“There’s no escape”: A qualitative analysis of the workplace experiences of menopausal women working in low-paid roles.

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Abstract

Purpose There is substantial evidence that menopause can have major implications for women at work, yet limited research has focused on the experiences of women in low-paid roles. This study draws on the psychology of working theory (PWT) to help explain the work-related experiences of menopausal women working in low-paid roles.
Design/methodology/approach: This was a qualitative study underpinned by critical realism. Participants were 20 menopausal women in low-paid roles who were interviewed about their experiences and coping strategies at work. The data were analysed with a critical realism-informed thematic analysis.
Findings: We describe two themes illustrating (1) the experience of low status as low paid workers and as menopausal women, and (2) the nature of low-paid work, which was found to exacerbate their menopause symptoms and diminish their access to coping strategies. The findings provided support for the PWT to help explain the experiences of this group of workers, finding, as the PWT predicts, that their experiences of marginalisation and their low economic resources contributed to a lack of decent work, in part through reducing their work volition.
Originality: This is the first study, to our knowledge, where the primary focus is on the experiences of women in low-paid roles during menopause in the UK, using the PWT to shed light on their experiences.

Keywords: menopause; women; low-paid roles; work volition; decent work; psychology of working theory

1.Introduction

The menopause is a bio-psycho-social transition marked by the cessation of menstruation due to hormonal changes. It is often accompanied by psychological, cognitive, and emotional shifts that can impact well-being and mental health. Menopause typically occurs between ages 45 and 55 and brings with it a range of symptoms that can persist for several years, impacting the lives of cis-women, together with trans-men and some gender-diverse people (Griffiths et al., 2010 NHS, 2022). Symptoms vary considerably and can be erratic and changeable (Brewis et al., 2020). They can include fatigue, hot flushes, anxiety, memory

issues, loss of confidence, irritability, heavy menstrual bleeding, mood swings and difficulty in concentrating (Atkinson et al, 2021a; Atkinson et al, 2024, Laker & Rowson, 2024, Steffan & Potočnik, 2023). Hormone replacement therapy (HRT) may offer relief for a great number of women, but it is not universally suitable or safe (NHS 2023; Hickey et al., 2017).

Some recent literature has highlighted some of the positive aspects of menopause in the workplace. Daly et al. identified menopause as a catalyst to unlocking new life potential (Daly et al., 2024); a survey from the Social Issues Research Centre found that the work capabilities and career development of women improved during the menopause transition (O'Connor, 2019); and an Australian qualitative study, by Kafanelis et al. (2009), revealed that some women felt that they had become more self-aware and assertive as a consequence of their menopause experiences. The majority of studies, however, report that the effects of menopause can be distressing and debilitating. Physical symptoms such as fatigue and hot flushes can be hard to manage and can cause significant distress; cognitive symptoms, including poor concentration and fatigue can impact work performance and well-being (Atkinson et al, 2021a; Daly et al., 2024; Ettinger et al., 2018; Hobson & Dennis, 2024) and can leave women fearful with concerns about maintaining autonomy and competence in the workplace (Atkinson et al, 2024).

Despite recent public and media interest the stigma associated with the menopause persists. Stigma is defined as an attribute that engenders widespread social disapproval – a social difference that leads to a discredited social identity (Bos et al., 2013; Goffman 1963). The devaluation lies in the social context rather than the individual and structures or organisations can create, perpetuate or exacerbate stigmatised status (Corrigan & Lam, 2007). Stigmatisation can be overt or subtle, and can lead to aversion to interaction, avoidance, social rejection, discounting, discrediting and dehumanization (Dovidio et al., 2000). Women's bodies are often stigmatized for different reasons: the 'ideal' woman's body is able-bodied, young, attractive, sexually available and fertile (Whiley et al., 2022) and any deviation from this is subject to stigmatisation. Menopause with its unpredictable and sometimes disabling physical symptoms is an explicit marker of age and a sign of the loss of fertility and those experiencing it are stigmatised (Whiley et al., 2023).

Traditionally, menopause research has focused on professional and managerial women (Beck et al, 2020, Brewis et al., 2017; Grandey et al., 2020; Griffiths, et al., 2010), but there has been a shift in more recent literature, with a focus on the experiences of women in a broader range of roles including, for example, nurses (Cronin et al., 2023), police officers (Atkinson et al., 2021b, 2024), teachers (Brown, 2024), and women in casual and precarious work (Yoeli et al., 2021). These studies highlight that many menopause-related issues seem to apply regardless of the particular job. Common challenges include a reluctance to discuss symptoms with managers, a lack of awareness of the symptoms and potential impact of menopause, and women in a wide range of fields report considering or actually reducing

their hours or leaving work altogether, particularly when symptoms are severe (Bryson et al., 2022; Cronin et al., 2023; Daly & Hynes, 2025; Evandrou et al, 2021; Kiss et al., 2024). But different kinds of roles also bring their own particular menopause challenges. For example whilst women in professional and managerial jobs tend to highlight hot flushes as a key challenge, women working in physical roles and in shift work identify musculoskeletal issues and fatigue as more problematic (Atkinson et al., 2024; Cronin et al., 2023; Yoeli et al., 2021); police officers required to wear uniforms described finding it particularly difficult to cope with their menopause symptoms (Atkinsons et al., 2021); and the challenges of dealing with menopause fatigue whilst working shifts were noted in studies involving both nurses (Cronin et al., 2023) and police officers (Atkinson et al., 2021). Verdonk et al. (2019) highlighted the importance of time for recovery, for those working in high demand, low autonomy roles, and Yoeli's narrative review identified that menopausal women in casual and precarious work were more likely to suffer from psychological symptoms than women in managerial roles, although noted that their psychological symptoms were more likely to be caused by circumstances outside work (Yoeli et al., 2021).

Whilst some studies have included women in low-paid roles within their participant sample (for example Im & Meleis, 2001 who focused on Korean migrant workers, Kiss et al., 2021 whose participant sample included some lower paid women, and Yoeli et al.'s study on women in casual or precarious employment) to date there still seems to be limited research that has focused specifically on the work-related experiences of menopausal women in low-paid roles. It is this gap that the current study addresses, aiming to answer the following research question: how do women in low paid roles describe their work-related experiences of menopause?

The remainder of the paper will be structured in this way: in the next section, we introduce the psychology of working theory (Blustein et al., 2006) and gendered ageing (Itzin & Phillpson, 1993) as our theoretical perspectives, and we describe our research methods. We then present the findings of our thematic analysis and offer a discussion of these findings in the light of existing literature. We end the paper with recommendations for practice.

2. Theoretical Perspectives

The Psychology of Working Theory (Blustein et al., 2006; Duffy et al., 2016) shaped our thinking and guided the formulation of our research question. The theory was considered relevant because it aims to explain the work outcomes of groups of people who are traditionally under-represented in career development theories (Autin et al., 2018). PWT foregrounds the impact of power, privilege, and oppression within career paths, and acknowledges the importance of social justice and fairness within career scholarship and career practice. PWT aims to empower people by fostering critical consciousness, enabling them to see the systemic influences that shape their work-related experiences and

emphasizing the importance of advocating for change within the workplace. The PWT approaches sociocultural factors as primary in understanding career decisions and places intersectionality at its core. It has focused on the impact of social class on career development, and combining scholarship from vocational psychology, multicultural psychology, intersectionality and the sociology of work, it highlights the impact that marginalisation and discrimination have on career choices and work fulfilment (Duffy et al., 2016).

PWT holds that decent work is a human right and a core goal of career scholarship and counselling. According to PWT, access to decent work is fundamental to human dignity, social integration, and autonomy (Blustein et al., 2019). The International Labor Organization identifies five key attributes of decent work: physical and psychological safety, access to healthcare, fair compensation, adequate leisure time, and alignment of organizational values with workers' own values (ILO, 2016; Duffy et al., 2016). All five must be present for work to be characterised as decent. Within the PWT, Duffy et al. (2016) conceptualise decent work as incorporating contextual factors within individual experiences, to acknowledge, for example, the impact that social identities can have on the privilege or marginalisation of individuals.

The PWT's focus is the barriers to decent work. It identifies that marginalisation and limited economic resources both have a negative impact on work volition and career adaptability; these then reduce access to opportunities for decent work, which in turn impacts career development and well-being. Work volition refers to a sense of autonomy about one's career (Duffy et al., 2016). It is defined as the perception of freedom of choice, both in terms of the freedom to choose one career path, employer or role over another, and a sense of control within work – the ability to negotiate and make some decisions over how to work. A sense of work volition is associated with work meaning, career choice congruence and both job and life satisfaction (Blustein & Duffy, 2020).

The PWT is established as a career development theory that can help to explain the career development of people from marginalised groups who have limited access to economic resources. The PWT has been used as an explanatory framework for a range of marginalised groups including under-employed adults (Kim & Allan, 2020) women of colour (Kim et al., 2022), refugees (Massengale et al., 2020) and undocumented immigrant young adults (Autin et al., 2018), but until now the PWT has not been applied to the experiences of women working during menopause.

Our research topic focuses on the intersectionality of low paid jobs and the attributes of menopausal women – namely age and gender. The intersection of these two concepts is encapsulated within the notion of gendered ageism (Itzin & Phillipson, 1993), which highlights the career barriers that older women face in the workplace. It is often described

as a double jeopardy, where older women face the impact of discrimination because of the combination of their age and their gender (Barrett & Naiman-Sessions 2016; Krejula et al., 2018), and mid-life women are subject to a raft of types of penalties, including losing their jobs, being side-lined and being replaced by younger women (Ross, 2024). The Western link between youthfulness and beauty, and the beauty premium which is widespread for women means that women experience a triple jeopardy as they age, with ageism, sexism and lookism all conspiring against them (Broadbridge et al., 2018). Duncan and Loretto (2004) highlight that the barriers of gendered ageism are mutually reinforcing – not just additive – so the barriers are multiplied as well as multiple. Menopause is a clear embodied marker of ageing (Laz, 2003) and assigns women to a category – older women - that is given a lower value in the workplace (Krekula et al., 2018). With its focus on marginalisation, intersectionality and social context, the PWT is well suited to exploring the issues within this study.

The present study thus adds to the existing literature, exploring the intersectional experiences of menopausal women in low paid roles. In addition, the paper makes a contribution to the PWT in moving beyond a focus on gender or age and reflecting the intricate web woven by intersections of age, gender and work, and demonstrates the importance of an approach to PWT that captures the impact of gendered ageing on menopausal women.

3. Method

This was a qualitative study, underpinned by a critical realist philosophy. A critical realist stance recognises the objective reality of events and experiences but assumes that an understanding of these events is shaped by an individual's unique perspectives (Bhaskar, 1978). Critical realism focuses on the causal mechanism that can explain events and experiences and is concerned with both agency and structure, and the impact that context has on people's experiences and choices. Thematic analysis as a method for qualitative research is theoretically flexible and can therefore align with critical realism (Braun & Clarke, 2006; 2022; Fletcher, 2017, Fryer, 2022), offering a rigorous and structured approach to data analysis.

Procedure and participants

Once ethical approval was granted ethics number ETH2122-0770, from City St George's University of London Psychology department ethics committee we advertised the study on menopause Facebook groups and through the British Menopause Society. The first researcher remained reflexively attuned with the data quality throughout the data collection process and stopped recruiting after 20 interviews, feeling that she had achieved a sufficient balance between the depth and breadth in the data.

Our initial goal was to find women working in a broad range of low-paid roles, but in our final sample several of the women worked in the same industries: nine of the participants were in health care related roles, eight in education support roles, two in hospitality and one worked as a receptionist. Women are generally over-represented within caring professions such as healthcare and education so we felt that this range of job roles could still generate a meaningful dataset. Details of the participants, pseudonyms, roles and menopause symptoms can be seen in Table S1 in the supplementary file.

We were particularly interested in how our participants' experiences of menopause in low-paid jobs were 'located within wider socio-cultural contexts' (Braun & Clarke, 2020, p.42), to understand the structural issues that had an impact on the women's experiences and choices. We wanted to generate data that, aligning with critical realism, allowed us to understand the *empirical reality* of the women's experiences and to get as close as we could to understanding the *actual reality* and the causal mechanisms at play (Fletcher, 2017). Semi-structured interviews offered the flexibility required to capture the participants' nuanced and unique experiences and we developed an interview protocol based on eight topic areas designed to facilitate responses that would best answer the research question and that elicited data that addressed both structure and agency:

- Management of menopause symptoms
- How menopause symptoms affect work
- What is it like to be doing a job during menopause.
- In work support for menopause
- Being low paid
- Factors that could improve the menopause experience at work.
- Positive aspects of menopause
- Changes and recommendations.

Most of the interviews were conducted virtually (two were conducted in person), and all were recorded and transcribed verbatim. All participants received an information sheet before the interview and participants were assured that they could stop the interview at any point. The first researcher who conducted the interviews explained that she was not medically trained and could not directly support health or emotional concerns. The interviews were conducted sensitively and the researcher remained vigilant for signs of distress or discomfort in the participants. At the end of the interview participants were debriefed.

Data analysis:

Our data analysis process followed Braun and Clarke's six stages of thematic analysis (2006), but was also informed by our critical realist philosophy, which can help to engender an analysis that is explanatory and theoretically informed (Christodoulou, 2022; Fryer, 2022).

First the lead researcher familiarised herself with the data, listening to the audio recordings and reading and re-reading the transcripts. The first author took the lead on the data analysis, coding the data line by line, looking for words, phrases or sentences that were meaningfully related to the research question and giving them descriptive codes. Together the authors identified patterns of codes and standardised and consolidated them, grouping similar codes together and identifying suitable labels for them, and we developed themes, looking at impact of the context and the choices of the women, and the causal mechanisms that influences the women's experiences. All three authors met frequently to discuss the data and analysis, working together reflexively (Braun & Clarke, 2022).

Trustworthiness

Lincoln and Guba (1985) identify five key pillars of trustworthiness in qualitative research: credibility, transferability, dependability, transparency and reflexivity. In this study, credibility was established through frequent and detailed discussion between the three authors working towards alignment between the participants' accounts and our interpretations of the data, trying to get as close as we could to an account of the actual reality. Thick, detailed descriptions of the findings are presented which can allow readers to judge the transferability to their own context. We demonstrate dependability through the clear documentation of the procedure of participant selection, data collection and data analysis, and we offer numerous quotations from the participants and transparent descriptions of the logic behind the creation of the themes and the rationale behind the research decisions. The lead researcher kept a detailed reflective journal throughout and frequent meetings between the authors helped to explore personal biases which could then be considered during the analysis.

4. Findings

We created two themes that describe the work-related experiences of women in low-paid roles during their menopause transition. The first theme captures the women's sense of low status, as menopausal women and as low paid workers. The second theme illustrates the women's particularly difficult experiences of menopause, highlighting how the nature of low-paid work exacerbates the challenges of menopause, worsening menopausal symptoms and diminishing women's coping strategies.

4.1. Theme 1. The women's sense of low status, as low paid workers and as menopausal women

This theme describes two ways in which our participants felt that they are not valued in society, as low-paid workers and as menopausal women. Both identities are distinct but add together to make the women feel that society believes they have little worth as workers and as people.

The sense of being low status at work could be seen across all participant narratives. The women were generally working in under-funded sectors and in roles at the bottom of the pay scale, and both factors contributed to the women's perception that they were not valued. The women in this study believed in the societal importance of their jobs but felt that their role, organisations or industries were not accorded the status they deserved. Stephanie, said that as a teaching assistant: '*You don't feel valued*' and Michelle, a health care assistant talked more broadly: '*It's an outrage really, our culture, and the way we treat the concept of caring is a disgrace.'*

Within the workplace many participants recognised themselves at the bottom of the work hierarchy. Michelle described the hierarchical NHS culture as *'a bit of a food chain'*, explaining '*it's not a flat structure, the NHS, it is hierarchical*'. This hierarchy remains rigidly stratified, even between nurses and healthcare assistants, as Michelle explains *'The nurses have a room to go to, whereas the HCAs don't really have any room to go to.'* This highlights the disparity in working conditions in addition to the pay difference between the two groups. This hierarchy was also identified in schools. Susan used a powerful metaphor to explain how she felt: '*I'm just seen as support staff in school […] I'm not in the hierarchy, I'm with the maggots at the bottom'.* Participants often felt invisible and overlooked in the workplace, despite the importance of their work. Rebecca spoke about being *'part of this invisible, lone army who come and look after the people that no one wants to look after for the absolute minimum amount of money. Yes, I suppose, it makes you feel quite invisible'.* This feeling of invisibility was woven into the narratives of every one of the participants.

The participants in this study felt the impact of society's taboo and the stigma associated with menopause, and felt uncomfortable discussing menopausal symptoms, finding that it made them feel embarrassed and others uncomfortable. Michelle talked about a sense of discomfort about the word 'menopause' itself: '*I don't like the word. It has all those connotations, negative connotations about it'* and Karen echoed *'It's an embarrassing word, isn't it? It has just got that kind of 'ugh' sort of reaction to it, which is horrific'.* Angela explained that even colleagues who seemed to be able to talk about anything would avoid the topic of menopause, saying *'I can't ever imagine a conversation about the menopause being in that staffroom'.* Both Stephanie and Karen felt that even women of similar age would find the topic embarrassing and would avoid the conversation, Karen saying: '*I just don't think it's on the agenda, it's not a thing that is even, kind of, considered'.*

The respondents perceived that the menopause was associated with embarrassment and shame in their work contexts, and the women were very aware of the enduring stereotypes, outlined by Karen: '*That smelly woman sweating, she must be going through the menopause'*. Amy felt that menopause comes with assumptions which make it hard to discuss with others: '*I think it marginalises you almost, makes you less of a woman. You*

don't want people to think that you're becoming that old, and that you're having those problems, and that you're not as young as you were before'. The stigma associated with menopause meant that it was particularly difficult for the women to express themselves. An example of this was that none of the women in the study would cite menopause as a reason for taking sick leave. Amy reflected: *'Ringing in and saying I haven't slept very well, because I'm menopausal?' I don't think that would cut it somehow'.*

4.2 Theme 2. The nature of low-paid work exacerbates the challenges of the menopause

The second theme focuses on the interaction between the women's menopausal status and their low-paid roles, highlighting the way that the women's experience of low-paid work exacerbated their menopausal symptoms and limited their access to coping strategies.

The nature of low-paid work exacerbates the perceived negative effects of menopausal symptoms. The women in this study were working in a range of different industries, but their roles were generally physically demanding and customer-facing. These characteristics served to exacerbate some of their most common menopause symptoms.

The women in this study found that the physical experience of their jobs – a characteristic of many low-paid roles, exacerbated their menopausal symptoms of fatigue and aching muscles and joints. Denise was involved in the care of others and explained *'Physically on my body it was very demanding, because you had to support people - use hoists'*. Margaret worked with nursery children and she said that the constant lifting and carrying of the children meant that her job was now *'too much'* for her physically. Many of these low-paid roles entailed erratic shift work which made it more difficult to cope with their menopause-related fatigue and insomnia and left them feeling drained. Dawn explained: '*Nights totally kill me, I did two nights last week and it's taken me a week to get over it'*. The women in this study also reported a relentless fast pace at work due in part to continual staff shortages. Low-paid roles can be difficult to fill and the women often found themselves in short-staffed teams, working harder to cover unfilled vacancies. Kim explained how exhausting this felt for her, saying '*It's full on and part of my little brain thinks I'd like something where there is occasionally a breather'.*

Most of the women worked in frontline roles, another common feature of low-paid positions, working with the public in customer service jobs or with clients in care roles. As frontline workers, the women were always on show, and this came with particular constraints. Kim has had hip pain since starting menopause but in order to keep the reception area attractive, she was required to perch on a high stool which exacerbated the pain. She explained that her employers '*want us to be looking up and professional*' but said '*they're very uncomfortable these little perching stools'*. Some of these frontline roles require the women to wear specialist clothing and in many healthcare jobs workers'

uniforms are not made of natural fibres. Michelle said that her uniform can be '*really hot to wear'* and likened her experience to '*working in a plastic bag*.' For menopausal women who experience hot flushes this can be overwhelming. The women's frontline roles are often psychologically demanding and emotionally exhausting**,** further intensifying their challenges. Stephanie, a teaching assistant, recalled: *'You are at a heightened state that we all are because of our hormones. I think dealing with those issues is harder emotionally than it would have been three years ago.'*

The nature of low-paid work limits coping strategies. The women in this study emphasised that working from home was not a feasible option even when their symptoms were severe and they talked about the dual challenges of lack of financial resources and the lack of autonomy in the roles.

The women explained that when their symptoms were particularly severe they needed some time off work, but low-paid work often comes with limited flexibility. Melissa explained *'I can't afford to cancel shifts because I don't get sick pay'* and others described having to return to work sooner than advised by doctors because of the need to bring in money to the family. Brenda said: *'I'm not ready to go back to work but I cannot afford to stay off of work any longer'.* Some of the participants would have dearly loved to reduce their working hours or even leave work altogether but they had no choice but to continue working. Many of the women reported taking on additional shifts and working antisocial hours for greater hourly pay rates because their basic wages barely covered their basic living costs, as Laura shared, '*I depend on working to put food on my table and put a roof over my head'.* The women felt '*trapped*' in their jobs and had no choice but to stick with them, despite their difficult menopausal symptoms.

Some of the participants struggled to get good quality, specialised medical support and could not afford to pay for a private menopause specialist who could offer them the treatment that they needed. Margaret said '*I cannot afford to see private'* and Stephanie noted '*There are remedies out there [but] I'm not going to pay £50 for something to see if it works, only for it not to work'* explaining '*I don't have the money*'.

The women in this study had very little autonomy in their working days and they found that this made it harder for them to manage their symptoms. Many of the women suffered considerably with psychological symptoms such as anxiety or mood swings but these frontline workers had no option but manage these whilst on shift. Angela described how her emotions could change instantaneously: '*I could feel myself burning. And I would have anger inside, I was just like, explode! And then within 10 minutes, I'm crying'.* Elizabeth who works as a teaching assistant spoke about the challenges of even taking a bathroom break: '*You can't leave the child on their own - you've then got to take that child back to the classroom'. Elizabeth felt that* her low status position as a teaching assistant reduced her autonomy

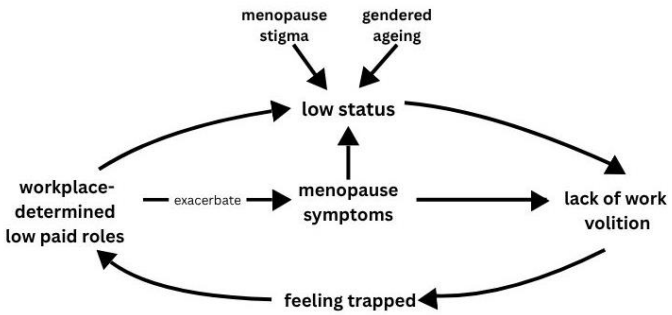
further: '*you've literally just got to ask, can I go to the toilet*', causing further shame. Other women (Amy, Laura and Jennifer) also spoke about the challenges associated with a lack of control over their work schedule. This uncertainty meant that it was not always possible to know when a break would be possible, and at times this heightened their anxiety by making them feel trapped. Brenda said '*I know it's illegal because you are entitled to breaks, but you can't, you can't just leave your clients and go.'*

Discussion

This study explored the work-related experiences of menopausal women in low-paid roles and the two themes that we developed show how the women's job roles, health and life stages combine and interact to keep them trapped in work that is not decent.

The first theme reflects the low status that the women experience as a result of the additive impact of being low paid and menopausal. The second theme describes how the nature of the women's low paid jobs makes their experience of menopause worse – exacerbating their symptoms and restricting their access to coping mechanisms. The women did not have access to what the would describe as decent work, and because of their own sense of low status and their menopausal experience, compounded by their low paid jobs, the women felt trapped, unable to negotiate any changes with their current employers, and unconfident about their chances of finding a new and better job.

Figure 1. The interaction between menopause and low paid work.



Source: authors' own work

Figure 1 represents the vicious circle that the women found themselves in. It illustrates the interaction the women described between the low paid roles, the low status they felt and their menopause symptoms: the nature of the low paid work exacerbated the menopause symptoms, and the severe menopause symptoms compounded their sense of low status. It also highlights the interaction between structure and agency, showing how the social

structures of society and organisations impact the women's perceptions of their own agency (Fletcher, 2017).

Some of the challenges that the women in this study face at work during menopause align with those reported in the existing literature. Despite growing public discourse, there is a persistent stigma associated with this life stage which inhibits discussions around the menopause (Daly et al., 2024; Grandey et al., 2020; Hardy et al., 2017; Whiley et al., 2023), rendering women unwilling to broach the subject and leaving them feeling isolated (Laker & Rowson, 2024; Nosek et al., 2010; Steffan & Potočnik, 2023). The women in this study felt this keenly, and the stigma associated with the menopause, added to the low status afforded to their low paid roles, left them feeling unable to voice their concerns or negotiate any concessions with their employers. Our participants' inability to make requests for reasonable adjustments at work was compounded by the stigma of menopause (Daly et al., 2024) leading to a culture of silence and invisibility (Beck et al., 2020; Laker & Rowson, 2024; Steffan & Potočnik, 2023). In addition, they found wearing uniforms difficult (Atkinson et al., 2021b) and found shift work and unpredictable break times hard to cope with (Cronin et al., 2023).

The Psychology of Working Theory (Blustein et al., 2006) offers a useful lens which can help to shed some light on these findings, one that has not previously been used to explain the experiences of low paid menopausal women. The women in this study felt marginalised both because many of them worked in sectors that they felt were undervalued in society – particularly noted by those working in care - and because their roles were positioned at the bottom of the organisational hierarchy. The women also felt that their low status was compounded by the stigma associated with their menopausal symptoms. Despite the efforts made to reduce the taboo surrounding menopause, and the positive narratives that have emerged within research and in the media (O'Connor, 2019; Quental et al., 2023), the persistent stigma of their menopausal symptoms further entrenched these women in marginalised roles making them feel trapped and unconfident about making any efforts to move towards more decent work.

The women also lacked access to sufficient economic resources, earning barely more than the minimum wage. Few of them had significant savings or other family wage earners to rely on and their low incomes and financial precariousness had a number of implications. First it put pressure on them to work more than they wanted to – taking on extra shifts, working anti-social hours to boost their wages, and presenting for work when they were sick. These experiences were again inextricably linked with their menopause – the additional shifts exacerbated their menopause symptoms and their menopause symptoms made the additional work more demanding. The challenges of frontline and shift work for menopausal women have been noted elsewhere (Atkinson et al., 2024; Cronin et al., 2023; Yoeli et al., 2021) but one finding which has been less widely reported is that the women

additionally felt that their access to good healthcare was compromised. Although they all had access to the UK's National Health Service, which is free at the point of delivery, the women were well aware that most specialist menopause services were available privately, and they were not in a position to afford this.

The women in this study reported low levels of work volition. Most of the women worked in frontline positions and the nature of their work roles meant that there were certain freedoms that were denied to them. They could not choose what clothes to wear or when to take breaks, both of which made it difficult to cope with their symptoms. None of the women had individual offices to withdraw to and therefore were not in control of their physical work space. These restrictions meant that the women were not able to take advantage of some coping strategies that women in less public facing – usually more senior – roles might use (Griffiths et al., 2010, Hickey, 2017). The findings align with other studies that have identified the challenges of frontline work and limited control over break times (Atkinson et al., 2024; Steffan & Loretto, 2024; Whiley et al., 2023).

This study has also identified other issues not previously reported in the literature, regarding the specific impact that low paid work has on menopausal women. First, the findings highlight that low pay combines with the menopause to confer low status, and this contributes to low work volition and leaves women feeling trapped. We also show that whilst many menopausal women adjust or reduce their hours to cope with their symptoms, low pay can make women work more hours than they want to, or than is safe for them. As menopausal women, they need access to recovery time and sick leave when symptoms are severe (Vondreck et al., 2022), but for our participants, both were compromised by their low salaries and poor working conditions. Most of the women in this study found it difficult to cope with their jobs alongside their menopause symptoms, and some would have relished the chance to reduce their hours, re-train, change direction or leave work altogether. Yet for these women, a career shift or job change was not worth the risk, leaving them feeling trapped in unsatisfactory, low-paid job roles. This contrasts with some experiences of menopausal women struggling with severe symptoms reported in the existing literature, many of whom planned to leave their jobs or take reduced hours (Cronin et al., 2023; Daly & Hynes, 2025; Hill, 2022; Kiss et al., 2024) and the longitudinal evidence that the menopause has a negative impact on women's employment rates (Bryson et al., 2022;Evandrou et al, 2021)

The PWT holds that decent work is a reasonable expectation for all (Blustein et al., 2006), and the ILO identifies five components of decent work: physical and psychological safety, access to healthcare, adequate compensation, reasonable leisure time and work that aligns with workers' values. Decent work requires all five conditions to be met and we argue that the work described by the participants in this study fell short of the ILO's definition. The participants' safety at work was questionable as their working conditions exacerbated their

menopause symptoms and prevented them from using effective coping strategies; feelings of humiliation and invisibility diminished their sense of psychological safety (Edmondson, 2018). The women's access to healthcare was compromised: they had access to the UK's National Health Service, but some felt that their menopause symptoms would be better treated at a private clinic which they could not afford. The financial compensation the women received was not adequate: the women were on low wages, many found that they had to borrow money from relatives and still they had barely enough to cover their bills. The additional shifts they took on to boost their income limited their leisure time. And whilst many of the women worked in sectors and roles that did align with their values, the challenges they faced and the low status conferred on them by society seemed to render the roles meaningless for them.

The findings of this study demonstrate that the double jeopardy of ageism and sexism interact with the stigma of menopause and the low status of low paid roles, and this intersection has a negative impact on the work experiences of menopausal women in low paid positions. In line with the predictions of the PWT, this leads to lower levels of work volition which make the women feel trapped in work that is not decent. In keeping with the critical realist assumption that all theories are fallible (Fryer, 2022), we suggest however that the PWT does not fully account for the women's experiences and our research thus makes a contribution to the PWT in moving beyond a focus on gender or age reflecting the intricate web woven by intersections of age, gender and low paid jobs, and demonstrates the value of an approach to PWT that captures the impact of gendered ageing on menopausal women. PWT has previously focused on both gender (for example England et al. 2020; Kim et al., 2022) and age (for example Luke & McIlveen, 2024) but an important contribution here is the inclusion of age as it intersects with gender and poor working conditions, and its influence on the decent work of menopausal women. A stated aim of the PWT is to incorporate intersectionality (Duffy et al., 2016) and the findings of this study demonstrate the value of an approach that interweaves gender, age and low paid work for a more complex understanding of the menopause transition.

Recommendations

The challenges associated with the menopause for low paid women at work are complex, and organisational solutions therefore need to be multi-faceted. Organisations need to consider solutions that address inequalities in the workplace, to ensure that workers are offered the adjustments that they need (include clothing, breaks, space and work schedules), that encourage education for all workers to help them to anticipate and understand the impact of the menopause on themselves and their co-workers, that ensure that all workers are physically and psychologically safe at work, that allow all workers to have a voice – including low paid workers who fear that their jobs are insecure and who find it difficult to talk about taboo topics, and that improve conditions for all low paid workers. Daunting though this list may seem, Trade Unions (TUs) could be well placed to support

organisations with this raft of measures (Beck, 2023). Unions have traditionally focused on lower paid and marginalised workers, and they address concerns related to working conditions, health and safety, training and development and equality, diversity and inclusion, offering collective support for individual workers. Many existing TU campaigns would help women with their menopause symptoms. Campaigns for decent pay, reasonable breaks, and the right to flexible working, whilst not exclusively focused on menopausal women, would alleviate some of the challenges the women in this study faced without needing them to disclose their menopausal status. The menopausal women working in unionised professions or organisations are of course not the only ones who need support, but trade unions often initiate good practice that then is adopted more widely.

Alongside the desire to create fairer and more effective workplaces, employers will be further motivated to support menopausal workers once the Employment Rights Bill has passed through parliament, adding the requirement for employers with over 250 employees to publish equality action plans as part of the Equality Act 2010. The bill does not create a standalone menopause-specific law but rather integrates menopause support as a key component of the broader equality action plan that large employers will be required to implement.

Limitations and directions for future research

The women in this study may not be typical of menopausal women in low-paid roles with nearly half the study participants holding a degree, many working in health, social care and teaching. Further research that focuses on a more representative sample of menopausal women in a wider range of low-paid roles, including those with lower qualifications and a study explicitly focusing on those facing additional intersectional barriers such as race could strengthened or broaden our understanding of their experiences. A quantitative study could gather statistically generalisable data and it would be interesting to understand the perspectives of employers - a study that explored their attitudes towards menopausal employees could yield a set of workable recommendations.

Conclusion

Many women during menopause suffer discrimination based on gendered ageism and struggle with the stigma of menopause. Menopause symptoms can be extremely unpleasant and can be hard to cope with physically, psychologically and emotionally. Existing published research has highlighted the particular challenges that women face as they manage their menopause within the workplace, but in this study, we have focused specifically on the work-related experiences of menopausal women in low-paid roles in the UK, identifying a set of particular challenges that these participants face. The PWT explains the impact of marginalisation and limited economic resources on opportunities

for decent work and has been applied to a range of different marginalised workers, but has not previously been used as a lens to examine the intersectional experiences of women in low-paid roles during menopause. Our study supports the relationships between constructs proposed within PWT, showing how these women's access to decent work is limited by their marginalisation, their limited economic resources and their reduced work volition.

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