

Women, Work and the Menopause: Releasing the Potential of Older Professional Women

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EXECUTIVE SUMMARY

This report presents the key findings and recommendations of a research project entitled *Women, Work and the Menopause: Releasing the Potential of Older Professional Women*. Menopause is a 'silent issue' for most organisations, and older women represent a group whose working lives, experiences and aspirations are poorly understood by employers, national governments and academic researchers alike. This is highly unfortunate given that women aged 45 years and over comprise 17% of the ageing Australian workforce (Tilly et al., 2013), meaning that over one million working women are currently going through, or have already gone through, the menopause. The broad aim of this project was therefore to examine the occupational health and well-being of older women, with a particular emphasis on understanding women's experiences of menopause at work. More specifically, the project set out to generate insights on five key areas:

1. Older women's health and well-being;
2. The relationship between menopause-related symptoms and four specific work outcomes (work engagement, job satisfaction, organisational commitment, intention to quit);
3. Actual and desired levels of organisational support for women experiencing menopause;
4. Work-related and organisational factors that exacerbate or ameliorate women's experiences of menopause in the workplace; and
5. Women's first-hand experiences, beliefs and attitudes towards menopause at work.

Data collection took place between November 2013 and March 2014 via two parallel research studies. The first study consisted of an online survey (herein referred to as **WAW** – Women at Work Survey) of 839 women (age range 40-75 years; average age 51.3 years) employed in academic, administrative and executive roles at three Australian universities. The second study (herein referred to as **Prime** – The Prime Project) involved 48 qualitative interviews with academic and administrative staff members at two Australian universities. The study identified the following key findings:

- All age groups reported average to good mental and physical health. While self-reported physical health deteriorated with age, mental health appeared to improve with age (60+ year olds reported better mental health than 40-49 and 50-59 year olds). Among administrative and executive staff, women aged 40-49 years reported greater intention to quit their jobs than their older colleagues (50-59 years and 60+ years old). The interview study was marked by an overwhelming sense that 'women just get on with it'. This theme captured many inter-related aspects of women's experiences of mid-life in general (e.g., of juggling demanding and multiple work and care-giving roles) and underlined the considerable, and often unacknowledged, resilience of older professional women.
- Peri-women currently experiencing the menopause most frequently experienced the following symptoms associated with menopause (in descending order of prevalence): sleep disturbance, headaches, weakness or fatigue, loss of sexual desire, anxiety, memory loss, pain in bone joints, and hot flushes. None of the measured work outcomes differed by menstrual status. However, the more frequently women reported experiencing menopause-related symptoms and the more bothersome the symptoms were, the less engaged they felt at work, less satisfied with their job, the greater their

intention to quit their job and the lower their commitment to the organisation. The interview findings, however, suggested that it is difficult to attribute many symptoms simply to menopause. Symptoms can also be associated with ageing and 'the time of life' more generally, or the occupational impact of the working environment, such as stress (notably associated with organisational change and work intensification).

- Negative organisational and managerial messages about older women had a significant impact on how engaged, and how included, women felt at work. There was evidence of gendered ageism, with many women only feeling able to talk informally to other close female colleagues and friends about their menopausal experiences. Organisational sub-cultures were also found to have a significant influence on women's experience of menopause at work, creating particular demands on women to 'fit in' and to manage expectations and workplace identities that assumed an 'unproblematic body'.
- Work-related and organisational factors played important roles in ameliorating or exacerbating women's experience of menopause at work. Temperature control over their immediate environment was important, as was the exacerbating impact of the increasingly sedentary nature of work that might intensify menopausal-related symptoms. However, paid employment also held positive benefits for some women, ameliorating their symptoms and providing an environment in which to develop and blossom as strong, independent and energetic employees. The flexibility of working arrangements (notably in respect of work time) was a particular characteristic that benefited (menopausal) women.
- Both the survey and the interviews pointed to a lack of menopause-specific support or information in their organisational settings. Many were unsure whether line managers were given training in awareness of the menopause in the workplace. While organisations should provide information, there were varying views about whether organisations should or could introduce menopause-specific policies, or whether that would only serve to marginalise or problematise older workers. While women did not want formal management or 'intervention' of the menopause, organisational understanding and support was deemed to be important and part of a broader message as to whether older women were welcome in the workplace or not.

This report proposes a number of recommendations related to Occupational Health and Safety (OH&S) and Human Resources (HR) Management, and emphasises the role of general organisational processes, policies and professional bodies in initiating change. To plan for improved working conditions for older women now, is to ensure that organisations will reap future rewards by acknowledging and investing in this reliable, loyal, committed and resilient segment of the workforce.

INTRODUCTION

Welcome to *Women, Work and the Menopause: Releasing the Potential of Older Professional Women*. This report presents the key findings of an online survey and face-to-face interview study of women in the Australian university sector. The study examines the experience of, and perceptions surrounding, menopause and work for professional women - a group that has been previously neglected in research into health and well-being at work. It aims to advance empirical and practical knowledge about the relationships between work, women and the menopause, and asks how work and everyday working life affect, and are affected by, menopausal transition.

The report addresses a significant and emerging demographic, economic and workforce planning issue. Women comprise 46% of Australia's workforce (ABS, 2013) and are the vast majority of workers in some key industries such as Health Care & Social Assistance (79%), Education & Training (70%), and Retail Trade (58%) (Australian Government DEEWR, 2013). It is commonly reported that Australia's workforce is ageing, but this is rarely linked with gender. Women aged 45 years and over comprise 17% of Australia's workforce (Tilly et al., 2013). These figures are likely to increase as more women enter the workforce (Productivity Commission, 2013) and the Australian Government explores the possibility of increasing the eligible pension age to 70 years.

Despite the large and ever-increasing workforce contribution of older women, they are often subject to marginalisation or are overlooked at the organisational level (Colley, 2014; Duncan & Loretto, 2004). Employers are less likely to invest in their older female workers (such as via the provision of training) as there is often an expectation that retirement or lack of employee motivation does not justify the investment (Encel, 2000).

The health and well-being of older workers is recognised as fundamental to motivated and quality participation in the workforce (Verikios et al., 2013). Of key significance to older women's occupational health is the menopausal transition, typically a silent issue in organisational contexts. Very little research has been conducted around whether work affects, or is affected by, menstrual status or the experience of menopausal symptoms. In terms of economic participation, research from the US and the UK suggests there may be a negative link between menopausal symptoms and labour market involvement (Griffiths et al., 2013; Sarrel, 2012). For example, Griffiths et al. (2013) reported that among a sample of peri- and post-menopausal¹ women, 40% felt that their performance at work was negatively affected due to menopause symptoms. The symptoms viewed as most problematic included: trouble concentrating, tiredness, poor memory, depression, low confidence and sleep disturbance. These research findings support the need to examine exactly which aspects of work are affected by the menopause and to determine how organisations can best support their female employees as they transition through the menopause.

Recent studies have begun to highlight the importance of older women in the workforce. In a 2013 report commissioned by the Diversity Council Australia (DCA) and the Australian Human Rights Commission (AHRC)

¹ Menopause refers to the cessation of menstruation and a woman's reproductive abilities. It is defined retrospectively as having occurred 12 months after a woman's last period. Peri-menopause is the time prior to cessation during which women's menstrual cycles become irregular as hormonal change occurs and symptoms begin to present. Post-menopause is the time after the complete cessation of menstruation.

entitled *Older Women Matter: Harnessing the Talents of Australia's Older Female Workforce* (Tilly et al., 2013), it is stressed that greater attention must be paid to the specific experiences of older women in employment. They make a case for and provide an organisational framework that proposes to increase workforce contributions and improve working conditions for older women (aged 45+) to ensure that their workplace environment is inclusive of older female workers, and that there is investment in the specific health-related needs of older working women (Tilly et al., 2013).

The widespread benefits of increasing labour participation and improving working conditions for older working women were also identified (Tilly et al., 2013). It is estimated that increasing labour participation rates among ageing women so that they are equal with men will result in raising per capita GDP growth by 1.5% by 2044-45 (Productivity Commission, 2013). At the organisational level, older workers are valued for characteristics such as reliability and loyalty, commitment to quality and their practical knowledge (Berkowitz & Borus, 1988). And for older women themselves, the benefits of employment can be extensive. For example, among older women, paid work has been associated with improved mental and physical health, and is known to be a source of self-esteem and social support (Doyal & Payne, 2006; Klumb & Lampert, 2004).

In sum, there is clear incentive at the national, organisational and individual levels for more research to be conducted around the health and well-being of older women and for organisations to consider age and gender-appropriate occupational health policies and procedures.

Three universities agreed to take part in *Women, Work and the Menopause*. While the findings suggest some sector-specific experiences that influence menopausal transition for women, there are a number of concerns that relate to organisational environment, job characteristics and culture management that are relevant across a range of workplaces and industries. This report is therefore produced to help policy advisors, professional bodies and businesses begin to think through how they can make organisations as welcoming and productive as possible for older women – a group of workers who are an important, resilient and integral part of the 21st century workforce.

Academic journal articles and conference presentations will also be produced from this research, and made available, where possible, on the project website once published (www.womenworkandthemenopause.com). Should you wish to be included on an anonymised email notification of new outputs, please contact either Gavin Jack (g.jack@latrobe.edu.au) or Kathleen Riach (kathleen.riach@monash.edu).

METHOD

Research Design

Women, Work and the Menopause is comprised of two elements – an online survey and a face-to-face interview study. Details of the two studies underpinning this report are provided in Table 1 below. Both studies received ethical approval from the participating universities. Self-identified chronological age and employment status (part-time or full time) were used to assess the eligibility of participants. At the time of the studies, participants worked in academic, administrative or executive level roles at three Australian Universities. The two dimensions of the project are herein referred to as the **WAW Survey** (i.e., the Women at Work online survey) and **Prime Interviews** (the ‘Prime Project’ in-depth interview study).

Table 1: Overview of Project Design

	WAW Survey	Prime Project
Mode of research	Online survey	Face-to-face interview
No. of Research Sites	3	2
Sample Criteria	Women aged 40 or over	Women aged over 25
Sample Size	839	48
Sample Job Role - Professional	511 (61%)	21 (44%)
Sample Job Role - Academic	328 (39%)	27 (56%)
Collection Period	November 2013-January 2014	November 2013-March 2014
Menopausal Status Measurement	Self-identified and measured through medical scales	Self-identified

Further Particulars of Data Collection

WAW Survey: The majority of survey participants were employed on a full-time basis (67.5%) and on a continuing contract (65.1%). Under half of the respondents (41.3%) reported they were a member of a union. Employment status differed significantly by age group. Women aged 40 to 49 years were more likely to be working on a part-time (28.9%) or casual basis (6.9%) than their older colleagues, aged 50 to 59 years (part-time 22.3%, casual 4.3%). The online survey included questions relating to health and lifestyle, well-being, menstrual status and menopause-related symptoms, employment conditions, job characteristics and work outcomes. The survey included widely used and well-validated scales to assess women’s health (Maruish, 2012) and women’s enjoyment and engagement at work (Schaufeli et al., 2006; Cammann et al., 1983).

Women were asked a series of questions about their menstrual status. From these responses, women were categorised into three menstrual categories (pre-menopausal, peri-menopausal and post-menopausal) according to the STRAW +10 Staging System (Harlow et al., 2012; Soules et al., 2001). This system categorises women into menstrual stages depending on when they had their last period and the variability of their menstrual cycle since menopause is medically defined as having occurred 12 months after their last period. In addition to these questions, there was the opportunity for women to answer two ‘open text’ questions asking about their experience of work in relation to their health and menopause. Collectively, these two questions resulted in 972 responses.

Prime Interviews: Data collection occurred through a mixture of purposive and targeted sampling to ensure a diversity of staff across disciplines and faculties, as well as both research, and professional and administrative staff. Direct recruitment occurred through the researchers' networks within their respective institutions, and via subsequent snowball sampling techniques. The interview was semi-structured in order to provide some basis for comparisons across participants whilst allowing for individualised and personal experiences to emerge during the interview conversations. The interview schedule included specific questions related to women's perceptions of menopause at work and, in more general terms, possible challenges or affirming experiences surrounding ageing and reproductive lives, and the relationship between organisational cultures and practices, and individual body, health and well-being episodes. In particular, questions were phrased in a way that allowed women to give first-hand accounts of their experiences and/or attitudes towards menopause at work. In light of research noting the importance of gender dynamics (e.g., Oakley, 1981), particularly when discussing intimate or body-related phenomena, interviews were conducted by female researchers. The interviews lasted between 30 and 70 minutes with most averaging around an hour.

Data Analysis

WAW Survey: Four well-validated scales for work-related outcomes were used: *work engagement* (Utrecht Work Engagement Scale, Schaufeli et al., 2006); *organisational commitment* (Affective Commitment Scale, Meyer et al., 1993); *job satisfaction* (Job Satisfaction Scale, Cammann et al., 1983); and *intention to quit* ((Intention to Turnover Scale, Cammann et al., 1983). Regressions, T-tests, ANOVAs and Chi-Square statistical tests were used to test for significant differences between age groups (40 to 49 year olds; 50 to 59 year olds; and 60+ year olds), menstrual status groups (pre-menopausal; peri-menopausal; and post-menopausal) and position types (academic; and administrative/executive level). Differences in mean scale scores and differences in percentages are only reported in text if they are statistically significant at $p < .05$. Relationships between the frequency and severity of symptoms and work outcomes were controlled for age.

Prime Interviews: Interviews were digitally recorded, professionally transcribed verbatim and then loaded in NVivo, a qualitative data management programme. Transcripts were then coded using a variety of themes that were deductively (drawn from a systematic literature search) and inductively (emerging across a number of the interviews) derived. Further identification of patterning and relationship building were undertaken to move from descriptive, first level analysis to second level, conceptual analysis. To assure anonymity and confidentiality, the real names of all participants were replaced with pseudonyms before the audio interviews were sent for transcription.

FINDINGS

i. Older Women as a Committed, Ambitious, Healthy and Resilient Workforce

Overall, women reported a high level of engagement with work, feelings of resilience and an ability to manage challenges and the multiple responsibilities they held between work and non-work. In particular, many felt ready and able for new career challenges and development, although suggested this ambition was not recognised or acknowledged by their respective organisations.

A Committed Workforce

The WAW Survey showed that older women have a low intention to quit, high job satisfaction and average commitment to the organisation they work for and average work engagement. This was complimented in the Prime Interviews which suggested that most women are reasonably happy and content at work, largely due to workplace flexibility and the support of the organisation when it comes to private matters that require time away from work or working from home.

As shown in Table 2, among administrative and executive level staff, women aged 40 to 49 years reported to have a greater intention to quit their jobs than their older colleagues aged 50 to 59 years and those aged 60 years or older. No significant age differences in mean scale scores surrounding intention to quit were observed among academic staff.

Table 2: Mean work outcome scales scores by position type and age group

		40-49 YEAR OLDS (N=234)	50-59 YEAR OLDS (N=228)	60+ YEAR OLDS (N=49)	TOTAL (N=511)
		M (SD)	M (SD)	M (SD)	M (SD)
Administrative staff and executive level staff	Work engagement	3.9 (.9)	3.8 (.9)	4.1 (1.0)	3.9 (0.9)
	Job satisfaction	5.6 (1.2)	5.5 (1.2)	5.8 (1.3)	5.6 (1.2)
	Organisational commitment	4.5 (1.1)	4.6 (1.1)	4.9 (1.2)	4.5 (1.1)
	Intention to quit	3.1 (1.8)	2.8 (1.5)	2.2 (1.3)	2.8 (1.6)
		40-49 YEAR OLDS (N=124)	50-59 YEAR OLDS (N=157)	60+ YEAR OLDS (N=47)	TOTAL (N=328)
		M (SD)	M (SD)	M (SD)	M (SD)
Academic staff	Work engagement	4.1 (.8)	4.1 (.8)	4.2 (.8)	4.1 (.8)
	Job satisfaction	5.4 (1.5)	5.3 (1.3)	5.3 (1.5)	5.3 (1.4)
	Organisational commitment	3.9 (1.2)	4.0 (1.2)	4.2 (1.5)	4.0 (1.2)
	Intention to quit	3.2 (1.9)	3.2 (1.7)	2.7 (1.6)	3.1 (1.8)

During the interviews, there was a suggestion that the varying results of the different cohorts of administrative and executive staff (40-49 year olds vs. 50-59 year olds) above could be attributed to differences in work ethic and levels of commitment. Moreover, some of the 50-plus-year old interviewees felt that work acted as a conduit for positive energy, which brought relief from hormonal or depressive symptoms, thus suggesting the positive health benefits of work for this cohort.

“Personally it was ‘will I ever get a job?’, and then I did get one and it was like a new lease on life - this change of career had paid off. I’ve got this job and I had to prove myself and it was all happening around the same time [as menopausal transition] so whether I just, adrenaline overcame whatever symptoms I might have had.” (Fiona, 52, Academic at Uni A, Post-Menopausal).

Some women felt that if they stayed at home then their symptoms would have been worse. Coming to work meant that *“you’ve got to put your work face on, and that’s really helpful too.”* (Bella, 53, Professional at Uni A, Post-Menopausal).

A Renewed and Ambitious Career Focus

There were other positive associations with this time of life. These associations included menopause as a time for deep personal reflection which provided a sense of inner connectedness to the world, or the experience of ‘empty nesting’ and the freedom and relaxation that comes from older children leaving the home. Others connected it to the thrill of having arrived at a senior level in their careers, thus earning respect and recognition. Perhaps the strongest sense of identity affirmation and self-esteem came from career success experienced around the same time as menopause, and the emergence of opportunities for growth and promotion. Women seemed to express a significant sense of achievement and reward from the attainment of certain positions, which they contrasted with the male experience of entitlement and natural career progression during their working life.

Others expressed how they felt relieved of certain work-related emotional burdens, having arrived at a point in their working lives when they no longer felt obligated to engage in collegial relationships that were exploitative or unhealthy and were more likely to exhibit high levels of confidence and conviction in their beliefs and values.

*“I think I do, well with the sense of liberation it’s broader than just being free of periods it’s a sense of I can’t be f***ed pleasing people so much anymore [...] I really, I just want to focus on the important things and that feels liberating too, not being such a pleasing young woman having to play that role and I see other young women doing it and I think oh it’s a real trap, yes you get rewarded for it but it’s also a bit of a trap.” (Diana, 51, Professional at Uni B, Peri-Menopausal).*

For many women, the menopausal landscape was a period of opportunity and often renewed ambition. It was a time to shift their focus and clarify thoughts and aspirations of what they wanted to do in the final 10-20 years of their working lives.

“I really thought that it would affect me far more than, I thought it would affect my sense of being a woman and maybe from that a sense of a working woman but it sort of actually corresponded with quite a positive

time in my life, you know, when my career was sort of going up.” (Maria, Age Not Given, Academic at Uni B, Post-Menopausal).

A Healthy and Resilient Workforce

Health-related measures from the WAW Survey indicated that older women are a healthy sector of the workforce. As shown in Table 3, respondents in all age groups reported average to good mental and physical health and well-being, with some variation by age.

Table 3: Mean (average) health and well-being scale scores, by age group (standard deviations are in parentheses)²

	40 – 49 YEAR OLDS (N=358)	50 – 59 YEAR OLDS (N=385)	60+ YEAR OLDS (N=96)	TOTAL (N=839)
	M (SD)	M (SD)	M (SD)	M (SD)
Physical health	55.3 (6.8)	53.3 (8.6)	52.1 (8.2)	54.0 (7.9)
Mental health	45.8 (10.1)	47.0 (10.1)	49.9 (9.2)	46.8 (10.1)
Life satisfaction	24.9 (6.9)	24.2 (6.9)	24.3 (6.5)	24.5 (6.9)

As can be seen in Table 3, physical health worsened with age, whereby women aged 40 to 49 years reported better physical health than their older colleagues aged 50 to 59 years and those aged 60 years and older. In contrast, mental health appeared to improve with age, whereby women aged 60 years and over reported better mental health than their younger colleagues aged 40 to 49 years and 50 to 59 years. Life satisfaction did not differ significantly by age group.

In many ways these age-based differences in reported physical and mental health correlate with the Prime Interviews, where women gave a number of examples of both themselves and of their older female colleagues where they continued working through significant personal and professional difficulties. In general, there was a feeling that women just ‘got on with it’ and were more resilient than their male or younger counterparts. They felt very adept at juggling personal, health and work demands, since they had practiced this balance throughout their lives and managed adversity whilst being an employee.

“We’re expected to do more across all the kind of facets of life, so domestically, [...] they [male colleagues] just will never understand it because they’ve never had to do it and they’ve never had to juggle all that stuff.” (Nicky, 49, Academic at Uni B, Pre-/Peri-Menopausal).

“It’s another stage of life to manage and that I think that there are all sorts of things that people bring to work that they’re managing every day and, you know, menopause would be one of many things.” (Alisha, 43, Professional at Uni A, Pre-Menopausal).

² Scales are weighted with US norming data, whereby M=50, SD=10 (Maruish, 2012; Sanderson & Andrews, 2002).

ii. The Experience of Menopausal Transition

Analysis highlighted a broad range of perspective and experience of menopausal transition amongst the female participants. While many women had gone through menopause and others had witnessed colleagues or close friends and family enter it, a smaller number had never thought about it before. However, as shown in Table 4, a majority of our participants had first-hand experience of menopausal transition, or at least situated themselves within the ‘menopausal landscape’.

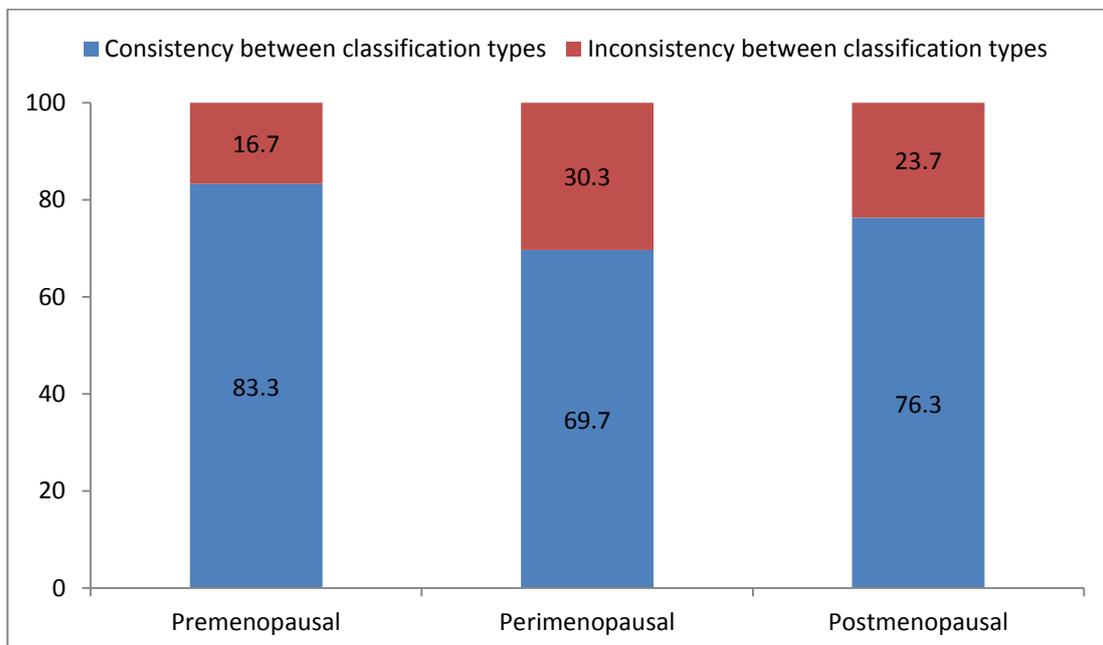
Table 4: Overview of participants by self-identified menopausal status

	PRE-MENOPAUSAL	PERI-MENOPAUSAL	POST-MENOPAUSAL	UNKNOWN/PREFER NOT TO SAY
WAW Survey (≥40 yrs)	27.4% (n=227)	25.1% (n=208)	47.5% (n=393)	N/A
Prime Interviews (≥25 yrs)	21% (n=10)	33% (n =16)	44% (n=21)	2% (n=1)

Ambiguity Amongst Women About Menopause

Throughout the study, there was ambiguity over what constituted ‘the menopause’. The survey suggested differences between women’s self-identified menopausal status and classifications based on the use of the STRAW+10 staging model, as shown in Figure 1. In other words, some women’s self-ascriptions of their own menopausal status did not necessarily match with the status ascribed to them by the medical model, based on the answers they gave in the survey.

Figure 1: Consistency between medically-classified and self-identified menopausal status (Source: WAW Survey)



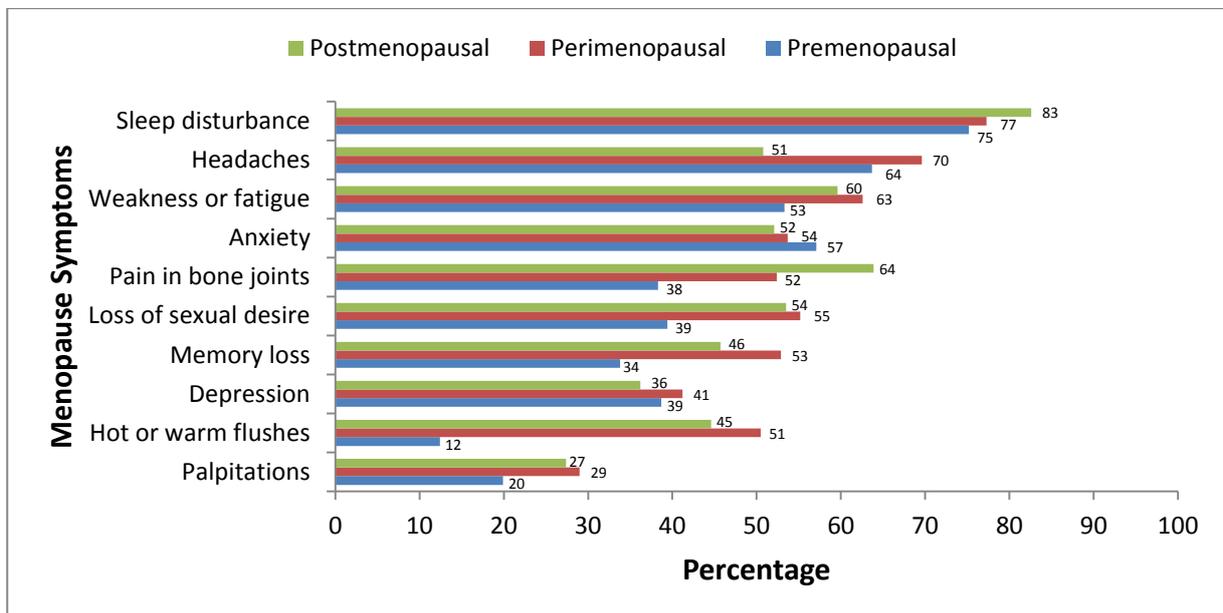
Similarly, the Prime Interviews showed a wide variety of ways to define menopause. Many women understood menopause in biologically-oriented terms, such as the cessation of periods, decreasing bone density, weight gain, sleep disturbance, hot flushes, brain ‘fuzziness’, changes to the uterus, inability to produce eggs, and the end of fertility and reproduction. Others associated it with a change of their position in the life course and as signalling the ageing process. While some women considered menopause a positive event associated with feelings of liberation, independence and increased self-awareness and hope, others associated it with missed opportunities, ideas of decline and a loss of femininity, and concerns about workplace visibility and job market opportunity.

“People need to be very mindful [...] menopause is actually quite a psychological step change in people’s lives and I suspect that, you know, it’s about mid-life, I don’t call them crises. I just think it’s a real review period. I think that you know when you hit sort of, well, mostly menopause probably around the early 50s and I think that’s a really important time for women.” (Cassie, 53, Professional at Uni A, Post-Menopausal).

The Most Commonly Reported Symptoms Associated with the Menopause³

The WAW Survey used a range of measures to ask women to report on symptoms associated with the menopause, as shown in Figure 2. Among all women who participated in this study, 79% reported to be experiencing sleep disturbance, 59% reported to be experiencing headaches, 59% reported to be experiencing weakness or fatigue and 54% reported to be experiencing anxiety occasionally or on a regular basis.

Figure 2: Percentage of participants who had experienced menopause-related symptoms occasionally or on a regular basis in the last month, by menstrual status⁴



³ Use of the term ‘symptoms associated with the menopause’ rather than ‘menopausal symptoms’ is intentional; it allows these symptoms to be linked with menopause, but leaves space for other factors, notably ageing, also to be attributed to these symptoms.

⁴ Menstrual status categorised according to STRAW +10 Staging System. Only the ten most frequently experienced symptoms listed in the Menopause Symptom Index (MENSI, Sarrel et al., 1990) are included.

As shown in Figure 2 hot flushes, the symptom most commonly associated with menopause, was reported to have been experienced regularly by just over half of peri-menopausal women and 45% of postmenopausal women. 'Hot flushes' was also one of the most commonly used phrases that came up when discussing the menopause during the Prime Interviews. For those women that experienced unexpected hot flushes, these episodes could cause embarrassment. Importantly the problem centred on *anxiety* rather than the hot flush itself, anxiety that affected women's feelings of self-esteem and confidence. Women reported several strategies for dealing with hot flushes, such as wearing layers of clothing so pieces can be removed quickly if a sudden hot flush occurs, or avoiding environments that they associated with causing hot flush episodes.

"I've got to say it doesn't impact on my work very much, personally or in my dealings with others. I guess, the one thing that I do notice is when people have hot flushes, because now I understand what it is, because that was the one symptom I did have. [...] I think menopausal women who have a hot flush are a lot more self-conscious about it than they need to be. [...] Having gone through (menopause) I'm a little bit more sensitive so when people say 'oh can we open a window now?' or 'can we turn the air conditioner on?'" (Janet, 54, Academic at Uni A, Post-Menopausal).

The unexpected nature of menopausal symptoms meant that some women were caught off-guard during highly inopportune moments, such as meetings or conferences. The sudden onset of symptoms can include: hot flushes; sweating; headaches; feelings of panic; anger or frustration; forgetfulness; and brain fuzziness. The inability to perform to the best of one's ability creates a significant amount of stress and anxiety, which can lead to poor self-esteem and loss of confidence. Symptoms are often distracting, and loss of concentration and focus can place enormous pressure on the individual, exacerbated by the possible stigma associated with menopause.

"It did affect my confidence for a while because I'd be in a meeting and I'd be looking at someone and then I'd go blank. For example someone's name, I'd be talking about reporting back or talking about a conversation that I had with someone and I'd just go blank on that name." (Marta, 50-55, Professional at Uni B, Peri-Menopausal)

Often, the severity of one symptom can cause such anxiety that subsequent symptoms will arise as a result.

"I could feel this headache starting and then I had it for the entire time we were there and being able to, I had to really focus and concentrate on the workshop and I ended up forgetting a couple of activities... I started to get really hot as well so the emotion brings on the hot flush so that wasn't a nice experience" (Tracey, Age Not Disclosed, Professional at Uni B, Peri-Menopausal).

While all of these symptoms portrayed in Figure 2 are typically associated with the bodily and hormonal changes that occur during and after the menopause transition, many are generally age-related. For example, symptoms such as pain in bone joints, weakness, fatigue and memory loss are also typically associated with increasing age (Luszcz & Bryan, 1998). This must be taken into consideration when examining the frequency of experience of symptoms commonly associated with the menopause. Moreover, these can also be viewed as symptoms of broader occupational health problems that affect all ages of women (which Figure 2 also indicates). The Prime Interview findings confirmed that many of these symptoms were experienced across the ages, and were often attributed to organisational conditions. The open-text responses in the WAW

Survey similarly demonstrate a range of general issues caused by the occupational environment, which may exacerbate or be exacerbated by menopause or age.

"I also struggle with the very sedentary nature of my job. I've just returned to work after a week's rec leave, during which I did household maintenance and gardening, and my body feels better than it has for months."

"I am experiencing swollen feet/calves due to too much sitting down at work, trying to rectify by walking, taking breaks more often and pilates classes."

These comments underscore the importance of better understanding the role of work-related and organisational factors in shaping women's experience of menopause.

iii. Work-Related and Organisational Factors

Three particular factors associated with work and the work environment played a crucial role in shaping women's experience of menopause in the university settings studied. These factors – gendered ageism, organisational sub-culture, and workplace formality – typically exercised a negative influence on women's ability, comfort and willingness to talk openly about their menopausal experience in the workplace.

Gendered Ageism

Gendered ageism is the culmination of unfavourable attitudes on account of both gender and age combined. Prime Interview findings suggest that negative messages conveyed implicitly or explicitly by organisations, managers or fellow employees about the value of older women have a significant impact on how engaged women are in their workplace and how valued they feel. Menopause was also positioned as part of a larger antipathy towards older employees in work, with a number of accounts of ageism recalled:

“I think there is a perceiving that there is a greater emphasis on the younger generation [...] you get the new Dean (managerial position) and he or she wants to start the initiative, new projects and so on so new people on board and the new people on board tend to be much younger.” (Valerie, Age Not Disclosed, Academic at Uni B, Post-Menopausal).

“Whatever the University says about older people, they don't really want them. They want everybody out. And for good reasons. I mean part of it is they don't want old people but the other side of it too is, I mean there's no spots for younger people, and the degree to which older people continue to work and occupy these spots there are fewer positions.” (Penny, 61, Academic at Uni B, Post-Menopausal).

There were also accounts of gendered ageism through invisibility, or the 'disappearing of women'. This was experienced differently in each job classification, academic or professional, and varied depending on which Faculty one was employed in. Frequent use of the term 'invisible' stood out strongly in the data and signified that women felt once they had reached menopausal age, they were no longer physically or intellectually desired by the organisation and this manifested in day-to-day work interactions. Some older women felt they were 'looked over', whilst others took the view that older women were 'not even thought about' in terms of promotion:

“I think it should be a time of recognition of a different age of a woman but I think it's more a disappearing of women. I'm not sure that I feel that way necessarily but certainly with the job cuts looming I do, I have had thoughts that maybe I would be less able to be employed because of my age. [...] I think that generally menopausal women are invisible, certainly as objects of beauty.” (Kirsty, 51, Academic at Uni A, Peri-Menopausal).

These sentiments of gendered ageism also came through in the open-text answers in the WAW Survey. For example, one participant stated that: *“I find it difficult to get support or express the need for support at the workplace as gender-related health issues such as this could be perceived as a weakness and could provide the basis for lack of promotion and ability to perform. I definitely feel older women are disadvantaged in the workplace.”*

Organisational Sub-Cultures

Organisational sub-cultures that were specific to particular units or departments of the organisation were found to have a significant influence on women's experience of menopause at work. Different parts of the universities had different ratios of men to women, and different gendered cultures, values and expectations. In settings where men and masculine values dominated, women were expected to 'fit in' and to manage their bodies according to norms and cultural expectations. A certain level of gender 'performance' which was required in order to feel comfortable influenced how silent or open menopause was within the workplace.

"Well I would, it's part of the whole thing of ..., that is kind of the high road and the path of least resistance. You can take the high road but generally most women in engineering take the path of least resistance and that is to be broadly, helps to be androgynous as possible, you don't want to be too girly. Girly is connected with unprofessional broadly so you just want to be a go get 'em professional and a lot of men are not comfortable with this sort of conversation. It's just to do with the history of this sort of profession really, just very male dominated." (Hannah, 41, Academic at Uni B, Pre-Menopausal).

As such, the local organisational culture appeared to have a strong influence on women's experience of menopause at work, perhaps more so than larger organisational messages. For instance, women who worked in male-dominated areas such as science and engineering were more likely to emphasise the stigma associated with hormonal events, thus creating a silence around women's bodies. Similarly, women who held demanding senior positions were more likely to express the belief that menopause is not an issue that requires discussion in the workplace as it would affect perceptions of their strengths and abilities. Conversely, faculties such as arts or education that are predominantly female were more inclined to engage in informal discussions about menopause and the female experience. This does not denote that women were any more comfortable discussing menopause in a formal capacity at work than their science and engineering counterparts; however, it did suggest that women's bodies were certainly less stigmatised and silenced.

Workplace Formality - Menopause as a Private Matter , or 'Women's Business'

Many women acknowledged that although menopause and other hormonal issues were not discussed formally in the workplace, it was still discussed at times during private or informal conversations. Most women expressed a willingness to discuss these matters with other female colleagues or close friends around the same age group, as this made them feel more comfortable knowing they could self-identify. Although there were informal discussions that took place in hallways and lunchrooms, they were significantly less likely to occur when the environment was dominated by men, as almost all women expressed reluctance to discuss private bodily matters with other male staff.

It was striking that a number of women drew on the motif of 'women's business' to frame menopause. Most women expressed they were more likely to want to discuss bodily or private matters with another female member of staff if they needed to have that conversation. In this sense, women were more likely to seek out the solidarity of another woman who could relate to or share their experience through empathy and not express judgement.

"If you've got a manager and head of department who are female who perhaps have been there or who are sharing their experience with you then naturally there's more acceptance and understanding of it, whereas if

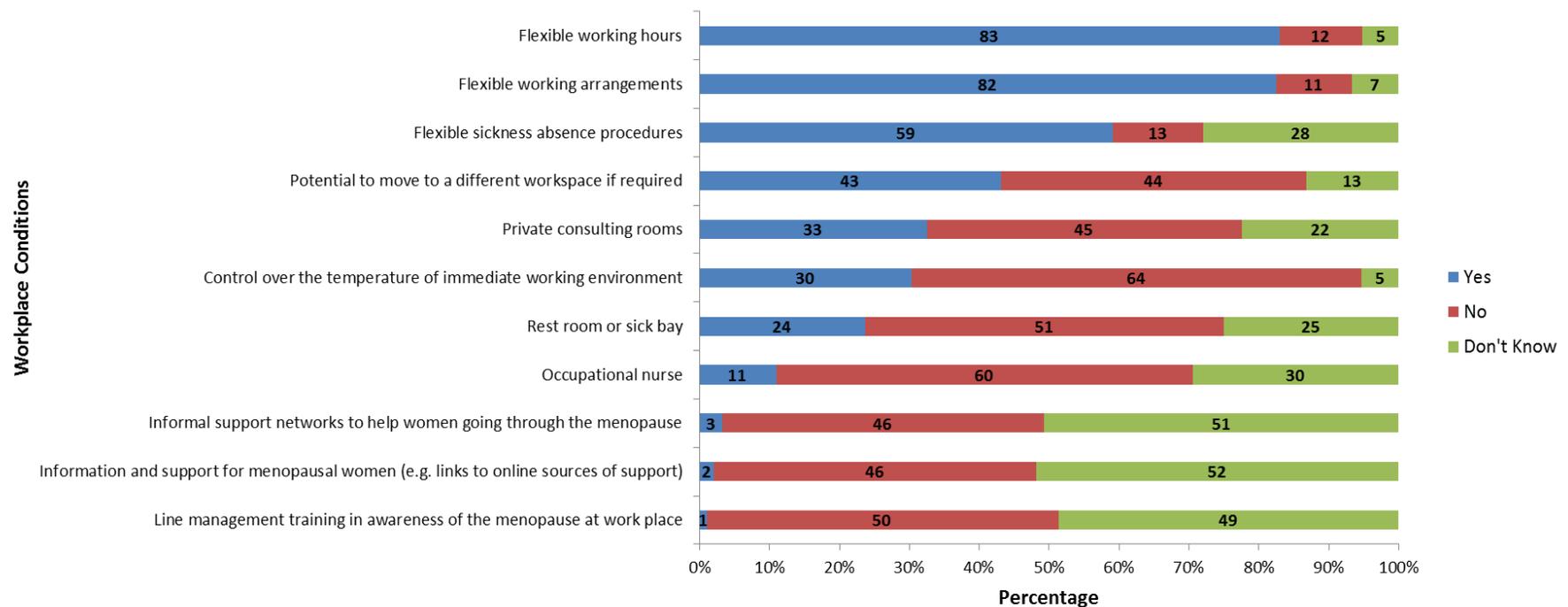
you've got a male head of department and perhaps male manager I think you'd suffer more in silence and you wouldn't share as much" (Beth, 40-50, Professional at Uni B, Pre-Menopausal).

These organisational messages about how open or not a workplace was to discussing menopausal issues was often correlated with the amount of organisational or supervisory support for women experiencing menopausal symptom (e.g., the existence of adequate cooling in offices). Other issues connected to organisational support and resources for menopausal women are canvassed in the next section.

iv. Organisational Resources and Support for Menopause

The WAW Survey revealed that organisations had yet to provide menopause-specific policies. As shown in Figure 3, most women reported that they have a flexible work environment (i.e. flexibility in working hours, working arrangements and sickness absence procedures), a positive feature of the work environment in terms of managing menopause. By contrast, only 30% of respondents reported that they had control over the temperature of their immediate working environment. Further analysis revealed that women who reported that they had control over the temperature reported fewer bothersome menopause-related symptoms and experienced menopause-related symptoms less frequently. This finding supports the need for an accommodating infrastructure that allows employees to modify the temperature in their offices if required. Very few participants indicated that their workplace provided support (informal or informal) or line management training on the menopause (3% or less).

Figure 3 – Percentage of participants who reported that they have the following conditions or procedures in place at their work (N = 839)



Coping Strategies and Organisational Support

In contrast to the organisational silence on menopause evident in the survey findings, in the Prime Interviews, menopause was seen as forming part of informal discussions amongst women.

“I think that we constantly, whether it’s a bonding thing or we naturally just talk about it amongst ourselves for that as long as I remember it’s always been a part of the conversation ... so whenever there’s like an in-joke.” (Belinda, 47, Academic at Uni B, Pre-Menopausal).

In addition to informal discussion, women develop individual ways of negotiating their menopausal transition at work that assisted with making their menopausal experience less interruptive during work hours. Strategies such as having a fan in the office, wearing layers of clothing for easy removal, closing the office door, eating a better diet and attending the gym regularly were found to be activities that were easily carried out on a personal level. Job autonomy and workplace flexibility scored as the main contributing factors that shaped a woman’s experience of menopausal symptoms at work. The ability to reschedule meetings and manage their time better and more effectively, such as working around days when symptoms were particularly bad, provided much relief from the demands of hormonal upheaval. Diana’s experience below demonstrates the need for workplace flexibility:

“So I spoke to my manager director about that saying, you know, it’s really hot, although what happened is on really hot hot days when even being down this end didn’t work and I asked to work at home with my air conditioning I got a really bad response, I wasn’t allowed to do, I had to come in. So sitting in a room with a fan in my face and, you know, the temperature creeping up to 32 degrees, it was really awful.” (Diana, 51, Professional at Uni B, Peri-Menopausal).

Organisational Policies on Menopause?

There was a mixed view on whether organisations should have a formal policy surrounding menopause. Some women felt that there should not be an individual policy in place for ‘hormonal issues’ such as menopause, as this is a highly individual and private experience. Others wondered whether, if there are policies for women, organisations would also have to make certain policies for men: *“I think we could end up policing ourselves into not being able to actually function.” (Helen, 53, Uni A, Pre-Menopausal).* Others suggested that while it should be considered, there was a lack of faith that organisations would implement a useful policy:

“Menopausal women would they be punished for outing themselves? Would they now be identified as crones, and therefore not, so you know, so we’re too young and stupid and sex objectish and then we’re too pregnant and maternal and worried with child caring duties and then we become dried up crones (laughs) who, you know, can’t contribute to the workforce- [...] I don’t trust organisations to do it maturely, and without those repercussions happening.” (Diana, 51, Professional at Uni B, Peri-Menopausal).

There was a particular concern that if organisations paid concerted attention to menopause, it would only serve to further problematise and possibly marginalise women unless very sensitively handled. Others felt that a more holistic approach would be preferable, rather than a direct approach to ‘managing the menopause’.

“Not a formal role, maybe an informal role, but that’s just courtesy just of being recognised as a human being. Like if you noticed, you know, the person’s taking minutes or whatever or they’ve started to go through a hot flush [...] turn around and take over their job while they go and cool off or something like this or let them open windows or whatever, but nothing formally” (Helen, 53, Professional at Uni A, Pre-Menopausal).

However, many participants felt that there should be more support networks and information for managers and supervisors so they can be better equipped to handle conversations relating to menopause. Others suggested that a booklet might be useful, similar to those that provide information about mental health or domestic violence issues.

Practical issues surrounding control of the environment were also seen as having a big impact. For example, adequate heating and cooling in offices, greater flexibility in working arrangements (although these were noted as generally very accessible already) and a general attitude shift away from women’s hormonal transition as being perceived as weak or a barrier to a successful career. Not only may the logistics and ease-of-access surrounding these practical policies help to ameliorate the bothersomeness of symptoms, but they might send messages about how valued employees were, as suggested in the contrasting accounts below:

“If you ask for an air conditioner or a cooler office people think you’re whinging rather than an acknowledgement that, you know, for women in menopausal period” (Katie, 53, Academic at Uni A, Post-Menopausal).

“One of the researcher’s here who was older than me said ‘oh, you know’, I said ‘oh that’s a little fan on your desk’ and I said ‘what’s that for’ and she said ‘oh it’s for my hot flushes, I asked the workplace to provide it and they did’ and I went ‘oh’! [...]I think that little gesture that I came across of the organisation, yeah, buying a staff member a fan I was just like, I mean it’s tiny, I mean it’s probably like a fifteen dollar fan but it’s actually significant in a way” (Harriet, Age Not Disclosed, Academic at Uni A, Peri-Menopausal).

Given the varied elements of the organisational environment that ameliorate or exacerbate women’s experiences and perceptions of menopause at work, how do these come together to shape work outcomes? The WAW Survey gives us answers as now discussed.

v. Menopause and Work Orientation

The relationships between menstrual status, experience of menopause-related symptoms and enjoyment and engagement at work, were examined in the WAW Survey. The differences between mean scale scores by menstrual status were tested for statistical significance. After controlling for age, none of the measured work outcomes differed by menstrual status. This suggests that a woman’s menstrual stage in itself does not have a discernible effect on her engagement at work, how much she enjoys her job, her intention to quit or affective commitment to the organisation. However, the relationships between menopause and work were analysed further, by examining the relationships between the frequency (how often they were experienced) and bothersomeness (how generally problematic they were) of menopause-related symptoms and four work outcomes. The findings from these analyses are reflected in Figure 4 below.

Figure 4:- The relationships between the frequency and bothersomeness of menopause-related symptoms and work outcomes among peri-menopausal and post-menopausal women (N = 601)⁵

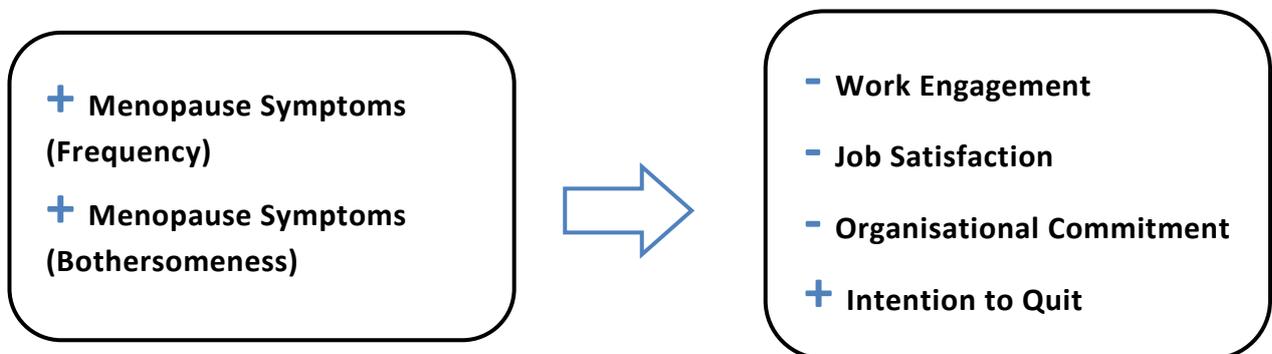


Figure 4 shows that among peri- and post-menopausal women, the more frequently women experienced menopause-related symptoms, the less engaged they felt at work, less satisfied with their job, less committed to the organisation they work for, and the greater their intention to quit their job. The same relationships were observed for symptom bothersomeness. These findings suggest that the frequency and bothersomeness of menopause-related symptoms does negatively impact on women’s experience at work and that this occurs independently of the age-related effects on work experiences.

Complex Symptoms, Complex Lives

However, these statistical findings should be treated carefully, especially in terms of interpreting what they mean. First, and to re-iterate a point from earlier, though symptoms like sleep disturbance and pain in bones and joints are often associated with hormonal change, they could also be attributed to broader experiences of ageing or to workplace characteristics and culture, as shown in some of the free-text WAW Survey comments when participants were asked if they experienced any relationship between work and the menopause:

⁵ Linear regressions were conducted to examine these relationships; age was controlled for in these analyses.

“The memory thing possibly - but I put that down to overload in my new role.”

“I’m not aware of menopause impacting on my work life other than changes in body temperature, hot flushes, chills, with apparently no control over this stuff. I’m not sure if moodiness is built into me or if it is menopause-related. Confusing.”

Symptoms related to the menopause were often discussed in interviews as part of a complex mix of different episodes and events which made it difficult to define ‘menopausal experience’ in isolation from the rest of a woman’s life. Other significant events often took place outside of the workplace alongside the menopausal experience itself, which required an enormous amount of mental and emotional energy to successfully manage whilst also maintaining their careers. For example, caring was a prominent feature of participants’ lives. There was wide agreement that women were more likely to engage in the emotional and nurturing work in the domestic sphere. The weight of juggling these issues as well as managing their career and work expectations became evident throughout the interviews:

“Yeah, I think apart from menopause, okay, yeah, primary care for members of their family, you know, how many older women are caring for their parent or parents or going through the processes of you know getting parents into hospitals or retirement villages [...] You have to do a lot of that stuff as well while you’re working and when you’re older, [...] that would impact upon me more emotionally than menopause because you’ve got to do a lot of stuff at work” (Bella, 53, Professional at Uni A, Post-Menopausal).

There were many other ‘time of life’ aspects, such as relationship breakdown and divorce, increased instances and effects of disease in friends, family and own self (such as cancer), increased responsibilities at work, young children and other hobbies or interests outside of work.

The second point of contention was that often work activities or experiences may be responsible for exacerbating the bothersomeness of symptoms associated with the menopause. Some participants strongly contested the causality of menopause affecting work, arguing that it was negative work conditions that had an exacerbating impact on how they experience menopause, as well as negatively influencing broader aspects of their health. Many open-ended answers in the WAW Survey stressed how work negatively influenced their health, not vice versa:

“My physical health does NOT have negative impact on my work. It is my work and work-related stress that affects my life, and contributes to my increased level of anxiety and problems with sleep.”

“Asthma exacerbated when workload becomes very heavy and hours become excessive. This happens regularly.”

Participants also referred to the changing nature of their work in terms of career change and the associated stress that can often arise from that which can exacerbate symptoms or make them more bothersome and severe. Job insecurity and uncertainties around the organisation’s future directions, were also contributing factors to stress and anxiety, which created a lack of enthusiasm for the workplace in general. In this sense the ‘cause and effect’ of menopause-related symptoms was difficult to discern.

DISCUSSION

What is Menopause at Work About?

A Highly Subjective Experience

Results from the study indicate that women experience the menopause in a multitude of ways. A large proportion of peri-menopausal women who responded to the survey were frequently experiencing menopause-related symptoms (e.g. 77% reported having sleep disturbance occasionally or on a regular basis, 70% headaches and 63% weakness or fatigue). Similarly high percentages were reported among post-menopausal women, although some symptoms were reported more frequently, such as sleep disturbance (83%) and pain in bone joints (64%). For seven out of the ten most frequently reported symptoms, the highest percentages were reported for peri-menopausal women. However, while all of these symptoms are typically associated with the bodily and hormonal changes that occur during and after the menopause transition, many of the symptoms are also generally age-related. For example, symptoms like pain in bone joints, weakness and fatigue are also typically associated with increasing age. This must be taken into consideration when examining the frequency of experience of symptoms commonly associated with the menopause.

Interview participants also highlighted how **the experience of menopause cannot be separated from organisational or socio-cultural norms, or the 'time of life' when menopause occurs, which is often filled with caring responsibilities and other transitions.** Many women felt that organisational expectations required them to 'hide' any evidence of their 'hormonal bodies' by presenting an unproblematic self. The sudden onset of menopausal symptoms can cause distress and discomfort when visible symptoms reveal themselves. Symptoms may subsequently result in feelings of inadequacy and embarrassment and be accompanied by loss of self-esteem and confidence. Therefore, in the case of absence from work due to the severity of symptoms, women were more inclined to tell supervisors they were unwell, or had a cold, rather than discuss menopause-attributed bodily episodes. The unpredictable nature of symptoms also meant that women spent a lot of time and money making sure they were prepared for the inevitable hormonal episode, so as to diminish the anxiety associated with such events. Conversely, not all women were found to have experienced menopausal symptoms and although hot flushes are thought to be the most common and visible marker of menopause, this did not always occur. This denotes the heterogeneity of the menopausal experience, in that there are many variables that can affect the propensity and regularity of symptoms.

Menopausal Symptoms rather than Menopausal Status

Results indicated that a woman's menopausal status is not an automatic indicator of their likely perceptions of work, and performance in the workplace. Women's experiences are too diverse to make uniform predictions. However, how frequent and bothersome these symptoms associated with the menopause were did result in women being less engaged at work, less satisfied with their job, a greater intention to quit their job and less commitment to the organisation. These findings suggest that the experience of menopause-related symptoms negatively impacts on women's experiences at work, independently of the age-related effects on work experiences. Our findings are

consistent with results reported by other studies showing that the symptoms associated with menopause negatively influence women's experience at work (e.g. Griffiths et al., 2013; Sarrel, 2012).

However, the causality of the relationship between menopause and work-related outcomes is complex and there is a danger of ignoring the subtleties of organisational environmental and cultural factors that impact the severity of experience and the subjectivities of the individual. For example, the survey revealed that only 30% of respondents reported that they had control over the temperature of their immediate working environment. **Often, it can be the workplace itself that exacerbates symptoms due to increased stress and the changing nature of the academic and educational landscape.** Symptoms that may have been manageable or even non-existent outside of work stress and career anxiety, are therefore not always understood as being influenced by external factors. Additionally, around the median age of menopause (51 years for natural menopause), many women have significant life events that are occurring outside of work, which often coincide with an intensification of labour in their jobs due to increased responsibilities through career progression. The women interviewed described a rich landscape of personal and professional life experience, which mostly involved a great deal of emotional, physical, social, mental, domestic and familial work that was often understated and underestimated in their workplace. The fact that many women experienced menopause as a negative factor in their day-to-day work, denotes that although it is often stated as 'not a problem', it can clearly affect the workplace experience. These results underpin a call for the implementation of workplace procedures, policies and guidelines that support working women as they transition through the menopause.

Recognising a Committed, Resilient and Ambitious Workforce

Our findings indicate that contrary to a common belief among employers (Encel, 2000), there may be benefits in investing in older workers, as they are less likely to leave the organisation. Survey results show us that older women report being less likely to leave their jobs than their younger colleagues. Interview results also suggested **older women are enthusiastically pursuing career success well past the period associated with menopausal experience and actively seek out opportunities** to elevate themselves to senior level positions, although sometimes these opportunities are not presented by the organisation.

Our results showed that the younger women in our sample (women aged 40 to 49 years) were more likely to be working on a part-time or casual basis than their older colleagues (aged 50 to 59 years). While this may be due to sampling specifics (such as those who move to part-time end up leaving the workplace earlier), the implications of this are significant in terms of workforce planning. The health data collected by the survey indicated that on average, women reported good mental and physical health. Physical health worsened with age, while mental health improved with age. These age trends have been observed consistently among women in Australian population health data (Brown et al., 2006).

Rethinking the Culture of our Workplaces

Although the experience of hormonal transition is very subjective and not every woman will have the same menopause transition, our findings identified that feelings of diminished usefulness and relevance to one's role were tied to the culture of women's immediate working environment. Women described various levels of gender and age discrimination or stereotypes within the workplace, which required that they create, maintain or discard certain aspects of their femininity in order to strategically present a more malleable version of themselves. This was particularly evident in the more androcentric faculties of universities, such as science, medicine and engineering. These strategies were often used to divert attention away from the biological and aesthetic signifiers of a woman's body, which are still very much aligned with problematic behaviour, weakness and embarrassment. Moreover, women in general felt expected to perform above and beyond circulating life events, more so than their male counterparts. To negotiate these challenges, women preferred not to bring issues into the workplace, because they felt that unconscious bias may result in their careers being disadvantaged in some way, reinforcing a culture of silence. For these reasons, women were observed to have engaged in a significant amount of emotional and physical 'work' in order to separate their minds from their bodies.

Conjointly, it is important to situate the role of women outside of the workplace by acknowledging the other various roles they are more likely to take on due to cultural and social norms, such as caring for elderly parents, raising young children or helping a loved one through disease and illness (or indeed dealing with an illness themselves), which require a great amount of time and focus. Our research demonstrated there was a keen feeling from women that with adequate support, they could continue working, but often the support came too late or was not easy or straightforward to access.

Organisational Support surrounding (not Management of) the Menopause

Participants indicated that their **workplace provided little support (formal or informal) or line management training on the menopause** (3% or less in the WAW Survey). It is clear that workplaces underestimate the possible impact that the menopause and associated symptoms have on older working women's enjoyment and engagement at work. The women in this study expressed an overall desire for organisations to inclusively provide information and training around the menopausal experience in a non-gendered way as part of a broader workplace health strategy, thus avoiding the often isolating experience of a woman's body in the workplace that still exists. Although menopause is not formally discussed within organisations, and the general perception by women is that it does not need to be discussed, there are obvious issues circulating within menopausal symptoms and workplace parameters. While there was a dominant perception that menopause should not be singled out as an issue that needs special attention, women were quick to offer suggestions as to what might be useful, such as an information booklet or including menopause in the organisation's wider materials on mental and physical well-being.

Flexibility was extremely important to respondents, which is known to have a positive impact on worker retention and the occupational well-being of older workers (Ghosheh et al., 2006). The flexibility figures from the current study are encouraging to see, as an accommodating workplace is important for older women given the significant life changes they face (including bodily changes

associated with the menopause transition and other life factors such as caring for ageing parents and partners retiring from the workforce). Flexibility in working conditions is not uncommon in the university sector, so further research is required to examine the health and well-being of older women in other types of workplace such as health-care, banks or retailing. Flexible work practices and the ability to autonomously fulfil one's role whilst managing factors such as the menopausal experience, significantly impacted women's overall job satisfaction. Accessibility to private spaces, rescheduling meetings, increasing cooling within offices and working from home all heavily influenced the way in which work was perceived as a supportive and accommodating environment, which encouraged greater loyalty and dedication.

Women made it clear that they did **not want to formally discuss their menopausal bodies** with the organisation or feel 'managed through menopause' in any way by their workplace. However, they seemed to infer that if the organisation took a proactive approach and the cultural perception of menopause and growing older in general shifted, it would significantly affect their work and career opportunities. Informal conversations around menopause already exist in some workplace environments, and those affected all cited difficulty in managing symptoms at certain times, thus affecting work performance. Women generally expressed relief at being able to discuss private matters with female colleagues and superiors and were more inclined to discuss menopausal issues with other women. Broadly, there were two reasons for this; another woman was more likely to have a personal knowledge of the issue and men were less likely to understand hormonal issues and more likely to perceive it as a sign of female fragility. For this reason, menopause and the workplace are inextricably linked, even more so because of the silence and stigmatisation that it receives. This silence also speaks to a wider perception around women's bodies and their position within male-orientated workplace cultures that serves to reinforce gendered gaps and tropes around 'the weaker of the sexes'.

RECOMMENDATIONS

Menopausal transition need not be a significant workforce problem, though the study did find that the frequent and bothersome experience of certain menopause-related symptoms can cause workplace issues for some women. However, this report has found that there is a more pressing challenge for organisations. It is vital to recognise that negative cultural messages, inhospitable workplace environments and a lack of organisational and line management understanding of what menopause may entail, can lead to significant challenges and outcomes for professional women. Accordingly, the research has identified a number of areas that organisations, professional bodies and practitioners should seek to address.

We would stress that the recommendations below are by no means exhaustive and would urge caution in implementing strategies and initiatives that do not include the plurality and voices of older women. To this extent, developing practices that emerge from asking women within an organisation may prove to be the more effective strategy. Crucially, these recommendations must not be limited to one part of the organisation like OH&S; it must extend to others, including Human Resources and Equality & Diversity.

OH&S Recommendations: Menopause

- Initiate practical policies such as moderating adequate heating and cooling in office spaces so that body temperatures can be managed more effectively, or making desk fans easily available. Processes and procedures to support women must be easy to access.
- Provide line managers and supervisors with training surrounding awareness of day-to-day menopause-related episodes and ways to collaboratively support women.
- Identify and assess episodic events (such as symptoms associated with menopause issues or male health issues related to prostate) that may fall outside OH&S procedures that require more permanent solutions.
- Develop information packs that provide health-related information on 'what-to-expect-when-you're-expecting-the-menopause'.
- Initiate seminars that are open to both partners and men with supervisory responsibility for women that explore how to articulate and develop empathy-based skills within professional conversations surrounding work.

HR Recommendations: Menopause

- Provide information for women via web-based one-stop-shop sites (e.g., on an employee assistance website) where employees may access general links to peer-reviewed, rigorous, evidence-based data surrounding the menopause.
- Situate the menopause as part of a broader health and well-being agenda or a wider later-life HR strategy.
- Avoid conflating menopause with problematic or deficiency discourses and assumptions.
- Generate material to tackle the 'myths' surrounding menopause.
- Provide resources for both formal and informal networks that provide support and knowledge exchange points for women (including for younger women who have not yet thought about menopause).

- Maximise the flexibility of work time arrangements and sickness absence procedures to cater for menopause-related issues.

Non-Menopause-Related Organisational Recommendations

- Support the heterogeneity of women's career trajectories through life-course approaches to career development. Consider reviewing career models, career development advice and support.
- Design and develop training that is sensitive to the particular needs of particular generations (e.g., training for new IT systems that does not assume a 'digital native' learner).
- Recognise how profound localised cultures can override organisation-wide messages. Specific messages may have to be tailored at a local unit level.
- Explore how embedded biases and/or assumptions surrounding age, career, capacity and perceptions, may hinder overall organisational objectives. In particular, training surrounding unconscious bias and assessing data that identifies points of plateau that may result from possible inequality should be considered.
- Ensure that initiatives to promote health in the workplace (e.g., connected to healthy eating and physical activity) are integrated into daily working practices, rather than requiring activities that inadvertently intensify individuals' work.
- Address the increasingly sedentary nature of professional, office-based work and consider imaginative and creative ways to mitigate the associated risks.

Policy and Professional Body Recommendations

- Develop the business case approach to older women in the workplace surrounding resilience, knowledge and collegial labour as a significant factor in organisational success.
- Develop later-life work policies that take into account how changing personal circumstances and opportunities may reconfigure (which may be both challenging and positively related to career development) women's employment perspectives.
- Promote career models that recognise and foster second or third career stage development.
- Provide resources for organisations to use that will facilitate and support, rather than 'manage', menopause, such as information sheets and examples of best practice.
- Consider the visibility of different working bodies and the subliminal messages that visual communication, figureheads and initiatives targeting particular groups (e.g., only images of younger female workers or older female workers who look young) may send.

CONCLUSION

This study is an important first step in exploring some of the experiences, challenges and outcomes surrounding menopausal transitions - an area which is part of a broader lack of understanding of women's later life experiences. These findings may inform workforce planning in terms of the development of occupational health programs, and tailored HR policies and procedures that are age- and gender-appropriate. However, in many cases, these practices, initiatives and information-seeking hubs may not only be best practice for menopause at work. Rather, they indicate how a greater awareness and support for health and well-being is fundamental to supporting productive work into later life and fostering a sustainable working life for all ages and sections of the workforce.

The women who participated in this study emphasised that they do not want a 'spotlight' shone upon them, targeting them with an HR intervention and marking them out as menopausal. Instead, organisations need to understand that support, information and education related to menopause is vital, but as part of a broader health and well-being at work message. As one woman said, "it's just a natural part of life!" If organisations recognise and support these kinds of health and lifestyle-related episodes as part of an employee's life, they will be rewarded with a dedicated, committed and productive workforce.

Menopausal women are a resilient, experienced, reliable and loyal segment of Australia's workforce. The time is right for organisations to help release the potential of older professional working women.

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