

The Endo-Inclusive Workplace Model (EIWM): Addressing Workplace Discrimination and Advancing Career Equity for Employees with Endometriosis

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ABSTRACT

Endometriosis is a chronic and often debilitating condition affecting millions of individuals worldwide, yet it remains largely overlooked in workplace policies and practices. This study explores the systemic discrimination faced by employees with endometriosis, examining the barriers to equitable employment, career advancement, and workplace accommodations. Despite increasing recognition of menstrual health in corporate diversity and inclusion efforts, endometriosis is still not adequately addressed, leaving affected individuals vulnerable to stigma, job insecurity, and workplace exclusion.

The study proposes the Endo-Inclusive Workplace Model (EIWM) as a structured framework to promote workplace inclusivity for individuals with endometriosis. EIWM consists of four key components: policy reform, flexible work arrangements, education and training, and support systems. By embedding chronic illness protections into corporate policies, offering flexible work options, educating managers on endometriosis-related challenges, and establishing employee support networks, organizations can create a more inclusive and equitable work environment.

Findings highlight that workplaces adhering to the traditional “ideal worker” norm often

fail to accommodate employees with chronic illnesses, leading to reduced productivity, absenteeism, and job loss. Implementing EIWM not only benefits employees with endometriosis but also enhances overall workplace morale, job satisfaction, and retention rates.

This study underscores the urgent need for systemic change in workplace structures to ensure individuals with endometriosis can participate fully and fairly in the workforce. Future research should focus on evaluating the effectiveness of EIWM and expanding discussions on chronic illness inclusion in workplace diversity initiatives.

“I remember the day vividly, as if it had etched itself into my mind. I was sitting in a doctor's office, overwhelmed by pain, anxiously waiting for answers. My thoughts were scattered, consumed by the uncertainty of what was happening to my body. Then, my phone buzzed. It was work, demanding a sick note before I even knew what was wrong with me. Later, instead of offering any support, she told me to write a work think piece' about my condition, mocking my struggle as if it were an inconvenience rather than a legitimate health issue. That moment was a stark realization: endometriosis is invisible in the workplace, and It's not just the physical pain that weighs on individuals. It's the stigma, the scepticism, and the lack of accommodations

that turn an already difficult battle into a career-defining obstacle” FZ Juqu

Keywords: *Endometriosis, Employment Discrimination, Social Inclusion, Chronic Disease, Health Policy, Flexible Work Arrangements, Sex Factors, Health Equity*

1. INTRODUCTION

Endometriosis is a chronic and inflammatory disease characterised by the presence of ectopic endometrial tissue at extrauterine sites, often leading to severe pain. It is estimated to affect approximately 10% of girls and women of reproductive age (World Health Organization [WHO], 2023). However, because the symptoms of endometriosis may be nonspecific, endometriosis remains widely undiagnosed, with the true prevalence difficult to approximate. Estimates suggest that up to 60% with the disease is undiagnosed (Estes, 2020). The challenges associated with diagnosing endometriosis stem from the variation in symptoms, which can range from mild discomfort to debilitating pain, often resembling other gynaecological and gastrointestinal conditions (WHO, 2023).

Endometriosis significantly reduces an individual's quality of life (QoL) (WHO, 2023) leading to an impact on women's psychological and physical health (Missmer, et al, 2022). The symptoms associated with the disease contribute can cause disruptions in work activities, as individuals struggle to manage them while maintaining their responsibilities. In recognition of these challenges, the World Health Organization has placed menstrual health on the global agenda (WHO, 2022). This initiative highlights the far-reaching consequences of conditions like endometriosis, particularly their impact on education, employment, and gender equality, (WHO, 2022), reinforcing the need for non-discriminatory policies that support affected individuals

Managing endometriosis in the workplace requires additional effort, including coping with social stigma, accessing appropriate medical care, and securing workplace

accommodations (Blake et al., 2024). Furthermore, the chronic nature of endometriosis contributes to physical limitations such as reduced energy levels, impaired mobility, and difficulties in performing daily activities and self-care, all of which can further hinder work performance and personal well-being (Surrey et al., 2019).

The economic cost of endometriosis is also substantial, as productivity losses due to absenteeism and presenteeism have been reported to reach approximately \$15,737 per affected working woman annually (Sasaki et al., 2022). These costs not only reflect the burden on individuals but also on employers and national economies, as the loss of productivity translates into financial strain on businesses and healthcare systems.

Given the significant personal, social, and economic consequences of endometriosis, it is crucial to continue advancing research, policy interventions, and workplace accommodations that support affected individuals. Addressing the gaps in diagnosis and treatment, increasing awareness, and fostering inclusive work environments can help mitigate the challenges posed by this debilitating condition

2. Rationale of the study

The participation of women in the workforce has been steadily increasing over the past few decades, and they currently make up approximately half of the working population (Peeters, 2023). This demographic shift has promoted discussions on workplace policies and employment practices that govern the workplace, as well as overall work culture. In particular, the impact health conditions, such as endometriosis, on women's working lives has received increasing attention in recent years. However, despite this, globally, organisational reluctance and resistance to develop and implement menstrual health guidelines persist (Karin, 2023). The lack of institutional support and workplace accommodations creates barriers for

employees with endometriosis, leading to career stagnation, increased absenteeism, and potential job loss. Therefore, this study seeks to explore the intersection of workplace discrimination and endometriosis, highlighting the structural and systemic challenges that hinder affected employees' professional growth. The rationale for this study is twofold:

2.1 Addressing an Overlooked Workplace Inequality

Chronic illnesses, particularly related to reproductive health, are often stigmatised in professional environments (Howe, et al, 2024 A). Endometriosis, a condition with significant stigma, often results in employees facing bias, discrimination, and limited accommodations in the workplace (Howe, et al, 2024B). Many organisations fail to implement supportive policies for women with endometriosis, leaving affected employees without the necessary resources to manage their condition effectively while maintaining their professional responsibilities (SperSchneider, et al, 2019). Without proper recognition of the challenges posed by endometriosis, affected individuals may experience higher rates of absenteeism and presenteeism, ultimately impacting job performance and overall career progression (SperSchneider, et al, 2019). By bringing attention to these issues, this research aims to contribute to the broader discourse on workplace inclusivity and advocate for meaningful policy changes that ensure equitable treatment and support for employees with endometriosis.

2.2 Proposing a Structured Solution: The Endo-Inclusive Workplace Model (EIWM)

In a study conducted by Gremillet, et al (2023), participants expressed that their workplace experience could be improved through greater recognition of endometriosis. They emphasised the need for increased awareness, both among the general public and within professional circles, to foster understanding and reduce

stigma. Additionally, they highlighted the importance of workplace accommodations, such as flexible working hours that align with symptom severity and greater flexibility in work location, to better support those managing the condition (Gremillet et al., 2023). To address these challenges, this study introduces the Endo-Inclusive Workplace Model (EIWM). The EIWM is a framework designed to foster supportive, inclusive, and equitable work environments for individuals with endometriosis. By providing this framework, the study aims to provide organisations with practical and actionable strategies to improve employee well-being, reduce productivity losses, and enhance talent retention.

3. MATERIALS AND METHODS

This study employs qualitative secondary data analysis to explore the intersection of workplace discrimination and endometriosis. The aim is to investigate how endometriosis affects individuals' work ability, productivity, career progression, and experiences of discrimination within the workplace. This analysis draws upon existing research articles, reports, workplace studies, and other relevant literature that provide qualitative insights into the experiences of individuals with endometriosis across various sectors and countries. By examining these secondary qualitative data sources, this study seeks to contribute to the discourse on workplace inclusivity and advocate for policy changes that better support employees living with endometriosis.

The study relies on a variety of qualitative secondary sources, including academic journal articles, reports from non-governmental organisations (NGOs), workplace studies, policy documents, and case studies. These sources offer in-depth insights into the experiences of individuals with endometriosis in the workplace. Key sources included: peer reviewed academic journal that examine the impact of endometriosis on work ability, workplace discrimination, and career development;

organisational reports published by health organisations that address the economic, emotional, and professional challenges faced by individuals with endometriosis in the workplace; and qualitative studies conducted within various industries that investigate how endometriosis influences work life, absenteeism, presenteeism, job satisfaction, and discrimination..

3.1 Scope of the Literature

The literature review focused on studies published in English between 2010 and 2024, with a global scope. The study prioritised studies from developed and developing countries. It considered studies from all industries that provided valuable insights into the experiences of individuals with endometriosis. The study prioritised studies that focus on the experiences of individuals with endometriosis, including individuals from diverse racial and ethnic backgrounds. It also considered studies that examine the experiences of individuals with endometriosis from various socioeconomic backgrounds. By focusing on these specific populations, the study aims to provide a comprehensive understanding of the intersection of workplace discrimination and endometriosis.

4. LITERATURE REVIEW

Endometriosis remains widely misunderstood and often stigmatised in professional environments (Bam, 2025). Despite its prevalence, many individuals living with endometriosis often face significant challenges in the workplace, ranging from lack of awareness and inadequate accommodations to overt discrimination (Bam, 2025). This section explores the existing literature on workplace discrimination faced by individuals with endometriosis, the barriers to career advancement they encounter, and introduces a framework for fostering more inclusive workplaces: the Endo-Inclusive Workplace Model (EIWM).

4.1 Endometriosis and Its Impact on Employment

Endometriosis is a debilitating condition characterised by severe pelvic pain, fatigue, and other symptoms that significantly affect the QoL (WHO, 2023). These symptoms often lead to increased absenteeism and reduced work performance, ultimately impacting an individual's ability to fulfil their professional responsibilities and achieve career goals (Missmer et al., 2022). Zhu et al. (2022) argue that the impact of these symptoms on work performance often leads to a cycle of job instability and financial insecurity for those with endometriosis. Missmer et al. (2022) corroborate this view, indicating that the condition's impact on work attendance and productivity creates a heightened risk for job loss and career stagnation.

Research highlights that individuals with endometriosis experience a higher likelihood of job loss, reduced working hours, and financial instability due to their condition. Soliman et al. (2017) found that women with endometriosis were at an increased risk of experiencing diminished income and employment opportunities, which exacerbates their financial vulnerability. These findings align with Culley et al. (2013), who argue that the "invisible" nature of the condition often leads to scepticism from employers and colleagues, discouraging employees from disclosing their symptoms or requesting accommodations. This lack of understanding fosters a work environment where individuals may feel compelled to endure pain rather than seek support, fearing that doing so could affect their job security or career progression (Jones et al., 2020).

The economic burden of endometriosis is not only felt by individuals but also by organisations. Surrey et al. (2019) argue that absenteeism and disability linked to endometriosis cost the U.S. economy approximately \$2,132 per patient annually, excluding the losses from presenteeism, which refers to reduced efficiency at work despite being present. This is further

supported by Sasaki et al. (2022), who estimate that the annual productivity loss per working woman with endometriosis amounts to \$15,737. Howe et al. (2024) report that absenteeism and presenteeism related to endometriosis cost U.S. organisations roughly \$10,177.54 per employee annually. These economic estimates demonstrate the substantial financial impact of endometriosis, not only on individuals but also on employers, underscoring the need for policy changes to better support affected employees.

The effects of endometriosis on work performance are particularly concerning, as studies indicate that individuals with the condition miss between 3–13% of work time due to absenteeism, and the symptoms of pain and fatigue can reduce productivity by 14–65% (Surrey et al., 2019). Estes et al. (2020) provide further evidence of the condition's detrimental impact, revealing that women with endometriosis in Denmark lost an average of 10.8 work hours per week due to reduced productivity. This further highlights the profound impact of endometriosis on professional life.

4.2 Workplace Discrimination and Gendered Health Bias

The intersection of gender bias and chronic illness discrimination is a recurring theme in workplace studies. Women with menstrual health conditions, such as endometriosis, often experience absenteeism, which significantly impacts their work experience, resulting in a gap in occupational health outcomes (Zhu, et al, 2022). Gendered expectations in professional environments often disadvantage women with endometriosis, as they are perceived as less capable of handling leadership roles or high-responsibility tasks due to their health condition (Williams & Dempsey, 2014). Poor reproductive health can have lasting effects on both health and career outcomes for women (Sasaki et al., 2022).

Workplace discrimination manifests in several ways:

4.2.1 Structural Barriers: These include a lack of flexible work arrangements, sick leave policies that do not accommodate chronic illness, and rigid productivity expectations. Røssell et al. (2025), argue that women with endometriosis face a higher risk of work loss, whether through short- and long-term leave, disability, or early retirement. Many women with endometriosis are hesitant to disclose their symptoms due to fear of being pressured to quit their jobs (Krsmanovic & Dean, 2022). Gremillet, et al (2023) found that many women with endometriosis prefer to fabricate reasons for repeated absences, fearing that endometriosis-related pain would not be seen as a valid excuse. The male-dominated work environments contributed to this lack of understanding and support (Gremillet et al., 2023). Additionally, some women may feel uncomfortable discussing their symptoms with male employers, contributing to their reluctance to speak openly about their condition (Jones et al., 2020).

4.2.2 Interpersonal Bias: Negative attitudes from supervisors and colleagues often arise when women with endometriosis take time off for health reasons. These individuals are seen as less committed or unreliable (Zhu et al., 2022). Many women with endometriosis downplay the severity of their symptoms for fear of being labelled as hypochondriacs or being criticised for their absences (Krsmanovic & Dean, 2022). This intersection of gendered and health-related discrimination is compounded by the invisible nature of endometriosis. Often misunderstood as merely a menstrual disorder rather than a full-body disease, endometriosis sufferers face greater discrimination because their condition is not easily recognised or understood by colleagues and employers (Howe et al., 2024B).

4.2.3 Institutional Discrimination: The absence of specific policies addressing chronic reproductive health conditions, such

as endometriosis, within diversity and inclusion frameworks exacerbates workplace discrimination. Pittman et al. (2018) argue that the lack of clear policies or guidelines to manage endometriosis symptoms at work contributes to increased absenteeism and decreased productivity. Workplace cultures that do not account for the challenges women face due to endometriosis further discourage affected employees from speaking up or requesting accommodations (Howe et al., 2024B). Many women with endometriosis are unaware of any available policies to assist them, with respondents in one study revealing that they had exhausted most of their sick leave due to symptoms (Howe et al., 2024A).

4.2.4 Economic Discrimination: Women with endometriosis are often faced with economic discrimination, resulting in reduced earning potential and job instability. A study by Krystle (2023) highlighted that many women with endometriosis reported financial hardship due to their condition. In the U.S., the direct medical costs associated with treating endometriosis, including physician visits, emergency room charges, and pharmacy costs, range between \$12,000 and \$15,000 per year per patient (Missmer et al., 2021). Additionally, women with endometriosis tend to leave the labour market earlier than the general female population, losing more working years to unemployment and voluntary early retirement. Estes et al. (2020) found that women diagnosed with endometriosis experienced \$620 less salary growth in the first year compared to their peers, with the cumulative salary difference amounting to \$2,168 over five years (\$4,906 vs. \$7,074, respectively).

4.2.5 Health-Related Career Penalties: Becker et al. (2019) identified health-related career penalties faced by women with chronic illnesses like endometriosis. These women are often relegated to lower-paying, less demanding roles to accommodate their

medical needs, which further exacerbates gender-based income disparities. The unpredictability of symptoms means these women tend to miss work frequently, resulting in fewer raises, bonuses, or opportunities for career advancement. In some cases, women with endometriosis are pressured into part-time or contract roles instead of being offered full-time, stable positions (Røssell et al., 2025). The combined effects of workplace discrimination, economic disadvantages, and the physical toll of endometriosis contributes to a cumulative disadvantage for affected women in the workplace, both in terms of income and career progression.

4.3 Barriers to Career Advancement

Historical research on workplace inequalities found that individuals with chronic illnesses often struggle to progress in their careers due to systemic biases (Vickers, 2011). In 2024, Martin-Roman, et al (2024) stated that there are health conditions that prevent women from exerting high effort levels. Women with endometriosis report being overlooked for promotions, denied leadership opportunities, and even facing employment termination when they request accommodations (Howe, et al, 2024A). On the other hand, many individuals experience presenteeism, they continue working despite being unwell, which results in decreased productivity and eventual burnout. This cycle perpetuates career stagnation, as employees are unable to meet performance expectations in an unsupportive work environment (Becker, et al, 2019).

Sperschneider et al. (2019) highlight the significant impact of endometriosis on women's careers, with around 40% reporting impaired career growth and 50% experiencing reduced work capacity. The lack of workplace accommodations contributes to frequent sick leave, lower productivity, and job insecurity. Some women report a lack of policies regarding sick leave or the ability to modify their work environment to suit their needs

(Sperschneider et al., 2019). This lack of support contributes to feelings of frustration, burnout, and, ultimately, a diminished quality of life both at work and at home.

Moreover, the impact of psychosocial workplace factors on endometriosis-related health issues, including menstrual disorders, has been examined in several studies. In 2020 Sasaki et al. found that stress and unsupportive work environments exacerbate menstrual issues, further diminishing workers' QoL and work capacity. Endometriosis is responsible for productivity losses estimated at \$15,737 per working woman annually due to absenteeism and presenteeism (Sasaki et al., 2020). The psychosocial impact of the disease, coupled with a lack of recognition and support from employers, further hampers women's career advancement and life satisfaction.

5. Findings

The findings highlight significant challenges faced by individuals with endometriosis in professional settings, revealing significant barriers to career progression, economic stability, and overall workplace participation. The key challenges stem from stigmatisation, lack of workplace accommodations, and systemic discrimination. These challenges are examined through themes that emerged from the literature and empirical studies on workplace experiences of individuals with endometriosis.

5.1 Prevalence of Workplace Discrimination

A substantial proportion of individuals with endometriosis report experiencing discrimination at work, stemming from both explicit bias and subtle systemic exclusion. Workplace cultures often dismiss or minimise menstrual health concerns, leading to a lack of understanding and support. Key findings include:

- **Doubt and scepticism:** Many women with endometriosis encounter doubt from employers and colleagues

regarding the severity of their symptoms (Gremillet et al., 2023). In some cases, women with endometriosis are subjected to derogatory menstrual-related comments that justify stereotypes about laziness or diminished work ethic. Additionally, women with endometriosis are dismissed as over-exaggerating their condition, making it difficult for them to receive necessary workplace accommodations (Gremillet, et al, 2023).

- **Negative career repercussions:** Women with endometriosis are often passed over for promotions or forced to reduce their working hours due to the challenges of managing their condition (Bam, 2025). Fear of being perceived as unreliable discourages them from disclosing their symptoms, yet without disclosure, their frequent sick leave or flexible work arrangements may be misinterpreted as a lack of dedication (Howe et al., 2024A). Some women with endometriosis report impaired career growth due to being marked low on professional performance (SperSchneider, et al, 2019).
- **Structural mismatch and power dynamics:** Workplace gender imbalances, a lack of menstrual education, and rigid occupational structures contribute to discrimination and harassment (Karin, 2023). Those who require accommodations face stigma, with supervisors and colleagues perceiving them as less competent. More than half of the women surveyed in one study reported that endometriosis has led to slower professional advancement (Gremillet et al., 2023).

5.2 Impact on Career Advancement

The unpredictable nature of endometriosis presents significant barriers to long-term career development. Women with the condition often struggle to maintain professional trajectories due to inflexible workplace policies, stigma, and physical

limitations. The research highlights several key factors:

- **Lack of workplace accommodations:** Many workplaces fail to implement policies that support employees with chronic illnesses. Women with endometriosis frequently face difficulties related to limited sick leave, inadequate facilities, and an inability to adjust work schedules to accommodate their symptoms (Sperschneider et al., 2019).
- **Legal and ethical concerns:** The failure to accommodate endometriosis raises concerns related to occupational health and safety (OHS), as well as employees' rights to privacy, non-discrimination, and workplace participation (Olsen, 2023).
- **Health implications of work dissatisfaction:** Limited career mobility and unfulfilling work environments have been linked to increased levels of fatigue, headaches, and mood disorders (Sperschneider et al., 2019). The inability to work in a desired occupation not only affects financial stability but also has broader implications for mental and physical well-being.

5.3 Workplace Culture and Stigma

Workplace culture plays a crucial role in shaping the experiences of individuals with chronic illnesses. Findings suggest that:

- **Endometriosis remains a taboo:** People living with endometriosis, experience various taxonomies of stigma or discrimination whether or not they have disclosed their endometriosis symptoms (Howe, et al, 2024A). Gendered workplace dynamics make it particularly difficult for women to discuss their condition with male colleagues and supervisors (Krsmanovic & Dean, 2022).
- **Fear of disclosure and exclusion:** Employees with endometriosis fear revealing their condition due to potential repercussions, including exclusion from key projects or managerial scepticism

(Olsen, 2023). Even when menstrual leave policies are introduced, some women worry that taking advantage of these policies will make them appear less competitive than colleagues who do not require accommodations (Zhu, 2020).

- **Supervisory attitudes and presenteeism:** In workplaces where presenteeism are encouraged, individuals with endometriosis feel pressured to work through pain rather than taking medical leave (Blake et al., 2024). This contributes to a culture where employees prioritise job security over their well-being. Attendance requirements describe the negative consequences of being absent for the individual, such as catching up on missed work, stress, and job insecurity. Additionally, personal factors like financial difficulties and a tendency to overcommit to work further contribute to this phenomenon (Peeters, 2023).

5.4 Economic Burden and Productivity Loss

The economic impact of endometriosis is substantial, not only for affected individuals but also for the broader workforce. Studies indicate that between 66% and 75% of the total costs associated with endometriosis arise from decreased productivity rather than direct medical expenses (Sperschneider et al., 2019). Women with endometriosis experience an average productivity loss of 45%, with presenteeism accounting for four times the loss compared to absenteeism (Surrey et al., 2019). The pressure to remain present at work despite debilitating symptoms leads to decreased efficiency, increased stress, and greater long-term economic consequences.

5.4 The Need for the Endo-Inclusive Workplace Model (EIWM)

The findings from recent workplace studies make a compelling case for the introduction of an Endo-Inclusive Workplace Model (EIWM) to tackle the systemic barriers

faced by individuals with endometriosis. Many participants highlighted the need for workplaces to recognise endometriosis as a legitimate and significant health challenge. Clearer corporate policies that explicitly acknowledge the condition would go a long way in ensuring that individuals with endometriosis are not marginalised in the workplace (Peeters, 2023; Howe, et al., 2024A). Additionally, the need for flexible work schedules and remote work options was a recurring theme which would allow employees to better manage their health while maintaining productivity (Sperschneider, et al., 2019; Zhu, et al., 2022; Howe, et al., 2024A; Olsen, 2023). Moreover, the necessity for mandatory training programs for employers which would aim to reduce stigma and increase awareness about endometriosis, ensuring that employers are well-equipped to support their employees with the condition (Howe, et al., 2024A; Howe, et al., 2024B). Lastly, participants emphasised the importance of well-being support programs that are tailored to address chronic pain and reproductive health needs (Blake, 2024). By implementing an EIWM, organisations would bridge the gap between employer expectations and the health realities of employees living with endometriosis. This approach would not only address the practical needs of affected individuals but also contribute to a more inclusive and equitable workplace culture.

6. DISCUSSION

The findings reveal a significant disconnect between workplace policies and the lived experiences of individuals with endometriosis. This discussion interprets these findings within gendered workplace discrimination, chronic illness inclusion, and the Endo-Inclusive Workplace Model (EIWM) as a potential solution.

6.1 Workplace Discrimination and Endometriosis

The participation of women in the workforce has increased due to improved

educational opportunities and labour shortages (Sasaki et al., 2022). However, workplace structures continue to systemically favour the “ideal worker”, one who aligns with masculine bodily norms. This results in the perception that women’s bodies and by extension, women themselves are “hormonal, and unreliable.”

Studies comparing women with confirmed endometriosis to a matched control group indicate that the disease forces some women to seek work outside of their desired professions, leading to health-related limitations in career choices. These findings are concerning because career satisfaction and autonomy in professional decision-making are critical to overall well-being (Missmer et al., 2022). When women with endometriosis feel compelled to reduce working hours or accept less desirable jobs, the downstream effects can be significant impacting financial stability, relationships, social engagement, and lifestyle choices, including travel.

6.2 Endometriosis as an Invisible Workplace Disability

One of the key challenges identified in the findings is that endometriosis is an “invisible illness,” meaning its symptoms are not outwardly apparent to employers or colleagues. This leads to scepticism, minimisation, and a lack of accommodations, as those without firsthand experience of the condition struggle to recognise its severity. Research on workplace discrimination against individuals with chronic conditions suggests that when symptoms are not visible, employers are less likely to provide support (Williams & Dempsey, 2014).

The findings align with existing literature on workplace discrimination against individuals with other invisible chronic illnesses, which shows that a lack of visible symptoms reduces employer empathy and workplace support (Vickers, 2011). Endometriosis follows the same pattern, with employees facing doubt, dismissal, and career stagnation. For many, the reluctance

to disclose their condition stems from fears of being labelled as weak, unproductive, or high maintenance, which can lead to missed career opportunities, exclusion from promotions, and job insecurity.

To address this issue, organisations must acknowledge endometriosis as a legitimate workplace disability, ensuring that employees have access to flexible work arrangements, reasonable accommodations, and supportive workplace cultures. This shift requires leadership awareness, policy reform, and a redefinition of productivity, moving beyond outdated notions of presenteeism to embrace a more inclusive and adaptable workforce.

6.3 Gendered Health Bias and Workplace Stigma

The discussion of gendered health bias is critical in understanding why endometriosis-related workplace discrimination persists. Endometriosis predominantly affects individuals assigned female at birth, which means it is often framed as a “women’s issue” rather than a legitimate workplace concern. Historically, conditions related to menstrual and reproductive health have been dismissed, medicalised, or trivialised, leading to limited workplace accommodations and inadequate policy interventions.

The findings suggest that many individuals with endometriosis fear disclosing their condition due to stigma. This aligns with broader research on reproductive health in the workplace, which finds that employees often avoid discussing menstrual and gynaecological health issues due to fears of being perceived as weak, unprofessional, or overly demanding (Seear, 2010). The reluctance to disclose stems from societal narratives that equate professionalism with endurance and resilience, discouraging discussions on pain, fatigue, and other debilitating symptoms.

This reinforces existing gendered workplace inequalities, as individuals with endometriosis are less likely to be promoted or retained in leadership positions. The

combination of stigma, lack of accommodations, and biased workplace structures creates a cycle where employees with endometriosis must choose between managing their health and maintaining career stability. The failure to recognise endometriosis as a serious, work-impacting condition perpetuates gendered ableism, further entrenching workplace disparities.

6.4 Barriers to Career Advancement: Systemic Exclusion of Chronic Illnesses

The findings reveal that individuals with endometriosis face significant barriers to career progression, including being denied promotions due to perceived unreliability, working through severe pain to “prove” their commitment, and being pressured into part-time roles or lower-responsibility positions. These experiences align with broader workplace inequalities, particularly the glass ceiling effect and the maternal wall phenomenon, where women face career stagnation due to biases that assume they cannot handle high-pressure roles. However, in the case of endometriosis, the bias is health-related rather than parental, making it a distinct yet similarly exclusionary form of workplace discrimination.

Employers often assume that individuals with chronic, fluctuating illnesses are incapable of leadership roles due to the unpredictability of their health, reinforcing systemic exclusion. Instead of accommodating employees with endometriosis through flexible schedules, symptom-responsive workloads, or adaptive leadership pathways, workplaces often sideline them, assuming that their condition makes them inconsistent, unreliable, or unfit for high-responsibility positions.

A dominant theme that emerged in the findings is presenteeism, where employees continue working despite being unwell. Individuals with endometriosis frequently feel compelled to hide their condition and push through severe symptoms to avoid being penalised or perceived as weak. This not only worsens their health but also perpetuates a cycle of invisibility, where

employers fail to recognise the severity of endometriosis because employees mask their struggles. The normalisation of presenteeism in professional environments exacerbates workplace exclusion, as it discourages individuals from seeking the accommodations they need to perform effectively. Addressing these barriers requires a fundamental shift in how chronic illnesses are perceived in the workplace, moving away from punitive, performance-driven models toward inclusive, health-conscious career development pathways.

6.5 The Shortcomings of Current Workplace Accommodations

The findings suggest that existing workplace policies fail to adequately support employees with endometriosis. While some companies provide general disability accommodations, these policies are often ill-suited for conditions like endometriosis, which involves fluctuating, cyclical symptoms that do not fit into traditional models of workplace disability support.

The failure of traditional workplace policies stems from several key issues. Rigid definitions of disability exclude chronic reproductive health conditions, meaning employees with endometriosis do not qualify for necessary accommodations under many workplace frameworks. One-size-fits-all approaches dominate corporate policies, failing to consider the unique needs of individuals with unpredictable and recurrent symptoms. Additionally, a lack of awareness and education among HR personnel and managers means that employers are often unfamiliar with how to effectively support employees with chronic reproductive health conditions.

A critical shortcoming in current workplace accommodations is that employers tend to react to individual employee requests rather than proactively developing inclusive policies. To address these gaps, workplaces must move beyond generalised disability policies and develop targeted, proactive accommodations for chronic reproductive

health conditions. This requires education, policy reform, and leadership commitment to fostering a culture where employees feel safe accessing necessary accommodations without fear of discrimination.

7. Limitations of the Study

The use of secondary qualitative data presents some limitations, including the potential for selection bias, the lack of direct control over data collection methods, and the reliance on the quality of the original studies. Additionally, the findings may be influenced by the cultural and contextual factors specific to the regions and organisations included in the studies. Despite these limitations, the use of secondary data offers a comprehensive and accessible way to explore the complex issue of workplace discrimination and endometriosis. By employing this qualitative secondary data analysis, the study aims to provide a deeper understanding of the experiences of individuals with endometriosis in the workplace, highlight areas of concern, and advocate for inclusive, supportive workplace policies.

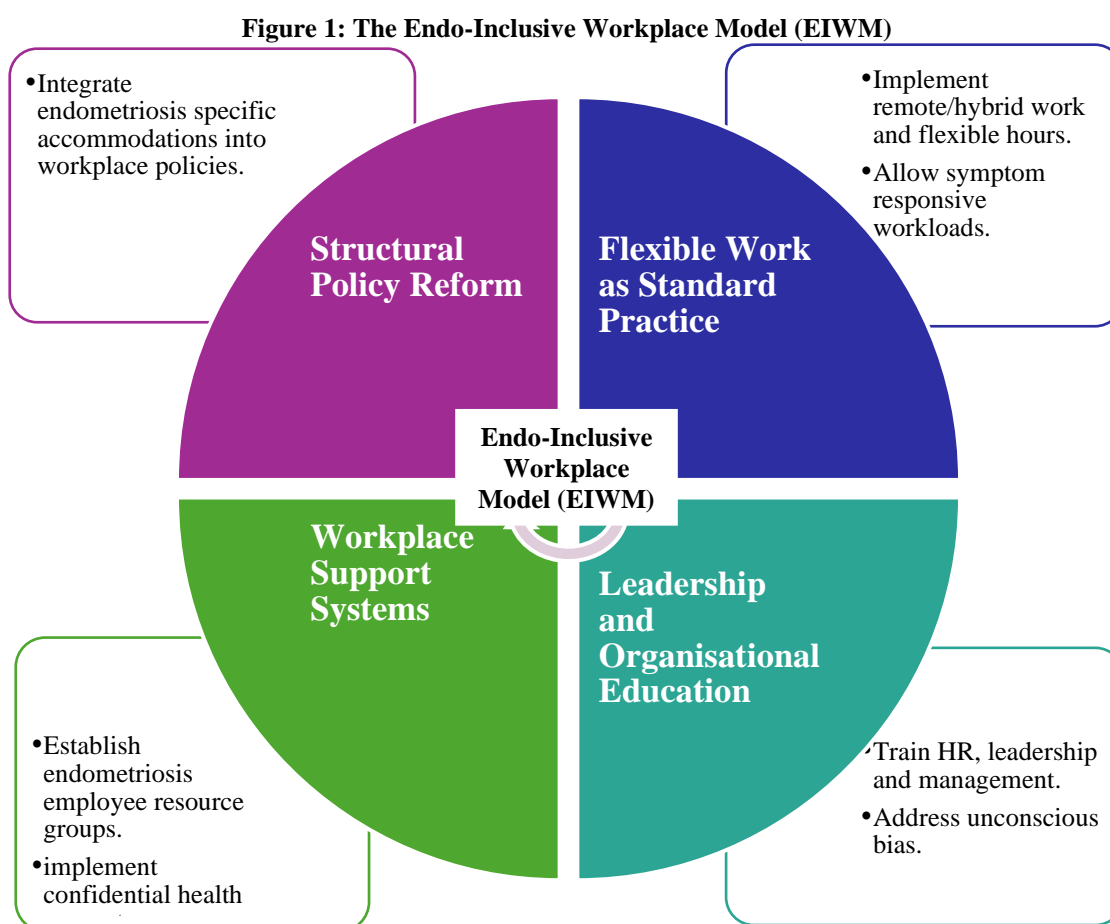
8. Recommendation: The Endo-Inclusive Workplace Model (EIWM) as a Solution

The findings highlight the urgent need for an Endo-Inclusive Workplace Model (EIWM), which would provide structured, proactive support for employees with endometriosis. Unlike traditional disability frameworks, EIWM integrates chronic reproductive health accommodations into workplace diversity and inclusion efforts. This phenomenon is consistent across workplaces globally, where workplace policies associated with menstruation, menstrual disorders (e.g., endometriosis) are gaining attention, however, there is little information available to guide best practice design, implementation, nor evaluation of impact (Howe, et al, 2024A). To address this, EIWM must include education and policy reform that challenges the “ideal worker” norm, the outdated assumption that

productivity is defined by uninterrupted work and physical resilience. Instead, workplaces must reimagine performance expectations, rewards, and career progression structures to reflect a more inclusive and equitable framework.

The Endo-Inclusive Workplace Model (EIWM)

The model is built on four strategic pillars, which work together to create a fair and accommodating workplace. These pillars are interconnected and reinforce one another to ensure sustainable change. The pillars are explained below:



❖ Structural Policy Reform

Workplace policies must integrate specific accommodations for employees with endometriosis. This includes aligning endometriosis-related workplace provisions with disability rights and wellness programs. By implementing clear policies, organisations can prevent discrimination in hiring, performance evaluations, and career advancement, ensuring equal opportunities for affected employees.

❖ Flexible Work as Standard Practice

A key component of EIWM is the institutionalisation of flexible work arrangements. Employees with endometriosis should be offered remote or hybrid work options, flexible hours, and symptom-responsive workloads. This approach ensures that individuals can manage their health without fear of job insecurity or career stagnation.

❖ Leadership and Organisational Education

A truly inclusive workplace requires cultural and leadership transformation.

Organisations must provide training for HR personnel, leadership, and management teams on endometriosis and chronic illness inclusion. This training should address unconscious biases and challenge outdated workplace norms that equate productivity with uninterrupted work.

❖ **Workplace Support Systems**

Creating a supportive work environment involves establishing Endometriosis Employee Resource Groups (ERGs). These groups offer peer support, advocacy, and mentorship to employees navigating workplace challenges related to their condition. Additionally, organisations should implement confidential health support programs to ensure employees feel safe disclosing their condition and seeking necessary accommodations.

The Continuous Cycle of Inclusion

At the centre of the model is a cyclical process of reform and reinforcement. The four pillars work together to create a sustainable framework for inclusion, continuously evolving to meet the needs of employees. This ensures that endometriosis and other chronic reproductive health conditions are not treated as isolated issues but as workplace-wide concerns requiring institutional accountability. By adopting the Endo-Inclusive Workplace Model (EIWM), organisations can move towards a more equitable and high-performing work environment, where employees, regardless of their health status, have equal opportunities to thrive.

CONCLUSION

The findings of this study reveal the pervasive challenges faced by individuals with endometriosis in the workplace, highlighting systemic discrimination, lack of accommodations, and the broader impact on career progression and well-being. Despite growing awareness of menstrual health in workplace policies, endometriosis

remains largely overlooked, reinforcing the notion of the “ideal worker”, one who is unencumbered by chronic illness and capable of uninterrupted productivity. This unrealistic standard marginalises employees with endometriosis, forcing them to navigate workplaces that are not designed to accommodate fluctuating symptoms, medical needs, or the unpredictability of chronic pain.

The Endo-Inclusive Workplace Model (EIWM) provides a structured solution to address these gaps. By incorporating policy reform, flexible work arrangements, education and training, and support systems, EIWM challenges traditional workplace norms and fosters an environment where employees with endometriosis can thrive. Policy reform ensures that corporate guidelines explicitly recognise endometriosis as a legitimate workplace challenge, embedding protections against discrimination and providing clear accommodations. Flexible work arrangements acknowledge the unpredictable nature of endometriosis, offering remote work options, adjusted schedules, and adequate sick leave to prevent career stagnation. Education and training for managers and HR personnel play a crucial role in dismantling stigma, equipping leadership with the tools to create inclusive work environments. Finally, support systems, including employee resource groups and workplace well-being programs, provide much-needed advocacy and peer support for individuals navigating the complexities of chronic illness in professional settings.

An endo-inclusive workplace is not just a vision but a necessity. Recognising and addressing the barriers faced by employees with endometriosis is critical to fostering equitable work environments that support all individuals, regardless of their health status. By implementing the Endo-Inclusive Workplace Model, organisations can move towards sustainable, inclusive, and forward-thinking employment practices that benefit both employees and employers alike.

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