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DOSSIER: GENERATIONS, AGEISM, AND WORK

Menopause as an expiration date: the experience of female leaders

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Abstract

Menopause is a natural biological transition affecting a growing number of women in the labor market. Associated with female aging, it remains a marginalized topic, marked by invisibilities and taboos within organizations and under-explored in organizational research. The objective of this study is to investigate this theme as a symbolic boundary for women, an "expiration date" that renders female experiences invisible and delegitimizes them, negatively impacting performance and gender equity. Interviews were conducted with women over 40 across various sectors, as well as health professionals and people managers. Content analysis was used to construct four analytical categories: menopause as a taboo in the work environment; gender differences in treatment during aging; career impact and the female "expiration date"; and the lack of organizational policies. The findings highlight the importance of recognizing menopause as a strategic occupational health and equity issue in organizations, overcoming the malestream bias that obscures the specificities of the female work experience, resulting in stigma and talent loss. Therefore, the condition must move beyond being a "private taboo" to become a strategic occupational health and equity agenda, aligned with the Sustainable Development Goals (SDGs) of the United Nations (UN). Recognizing the limitation of not having deepened race and class variables, the article proposes a future research agenda that encompasses intersectionality, corporate economic impact, manager perceptions, and the inclusion of diverse gender identities, aiming to deconstruct this age stigma — "expiration date" — imposed on female careers.

Keywords: menopause, work, gender, aging, silencing.

Menopause as an expiration date: the experience of female leaders

Resumo

A menopausa é uma transição biológica natural que afeta um número crescente de mulheres no mercado de trabalho. Associada ao envelhecimento feminino, permanece como tema marginalizado, marcado por invisibilidades e tabus nas organizações e pouco explorado nas pesquisas organizacionais. O objetivo deste trabalho é investigar o tema como um limite simbólico para mulheres, um "prazo de validade" que inviabiliza e deslegitima experiências femininas, impactando negativamente no desempenho e na equidade de gênero. Foram entrevistadas mulheres acima de 40 anos em diversos setores, além de profissionais de saúde e gestores de pessoas. Foi usada análise de conteúdo para construir as quatro categorias analíticas: menopausa como tabu no ambiente laboral; diferença de tratamento entre gêneros no envelhecimento; impacto na carreira e "prazo de validade" feminino; e falta de políticas organizacionais. Os achados apontam para a importância do reconhecimento da menopausa como uma questão estratégica de saúde ocupacional e equidade nas organizações, superando o viés *malestream* que invisibiliza as especificidades da experiência feminina no trabalho e resulta em estigma e perda de talentos. Sendo assim, a condição deve deixar de ser um "tabu privado" para se tornar uma pauta estratégica de saúde ocupacional e equidade, alinhada aos Objetivos de Desenvolvimento Sustentável (ODS) da Organização das Nações Unidas (ONU). Reconhecendo a limitação de não ter aprofundado variáveis de raça e classe, o artigo propõe uma agenda de pesquisas futuras que contemple a interseccionalidade, o impacto econômico corporativo, a percepção de gestores e a inclusão de identidades de gênero diversas, visando desconstruir esse estigma etário – "prazo de validade" – imposto às carreiras femininas.

Palavras-chave: menopausa, trabalho, gênero, envelhecimento, silenciamento.

La menopausia como fecha de caducidad: la experiencia de las mujeres líderes

Resumen

La menopausia es una transición biológica natural que afecta a un número creciente de mujeres en el mercado laboral. Vinculada al envejecimiento femenino, permanece como un tema marginado, marcado por invisibilidades y tabúes dentro de las organizaciones y poco explorado en las investigaciones organizacionales. El objetivo de este estudio es investigar dicho fenómeno como un límite simbólico para las mujeres, una "fecha de caducidad" que invisibiliza y deslegitima las experiencias femeninas, impactando negativamente en el desempeño y la equidad de género. Se realizaron entrevistas a mujeres mayores de 40 años de diversos sectores, así como a profesionales de la salud y gestores de personas. Se utilizó el análisis de contenido para construir cuatro categorías analíticas: la menopausia como tabú en el entorno laboral; las diferencias de género en el trato durante el envejecimiento; el impacto en la carrera y la "fecha de caducidad" femenina; y la falta de políticas organizacionales. Los hallazgos apuntan a la importancia de reconocer la menopausia como un aspecto estratégico de salud ocupacional y equidad en las organizaciones, superando el sesgo *malestream* que invisibiliza las especificidades de la experiencia femenina en el trabajo y provoca estigmatización y pérdida de talento. Por lo tanto, esta condición debe dejar de ser un "tabú privado" para convertirse en una agenda estratégica de salud ocupacional y equidad, alineada con los Objetivos de Desarrollo Sostenible (ODS) de la Organización de las Naciones Unidas (ONU). Reconociendo la limitación de no haber profundizado en variables de raza y clase, el artículo propone una agenda de investigación futura que contemple la interseccionalidad, el impacto económico corporativo, la percepción de los gestores y la inclusión de identidades de género diversas, con el objetivo de deconstruir este estigma de edad —"fecha de caducidad"— impuesto a las trayectorias profesionales de las mujeres.

Palabras clave: menopausia, trabajo, género, envejecimiento, silenciamiento.

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INTRODUCTION

Women's aging, particularly in workplace, remains a marginalized topic, marked by invisibility and taboo. Beauvoir (1970) denounced the social contempt directed at the elderly, while Debert (1999) examined youth as an "asset" to be accumulated. Within organizations, women are subjected to the perception that their social value declines with age. Menopause, a natural biological phenomenon, is silenced, reinforcing a structure of gender erasure (Wilson, 1996) that disregards the specificities of women's experiences. It is worth noting that Wilson (1996) uses the term gender blind in the original text; however, because the authors of the present study consider this expression ableist, they have adopted the nonliteral translation "gender erasure". This silencing is particularly detrimental in leadership positions, where competence is often associated with youth and the absence of perceived vulnerabilities, thereby hindering the advancement and retention of older women.

A brief definition of the terms related to this biological transition is warranted. Menopause is characterized by the permanent cessation of menstruation, confirmed after twelve months of amenorrhea, and usually occurring between the ages of 45 and 55. It is preceded by perimenopause, a transitional phase marked by hormonal changes and physical manifestations such as menstrual irregularities, hot flashes, and mood swings (Brasil. Ministério da Saúde, 2008). Although medical literature already addresses menopause in the workplace, this relationship between menopause and work remains an evident gap in management research (Brewis, 2022; Jack et al., 2019). This gap reflects the malestream bias in management (Mavin et al., 2004), understood as the organizational tendency to privilege masculine perspectives and render invisible phenomena inherent to women's trajectories, such as the "three Ms" of menstruation, maternity, and menopause (Grandey et al., 2020). Menopause is therefore relegated to the private and individual sphere, becoming firmly established as a taboo within organizations.

This article stems from a broader transnational project and investigates how menopause is perceived as a symbolic boundary for women in the labor market. It analyzes interviews with women over the age of 40 who hold or have held leadership positions, as well as with occupational health professionals and People Management (PM) managers, regardless of gender. The study assumes that organizational silence exacerbates the effects of gendered ageism. By bringing this debate into management studies, we seek to challenge exclusionary norms and critically examine how women's aging is (mis)managed in the world of work, emphasizing the urgent need for public and organizational policies that recognize menopause as a collective issue rather than an individual "problem" for women.

This article is organized around the deconstruction of the silence surrounding menopause in organizational settings, beginning with this introduction, which addresses gender erasure and the malestream bias in the management research. The following sections discuss aging, ageism, and menopause. The methodology section describes the participants' profiles and the procedures used for data collection and analysis. The article concludes by synthesizing the findings, emphasizing the urgent need for organizations to incorporate menopause into their occupational health and equity agendas, challenging the notion of menopause as a "limit" to success, and offering suggestions for future research.

AGING AND AGEISM

Population aging is a global trend (United Nations, 2019). In Brazil, the Brazilian Institute of Geography and Statistics (IBGE, 2018) projects that, by 2060, people aged 65 or older will account for 25.5% of the population. This process is characterized by the feminization of aging (Cepellos, 2021), as women outnumber men among the older population. Currently, approximately 30 million Brazilian women are experiencing perimenopause or menopause (IBGE, 2022).

In response to this scenario, the United Nations (UN) and the World Health Organization (WHO) established the Decade of Healthy Aging (2021-2030), which focuses on transforming health systems and social policies (World Health Organization, 2020). The initiative addresses ageism through the lenses of gender and race, with the aim of fostering inclusive communities and sustainable care systems (Organization for Economic Co-operation and Development, 2020; United Nations, 2002). By 2030, the global population of older people will reach 1.4 billion (United Nations, 2019). These challenges are compounded by gender inequities: women live longer but face higher rates of poverty and more limited access to healthcare (United Nations & UN Women, 2020).

Against this backdrop, menopause must be recognized as a matter of public interest, rather than an "individual problem" (Senado Federal, 2024). Since 2023, the Brazilian Senate has been debating its socioeconomic impacts with a view to integrating public policies across the Unified Health System (SUS) and the private sector. The objective is to increase the visibility of the issue and promote better living and working conditions, with particular attention to socially vulnerable women.

Despite the demographic transition, the labor market continues to impose structural barriers. Between 2012 and 2017, the participation of workers aged 50 or older increased by 12%, but their earnings remained 22% below the average (Amorim et al., 2019). Although the 60-and-over age group recorded the highest growth in labor force participation between 2012 and 2024, at 63%, their labor market participation remains precarious: only 6% are formally employed, whereas 53.5% work in the informal economy (Federação das Indústrias do Estado de Santa Catarina, 2024). Indeed, women face a double penalty, earning 30% less than men of the same age (Amorim et al., 2019).

Ageism constitutes a civil rights violation comparable to racism (Grubba, 2024). In the private sector, discrimination is particularly pronounced and remains largely unaddressed by preventive policies (Helal & Viana, 2021). Organizational cultures privilege youth, undervalue women's experience, and adversely affect the mental health of professionals, who frequently conceal their age or undergo cosmetic procedures to remain competitive (Corrêa, 2023).

In managerial positions, "gendered ageism" creates cumulative barriers: women aged 45 and over are regarded as "too old" for promotion, whereas older men retain comparative advantages (Jyrkinen, 2014). This stigma is reproduced on social media, where women aged 40 and over are associated with aesthetic irrelevance and subjected to algorithmic erasure (Vargas & Giacomelli, 2024). Indeed, Hanashiro and Pereira (2020) denounce what they term "age sanitation" (*saneamento etário*), the systematic exclusion of older professionals justified through discourses of "modernization".

An intersectional perspective demonstrates that discrimination against women begins as early as age 40, reducing their chances of promotion by 58% compared with men (McConatha et al., 2023). The psychological consequences are severe and include stress and pressure to conform to aesthetic expectations. Combating ageism is therefore essential to prevent the waste of talent and promote social and workplace equity (Grubba, 2024).

MENOPAUSE

Menopause is rarely addressed in management studies, and the predominantly biomedical orientation of the existing literature reflects the taboo surrounding the topic, resulting in limited knowledge and an inability to address its effects (Grandey et al., 2020; Whiley et al., 2023). This lack of knowledge, and even interest, is reflected in the limited support available to women experiencing the effects of this reproductive transition (Nosek et al., 2010). In addition to physical and emotional symptoms – such as night sweats, hot flashes, depression, insomnia, difficulty concentrating, irritability, anxiety, and memory lapses – women face the additional burden of stigma and age discrimination (Dahlgren et al., 2023).

The voices of women experiencing menopause, as well as their workplace experiences and challenges, have been systematically neglected by organizations. The absence of adequate organizational policies intensifies the stigma and the feelings of non-belonging, contributing to women's suffering during this period and potentially leading to the premature interruption of their careers (Jack et al., 2019).

Menopause is a natural biological process that marks the end of a woman's menstrual cycles and generally occurs between the ages of 45 and 55 (Riach & Jack, 2021). It may cause symptoms such as hot flashes, night sweats, mood and sleep disturbances, and cognitive difficulties (Bryson et al., 2022), in addition to broader emotional and psychological effects. Tariq et al. (2023) identified intense feelings of sadness and grief associated with aging and the loss of fertility, alongside a sense of lost identity. The severity and duration of these symptoms vary among women, but they can significantly affect quality of life and professional performance.

One factor that appears to contribute to these negative effects is misinformation. In a study involving 3,149 women in the United Kingdom, Tariq et al. (2023) reported that most participants had little or no knowledge of menopause before the age of 40.

The effects of menopausal symptoms on the lives of working women can be substantial (Whiteley et al., 2013). Women who experience menopause before the age of 45 spend, on average, 9% less time in employment after age 50, mainly because of psychological symptoms such as anxiety and depression (Bryson et al., 2022). Stigma can also marginalize women in the workplace, causing shame regarding symptoms and affecting self-esteem and professional performance (Whiley et al., 2023).

The medical literature indicates that perceptions of menopause are predominantly negative (Hickey et al., 2017), with substantial knowledge gaps among the general population and insufficient training in medical schools (Dintakurti et al., 2022). Women from minoritized groups and/or those engaged in precarious work face additional challenges (Yoeli et al., 2021). Furthermore, many experience musculoskeletal pain that is exacerbated by inadequate working conditions.

Experiences of menopause vary according to factors such as social class, ethnicity, and sector of employment. Thus, in countries such as Brazil, which are characterized by profound inequalities, it is therefore essential to conduct empirical studies and formulate policies that account for these differences and provide support for women workers. Women in highly feminized sectors, such as education and healthcare, are particularly affected, as they constitute a sizable proportion of the workforce in these fields (Riach & Jack, 2021).

Despite this context, some countries have begun to engage in collective debate on menopause and to develop relevant public policies and legislation. Spain provides a recent example, with the approval of Organic Law No. 2/2024 on parity representation and the balanced presence of women and men, as well as a bill recently approved in Congress that seeks to expand scientific research on the effects of menopause and promote public information campaigns (Castro, 2025). According to Thomas et al. (2024), an Australian initiative similarly seeks to document women's experiences of menopause, while the United Kingdom has created a dedicated department to address inequalities associated with menopause in the workplace.

METHODOLOGY

The research was conducted between February and April 2025. Participants were selected using purposive and convenience criteria, drawing on the authors' professional networks. Snowball sampling was also employed.

The research participants comprised: (1) women over the age of 40 who held or had previously held leadership positions in organizations of any size or sector; and (2) People Management (PM) and Quality, Health, Safety, and Environment (QHSE) professionals from public- and private-sector institutions, regardless of gender. Group 1 was restricted to women in leadership positions based on the assumption that this group faces specific pressures related to authority and image. Interviews with Group 1 began before those with Group 2. This sequencing allowed the women's initial accounts to inform the refinement of data collection with PM and QHSE professionals, as the leaders' preliminary responses indicated that organizational policies failed to address the specific challenges faced by women aged 40 and over.

PM professionals were selected because of their strategic role in establishing people-oriented organizational policies and supporting employees within their organizations.

QHSE professionals, in turn, were selected because they are responsible for promoting worker well-being through the direct provision of occupational health services, compliance with Regulatory Standards (NRs), and initiatives aimed at preventing and addressing risks to workers' physical and psychological well-being.

Data were collected through open and semi-structured interviews, based on a pretested interview guide adapted for each group of participants. The interview guides were informed by a previous quantitative study on the topic. For Group 1 (Leaders), the guide was organized into seven thematic blocks: professional history; challenges and gender inequalities; ageism and the glass ceiling; menopause and work-life balance; organizational support; future perspectives; and silencing. In light of Group 1 participants' reports that organizational policies were unresponsive to their needs, the interview guide for Group 2 sought to examine the organizations' gender and age profiles and assess whether their cultures and policies were responsive to

women's demands. The objective was to examine institutional perceptions of perimenopause and women's aging, as well as the effectiveness of diversity policies in addressing aging. These themes relate directly to the literature on intersectionality (Crenshaw, 1989), gendered ageism (Itzin & Phillipson, 1995), and the malestream bias in management (Mavin et al., 2004).

The interviews were conducted remotely and lasted between 45 and 130 minutes. To minimize discomfort, the interviews with women over 40 were conducted by the female authors. Interviews with PM and occupational health professionals were conducted by the both the female authors and the study's male author. All participants signed an Informed Consent Form. The interviews were recorded and transcribed using the Transkriptor application and were subsequently reviewed by participants who wished to do so. Table 1 provides a brief profile of the participants.

Table 1
Profile of participants

Participant	Occupation/position	Group	Gender	Age	Organization Type
P1	Payments manager	1	F	52	Public
P2	PM manager	1	F	51	Public
P3	Education and research manager	1	F	47	Public
P4	Occupational health manager	1	F	46	Public
P5	Careers manager	1	F	54	Public
P6	International relations manager	1	F	48	Public
P7	International relations manager	1	F	47	Public
P8	International relations manager	1	F	40	Public
P9	Teaching and corporate education manager	1	F	54	Public
P10	PM/health professional	2	F	40	Private
P11	PM/health professional	2	M	44	Public
P12	University professor and former pro-rector	1	F	53	Public
P13	CRM manager	1	F	53	Third sector
P14	Occupational health technician	2	F	37	Third sector
P15	Occupational health technician	2	M	34	Private
P16	Health professional	2	F	39	Private
P17	Music and copyright professional	1	F	56	Private
P18	Public safety manager	1	F	49	Public
P19	PM manager	2	M	52	Private
P20	PM manager	2	F	34	Private

Source: Prepared by the authors based on research data.

It is important to note that white participants predominated in the sample: only three participants across the two groups self-identified as Black. This composition reflects the both the homophilic tendency of snowball sampling and the structural exclusion of Black women from leadership positions in Brazil, as discussed in the limitations section.

Data analysis was conducted manually, following the three stages of content analysis proposed by Bardin (1977). During the pre-analysis stage, the material was organized, and an initial, open-ended reading (*leitura flutuante*) of the interview transcripts was conducted. The material exploration stage began with coding the transcripts using concepts drawn from the theoretical framework. The initial categories were therefore established a priori on the basis of this framework and subsequently adjusted through the analysis to reflect issues that emerged from the interviews. This process resulted in the following final categories:

1. Menopause as a taboo in the workplace.
2. Gender differences in experiences of aging.
3. Career impacts and women's "expiration date".
4. Absence or lack of organizational policies.

In the final stages, the results were processed and interpreted, and inferences were drawn in the light of the concepts in the theoretical framework and the research objectives.

DATA ANALYSIS AND DISCUSSION

This section presents and discusses the data according to the four categories described in the methodology.

Menopause as a taboo in the workplace

Menopause is a silenced topic within organizations, and participants were struck by its absence from organizational discourse and even from everyday conversation. Indeed, one participant illustrated this absence: "I have never heard anyone talk [at work] about this [menopause]. [...] Not even women themselves talk about it" (P8).

Despite the complete absence of the topic from the workplace, when menopause is discussed, these conversations remain confined the close circles of female friends of participants experiencing symptoms. This silence extends to PM and QHSE professionals. Although their responsibilities encompass physical and mental health, working conditions, quality of life, absenteeism, leaves of absence, and dismissals, menopause was not among their concerns; no participant mentioned it spontaneously or had previously reflected on this natural biological stage.

Participants associated this institutional omission with the taboo surrounding aging, which ultimately produces discrimination and stigma. According to Whiley et al. (2023), marginalization associated with the stigma of menopause generates feelings of shame and low self-esteem. This prejudice is rooted in two contemporary taboos: aging within a culture that overvalues youth and the subordination of women within a patriarchal society. Consequently, it penalizes the aging female body, framing aging as an "age defect" that applies exclusively to women, since male aging is not perceived negatively but typically valued as a sign of experience.

Participant 17's statement exemplifies the silence surrounding menopause and its association with the stigma of women's aging:

> I noticed that they did not feel comfortable talking about that [menopause], and I think it is largely because it becomes stigmatized. "Oh, she's going through menopause!" "Oh, she's old!" This is really bad. It is really bad that people understand "old" to mean "useless" (P17).

Many participants viewed the workplace as patriarchal: "For many women, admitting in public that they are in this phase, even if it is obvious because of their age, I think there is a fear, a dread of being valued less, of losing their usefulness" (P9). The devaluation of women within a patriarchal society, it was also possible to identify a view of the female condition restricted to reproductive aspects, in which menopause would represent the end of femininity. "Aging, the loss of fertility, the loss of vitality, the loss of energy. All that comes is loss. [...] It is a very sad condition for women" (P4).

This reduction of women to their reproductive capacity produces an extremely negative view of menopause, as noted by Hickey et al. (2017). "Decay", "end of femininity", "punishment", and "catastrophe" were among the terms used by the interviewees to describe this reproductive transition, which was framed as somehow unnatural:

Menopause, the state of being in menopause, is not seen as something natural, like menstruating, for example; it is a punishment, right? It is something… It is as if…. Oh, I'm going to say that I'm going to die, so it's a very bad thing in your life; it really seems like a living death for a woman, right? [The death] of femininity... (P4).

> Menopause may also negatively affect perceptions of women's professional competence. Participants believed that discussing menopause within organizations would not benefit women, as it could be associated with declining performance and incapacity. This biological milestone would therefore not serve as a favorable "marker" for women, particularly in the workplace (Whiley et al., 2023).

Gender differences in experiences of aging

The discrimination faced by menopausal women in organizational settings tends to be intensified because they experience aging and gender inequality simultaneously. This involves an overlap of social markers, such as gender and age, which combine to produce specific forms of exclusion within organizations (Corrêa, 2023). This overlap creates what scholars refer to as the "double glass ceiling" (Cepellos, 2021; Itzin & Phillipson, 1995), indicating that gender-based barriers to advancement are compounded by age.

Crenshaw's (1989) intersectional approach draws on the notion of axes of subordination, to explain how multiple forms of oppression intersect and shape the experience of those subjected to discrimination. Emerging from Black feminist thought, this perspective primarily addresses gender, race, and class but extends to other axes of oppression, including age. From this perspective, participants recognized that the intersection of gender and aging had created organizational barriers throughout their professional trajectories.

Convergent accounts from P2, P4, P5, and P6 revealed that, at various points in their careers, these professionals had been passed over for promotions, training, and work-related travel in favor of less-qualified men: "She is a woman, so she is not the best person to go on this trip [...] she is not the best person to represent the organization" (P2). Meanwhile, Participant 5 reported being passed over for a promotion in favor of a subordinate whose competitive advantage lay in being both male and younger.

The metaphor of the "glass ceiling" (Loden, 1985), which describes the invisible barriers to women's advancement, was widely recognized by participants (P1, P2, P4, P5, P6, P8, P12). They pointed to male hegemony in senior management and to women's representation being limited to 15%, generating isolation and illness: "The environment gradually becomes inhospitable until you get sick or ask to leave" (P6). Senior leadership remains patriarchal, white, cisgender, and heterosexual even in highly feminized sectors, described as workplaces "populated by women and managed by men" (P13).

Gender disparities intensify with age and the accompanying demands concerning appearance (Corrêa, 2023; Jyrkinen, 2014; Vargas & Giacomelli, 2024). Whereas older men are valued for their experience and continue to hold institutional presidencies even at an advanced age (P1, P8), women are subjected to organizational ageism. They are expected to maintain a youthful, thin, and "athletic" appearance as a prerequisite for performing representational roles (P4, P5, P6, P8). Gendered ageism (Jyrkinen, 2014) is therefore explicit: seniority confers prestige on men, whereas aging imposes cumulative disadvantages on women and creates barriers to their continued participation in leadership.

P8's perception that "old men" (*velhinhos*) are accepted in positions of authority, in contrast with the expectation that women remain youthful, illustrated gendered ageism (Jyrkinen, 2014). For women leaders, aging is not interpreted as the accumulation of prestige but as an accumulation of disadvantages that produces the "double glass ceiling" (Itzin & Phillipson, 1995). This phenomenon compels women to manage their appearance continuously (Corrêa, 2023) to avoid the stigma of aesthetic obsolescence (Vargas & Giacomelli, 2024). Their male peers face no equivalent pressure, as men's seniority is socially valued as a sign of authority.

The silence described by P4 and P8 embodies what Mavin et al. (2004) define as the malestream bias in management, which renders biological phenomena specific to women invisible. By omitting menopause, organizations reinforce a gender-blind structure (Wilson, 1996) – or gender erasure – that treats the male body as the universal standard of neutrality and productivity. Menopause consequently remains confined to the private sphere, preventing the "three Ms" (Grandey et al., 2020) from being incorporated into the occupational health agenda. This absolves institutions of responsibility for developing support systems and perpetuates the taboo (Nosek et al., 2010).

Career impacts and women's "expiration date"

The impact of menopausal symptoms on women's careers is widely documented in academic literature (Dahlgren et al., 2023; Jack et al., 2016). The physical symptoms associated with this reproductive transition can cause discomfort, embarrassment, and psychological distress, directly impairing work performance. This may result in the loss of professional opportunities, career abandonment, or the premature curtailment of women's professional trajectories (Jack et al., 2019).

Consistent with this perspective, participants P1, P2, P9, P12, P13, and P17 reported experiencing hot flashes, weight gain, memory lapses, and difficulty concentrating, emphasizing the effects of these symptoms on their performance. Although such symptoms are apparent in everyday working life – through visible responses such as using fans, altering the air conditioning, or opening windows – the subject remains unspoken. Neither the severity of the symptoms nor their effects on personal and professional life are considered or discussed by organizations.

This institutional silence turns coping with menopause into a solitary experience. By avoiding the subject, organizations individualize its symptoms, preventing professionals from recognizing the natural and collective dimensions of the experience. The reproductive transition is therefore internalized as a "problem" or a private pathology, disconnected from the workplace. Consequently, its harmful effects on performance and career advancement occur in the absence of institutional support or responsibility. According to P2:

> The consequences of this silence stem precisely from the increased insecurity and discomfort that woman feel. Because we do not show it or talk about it, we keep feeling these things and have to work through them internally. And I think this silence creates this discomfort [...] as though it were not appropriate for the workplace, right? (P2).

In addition to the effects of the symptoms themselves, menopausal women also face psychological consequences, as these symptoms can affect perceptions of their own capabilities. Indeed, participants reported low self-esteem, feelings associated with impostor syndrome, and embarrassment about forgetfulness. According to Hawley (2019), impostor syndrome is a psychological state characterized by a mismatch between external recognition and one's self-perception of competence. It affects individuals who, despite objective indicators of success – such as academic distinctions and professional prestige – remain intrinsically convinced that they lack the talent required for the positions they hold and constantly fear that their supposed inadequacy will be exposed. This condition is predominantly isolating and stressful, as the discrepancy between actual achievements and the belief in one's own incapacity creates emotional vulnerability that undermines self-esteem and well-being.

> I think it influences [symptoms] because it takes up or perhaps takes away a bit of my sense of security and confidence in my capabilities. And then who develops the thinking that they are not enough, or that they are not coping? (P17).

Another significant obstacle to the careers of women over 45 is family responsibilities. In addition to the "glass ceiling," women leaders face the "crystal labyrinth" (Eagly & Carli, 2007), whose principal barriers include discrimination and family responsibilities. Thus, professionals who were passed over during motherhood face a new setback during menopause when they assume responsibility for caring for older relatives. Women between the ages of 40 to 50 who are "sandwiched between aging parents and children", comprise the "sandwich generation" (P6). Indeed, P1 similarly observed that, in Brazil, the cultural assignment of caregiving responsibilities to women results in absences and leaves of absence that hinder their career advancement.

Some participants noted that mitigating factors had made their experiences less. P1 experienced her most severe symptoms while working from home during the pandemic, which allowed her to control the environmental temperature and turn off the camera during meetings. P5 benefited from the understanding of close colleagues and adjustments to the temperature of the workspace. These accounts demonstrate how simple measures generate positive that provide greater control over the work environment can have positive effects, highlighting the need for organizational policies that support people experiencing menopause.

Conversely, organizational disinterest results in a lack of institutional support (Nosek et al., 2010) for addressing the physical and psychological symptoms associated with this transition (Dahlgren et al., 2023). This gap intensifies stigma, feelings of inadequacy, insecurity, and distress, potentially leading to suffering and even career abandonment (Jack et al., 2019).

Finally, it should be noted that the participants held leadership positions, reflecting a relatively "privileged" position from an intersectional perspective that considers gender, age, race, and class. Nevertheless, the authority associated with these positions was insufficient to mitigate the disadvantages imposed by the institutional erasure of menopause. In parallel, Brewis (2022) also notes that many Brazilian women face low pay and informal employment. Socioeconomic vulnerability further increases the risk of severe symptoms because of limited access to treatment, inadequate working conditions, and the absence of job security and employment protections.

The symbolic "expiration date" mentioned by participants reflects the cruelty of the "performance society" (Amorim et al., 2019), in which biological vulnerability is punished through symbolic disposability. By individualizing symptoms (P9, P2), organizations disregard the fact that this phase coincides with the burden experienced by the "sandwich generation" (Guerra et al., 2017), caught between caring for older and younger family members. Menopause thus becomes another barrier within the "crystal labyrinth" (Eagly & Carli, 2007), as the lack of institutional openness surrounding the topic pushes women into a solitary struggle that may culminate in the premature abandonment of leadership careers (Jack et al., 2019).

Absence or lack of organizational policies

No participant from either group identified any guidelines or support policies addressing perimenopause or menopause in the organizations where they currently worked or had previously worked, nor were they aware of comparable initiatives elsewhere. The sole exception came from P11, who reported that a given public institution provided guidance, consultations, and psychological support as part of a women's health program.

The fact that the only initiative identified was confined to the medical sphere, with no consideration of work or career issues, demonstrates how the taboo surrounding menopause is concealed beneath a biomedical approach in organizational settings (Grandey et al., 2020; Whiley et al., 2023). Furthermore, comments from health professionals conveyed surprise at the physiological symptoms – "they are symptoms that sometimes even frighten us [...] there are hot flashes, chills, mood changes" (P10) – suggesting insufficient medical training (Dintakurti et al., 2022) or a negative perception of menopause as a pathology (Hickey et al., 2017).

By contrast, participants described various policies addressing other aspects of women's experiences, including breast cancer prevention, vaccination against sexually transmitted infections (STIs), support for breastfeeding and maternity, campaigns such as Pink October and International Women's Day, and appearance-oriented initiatives such as "Makeup Day." This contrast indicates a form of management centered on socially accepted issues, thereby reinforcing the silencing of biological and social phenomena regarded as taboo. From the perspective of the "three Ms" – menstruation, maternity, and menopause (Grandey et al., 2020) – the asymmetry between the organizational "forgetfulness" regarding menopause and the institutional "remembrance" of the other reproductive transitions becomes evident.

CONCLUSIONS

This study examined menopause in the context of women's leadership in the workforce, revealing organizational taboos and prejudices related to age and gender. The findings confirm the silencing of menopause, which is treated as an "age defect" and a source of professional devaluation, imposing an "expiration date" on women. A gender disparity in experiences of aging was also observed: older men are valued, whereas women are stigmatized and penalized. Barriers to leadership are compounded by menopause, whose natural symptoms are ignored or discredited by organizations.

The "sandwich generation" (Guerra et al., 2017), comprising middle-aged women caught between the demands of caring for parents and children, is overburdened by caregiving responsibilities that hinder professional development and increase the risk of discrimination. Psychological pressure and illness culminate in a "solitary struggle" with symptoms and stigma. The absence of policies addressing menopause – in contrast to initiatives concerning menstruation and maternity – individualizes this major life transition and denies its collective dimension, costing organizations experienced talent and depriving women of professional opportunities and well-being.

The study advocates a critical perspective within PM and organizational studies, aligned with United Nations Sustainable Development Goals (SDGs) 5 and 8, and the Decade of Healthy Aging (World Health Organization, 2020). It is imperative that Brazilian organizations, operating in a context marked by profound inequalities (Amorim et al., 2019), recognize menopause as a strategic issue within their occupational health and equity agendas and overcome the malestream bias (Mavin et al., 2004) that renders women's workplace experiences invisible.

The articulation between the theoretical framework and the empirical evidence enables menopause to be understood as a mechanism of exclusion within organizations. Whereas the literature focuses on isolated biomedical effects (Grandey et al., 2020; Whiley et al., 2023), the findings reveal that organizational silence contributes to career interruption. The contradiction between initiatives addressing socially accepted issues, such as maternity and "Makeup Day", and the absence of guidelines concerning perimenopause exposes the malestream bias (Mavin et al., 2004). The lack of knowledge among PM/QHSE professionals and the surprise expressed by institutional healthcare professionals (P10) demonstrate that gender erasure (Wilson, 1996) is structural, transforming a collective transition into a private pathology.

The study's theoretical contribution lies in extending the concepts of the "double glass ceiling" (Cepellos, 2021; Itzin & Phillipson, 1995) and the "crystal labyrinth" (Eagly & Carli, 2007) by incorporating the bodily and reproductive dimension. The "expiration date" imposed on female leaders stems from an embodied form of gendered ageism: the end of fertility is reframed as the obsolescence of professional competence and the loss of aesthetic and utilitarian value (Corrêa, 2023; Vargas & Giacomelli, 2024). This institutional neglect further increases the vulnerability of women managers and contributes to impostor syndrome (Hawley, 2019). Furthermore, the study theorizes the intersection experienced by the "sandwich generation" (Guerra et al., 2017), whose peak caregiving burden for parents and children coincides with perimenopause, creating barriers that push experience professionals toward withdrawal from their roles or departure from leadership positions (Jack et al., 2019).

For critical PM to translate into practices aligned with SDGs 5 and 8 and the Decade of Healthy Aging (World Health Organization, 2020), the study proposes an ecosystem of interventions across three dimensions:

- Environmental adaptations: flexible temperature-control arrangements, adaptable dress codes, and temporary work-from-home protocols.
- Flexible PM policies: revised key performance indicators (KPIs) for members of the "sandwich generation", differentiated time-banking arrangements, and caregiving assistance for older dependents.
- Cultural interventions: the inclusion of menopause in Diversity, Equity, and Inclusion (DEI) programs as the "Third M" (Grandey et al., 2020), along with mandatory training in demographic and hormonal literacy to eradicate "age sanitation" (Hanashiro & Pereira, 2020).

By shifting support for perimenopause from informal arrangements dependent on colleagues' goodwill, as reported by P5 to formal governance policies, Brazilian organizations – operating in a context of inequality (Amorim et al., 2019) – can prevent the loss of experienced intellectual capital. The originality of the study lies in demonstrating that menopause functions as a political and symbolic boundary. Its practical contribution lies in emphasizing the urgent need to move from a biomedical perspective to a collective approach (Hickey et al., 2017), integrating major transitions in women's lives into retention policies and challenging ageism in the workplace.

Theoretical And Methodological Limitations And Future Research Agenda

The present study did not seek to conduct an intersectional analysis of the income, social class, or ethnoracial backgrounds of the women interviewed, which represents an opportunity for future research. From the perspective of critical organizational studies, further research incorporating these analytical markers could deepen understanding of how power relations, structural inequalities, and organizational practices (re)produce specific forms of exclusion associated with women's aging. Such research could also contribute to the design and evaluation of public and organizational policies that are more responsive to gender and age dynamics, fostering more inclusive workplaces that value the trajectories and experiences of women over 40, as well as the strategic role this group plays in organizations and the labor market at large.

Future research should also investigate women who do not hold leadership positions. Further studies could examine whether women outside positions of power face additional challenges and whether organizational silence affects them even more severely because they lack the managerial autonomy and mitigating resources that participants in leadership positions were sometimes able to access.

The findings also point to the need of examining how race and social class compound the challenges of menopause in the workplace, including by restricting access to healthcare for Black and low-income women. Professionals in operational or male-dominated occupations should likewise be investigated, as strenuous physical demands may be compounded by a lack of ergonomic adaptations.

Quantitative studies could measure the economic impact of menopause in organizations, including absenteeism, loss of productivity, turnover, and on women, including loss of income, and early retirement, thereby providing a basis for evidence-based policies. In parallel, research should examine the effects of public policies on organizations and assess the effectiveness of specific interventions, such as flexible hours, workplace adjustments, well-being programs, support groups, and leadership training.

Finally, future studies could examine discourse on menopause in virtual environments, contributing to holistic and inclusive approaches that challenge the “expiration date” imposed on women and promote equity in the workplace.

In this article, the terms “woman”, “women”, “her”, and “she” were used as gender markers referring to cisgender women. However, transgender men and people with other gender identities may also experience menopause. Research adopting this perspective is equally important to understanding and including these populations, both within organizations and in society more broadly, particularly in the formulation and implementation of inclusive public policies.

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RESEARCH DATA AVAILABILITY

The dataset supporting the findings of this study is not publicly available due to the sensitive nature of the collected information.

CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest.

ARTIFICIAL INTELLIGENCE USAGE

The Gemini artificial intelligence tool was used for technical-grammatical review and reference checking.

PEER REVIEW REPORT

The peer review report is available at https://periodicos.fgv.br/cadernosebape/article/view/97420