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Tackling the taboo in the UK: talking menopause-related problems at work

Abstract

Purpose: Women are typically reluctant to disclose menopause-related problems that may affect their working lives to line managers. Consequently, support may not be offered nor potential solutions explored. This study examines how working menopausal women would prefer to have conversations about the menopause at work.

Design/methodology/approach: Using semi-structured telephone interviews working menopausal women (aged 45-60 years) were asked about their experiencing of talking about their menopause at work, and how helpful conversations might be initiated and conducted. Transcripts were analyzed thematically to identify factors that may facilitate or hinder such conversations.

Findings: Two themes emerged: (i) organizational context. Facilitators included an open culture with friendly relationships, a knowledgeable and proactive manager, organization-wide awareness of the menopause and aging, and access to a nominated woman to discuss problems.

Barriers included male-dominated workplaces, male line managers, fear of negative responses, stigma, discrimination, embarrassment or believing menopause is inappropriate to discuss at work; (ii) the nature of the discussion. Facilitators included managers demonstrating an understanding and acceptance of a woman's experience, jointly seeking acceptable solutions,

respecting privacy and confidentiality, and appropriate use of humor, as opposed to being dismissive and using inappropriate body language. Discussions with suitable persons at work were preferred and being prepared was advised.

Practical implications: These findings could inform training programs, workplace policies and practice.

Originality/value: This study provides timely insights to help women and their managers discuss menopause-related difficulties at work and seek solutions together.

Keywords: Menopause; work; disclosure; talking.

Article Classification: Research Paper

Tackling the taboo in the UK: talking menopause-related problems at work

In developed countries, the gender gap in employment participation is the lowest since 1990, with women almost approaching the same rates as men (International Labor Organization (ILO), 2018). Comprehensive measures, tailored specifically to women to account for their widely varying circumstances, are needed to support these changes that ultimately contribute to the welfare of society (ILO, 2016b and 2017a).

In the UK, the age of the working population is growing, particularly for women (Office of National Statistics (ONS), 2018). Recognizing and addressing the needs of older workers are considered important tasks for retaining this population's economic participation (Altmann, 2015). For older women, working through their menopause will become an increasingly common experience. However, talking about the menopause at work is generally considered taboo in many countries (Griffiths & Hunter 2015).

Although the menopause is not problematic for all women, approximately 25-30% report bothersome symptoms (Ayers & Hunter, 2012; Porter, Penney, Russell, Russell, & Templeton, 1996), and these are often described as particularly challenging in the work context (Hunter & Liao, 1995). However, women tend to not disclose menopause-related difficulties to line managers, even if such difficulties impact on working life. Without awareness of an employee's health-related concerns at work, managers may not be aware that support or adjustments at work may be needed.

A recent review on menopause in the workplace highlighted the potential impact of relationships at work and the importance of a supportive work environment in alleviating symptoms (Jack et al. 2016). Working in unsupportive environments presents a barrier for

women to disclose menopause-related problems and obtain help (Griffiths et al, 2013). Previous research has shown that talking about the menopause was facilitated when women perceived they had empathic colleagues (Reynolds, 1999). Conversely, perceiving a lack of support, or the likelihood that discussing the menopause will create embarrassing, derisory or discriminatory reactions by supervisors or colleagues, can cause difficulties for women (Reynold, 1999; Morris & Symonds, 2004; Irni, 2009). An online survey in Australia by Bariola and colleagues (2017) found that having high supervisor support was independently associated with lower menopausal symptom reporting.

The aim of this study was aimed to explore working women's experiences and views on having helpful discussions about menopause-related problems at work, principally with their line managers.

What is the menopause?

The 'menopause' refers to a women's final menstrual period. It typically occurs around the age of 51 in Western cultures, although its timing and duration are highly variable (Hunter et al. 2017). The 'perimenopause' or 'menopause transition' is the time from the onset of menstrual cycle changes until one year after the final menstrual period, when women are referred to as 'postmenopausal' (Harlow et al. 2012). Menopause occurring before the age of 40 it is generally referred to as 'early menopause'. The menopause transition often includes a phase of irregular menstruation and vasomotor symptoms: predominantly hot flushes and night sweats (HFNS). HFNS tend to be experienced as a rush of heat, often moving upward through the body to the face, causing redness and sweating. There is high variability in their frequency and duration, from a few seconds to several minutes. They may be accompanied by low mood, disturbed sleep

and day-time tiredness. HFNS and mood are related in that stress can exacerbate HFNS and HFNS can, if severe, impact on quality of life (Ayers & Hunter, 2012). Although the menopause is a normal life transition and typically a time of reflection, its appraisal is affected by social context as well as by biological and psychological factors (Hunter & Smith, 2017). Negative beliefs about menopause and aging can have an adverse impact, resulting in embarrassment and shame (Ayres, Forshaw, & Hunter, 2010). For some women, HFNS in particular, and menopausal status more generally, may be thought of as revealing personal information about age and reproductive stage. And it is in the work context that such experiences and perceptions can be most challenging for women. It is a topic of conversation often perceived as off limits or ‘taboo’ (Paul, 2003).

Menopause and work

There has been growing attention to the issue of the menopause and work; several reviews (Kopenhager & Guidozi, 2015; Jack, Riach, Bariola, Pitts, Schapper, & Sarrel, 2016; Brewis & Matheson, 2017) have considered a range of work factors and work outcomes. For example, there is some evidence to suggest that women working in non-managerial jobs, manual jobs, who have higher workloads or experience stress, and those who have poor relationships and support at work may report more problematic menopausal symptoms (see reviews Kopenhager & Guidozi, 2015; Jack, et al, 2016; Brewis & Matheson, 2017). However, the direction of such relationships has not yet been clearly determined; is it work that is impacting on the menopause experience or menopause impacting on these work experiences?

There is some evidence that some women report concerns that their job performance may be affected by menopausal symptoms (Geukes, van Aalst, Nauta, & Oosterhof, 2012; Griffiths,

MacLennan, & Hassard, 2013) or they have to put in extra effort at work in order to maintain their performance (Griffiths et al. 2013). Nonetheless, ~~two~~ recent reviews (Kopenhagen, & Guidozi, 2015; Jack et al. 2016; Brewis & Matheson, 2017) noted that whilst there is some evidence of negative impact on work, the evidence overall is inconclusive. These reviews highlight the need for more research in this field, notably the need for longitudinal, intervention studies with control groups, and qualitative research to provide an in-depth, rich investigation of women's lived experiences (Jack et al. 2016). This study contributes to the latter need.

Recent guidance about menopause and work, designed for employers and women, highlights the importance of workplaces being aware and skilled in meeting the needs of mid-life women (e.g. Griffiths et al. 2016; Faculty of Occupational Medicine (FOM), 2016; Hardy, Griffiths, & Hunter, in press). Such guidance reflects growing evidence from women that they would like managers to be more aware about menopause as a possible occupational health issue and more knowledgeable about sources of support (Griffiths et al, 2013).

A study with peri- and postmenopausal working women (Hardy, Griffiths, & Hunter, 2017) identified their views about what employers and manager should and should not do. These included managers being more aware of the menopause and how work and the work environment may affect menopausal staff, employers having appropriate supportive policies and providing training to raise awareness of the menopause as an occupational health issue. The latter study also revealed the perceived importance for women of managers possessing appropriate communication skills. Further exploration is needed to understand the nature of those communication skills and preferred discussions. This will provide an evidence-base for practical recommendations and training programs.

The aim of the present study was to explore women's experiences and perceptions of discussions with line managers or colleagues about their menopause within the work context. It attempted to answer the following research question: what are the key factors that may help or hinder the initiation and conduct of effective conversations about the menopause within the work context?

Materials and methods

Semi-structured telephone interviews were conducted with women (menopause transition or postmenopause) aged 45-60 years, recruited from a database of volunteers from the Menopause@Work Project based at King's College London. These women worked in various organizations, in different sectors and job roles. Women who had not participated in any of the research team's earlier studies were sent information about this study via email and if they wanted to participate, asked to complete and return a consent form electronically. Forty-two women were invited, one email address did not work and 16 returned signed consent forms (a response rate of 39%). The first author contacted each participant to arrange a mutually convenient time to conduct the telephone interview. The study was granted ethical approval from [anonymized for review process].

Interviews were conducted in 2017, lasted between 15-20 minutes, were digitally recorded and transcribed verbatim. Notes were also taken during the call. After a brief introduction, reconfirmation of the purpose of the interview, and reassurance about ethical issues, the researcher (█) asked participants whether they had spoken to anyone at work about their menopause, why they had done so, and whether the conversation had been useful. If they had spoken with someone, they were asked the role of the person they had spoken with (for example,

line manager) and their reason for choosing that person, including the nature of any qualities that made it particular easy or difficult to have the discussion. Those who had not discussed their menopause with anyone were asked what would make it easier for them to have such a conversation. They too were asked about the likely qualities of such a person. All participants were asked what their ideal 'response' would be. Finally, participants were asked to suggest advice for other women on how to broach the subject with their line manager or colleague. Probes were used to elicit more in-depth answers where appropriate. Participants were debriefed at the end of the interview and offered a summary of the results upon the study's completion. Recordings were transcribed verbatim and analyzed using NVivo (version 10) software.

An inductive thematic analysis approach was used to analyze the 16 transcripts (Braun and Clarke, 1997). Initial codes for the text were created. Similarities were found, which reflected facilitators and barriers to the initiation of conversations and the quality of those conversations. These themes were examined for similarities by the first author and over-arching themes identified. This initial thematic structure was discussed between all authors to determine a more parsimonious structure. Several refinements were suggested, including label names and collapsing of highly related themes. A final group discussion was held to review the revised structure. A random selection of 25% of transcript excerpts (55 in total) was checked by an independent researcher to ensure consistency in the interpretation of the data; this showed an acceptable level of reliability (Kappa = .72).

Results

Some participants reported that they had previously had conversations about menopause-related problems at work with colleagues (n=8) or with line managers (n=4). The remainder had

not talked about their menopause to anyone at work. Two main themes emerged, reflecting (i) organizational context, and (ii) the nature of the conversation. Each theme had sub-themes, reflecting facilitators and barriers to effective discussions. Findings were similar regardless of whether women were talking, or would be talking, with a line manager or colleague. These are summarized in Figure 1 together with example quotations. Overarching themes are presented below, with sub-theme labels highlighted in italics.

[INSERT FIGURE 1 ABOUT HERE]

(i) Organizational context

Organizational context played a critical role in women's experiences of talking to others at work about menopause-related difficulties that affected working life, and describing what would help or prevent them from having such discussions. In particular, person-orientated aspects were important. For example, women often decided to speak to a line manager or colleague about their menopause because the other person was '*like me*' in terms of age, gender, and experience of the menopause. When describing what would make it easier to talk to someone at work, this similarity to themselves was the most frequently given as a facilitator for the discussion. Conversely, the reasons why a conversation had not happened, and factors that would make such a conversation difficult, included having a male line manager or working in a *male-dominated environment* where colleagues were predominantly male.

Another key facilitator of discussion about the menopause at work was having an *organization-wide awareness about the menopause and aging*. Women felt there should be better awareness of the menopause and aging among all members of staff. Having a *knowledgeable and*

proactive manager was advocated. Women described how they felt managers should know staff well enough to recognize if someone is having difficulties and initiate a conversation if necessary.

More broadly, having an *open culture* at work where staff could share experiences, ideas and problems was considered important for conversing about the menopause. This was described as meaning that colleagues were perceived as friendly, trustworthy, non-judgmental and understanding. Contrarily, having *distant relationships* with others at work was regarded as a barrier for discussions. Participants commonly reported that the quality of relationships was a key facilitator or barrier to discussion.

Women explained that one reason they had not discussed their menopause with line managers or colleagues was that they *feared a negative response*; in particular, perceiving that discussions at work will result in stigma or the development of negative, age-related perceptions. In addition, they reported beliefs that others did not want to know about their menopausal status prevented them from initiating a conversation.

Similarly, *embarrassment* was raised as another key factor that prevented these women from broaching the subject at work. Some said that they would feel embarrassed bringing up the menopause with the line manager, but also that their line manager or colleague may be embarrassed.

Women were also reluctant to raise the issue of the menopause because of their *perceptions of self*, feeling they should be able to cope with it themselves. Some also felt that menopause was a personal issue and one that was not appropriate to discuss with a colleague or line manager.

Some women spoke about how they had the discussion with line manager and colleagues out of *necessity*; their menopause was impacting upon their behavior at work to the point they felt it was necessary to explain the reasons.

(ii) The nature of the conversation

As well as describing key facilitators or barriers to discussion, interviews also explored the nature of those discussions. Participants' responses covered how they would prefer others to approach and respond to a conversation about menopause, as well as advice for other menopausal women on how to broach the subject at work.

Some women felt a manager should bring up the menopause in discussion if they suspected that a woman was affected by it, whereas others said this was not appropriate. Some did not want others to know they were going through the menopause. These variations reflect the position that a 'one-size-fits' all approach to discussing and managing the menopause is not appropriate, and a sensitive and tailored approach to the individual employee is important.

Women raised the importance of managers being *accepting and understanding*: accepting that the situation is as it is, and may be difficult. It should be taken seriously but not developed into a 'big issue' or lead to a woman being viewed differently. Women mentioned that understanding would involve being kind, demonstrating empathy, and showing that they are 'on the same side'. The menopause should not be *dismissed* if a member of staff raises the topic in conversation.

Body language was another theme raised in interviews. *Positive body language* on the part of the line managers was advocated, including, importantly, showing the women that they are listening. This may include gestures such as nodding and confirming what the woman has

said. *Unhelpful body language*, on the other hand, included looking uncomfortable, which women found off-putting and unhelpful.

Women said that they would like it if their line manager would *look for solutions* if they described difficulties at work due to their menopause. This could simply involve asking what would be helpful. Examples of helpful actions might include allowing some flexibility with working hours or dress code. Women also described how it was important to see action being taken. For example, if a manager offered to make a referral to the occupational health department within their organization, this should happen.

Humor was mentioned by some women. Some felt that the *use of appropriate humor* was a good thing but that this tended to involve close colleagues who may be sharing similar experiences. However, making what women perceived as inappropriate jokes or laughing at them was regarded as unhelpful and should be avoided.

Lastly, when describing ideal conversations, participants noted that it was important that *confidentiality and privacy* be respected. They suggested discussions should be held in a private place and kept confidential; information should only be shared with others if the woman has given permission.

At the end of the interviews, women were asked what *advice they might give to other women* who may be experiencing difficulty in relation to their menopause and work. The majority responded by saying that despite the fact it may *feel difficult, just say it anyway*. What may help with this is to *be prepared*. They suggested that it is important for women to know how to communicate about their symptoms and how they may impact on them at work. They should identify what is concerning them and prioritize the main issues. It was also recommended that women should communicate clearly how support and adjustments at work could help them.

Once prepared, women suggested that it would be good to practice the conversation with a trusted friend. This would help them feel embarrassed, and help the ensuing conversation flow more easily.

Participants also noted that, with regard to having a successful conversation, it is important to *find the 'right' person* at work. Finding someone approachable and who will be sensitive to their feelings was advised. This may be a line manager, or it could be someone in a support function such as occupational health. Women felt that this would reduce the likelihood of a negative response.

Discussion

The purpose of this study was to understand how working women with menopause-related difficulties would prefer to have a conversation addressing these problems with a line manager. Specifically, it sought to establish the key factors that might help or hinder the initiation of, and the effectiveness of, such a conversation. The key factors identified by these women concerned the work context and the nature of the conversation itself.

Participants identified the importance of a work environment that is 'menopause-friendly'. This involves a work environment or culture that facilitates open discussion about the menopause without fear of a negative response. Organizational culture is commonly understood as 'the ways things are done' (Woods & West, 2010). This may include policies and their implementation. Evidence suggests that organizational culture is important for employee health, wellbeing and work outcomes (Danna & Griffin, 1999). In this study, participants described their views about their work environment and described how relationships and wider awareness of the menopause would influence disclosure. This echoes research into disclosure behaviors in pregnant women in the workplace; Jones (2017), for example, found that pregnant women's

disclosure behaviors at work were influenced by their expectations and experience of discrimination at work. Women in workplaces with supportive supervisors or positive work-family cultures (Jones et al, 2013), may be more likely to reveal their pregnancy as they anticipate less discrimination (Jones, 2017). Our findings support the need for an appropriate organizational culture and mechanisms to help women raise menopausal-related difficulties at work. The facilitators and barriers identified highlight potential ways of creating a menopause-friendly organizational culture that may, in turn, improve the likelihood of women staying in employment and potentially, progressing along their chosen career path .

Manager-related factors, such as gender and personal qualities, influenced whether women disclosed their menopause. It is possible that women could be responding to negative stereotypes of male managers; in fact, both male and female employees have been found to be either neutral or positive in a study about women experiencing hot flushes at work (Smith, Mann, Merza, & Hunter, 2011). We would hope that positive organizational change as advocated by women in this study might reduce the salience of such individual factors.

In terms of the nature of conversations themselves, women thought managers should listen carefully, be mindful of both their verbal and non-verbal responses and offer support. Possible adjustments to work should be arrived at jointly. Such conversations should be confidential, take place in private and possible adjustments arrived at jointly. A major question concerns how such conversations might be initiated. It is generally considered good practice for managers be alert to any employee who appears to be in difficulty or behaves uncharacteristically. It may be sensible for managers to begin a conversation about this simply by asking generally if the employee is 'alright'. Women in our sample clearly varied in their willingness to disclose matters of a personal or sensitive nature to managers, so for managers to

force a discussion along a ‘menopause’ route may be unwise. Problems experienced by mid-age women may be unrelated to menopause and arise for many reasons, health-related and non-health-related. Making the menopause a major focus of attention for mid-aged women, who are typically experienced and ‘strong’ people, may have a potentially undesired side effect of disempowering them.

However, given the proviso above, most participants in our sample described how they felt it was important, even if difficult, to raise the issue themselves, and provided advice for others as to how this might best happen. Parallels can be seen with research about the desire of pregnant working women to maintain a professional image. Research has shown that pregnant women perceive others will change their views about them and their competence if they reveal their pregnancy. These concerns have led to women not talking about their pregnancy, asking for or refusing special treatment to maintain colleagues’ views that they were ‘just the same’ as before they were pregnant (Little et al. 2015). It has been suggested that there may be stereotypic tendencies to view women’s reproductive functions and status as a threat to work productivity (Gatrell, Cooper & Kossek, 2017) and that research is needed to explore such phenomena and their possible impact on the ‘glass ceiling effect’. This may also provide some explanation as to why women often report that it is unhelpful or ‘taboo’ to discuss matters relating to their reproductive system, including the menopause (Griffiths et al, 2013; Paul, 2003). Perhaps if menopausal women, line managers and co-workers were better informed about the menopause and able to use a common language to facilitate useful discussion, this would help women feel that disclosing menopause-related problems would be both acceptable and straightforward. Such education and training are in keeping with previously suggested earlier recommendations (e.g.

Griffiths, et al, 2013) and current guidance (e.g. Faculty of Occupational Medicine (FOM), 2016; European Menopause and Andropause Society (EMAS), Griffiths, et al., 2016).

The qualitative design was a key strength of this study, in that it enabled us to gather rich data about how women themselves would like to talk about the menopause at work. Future research replicating the current study should be undertaken with samples from a range of nationalities or cultures. Some limitations of the study should also be noted. The study involved a small sample of women from the UK, which may reduce the generalizability of the findings. However, the interviews were conducted until a saturation point had been reached (i.e. interviews were conducted until no new topics were emerging and consistency was shown). Although our sample comprised women from different organizations and job sectors they were all volunteers who may have had a vested interest in the area, possibly due to difficult experiences and thus, may not have been representative of all women. Future research should include diverse samples. Research may also explore the perspectives of women at different stages of their menopause transition (i.e. peri- and post-menopause), or menopausal women without symptoms. Future work exploring the perspective of line managers would be helpful, for example, investigating facilitators and barriers for them in talking about the menopause with their staff.

Implications

Promoting age-aware policies and practice are potentially critical actions for the retention of older workers (Altmann, 2015). We know from a recent study that women with problematic hot flushes at work are more likely to consider leaving the workforce than women who do not experience these problems (Hardy, Griffiths, & Hunter, 2018). Encouraging employees to

disclose health concerns such as menopausal symptoms, and helping managers to provide support and adjustments may be one way forward (Hardy et al, in press).

Our study suggests several factors that may make it difficult for women to talk about menopause-related difficulties. Carrying out assessments of workplaces could uncover potential reasons for lack of disclosure: for example, gathering data from women to ascertain how comfortable they feel talking to line managers about health issues, exploring how knowledgeable line managers are about the menopause, and examining the gender distribution of those in line management positions.

The present study has identified a number of key themes that could be included in a training program designed to improve the knowledge and skills of managers. It also highlighted some tips for menopausal women in how to have such conversations. Based on the study's findings, the authors are currently designing and evaluating a program for line managers that involves raising awareness about the menopause and developing communication skills. Results are expected to be published in 2018.

Conclusions

With an aging workforce and increasing recognition of menopause as a potential occupational health issue, this study provides timely insights to help women and their managers discuss menopause-related issues in the workplace and develop solutions together. The importance of awareness and communication skills has been highlighted. The findings suggest key factors that may help and hinder conversations taking place and in turn have implications for workplace policies, practice and training programs.

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Figure 1. Thematic structure of interviews with working menopausal women, including facilitators and barriers to having an effective conversation about the menopause at work (N=15)



