional distress, or functional impairment. The present research suggests that menopausal experiences may also involve significant identity processes related to competence, professional credibility, and self-understanding within the workplace. In this sense, menopause may represent not only a physiological transition but also a period in which established assumptions about professional capability are re-evaluated.

From a clinical perspective, supporting women during the menopausal transition therefore requires attention not only to distress or coping strategies, but also to the meanings individuals attach to changes in their bodies and how these changes intersect with professional identity. Clinical work may involve supporting individuals to reflect on how expectations of productivity, competence, and reliability have shaped their interpretations of menopausal change. In doing so, psychological intervention may assist individuals in distinguishing between genuine functional limitations and identity threats arising from internalised workplace norms.

Clinical psychologists are well placed to support individuals in renegotiating professional self-understandings during periods of identity disruption. Therapeutic work may involve helping individuals develop more flexible and compassionate interpretations of changing capacities, while maintaining connection with valued professional roles. This may include supporting individuals to re-evaluate standards of competence, recognise accumulated professional expertise, and rebuild confidence in their ability to function effectively within evolving circumstances.

Clinical formulation may therefore benefit from explicitly attending to identity threat, self-efficacy, and experiences of belonging within work contexts. Locating

menopausal distress solely within the individual body risks overlooking the broader relational and organisational contexts in which identity tensions arise. Recognising these dynamics allows clinicians to support individuals navigating menopausal transitions while sustaining engagement with valued professional identities.

Organisational implications

The findings of this thesis also highlight the importance of considering the organisational environments in which menopausal experiences occur. Much contemporary discussion of menopause in the workplace focuses on individual coping strategies or practical accommodations. While such measures may be beneficial, the present research suggests that organisational norms and cultural expectations play a significant role in shaping how menopausal experiences are interpreted within professional contexts.

Workplace cultures that prioritise uninterrupted productivity, emotional composure, and consistent performance may intensify identity tensions during menopause. Organisational models that assume workers whose bodies remain stable and unaffected by physiological change implicitly position menopausal experiences as deviations from expected professional functioning. In such environments, individuals may feel pressure to conceal or privately manage menopausal changes in order to preserve professional credibility.

These dynamics suggest that organisational responses to menopause should extend beyond individual-level accommodations toward broader cultural and structural considerations. While practical supports such as flexible working arrangements, temperature regulation, or rest facilities may alleviate some challenges associated with menopausal symptoms, the findings of this thesis indicate that relational and cultural conditions within workplaces are equally important. Environments characterised by

psychological safety, supportive leadership, and open discussion of menopause may reduce pressures surrounding concealment and facilitate continued professional engagement.

The way menopause is communicated within organisational policies and workplace discourse is also likely to shape how such initiatives are experienced. Language that frames menopause solely as a deficit or impairment may inadvertently reinforce stigma or concerns regarding diminished competence. Conversely, approaches that recognise menopause as a normal life transition may contribute to environments in which employees feel acknowledged rather than marginalised.

Importantly, the absence of explicit discussion about menopause within workplaces should not be interpreted as absence of impact. Strategies of concealment or private management may enable individuals to remain engaged in professional roles in the short term while simultaneously obscuring the extent to which menopausal experiences shape workplace participation. Recognising this dynamic highlights the importance of organisational cultures that acknowledge embodied variability and support employees across different life stages.

More broadly, these findings invite reflection on the structural assumptions embedded within many workplace environments. Expectations of uninterrupted productivity and emotional composure reflect organisational models that privilege workers whose bodies appear stable and predictable. Recognising menopause as an identity-relevant transition therefore raises important questions about how workplaces might better accommodate the realities of embodied working lives.

Researcher Reflections

This section is written in the first person as it reflects my personal experience of undertaking this research. Throughout the research process, I was aware that my

professional background in clinical psychology and my interest in women's wellbeing may have influenced both the focus of the study and the interpretation of the data. This perspective may have sensitised me to the psychological and relational dimensions of menopausal experiences, particularly issues relating to identity, competence, and meaning within professional roles.

My interest in this topic was also shaped by personal context. Growing up with a mother who worked as a nurse, I was familiar with the demands placed on women working within healthcare settings. Conversations with her about her own experiences of menopause and work contributed to my curiosity about how menopausal change might be experienced within professional roles and how women navigate these changes while maintaining their sense of competence and professional identity.

Interestingly, despite a broad recruitment strategy, all participants in the empirical study ultimately worked within nursing roles. This was not an intentional design decision but rather an outcome of the recruitment process. While this unexpected convergence provided the opportunity to explore menopausal experiences within a relatively homogeneous professional context, it also raised important reflexive considerations given my familiarity with healthcare environments. In some instances, this familiarity helped facilitate understanding of workplace contexts and terminology. At the same time, it required ongoing awareness and reflexive attention throughout the research process to ensure that interpretations remained grounded in the data rather than shaped by my own assumptions.

Maintaining a researcher journal throughout the study supported reflexive engagement with the analytic process. Reflexive journaling made the evolving relationship between my interpretations and data visible within IPA, allowing me to document how meanings were developed, questioned, and refined during analysis

(Engward & Goldspink 2020; Smith et al., 2022). At times I used the journal to note what aspects of participants accounts felt familiar to me and to distinguish these from what participants themselves had described. Recording these reflections also allowed me to track how interpretations developed across the analytic process. Revisiting earlier journal entries helped me reflect on how initial impressions shifted as analysis progressed, supporting a more iterative and reflexive engagement with the data.

These reflections were particularly important when interpreting themes related to competence and self-doubt, as aspects of these experiences resonated with my own experience of navigating the demands of doctoral training, clinical placements, and research. Recognising these parallels encouraged careful consideration of how personal experience might shape interpretation, while reinforcing the importance of grounding analysis closely in the data. Attending reflexively to these moments of identification helped ensure that familiarity prompted deeper analytic attention rather than overinterpretation.

Overall, the research process reinforced the importance of approaching the analysis with sensitivity and reflexivity. It also highlighted how rarely women appear to have space within working life to reflect openly on menopausal experiences that are often managed privately. Engaging reflexively with the research process not only supported the rigour of the analysis but also deepened my understanding of how menopausal experiences intersect with questions of identity, competence, and recognition within women's working lives.

Conclusion

This thesis examined how the menopausal transition shapes women's workplace identities and how these identities are negotiated within everyday working life. The findings demonstrate that menopause is not only a biological transition or workplace

health issue, but an identity-relevant developmental transition that unfolds within organisational contexts.

Conceptually, this thesis advances understanding of menopause at work by proposing a framework that brings together insights from identity theory, transitions theory, and organisational research. The framework illustrates how menopausal identity disruption emerges through the interaction of embodied physiological change, organisational expectations surrounding professional performance, and relational recognition within workplace environments. In doing so, it extends existing menopause at work literature beyond biomedical and productivity-focused framings, positioning menopause as a psychological, relational, and organisational phenomenon that shapes professional identity.

Methodologically, the use of structured reflective diaries enabled menopausal experiences to be captured as they unfolded within everyday working life. This longitudinal approach provided insight into how identity tensions, interpretations of embodied change, and workplace interactions fluctuate over time, supporting the conceptualisation of menopause as a dynamic developmental transition rather than a static experience.

Finally, the findings carry important implications for practice. Recognising menopause as an identity-relevant transition highlights the importance of attending not only to symptom management but also to the identity processes and organisational conditions that shape women's experiences of work during midlife. In this way, the research underscores the relevance of menopause for both clinical psychology and organisational practice, emphasising the need for greater recognition of how embodied life transitions intersect with professional identity, competence, and belonging within working life.

In recognising menopause as an identity-relevant developmental transition that unfolds within workplace contexts, this thesis contributes to a more integrated understanding of how embodied changes shape professional identity, belonging, and meaning making, highlighting the importance of these processes in sustaining women's participation in the workforce.

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Appendices

Appendix A: Journal Submission Guidelines (SSM – Qualitative Research in Health)

Key submission requirements for *SSM – Qualitative Research in Health*	
Article Type & Word Limit	Full Length Articles which can be a maximum of 8000 words excluding abstract, tables, figures, references and appendices as well as the main text.
Referencing Style	American Psychological Association (7th ed.)
Abstract	Concise and factual abstract which does not exceed 250 words

The full author guidelines are available at:

https://www.sciencedirect.com/journal/ssm-qualitative-research-in-health/publish/guide-for-authors *(accessed 17/04/2026)*.

Appendix B: Search Strategy

Initial search conducted on 02/11/2024. Updated search conducted on 10/06/25.		
Database	**Search Strategy**	**Results**
CINAHL	**S1:** TI (Work OR "Work Space" OR "Work Environment" OR Workplace OR Employment OR Job* OR "Job Environment" OR Career*) OR AB (Work OR "Work Space" OR "Work Environment" OR Workplace OR Employment OR Job* OR "Job Environment" OR Career*) **S2:** TI (Identity OR "Workplace Identity" OR "Professional Identity" OR "Personal Identity" OR "Self Identity" OR Self-Identity OR "Self Esteem" OR Self-Esteem OR "Self Concept" OR Self-Concept OR "Sense Of Self" OR "Self Perception" OR Self-Perception OR "Self View" OR Self-View OR "Self Confidence" OR Self-Confidence) OR AB (Identity OR "Workplace Identity" OR "Professional Identity" OR "Personal Identity" OR "Self Identity" OR Self-Identity OR "Self Esteem" OR Self-Esteem OR "Self Concept" OR Self-Concept OR "Sense Of Self" OR "Self Perception" OR Self-Perception OR "Self View" OR Self-View OR "Self Confidence" OR Self-Confidence) **S3:** TI (Menopaus* OR Perimenopaus* OR Peri-menopause OR Peri-menopausal OR "Peri menopause" OR "Peri menopausal" OR Postmenopaus* OR Post-Menopause OR Post-Menopausal OR "Post menopause" OR "Post menopausal" OR Climacteric OR "Menopause Stage" OR "Menopause Stages" OR "Menopausal Stage" OR "Menopausal Stages" OR "Menopausal transition" OR "Menopausal transitions" OR "Menopause transition" OR "Menopause transitions" OR "Menopause Symptoms" OR "Menopausal Symptoms" OR "Perimenopause Symptoms" OR "Perimenopausal Symptoms" OR "Postmenopause Symptoms" OR "Postmenopausal Symptoms") OR AB (Menopaus* OR Perimenopaus* OR Peri-menopause OR Peri-menopausal OR "Peri menopause" OR "Peri menopausal" OR Postmenopaus* OR Post-Menopause OR Post-Menopausal OR "Post menopause" OR "Post menopausal" OR Climacteric OR "Menopause Stage" OR "Menopause Stages" OR "Menopausal	**14** *(02/11/24)* **2** *(10/06/25)*

	Stage” OR “Menopausal Stages” OR "Menopausal transition" OR "Menopausal transitions" OR "Menopause transition" OR "Menopause transitions" OR “Menopause Symptoms” OR “Menopausal Symptoms” OR “Perimenopause Symptoms” OR “Perimenopausal Symptoms” OR “Postmenopause Symptoms” OR “Postmenopausal Symptoms”) **S4:** S1 AND S2 AND S3	
PsycARTICLES	**S1:** TI (Work OR “Work Space” OR “Work Environment” OR Workplace OR Employment OR Job* OR “Job Environment” OR Career*) OR AB (Work OR “Work Space” OR “Work Environment” OR Workplace OR Employment OR Job* OR “Job Environment” OR Career*) **S2:** TI (Identity OR “Workplace Identity” OR “Professional Identity” OR “Personal Identity” OR “Self Identity” OR Self-Identity OR “Self Esteem” OR Self-Esteem OR “Self Concept” OR Self-Concept OR “Sense Of Self” OR “Self Perception” OR Self-Perception OR “Self View” OR Self-View OR “Self Confidence” OR Self-Confidence) OR AB (Identity OR “Workplace Identity” OR “Professional Identity” OR “Personal Identity” OR “Self Identity” OR Self-Identity OR “Self Esteem” OR Self-Esteem OR “Self Concept” OR Self-Concept OR “Sense Of Self” OR “Self Perception” OR Self-Perception OR “Self View” OR Self-View OR “Self Confidence” OR Self-Confidence) **S3:** TI (Menopaus* OR Perimenopaus* OR Peri-menopause OR Peri-menopausal OR “Peri menopause” OR “Peri menopausal” OR Postmenopaus* OR Post-Menopause OR Post-Menopausal OR “Post menopause” OR “Post menopausal” OR Climacteric OR “Menopause Stage” OR “Menopause Stages” OR “Menopausal Stage” OR “Menopausal Stages” OR "Menopausal transition" OR "Menopausal transitions" OR "Menopause transition" OR "Menopause transitions" OR “Menopause Symptoms” OR “Menopausal Symptoms” OR “Perimenopause Symptoms” OR “Perimenopausal Symptoms” OR “Postmenopause Symptoms” OR “Postmenopausal Symptoms”) OR AB (Menopaus* OR Perimenopaus* OR Peri-menopause OR Peri-menopausal OR “Peri	**0** *(02/11/24)* **0** *(10/06/25)*

	menopause" OR "Peri menopausal" OR Postmenopaus* OR Post-Menopause OR Post-Menopausal OR "Post menopause" OR "Post menopausal" OR Climacteric OR "Menopause Stage" OR "Menopause Stages" OR "Menopausal Stage" OR "Menopausal Stages" OR "Menopausal transition" OR "Menopausal transitions" OR "Menopause transition" OR "Menopause transitions" OR "Menopause Symptoms" OR "Menopausal Symptoms" OR "Perimenopause Symptoms" OR "Perimenopausal Symptoms" OR "Postmenopause Symptoms" OR "Postmenopausal Symptoms") **S4:** S1 AND S2 AND S3	
PsychINFO	**S1:** TI (Work OR "Work Space" OR "Work Environment" OR Workplace OR Employment OR Job* OR "Job Environment" OR Career*) OR AB (Work OR "Work Space" OR "Work Environment" OR Workplace OR Employment OR Job* OR "Job Environment" OR Career*) **S2:** TI (Identity OR "Workplace Identity" OR "Professional Identity" OR "Personal Identity" OR "Self Identity" OR Self-Identity OR "Self Esteem" OR Self-Esteem OR "Self Concept" OR Self-Concept OR "Sense Of Self" OR "Self Perception" OR Self-Perception OR "Self View" OR Self-View OR "Self Confidence" OR Self-Confidence) OR AB (Identity OR "Workplace Identity" OR "Professional Identity" OR "Personal Identity" OR "Self Identity" OR Self-Identity OR "Self Esteem" OR Self-Esteem OR "Self Concept" OR Self-Concept OR "Sense Of Self" OR "Self Perception" OR Self-Perception OR "Self View" OR Self-View OR "Self Confidence" OR Self-Confidence) **S3:** TI (Menopaus* OR Perimenopaus* OR Peri-menopause OR Peri-menopausal OR "Peri menopause" OR "Peri menopausal" OR Postmenopaus* OR Post-Menopause OR Post-Menopausal OR "Post menopause" OR "Post menopausal" OR Climacteric OR "Menopause Stage" OR "Menopause Stages" OR "Menopausal Stage" OR "Menopausal Stages" OR "Menopausal transition" OR "Menopausal transitions" OR "Menopause transition" OR "Menopause transitions" OR "Menopause Symptoms" OR "Menopausal Symptoms" OR	**33** *(02/11/24)* **2** *(10/06/25)*

	“Perimenopause Symptoms” OR “Perimenopausal Symptoms” OR “Postmenopause Symptoms” OR “Postmenopausal Symptoms”) OR AB (Menopaus* OR Perimenopaus* OR Peri-menopause OR Peri-menopausal OR “Peri menopause” OR “Peri menopausal” OR Postmenopaus* OR Post-Menopause OR Post-Menopausal OR “Post menopause” OR “Post menopausal” OR Climacteric OR “Menopause Stage” OR “Menopause Stages” OR “Menopausal Stage” OR “Menopausal Stages” OR "Menopausal transition" OR "Menopausal transitions" OR "Menopause transition" OR "Menopause transitions" OR “Menopause Symptoms” OR “Menopausal Symptoms” OR “Perimenopause Symptoms” OR “Perimenopausal Symptoms” OR “Postmenopause Symptoms” OR “Postmenopausal Symptoms”) **S4:** S1 AND S2 AND S3	
PubMed	#1: "Work"[Title/Abstract] OR "Work Space"[Title/Abstract] OR "Work Environment"[Title/Abstract] OR "Workplace"[Title/Abstract] OR "Employment"[Title/Abstract] OR "Job"[Title/Abstract] OR "Jobs"[Title/Abstract] OR "Job Environment"[Title/Abstract] OR "career*"[Title/Abstract] **#2:** "Identity"[Title/Abstract] OR "Workplace Identity"[Title/Abstract] OR "Professional Identity"[Title/Abstract] OR "Personal Identity"[Title/Abstract] OR "self identity"[Title/Abstract] OR "self identity"[Title/Abstract] OR "self esteem"[Title/Abstract] OR "self esteem"[Title/Abstract] OR "self concept"[Title/Abstract] OR "self concept"[Title/Abstract] OR "Sense Of Self"[Title/Abstract] OR "self perception"[Title/Abstract] OR "self perception"[Title/Abstract] OR "self view"[Title/Abstract] OR "self view"[Title/Abstract] OR "self confidence"[Title/Abstract] OR "self confidence"[Title/Abstract] **#3:** "menopaus*"[Title/Abstract] OR "perimenopaus*"[Title/Abstract] OR "peri menopause"[Title/Abstract] OR "peri	**27** *(02/11/24)* **4** *(10/06/25)*

	menopausal"[Title/Abstract] OR "peri menopause"[Title/Abstract] OR "peri menopausal"[Title/Abstract] OR "postmenopaus*"[Title/Abstract] OR "post menopause"[Title/Abstract] OR "post menopausal"[Title/Abstract] OR "post menopause"[Title/Abstract] OR "post menopausal"[Title/Abstract] OR "Climacteric"[Title/Abstract] OR "Menopause Stage"[Title/Abstract] OR "Menopause Stages"[Title/Abstract] OR "Menopausal Stage"[Title/Abstract] OR "Menopausal Stages"[Title/Abstract] OR "Menopausal transition"[Title/Abstract] OR "Menopausal transitions"[Title/Abstract] OR "Menopause transition"[Title/Abstract] OR "Menopause transitions"[Title/Abstract] OR "Menopause Symptoms"[Title/Abstract] OR "Menopausal Symptoms"[Title/Abstract] OR "Perimenopause Symptoms"[Title/Abstract] OR "Perimenopausal Symptoms"[Title/Abstract] OR "Postmenopause Symptoms"[Title/Abstract] OR "Postmenopausal Symptoms"[Title/Abstract] **#4:** #1 AND #2 AND #3	
Scopus	TITLE-ABS (work OR "Work Space" OR "Work Environment" OR workplace OR employment OR job* OR "Job Environment" OR career*) AND TITLE-ABS (identity OR "Workplace Identity" OR "Professional Identity" OR "Personal Identity" OR "Self Identity" OR self-identity OR "Self Esteem" OR self-esteem OR "Self Concept" OR self-concept OR "Sense Of Self" OR "Self Perception" OR self-perception OR "Self View" OR self-view OR "Self Confidence" OR self-confidence) AND TITLE-ABS (menopaus* OR perimenopaus* OR peri-menopause OR peri-menopausal OR "Peri menopause" OR "Peri menopausal" OR postmenopaus* OR post-menopause OR post-menopausal OR "Post menopause" OR "Post menopausal" OR climacteric OR "Menopause Stage" OR "Menopause Stages" OR "Menopausal Stage" OR "Menopausal Stages" OR "Menopausal transition" OR "Menopausal transitions" OR "Menopause transition" OR "Menopause	**53** *(02/11/24)* **22** *(10/06/25)*

	transitions" OR "Menopause Symptoms" OR "Menopausal Symptoms" OR "Perimenopause Symptoms" OR "Perimenopausal Symptoms" OR "Postmenopause Symptoms" OR "Postmenopausal Symptoms")	
Web of Science	**#1:** (TI=(Work OR "Work Space" OR "Work Environment" OR Workplace OR Employment OR Job* OR "Job Environment" OR Career*)) OR AB=(Work OR "Work Space" OR "Work Environment" OR Workplace OR Employment OR Job* OR "Job Environment" OR Career*) **#2:** (TI=(Identity OR "Workplace Identity" OR "Professional Identity" OR "Personal Identity" OR "Self Identity" OR Self-Identity OR "Self Esteem" OR Self-Esteem OR "Self Concept" OR Self-Concept OR "Sense Of Self" OR "Self Perception" OR Self-Perception OR "Self View" OR Self-View OR "Self Confidence" OR Self-Confidence)) OR AB=(Identity OR "Workplace Identity" OR "Professional Identity" OR "Personal Identity" OR "Self Identity" OR Self-Identity OR "Self Esteem" OR Self-Esteem OR "Self Concept" OR Self-Concept OR "Sense Of Self" OR "Self Perception" OR Self-Perception OR "Self View" OR Self-View OR "Self Confidence" OR Self-Confidence) **#3:** (TI=(Menopaus* OR Perimenopaus* OR Peri-menopause OR Peri-menopausal OR "Peri menopause" OR "Peri menopausal" OR Postmenopaus* OR Post-Menopause OR Post-Menopausal OR "Post menopause" OR "Post menopausal" OR Climacteric OR "Menopause Stage" OR "Menopause Stages" OR "Menopausal Stage" OR "Menopausal Stages" OR "Menopausal transition" OR "Menopausal transitions" OR "Menopause transition" OR "Menopause transitions" OR "Menopause Symptoms" OR "Menopausal Symptoms" OR "Perimenopause Symptoms" OR "Perimenopausal Symptoms" OR "Postmenopause Symptoms" OR "Postmenopausal Symptoms")) OR AB=(Menopaus* OR Perimenopaus* OR Peri-menopause OR Peri-menopausal OR "Peri menopause" OR "Peri menopausal" OR Postmenopaus* OR Post-Menopause OR Post-Menopausal OR "Post menopause" OR "Post menopausal" OR Climacteric OR "Menopause	**41** *(02/11/24)* **4** *(10/06/25)*

	Stage” OR “Menopause Stages” OR “Menopausal Stage” OR “Menopausal Stages” OR "Menopausal transition" OR "Menopausal transitions" OR "Menopause transition" OR "Menopause transitions" OR “Menopause Symptoms” OR “Menopausal Symptoms” OR “Perimenopause Symptoms” OR “Perimenopausal Symptoms” OR “Postmenopause Symptoms” OR “Postmenopausal Symptoms”) **#4:** #3 AND #2 AND #1	
Total		**202**

Appendix C: Google Scholar Search

Initial search conducted on 02/11/2024					
#	**Search**	**# results**	**# results screened**	**# new records**	**Total # records**
1	menopause AND work AND Identity OR "Workplace Identity" OR "Professional Identity" OR "Personal Identity" OR "Self Identity" OR Self-Identity OR "Self Esteem" OR Self-Esteem OR "Self Concept" OR Self-Concept OR "Sense Of Self" OR "Self Perception" OR Self-Perception OR "Self View" OR Self-View OR "Self Confidence" OR Self-Confidence	~ 89,300	100	100	100
2	menopause AND identity AND Work OR "Work Space" OR "Work Environment" OR Workplace OR Employment OR Job OR "Job Environment" OR Career	~ 82,100	100	28	128
3	Work AND Identity AND Menopause OR Menopausal OR Perimenopause OR Perimenopausal OR Peri-menopause OR Peri-menopausal OR "Peri menopause" OR "Peri menopausal" OR Postmenopause OR Postmenopausal OR Post-Menopause OR Post-Menopausal OR "Post menopause" OR "Post menopausal" OR Climacteric OR "Menopause Stage" OR "Menopause Stages" OR "Menopausal Stage" OR "Menopausal Stages" OR "Menopausal transition" OR "Menopausal transitions" OR "Menopause transition" OR "Menopause transitions" OR "Menopause Symptoms" OR "Menopausal Symptoms" OR "Perimenopause Symptoms" OR "Perimenopausal Symptoms" OR "Postmenopause Symptoms" OR "Postmenopausal Symptoms"	~ 84,800	100	13	**141**

- Each of the key concepts (menopause, workplace and identity) was given a "turn" in the "with at least one of the words" box with the remaining two concepts in the "with all of the words" box. The first 10 pages of each search was screened, resulting in a total of 300 articles screened. The decision to screen in this way was based on the feedback of the librarian who advised the algorithm will likely highlight most relevant articles first.
- No date specified
- Sorted by relevance

Updated search conducted on 10/06/2025

#	Search	# results	# results screened	# new records	Total # records
1	menopause AND work AND Identity OR "Workplace Identity" OR "Professional Identity" OR "Personal Identity" OR "Self Identity" OR Self-Identity OR "Self Esteem" OR Self-Esteem OR "Self Concept" OR Self-Concept OR "Sense Of Self" OR "Self Perception" OR Self-Perception OR "Self View" OR Self-View OR "Self Confidence" OR Self-Confidence	~ 40,900	100	71	71
2	menopause AND identity AND Work OR "Work Space" OR "Work Environment" OR Workplace OR Employment OR Job OR "Job Environment" OR Career	~ 9,990	100	43	114
3	Work AND Identity AND Menopause OR Menopausal OR Perimenopause OR Perimenopausal OR Peri-menopause OR Peri-menopausal OR "Peri menopause" OR "Peri menopausal" OR Postmenopause OR Postmenopausal OR Post-Menopause OR Post-Menopausal OR "Post menopause" OR "Post menopausal" OR Climacteric OR "Menopause Stage" OR "Menopause Stages" OR "Menopausal Stage" OR "Menopausal Stages" OR "Menopausal transition" OR "Menopausal transitions" OR "Menopause transition" OR "Menopause transitions" OR "Menopause Symptoms" OR "Menopausal Symptoms" OR "Perimenopause Symptoms" OR "Perimenopausal Symptoms" OR "Postmenopause Symptoms" OR "Postmenopausal Symptoms"	~ 370,000*	100	97	**211**

- Each of the key concepts (menopause, workplace and identity) was given a "turn" in the "with at least one of the words" box with the remaining two concepts in the "with all of the words" box. The first 10 pages of each search was screened, resulting in a total of 300 articles screened.
- Custom data range: 2024-2025 (no ability to specify by month).
- Sorted by relevance.

** An advanced search was conducted on Google Scholar in November 2024, returning approximately 84,800 results. When the same search was repeated in June 2025, restricted to the publication range 2024–2025, it returned over 370,000 results. This significant jump prompted further investigation. To avoid double counting and better understand the discrepancy, the search was rerun using two distinct publication date ranges: 1900–2023 and 2024–2025. The search returned over 716,000 results for 1900–2023 and over 370,000 for 2024–2025. The increase in results is unlikely to reflect a genuine surge in publication volume and is more plausibly due to changes in Google Scholar's indexing, such as retrospective inclusion of repository content, duplicates, or broader metadata matching. The original search parameters were carefully recorded and consistently applied using the advanced search function.*

Appendix D: Quality Appraisal

Author and Year	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Total score
Bochantin (2014)	Y	Y	Y	Y	Y	U	U	Y	U	Y	7/10
Bodza et al. (2019)	Y	Y	Y	Y	Y	U	U	Y	Y	Y	8/10
Fox & Mano (2024)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10
George (1996)	Y	Y	Y	Y	U	Y	U	U	U	U	5/10
Godfrey (2024)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10
Root (2023)	Y	Y	Y	Y	Y	U	N	Y	Y	Y	8/10
Smith (2024)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10
Steffan (2021)	U	Y	Y	Y	Y	Y	Y	Y	U	Y	8/10
Steffan & Potočnik (2025)	Y	Y	Y	Y	Y	U	U	Y	Y	Y	8/10

Q1. Is there congruity between the stated philosophical perspective and the research methodology? **Q2.** Is there congruity between the research methodology and the research question or objectives? **Q3.** Is there congruity between the research methodology and the methods used to collect data? **Q4.** Is there congruity between the research methodology and the representation and analysis of data? **Q5.** Is there congruity between the research methodology and the interpretation of results? **Q6.** Is there a statement locating the researcher culturally or theoretically? **Q7**. Is the influence of the researcher on the research, and vice- versa, addressed? **Q8.** Are participants, and their voices, adequately represented? **Q9.** Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body? **Q10.** Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?

Total Score, number of yes; **Y**, present; **N**, not present; **U**, unclear.

Note: *The JBI checklist does not detail a scoring system. A score of 0 or 1 was applied for the purpose of this review to aid consistency in reporting.*

Appendix E: Journal Submission Guidelines (Qualitative Research in Psychology)

Key submission *requirements for Qualitative Research in Psychology*	
Article Type & Word Limit	Full Length Article. There are no word limits for papers in this journal.
Referencing Style	Taylor & Francis Chicago (B) author-date style.
Abstract	Unstructured abstract of 200 words.
Relevant Information	Quotations of fewer than 100 words should be incorporated into the main text using quotation marks.

The full author guidelines are available at:

https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=uqrp20 *(accessed 17/04/2026)*.

Appendix F: Recruitment Poster

Menopause and Identity In The Workplace

Are you experiencing perimenopause or menopause, and working in a non-desk based* role?



You may be eligible to take part in a doctoral research study, exploring how women experience and navigate their workplace identity during the menopausal transition.



This study aims to deepen understanding of menopause in the workplace, reduce stigma, and inform more inclusive workplace policies and support strategies.

* Examples of non-desk based roles may include retail, hospitality, healthcare support, manufacturing, logistics, cleaning, education support, beauty, childcare, and security (among others).

Why take part?

Your insights could help shape future support for women at work and contribute to changes in how menopause is understood and addressed.

What's involved?

- **Brief call on Microsoft Teams:** meet the researcher, ask questions and decide if you want to take part.
- **Online journal entry:** once per week for up to four weeks.
- **Each entry takes roughly 30 minutes**, with guided prompts to reflect on work experience.

Interested in taking part, or curious to know more?

Scan the QR Code for details.

Recruitment will run until spaces are filled.

If you have trouble accessing the QR code or have questions, please contact:
Stephanie Wall (Trainee Clinical Psychologist / Lead Researcher)
120225734@umail.ucc.ie

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

This research has obtained ethical approval from the University College Cork Clinical Psychology Research Ethics Committee (CPREC).

Appendix G: Participant Information Leaflet



Title: Workplace **I**dentity, **M**enopause, and **E**xperiential **N**arratives (WIMEN).

Thank you for considering participating in this research project. The purpose of this document is to explain to you what the study is about and what your participation would involve, so as to enable you to make an informed choice.

What is the purpose of this study?

This study aims to deepen our understanding of the menopausal transition in the workplace, focusing on how women experience and navigate their workplace identity. By exploring your experiences, this study has the potential to inform inclusive workplace policies, reduce stigma around menopause, and offer insights that may enhance both clinical interventions and workplace wellbeing strategies.

What does taking part in the study involve?

Participation in this study is completely voluntary. There is no obligation to take part, and if you do choose to participate, you are free to withdraw from the study at any point.

Should you choose to participate, you will be asked to complete an online reflective journal entry once per week for four weeks. We recommend setting aside approximately thirty minutes per week to allow yourself time to reflect. These reflections will focus on your experiences at work, including how you feel in your body, how you see yourself in your role, and how workplace expectations affect you. Prompts will be provided each week to guide your entries.

After two diary entries, a short phone or email check-in will be arranged with you, depending on your preference. The check-in is an opportunity to connect, reflect on how the process is going for you, and discuss whether any adjustments would be helpful should you wish to continue for the remaining two weeks. Participant conversations will be recorded, securely stored, transcribed and anonymised for analysis. The study values your voice and aims to foster a respectful, collaborative space for sharing.

Following your final journal entry, you will be debriefed and given the opportunity to ask any questions you may have.

Optional Follow-Up and Feedback

As part of this study, we want to make sure that your voice is accurately represented. After you have completed your journal entries and the data has been analysed, you will have the opportunity to review a summary of the research findings and share any feedback. This step is voluntary and there is no obligation to take part. As per the check-in, this conversation will be recorded, stored, transcribed and anonymised. If you choose to participate, your input may help to strengthen the quality and accuracy of the study.

Will my participation in this study be confidential?

All information you provide will be treated confidentially and will only be accessible to the researcher (Stephanie Wall) and the supervisory team (Prof Samantha Dockray, Dr Maria Dempsey and Dr Sarah Foley.) Your identity will be protected by removing any personal information you share (such as your name or contact details) and replacing it with a unique ID code. Only the researcher will hold the key linking this code to your identity. This allows your weekly journal entries to be linked over time without including your identifying information in the data. Only the researcher will have access to the file that links your ID code to your identity, and this will be stored securely and separately from your responses. This process is known as pseudonymisation and is necessary to link your responses across the data collection period while protecting your identity. Your IP address will not be collected, and no identifying details are stored with your survey responses.

Your data will be stored on the University College Cork OneDrive system and subsequently on the UCC server. The data will be stored for a minimum of ten years. The information you provide may contribute to research theses, research publications, conference presentations, and news outlets.

What will happen if I do not wish to participate?

You have the right to withdraw your consent to participate in this study at any time. You may also request the withdrawal of your data at any stage during the journalling process, and for up to two weeks after your final journal entry. After this point, your responses will be collated with those of other participants, and it will no longer be possible to extract

individual data. To withdraw your consent or request removal of your data before this point, please contact the researcher.

What are the benefits of participating?

By participating in this study, you will be providing important information about your experience of navigating the menopausal transition in your workplace. Participation may also give you an opportunity to express some of your feelings and gain helpful insights about yourself.

Are there any risks involved?

While the risks involved in participating in this study are minimal and we do not intend to cause any distress to participants, the journal entry prompts are of a personal nature and some participants may experience discomfort while reflecting on their experiences. Should you wish to do so, you can choose not to respond to certain prompts, or to withdraw from the survey.

Should you experience any concerns arising from participating in the research, or should it raise any issues for you, the contact details for support services provided below may be of assistance.

Contact details

If you have any queries about this research, you can contact Stephanie at 120225734@umail.ucc.ie. You can also contact the supervisory team at the email addresses below:

Prof Samantha Dockray (S.Dockray@ucc.ie); Dr Maria Dempsey (M.Dempsey@ucc.ie); or Dr Sarah Foley (Sarah.Foley@ucc.ie).

Data Protection

The Data Controller for this study is University College Cork.

If you have a concern about how we have handled your personal data, you are entitled to raise this with the Data Protection Commission (https://www.dataprotection.ie/).

UCC'S Data Protection Officer (DPO)	Catriona O'Sullivan (Information Compliance Manager)
Address	University College Cork, 4 Carrigside, College Road, Cork, Ireland.
Telephone	+353 (0)21 4903949
Email	gdpr@ucc.ie

If you have a complaint about how this research was conducted, please contact in writing:

The Clinical Psychology Ethics Committee, School of Applied Psychology, University College Cork, Cork.

Additional Supports

- **Your General Practitioner** can provide medical advice, support, and referrals tailored to your needs.
- **The HSE website** (www2.hse.ie/conditions/menopause) contains information on menopause symptoms, management, and available supports.
- **The Menopause Hub** (www.themenopausehub.ie) offers specialist menopause care and resources.
- The Government of Ireland website (https://www.gov.ie/en/search/?q=menopause) provides information on broader support and national strategy updates.
- **Samaritans Ireland** (Freephone **116 123**) offers 24/7 confidential support if you feel emotionally distressed or need someone to talk to. **This research has obtained ethical approval from the University College Cork Clinical Psychology Research Ethics Committee (CPREC).**

Appendix H: Consent Form



- I have been given written information about the purpose and nature of the study and have had the opportunity to ask questions.
- I am taking part in the study voluntarily.
- I know that I can request for my data to be withdrawn from the study for up to two weeks after I complete my final journal entry.
- I understand that I will not be able to withdraw my data once it is analysed and anonymised.
- I understand that the mid-point check-in is part of the study procedure, and by continuing with participation, I consent to being contacted for and taking part in this check-in.
- I understand that the mid-point check-in (as well as the optional reviewing of findings) will be recorded to ensure accuracy and research quality. I consent to these recordings being securely stored, transcribed, and anonymised before analysis.
- I understand that anonymised quotes from my entries will be shared as part of the findings of this study.
- I understand that my identity will remain anonymous in any research reports, databases, or presentations.

I give informed consent to participate in the *Menopause and Workplace Identity* research study.	Yes	No

The following consent items are optional: your answers will not affect your participation in the *Menopause and Workplace Identity* study.

Future contact		
I consent to be re-contacted by researchers about possible future research related to the current study for which I may be eligible.	Yes	No
Storage and future use of information, and retention of research material in the future		
I give permission for material/data to be stored for possible future research related to the current study without further consent being required but only if the research is approved by a Research Ethics Committee.	Yes	No

Appendix I: Weekly Diary Prompts

These weekly reflections offer a space to explore how work feels for you at the moment, especially in light of your menopausal experience. **There are no right or wrong answers**: what matters is what stands out to you each week.

Some questions might feel more relevant than others at different times, and that is completely normal. They are designed to gently prompt reflection on different aspects of your experience as it unfolds over time. **Please feel free to write as much or as little as you are comfortable sharing**.

Remember, this is your space, and your insights are deeply valued. Your reflections will help us understand how experiences during the menopausal transition shape how women understand themselves and their roles at work.

1. This past week, how have you felt in, and about, your body while at work?

You might reflect on physical sensations, energy levels, comfort, or how others responded to your body (if at all). You may also consider whether any of these experiences influenced how you felt about yourself in your role.

2. Have there been any moments this week where you felt particularly "yourself" or "not yourself" at work?

What was happening at the time, and how did it make you feel?

3. Did anything this week make you think about age, ability, or what is expected of you in your job?

How did this relate to how you saw yourself at work? This could be something someone said, how a task felt, or even an unspoken feeling or assumption.

4. What, if anything, made you feel like a good worker this week, or made you feel that you were not meeting expectations?

How do you understand what is expected of you at work, and how does that align (or not) with where you are right now?

5. Is there anything else that stood out to you about how you experienced yourself at work this week?

This could be a small moment, a conversation, a feeling, or anything else you feel is important to share.

Appendix J: Sample of the IPA Analytic Process

WK	Q	Response	Exploratory Notes	Experiential Statements	Researcher Reflections/ Notes
		focus properly and ensure the client was heard at the appointment, keep them calm and the experience was positive for them. I felt really good about myself, I did not have to rely on anyone else for information or items that I had forgotten and the client contacted me thanking me for my support. It made me feel like a capable person and dependable.	did not forget items (codes, keys to access building). Able to focus properly to listen to client and provide positive experience. Client contacted to thank for support. Felt like a capable and dependable person.	independently allows feeling focused, organised and competent, particularly when remembering everything needed and does not have to rely on others. Positive feedback from client reinforces a sense of being capable and dependable.	Capable and dependable linked to being good worker? Values based - providing good experience for client.
#1	#3	Being the oldest on the team by far I often question my ability. My colleagues are so supportive and never intentionally do this but I often have no idea what they are talking about. Nothing happened this week this week that comes to mind.	Often question ability due to being oldest "by far" on team. Colleagues are supportive and don't intentionnaly do this but she has no idea what they are talking about.	Being the oldest member of a small team often prompts questioning of ability, particularly when colleagues discuss things she does not fully understand despite their supportive intentions.	second time mentioning age this way - "by far", "by a lot". Feeling of being on the outside/ invisible, alone in her experience?
#1	#4	My colleague this week was having a hard time. We run group together and I was able to carry most of the conversation and lead the group to give him a break. But as always her had the prep done before I even thought about starting it.	Felt like good worker when able to carry weight of group facilitation to give colleague a break who was having a hard time. "But as always" he'd prep done before she thought about starting.	Supporting group facilitation to give a colleague a break helped feel like a good workerr. Noticing colleague had already completed preparation highlights comparision of productivity.	Self-critical/ undermining herself. Judgement he is more "productive" than her?
#1	#5	I felt very grounded and present but this took a lot of prep work. Meal prep. Coping with a new sleep pattern. Attempting to stay hydrated which resulted in frequent trips to the toilet so going out was more difficult. I simplified my schedule for work and changed meetings around so I didn't have to travel a lot. I increased exercise and had a massage to help with sore muscles and joints but I can't do this every week. My weekend was spent preparing for my work week so I missed out on other activities and things. This is also not sustainable. My life is starting to feel like it's all about work.	Grounded and present this week but required prep: meal prep, new sleep pattern, more hydration (resulting in more frequent urination which caused difficulty out due to nature of role). Simplified work schedule, changed meetings to reduce travel. Increased exercise, massage for sore muscles: acknoledgement this can't be done weekly. Weekend was spent preparing for work week, resulting in missing other activities. "Not sustainable"	Feeling grounded at work requires considerable preparation, including meal planning, sleep adjustments, hydration, exercise and changes to work schedule. Preparation takes up much of personal time and makes life feel increasingly organised around sustaining work demands.	something about the invisible cost of managing symptoms and that impact
#2	#1	I continue to feel really tired and my muscles ache. One of my younger colleagues convinced me to join a poll fit class with her to get some exercise and fun. I have no upper body strength and i have many curves but she assured me that we will have fun so I'm starting tomorrow. I am worried it will be mostly younger women who are much fitter but I'm going to try. It was nice to be asked to go. I continue to fall asleep on the bus going to and from work.I feel hot all the time and this is causing travel sickness and my hair is constantly sticking to my head, it makes me uncomfortable and I feel unclean and badly put together. I feel frumpy and unprofessional and a bit frayed around the sides. My concentration is poor and sometimes the tiredness is overwhelming. I feel lazy and less on the ball. I question myself a lot and the quality of my work and the quality of my life and I feel I'm loosing out on both.	Tiredness and muscle ache persists. Asked to join fitness class by younger colleague: nice to be asked to go though worried it will be "younger women who are much fitter." Continue to fall asleep on commute to/from work. Constantly feeling hot causes travel sickness and bodily discomfort, resulting in her feeling unclean and badly put together. Feel frumpy, unprofessional and "a bit frayed around the sides". Poor concentration and tiredness is overwhelming. Feel lazzy and less on the ball. Constant self-questioning re: quality of work and life. Feels she is losing on both.	Ongoing tiredness and muscle aches persist. Feeling constantly hot during work commute causes travel sickness and bodily discomfort, contributing to feeling unclean, frumpy and less mentally sharp. Poor concentration and tiredness lead to constant self-questioning about the quality of both work and life.	third comment on age. Appearance linked to being good worker/ professional. Also tiredness experienced as lazy, not on the ball
#2	#2	When I was asked to go to the poll fit class, It was lovely to be seen and included. When there was a client really pushing boundaries and causing a very difficult situation in the clinic. I managed it swiftly and without hesitation. One of my colleagues told me that he was happy I was there and didn't feel he could of handled it. He mentioned seeing my years of experience in	"Lovely to be seen and included" regarding invite to exercise class. Difficult client situation was managed swiftly and without hesitation. Colleague was happy to have her support as he did not feel he could have handled it. Felt good for years of experience to be recognized	Being invited to a fitness class by a younger colleague felt affirming and inclusive, although raised concerns about being older and less physically fit than the others who may attend. Managing a difficult client situation quickly and confidently felt	something about not being invisible and on outskirts. Also external validation from someone NB - could she use that to self-

Appendix K: Development of Personal Experiential Themes

	Experiential Statements
1	Early waking results in tiredness during the day, often falling asleep on public transport during commute. Bodily changes such as sweating, skin breakouts, swelling and sore knees heighten self-consciousness about appearance and contribute to feeling frumpy, sluggish and unable to keep up with younger colleagues.
2	Preparing for and conducting a client appointment independently allows feeling focused, organised and competent, particularly when remembering everything needed and does not have to rely on others. Positive feedback from client reinforces a sense of being capable and dependable.
3	Being the oldest member of a small team often prompts questioning of ability, particularly when colleagues discuss things she does not fully understand despite their supportive intentions.
4	Supporting group facilitation to give a colleague a break helped feel like a good worker. Noticing colleague had already completed preparation highlights comparison of productivity.
5	Feeling grounded at work requires considerable preparation, including meal planning, sleep adjustments, hydration, exercise and changes to work schedule. Preparation takes up much of personal time and makes life feel increasingly organised around sustaining work demands.
1	Ongoing tiredness and muscle aches persist. Feeling constantly hot during work commute causes travel sickness and bodily discomfort, contributing to feeling unclean, frumpy and less mentally sharp. Poor concentration and tiredness lead to constant self-questioning about the quality of both work and life.
2	Being invited to a fitness class by a younger colleague felt affirming and inclusive, although raised concerns about being older and less physically fit than the others who may attend. Managing a difficult client situation quickly and confidently felt rewarding and reinforced value of experience when colleagues recognise and appreciate her support.
3	Severe tiredness after work led to going to bed early and missing planned activities; happening more frequently due to evening exhaustion.
4	Working with a vulnerable client group alongside broader system pressures feels overwhelming. Although experiences a strong sense of duty to help clients feel safe and supported, sustaining the energy and concentration required to engage people feels increasingly difficult. Feels ability to rally is burning out.
5	Notices feeling slower and less able to catch or correct herself in the moment.
1	Feeling slow and tired "as usual," combined with discomfort during work commute and physical symptoms such as back ache, sore feet and bloating, contributes to feeling older, frumpy and much more fatigued than others on the team.
2	Feeling tired, forgetful, irritable and unmotivated contributes to a sense of feeling unlike herself, alongside a desire to stay at home rather than come into work.
3	An "unspoken" sense related to age, ability and the job leads to self-critical thoughts about being slow, lazy or grumpy, alongside worries about saying the wrong things and finding it difficult to face coming into work, resulting in taking a sick day.
4	Although aware of what is expected, she feels too overwhelmed and exhausted to meet expectations. Hid in bathroom to manage overwhelm. Desire to retire but cannot.
5	The demands of nursing feel increasingly demanding, prompting thoughts about sustainability and a feeling of emptiness.
1	Better week at work brings more energy and less rushing due to lower workload, although physical discomfort persists. Visible coping strategies such as using a hot water bottle and changes in appetite contribute to feeling self-conscious and as though she stands out. Tiredness results in nodding off at lunch with colleagues.
2	Managing several difficult situations simultaneously with ease feels encouraging and reinforces the value of professional experience.

3	Falling asleep at lunch feels embarrassing and highlights extent of exhaustion. Commute and demands of job reduce motivation to attend work and contribute to feeling unable to cope, alongside doubts about continuing in nursing at this stage of life.
4	Ongoing service pressures and staffing losses contribute to feeling unable to meet expectations, alongside a loss of motivation to take on additional responsibilities that would previously have been considered.
5	Positive client outcomes help restore a sense that the work is meaningful and worthwhile. Feeling good about being able to support clients.

Personal Experiential Themes

1. Embodied ageing reshaping perceptions of self as a worker: Physical fatigue, bodily discomfort and cognitive slowing are experienced not simply as physical symptoms but as signs of ageing that shape how the participant evaluates herself as a worker. Changes in energy, appearance and concentration become interpreted through comparisons with younger colleagues, contributing to feelings of being slower, less capable and unable to meet the standards she expects of herself professionally.

2. Maintaining identity as a capable and experienced nurse: Despite experiencing fatigue and self-doubt, moments of competence and recognition reaffirm the participant's sense of herself as a capable and dependable nurse. Providing good care, supporting colleagues and drawing on professional experience remain central to how she understands her role and identity at work.

3. The hidden labour of sustaining work: Maintaining functioning at work requires significant effort outside of visible job tasks. The participant engages in extensive preparation and self-management to maintain energy and concentration, highlighting the largely invisible labour required to continue performing her role.

4. Approaching the limits of sustainability: The cumulative impact of physical exhaustion, emotional responsibility and workplace pressures begins to make continued work feel increasingly unsustainable. Despite strong professional commitment, the participant describes growing feelings of depletion and doubts about her ability to continue in the role.

Appendix L: Development of Group Experiential Themes

	with younger colleagues and students highlight generational differences in understanding menopause and draw attention to how her own experiences and stage of life sit within the workplace environment.
Irene	**1. Embodied ageing reshaping perceptions of self as a worker:** Physical fatigue, bodily discomfort and cognitive slowing are experienced not simply as physical symptoms but as signs of ageing that shape how the participant evaluates herself as a worker. Changes in energy, appearance and concentration become interpreted through comparisons with younger colleagues, contributing to feelings of being slower, less capable and struggling to meet the standards she expects of herself. **2. Maintaining identity as a capable and experienced nurse:** Despite experiencing fatigue and self-doubt, moments of competence and recognition reaffirm the participant's sense of herself as a capable and dependable nurse. Providing good care, supporting colleagues and drawing on professional experience remain central to how she understands her role and identity at work. **3. The hidden labour of sustaining work:** Maintaining functioning at work requires significant effort outside of visible job tasks. The participant engages in extensive preparation and self-management to maintain energy and concentration, highlighting the largely invisible labour required to continue performing her role.
	4. Approaching the limits of sustainability: The cumulative impact of physical exhaustion, emotional responsibility and workplace pressures begins to make continued work feel increasingly unsustainable. Despite strong professional commitment, the participant describes growing feelings of depletion and doubts about her ability to continue in the role.

GET	GET Description	Relates to:
Embodied disruption: menopausal symptoms destabilising everyday professional functioning	Across participants, menopausal symptoms were experienced as intrusive bodily disruptions that interfered with energy, concentration and cognitive clarity at work. Fatigue, sleep disruption, pain, and brain fog made previously routine tasks more effortful, creating fluctuations in participants' capacity to function professionally. Rather than being experienced solely as bodily symptoms, these changes shaped how participants experienced themselves as workers, at times disrupting continuity in their sense of competence and stability at work.	1. Anna 2. Berna 3. Carol 4. Elaine 5. Faye 6. Grace 7. Helen
Threats to professional	Participants frequently described subtle or explicit moments where bodily and cognitive changes challenged	1. Anna