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What do working menopausal women want? A qualitative investigation into women's perspectives on employer and line manager support



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ABSTRACT

Objectives: To explore women's perspectives on what employers and managers should and should not do in relation to women going through the menopause.

Methods: An online questionnaire was used to collect qualitative data in a cross-sectional study of working women. Three open-ended questions asked peri- and post-menopausal women, aged 45–65 years: (i) what they thought employers could do, or should do, to help menopausal women who may be experiencing difficult menopausal symptoms at work; (ii) how managers should behave; and (iii) how managers should not behave towards women going through the menopause.

Results: 137 women responded to the open questions in the survey. An inductive thematic analysis was conducted and three overarching themes emerged. Theme 1 related to employer/manager awareness, specifically to knowledge about the menopause and awareness of how the physical work environment might impact on menopausal women. Theme 2 related to employer/manager communication skills and behaviors, specifically those considered helpful and desired and those considered unhelpful and undesired. Theme 3 described employer actions, involving staff training and raising awareness, and supportive policies such as those relating to sickness absence and flexible working hours.

Conclusions: The menopause can be difficult for some women to deal with at work, partly due to the working environment. To our knowledge, this is the first study to explore women's descriptions of how they would like to be treated by employers/managers, and what would be helpful and unhelpful. The results have clear implications for communication about menopause at work and for employer-level policy and practice.

1. Introduction

With an aging workforce and rising employment rates for women throughout Europe, increasing numbers of women will be working during their menopause transition and postmenopause [1]. The 'menopause', or the last menstrual cycle, occurs on average between the ages of 50 and 51 in western cultures and usually last between four to eight years, although symptoms may persist for up to ten years [2,3]. It is estimated that 25% of women experience symptoms that affect their quality of their personal and working lives [4–6]. Women have been found to attribute sleep disturbance, fatigue, low mood, difficulty concentrating, and poor memory to their menopause, and report hot flushes at work as a source of embarrassment and distress [7–11].

Whilst the menopause may cause no significant problems for many women, for some it is known to present considerable difficulties in both their personal and working lives [1].

identify their possible impact. In a systematic review, Jack and colleagues [12] noted that symptom reporting and severity were associated with various aspects of work design and with workplace temperature. They also concluded that, while some working women who had bothersome menopausal symptoms reported impaired work outcomes (such as lowered productivity, higher rates of sickness absence and lower job satisfaction), the overall evidence was inconclusive. Since this review, a large survey found that although most women aged 40–65 reported that they functioned well at work, there was a significant association between the presence of vasomotor symptoms and self-perceived impaired work ability [13]. In another recent survey, lower menopausal symptom reporting was associated with higher perceived supervisor support and better control over workplace temperature [14].

A number of studies have explored work characteristics in order to

Together, these studies suggest that both the experience of meno-

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pause might impact on work, and that work can impact on the experience of menopause. Further longitudinal research is needed to verify precise causal relationships and mechanisms, but the evidence is currently sufficient to highlight menopause as a possible occupational health issue that warrants attention.

There is limited evidence about how managers might best behave in relation to this issue. In a large survey, over 900 working women indicated the employer-level actions they found helpful or thought would be helpful. The top five were: awareness among managers that menopause can present an occupational health problem; flexible working hours; information/advice about menopause and coping strategies at work; better ventilation, air conditioning and temperature control; and informal support at work, for example from a women's network or advice line [7]. However, the precise nature of such support, particularly how manager awareness is manifested, remains to be explored. The present study represents an in-depth exploration of women's views about the nature of appropriate and helpful employer and manager behavior.

The study was granted ethical approval by King's College London Psychiatry, Nursing and Midwifery Ethics Subcommittee (HR-15/16-2492).

2. Methods

An electronic survey was sent via email to members of a trade union and professional association for family court and probation staff in England, Wales and Northern Ireland. Participants were provided with information about the survey on the first page and consent by ticking a box before proceeding with the survey.

It collected data on women's health issues at work, specifically on premenstrual symptoms and the menopause. Demographic questions included age, ethnicity, educational level, marital status, dependents, employment status, working hours, and working environment (main age and gender of people that the women worked with day to day). Menopausal status was determined as follows: peri-menopause if experienced menstrual changes but had menstruated in the last 6 months; post-menopause if not had a menstrual period for a least 1 year. In relation to working women who may be experiencing menopausal symptoms at work, three open-ended questions asked about: (i) what they thought employers could do, or should do, to help menopausal women who may be experiencing difficult menopausal symptoms at work; (ii) how managers should behave, and (iii) how managers should not behave towards women going through the menopause.

An inductive thematic analysis was performed on the responses (data) provided by participants [15]. The first author reviewed all responses and created an initial thematic coding structure to represent the data. The data and initial coding structure were examined by the second and third authors independently. A revised structure was created and further examined by each author to determine that it more accurately reflected the data. Group discussions were held and several iterations made before agreeing upon the final structure.

Using the software programme NVivo (version 21), the first author coded all responses. Further discussions were held between the authors and final alterations and refinements were agreed. For reasons of parsimony, it was agreed that themes representing less than 1% of participant responses be dropped from the thematic structure [15]. Inter-rater reliability was checked by an independent researcher; twenty-five per cent of extracts were coded and a kappa of 0.72 indicated an acceptable level of inter-rater agreement [16].

3. Results

A total of 137 women, out of total of 195 respondents, answered the open questions about menopause. Their average age was 54 years, approximately three-quarters were peri-menopausal and a quarter were

Table 1Sample characteristics (N = 137).

Variable	N (%)
Age in yrs (n = 125)	M = 54.3 (SD 0.45)
Menopausal status (n = 137)	
Post	101 (73.7)
Peri	35 (25.5)
Regular periods due to taking HRT	1 (0.7)
Ethnicity (n = 134)	` '
White	119 (88.6)
Asian	2 (1.4)
Black	13 (9.7)
Marital Status (n = 136)	()
Married/Partner	94 (69.1)
Divorced/Separated/Widowed	22 (16.2)
Single	20 (14.7)
Dependents	20 (1 117)
Children (n = 136)	99 (72.8)
Caring for friend/relative/other (n = 134)	47 (35.1)
Education (n = 136)	47 (33.1)
O' level	12 (8.8)
A level/Higher	7 (5.1)
Degree or professional qualification,	
Postgraduate qualification	65 (47.8)
9 1	50 (36.8)
Other	2 (1.5)
Employment Status (n = 133) Full-time	00 (72.1)
	98 (73.1)
Part-time	35 (26.3)
Work Pattern (n = 137)	116 (047)
Regular or set work hours during the day	116 (84.7)
Regular or set work hours but sometimes day at other	6 (4.4)
times night	10 (10 0)
No set work patterns/other	12 (10.9)
Flexible Hours (n = 134)	86 (64.2)
Managerial/supervisory responsibilities (n = 133)	34 (25.6)
Working environment $-$ gender (n = 136)	
Work mainly with women	30 (22.1)
Work mainly with men	13 (9.6)
Work mainly with both genders	91 (66.9)
Lone working	2 (1.5)
Working environment $-$ age (n = 136)	
Work mainly with people same age	3 (2.2)
Work mainly with people older	1 (0.7)
Work mainly with people younger	30 (21.9)
Work mainly with people of mixed ages	103 (75.2)
Employment Sector ($n = 137$)	
Public	83 (60.6)
Private	54 (39.4)

postmenopausal and one woman was using hormone therapy. The majority (99%) were non-manual workers with degree and/or professional level qualifications. The women worked in the probation service in both public and private sector organizations, the majority working in non-managerial roles (74%). Two-thirds were working full-time, and two-thirds reported having flexible working hours. Women worked mainly with staff of both genders on a day to day basis (66.9%) and of a variety of ages (75.2%). Sample characteristics are presented in Table 1.

Three overarching themes emerged from the analysis. Theme 1 related to *employer/manager awareness*, specifically relating to the need for increased knowledge about the menopause and awareness of how the physical work environment might impact on menopausal women. Theme 2 related to *employer/manager communication skills and behaviors*, specifically, those considered *helpful and desired* and those *unhelpful and undesired*. Theme 3 described *employer actions*, involving staff training and raising awareness, and helpful policies such as those relating to sickness absence and flexible working hours. These are summarized in Table 2 below and described further in the section below.

3.1. Theme 1. employer/manager awareness

Most respondents mentioned the importance of knowledge about the menopause and awareness of the physical work environment on

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