Board report

Voorbeeld BV

Sample report. The figures in this report are fictional and were not measured. The structure is exactly what a client receives.

Organisational Scan Cycle and Menopause

Round 1, baseline measurement. Started on 1 September 2026, the measurement is still running.

280 of the 500 employees completed the scan.

Confidential. Intended for the board of Voorbeeld BV.

An instrument of the Menstruatie Voorlichtingsinstituut, the Dutch Menstruation Education Institute

If you want only the main line, read the summary and the recommendations in Part 3.

If you want to know how the amounts are arrived at, read the chapter on what this costs the organisation in Part 2 and the explanation of the calculation method at the back.

If you want to know what you can do tomorrow, read the chapter on what the workplace allows in Part 2 and, in Part 3, the chapters on what employees ask for themselves and on feasibility and support.

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Key figures

Everyone could take part, including men and managers. All figures are group figures: no personal data has been processed and groups smaller than twenty participants are not shown separately. Each figure states how many participants it is based on.

1,912

working days a year are estimated to be lost across the organisation

Calculated across 218 of the 220 female employees.

€535,360

is what that is estimated to cost the organisation each year

Calculated using the daily employment costs of €280 supplied.

89%

of those who sometimes call in sick for this do not mention that it concerns these symptoms

Calculated across the 70 participants who sometimes call in sick and stated what reason they then give.

5.0

productive days a year are lost on average per participant who menstruates

Calculated across the 152 participants who entered both the number of symptom days and their productivity on those days. Participants who report having no symptoms are not included here. In the cost table they are included, with zero days.

7.4

productive days a year are lost on average per participant in the menopause

Calculated across the 112 participants in or past the menopause who entered both the number of symptom days and their productivity on those days. Participants who report having no symptoms are not included here. In the cost table they are included, with zero days.

27%

of the participants in or past the menopause are considering working less, stepping back or leaving

Calculated across the 112 participants in or past the menopause who answered this question. 30 of them are considering this.

44%

of the participants personally affected rate the severity of their symptoms 7 or higher

Calculated across the 210 participants who gave a score for their own symptoms, each counted once.

35 out of 100

is the openness index: how free employees feel to talk about this subject

Calculated across the 210 participants who answered at least one of the five questions about openness.

67%

never calls in sick for these symptoms

That is 140 of the 210 participants personally affected. They are not included in the absence calculation.

93%

is affected by symptoms during work

Calculated across the 210 participants who answered the question about symptom days, each counted once.

Every figure in this report states how many participants answered the question concerned. That is not a caveat but a condition for checking it: a percentage without a number alongside it cannot be judged.

The numbers differ per question, even within the same group. Not everyone is asked every question: the questionnaire follows each participant's situation. Someone who both menstruates and recognises menopausal symptoms is counted in both groups for some questions and only once for others. That is why each table states exactly which employees it covers.

Executive summary

Of the 500 employees, 280 completed the scan, a participation rate of 56 percent. In one sentence: within Voorbeeld BV an estimated 1,912 working days a year are lost to menstrual and menopausal symptoms, and most of that cannot be found in any system, because people work through their symptoms or give a different reason when calling in sick.

This report is mainly about capacity that is not yet being used: days on which employees do work, but not at full strength. Every day that a small adjustment turns into a full-strength day is a gain for the employee and for the organisation.

Two figures deserve the board's attention. Of the 70 participants who sometimes call in sick, 89 percent do not mention that it concerns these symptoms. They are not required to, but it does explain why this subject does not stand out in your absence figures. In addition, 27 percent of the 112 participants in or past the menopause who answered this question are considering working less, stepping back or leaving. That bears directly on turnover and on retaining experienced employees.

Set against that, the three most requested measures call for little or no budget: flexible hours or self-scheduling, being able to work from home on symptom days and less demanding work on difficult days.

In this organisation, productivity lost to working through menstrual symptoms stands at 5.0 days a year, below the national figure of around 7.6 days (Schoep et al., BMJ Open 2019). That may have to do with the nature of the work, with the age profile of the workforce or with the room employees here already have to adjust their day.

Part 1

Who filled in the scan

How many employees took part, what they were and were not willing to share, and how representative the picture is.

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Questions participants preferred not to answer 6

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Participants who preferred not to share anything

42 participants, 15% of all participants, said they preferred not to share anything about this. They were asked one optional follow-up question about the reason.

Reason	Number
I find it too personal for a survey from my employer	12
I am afraid this will have consequences for me within the organisation	9
I am afraid my answers can be traced back to me	4
Another reason	4
I do not think anything will be done with it	2
It does not fit my faith or culture to discuss this	1
I would rather not say that either	1
No reason given	9

9 participants said they feared consequences. Because this involves fewer than twenty people, we do not show which consequences they fear.

Anyone who shares nothing for fear of consequences is saying something about the culture within the organisation. At the same time, employees also have a part in saying what they need. Openness comes from two sides: the organisation makes it safe to speak and the employee speaks.

Questions participants preferred not to answer

On a number of questions a participant could choose to say nothing. Anyone who did was given one voluntary follow-up question about the reason. For each question we show the reasons only if at least twenty participants skipped that question.

57 participants preferred not to say which age group they are in.

Reason	Number
I am afraid this will have consequences for me within the organisation	10
I find it too personal for a survey from my employer	7
I am afraid my answers can be traced back to me	4
Another reason	4
It does not fit my faith or culture to discuss this	3
No reason given	29

10 of them said they feared consequences. Because this involves fewer than twenty people, we do not show which consequences they fear.

32 participants preferred not to say whether they use hormonal contraception.

Reason	Number
I find it too personal for a survey from my employer	6
I am afraid this will have consequences for me within the organisation	5
Another reason	3
I am afraid my answers can be traced back to me	3
It does not fit my faith or culture to discuss this	1
I do not think anything will be done with it	1
I would rather not say that either	1
No reason given	12

5 of them said they feared consequences. Because this involves fewer than twenty people, we do not show which consequences they fear.

The share of participants who declined to answer a question is itself a finding, because it says something about how safe it feels to be open about this.

Participation and representativeness

The scan has been open since 1 september 2026 and is distributed by the organisation itself. Everyone within the organisation was invited, including colleagues who have no symptoms themselves, because this subject affects the whole workplace and because what colleagues think about it determines how openly it can be discussed.

Group	Number	Share
Menstruates, no signs of menopause yet	**98**	**35%**
Menstruates and also recognises menopause	**56**	**20%**
In or past the menopause, with symptoms	**56**	**20%**
Past menopause, no symptoms remaining	**0**	**0%**
Does not menstruate, is a woman	**0**	**0%**
Not applicable	**28**	**10%**
Prefers not to share anything	**42**	**15%**

The participants include 56 managers. With a participation rate of 56 percent the picture is reliable enough to base decisions on, with the caveat that applies to any voluntary survey: people with symptoms are likely to take part somewhat more often than people without. The results are therefore a well-founded indication and not an accounting truth.

The group for whom this does not apply and the group who preferred not to share anything are shown separately everywhere and are never added together.

Part 2

What is going on and what it costs

What is being lost, what employees experience and what the workplace allows.

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Signals from the cycle	13
What employees experience	15
Severity and capacity to work	16
How colleagues see it	17
What the workplace allows	19

What it costs the organisation

The largest loss lies not in absence but in working through symptoms. The calculation below covers three groups: 100 employees with cycle-related symptoms, 59 with cycle-related and menopausal symptoms and 59 with menopausal symptoms. Together that is 218 of the 220 female employees.

An employee who menstruates without recognising signs of the menopause loses an average of 5.2 working days a year in productive time. For those who menstruate and also recognise signs of the menopause it is 12.0, and for an employee in or past the menopause 7.4. These are days that are worked, but not at full strength.

The three groups below are mutually exclusive. Every employee falls into exactly one group, based on what she reported herself.

Item	Days per year	Indication
Working through cycle-related symptoms 5.2 days × 100 employees	**520**	**€145,600**
Working through cycle-related and menopausal symptoms 12.0 days × 59 employees	**708**	**€198,240**
Working through menopausal symptoms 7.4 days × 59 employees	**437**	**€122,360**
Employees without symptoms 2 employees, no costs	**0**	**€ 0**
Absence employees themselves attribute to these symptoms 1,0 × 100 + 0,9 × 59 + 1,6 × 59	**247**	**€69,160**
Total per year, working through symptoms and absence combined	**1,912**	**€535,360**

Absence has been calculated using the average number of absence days that participants themselves attribute to these symptoms: 1.0 days a year for cycle-related symptoms, 0.9 for cycle-related and menopausal symptoms and 1.6 for menopausal symptoms.

42 participants did not want to say anything about this. They are not included in this distribution.

28 participants answered an earlier version of this question and are not included in this distribution.

The numbers of employees follow from the ratio among participants and are rounded to whole persons. Where participant numbers are equal, this can cause a difference of one person.

The averages per group come from the participants in that same group and have been projected onto the whole workforce. Participants with symptoms are always somewhat better represented in a scan than employees without them, so the actual amount may be lower than the figure above.

Employees who still menstruate and also recognise signs of the menopause were not asked whether they call in sick for menopausal symptoms as well. That absence is therefore not included. In that respect the amount above is a lower limit.

Employees who manage their symptoms themselves by working from home or shifting their hours are counted here with zero absence days. Their symptoms are real, but they never appear in the absence figures.

When the answers about absence are converted, a period of three to five days counts as four days, six to ten as eight and one to two as one and a half days. More than ten days counts as twelve. That last value is an assumption and not a measurement.

One thing has deliberately been left out. Someone who works through symptoms for years grows used to them and may rate their own productivity on symptom days higher than it really is. We calculate only with what your employees entered themselves and add nothing to it, because any correction would be an assumption.

This is an indication based on self-reporting. The amount above, with twenty-five percent added and subtracted, gives a range of roughly €402,000 to €669,000 a year. Nationally, working through menstrual symptoms costs around 7.6 days a year, measured among 32,748 women (Schoep et al., BMJ Open 2019). In this organisation that figure is 5.0 days, calculated across all employees who menstruate. The same study found 1.3 absence days a year. That figure was measured differently from the absence question in this scan and is therefore not a benchmark for the absence shown above.

Calling in sick, working through it, or solving it yourself

The question about calling in sick has four answer options. Anyone who manages their symptoms by working from home or shifting their hours is counted neither in the absence figures nor among those working through symptoms. One group stands out: the participants who work through their symptoms when, by their own account, that is not really advisable.

16%

keeps working when, by their own account, they really should not

Calculated across the 210 participants who answered this question.

Answer	Menstruates, 154	In or past the menopause, 56	Together, 210
Does call in sick at times	52 (34%)	18 (32%)	70 (33%)
Solves it by working from home or shifting the schedule	46 (30%)	14 (25%)	60 (29%)
Keeps working, but really should call in sick	23 (15%)	10 (18%)	33 (16%)
Simply gets on with the work	33 (21%)	14 (25%)	47 (22%)

Both groups received the same four answer options, so the outcomes can be set side by side. Anyone who both menstruates and recognises the menopause is counted once, in the first column.

There is no clear difference between the two groups on this point.

What reason they give

This question went only to the 70 participants who sometimes call in sick.

Reason given	Together, 70
I only mention one of the symptoms, for example abdominal pain or a headache	28 (40%)
I call in sick without giving a reason	20 (29%)
I make up a different reason	14 (20%)
I say what is going on, so the symptoms themselves	8 (11%)

This breakdown is not shown, because one of the groups has fewer than twenty participants.

Of the 70 participants who sometimes call in sick, 89 percent do not mention that it concerns these symptoms. There is nothing wrong with that: an employee is not obliged to give a reason and an employer may not ask for one. What this figure does show concerns your administration. This absence takes place, but it is not recognisable as such in your figures and therefore cannot be managed with them. We call that the hidden absence. Nationally, about one in five women does say what it is about when calling in sick (Schoep et al., BMJ Open 2019). The difference between naming only a symptom and inventing another reason appears separately in the table, because the latter says something about how openly the subject can be discussed.

This is no reason to start recording the cause of absence. An employer is not permitted to do so, and it would not solve the problem either. The route runs the other way: the more ordinary it becomes to mention this, the less has to stay hidden.

Signals from the cycle

Below are two figures from the questions about cycle length and bleeding. They are signals to consult a doctor and emphatically not a diagnosis.

15%

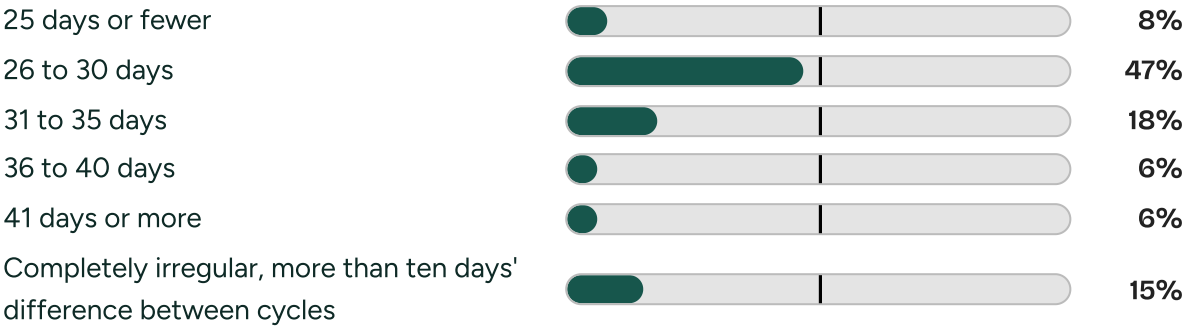
has an irregular cycle with more than ten days' difference, calculated over 145 participants who were able to give their cycle length

13%

has eight or more days of bleeding, calculated over 143 participants who were able to give that

Cycle length

Measured in this organisation

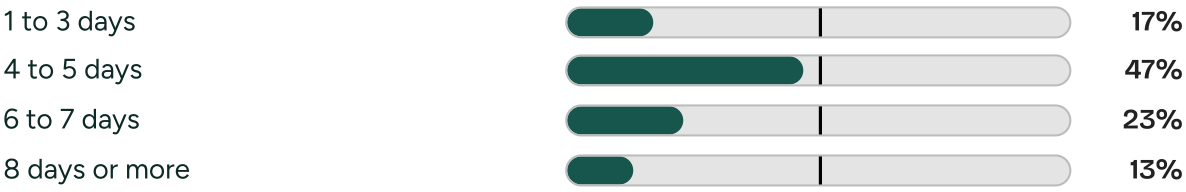


Counted separately, not included in the percentages above	Number	Of the 154 who received the question
I do not know	9	6%

Calculated across 145 participants who gave a substantive answer to this question. 9 participants chose an answer without content; they are shown separately above.

Days of bleeding

Measured in this organisation

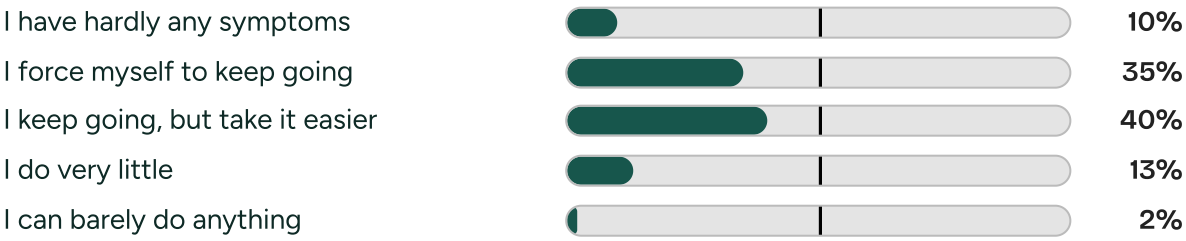


Counted separately, not included in the percentages above	Number	Of the 154 who received the question
I do not know	11	7%

Calculated across 143 participants who gave a substantive answer to this question. 11 participants chose an answer without content; they are shown separately above.

How participants who menstruate deal with their symptoms

Measured in this organisation



Calculated across the 154 participants who menstruate. This question went to everyone who menstruates, including those with few or no symptoms.

Sought medical care	Share
Consulted their GP	**31%**
Consulted a gynaecologist	**15%**

GP: calculated across the 154 participants who answered this question. Gynaecologist: calculated across the 154 participants who answered this question.

Nationally, 31 percent consulted their GP and 14 percent a gynaecologist (Schoep et al., BMJ Open 2019).

What employees experience

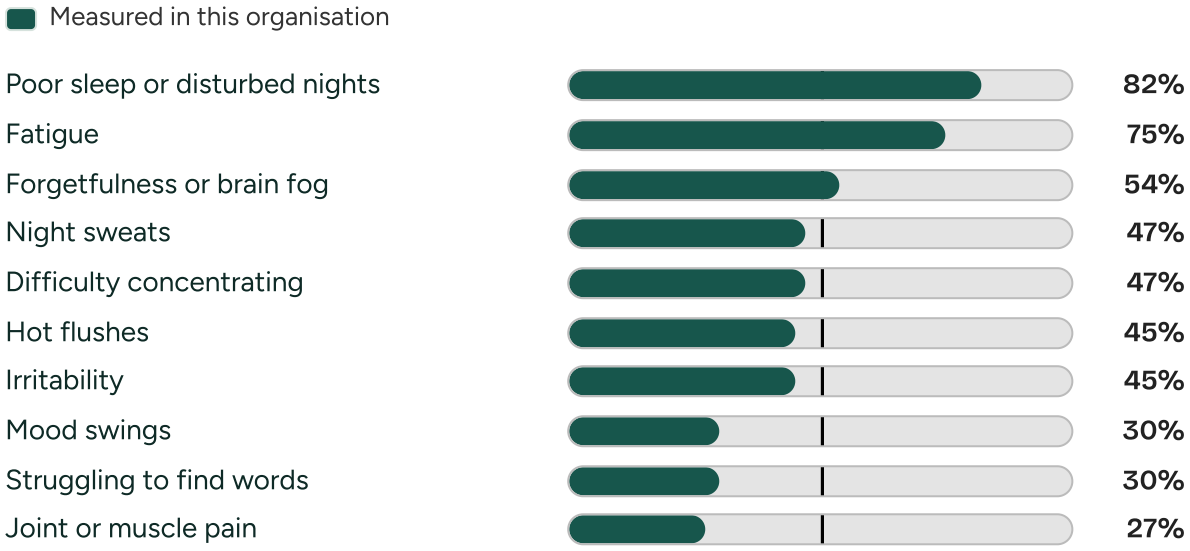
Of the 210 participants who gave a score for their symptoms, 44 percent rate their own symptoms 7 or higher. Below, the symptoms appear in two blocks: for menstruation these are days that return every month, for the menopause a period of years. The two lists therefore cannot be added together.

Symptoms around menstruation



Calculated across the 151 participants who menstruate and named one or more symptoms. In addition, 3 participants said they have no symptoms; they are not in the list. More than one answer was possible, so the percentages add up to more than a hundred.

Symptoms during the menopause



Calculated across the 111 participants who recognise menopausal symptoms, including those who still menstruate, and named one or more symptoms. In addition, 1 participant said she has no symptoms; she is not in the list. More than one answer was possible, so the percentages add up to more than a hundred.

Poor sleep or disturbed nights is the most frequently named menopausal symptom. Sleep is connected to concentration and energy at work.

Severity and capacity to work

Below is how severe participants rate their own symptoms and how much work they still get done on symptom days.

Physical and mental separately

Score	Average	Participants
Physical symptoms, such as pain, bleeding and fatigue	5.5	210
Mental symptoms, such as mood swings, low mood, irritability and brain fog	5.2	210
National, one combined score (indicative)	6.3	

37 percent of participants give the mental symptoms a higher score than the physical ones.

The grouping below and the key figure for severe symptoms are based on the higher of the two scores. The Radboudumc study found a national average of 6.3. There a single combined score was asked for, which makes this comparison indicative only.

Participants with menstrual symptoms

Group	Participants	Capacity to work on symptomatic days	Days lost per year
Rated 1 to 4	**24**	**87%**	**2.5**
Rated 5 and 6	**78**	**73%**	**5.1**
Rated 7 to 10	**52**	**65%**	**5.7**

Participants with menopausal symptoms

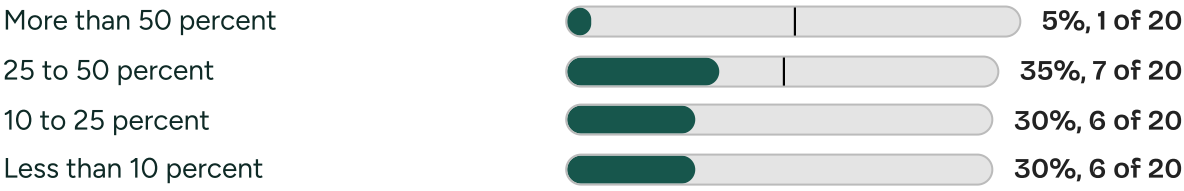
Group	Participants	Capacity to work on symptomatic days	Days lost per year
Rated 1 to 4	**22**	**86%**	**3.5**
Rated 5 and 6	**42**	**74%**	**7.3**
Rated 7 to 10	**48**	**64%**	**9.3**

Participants who rate their symptoms 7 or higher work on symptom days at an average of 65 percent of their normal output for menstruation and 64 percent for the menopause. At a rating of 4 or lower that is 87 and 86 percent.

How colleagues see it

Colleagues who have no symptoms themselves were asked what share of their colleagues they think are affected by menstrual or menopausal symptoms at work. 20 of them gave an estimate. The distribution of those estimates appears below.

Estimated, not measured



8 of the 28 colleagues who received this question chose no idea. They are not included in the distribution above.

Separately, 93 percent of the 210 participants who menstruate or are going through the menopause report that their work suffers on one or more days.

These two figures cannot be compared directly, because the questions do not measure the same thing. The estimate is about the share of colleagues thought to be affected, while the measurement is about the days people report themselves. What the estimates do show is the order of magnitude the people around them have in mind.

Participants more often know where to turn outside the company than inside it. Both percentages are low. That is the point of concern.

The openness index stands at 35 out of 100. It is built from five questions: how often the subject is discussed, how free employees feel to raise it, whether they know who to turn to inside the company, whether they know where to turn outside the company and whether managers have enough knowledge. The index is calculated across 210 participants who answered at least one of these questions, and for each participant only across the questions that participant answered. Colleagues who do not experience this themselves answered three of these questions about others and are therefore not included in the index.

Experienced first-hand against estimated

Three questions were asked twice: to participants who experience this themselves and as an estimate to colleagues who do not.

Question	Experienced directly, 210 participants personally affected	Estimated by others
Feels free to raise it with their manager, scale 1 to 5	**average 2.6**	**average 2.2**
Knows who to turn to within the company	**17% say yes**	**11% think so**
Knows where to turn outside the company	**28% say yes**	**29% think so**

Calculated across the 70 participants who gave an estimate: 28 colleagues without symptoms and 42 participants who preferred not to say whether this affects them.

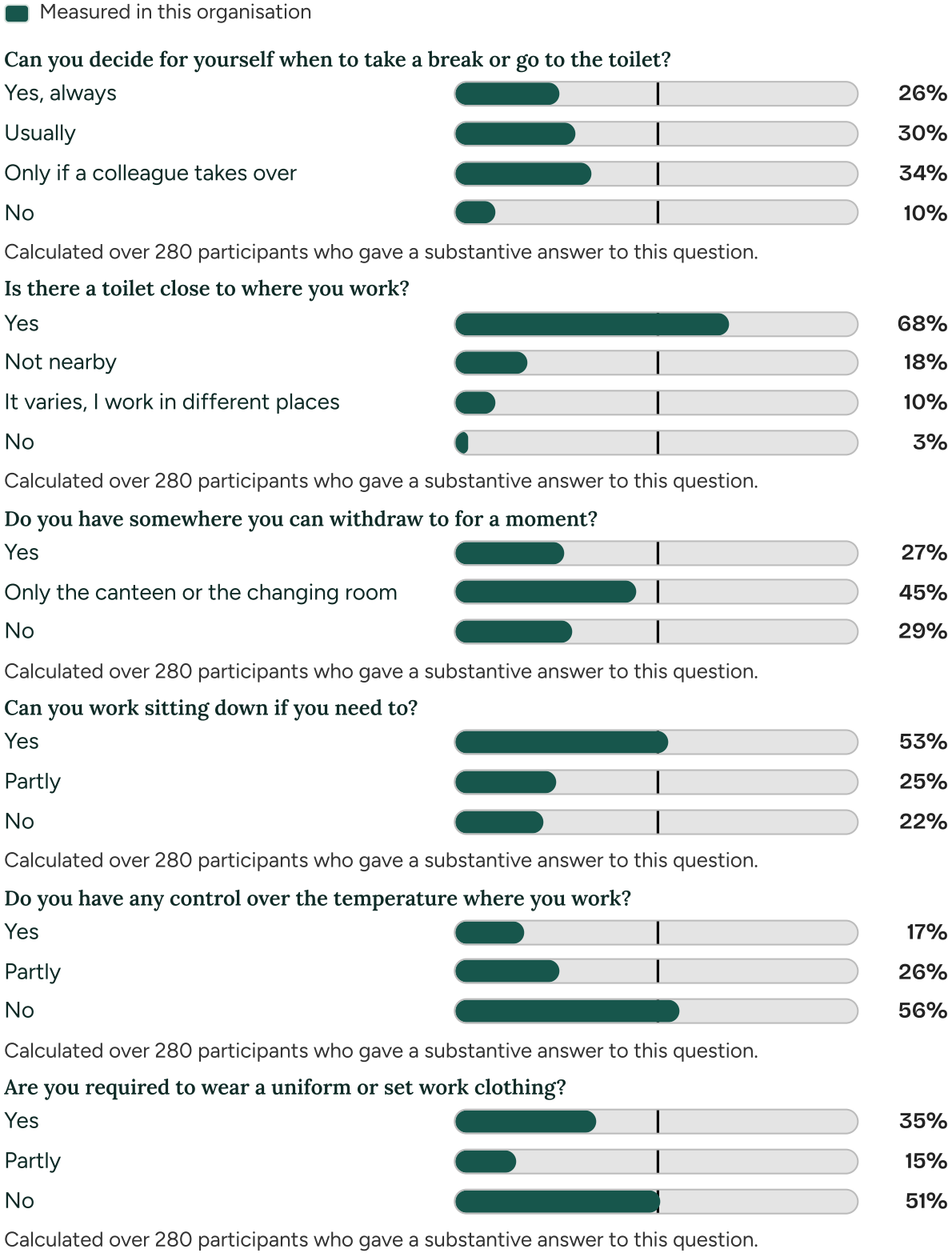
Colleagues who do not experience this themselves also sense little openness around the subject. Awareness sessions for all employees help to make the conversation ordinary.

Breakdown by type of contract

This breakdown is not shown, because one of the groups has fewer than twenty participants.

What the workplace allows

Which measures are feasible depends on what the workplace allows. These findings apply to all participants, including colleagues without symptoms.



Broken down by workplace

Constraint	All participants	In an office 115	In healthcare or education 88	In production or a technical role 23
Cannot decide for herself when to step away	**44%**	**10%**	**80%**	**78%**
No toilet near the workplace	**21%**	**5%**	**34%**	**48%**
No place to withdraw for a moment	**29%**	**17%**	**32%**	**52%**
Cannot work seated when needed	**22%**	**1%**	**33%**	**52%**
No influence over the temperature	**56%**	**45%**	**69%**	**96%**
Required to wear a uniform or set work clothing	**35%**	**1%**	**63%**	**87%**

The figure below each workplace category is the number of participants in that category. Each cell shows the share who reported an obstacle on that question, such as no, not nearby or a compulsory uniform. Workplace categories with fewer than twenty participants are not shown separately, because a small number quickly reaches a hundred percent and then says little.

54 participants fell into a workplace category with fewer than twenty participants and are therefore not shown separately in the table.

Part 3

What you can do

What employees ask for themselves, what is feasible, what it yields and how the figures were calculated.

What employees ask for themselves 22

Recommendations in three steps 25

Feasibility and support 27

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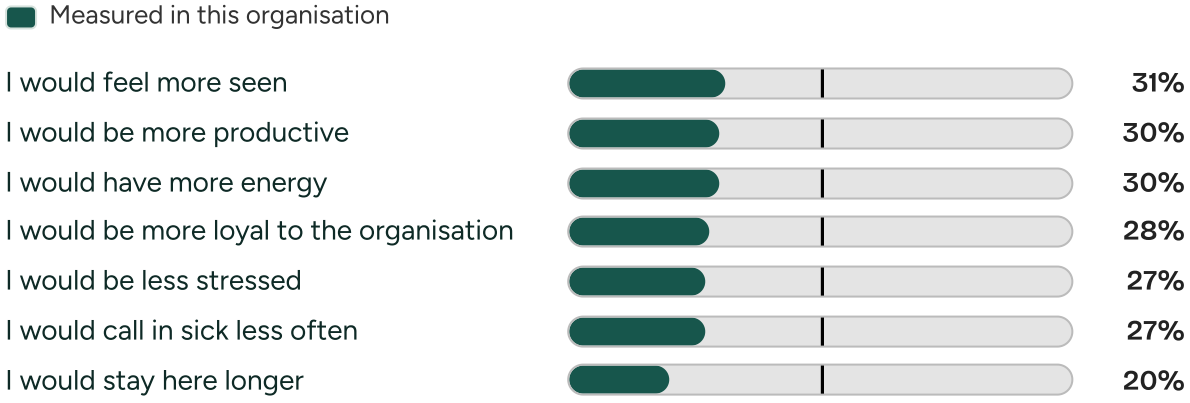
What employees ask for themselves



Calculated across the 210 participants the subject affects personally and who answered this question. Colleagues who do not experience this themselves were asked the same question about others; their answers appear separately below.

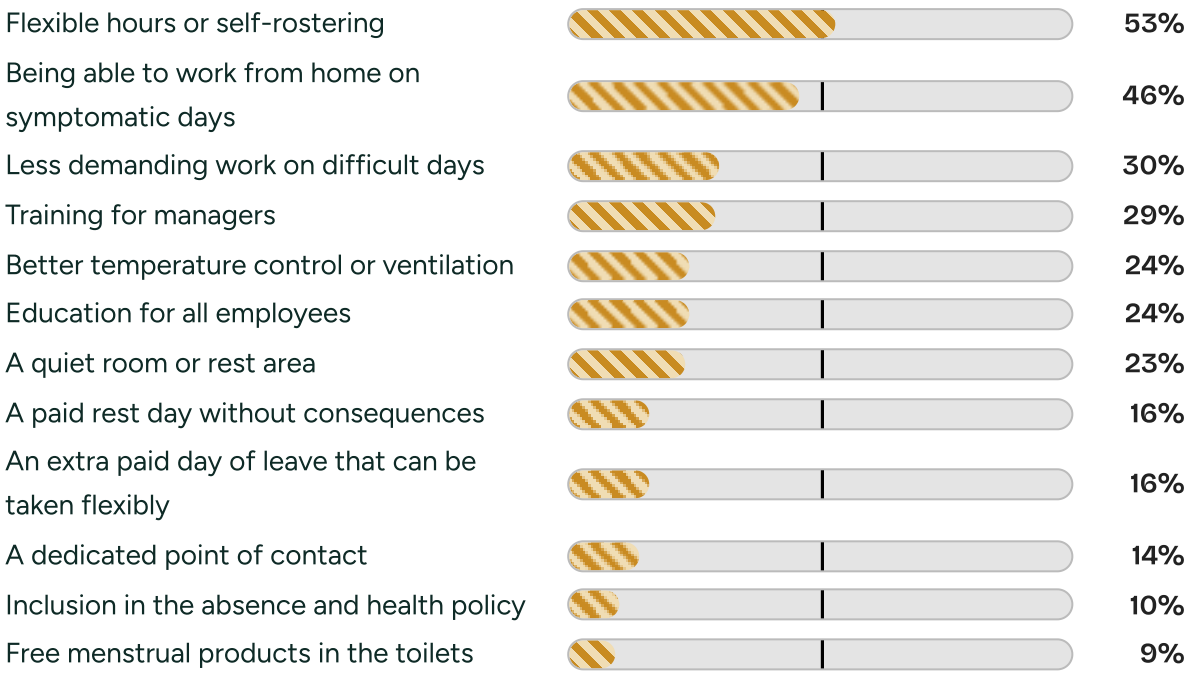
What they expect it would deliver



Calculated across the 210 participants who answered this question.

What colleagues would recommend

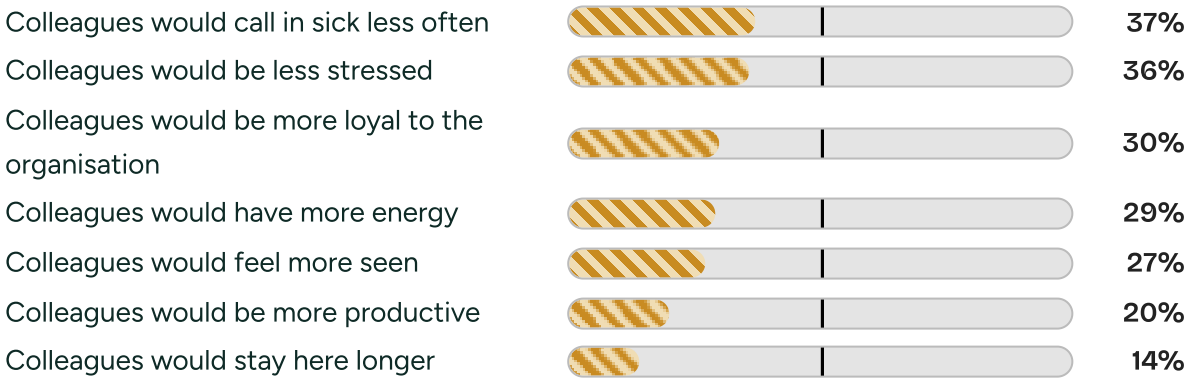
Estimated, not measured



Calculated across the 70 participants who gave an estimate: 28 colleagues without symptoms and 42 participants who preferred not to say whether this affects them.

What colleagues think it would achieve

Estimated, not measured



Calculated across the 70 participants who gave an estimate: 28 colleagues without symptoms and 42 participants who preferred not to say whether this affects them.

Comparison with other organisations

Once at least ten organisations and five hundred participants have completed the scan, we will show here how this organisation compares with the average of those organisations. Until then we compare with the national study by Radboudumc (Schoep et al., BMJ Open 2019).

Key figure	This organisation	National	Difference
Productive days lost per year to working through menstrual symptoms across 152 participants	5.0	7.6 BMJ Open 2019	2.6 days below the national figure
Productive days lost per year to menopause across 112 participants	7.4	not yet measured nationally	
Sickness absence days per year due to menstruation across 152 participants	0.9	not yet measured nationally	
Sickness absence days per year due to menopause across 56 participants	1.6	not yet measured nationally	
Calls in sick without saying it concerns these symptoms across 70 participants	89%	80% BMJ Open 2019	9 percentage points above the national figure
Considering reducing hours, stepping back or leaving across 112 participants	27%	not yet measured nationally	
Rates their own symptoms 7 or higher across 210 participants	44%	not yet measured nationally	
Openness index, 0 to 100 across 210 participants	35	not yet measured nationally	
Is affected by symptoms during work across 210 participants	93%	not yet measured nationally	

Source: Schoep et al., BMJ Open 2019, among 32,748 women. The national figure of 7.6 days is derived from the published 23 days of reduced productivity and a 33 percent loss on those days.

Published national figures

These figures come directly from the national research and were not measured in this organisation. They are included as background to the comparison above.

National figure	Outcome
Experiences reduced productivity at work	**over 80%**
Days per year with reduced productivity	**23 days**
Productivity loss on those days	**33%**
Average duration of menstruation	**5 days**
Would like more flexibility at work	**roughly two thirds**

Source: Schoep et al., BMJ Open 2019, among 32,748 women.

Recommendations in three steps

Step 1, the first four weeks

Begin with the measures that can be arranged straight away and have the most support. In this organisation those are flexible hours or self-scheduling and being able to work from home on symptom days. They call for little or no budget and are quickly noticed. Also make sure there is one place employees can go with a question, and make that place known.

Step 2, within six months

This calls for knowledge. Awareness sessions for all employees take the subject out of the taboo zone, and training for managers makes sure the conversation actually happens.

15 percent of participants preferred not to say anything about this. That calls for two things at once. From the organisation it asks that managers know how to hold this conversation and that it is clear who an employee can turn to. From employees it asks that they learn to say what they need. Alongside awareness sessions, therefore, consider training in holding that conversation, for both sides. Someone who has never learned to ask will not ask, even when asking is allowed.

10 percent of participants name a fixed point of contact as a measure they want. Consider training one or more employees as a cycle and menopause officer: someone within the organisation colleagues can turn to, who knows which adjustments are possible and who can advise managers. That keeps the knowledge in house and means the subject does not depend on a single session.

Also consider a demand-led learning platform, where employees choose for themselves what applies to them. Not everyone has the same question: one wants to know how to match her working week to her cycle, another is looking for an explanation of sleep and hot flushes, and a manager mainly wants to know how to open the conversation. Short modules that someone works through at their own pace fit that better than a single central session. A learning platform also makes visible which subjects are actually chosen. That too is information you can use in your policy.

Step 3, structural

This subject belongs in absence and health policy and in the appraisal cycle, without anything being recorded about the nature of an individual's symptoms. Measure again after twelve months, so you can see whether the openness index rises and how the lost days develop.

Feasibility and support

Of the 14 measures put to participants, 5 can be arranged straight away. Of those, 2 are named by more than a third of participants.

Measured in this organisation

Measure	Support, measured	Feasibility, our estimate	Recommendation
Flexible hours or self-rostering	60% (125 of 210)	Can be arranged straight away costs little to nothing and can be introduced within a few weeks	Do now
Being able to work from home on symptomatic days	55% (116 of 210)	Can be arranged straight away costs little to nothing and can be introduced within a few weeks	Do now
Less demanding work on difficult days	33% (69 of 210)	Can be arranged straight away costs little to nothing and can be introduced within a few weeks	Schedule
A quiet room or rest area	27% (57 of 210)	Requires investment costs money or the time of several people	Consider
Better temperature control or ventilation	25% (53 of 210)	Requires investment costs money or the time of several people	Consider
Education for all employees	22% (47 of 210)	Requires investment costs money or the time of several people	Schedule
An extra paid day of leave that can be taken flexibly	19% (40 of 210)	Requires a structural decision touches on terms of employment or on the layout of the building	Consider
Training for managers	17% (36 of 210)	Requires investment costs money or the time of several people	Schedule
Inclusion in the absence and health policy	13% (28 of 210)	Can be arranged through agreements requires consultation or a change to working arrangements, but no budget	Schedule
A dedicated point of contact	10% (22 of 210)	Can be arranged straight away costs little to nothing and can be introduced within a few weeks	Schedule
A paid rest day without consequences	10% (22 of 210)	Requires a structural decision touches on terms of employment or on the layout of the building	Consider

Free menstrual products in the toilets	10% (21 of 210)	Can be arranged straight away costs little to nothing and can be introduced within a few weeks	Schedule

The level of support was measured within your own organisation; the feasibility is our estimate based on what these measures require in practice and may turn out differently in your case.

Named by no one and therefore not in the table: a day of leave that can be made up later and access to professional support.

Measures that can be arranged straight away and have broad support are the wisest place to begin. Not because they necessarily deliver the most, but because they show fastest that something is changing.

What can be regained

Below are three scenarios based on the costs in the chapter on what this costs the organisation. Each scenario states the assumption the amount rests on and how strong the evidence for that assumption is. Strong means the effect has been demonstrated in randomised research, moderate that it is plausible but not established in figures, and indicative that it is a worked example meant only to convey the order of magnitude. In this report none of the scenarios comes out as strong. The amounts are not a promise. They show what is at stake and can be tested with a repeat measurement.

Scenario	Assumption	Strength of evidence	Indication per year
Flexibility on symptomatic days	Assumption: a fifth of the productivity lost to working through symptoms would fall away if employees could work from home or shift their hours on difficult days. That this effect occurs is plausible, but it is not established in figures.	Moderate	**€93,240**
Openness and knowledge	Assumption: a sixth of the absence that employees themselves attribute to these symptoms would be absorbed in another way, for instance by working from home or adjusted duties, if there were awareness sessions, training for managers and a fixed point of contact. That absence falls has not been demonstrated.	Indicative	**€11,480**
Retaining experienced employees	Assumption: of the employees in or past the menopause who are considering working less or stepping back, one in ten would stay with suitable arrangements. One replacement is calculated at 75 days of salary. That this effect occurs is plausible, but it is not established in figures.	Moderate	**€66,920**
Regained in total, across all three scenarios			**€171,640**

Sources for the assumptions. Flexibility on symptomatic days: working through symptoms is nationally the largest item, around 7.6 days a year against 1.3 days of absence (Schoep et al., BMJ Open 2019). That flexibility reduces this loss by a fifth is plausible but not established in figures. Openness and knowledge: in this organisation 89 percent of those who sometimes call in sick do not mention that it concerns these symptoms. As long as that remains so, a suitable solution is hard to find. This is a worked example and not a measurement. Retaining experienced employees: 27 percent of the 112 participants in or past the menopause who answered this question are considering such a step. Two days a week working from home reduced the number of leavers by a third in a randomised experiment among 1,612 employees, most strongly among women (Bloom, Han and Liang, Nature 2024). How much of that is achievable in this organisation is a worked example.

Notes on the method

The questions on calling in sick, the reason given, the cycle and use of care follow the questionnaire from the Radboud University Medical Centre study, so that the results are comparable with the published figures (Schoep et al., BMJ Open 2019, among 32,748 women).

Productivity loss is calculated in the same way as in that study: the number of days with reduced productivity multiplied by the productivity lost on those days. Absence days are calculated separately and appear in the cost table as a separate item. The total in that table is the loss from working through symptoms and from absence combined. Anyone who manages their symptoms by working from home or shifting their hours is not counted among those working through symptoms, and is counted in the absence figures with zero days.

For questions where several answers are possible, the order of the answers is randomised per participant, so that the position in the list does not influence the answer. The questions taken from the Radboud University Medical Centre study have been left in their original order.

The figures about participants apply to the participants who actually answered the question concerned. The denominator is therefore stated with each figure. The lost working days and the amounts apply to the organisation as a whole. For those, the average for each group has been applied to the number of employees in that same group. That number follows from the share each group has among the female participants, applied to the number of women the organisation supplied itself, and multiplied by the daily employment costs the organisation also supplied. The range on the costs is 25 percent below and above. In the scenarios, one replacement is calculated at 75 days of salary.