The health and socioeconomic impact on menopausal women of working from home

During the global COVID-19 pandemic, huge numbers of women who usually work on their employer’s premises have been working from home, with many others being furloughed temporarily or made redundant. For menopausal women, who make up an ever greater proportion of working women in the global north [1], working from home may have both positive and negative health and socioeconomic impacts. There is as yet no published research in this important area, but likely implications can be identified based on the extant literature on menopause in the workplace.

This literature suggests specific symptoms are more likely to have detrimental effects at work. Amongst physical symptoms, sleep disturbances, hot flushes and night sweats are often singled out and for psychological symptoms the list includes poor recall and less ability to concentrate or make decisions, mood swings, emotional outbursts, irritability, depression and anxiety. The workplace can also exacerbate symptoms. Warm environments, stress, lack of access to cold drinking water and certain kinds of required work wear or uniforms can all make the experience of hot flushes worse. High levels of workplace noise may mean difficulties with focus and attention are exacerbated. Equally, working with younger colleagues, men and clients/customers/students/end users could heighten a menopausal woman’s anxiety around her self-presentation. Furthermore, physically demanding work or insufficient toilet facilities can make heavy and/or erratic periods even harder to manage [2].

Working from home should therefore allow a woman to pace her own day to a greater extent and to work more flexibly in general, something which is frequently recommended as helpful in the evidence base [3–5]. She will also be better able to control the temperature and ventilation in her environment [3,6–8] as well as being more equipped to manage unpredictable periods [6,9], to drink cold water when she needs to [3,6,8] and wear more comfortable clothing whilst working [10]. Her working environment may also be quieter [11] and she will not have any physical interaction with managers, colleagues or clients/customers/students/end users, perhaps making any mood swings or concerns about self-presentation easier to deal with. Moreover, because every woman’s experience of menopause is unique to her [1], working from home means individual women can take the steps necessary to ameliorate their specific symptoms.

However, all of the above also assumes a great deal about where women live, and who they live with. Anecdotal evidence from experiences during the pandemic suggests that the double day – where women have to meet the demands of their working lives as well as managing a greater share of domestic labour outside of working hours – is more challenging when working from home because of the presence of partners and/or children. In other words, when home and work are the same environment, it becomes more difficult to separate the two and avoid home encroaching into work and vice versa [11]. Inadequate space, IT equipment or WiFi may create additional difficulties and of course a lot depends on the arrangements employers have made for staff who do not usually work from home. Then there is the stress which could be associated with having to learn new ways of communicating – the vastly increased use of platforms like Zoom, Microsoft Teams or Skype for Business, for example. Isolation is another possible downside to working from home for menopausal women because there is substantial evidence that formal and informal practical and emotional support from managers and colleagues makes a difference to their experience of work. Having less interaction with others may well be detrimental in this respect, as could reduced access to occupational health, counselling or coaching services where such workplace provision exists [3,4,12,13].

As such, it is difficult to draw any generalized conclusions about the health and socioeconomic impact on menopausal women of working from home, as this is likely to vary considerably from woman to woman. It is also important to remember that those women who have been furloughed or who have lost their jobs altogether (especially likely for women in the gig economy [1]) during the pandemic will be experiencing a greater economic burden, as well as not having access to the social aspects of workplace interaction nor indeed the structure and stimulation provided by a job [14]. Key workers in the health and social care sectors – a very large number of whom are women in mid-life – have also been put at greater risk because of having to continue working in hospitals and care homes. Moreover, the long-term effects on work resulting from the pandemic are yet to be seen, but are likely to include people working from home on an more regular basis and further job losses. This very complex picture is certainly worthy of research in the future.

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