



# *UNDERSTANDING THE ROLE OF MENOPAUSE IN WORK AND CAREERS*

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# *EXECUTIVE SUMMARY*

Korn Ferry, in partnership with Vira Health, surveyed over 8,000 women globally to better understand the role of perimenopause/menopause in the workplace.

To gain deeper insights into the relationship between women's experiences with menopause and work, we surveyed women who are currently experiencing or who have previously experienced perimenopause/menopause while working.

Our survey covered questions around perimenopause/menopause experiences and symptoms as well as workplace factors such as perceived support, absenteeism and turnover, work performance, and career progression outcomes.





## METHODOLOGY

- Korn Ferry partnered with Vira Health to better understand the role of menopause in the workplace.
- To gain deeper insights into the relationship between women's experiences with menopause and work, we surveyed a global sample of participants who are currently experiencing or who have previously experienced perimenopause or menopause while working.
- Our survey included a series of questions that covered demographics, menopause experiences and symptoms, and work factors and experiences.

## KEY SURVEY INSIGHTS

- While the majority of the women in our sample did not view their perimenopause/menopause experiences negatively, women who were optimistic versus fearful of menopause reported more positive experiences in the workplace.
- Almost half (47%) of the women in our sample experienced perimenopause/menopause related symptoms that disrupted their lives and their work performance.
- 40% of women reported experiencing six or more different symptoms that impacted their work performance.
- The majority of the women in our sample did not feel supported (across any support type) at work around their perimenopause/menopause needs.
- Overwhelmingly, respondents did not communicate about their perimenopause/menopause experiences at work with their managers, HR functions, and/or senior leadership at work.
- The negative effects of perimenopause/menopause related symptoms carried over to career progression outcomes (promotions, bonuses, etc.), absenteeism, and ultimately, turnover. Women in senior leadership positions were particularly negatively impacted by this.
- Our survey also revealed new insights about the positive impact of perimenopause/menopause symptoms at work. About one quarter of our sample indicated that they had an increase in personal awareness due to menopause.

## IMPACT

The results of this survey offer additional depth and breadth to previous research on women's experience of menopause at work. Our research highlighted the complexity and the nuances of the variety of symptoms women experience because of menopause. With these insights, companies can create better support systems for women during this life-stage transition by mitigating the potential to be held back by the adverse effects of menopause.

# INTRODUCTION



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Recent estimates project that by the year 2025, [over 1 billion people worldwide will be coping with menopause](#). In the United States alone, there are [over 1 million women each year](#) going through menopause.

[Menopause symptoms](#), ranging from hot flashes and insomnia to anxiety, brain fog, and depression, not only interfere with women's daily lives and diminish their quality of life but also affect their workplace performance. A [recent Mayo Clinic study](#) showed that menopause symptoms were related to negative workplace outcomes such as missing work, loss of hours at work, or turnover.

Despite the culminating evidence, many organizations still fall short in recognizing that menopause symptoms are impacting women's ability to remain (or be most effective) in the workplace and providing the necessary support to mitigate the adverse outcomes.

## **PURPOSE**

Our research sought to understand the full spectrum of menopause-related experiences for women in the workplace. We explored how menopause experiences and symptoms influenced women's career goals, progression, and other work-related outcomes. Our research aims to contribute to how organizations can do a better job in managing an optimal work environment to ensure that women can further advance their careers without being held back by the adverse effects of menopause.

## **PARTNERSHIP WITH VIRA HEALTH**

To investigate the subject, Korn Ferry partnered with [Vira Health](#), a UK-based digital health company focused on improving women's health by addressing and supporting female-specific conditions such as perimenopause and menopause. Together, Korn Ferry and Vira Health launched a global survey to women who are currently experiencing or who have previously experienced perimenopause or menopause while working. Our survey focused on the relationship between perimenopause/menopause experiences and symptoms and workplace factors such as perceived support, absenteeism and turnover, work performance, and career path. The following report details the key findings of this survey.



# SURVEY RESULTS



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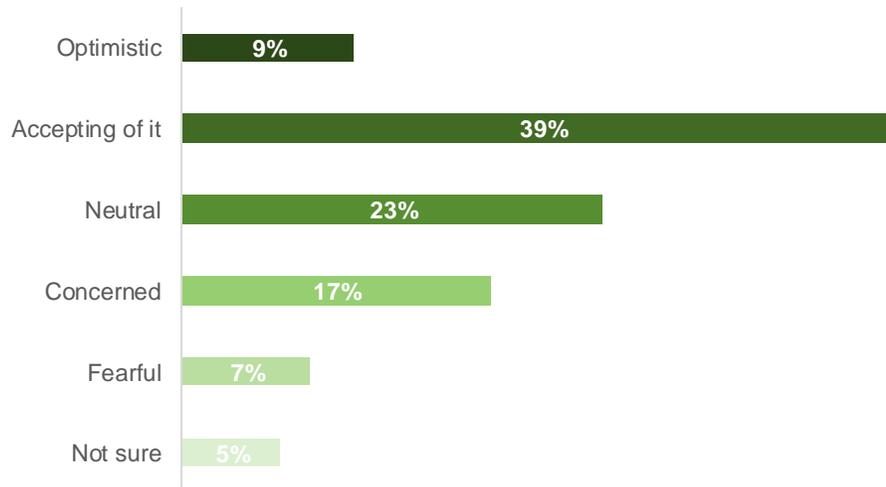
# OVERALL EXPERIENCE OF PERIMENOPAUSE/MENOPAUSE

## HOW DO WOMEN PERCEIVE MENOPAUSE?

When asked what phrase best described their overall experience of perimenopause/menopause\*, we found the majority of our respondents did not view their menopause experience negatively.

- More than one-third (39%) of the women in our sample reported that they are accepting of menopause, more than one-fifth (23%) reported that they felt neutral about it, and about 9% of the sample felt optimistic. A smaller but still considerable proportion of women felt concerned (17%) or fearful (7%). About 5% were not sure.

What phrase best describes your overall experience of perimenopause/menopause?

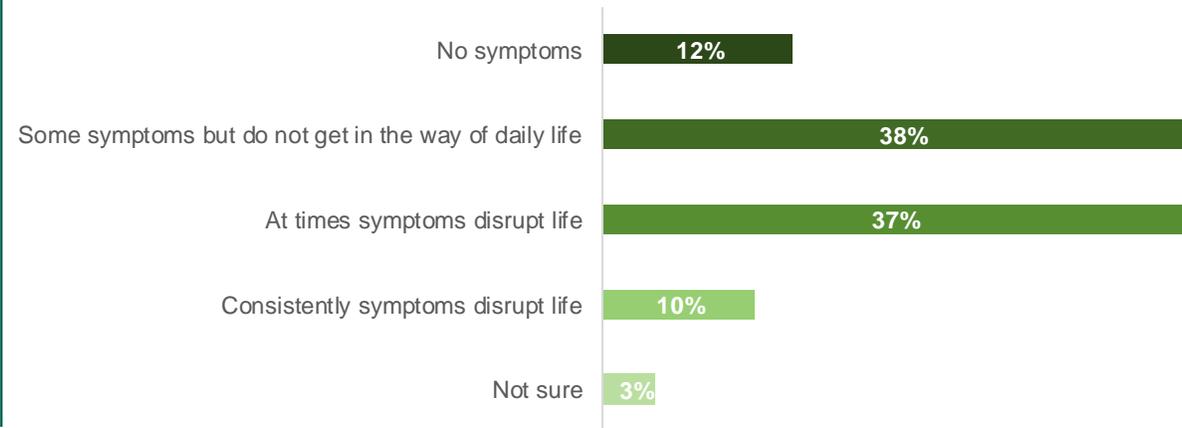


# SYMPTOM TYPE AND SEVERITY

## HOW SEVERE AND DIVERSE ARE PERIMENOPAUSE/MENOPAUSE SYMPTOMS THAT AFFECT WOMEN AT WORK?

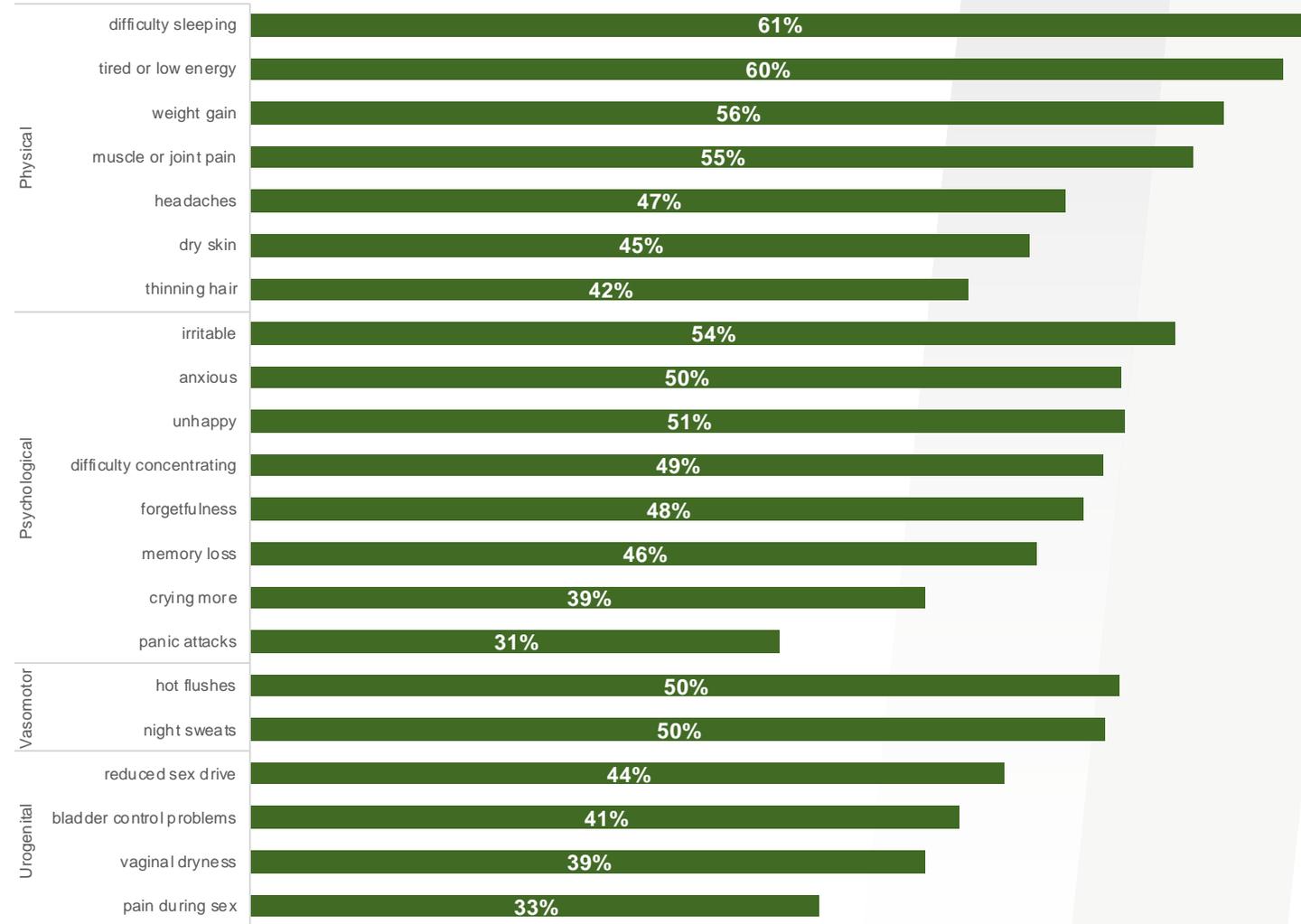
The overall severity of the perimenopause/menopause symptoms are distributed consistently across severe and non-severe symptoms. About half of the respondents reported that they either do not experience any symptoms (12%) or experience some symptoms but these symptoms do not get in the way of their daily lives (38%). The latter half of the respondents indicated the symptoms either at times (37%) or consistently (10%) disrupt their lives. About 3% were unsure about the severity of their symptoms.

### How would you describe the severity of your perimenopause/menopause symptoms?



## Symptom severity affecting work performance by type

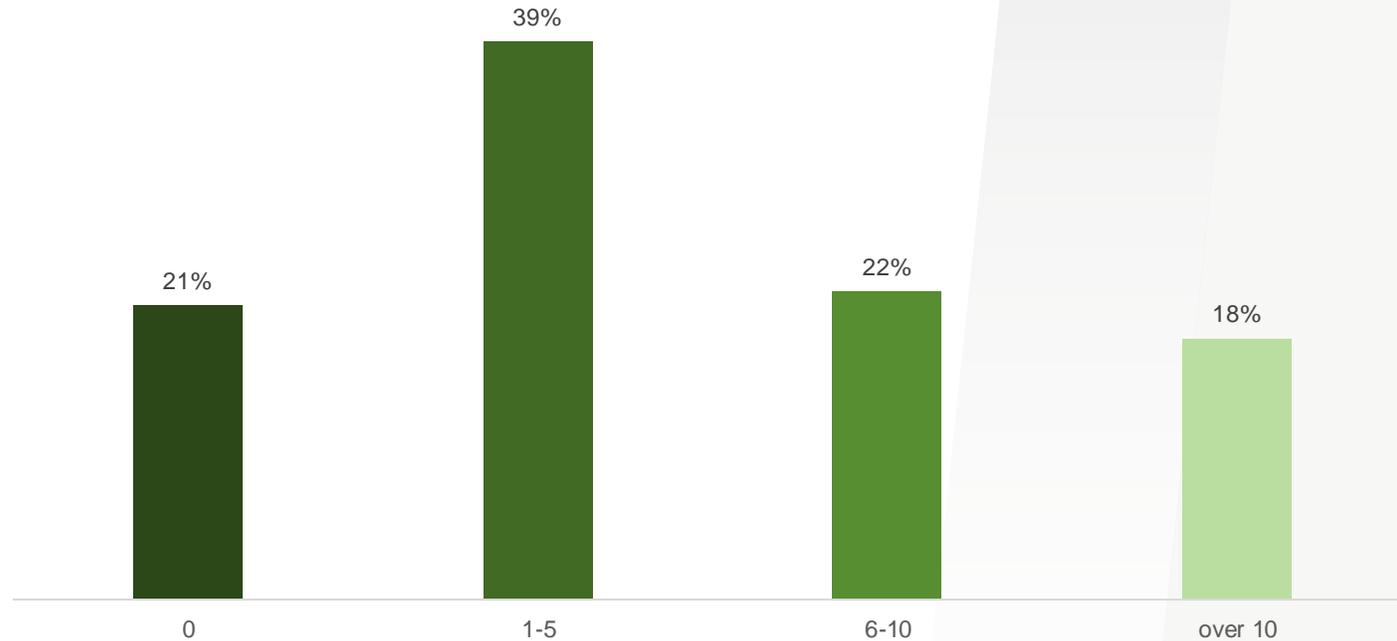
We also inquired about the specific types and how many symptoms have affected the respondents' work performance. The highest reported symptoms among the different types were physical symptoms, particularly difficulty sleeping (61%) and being tired or having low energy (60%), followed by weight gain (56%) and muscle or joint pain (55%). Respondents also reported high severity across many of the psychological symptoms such as feeling irritable (54%) and anxious (50%), in addition to vasomotor symptoms including hot flushes and night sweats (both 50%).



Note. Figure shows the combined percentage answering "Moderate," "Bad," or "Severe" to their symptoms.

Across the frequencies of these symptoms (how many symptoms respondents reported having), we found that while 21% of the respondents indicated they did not have any symptoms, 39% reported experiencing 1–5 symptoms, 22% reported experiencing 6–10 symptoms, and 18% reported having over 10 symptoms.

### Frequency distribution of symptoms



# SUPPORT AND COMMUNICATION AT WORK

## DO WOMEN RECEIVE THE MENOPAUSE SUPPORT THEY NEED AT WORK?

In our survey, we asked participants to what extent they feel they receive support for their needs around perimenopause/menopause and if they talk about their perimenopause/menopause experiences at work.

**Overall, our survey results show that support needs of the majority of the women in our sample around perimenopause/menopause are not met.**

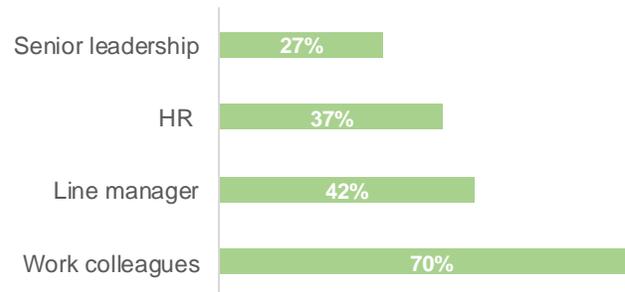
- Across all different sources of support, less than 40% of the respondents indicated that the support they received met their needs (agreed or strongly agreed to each one of the statements).
- The largest source of support was from outside of work: 39% of the respondents reported that they have social support outside of work for their needs around perimenopause/menopause, whereas only 26% reported that they received support from formal work policies or programs.
- We also asked if our participants talked (or were willing to talk) about their perimenopause/menopause within the work environment. While most of the respondents (70%) talked with their work colleagues, approximately 27% of the respondents have talked to senior leadership and only about 37% have spoken with HR personnel about their experiences.

### Feel supported by



Note. Figure shows percentage answering "Strongly agree" and "Agree" combined.

### Have communicated with



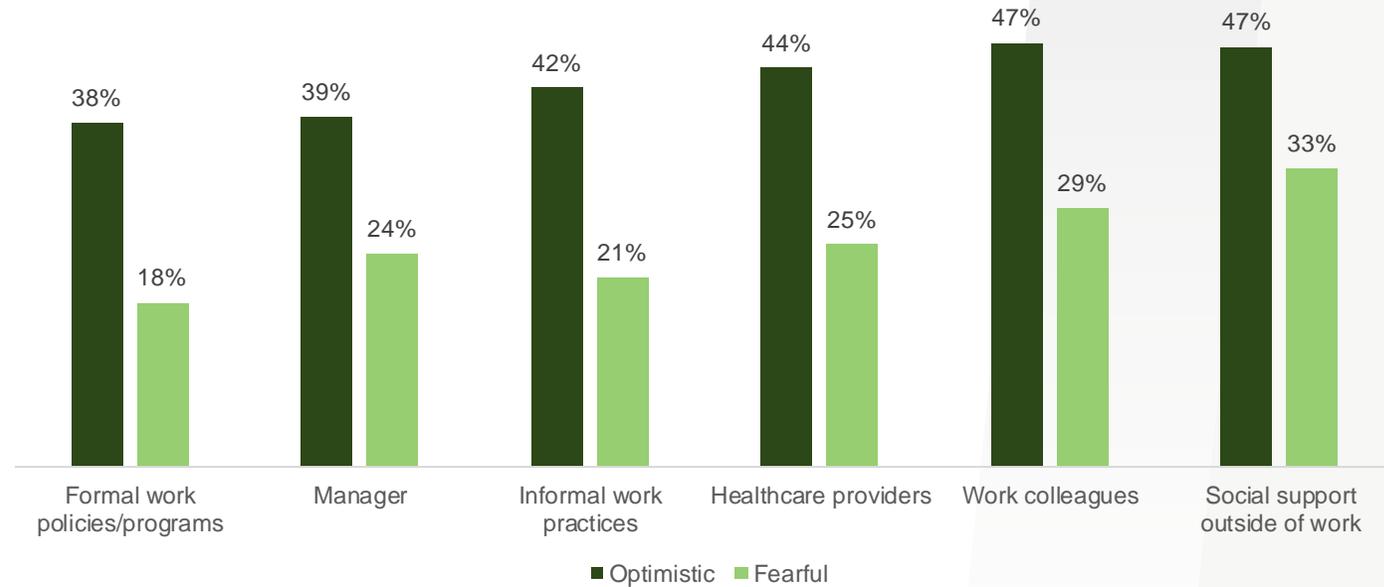
Note. Figure shows percentage who indicated "Yes."



A further breakdown of those reporting the most extreme responses (according to their overall experience rating) showed that optimistic respondents indicated substantially higher percentages of all perceived support types compared with the fearful respondents.

- Twice as many of those who were optimistic felt supported by both formal work policies/programs (38% among optimistic vs. 18% among fearful) and informal work practices (42% among optimistic vs. 21% among fearful). In both groups, perceived support from work colleagues and social support outside of work were the highest and perceived support from formal work policies/programs was the lowest.

### Feel supported across optimistic and fearful



Note. Figure shows percentage answering "Strongly agree" and "Agree" combined for the support types.

A higher percentage of respondents reported that they have talked (or were willing to talk) with their line manager about their perimenopause/menopause experience if their manager was a female (46%) compared to a male (33%). However, the levels of perceived support from female and male managers were about the same (37% and 35%, respectively).



*Note.* Figure shows percentage answering “Strongly agree” and “Agree” combined for the support types.

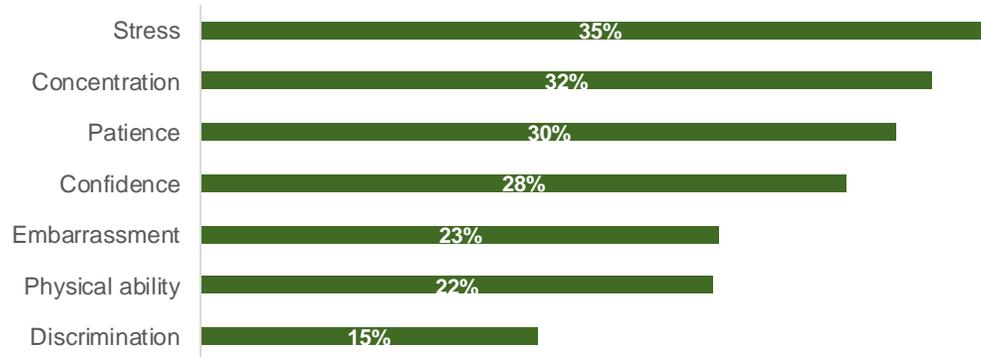
# NEGATIVE AND POSITIVE IMPACT OF PERIMENOPAUSE/MENOPAUSE SYMPTOMS AT WORK

## WHAT GETS BETTER AND WHAT GETS WORSE FOR WOMEN AT WORK?

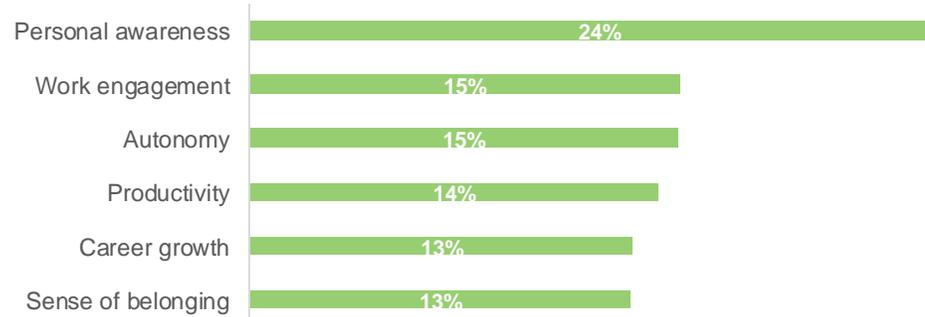
We surveyed our respondents on the different types of negative and positive impact of their perimenopause/menopause symptoms at work. In general, respondents reported higher percentages for the negative impact of their symptoms at work.

- We found that 30% or more of the respondents agreed or strongly agreed to experiencing increased stress and decreased concentration and patience at work due to their perimenopause/menopause symptoms.
- Additionally, there was a relatively lower but still substantial percentage of respondents reporting a positive impact of their perimenopause/menopause symptoms at work. The largest reported positive impact was an increase in personal awareness (24%), followed by work engagement and autonomy (both 15%).

What negative impact (if any) did your perimenopause/menopause symptoms have on you at work?



What positive impact (if any) did your perimenopause/menopause symptoms have on you at work?



Note. Figure shows percentage answering "Strongly agree" and "Agree" combined.



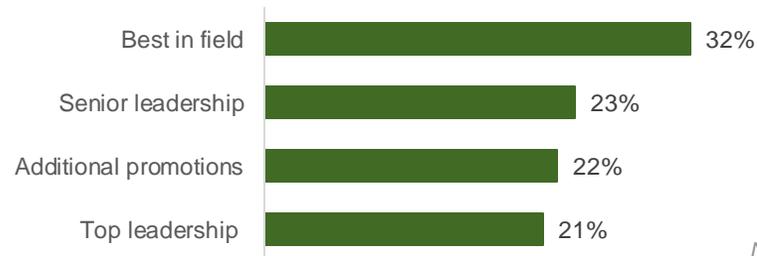
# CAREER GOALS

## WHAT CAREER GOALS AND CAREER PROGRESSION OUTCOMES DO WOMEN HAVE?

When asked about the importance of various career goals, about 32% indicated being among the best within their field was important/very important to them and a little over 20% of the respondents indicated attaining senior leadership status, obtaining additional promotions, or rising to a top leadership position were important/very important.

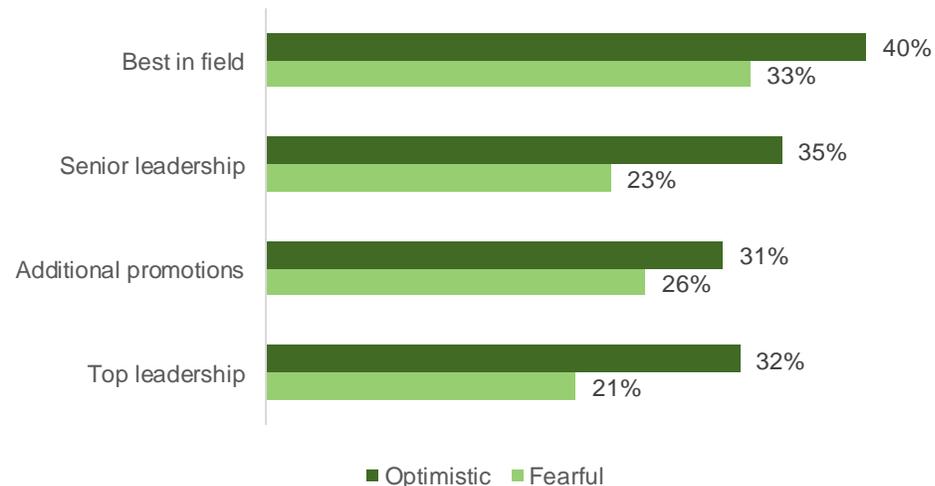
- Respondents who were more optimistic about their perimenopause/menopause experiences reported overall about 5 to 12 percentage points higher among their career aspirations compared to those who are fearful.

### Importance of career goals



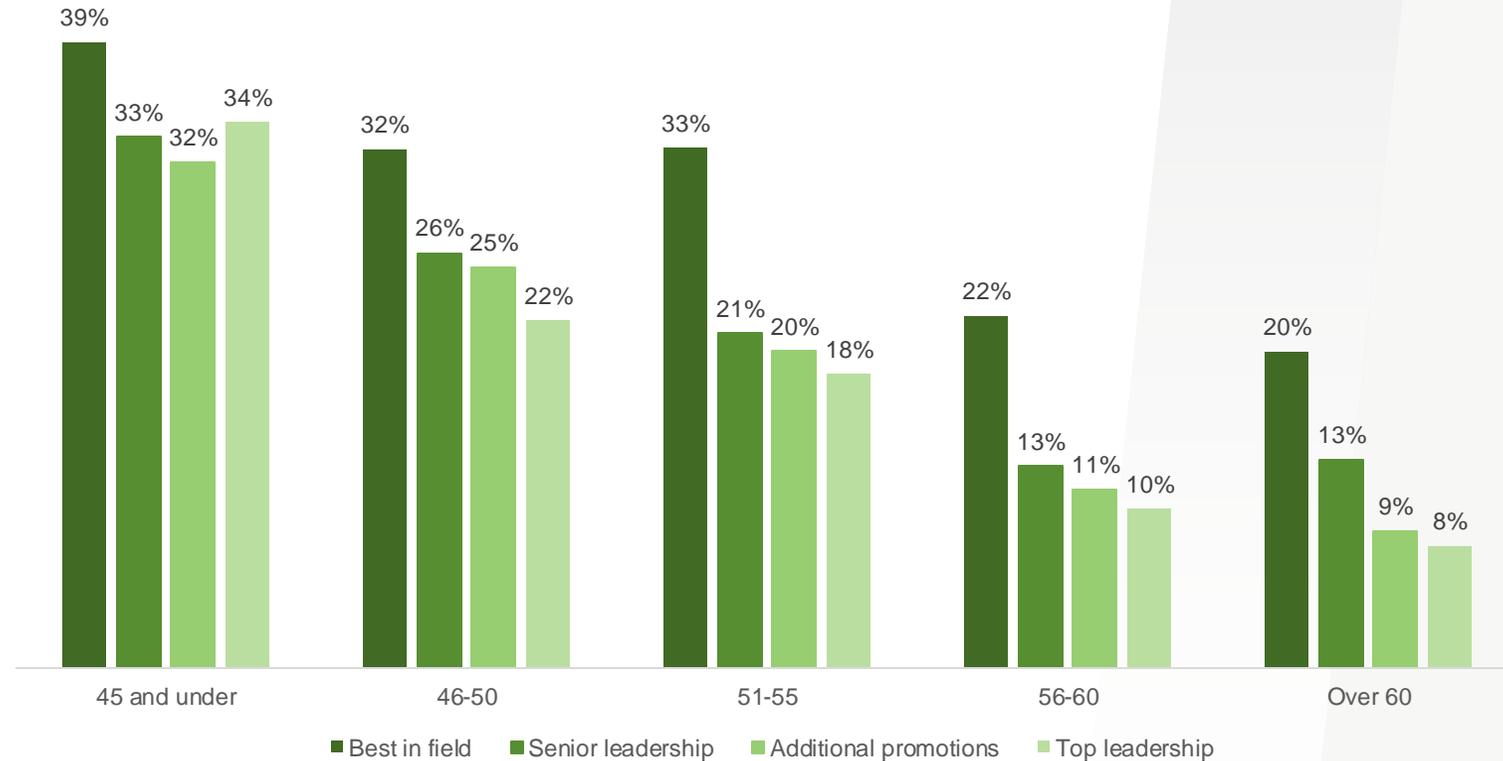
Note. Figure shows percentage answering "Very important" and "Important" combined.

### Importance of career goals by optimistic vs. fearful



Survey results also showed life-course effects on career goals. Younger respondents reported higher percentages of aspired career goals compared to older respondents. For example, 39% of women who were 45 and under reported they wanted to be the best in their field, whereas only 20% of those 60 or older had the same aspiration.

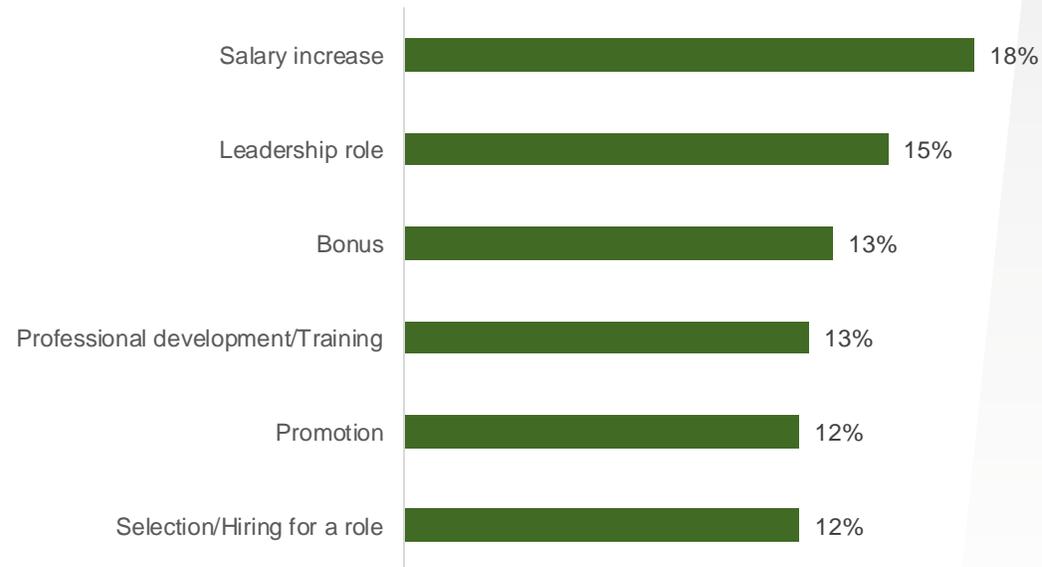
### Importance of career goals by age



Note. Figure shows percentage answering "Very important" and "Important" combined.

We asked about the impact of perimenopause/menopause related symptoms on career progression outcomes. Overall, approximately 12% to 18% of respondents indicated that their symptoms had an impact on their salary increase, leadership role, bonus, professional development/training, promotion, and selection/hiring for a role. The highest reported outcome was the impact of symptoms on salary increase (18%), followed by obtaining a leadership role (15%).

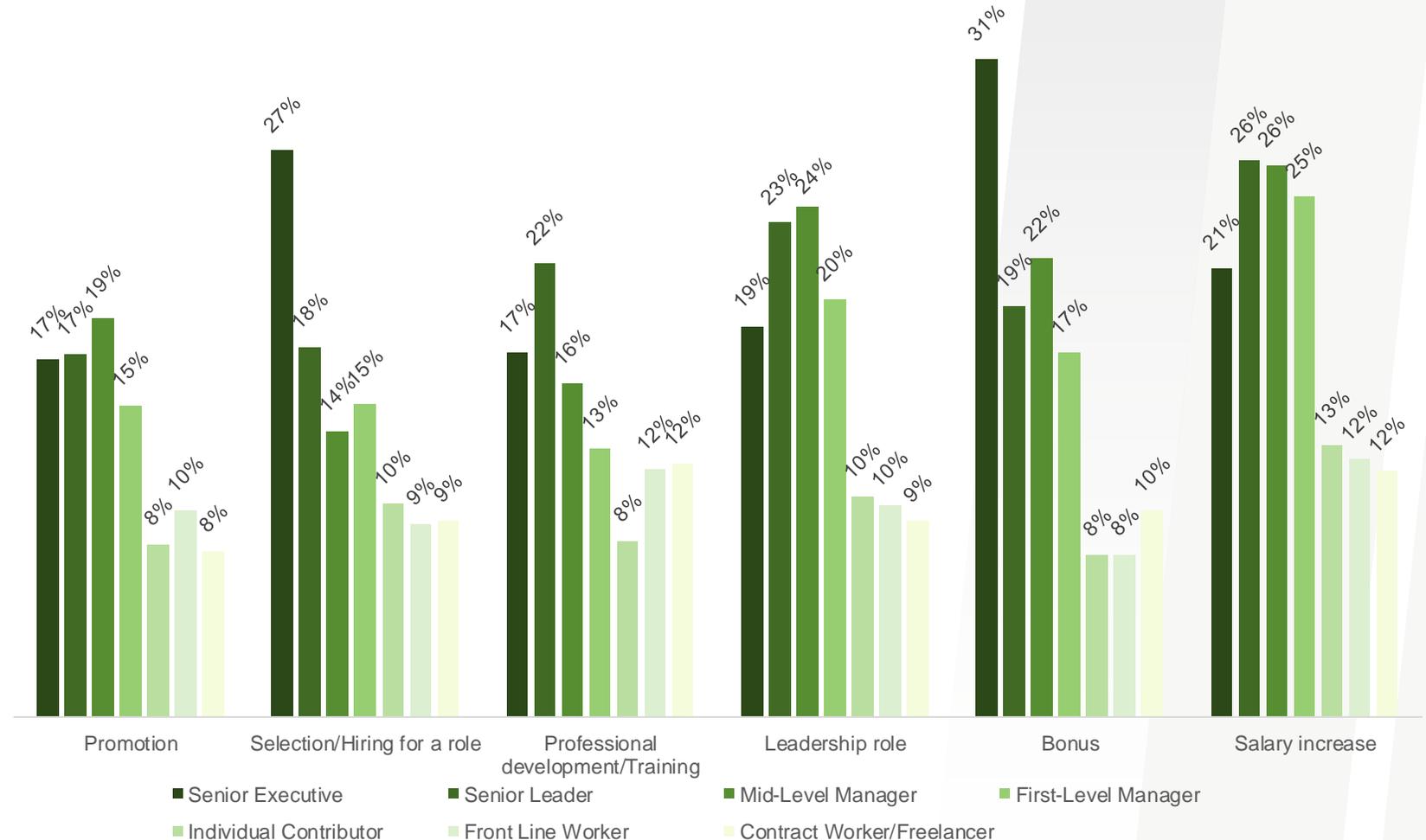
### Negative impact on career progression



Note. Figure shows percentage answering "Yes."

## Negative impact on career progression by job title

We further broke down the negative impact on career progression by the job titles of our respondents. We found that those who were in senior executive, senior leadership, or managerial positions (mid-level and first-level manager) reported greater negative impact on their career progression outcomes compared to those who were individual contributors, front line workers, or contract workers/freelancers. For example, senior executives reported that perimenopause/menopause related symptoms had more than twice (17%) the effect on promotions, almost three times (27%) the effect on selection/hiring for a role, and more than three times (31%) on bonuses compared to that reported by individual contributors (8%, 10%, and 8%, respectively).



Note. Figure shows percentage answering "Yes."

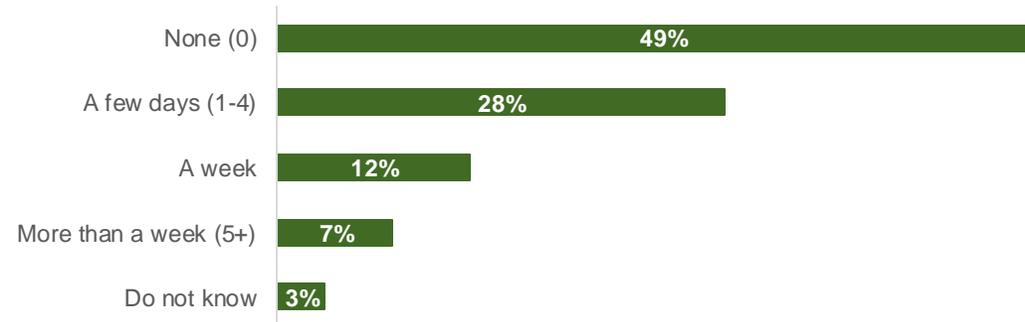
# ABSENTEEISM AND TURNOVER

## TO WHAT EXTENT ARE WOMEN MISSING AND LEAVING WORK DUE TO PERIMENOPAUSE/MENOPAUSE SYMPTOMS?

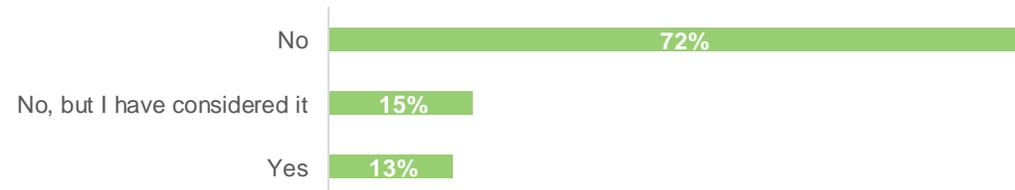
We investigated the effects of perimenopause/menopause symptoms on the frequency of respondents' absenteeism and turnover.

- Close to half of our respondents indicated they never missed work due to their symptoms, while 28% indicated missing a few days, 12% indicated missing a week, and 7% indicated missing more than a week in a given month.
- Similarly, most of our respondents have also never quit or considered quitting their jobs due to their symptoms (72%), but a sizable portion considered quitting (15%) or have quit (13%) their jobs due to their symptoms.

In a given month, roughly how many days did your perimenopause/menopause symptoms cause you to miss work?

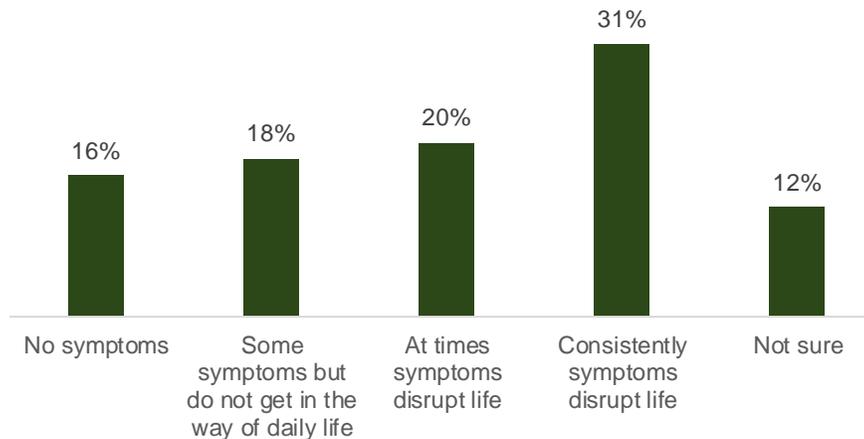


Have you ever quit a job due to your perimenopause/menopause symptoms?

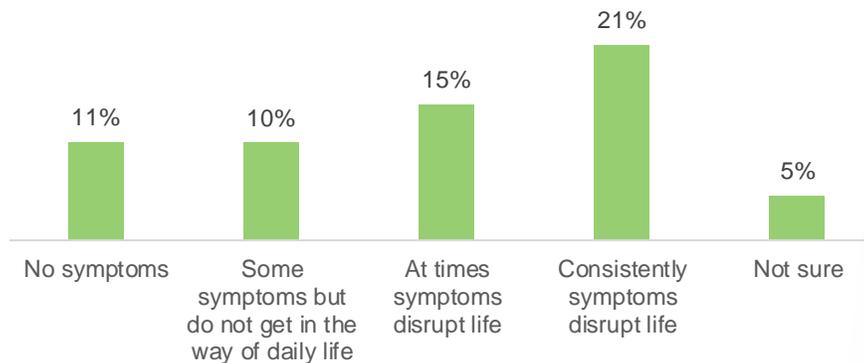


Respondents with more severe symptoms (those who reported symptoms consistently disrupt life) reported a higher percentage of missing work for a week or more (31%) or quitting their jobs (21%) than those with less severe symptoms.

**Missed work a week or more due to perimenopause/menopause symptoms**

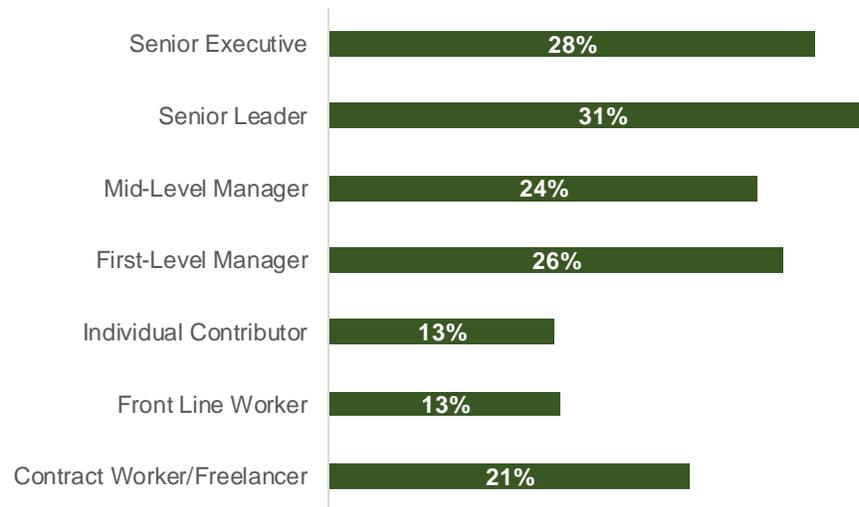


**Ever quit a job due to perimenopause/menopause symptoms**

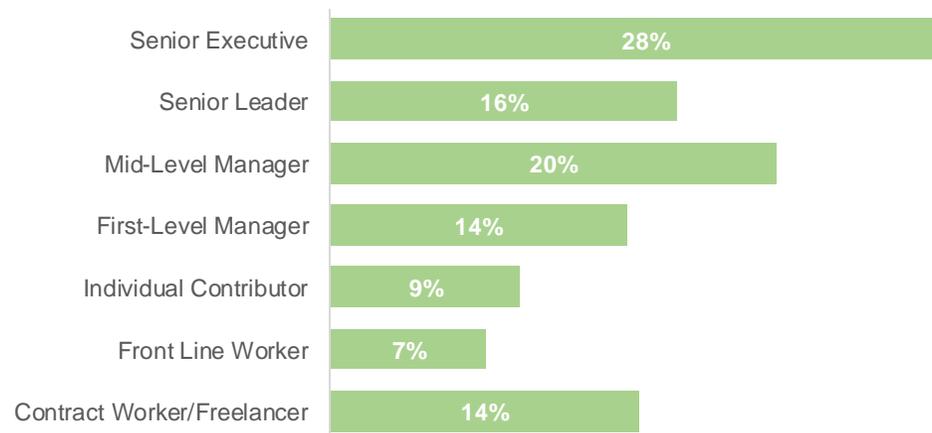


We also observed that those in senior executive/leadership and managerial positions reported higher percentages of missing work more than a week (e.g., 28% for senior executives and 31% for senior leaders compared to 13% for individual contributors or front line workers) and ever quitting their jobs (28% for senior executives and 16% for senior leaders compared to 9% for individual contributors and 7% for front line workers) due to their symptoms.

### Missed work more than a week due to perimenopause/menopause symptoms by job title



### Ever quit a job due to perimenopause/menopause symptoms by job title



Note. Figure shows percentage who reported a week and more than 5+ days combined.



# *INSIGHTS AND FUTURE DIRECTIONS*



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## INSIGHTS

**Majority of the women in our sample did not view their perimenopause/menopause experiences negatively. However, women who were optimistic versus fearful of menopause reported very different experiences in the workplace.**

- When we explored potential drivers for respondents who reported optimistic versus fearful experiences with menopause, we found the optimistic group reported higher levels of support needs being met, particularly across formal and informal workplace programs and practices, and healthcare providers' effectiveness. They also reported higher levels of positive impact on their career goals. The fearful group reported lower levels of perceived support at work and higher levels of negative impact on their career goals.

**Almost half (47%) of the women in our sample experienced perimenopause/menopause related symptoms that disrupted their lives. Many of these diverse and concurrent symptoms had an impact on their work performance.**

- About 40% experienced six or more different symptoms that affected their work performance across physical, psychological, vasomotor, and urogenital symptoms.
- The highest reported symptoms were physical symptoms (difficulty sleeping 61%, being tired or having low energy 60%). Respondents also reported high severity across many of the psychological symptoms, including being irritable (54%) and anxious (50%), and vasomotor symptoms like hot flashes and night sweats (both 50%).



## Majority of the women in our sample did not feel supported at work around perimenopause/menopause needs.

- Less than 40% of respondents indicated they received support around their perimenopause/menopause needs in general. The largest source of support was from outside of work (39% felt supported), and the lowest support was from formal work policies or programs (26% felt supported).
- Optimistic respondents indicated substantially higher percentages of perceived support than fearful ones.

## Majority of the women have not talked or were not willing to talk to their line manager, HR personnel, or senior leadership about their perimenopause/menopause experiences.

- Women were more open to talking about their perimenopause/menopause with their work colleagues (70% talked or willing to talk). Only 42% of the women surveyed have spoken with their line manager, 37% with HR, and only about 27% with senior leadership about their experiences.
- The gender of the manager showed differences in a respondent's willingness to talk with them. However, the levels of perceived support between female and male managers were about the same (37% and 35%, respectively).



## Perimenopause/menopause symptoms had an impact on women's psychological outcomes (how they think and feel) at work.

- Close to one-third of the women in our sample reported that their perimenopause/menopause symptoms negatively affected their stress, concentration, and patience levels at work.
- There was a relatively lower but still sizable percentage of respondents reporting positive impact of their perimenopause/menopause symptoms at work, particularly an increase in personal awareness (24%).

## Women who were younger or who were more optimistic about their perimenopause/menopause experiences reported higher aspirations for their career goals.

- Optimistic respondents ranked overall about 5 to 12 percentage points higher in their career aspirations, compared to those who are fearful.
- The rates of reporting career aspirations were also about two to four times higher among women 45 and under, compared to those over 60.



## Though modest, a significant portion of the women in our sample reported negative effects of their perimenopause/menopause related symptoms on career progression outcomes.

- 12% to 18% of respondents reported a negative impact on their salary increase, leadership role, bonus, professional development/training, promotion, and selection/hiring for a role.
- Those who were in senior executive, senior leadership, or managerial positions (mid-level and first-level manager) reported greater (in some cases two to three times higher) percentages of negative impact, compared to individual contributors, front line workers, or contract workers/freelancers.

## Perimenopause/menopause related symptoms had an impact on absenteeism or turnover for a small but sizable portion of our sample.

- 19% of our respondents reported that they missed work a week or more, in a given month, due to their perimenopause/menopause symptoms. 13% of our respondents indicated that they quit their jobs due to their perimenopause/menopause symptoms.
- Respondents with more severe symptoms and those in senior executive/leadership and managerial positions reported higher percentages of missing work and quitting their jobs, compared to those with less severe symptoms or individual contributors, front line workers, and contract workers/freelancers.



## ***FUTURE DIRECTIONS FOR ORGANIZATIONS***

- **There is a clear need and opportunity for organizations to offer support around perimenopause/menopause needs of women.** Across the various support types we surveyed, respondents had higher perceived support from people-focused resources (i.e., colleagues and managers) versus organizational-focused ones (i.e., formal and informal practices/programs), emphasizing the need for creating better formal and informal policies and practices for supporting women's menopause needs.
- **There is an urgency for providing career-related support for women in senior leadership positions during their perimenopause/menopause transition.** In our survey, we observed that women in leadership roles reported higher levels of negative impact on their career progression goals such as hiring, promotions, or bonuses and their absenteeism and turnover levels than those in non-leadership role respondents. We urge organizations to focus on supporting the career progression of women in leadership.
- **There is a need for organizations to provide a holistic approach to women's health.** Within our sample, we saw high levels of both physical and psychological symptoms affecting women at work. There is a relationship among symptom severity, missing work, and thinking about or even quitting work due to symptoms. Reflecting on the toll symptoms can play in women's experience and ability to work reinforces the need for effective interventions or support for different types of symptoms, both physical and psychological.



## ***THE BOTTOM LINE***

Organizations taking a role in supporting women's health throughout their reproductive life-stage is not a new idea. Our research revealed the significance of menopause-related transition and the effects of symptoms on women's work outcomes. While menopause is a normal life transition and is not viewed negatively across our sample, associated symptoms still had an impact on physical, psychological, and work-related outcomes. What is particularly striking is the lack of perceived support from organizational resources. By extending the umbrella of care to include menopause, organizations have the ripe opportunity to support the experiences of women in the workforce across their life-stages.

# APPENDIX



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# METHODOLOGY

**Sample:** To understand the role of menopause in the workplace, we surveyed women who are currently experiencing or have previously experienced perimenopause or menopause while working. An online, convenience sample was collected through survey invitations sent out across various social media channels including Vira Health’s list serve, LinkedIn, and private emails. Additionally, to build a more robust sample, a panel (through PureSpectrum) was used to extend the ranges of respondent data collected targeting respondents living within the US, UK, and Australia; within perimenopause or menopause age range; and by employment status. Specifically, the panel was selected with the following quotas:

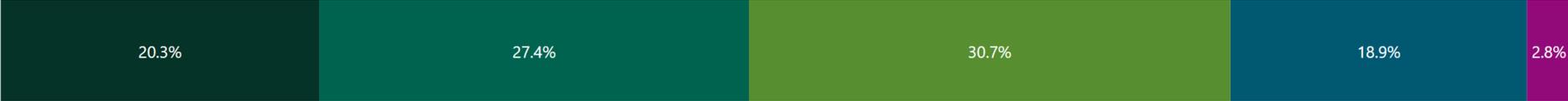
- Aged 40+ years and are born with a uterus OR have experienced an early or induced menopause.
- Their employment status is either work for pay, self-employed, or retired.
- Aged 18+, with 90%+ of the sample aged 45–60 (not an exact quota, but we would expect most people to fall within that range).
- Countries: UK, US, and Australia (all in English) – 5,000 respondents overall with 2,000 in each of US and UK, and 1,000 in Australia.

The online survey consisted of 35 closed-ended questions collected between April 20 and May 9, 2023. The original sample size included 11,864 responses (3,100 non-panel and 8,764 panel). A series of data cleaning steps were taken to check for (and remove when needed) compliance with inclusion criteria (i.e., experienced early/induced menopause and/or over 40 and born with a uterus), duplicates, missingness, and attentive responding, bringing our total sample size to 8,062 respondents (2,772 non-panel and 5,290 panel).

**Answer Options:** Because perimenopause and menopause are associated with a wide range of (potentially long-lasting) symptoms that can be conflated or hard to separate from other causes, most questions included an “I don’t know” option when asking about symptoms experienced and/or the impact of symptoms on work. Additionally, this survey sought to understand the entire spectrum of perimenopause and menopause symptoms, including those who do not experience symptoms or do not experience symptoms impacting their work while going through menopause, by including “None” and/or “Not at all” options for questions. Finally, several questions also included a “Not applicable” option which applies to respondent relevancy across different work contexts (e.g., remote), roles (e.g., self-employed), and stages (e.g., early career). The inclusion of these option choices within the report varies by relevancy of the question and, as a result, the total sample size may differ by question.

# SAMPLE DEMOGRAPHICS

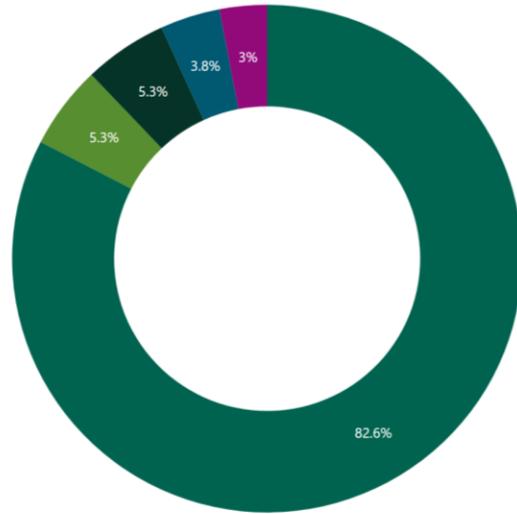
Age ● 45 and under ● 46-50 ● 51-55 ● 56-60 ● Over 60



Menopause Status ● Early/induced menopause ● Over 40 with a uterus

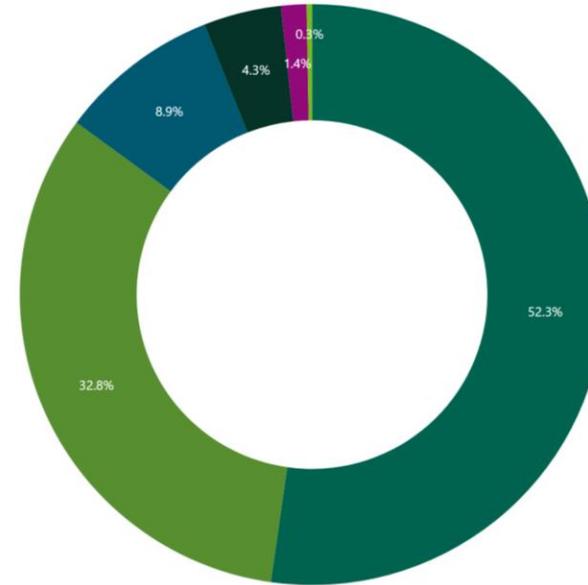


# SAMPLE DEMOGRAPHICS



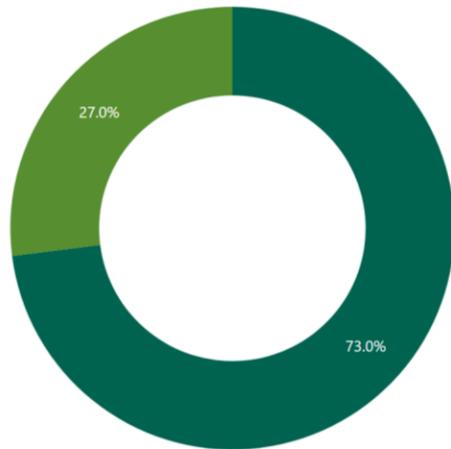
**Race**

- White
- Black
- Other
- Asian
- Hispanic



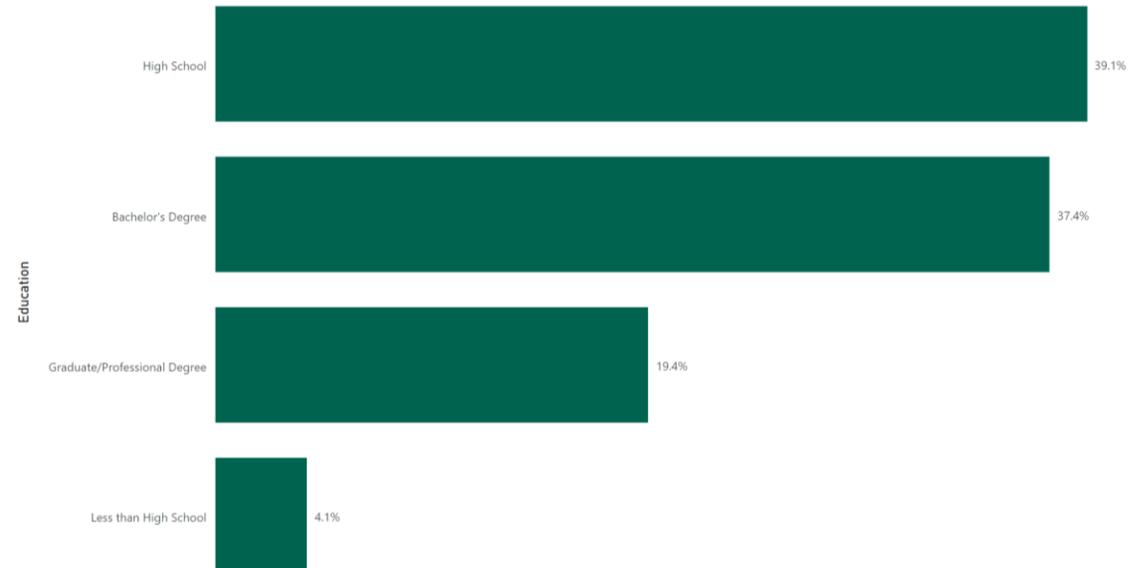
**Region**

- North America
- Europe
- Oceania
- South America
- Asia
- Africa

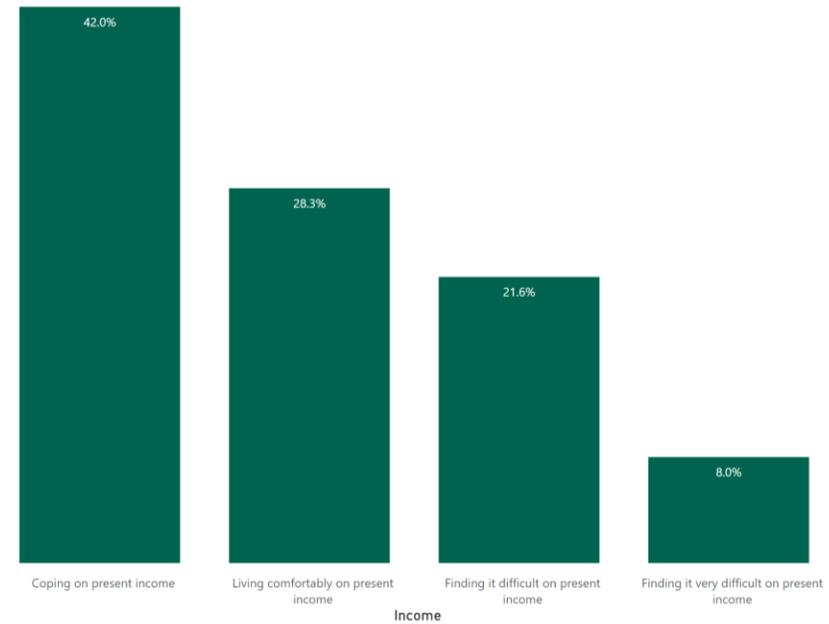
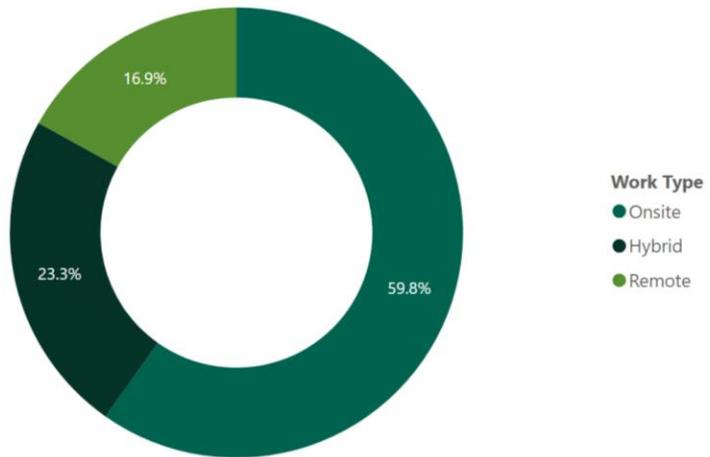
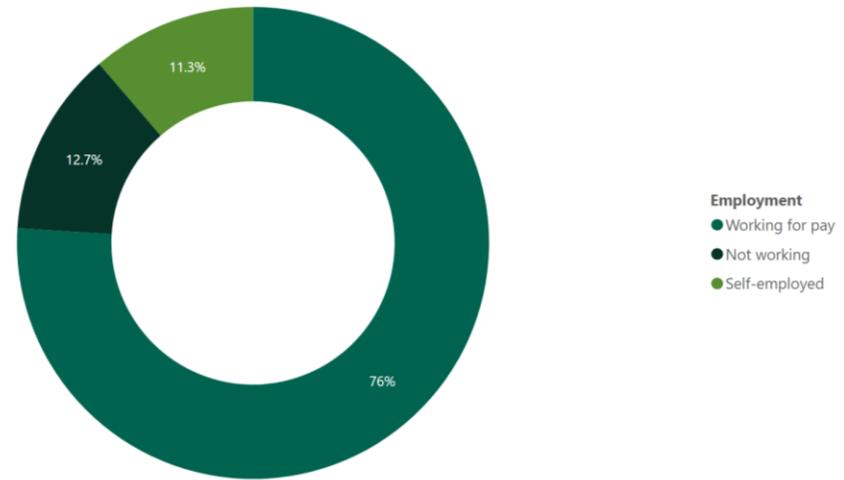
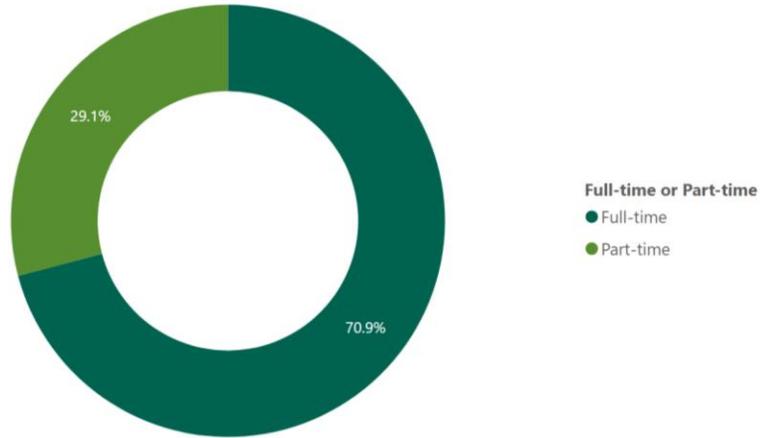


**Disability Status**

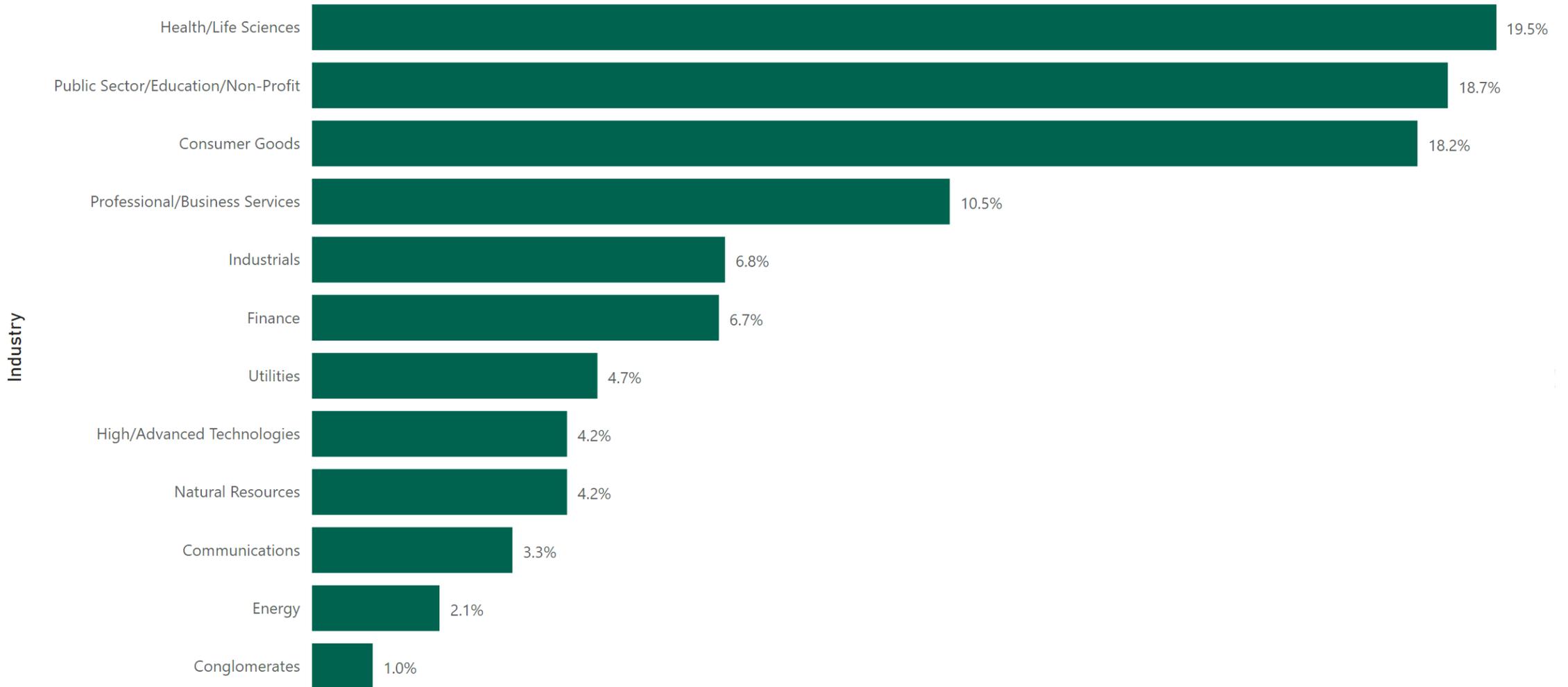
- No
- Yes



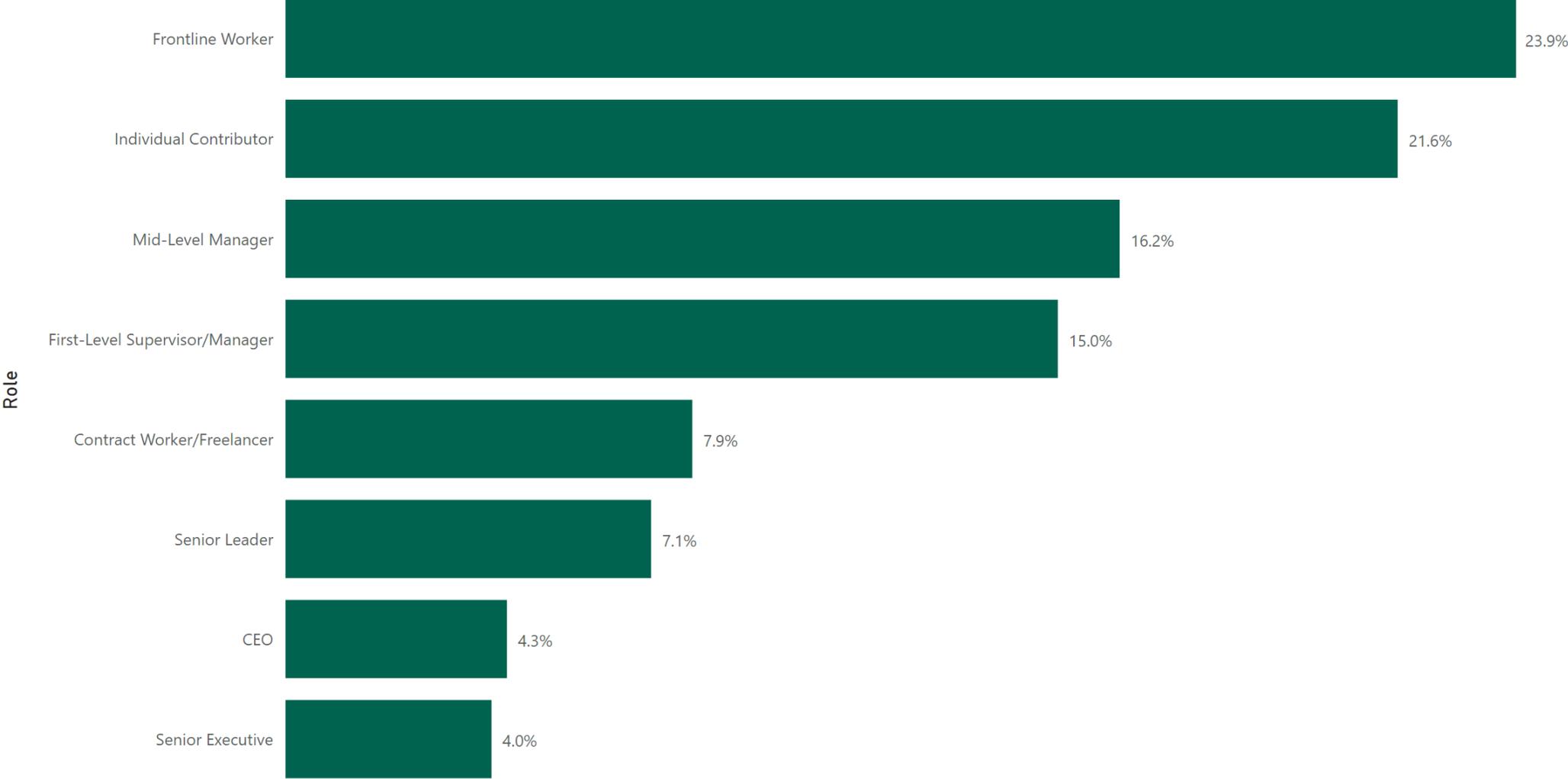
# SAMPLE DEMOGRAPHICS



# SAMPLE DEMOGRAPHICS



# SAMPLE DEMOGRAPHICS



# SOURCES

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