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Menstrual Wellbeing of Professional Workers: A Work Demands-Resources Perspective

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ABSTRACT

Menstrual symptoms compromise the menstrual wellbeing of more than a quarter of the global workforce. However, to the best of our knowledge, the human resource management (HRM) literature, as well as the HR policy and practice, is almost silent on employee menstrual wellbeing. Drawing on the work demands-resources literature, we argue that employee work characteristics–work demands and work resources–influence how menstrual symptoms affect menstrual wellbeing. Our qualitative research on professional workers reveals that face-to-face work demands intensify somatic-affective menstrual symptoms, harming menstrual wellbeing. Meanwhile, providing work resources, such as unique forms of work control, supports menstrual wellbeing against the adverse effects of work demands and menstrual symptoms. Our work is among the first to establish an HRM research agenda on employee menstrual wellbeing. It contributes to an understanding of employee workplace menstruation as a work-personal demand within the work demands-resources literature. Accordingly, we emphasise the critical role of organisations in reducing specific work demands for menstruating employees and providing them with adequate specific work resources to support menstrual wellbeing. We propose an inclusive HR policy and practice that adjusts employee work demands and resources during menstruation periods to support menstrual wellbeing.

1 | Introduction

Research indicates that workplace menstrual symptoms compromise the menstrual wellbeing of at least a quarter of the global workforce (Grandey et al. 2020; Ota et al. 2023). Menstruation refers to the biological process whereby non-menopausal and non-pregnant men/women[1] discharge blood and other materials from the uterine lining (Motro et al. 2019). It occurs due to hormonal changes, including a drop in progesterone, oestrogen, and serotonin hormone levels. Menstruation lasts approximately 3–7 days and occurs approximately every 3–5 weeks (Motro et al. 2019). Employee menstrual wellbeing can be defined as an employee's state of optimal functioning at work during a menstrual period, characterised by high energy and low stress levels (Bakker and Demerouti 2024; Ota et al. 2023). Menstruation is accompanied by various somatic symptoms (e.g., headaches, pain, and bleeding) and affective symptoms (e.g., distress and irritability) that deplete work energy and induce work stress. Accordingly, employee menstrual symptoms compromise employee menstrual wellbeing (Grandey et al. 2020).

However, we find that HRM research (Grandey et al. 2020) and HR policy and practice (CIPD 2023) offer no comprehensive framework on employee menstrual wellbeing, one of the most pervasive workplace wellbeing issues. More specifically, they hardly consider the critical role of *employee work characteristics* in

Practitioner Notes

- What is currently known?
  - More than a quarter of the global workforce menstruates.
  - Employee menstrual symptoms compromise employee menstrual wellbeing.
  - HRM research almost pays no attention to employee menstrual wellbeing.
  - The limited HR policy and practice for supporting menstrual wellbeing are dominated by a menstrual leave policy that excludes employees from the workplace.
- What does this paper add?
  - HRM research and HR policy and practice focus on employees' good work experience during menstruation for four HRM rationales: social responsibility, demographic factors, legal considerations, and business performance.
  - Employee work characteristics acting as work demands or resources influence how employee menstrual symptoms affect employee menstrual wellbeing.
  - Exposing employees to specific work demands intensifies their menstrual symptoms, jeopardising menstrual wellbeing.
  - Providing specific work resources supports their menstrual wellbeing against menstrual symptoms and work demands.
- The implications for practitioners
  - National and firm HR policymakers and practitioners adjust work demands and resources of menstruating employees according to their individual circumstances to support menstrual wellbeing.
  - They adopt a menstrual leave policy only when adjusting employee work demands and resources cannot support menstrual wellbeing.
  - They facilitate employees to have better workplace self-management to support menstrual wellbeing.

how employee menstrual symptoms affect employee menstrual wellbeing. Employee work characteristics encompass the content, structure, and context of the tasks, relationships, and responsibilities in which an employee engages (Parker and Knight 2024), which may either jeopardise or support employee menstrual wellbeing (Bakker and Demerouti 2024; Grandey et al. 2020). Designing employee work characteristics is integral to HRM research and HR practice (Parker and Knight 2024). We advance four key HRM rationales–social responsibility, demographic factors, legal considerations, and business performance–to motivate HRM research and inform HR policy and practice to address employee menstrual wellbeing in their agendas (Atkinson et al. 2021). In this vein, these HRM rationales also drive our exploration of the critical role of employee work characteristics in how menstrual symptoms affect employee menstrual wellbeing (Grandey et al. 2020).

We argue that it is the managers' *social responsibility* to ensure that more than a *quarter of their workforce* of menstruating age has an inclusive and equitable work experience (Parker and Knight 2024) that supports their menstrual wellbeing against the compromising effect of menstrual symptoms (Grandey et al. 2020). However, managerial failure to uphold this social responsibility endangers menstrual wellbeing (CIPD 2023), resulting in both *legal* and *business performance* repercussions (Atkinson et al. 2021). Such failure leads to lawsuits (e.g., Ms C. Douglas v. The Clancy Group of Companies (2021) under the UK's Equality Act 2010). Moreover, an employee's endangered menstrual wellbeing adversely affects employee (counter)productive outcomes (e.g., turnover, presenteeism, and absences) (Ota et al. 2023), which, in turn, increase the costs of employee productivity (CIPD 2023) and of HRM practices spread across the employee lifecycle (e.g., recruitment and separation), compromising the business performance (Atkinson et al. 2021).

However, despite the HRM rationales suggesting supporting employees' menstrual wellbeing, the managers–the national and firm HR policymakers, practitioners, and line supervisors (Atkinson et al. 2021)–either lack an inclusive menstrual wellbeing policy or have a menstrual leave policy in place that is neither widely applied nor inclusive (CIPD 2023). For example, to the best of our knowledge, seven countries[2] have a statutory menstrual leave policy (Hashimy 2022). A few organisations in countries without this policy (e.g., the UK) have voluntarily adopted organisational menstrual leave policies (Furlano 2024). Nonetheless, menstrual leave excludes employees who are menstruating from the workplace. It promotes a stereotype of them as unreliable and health-impaired, and workplace menstruation as an insoluble phenomenon (Grandey et al. 2020). Nevertheless, the Chartered Institute of Personnel and Development survey (CIPD 2023) finds that fewer than one in ten UK organisations have an inclusive menstrual support policy that adjusts work characteristics (e.g., allowing short breaks) according to the individual needs of menstruating employees. Such adjustments enable employees to experience menstruation inclusively at the workplace without jeopardising their menstrual wellbeing, while also allowing them to continue working (BSI 2023). Accordingly, when work characteristics are not adjusted during menstruation, employees may either suffer silently in the workplace by exhibiting presenteeism or exclude themselves from work by seeking menstrual leave or absenting themselves to manage menstruation at home (Grandey et al. 2020).

In parallel, the work demands-resources literature suggests that work demands, and work resources are two distinct types of employee work characteristics that managers design or incorporate into employee work (Bakker and Demerouti 2024). The work demands-resources literature studies the impact of work demands and resources on *employee's general or overall wellbeing* (hereafter referred to as 'employee wellbeing' whenever required). Nonetheless, we extend this literature to examine employee menstrual wellbeing. Managers often expose employees to prolonged work demands and provide them with insufficient access to work resources, which jeopardise their menstrual wellbeing (Bakker and Demerouti 2024; Ota et al. 2023). Work demands (e.g., workload) are employee work characteristics that require sustained physical, mental, or emotional work energy and are associated with physical and/or psychological work stress (Bakker et al. 2023). From this perspective, managers' incorporation of prolonged work demands

into employee work can jeopardise employee menstrual wellbeing (Ota et al. 2023).

Again, work resources (e.g., work control) reduce work demands and their detrimental effects on work energy and stress, help fulfil work demands and address personal elements or demands at work (e.g., employee menstrual symptoms), and motivate the employee towards professional growth (Demerouti et al. 2001). In this context, managers' provision of work resources can support employee menstrual wellbeing (Ota et al. 2023). Moreover, a developing stream of research in work demands-resources literature (e.g., Stengård et al. 2022) also suggests that the personal elements or characteristics that employees bring to the workplace serve as work-personal demands and resources, influencing employee wellbeing (Bakker et al. 2023). However, this research lacks an empirical understanding of how work-personal demands and resources simultaneously interact with core work demands and resources (e.g., workload) to influence employee wellbeing. Addressing this gap empirically is crucial for the work demands-resources literature, which is increasingly recognising the growing role of work-personal demands and resources in how core work demands and resources influence employee wellbeing (Bakker and Demerouti 2024). Without such integration, the explanatory scope of the work demands-resources literature for explaining employee wellbeing remains constrained in the current world of work and HRM, which is increasingly acknowledging the role of employee work-personal demands, if not work-personal resources, in managing employee wellbeing (Bakker and Demerouti 2024). This leads us to an important research question: *How do work demands and resources influence the adverse effect of employee menstrual symptoms on menstrual wellbeing?*

We conducted forty-eight semi-structured interviews with professional workers in Pakistan. Professional workers (e.g., doctors) typically hold knowledge-intensive jobs related to the undergraduate degrees they obtained and comprise one of the most significant and expensive segments of the contemporary workforce (Shujahat et al. 2025). We find that face-to-face work demands exhaust employee work energy and induce work stress as well as exacerbate employee menstrual symptoms, harming the employee's menstrual wellbeing, which was already compromised due to employee menstrual symptoms. Nonetheless, using specific work resources–the peculiar[3] forms of work control, instrumental support from (women) colleagues (of menstruation age), and employee workplace self-management–supports employee menstrual wellbeing against the adverse effects of menstrual symptoms and work demands on it.

There is little to no HRM research agenda or literature addressing the important workplace issue of employee menstrual wellbeing or workplace menstruation (Grandey et al. 2020). Therefore, we are among the first to establish foundational groundwork for future HRM research on employee menstrual wellbeing. In doing so, we also respond to an important call made by Kelan (2023) for HRM researchers identifying as cisgender men to research gender inclusivity issues, such as employee menstrual wellbeing, with genuine scholarly engagement. We address this call as our research on employee menstrual wellbeing has been led by authors who identify as cismen. We contribute to the developing research in the work demands-resources literature on the role of work-personal demands and resources in employee wellbeing.

We make three theoretical contributions. *First*, we contribute to establishing the HRM literature on workplace menstruation (Grandey et al. 2020) by highlighting that employee work characteristics, particularly those functioning as face-to-face work demands, intensify somatic-affective menstrual symptoms, thereby jeopardising menstrual wellbeing. We emphasise that employee work characteristics, as work resources, support menstrual wellbeing against the jeopardising effects of somatic-affective menstrual symptoms and work demands.

Second, in contributing to the establishment of the HRM literature on workplace menstruation (Grandey et al. 2020), we also demonstrate how specific work demands and resources influence the effects of menstrual symptoms on menstrual wellbeing. For instance, we conceptualise three unusual forms of employee workplace self-management–menstrual self-management, work tasks, and work relationships–as a work-personal resource that employees utilise to manage menstrual symptoms and work demands, thereby supporting employee menstrual wellbeing. By doing so, we argue that managing employee menstrual wellbeing through employee workplace self-management is distinct from what is conceptualised in the work demands-resources literature for employee wellbeing (Castaneda et al. 1999). This literature primarily focuses on self-management of work tasks. We posit that self-management of both work relationships and menstrual symptoms is also essential for maintaining employee menstrual wellbeing.

Third, we contribute to the work demands-resources literature (Bakker et al. 2023) on how specific work-personal demands and resources interact with core work demands-resources to influence employee wellbeing. We emphasise that the work-personal demands (e.g., working during the first two days of menstruation) intensify the jeopardising effect of work demands on employee wellbeing. However, work-personal resources (e.g., workplace self-management) enable employees to manage core work and work-personal demands and their adverse effects, as well as help them access (Bakker et al. 2023) and negotiate work resources from managers and colleagues, supporting endangered employee wellbeing.

2 | Theoretical Context

2.1 | Establishing Foundations for Employee Menstrual Wellbeing in HRM Research

While the scarce HR policy and practice scholarship on addressing employee menstrual wellbeing exists, it disconnects itself from comprehensive, empirical research that could provide managers with profound, actionable insights (CIPD 2023; BSI 2023). Meanwhile, the HRM research field has yet to develop a sustained scholarly agenda or literature on employee menstrual wellbeing (Grandey et al. 2020; Hardy and Hunter 2021). Nevertheless, the occupational health psychology literature has historically and implicitly investigated employee menstrual wellbeing (Grandey et al. 2020). Along with the scarce HR policy

and practice scholarship, this literature can serve as a foundation for our empirical HRM research on employee menstrual wellbeing.

This occupational health psychology literature has implicitly treated employee menstrual wellbeing as a mechanism through which menstrual symptoms impact employee productivity outcomes (see Grandey et al. 2020, for a comprehensive review). Earlier studies empirically concluded that employee menstrual symptoms did not affect employee core productivity outcomes (e.g., task or job performance), suggesting they do not compromise employee menstrual wellbeing (e.g., Black and Koulis-Chitwood 1990; Smith 1950). Most recent studies, however, argue that employee menstrual symptoms indeed compromise employee menstrual wellbeing, and by extension, employee core job performance (Motro et al. 2019). However, employees can usually catch up on core job performance after their menstrual period ends (Motro et al. 2019). At the same time, these recent studies suggest that menstrual symptoms compromise employee menstrual wellbeing, reducing employee discretionary (counter)productive outcomes (e.g., employee helping behaviour; Motro et al. 2019) and employee turnover (Ota et al. 2023).

This overview of the occupational health psychology literature highlights an implicit trend of analysing whether employee menstrual symptoms affect employee menstrual wellbeing while overlooking the contextual factors or moderators, specifically employee work characteristics or conditions (Grandey et al. 2020; Motro et al. 2019; Ota et al. 2023) under which the employee experiences the symptoms and their effects (Grandey et al. 2020). The literature acknowledges this trend, noting that addressing this limitation can help explain the contradictory findings on whether employee menstrual symptoms impact employee menstrual wellbeing and, in turn, influence employee (counter)productive outcomes (Grandey et al. 2020). For instance, Motro et al. (2019) do not account for the effect of work demands and resources in their research on how employee menstrual symptoms compromise employee helping behaviour. Nevertheless, they call for future research to explore how differences in employee work demands influence their findings. Ota et al. (2023), in their research on employee somatic menstrual symptoms and employee turnover, do not analyse the moderating roles of employee work demands and resources that they used as control variables.

Hence, addressing the occupational health psychology literature's limitation regarding the conditional effect of employee work demands and resources on the relationship between employee menstrual symptoms and employee menstrual wellbeing is important to our HRM research for two reasons. First, it can help establish an empirically grounded HRM research agenda on employee menstrual wellbeing, with a clear scope and the four HRM rationales discussed in the introduction. Second, as a byproduct, addressing the limitation can help explain the contradictory findings in the occupational health psychology literature by shifting the debate from whether employee menstrual symptoms matter for employee menstrual wellbeing and (counter)productive outcomes to the conditions–specifically the employee work characteristics–under which they matter.

2.2 | Extending the Work Demands-Resources Literature to Our Empirical HRM Research on Employee Menstrual Wellbeing

HRM research distinguishes between two primary theoretical perspectives within the work demands and resources literature: the job demand-control-support perspective and the job demands-resources perspective (Conway et al. 2016; Van De Voorde et al. 2016). The scarce HR policy and practice scholarship has implicitly used these theoretical perspectives to infer the role of employee work characteristics–work demands and resources–in employee menstrual wellbeing (BSI 2023; CIPD 2023). Meanwhile, the occupational health psychology literature examining the effects of employee menstrual symptoms on employee (counter)productive outcomes either ignored these perspectives (Motro et al. 2019) or used them passively by treating employee work demands and resources as control variables (Ota et al. 2023). Hence, in the subsections below, we analyse the two perspectives and extend them to interpret the findings of the occupational health psychology literature and the HR policy and practice scholarship on employee menstrual symptoms and employee menstrual wellbeing. This extension can inform our HRM research on how different work demands and resources influence the relationship between menstrual symptoms and employee menstrual wellbeing.

2.2.1 | Job Demand-Control-Support Perspective

The job demand-control-support perspective postulates that organisations consistently expose employees to work demands that require sustained energy and induce work stress, endangering employee wellbeing (Karasek 1979). This perspective studies the physical and cognitive workloads as forms of work demand. Two work resources–work control (Karasek 1979) and social support from colleagues and supervisors (Theorell et al. 1990)–help employees manage workload, gain energy, and mitigate stress, thereby supporting wellbeing. Work control comprises the work autonomy form–i.e. employee authority over the content, scope, methods, and scheduling of employee workloads–and the skill variety or utilisation form–i.e. employee discretion over developing and applying various skills in pursuing workload (Karasek 1979). Meanwhile, social support is assistance from work colleagues and supervisors in completing the workload (Theorell et al. 1990).

Our extension of the job demand-control-support perspective suggests that excessive workloads may exacerbate menstrual symptoms, thus jeopardising employee menstrual wellbeing (Ota et al. 2023). HR policy and practice scholarship on workplace menstruation implicitly employs the job demand-control-support perspective to guide organisations in supporting employee menstrual wellbeing. For instance, the British Standards Institute's (BSI) BS 30416:2023 Standard recommends that organisations reduce the workload of menstruating employees and provide them with greater control over their schedules and work locations to support their menstrual wellbeing (BSI, 2023). BSI developed this Standard in response to the lack of an inclusive

HR policy and practice for both employee menstrual wellbeing and employee menopausal wellbeing. Nevertheless, this Standard does not elaborate on how work control may support employee menstrual wellbeing, which could guide our HRM research. Consequently, we extend the job demand-control-support perspective, which suggests that work control may support employee menstrual wellbeing (Hardy and Hunter 2021) in the face of workload and menstrual symptoms. It may do so by increasing work time and energy through convenient work scheduling and workplace arrangements, reducing the content and scope of the workload and its adverse effects, and prompting employees to invest time and energy in developing skills for future work support and menstrual wellbeing (Jia et al. 2024; Karasek 1979).

The job demand-control-support perspective categorises social support from colleagues and supervisors into the affective and instrumental types. Affective social support from colleagues and supervisors (Theorell et al. 1990) can provide employees with emotional support to mitigate the stress associated with high workload and menstrual symptoms, supporting menstrual wellbeing (Ota et al. 2023). Meanwhile, instrumental social support from colleagues can provide tangible assistance to employees at work and reduce their workload (Theorell et al. 1990). Consequently, both forms of social support can help conserve work energy and mitigate stress from the workload and menstrual symptoms, maintaining employee menstrual wellbeing. However, the BSI (2023) Standard does not explicitly recommend that organisations provide instrumental support from colleagues to menstruating employees. They make the explicit case for providing affective social support to support menstrual wellbeing.

Although the job demand-control-support perspective suggests that workload, control, and support as employee work characteristics can influence the adverse effect of employee menstrual symptoms on employee menstrual wellbeing, it does not have the remit to theorise employee workplace menstruation or menstrual symptoms in a strict sense (Ota et al. 2023). Specifically, employee menstrual symptoms can be viewed as a work-personal demand, as they generally vary among employees, across jobs, and within the menstrual cycle, influencing employee menstrual wellbeing differently (Motro et al. 2019; Ota et al. 2023). However, the job demand-control-support perspective does not address work-personal demands and, for that matter, work-personal resources. To this end, the job demands-resources (JD-R) perspective deals with not only work-personal demands and resources but also a range of other employee work demands and resources beyond workload, control, and support (Bakker and Demerouti 2024), which can affect employee (menstrual) wellbeing (Hwang and Sung 2016; Motro et al. 2019). Therefore, we utilise the JD-R perspective to complement the job demand-control-support perspective.

2.2.2 | JD-R Perspective

The JD-R perspective (Demerouti et al. 2001) encompasses various types of work demands and resources, including both core work-related and work-personal ones, which influence employee wellbeing (Bakker and Demerouti 2024). Core work demands and resources include physical (e.g., physical labour vs. comforting workspaces), psychological (e.g., meeting tight deadlines vs. work control), social (e.g., demanding colleagues vs. instrumental social support from colleagues), and organisational (e.g., performance-oriented culture vs. wellbeing-oriented culture) (Bakker et al. 2023). Although the JD-R perspective has empirically explored the role of a limited number of work-personal demands (e.g., employee impulsivity and affective insecurity) and resources (e.g., employee resilience, proactivity, and extraversion) in employee wellbeing, these efforts remain narrow and fragmented (Bakker et al. 2023). The perspective indicates that work-personal demands (e.g., employee menstrual symptoms) can jeopardise employee (menstrual) wellbeing. However, it does not provide an in-depth explanation of how this occurs, especially considering that core work demands and resources also simultaneously impact employee wellbeing (Bakker et al. 2023; Motro et al. 2019). Meanwhile, the JD-R perspective also suggests that work-personal resources help employees access core work resources, thereby buffering the adverse effects of core work demands on their wellbeing (Bakker and Demerouti 2024). Taken together, these strands highlight an internal tension within the JD-R perspective: while work-personal demands and resources have each been considered, their interrelationship–and how such a dynamic shapes the impact of core work demands and resources on employee well-being–remains underexplored (Bakker et al. 2023). Nevertheless, employees experience work-personal demands and resources simultaneously, and organisations tend to consider these when managing core work demands and resources to support employee wellbeing (Bakker and Demerouti 2024). Hence, addressing this internal tension would enhance the explanatory scope and theoretical utility of the JD-R perspective, reflecting the realities of current workplaces.

Extending workplace menstruation research (Grandey et al. 2020; Hwang and Sung 2016; Ota et al. 2023) and HR policy and practice scholarship on employee menstrual wellbeing (BSI 2023; CIPD 2023) through the lens of the JD-R perspective suggests to our HRM research the potential role that various types of employee work demands and resources may play in the effect of employee menstrual symptoms on employee menstrual wellbeing. The different types of employee work demands that can jeopardise employee menstrual wellbeing include physical demands (e.g., lifting objects), psychological demands (e.g., meeting deadlines), work-personal characteristics or demands (e.g., young age), social demands (e.g., interactions), and organisational demands (e.g., frequency of night shifts). In parallel, the different types of work resources that can support employee menstrual wellbeing include physical resources (e.g., comfortable workspaces and bathrooms for menstrual hygiene management), psychological resources (e.g., work control), work-personal resources (e.g., employee resilience against changes), social resources (e.g., social support from colleagues and supervisors), and organisational resources (e.g., menstrual wellbeing policy).

For instance, deducing from the findings of Hwang and Sung (2016) suggests that core work demands (e.g., night shift frequency and department type) and work-personal demands (e.g., young age) can negatively affect nurses' menstrual wellbeing, whereas older age and marital status may serve as

work-personal resources to support menstrual wellbeing. However, they do not provide a detailed explanation of how this occurs. Motro et al. (2019) suggest that employees with trait-avoidant motivation experience a heightened reaction to menstrual pain symptoms, harming their menstrual wellbeing. Trait-avoidant motivation refers to an employee's tendency to avoid negative situations and can be viewed as a work-personal demand (Bakker et al. 2023). Conversely, menstrual symptoms can have a minimal effect on the menstrual wellbeing of employees with a work-personal resource of trait-approach motivation, which is an employee's tendency to accept negative situations. An employee's trait-approach serves as a work-personal resource (Bakker et al. 2023). Although both workplace menstruation research in the occupational health psychology field (e.g., Grandey et al. 2020; Ota et al. 2023) and HR policy scholarship on employee menstrual wellbeing (e.g., BSI 2023) highlight the role of such categories or types of work demands and resources, they have not theorised a detailed account of how they interact with employee menstrual symptoms as a work-personal demand to shape employee menstrual wellbeing. Without theorising this interaction, HRM research risks remaining silent on employee menstrual wellbeing, one of the most pervasive workplace wellbeing issues, undermining its social responsibility, demographic, legal, and business performance agendas (Atkinson et al. 2021).

3 | Research Method

3.1 | Research Design

We employed a qualitative research design using semi-structured interviews with professional workers. We did so because workplace menstruation symptoms are subjective; they can differ in various ways, including between individuals, occupations, and during the menstruation period, to shape varied forms of menstrual wellbeing (Motro et al. 2019). Similarly, core work demands and resources, as well as work-personal demands and resources, can differ between occupations (Demerouti et al. 2001; BSI 2023) and employees (Bakker et al. 2023), respectively. Further, the employee's experience of work demands and resources impacts the employee's (menstrual) wellbeing irrespective of how managers intend to design them (Parker and Knight 2024; c.f. Reiche 2023). Subsequently, qualitative research was appropriate to capture employees' individual, temporally varying, rich, and complex experiences (Braun and Clarke 2013) of menstrual symptoms (Motro et al. 2019), the specific work demands and resources involved, and their interactive effects on how menstrual symptoms affect menstrual wellbeing (Grandey et al. 2020).

3.2 | Research Context

We interviewed professional workers of menstruating age living in Pakistan. The Pakistani context has almost no attention from the largely Western-centric HRM scholarship (Chaudhry and Priola 2024) on employee menstrual wellbeing (Grandey et al. 2020; BSI 2023). However, HRM research requires a better understanding of such political-economic contexts (Atkinson et al. 2021) for their uniqueness and relevance (Brewster and Brookes 2024; Budhwar et al. 2024). The unique relationships between Pakistani menstruating women employees, the society, the state, and the economy increase the work demands, impede access to work resources (Chaudhry and Priola 2024), and adversely affect their menstrual wellbeing (Ali et al. 2020).

Pakistani society has interesting norms of gender segregation and modesty for men and women that aim to protect their reputations and honour (Priola and Chaudhry 2021). Both men and women typically have physically and socially distanced spaces in family, work, and public walks of life (Chaudhry and Priola 2024). The Pakistani society has a highly secretive tradition around menstruation and other sexual phenomena (Ali et al. 2020). For instance, women utter the words '*Kapray*' (cloth) or '*Mehman*' (guests) even between each other when they must refer to menstruation (Maher 2023).

These norms and secrecy traditions serve as personal demands to jeopardise Pakistani employees' menstrual wellbeing. However, the Pakistani state, society, and organisations often fail to take action to change them; for instance, they do not necessarily offer a menstrual leave policy (Abbasi 2024). Further, the sources of Islamic jurisprudence (e.g., the *Quran*) exempt menstruating Muslims from the 'religious-fasting demand' in the Islamic month, which is called *Ramadhan* (Hashimy 2023). However, the modesty norm and the secrecy traditions surrounding menstruation lead Pakistani menstruating women to pretend to be fasting in *Ramadhan* to keep their menstruation secret from men (Abbasi 2024). This occurs despite Islam being Pakistan's state religion, practised by 96.35% of the population (Pakistan Bureau of Statistics 2023), and Islamic jurisprudence serving as the basis for the country's laws and conduct (Zia 2022). Thus, Pakistani women should not pretend to fast to keep their menstruation a secret. In addition, professionally educated women (e.g., nurses) have an overwhelming lack of menstrual health education. For instance, they may voluntarily abstain from water cleaning during menstruation to avoid cold sensations, which, they falsely believe, could lead them to have 'other diseases', compromising their menstrual wellbeing (Ali et al. 2020).

The disproportionate gender gaps in the Pakistani economy (Priola and Chaudhry 2021), in conjunction with gender-segregation norms and secrecy traditions, impede the opportunity to change work demands and resources (Abbasi 2024) and harm women employees' (menstrual) wellbeing (Ali et al. 2020). Professional women workers are underrepresented in the Pakistani economy, particularly in the service sector (14%) and industry (11%) (Priola and Chaudhry 2021). This results in women employees having primarily male colleagues and supervisors at work. The labour participation rate is lower in the urban areas of Pakistan (14%), which primarily hosts women in professional jobs (Priola and Chaudhry 2021). Given the norms, the traditions, and the overwhelming male workforce, Pakistani menstruating employees are generally reluctant to disclose their menstrual symptoms and voice the need for adjustments in demands and resources to their workplace male counterparts (Abbasi 2024). Accordingly, Pakistani women employees often report undermined (menstrual) wellbeing (Ali et al. 2020).

3.3 | Participants and Data Collection

We collected data from professional employees in junior and senior positions. Junior employees often report that their menstrual wellbeing is significantly compromised (Hwang and Sung 2016). Meanwhile, the seniors would elaborate on their menstrual wellbeing and the work demands and resources they may (re)design into their juniors' work to influence their menstrual wellbeing (Reiche 2023). Following Motro et al. (2019), our informants were of menstruating age, that is, they were not menopausal, pregnant, or postmenopausal. This enabled them to share their recent or ongoing experiences of menstruation in the workplace with us. Further, they had regular menstrual cycles of 21–35 days. Our informants do not report the existence of any menstrual disorder (e.g., endometriosis and dysmenorrhoea) or medical conditions (e.g., vaginal cancer). Such disorders and conditions already exacerbate menstrual symptoms and harm menstrual wellbeing (Motro et al. 2019). Hence, we excluded such informants if they reported visiting a physician for severe menstrual symptoms. Moreover, we did not interview any informants who were using contraceptive materials that suppress menstruation (Motro et al. 2019).

We conducted interviews in a mix of Urdu and English. Pakistani professional workers are required to use English as an official language and the medium of professional and higher education, whereas Urdu is their national language (Shujahat et al. 2025). We developed the initial interview protocol based on the literature review. We then incorporated feedback from a panel of two subject-matter research experts and two professional employees in the menstruation age range, respectively. We adjusted and added questions to our standard interview protocol as we accumulated knowledge and experiences from interviewees. This was to secure more contextual details about specific issues. We also preserved the flexibility to adjust the questions to probe further into the experiences revealed and their meanings (Gioia et al. 2013).

The first part of the protocol outlined the research purpose, inclusion and exclusion criteria, informed consent, and demographic profile. The second part captured a typical experience and description of employee work demands, work resources, and employee wellbeing without referring to the menstruation period. The third part contained questions on menstrual symptoms, their effects on employee menstrual wellbeing, and strategies to maintain it. We did not directly ask informants about the role of their work demands and resources in the effect of their menstrual symptoms on their menstrual wellbeing in this stage to avoid biasing them (Charmaz 2006). However, informants highlighted the role of various work demands and resources themselves in the effect of menstrual symptoms on menstrual wellbeing. Subsequently, the fourth and fifth parts of the protocol investigated the experiences of different types of work demands and resources during the menstruation period, as well as the role they may play in the effect of menstrual symptoms on menstrual wellbeing (Bakker et al. 2023). In this way, we could gain a clearer understanding and more information about the interviewees' diverse work experiences and expectations during and beyond the menstruation period (Charmaz 2006). We took notes during the interviews for data analysis purposes. Finally, we asked the informants if they would like to discuss any other relevant points that had not been covered.

A secretive societal tradition surrounding menstruation significantly hindered our recruitment of informants. As a result, we had to extend our data collection period from December 2019 to January 2023 (e.g., Melhem et al. 2025). Our fieldwork was also affected by the COVID-19 lockdown because in-person interviews were not possible. Most of our interviews were conducted during the summer and winter academic breaks, which also extended our data collection period. To overcome the challenges of accessing informants by navigating societal taboos around discussing one's menstrual experience and to conduct interviews sensitively (Chowdhury 2022), we took several steps.

First, we were patient during the fieldwork. This means that our snowball technique was slow to execute. Not only did we struggle to identify potential informants (e.g., often 1–2 months) who met our inclusion criteria (Lincoln et al. 1985), but the actual interviews also often took significant time to arrange (e.g., in some cases 2–4 months) (O'Brady et al. 2025). Second, we reiterated and assured informants that our research adhered to the university's guidelines on ethical research conduct. Hence, we would never share their recorded or transcribed interviews in any form or situation whatsoever, except for using their anonymised quotes in our research reporting (Daouk-Öyry et al. 2025). Third, we conducted interviews in private locations rather than, for example, at the workplace. This helped our informants feel more at ease about sharing their experiences, as they were not rushed into giving their interviews and did not fear that others might overhear them.

We followed an iterative and simultaneous process of collecting and analysing the data and seeking new, appropriate informants based on the information deemed important by prior informants (Glaser and Strauss 1967). We followed Charmaz's (2006) recommendations for 'intensive interviewing.' Therefore, we 'listened' and 'observed' with 'sensitivity' to surface 'unanticipated statements and stories.' For instance, this resulted in post-COVID-19 pandemic informants reporting their experiences of reduced menstrual symptoms and improved menstrual wellbeing due to hybrid and online work arrangements implemented in the summer of 2020.

We conducted forty formal, semi-structured interviews and eight informal interviews. Each formal interview lasted approximately 28–75 min, was recorded, and subsequently transcribed into English. Table A1 in the appendix provides details about the informants. Our informants are high school teachers (seven), university faculty members specialising in the HRM and organisational psychology fields (nine), managers (eight), engineers (six), lawyers (four), nurses (six), physicians or medical doctors (five), and clinical psychologists (three). They identified themselves as cisgender women.

To cross-reference and examine the robustness of our data (Evered and Louis 1981), our informants included nine university faculty members from HRM departments across various Pakistani universities, as well as eight clinical psychologists and physicians, who served as our knowledge insiders or 'primary informants.' In this regard, we found that faculty members, as

employees, were also simultaneously experiencing work demands and resources, as well as workplace menstruation, while also serving as experts in teaching and researching these topics. Similarly, the clinical doctors, as informants, had experienced menstruation in the workplace and possessed subject-matter knowledge from their education and practice. Thus, they articulated their experiences and observations on the topic in greater depth and detail than others, due to their professional and personal experience with the subject matter, as well as their effective articulation skills. Therefore, in the findings section, we often quote these 'primary informants' after corroborating their statements with others.

3.4 | Data Analysis

We analysed the data following the approach of Gioia et al. (2013). We began with open coding, identifying relevant concepts in the data and grouping them into categories as first-order codes–i.e., terms, phrases, and language used by the informants (Strauss and Corbin 1998). We then carried out axial coding, identifying relationships between and among the categories and organising them into second-order themes (Strauss and Corbin 1998). During the data analysis, we went back and forth to track emerging categories and themes while refining and enriching existing ones (Gioia 2021). We identified new concepts until we exhausted all our interviews. Figure 1 elaborates on the structure and order of revealed menstrual symptoms, menstrual wellbeing, work demands, and work resources.

We employed peer debriefing to ensure the trustworthiness of our analysis (Lincoln et al. 1985). Peer debriefing involved the third author gathering and analysing the formal data while the first author, through discussions with the third author, identified areas requiring more data collection, designed follow-up interview questions, and offered alternative explanations for the developing results as 'devil's advocate.' Through this process, the first and third authors were involved in the data analyses. Moreover, we invited two external members, who served as informants and experts in the research subject matter, to ensure the credibility of the analyses and findings. These members identified themselves as cisgender women. The team discussed the coding discrepancies and, after laborious, discursive discussions, unanimously agreed on the first-order categories, second-order themes, and aggregated dimensions.

For instance, male members favoured inferring that physical and psychological menstrual wellbeing were the two second-order themes of the menstrual wellbeing dimension. Nonetheless, the female members opposed this in a heated debate and convinced them otherwise. They inferred from the transcription and personal experiences that somatic or affective menstrual symptoms compromise overall menstrual wellbeing rather than physical and psychological menstrual wellbeing, respectively. Similarly, women members did not infer employee workplace self-management as a work-personal resource. They took the role of workplace self-management in supporting menstrual wellbeing for granted, both in their lives and in their interview responses. However, male members opposed this and convinced them otherwise through the evidence from the transcripts.

We used the member check to establish the trustworthiness of our results. The member check involves verifying with informants that the results are credible. For example, we asked three informants to sort out the generated first-order categories into higher-order themes. The informants were subject-matter university faculty members and familiar with qualitative methods. They completed the member check with agreement, albeit after some deliberations. Moreover, clinical physicians and psychologists successfully conducted the member check. In addition, the occupational health psychology research on workplace menstruation (Grandey et al. 2020; Ota et al. 2023) and the scholarship on HR policy and practice (BSI 2023; CIPD 2023), which advocates for adjusting employee work characteristics to support menstrual wellbeing, corroborates our findings.

4 | Findings

4.1 | Employee Menstrual Symptoms Compromise Employee Menstrual Wellbeing

Our findings indicate that our informants experience somatic-affective menstrual symptoms that differ among them. They mainly experienced varying degrees of pain or cramps, physical and cognitive fatigue, irritation, and mood swings at irregular intervals: *I feel low energy and mood but irregularly in the first two days of menstruation* (informant (INF) 5: schoolteacher). A few informants also reported other symptoms, such as dizziness and bloating: *For me, I experience fatigue, pain, and irritation, and sometimes, bloating* (INF 9: assistant professor). Another informant noted:

> I go through mood swings and feel pain in the legs and abdominal area. This causes dizziness and weakness. However, these things don't happen continuously and vary depending on various factors.
>
> (INF 24: project manager)

Only two informants mentioned that they do not experience significant menstrual symptoms and thus do not have compromised menstrual wellbeing. Nonetheless, they recognised the role of work resources in their maintained menstrual wellbeing:

> I don't feel any substantial symptoms since my menarche. They don't affect me. At most, I get a feeling of being uncomfortable. I'm resilient, healthy, and less sensitive than others. It's also because my organisation has set clear work milestones, which, as a professional person [highly expert], I can pursue easily.
>
> (INF 15: associate professor)

Most informants suggested that the menstrual symptoms typically compromise their menstrual wellbeing. Still, they try not to

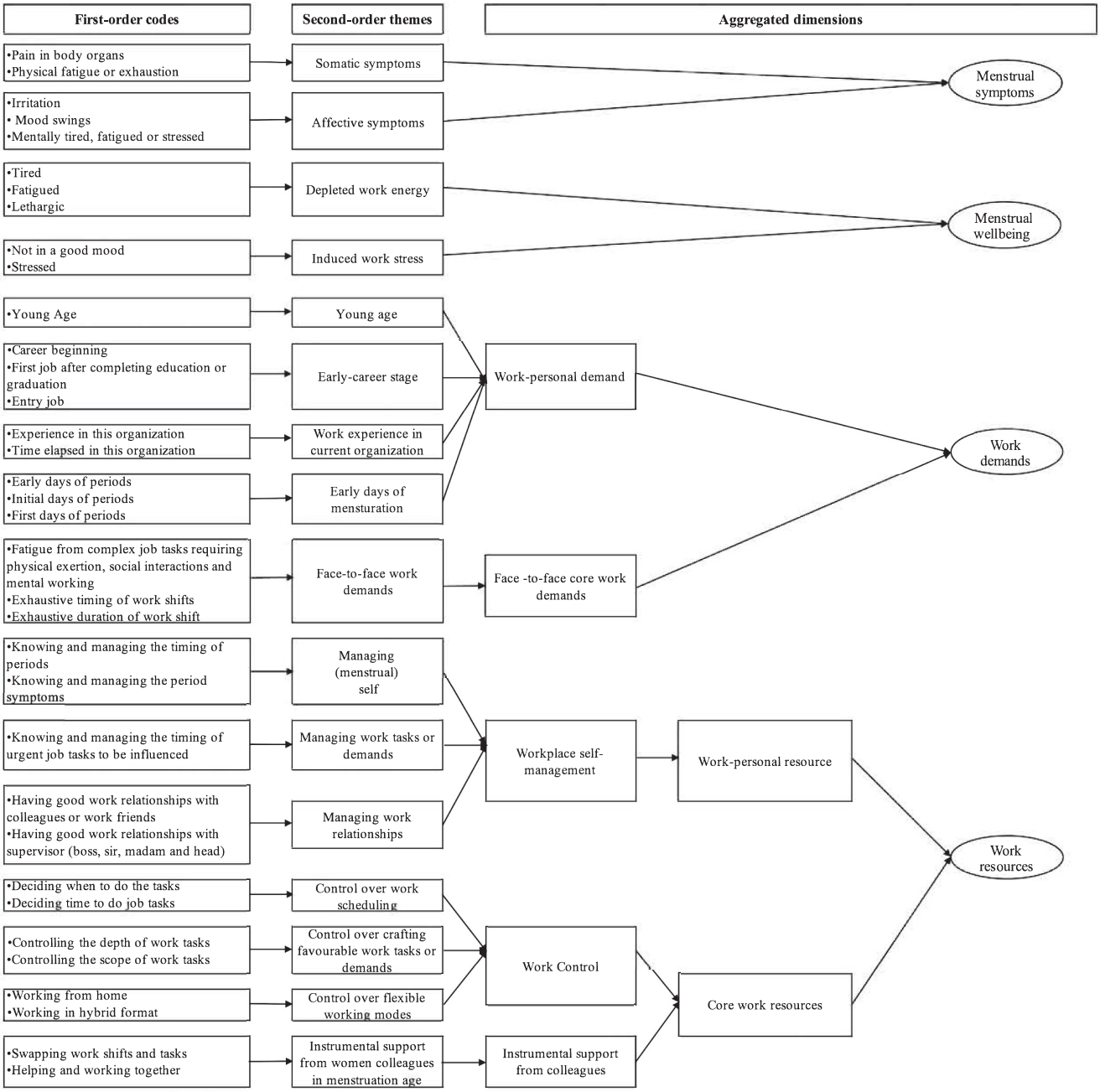

FIGURE 1 | Data structure.

let the symptoms affect their core work responsibilities if those are marginal. However, symptoms compromise their core face-to-face work responsibilities if they become substantial. An administrative manager (INF: 22) emphasised: *'I try to do my work even in the face of pain. However, when symptoms become unbearable, or you're not in a good mood, you cannot perform your work...'*. Informants indicated that menstrual symptoms affect their discretionary work responsibilities more often than their core work responsibilities: *You cannot compromise customers' [core] tasks. You've to do them. However, if colleagues request something while suffering from the menstrual pain, you can evade their request* (INF 22: office manager).

4.2 | Work Demands Exacerbate the Adverse Effect of Employee Menstrual Symptoms on Employee Menstrual Wellbeing

4.2.1 | Face-to-Face Core Work Demands Exacerbate the Adverse Effect of Employee Menstrual Symptoms on Employee Menstrual Wellbeing

Many of our informants suggested that the face-to-face core work demands deplete their already-exhausted energy and enhance the already-induced stresses from the menstrual symptoms, harming menstrual wellbeing. They also suggested

that work energy exhaustion and stress due to face-to-face core work demands also accompany the intensified menstrual symptoms, harming the already compromised menstrual wellbeing. A university lecturer (INF 8) elaborated in detail on these two mechanisms of how face-to-face core work demands exacerbate the adverse effect of menstrual symptoms on menstrual wellbeing:

> Menses affect me more when I must travel to the office and work there. Travelling to and from the office and working there, especially in the first two days of menstruation, exhausts me when I'm already having fatigue and pain from menstruation. This additional exhaustion is also accompanied by increased experience of pain and headache. However, I don't get affected when working from home. You can easily manage the menses and work at home.

Most informants suggested that core physical work demands substantially intensify menstrual symptoms and energy exhaustion, and increase work stresses, significantly harming menstrual wellbeing. They are followed by social interaction and cognitive demands, which require relatively less energy and tend not to intensify the stress.

> I observe for myself and even for my female subordinates that the physical and mental tasks are affected most because you're already suffering physical and mental fatigue and irritation from menstruation. You don't want to interact with your colleagues or travel when you're menstruating. You want to be seated and be quiet.
>
> (INF 19: project manager)

However, our informants suggest that these different types of core work demands manifest themselves as intermingled, rather than individually, to intensify menstrual symptoms and jeopardise menstrual wellbeing jointly: *I don't feel like going to work at times. Sometimes, I don't want to talk to colleagues. My concentration gets low. Consequently, I do less work, and tasks are delayed* (INF 29: software engineer). Most informants suggested that it is not only the difficulty or exertion requirements of these varieties of face-to-face core work demands that intensify the adverse effect of menstrual symptoms on menstrual wellbeing. Time (e.g., night or evening vs. morning), place (e.g., travelling for office work vs. hybrid or online work), and duration of such work demands also intensify the adverse effect of menstrual symptoms on menstrual wellbeing. A young doctor (INF: 44) comprehensively reflected on how such characteristics of core work demands compromise her menstrual wellbeing:

> I've my morning, afternoon, or night duty shifts. When I'm going through menstruation, I prefer morning shifts and try to swap my duty shifts for those. The night shifts are 12 hours long and exhausting. Also, the afternoon shifts are not as comfortable as the morning shifts. You're fresh with sufficient sleep in the morning. Performing your duties up to the standards on the night shift is hard due to weakness and exhaustion from menstruation, and difficulty staying awake. Working night shifts during menstruation becomes highly difficult when we've many medical emergencies in a row. You've got to put a lot more effort into work and menstruation than the usual working.

4.2.2 | Work-Personal Demands Exacerbate the Adverse Effect of Employee Menstrual Symptoms on Employee Menstrual Wellbeing

Most of our informants were interested in discussing how their specific work-personal demands intensify their menstrual symptoms, work energy exhaustion, and work stress, jeopardising their menstrual wellbeing. Most informants discussed four work-personal demands–(i) working during approximately the first two days of menstruation; (ii) younger age; (iii) low work experience, and (iv) early-career stage–that intensify the adverse effect of menstrual symptoms on menstrual wellbeing. They mentioned that menstrual symptoms are heightened during the first two to two and a half days of menstruation. This includes about a day before the start of the menstrual flow. Therefore, pursuing work demands these days significantly depletes their energy and intensifies stress to jeopardise their menstrual wellbeing: *These symptoms only affect me for the first two menstruation days, including about a day before the start of menstruation, where I face higher symptoms. Working these days is tough for me. I often take leave from my job these days, which isn't a problem since I work in our family-owned private school. I also rarely experience substantial pain symptoms on the fourth day* (INF 5: schoolteacher).

Several of our informants also mentioned that menstrual symptoms influence them most at a younger age. About half of them indicated an upper peak of 27 years. They indicated that menstrual symptoms compromising wellbeing start declining as they mature: *At my current age* [36 years], *menstruation no longer really affects me and my work. Nonetheless, I observe that my students who experience it don't function happily. Like me, when I was of their age, they also either don't come to school or show up for the sake of it.* (INF 6: schoolteacher). Informants further indicated that the more they age, the more their menstrual symptoms decline: *With increasing age, these symptoms start declining. When I got married, followed by pregnancy, these symptoms hit a new low, respectively. These symptoms are nowhere comparable to pregnancy symptoms* (INF 9: assistant professor).

Some informants noted that the effects of menstrual symptoms also vary by career stage and work experience. They reported higher jeopardised wellbeing during the early career stages. Early career and low work experience not only require exerting efforts in mastering the work but also in securing the job and building working relationships in the new workplace: *In your new organisation and career, you don't have friends-cum-colleagues and*

boss to support you during menstruation, and still, you need to adjust as well. Therefore, experiencing menstruation at work was tough for me in my early career (INF 31: lawyer). Higher exertions in work during the early career add to the compromising effect of menstrual symptoms, harming menstrual wellbeing. A lack of work experience means one must invest significantly more time and effort to fulfil work demands than an experienced person who knows efficient work methods, thereby endangering menstrual wellbeing.

> When I joined this organisation, working during menstruation was difficult for me. When you join a new organisation, especially as an early-career professional, you adjust to a new career, lifestyle, and organisation. There're so many changes and challenges you're going through: the work environment and job are competitive, and you want to be accepted, secure the job, and grow in your organisation. Therefore, I used to feel a lot more stress and exhaustion during menstruation days in that stage of my life.
>
> (INF 23: project manager)

4.3 | Work Resources Support Employee Menstrual Wellbeing Against the Jeopardising Effects of Employee Menstrual Symptoms and Work Demands

4.3.1 | Core Work Resources–Work Control and Instrumental Support From Colleagues–Support Employee Menstrual Wellbeing Against the Jeopardising Effects of Employee Menstrual Symptoms and Work Demands

Most of our informants suggested using two core work resources–peculiar forms of work control and instrumental support from (women) colleagues (of menstruation age)–to counter the jeopardising effects of menstrual symptoms and work demands on menstrual wellbeing. Nonetheless, they reported resorting to presenteeism before sick leave when these work resources were unavailable. Informants indicated the exercise of work control in the three themes or forms: (re)scheduling work demands, crafting or lowering the content and scope of work demands, and flexible work modes (hybrid and online modes). More than half of the informants mentioned that they tend to schedule the prioritised work demands according to the onset of periods, take breaks in the face of high menstrual symptoms, or do hybrid or online work so that the symptoms and work demands do not jeopardise their menstrual wellbeing: *I can normally predict when my periods are expected. They come in about 26 days. Hence, I can plan my work accordingly. If I feel pain, I can stop working and take a rest. There's much flexibility in the IT industry* [of Pakistan] *that you can use for your wellbeing. For instance, we've the option to work from home, so we only come to the office for important face-to-face meetings. Thus, I can stay at home during my periods and work easily from there...It's not this COVID-19 lockdown that brought this flexibility. It has always been part of our industry* (INF 29: software engineer). If controls over rescheduling and flexible working modes are unavailable or not feasible in certain jobs, most informants mentioned controlling or reducing the content and scope of core work demands. A university lecturer (INF 8) summarised how she utilises the three forms of work control to manage menstrual symptoms and work demands, thereby supporting her menstrual wellbeing. She also elaborated in-depth on how the online work arrangements in the COVID-19 lockdown supported her menstrual wellbeing:

> Consequently, during the periods, I organise light teaching activities [which she isn't supposed to, officially], e.g., surprise quizzes or self-learning activities, so that I'm not required to put energy into teaching complex things and interacting with the students. Such choices become inevitable when I need to teach two consecutive three-hour lectures in a row during the periods, which require a great deal of energy. First, I request that my lectures be rescheduled, which the coordinator may not always be able to facilitate. During my periods, I try to avoid travelling to and from work activities because exhaustion as a result of menstruation adds to work exhaustion. For my committee [administrative] work, I try to take on tasks, such as report writing, which I can pursue from home...For instance, during the COVID-19 pandemic lockdown, our university initially transitioned to online work, followed by a hybrid working model. During this time, we transitioned from in-person teaching and other work to online platforms. Consequently, my work became so easy that I didn't really feel any menstrual pain.

Moreover, many informants reported requesting and using instrumental social support from women colleagues of menstruating age. Such support helps them to fulfil work demands and deal with menstrual symptoms when the themes of work control are unavailable. Nonetheless, they mentioned that they cannot get support from male colleagues because discussing menstruation is a taboo topic in Pakistani society.

> To deal with menstruation and work, I also ask my good female friend [colleague] to deliver my lecture or come and help me in class, for example, in arranging a quiz. Similarly, when she is going through her periods, I help her... Obviously, as a professional, you don't adhere to seeking colleagues' help as a first resort. The programme coordinator doesn't or cannot change the class schedules whenever requested...you cannot tell him culturally that you're going through menstruation.
>
> (INF 10: university lecturer)

Some informants reported receiving direct or indirect instrumental support from female colleagues, which helped them swap their potentially exhausting shifts with the female colleagues' easier ones. Nonetheless, they suggested that this support from women colleagues is available only when you have

working relationships with them and reciprocate it when they need it.

> At first, I try to negotiate the morning shift for myself. Nonetheless, it's not available all the time. Then I try to swap my night shift with another colleague who has a morning shift and with whom I've a friendship or good working relationship. You return the favour to the colleagues you swapped with when they also go through their periods. Since night shifts are highly exhaustive, especially during the periods, swapping allows me to work in the morning when I'm fresh and not suffering from pain and irritation.
>
> (INF 35: nurse)

Some informants mentioned that their jobs do not allow instrumental support from other colleagues. Informants in such jobs often attempt to exert control over their work.

> In my job, you cannot ask a colleague to write a software program for you. You've to do it yourself. Therefore, I try to complete the prioritised projects that cannot be rescheduled before the expected onset of periods. I try to reschedule my important customer meetings accordingly. As appropriate, I try not to go to the office and do hybrid working or work-from-home in the first days of menstruation.
>
> (INF 26: software engineer)

However, if both core work resources are unavailable, informants either seek leave or engage in presenteeism to maintain their wellbeing. An office manager (INF 24) noted:

> In an administrative job, you cannot reschedule many important tasks, especially those allocated and expected by your director. You cannot get help from your colleagues because they are also busy with their work and don't know about your job. Therefore, either you bear with menstruation and do work or seek leave.

4.3.2 | Workplace Self-Management as a Work-Personal Resource Supports Employee Menstrual Wellbeing Against the Jeopardising Effects of Employee Menstrual Symptoms and Work Demands

Most of our informants indicated that they manage themselves effectively as a work-personal resource, accessing, exercising, and negotiating core work resources to address work-personal demands, including workplace menstruation. They identified three forms of workplace self-management to support menstrual wellbeing: menstrual self-awareness or symptoms, work tasks or demands, and work relationships. Nonetheless, most informants take the role of workplace self-management in menstrual wellbeing for granted: *We [women] are taught from the age of menarche to manage our school, personal, and family life, as well as our overall wellbeing, with discipline and self-management. Thus, we're naturally well-managed when menstruating at work. That's how we influence and negotiate work control from our head of the department and coordinator, and get the support from female colleagues* (INF 9: assistant professor).

Most informants indicated how they forecast their expected cycle and menstrual symptoms because they started having them after their menarche. Accordingly, they could develop and use various self-management strategies for their symptoms and work demands:

> It's not that the effect of menstruation on one's well-being is inevitable. If one can start eating a balanced diet rich in minerals and nutrients before the onset of periods, one can alleviate the symptoms somewhat...I know that I feel pain during my menses. Therefore, I drink warm water or tea and eat healthy, light food as soon as I notice the onset of my period. For example, I start having nutrient food and carom or ginger tea that soothes my muscles.
>
> (INF 46: clinical psychologist)

Similarly, they begin learning to access and utilise core work resources from menarche to fulfil work and life demands. Informants who utilised the work control resource for menstrual wellbeing reported recognising and anticipating work demands during their menstruation period. Consequently, they could manage their work demands and menstrual symptoms: *I can normally predict when my menses are expected. They come in about 26 days. So, I plan my work accordingly. If I feel pain, I stop working and take rest* (INF 27: software engineer). Informants further mentioned that they develop working relationships intentionally with women colleagues. It allows them to get instrumental support: *Even those types of colleagues, whom you mention, aren't friendly and helpful; they also have their community of like-minded female colleagues who help and reciprocate with each other during the periods* (INF 12: university lecturer). Similarly, having working relationships with supervisors allows them to have greater control over their work. It is primarily manifested in those works (e.g., administration) where receiving instrumental support is not an option due to the individualised nature of the work.

> You know if you've good relations with your boss, their assistant, or a duty-scheduling colleague in the hospital, it can help you a lot, for example, while negotiating a one-day sick leave or a half-day leave to facilitate yourself.
>
> (INF 38: nurse)

5 | Discussion and Conclusion

Using the work demands-resources literature and a qualitative research design, our foundational HRM research study on workplace menstruation examined how employee work characteristics influence the adverse effects of menstrual symptoms on employee menstrual wellbeing (Figure 2). Designing employee work characteristics is integral to HRM research as

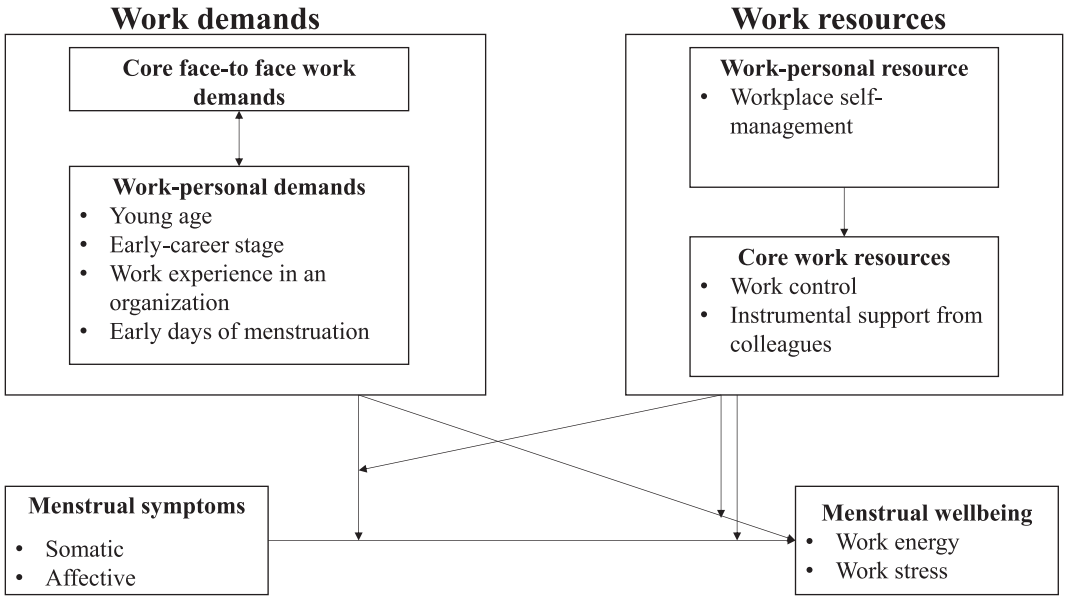

FIGURE 2 | A work demands-resources perspective of employee menstrual wellbeing.

well as HR policy and practice (Parker and Knight 2024). Our research took place in the unique context of Pakistani professional employees. Gender segregation norms and extreme secrecy around menstruation in Pakistan, combined with gender workforce gaps, impede the opportunities for women to change their work demands and resources (Chaudhry and Priola 2024). These factors also tend to jeopardise their wellbeing even beyond the menstruation period (Ali et al. 2020). We find that employee face-to-face core work demands and work-personal demands not only exhaust already depleted energy and exacerbate pre-existing stress due to employee menstrual somatic-affective symptoms, but also intensify these symptoms, jeopardising employee menstrual wellbeing (see Figure 2). Nevertheless, employee core work resources and work–personal resources counteract the adverse effects of employee work demands and employee menstrual symptoms on employee menstrual wellbeing.

Four key HRM rationales (Atkinson et al. 2021) have motivated our foundational HRM study on workplace menstruation to explore the critical role of employee work demands and resources in how employee menstrual symptoms affect employee menstrual wellbeing (Grandey et al. 2020). The HRM rationales include the *social responsibility* of managers to ensure that over a *quarter of the workforce* in the menstruating age group have an inclusive and equitable work experience (Parker and Knight 2024), which supports their menstrual wellbeing (Guest 2017; Grandey et al. 2020). Managers' failure to make the necessary adjustments in employee work demands and resources to support employee menstrual wellbeing can have *legal repercussions* and lead to reduced *business performance* (Grandey et al. 2020). Atkinson et al. (2021) invoke these HRM rationales in their foundational review, which aimed to motivate an HRM research agenda and inclusive HR practice that supports employee menopausal wellbeing. We extend these rationales to our foundational, empirically grounded HRM research on employee menstrual wellbeing. Consequently, these HRM rationales (Atkinson et al. 2021) motivate future HRM research to establish a dedicated stream of literature on employee menstrual wellbeing. They also inform HR policy and HR practice to build inclusive menstrual wellbeing policies that adjust employee work demands and resources to support menstrual wellbeing (BSI 2023).

We offer three contributions. *First*, we contribute to establishing the HRM literature on workplace menstruation (Grandey et al. 2020) by theorising the relatively taken-for-granted role of employee work characteristics in the effect of employee somatic-affective menstrual symptoms on employee menstrual wellbeing. Through the work demands-resources literature (Bakker and Demerouti 2024), we posit that employee work characteristics serve a dual role. They function as employee work demands, increasing employee work energy exhaustion and stress, and intensifying employee somatic-affective menstrual symptoms, jeopardising employee menstrual wellbeing. Employee work characteristics also serve as employee work resources to support employee menstrual wellbeing in the face of employee menstrual symptoms and employee work demands. As a byproduct, our results also reconcile the historical division in the workplace menstruation literature within the occupational health psychology field on whether menstrual symptoms affect employees' core and discretionary (counter)productive outcomes (e.g., employee absenteeism or sick leave and performance) (Grandey et al. 2020). We provide preliminary evidence on how organisations expose employees to prolonged work demands and provide insufficient access to work resources, which intensify menstrual symptoms that are already compromising menstrual wellbeing. This intensification of menstrual symptoms jeopardises the employee's menstrual wellbeing, ultimately affecting the employee's core and discretionary (counter)productive outcomes.

Second, in establishing an HRM literature agenda on workplace menstruation (Grandey et al. 2020), we explore how specific employee work demands and resources influence the adverse effects of employee menstrual symptoms on employee menstrual wellbeing. We add that employee core face-to-face work

demands and core work resources, along with work-personal demands and resources, influence employee menstrual symptoms, work energy exhaustion, and work stress, thereby affecting employee menstrual wellbeing. We highlight that the forms of specific employee work demands and resources for employee menstrual wellbeing are peculiar or distinct from those identified in the work demands-resources literature on employee wellbeing (Bakker et al. 2023). Hence, we posit that employee face-to-face core work demands and four work-personal demands–working during the early 2 days of menstruation, at a younger age, with low work experience, and in the early-career stage–contribute to increased energy and time exhaustion. These factors, in turn, exacerbate the stress already present due to employee menstrual symptoms. This exacerbation not only jeopardises employee menstrual wellbeing directly but also indirectly through intensifying employee menstrual symptoms. Through our findings, we significantly expand on previous workplace menstruation literature within the occupational health psychology field (Hwang and Sung 2016), from which we deduce that employee core work characteristics (e.g., night shifts) and work-personal elements (e.g., young age) influence how employee menstrual symptoms jeopardise employee menstrual wellbeing. We utilise the work demands-resources literature (Bakker et al. 2023) to conceptualise such employee core work characteristics as the core face-to-face work demands and the work-personal elements as the work-personal demands to explain their influence on the effect of employee menstrual symptoms on employee menstrual wellbeing (Hwang and Sung 2016). Nevertheless, whereas the work demands-resources literature categorises employee core work demands (Bakker et al. 2023) or workload (Karasek 1979) into distinct physical, cognitive, or social forms, we find that employee core face-to-face work demands in our study are intermingled because it was difficult for informants to disentangle them. As a result, we argue that employee core face-to-face work demands jointly exacerbate the adverse effects of employee menstrual symptoms on employee menstrual wellbeing.

Moreover, we contribute that employees utilise specific work resources to mitigate the adverse effects of employee menstrual symptoms and employee work demands on employee menstrual wellbeing. These employee work resources include two core work resources–work control and instrumental support from (women) colleagues (of menstruating age)–and a work-personal resource–employee workplace self-management. Whereas previous workplace menstruation research within the occupational health psychology field passively alluded to the role of these two core work resources, by using them as control variables, in mitigating the adverse effects of employee somatic menstrual symptoms on employee menstrual wellbeing (Ota et al. 2023), our HRM research actively explored how they support menstrual wellbeing against the adverse effects of the somatic-affective menstrual symptoms and of the work demands. Our HRM research also found that these core work resources have unique, specific forms that differ from those outlined in the work demands-resources literature.

We conceptualise unique, specific forms of work control for supporting employee menstrual wellbeing: control over scheduling work demands, crafting reduced work demands (Karasek 1979), and flexible working modes (hybrid and online) (Jia et al. 2024). This conceptualisation stands apart from the work demands-resources literature, which theorises that work control comprises two primary forms–work autonomy and skill variety–that impact employee wellbeing (Demerouti et al. 2001; Karasek 1979). Our conceptualised forms of work control relate more to the work autonomy form; however, we do not find a significant role for the skill variety form in mitigating the adverse effects of employee menstrual symptoms and work demands on employee menstrual wellbeing. We emphasise that providing employees with three forms of work control enables them to have greater flexibility, energy, and time to manage work demands and menstrual symptoms, as well as their adverse effects, thereby supporting their menstrual wellbeing (Demerouti et al. 2001; Karasek 1979).

In addition to the role of work control, we also highlight the critical role of instrumental support from (female) colleagues (of menstruating age) in mitigating the adverse effects of menstrual symptoms and work demands on employee menstrual wellbeing. This conceptualisation differs from the theorisation of instrumental social support in the work demands-resources literature (Theorell et al. 1990), which does not explicitly address 'gender-based' instrumental support scenarios. We suggest that employees of menstruating age provide and receive instrumental support from one another to help deal with core face-to-face work demands (Theorell et al. 1990) and work-personal demands (e.g., menstrual symptoms). Indeed, this finding is evident in the Pakistani context, where there is extreme gender segregation but hardly any menstrual support policy and work control available to menstruating employees (Ali et al. 2020). Such contexts leave employees of menstruating age to rely on one another for instrumental support (Chaudhry and Priola 2024). Thus, employees who menstruate in such contexts must demonstrate collective, reciprocal cultural norms that obligate them to support one another's menstrual wellbeing. Consequently, future HRM research may utilise contexts, characterised by high individualism, a tendency to provide employees with greater work control, and little or no gender segregation and taboo around menstruation, to determine the existence of gender-based instrumental support between menstruating colleagues and its supportive role in employee menstrual wellbeing.

Although the workplace menstruation literature in the occupational health psychology field (Hwang and Sung 2016; Motro et al. 2019) does not explicitly theorise the role of work-personal resources in supporting menstrual wellbeing, our HRM research does. We theorise that employee workplace self-management acts as a work-personal resource to support employee menstrual wellbeing against the adverse effects of work demands and menstrual symptoms. Workplace self-management enables employees to conserve their work energy and time, allowing them to address menstrual symptoms and work demands effectively. We further posit that workplace self-management not only enables employees to access (Bakker et al. 2023) but also to negotiate and utilise core work resources, which, in turn, alleviate menstrual symptoms, work energy exhaustion, and work stress, thereby supporting their menstrual wellbeing. We conceptualise three forms of employee workplace self-management concerning menstrual self-management, core work tasks or responsibilities, and work

relationships. This conceptualisation of employee workplace self-management for employee menstrual wellbeing is distinct from that of the work demands-resources literature for employee wellbeing (Castaneda et al. 1999). The work demands-resources literature primarily focuses on employee self-management of the work tasks to promote overall employee wellbeing. Hence, we emphasise that the work demands-resources literature does not necessarily address the role of self-management of work relationships and menstrual self-management in supporting employee menstrual wellbeing. Therefore, future HRM research must expand the work demands-resources literature to incorporate the three forms of employee workplace self-management when examining their impact on employee menstrual wellbeing.

Third, we contribute to the work demands-resources literature (Bakker and Demerouti 2024) on how specific work-personal demands and resources interact with the core work demands and resources to shape or jeopardise the employee wellbeing. The existing literature has only carried out limited exploration of how work-personal demands (e.g., impulsivity) jeopardise employee wellbeing (Bakker et al. 2023). Whereas, we add that four work-personal demands–being younger, working in the early days of a work-personal demand (e.g., menstruation), having low work experience, and being in an early-career stage–strengthen the induced stresses and depleted energy from pursuing core work demands. This increased stress, and the energy depletion jeopardise employee wellbeing.

Previous work demands-resources literature on work–personal resources primarily reveals how individual characteristics (e.g., employee resilience) support employee wellbeing by serving as work-personal resources (Bakker et al. 2023). We contribute to the work demands-resources literature by highlighting how employees also utilise workplace self-management as a work-personal resource to support employee wellbeing. Thus, we contribute that employees make use of work-personal resources (e.g., workplace self-management) to not only deal with core work and work-personal demands and their adverse effects on work stress and energy but also to access (Bakker and Demerouti 2024) and negotiate core work resources from organisational actors (e.g., work control from managers and instrumental support from colleagues). Accordingly, an employee's use of work-personal resources supports employee wellbeing by countering the adverse effects of core work demands and work-personal demands, and it facilitates access to core work resources. By contributing to understanding how specific work-personal demands and resources with the core work demands and resources to affect employee wellbeing, we reflect the realities of current workplaces in the work demands-resources literature where employees experience work-personal demands and resources simultaneously, and organisations consider these when managing core work demands and resources to support employee wellbeing. The resolution of this internal tension within the work demands-resources literature enhances its explanatory scope and theoretical utility in a world of work and HRM that growingly acknowledges the role of employee work-personal demands and resources for maintaining employee wellbeing (Bakker and Demerouti 2024).

We offer *two broader theoretical directions* for future HRM research on employee menstrual wellbeing (Grandey et al. 2020) and work demands-resources (Bakker et al. 2023). *First*, future research can integrate the personality literature (Digman 1990) and work-personal life literature (Atkinson et al. 2021) into the work demands-resources literature (Bakker et al. 2023) in *several ways* when studying employee (menstrual) wellbeing. Our emphasis on the role of employee work-personal demands and resources in the effect of employee menstrual symptoms and core work demands on employee (menstrual) wellbeing (Bakker and Demerouti 2024; Hwang and Sung 2016) supports this direction. Thus, we argue that future qualitative research should be cautious about how potential individual differences in work-personal demands and resources implicitly influence the employee's (menstrual) wellbeing in the face of the effects of core work demands and resources and employee menstrual symptoms. Moreover, future research can utilise work-personal demands and resources as control variables and as moderators to account for the variance they inevitably introduce into core work demands and resources, as well as employee (menstrual) wellbeing (Ota et al. 2023). Also, future research can integrate personality theories (e.g., the Big Five personality traits theory) (Digman 1990) into the work demands-resources theories (Bakker and Demerouti 2024) to study how differences in personality elements, acting as work-personal demands and resources, interact with core work demands and resources to affect employee (menstrual) wellbeing.

Second, we direct future HRM research on the employee's menstrual wellbeing to incorporate our specific theorisation of work demands and resources. This theorisation differs from the work demands-resources literature that focuses on the employee's general wellbeing (Bakker et al. 2023). For instance, future studies can develop specific measures that reflect the unique forms of work control, instrumental social support from female colleagues of menstruating age, and distinct forms of workplace self-management to support employee menstrual wellbeing. From this perspective, existing measures in their current form (e.g., Castaneda et al. 1999) are not suitable for studying employee menstrual wellbeing. Accordingly, future quantitative HRM research on workplace menstruation needs to critically examine the relevance of existing measures for these specific work demands and resources, as well as for other variables.

We inform national and firm-level HR actors–policymakers, practitioners, and line supervisors–that it is their social responsibility to support the jeopardised menstrual wellbeing of over a quarter of their workforce in the menstruation age group. Failure to be socially responsible can have legal and business performance repercussions for the organisation. Thus, these actors should develop and implement an inclusive and equitable HR menstrual support policy and practice, tailoring employee work demands and resources to an individual's needs, circumstances, and characteristics during the menstruation period as a first resort. This would allow menstruating employees to continue working productively and inclusively at the workplace. Subsequently, these actors can implement a menstrual leave policy only when tailored adjustments in work demands and

resources cannot support an employee's menstrual wellbeing due to extenuating individual circumstances (e.g., menstrual medical conditions).

We caution organisations that our proposed policy cannot be effectively implemented in isolation and, without broader support, will not fully address employee menstrual wellbeing. It would require changing broader societal attitudes towards menstruation (e.g., extreme secrecy) in and beyond organisations. Such attitudes can only be changed in spirit by educating society's actors through their underlying 'ideology', 'sentiments', or 'belief system' to which its (male) members (e.g., managers) adhere. For instance, for organisations in Muslim socio-political-economic contexts (e.g., Pakistan, Saudi Arabia, and Iran), such education endeavours need to refer to quotes from the sources of Islamic jurisprudence that requires Muslims (and, hence, 'Muslim' colleagues, organisations, and states) to provide the work resources and reduce the work demands for the menstruating employees rather than programing them to keeping menstruation as a secret (see Hashimy 2023). Without such a context-sensitive approach, (male) organisational managers might not communicate and implement our proposed policy and practice in both letter and spirit for employees who menstruate, considering the gender segregation and secrecy tradition surrounding menstruation. Meanwhile, menstruating employees would not request adjustments in work demands and resources for the same reasons. Thus, without changing the broader societal attitudes, the proposed policy may not achieve widespread acceptance and effectiveness.

Organisations can refer to BSI (2023), which provides a detailed description of most aspects of our proposed menstrual policy and practice. Nonethless, we note that BSI (2023) lacks detailed standards on several critical areas: work-personal demands (e.g., considerations for young employees), work control over crafting reduced work demands, instrumental support from female colleagues of menstruating age, workplace self-management, gender segregation culture, and cultural secrecy traditions surrounding menstruation. We assert that BSI (2023) develops comprehensive guidance on these standards to enhance policy implementation.

Our suggested inclusive menstrual support policy and practice guides organisations to provide menstruating employees with sufficient access to work control and instrumental support from menstruating colleagues. Specifically, organisations can provide menstruating employees with control over scheduling work demands, reduce face-to-face work demands, and enable access to flexible (hybrid or online) working modes to support their menstrual wellbeing. Work control over scheduling or reducing work demands can be provided in jobs where online or hybrid work arrangements are not feasible. Providing these work controls to menstruating employees requires managers to develop contingency protocols to meet any urgent organisational work demands.

Organisations should help develop a menstrual-supportive organisational culture and HR policies that encourage employees to provide instrumental support to their menstruating colleagues and cover their urgent work demands. This can be implemented when organisations do not offer work controls because of the urgency of organisational work or if employees do not want to exercise them because of various factors (e.g., shame in disclosing menstruation to male colleagues, especially in intensive gender segregation contexts). Access to work controls or instrumental support can be available to menstruating employees in proportion to their unique work-personal demands, including menstrual health conditions or working on the approximately first two days of menstruation (including a day before the onset of menstruation). Moreover, these unique work-personal demands can include individuals who are young, have limited work experience, and are in the early stages of their careers.

We understand that implementing our proposed inclusive menstrual policy may take time. Until then, organisations can at least implement training and mentoring programmes designed to enhance employees' self-management of menstrual symptoms, work relationships, and tasks, thus supporting employee menstrual wellbeing in the workplace. Experienced employees who menstruate can lead these programmes and share their experiences of workplace self-management to support menstrual wellbeing.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data are not available due to their sensitive nature. Research participants did not provide consent for their data to be shared in any form other than anonymised quotes in research reporting.

Endnotes

[1] We do not advocate for gender essentialism regarding menstruation. We acknowledge that everyone, regardless of gender, can menstruate. Nonetheless, the workplace menstruation literature and our informants used terms such as 'women' or 'females'. Consequently, for these reasons, we frequently use such gendered terms.

[2] Spain and Taiwan have implemented menstrual leave for employees with menstrual medical issues. Other countries, including Vietnam, Japan, South Korea, Indonesia, and Zambia, do not have such a provision for menstrual leave (Hashimy 2022).

[3] We refer to the specific work demands and resources uncovered in our study as 'peculiar', 'distinct', or 'unique' to emphasise how their compositions for menstrual wellbeing differ from those mentioned in the work demands-resources literature for employees', general or overall wellbeing (Bakker et al. 2023).

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Appendix

TABLE A1 | Details of the informants.

Informant (INF)	Professional role	Age	Education qualification	Years of experience in current occupation	Position in the workplace
1	High school teacher	24	Bachelor's	2	Entry
2	High school teacher	26	Master's	3	Junior
3	High school teacher	25	Master's	3	Junior
4	High school teacher	22	Bachelor's	Less than a year	Entry
5	High school teacher	29	M.Phil.	5	Semi-senior
6	High school teacher	36	Master's	11	Senior
7	High school teacher	31	Master's	8	Semi-senior
8	University faculty member	26	M.Phil.	Less than a year	Entry
9	University faculty member	38	PhD	12	Semi-senior
10	University faculty member	27	M.Phil.	2	Junior
11	University faculty member	31	M.Phil.	7	Junior
12	University faculty member	43	PhD	15	Senior
13	University faculty member	33	PhD	9	Semi-senior
14	University faculty member	37	PhD	15	Semi-senior
15	University faculty member	41	PhD	15	Senior

(Continues)

TABLE A1 | (Continued)

Informant (INF)	Professional role	Age	Education qualification	Years of experience in current occupation	Position in the workplace
16	University faculty member	35	PhD	12	Senior
17	Manager—IT sector	31	Master's	6	Semi-senior
18	Manager—IT sector	32	Master's	8	Semi-senior
19	Manager—IT sector	35	Master's	12	Semi-senior
20	Manager—Health sector	29	Master's	6	Junior
21	Manager—Health sector	31	Master's	9	Semi-senior
22	Manager—Health sector	28	Bachelor's	5	Junior
23	Manager—IT sector	35	Master's	12	Senior
24	Manager—Health sector	29	Master's	3	Junior
25	Software engineer	22	Bachelor's	Less than a year	Entry
26	IT engineer	25	Bachelor's	3	Junior
27	IT engineer	26	Bachelor's	4	Junior
28	IT engineer	29	Bachelor's	6	Junior
29	Software engineer	22	Bachelor's	Less than a year	Junior
30	Software engineer	34	Bachelor's	11	Semi-senior
31	Lawyer	35	Master's	10	Senior
32	Lawyer	38	Master's	12	Senior
33	Lawyer	25	Bachelor's	Less than a year	Entry
33	Lawyer	28	Bachelor's	4	Junior
34	Lawyer	29	Master's	5	Junior
35	Nurse	24	Bachelor's	1	Entry
36	Nurse	24	Bachelor's	1	Entry
37	Nurse	23	Bachelor's	Less than a year	Entry
38	Nurse	23	Bachelor's	Less than a year	Entry
39	Nurse	32	Bachelor's	6	Junior
40	Nurse	27	Master's	2	Entry
41	Medical doctor	28	MBBS	4	Junior
42	Medical doctor	30	MBBS/FCPS	9	Senior
43	Medical doctor	25	MBBS	Less than a year	Entry
44	Medical doctor	25	MBBS	Less than a year	Entry
45	Clinical psychologist	36	Master's	12	Senior
46	Clinical psychologist	28	Master's	3	Junior
47	Clinical psychologist	39	Master's	15	Senior
48	Medical doctor	41	MBBS/FCPS	16	Senior