

Menopause Matters: Supporting Women in the Workplace

BY ALEXIA GEORGHIOU, FOUNDER, KNOXVILLE HAPPINESS COALITION



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Menopause is a natural stage in life, yet in workplaces across the globe, its impact is often dismissed or ignored. This oversight isn't just a health issue — it's a workplace crisis with measurable

consequences. Millions of women go through menopause while employed but few receive the support they need. The result is burnout, lost productivity, poor mental health, and, in some tragic cases, irreversible outcomes.

A recent case in the United Kingdom has drawn sharp attention to the risks of systemic neglect.

Case Study: Jacqueline Anne Potter

In April 2025, The Guardian reported on the death of Jacqueline Anne Potter, a 54-year-old teacher who died by suicide while on home leave from a psychiatric unit. The Senior Coroner, Samantha Marsh, concluded that menopause had exacerbated Potter's mental health challenges. In her official statement, Marsh emphasized the lack of required menopause training for healthcare providers and criticized the National Health Service (NHS) for failing to treat menopause with the same seriousness as other medical conditions (The Guardian, 2025).

This tragedy underscores a broader issue: women navigating menopause are often left unsupported not just in healthcare systems but in the workplace as well. The failure to recognize menopause as a legitimate health and employment concern contributes to declining mental health, job loss, and economic insecurity for countless women.

A Workforce in Transition

Each year, 1.3 million women in the United States enter menopause, with 6,000 reaching it daily. At a time when women over the age of 45 represent the fastest-growing segment of the workforce, companies cannot afford to ignore the implications. According to the Bureau of Labor Statistics (BLS), the

employment rate for women aged 55–64 is 64.1%, but it drops to just 18.9% for those over the age of 65 (BLS, 2024).

These figures suggest not a lack of ability, but rather a lack of support. The Study of Women's Health Across the Nation (SWAN) reports that post-menopausal women often experience enhanced mood, focus, and cognitive function once hormonal fluctuations stabilize (SWAN, 2024). Despite this, workplace barriers remain pervasive.

Medical Missteps and Misinformation

Much of the current stigma and silence around menopause can be traced back to the 2002 Women's Health Initiative (WHI) study, which erroneously linked hormone replacement therapy (HRT) to a significant increase in breast cancer risk. The result: a 70% drop in HRT prescriptions by 2009 and a surge in untreated menopause symptoms (The New York Times, 2023).

However, the risks were overstated. The real increase in breast cancer incidence was from 2.33% to 2.94% over a decade — a relative risk increase of 26% but an absolute increase of just 0.61%. Further analysis showed that appropriate use of HRT in women aged 58–70 was associated with a 32.6% increase in short-term employment (JAMA, 2004).

Despite this, menopause training remains rare in medical education. A 2017 study found that 20% of medical residents received no menopause-related lectures, and one-third said they wouldn't prescribe HRT even to low-risk women (Liebert, 2012).

This lack of knowledge leads to missed diagnoses, mismanaged symptoms, and preventable mental health declines — exactly what Coroner Marsh

warned against in Potter's case.

Disparities and Mental Health Gaps

Menopause symptoms vary across individuals, but 75% of women experience vasomotor symptoms such as hot flashes and night sweats, often for more than seven years (Mayo Clinic, 2023). These symptoms are not merely uncomfortable — they can disrupt sleep, increase stress, and lead to anxiety or depression.

Black and Latina women report more severe and longer-lasting symptoms compared to their white counterparts. Black women are especially affected by vasomotor symptoms, while Latina women experience heightened psychological symptoms, including mood instability and anxiety (SWAN, 2024).

A 2016 study also found that women going through symptomatic menopause are at higher risk for developing psychiatric disorders, such as depression, anxiety, and even bipolar disorder (PMC, 2016).

Mental health risks like these are rarely discussed in workplaces — and rarely accommodated.

Menopause and the Modern Workplace

A 2023 report found that 80% of women said menopause posed a challenge to their work, while 64% wanted menopause-specific workplace benefits. Only 14% reported receiving any support from their employers (Bank of America, 2023).

The economic impact is significant. Symptoms left untreated cost U.S. companies billions annually in lost productivity, absenteeism, and turnover. Yet the solution is both practical and attainable.

What Employers Can Do

Employers can take simple yet meaningful steps to support women experiencing menopause:

- **Flexible Work Arrangements:** Remote work or adjustable hours help women manage fatigue, hot flashes, or insomnia — symptoms that 72% of women report feeling self-conscious about in professional settings.
- **Healthcare Benefits:** Include menopause-specific treatments, such as HRT, mental health resources, and symptom management.
- **Education and Awareness:** Provide training for managers to reduce stigma and promote understanding.
- **Comfortable Workspaces:** Access to fans, temperature control, and private rest areas can make a meaningful difference.
- **Peer and Mentorship Programs:** Allow women to share experiences, create community, and offer guidance to those newly navigating menopause.

Some companies are leading the way. Adobe, Bank of America, Genentech, and Bristol Myers Squibb have begun to implement menopause-inclusive benefits and education programs (TIME, 2024).

A Missed Opportunity or a Leadership

Advantage

Despite outdated stereotypes, menopause can mark the beginning of a powerful, purpose-driven phase in women's lives. Post-menopausal women often report increased confidence, emotional intelligence, and leadership capacity. Neuroscience suggests that empathy activates the brain's reward systems, which enhances collaboration and trust-building — skills vital in leadership roles (Jack, Riach & Bariola, 2019).

The idea of a "U-shaped" life satisfaction curve — where happiness dips in midlife — has been challenged by longitudinal studies showing that women's happiness and satisfaction often rise after age 50 (Kolosnitsyna et al., 2017).

Menopause can catalyze personal growth, clearer priorities, and stronger workplace contributions. When supported, women in this phase become powerful mentors and organizational leaders.

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Conclusion: From Crisis to Catalyst

Jacqueline Anne Potter's tragic death highlights the profound consequences of systemic neglect. Her case must serve as a wake-up call to healthcare providers and employers alike. Menopause is not just a personal or medical issue — it's a workforce issue. Failing to recognize and address it not only damages individual well-being but also organizational productivity and morale.

By integrating menopause education, support, and policy into workplace structures, companies can retain experienced talent, reduce health-related costs, and foster a culture where women are valued across all stages of life.

Menopause is a transition — not a decline. And when we support women through it, we empower them to soar. Alexia Georghiou is a speaker on happiness and human-centered leadership, an organizational development consultant, and founder of the Knoxville Happiness Coalition. She helps executives build values-driven cultures that foster resilience and well-being through her V.A.L.U.E.S. Model — Vision, Action, Leadership, Unity, Engagement, and Synthesis. Author of The Future of Work is Human and The Future of Success is Happiness, Georghiou has presented at UPEACE Executive Education, SHRM25, and the University of Tennessee Systemwide Summit. She has developed 25+ courses featured in LearnFormula's 2025 Mini MBA for CPAs, and her writing appears in Florida SHRM Newswire, Yahoo News, and the Knoxville News Sentinel. Georghiou also teaches Strategic Leadership as an adjunct professor at the University of Tennessee.

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