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V. Beck, J. Brewis & A. Davies

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# The remains of the taboo: experiences, attitudes, and knowledge about menopause in the workplace

V. Beck<sup>a</sup> , J. Brewis<sup>b</sup> and A. Davies<sup>c</sup>

<sup>a</sup>Department of Management, University of Bristol, Bristol, UK; <sup>b</sup>Department for People and Organisations, The Open University Business School, Milton Keynes, UK; <sup>c</sup>Department of Strategic Management and Marketing, De Montfort University, Leicester, UK

## ABSTRACT

**Objectives:** This study explored experiences of, attitudes to, and knowledge about menopause in the workplace among participants from the UK to assess the extent to which menopause remains a taboo in this context.

**Method:** An online survey was distributed via Trades Union Congress, UK networks and social media, and was completed by 5399 respondents. Questions explored three key issues relating to menopause at work: respondents' own experiences of menopause transition; disclosure at work; and availability of information on menopause at work.

**Result:** The largest group (43.4%) of respondents were perimenopausal and 16.8% were postmenopausal; 12.3% indicated that they might be experiencing menopause but were not sure. Only 45.8% had disclosed their menopause status at work. Fewer than 20% were provided with information about menopause in their workplace but the majority would like such information to be available.

**Conclusion:** The survey findings suggest some progress has been made to raise awareness about menopause in the workplace but that substantial work remains to be done to ensure women transitioning through menopause are supported.

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Attitudes; disclosure; experience; information; menopause; taboo; workplace

## Introduction

Since the publication of the government report on the effects of menopause transition on women's economic participation in the UK in 2017<sup>1</sup>, there has been a significant step change in public attention to menopause in the workplace. Although taking off from a noticeably low starting point, women's menopause experiences are now taken into consideration by more organizations and trade unions<sup>2</sup>. This is at least in part driven by the government's (financial) need to extend working lives<sup>3</sup>. Older women are seen as an especially fruitful target as, although employment rates for women aged 50+ years have been rising for years, they are still below those of men (67.5% compared to 76.2%<sup>4</sup>). The participation in the labor market of perimenopausal or postmenopausal women and their ability to continue working<sup>5</sup> are thus crucial to the UK economy. There are additional considerations in the cost of replacing departing employees, suggested to be over £30,000 per employee<sup>6</sup>, and in the context of equality legislation on gender, age, and disability<sup>7</sup>. Equally, for socially responsible employers, providing support to women transitioning through menopause should be one aspect of positive employment relationships and working conditions. As such, it is important to assess the extent to which menopause is still a taboo<sup>8</sup> that women do not talk about with their line managers or colleagues. This study explored experiences of, attitudes to, and knowledge about

menopause in the workplace among participants, in order to provide just such an assessment.

## Methods

A link to an online survey was circulated via Trades Union Congress, UK education networks, social media, academic mailing lists, and personal networks. The survey was designed to encompass a range of issues pertaining to menopause in the workplace but also to be as brief as possible to encourage completion. It consisted of 55 questions. However, with routing, none of the respondents was asked to answer all of them. Following compulsory participation information and consent questions, the questions covered background characteristics; employment status, work context, and environment; uniforms or dress code; menopause information, guidance, or policies in the workplace; knowledge, perception, and experiences of menopause in general and in the workplace; individuals' own experience of menopause and how symptoms affect work; impact of workplace environment, working time, and the job itself on symptoms; questions on disclosure at work; relationship to performance; and raising awareness about menopause at work.

The scale used to categorize symptoms was derived from the Menopause Rating Scale and the Greene Climacteric Scale, and consisted of 20 items with an option to add

**Table 1.** Comparison of menopause scales.

<i>Our scale – 20 items plus other, please specify option</i>	<i>Menopause Rating Scale – 11 items</i>	<i>Greene Climacteric Scale – 21 items</i>
Hot flushes Night sweats	Hot flushes, sweating (episodes of sweating)	Hot flushes Sweating at night
	Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)	Heart beating quickly or strongly
Insomnia	Sleep problems (difficulty falling asleep, difficulty sleeping through, waking up early)	Difficulty sleeping
Mood swings	Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)	Feeling unhappy or depressed
Depression or regular low mood		Crying spells
Irritability and feeling angry	Irritability (feeling nervous, inner tension, feeling aggressive)	Feeling tense or nervous  Irritability
Anxiety and worry	Anxiety (inner restlessness, feeling panicky)	Attacks of panic
Fatigue Problems with recall	Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)	Difficulty concentrating
Difficulty focusing or concentrating		Feeling tired or lack in energy
Decreased libido	Sexual problems (change in sexual desire, in sexual activity and satisfaction)	Loss of interest in sex
Urine leaking or urinary urgency	Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)	
Vaginal dryness	Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	
Aches and pains in muscles and joints	Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	Muscle and joint pains
Changes in periods Feeling invisible Loss of confidence Breast tenderness Bloating Increased premenstrual syndrome None Other		Sudden excitability Loss of interest in most things Feeling dizzy or faint Pressure or tightness in head or body Parts of body feeling numb or tingling Headaches Loss of feeling in hands or feet Breathing difficulties

additional ones that were not listed. [Table 1](#) presents the full list and how it compares to these existing scales. Our focus was on symptoms that relate directly to the workplace context. Other scales (e.g. elements of workplace environments and working time arrangements which can make symptoms worse) were based on a systematic review of the literature on menopause transitions in the workplace<sup>1</sup>. There were opportunities throughout and at the end of the survey to add further qualitative information.

The survey was open from 7 June 2018 to 26 July 2018 and was completed by 5417 individuals. Of these respondents, 0.1% did not understand the purpose of the survey or did not want their responses included in the analysis, making the valid sample size  $n = 5399$ . As far as we know, this is the largest cross-organizational survey ever conducted on menopause at work. Although one larger survey-based study has been conducted, with a sample size of  $n = 16,651$ , this only recruited respondents who worked at a single US financial services organization<sup>9</sup>.

As the study is cross-sectional it has a range of limitations, including not necessarily being a representative snap-shot in time. As such, we cannot be categorical about longitudinal developments relating to the extent to which menopause is still a workplace taboo, particularly in terms of their causes and effects. However, given the size of the sample and the broad sampling frame, the results provide a strong indication of current views and perceptions about menopause in the

workplace. We also have to assume that self-selection into participation in the survey resulted in a sample bias toward individuals interested in, experiencing, or knowledgeable about menopause. Commensurately, the results indicate a high degree of awareness and knowledge about menopause. The overview of descriptive statistics provides insights into a range of results from the survey that combine to suggest that menopause remains a workplace taboo.

After providing background information on the characteristics of individuals completing the survey, this article outlines three key themes from the data: respondents' own experiences of menopause at work; disclosure of menopause status at work; and the availability of information on menopause at work.

## Results

### *Participant characteristics*

By way of context in which to analyze the results, an overview of respondents' characteristics is useful. Although the majority of respondents were women (91.6%), a deliberate decision encouraged men (7.7%) to respond as menopause issues in workplaces affect colleagues and managers as well as menopausal women themselves. To our knowledge, this is the first survey to include men's knowledge about, attitudes to, and experiences of menopause in the workplace.

The average age at which menopause is achieved in the 'Global North' is 51 years<sup>10</sup> and this is reflected in the age of our respondents, who were mainly in their 40s and 50s. This age group is more likely to experience or be in contact with colleagues going through menopause. The mean age of the sample is 49.6 years, with respondents' ages ranging from 20 to 92 years. The majority of respondents identified as white (93.0%) and had children (69.9%), although these children tended to be older than 16 years. Whilst the largest group of respondents (47.0%) did not have caring responsibilities, significant numbers cared for children (34.8%) or another family member (21.4%). The vast majority of respondents were based in the UK but 3.5% indicated that they were based abroad, in the USA, Canada, Ireland, Australia, Denmark, and Germany. The findings thus speak mainly to the UK context but are likely to hold for the 'Global North'.

To contextualize work-specific questions, respondents were also asked about their employment. The majority (79.9%) worked in the public sector and were most commonly employed in Education (25.1%), Human Health and Social Work Activities (18.2%), Administrative and Support Service Activities (13.2%), or Public Administration and Defence (12.5%). The list of sectors used was taken from the UK Office for National Statistics Standard Industrial Classification. Where appropriate, we provide an indication of results by these sectors. We have thus not been able to address the relative lack of knowledge about menopause transition among manual or blue-collar working women<sup>11</sup>. Most respondents (76.7%) worked in large organizations. As the survey was partially distributed via trade union networks, it is surprising that the majority (62.2%) were not union members. Most respondents worked full-time (66.0%) or part-time (23.9%) and did not have any line management responsibilities (67.0%). Breaking down our results by full-time versus part-time workers did not provide any noteworthy results.

### Respondents' experiences of menopause

A key section of the survey explored respondents' experiences of menopause. Respondents who had not (yet) had this

experience were excluded from answering these questions. We identified respondents' menopause status by asking them to self-select the following from a list of possible options: have experienced menopause; am currently experiencing it; might be experiencing menopause but am not sure; will experience it in future; wife or partner is experiencing or has experienced it; member of the family or friend is experiencing or has experienced it; somebody at work is experiencing or has experienced it; and other, which included a prompt to specify. A total 43.4% of respondents self-identified as currently experiencing menopause (i.e. as perimenopausal). A further 16.8% had experienced menopause so were postmenopausal, and 12.3% indicated that they might be experiencing menopause but were not sure. The authors' extensive experience of presenting on the topic of menopause at work suggests that women lacking knowledge about their own menopause status is common. This reflects the extent to which the subject matter remains a taboo in private, medical, and wider public discourses.

Early workplace-related literature described the menopause as an 'invisible issue' with 'information and research about work and menopause hard to find'<sup>12</sup>. In contrast, when asked directly whether menopause is a taboo, our sample gave a mixed response. Although the majority agreed with the statement (32.3% somewhat agree, 12.2% agree, and 4.9% strongly agree), 11.8% had no strong feeling, and almost 4 in 10 disagreed (12% somewhat disagree, 17.1% disagree, and 9.7% strongly disagree). These results suggest some development toward menopause being less of a taboo, although again the exact extent of this development is hard to determine.

One reason for lack of knowledge about menopause status is the range and variety of symptoms<sup>13</sup>. Still, the symptoms that our respondents reported tally with existing knowledge of the menopause<sup>14</sup>. The five most frequently acknowledged symptoms that the 3914 women responding to these questions reported – as depicted in [Figure 1](#) – were hot flushes, fatigue, night sweats, insomnia, and changes in periods.

Asking more specifically about symptoms that affect work most directly and negatively resulted in a slightly revised

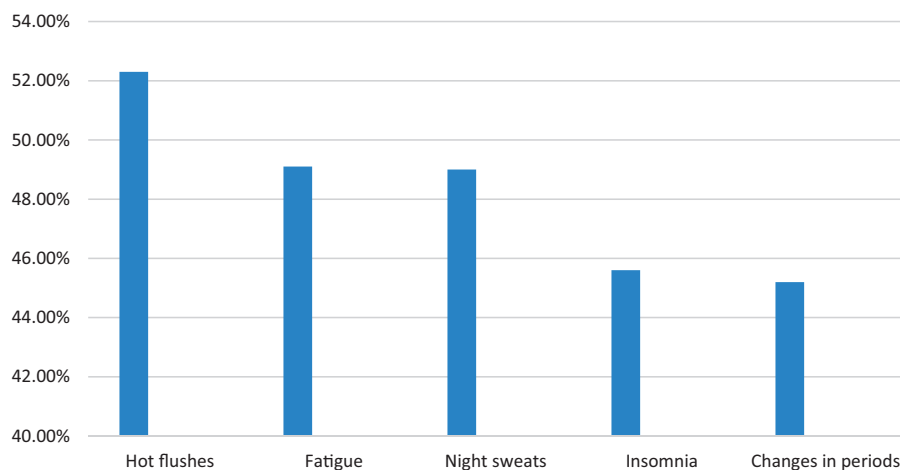
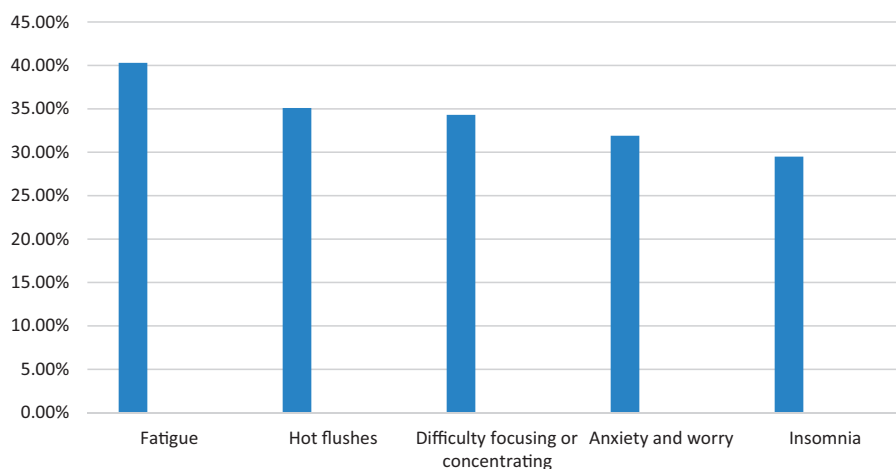


Figure 1. Most commonly reported menopause symptoms.



**Figure 2.** Symptoms with the most negative impact on work.

'top five', as shown in [Figure 2](#): fatigue, hot flushes, difficulty focusing or concentrating, anxiety and worry, and insomnia. There were no significant differences by sector in either of these rankings.

These findings are significant given that, with rare exceptions<sup>15–19</sup>:

Studies usually focus on one symptom or symptoms which are associated with each other – like hot flushes and night sweats. Very few studies report a comprehensive list of symptoms as they affect work. This makes it difficult to summarise the overall situation<sup>1</sup>.

These symptoms are also significant in light of the extent to which menopause remains a taboo, as our findings also suggest that women do not communicate about the issues they are facing. Of respondents who were experiencing or had experienced menopause, only 35.0% had seen their general practitioner (GP) and almost as many (28.9%) had looked for information on the Web or consulted books. However, 10.5% had not sought any advice. Although many women self-care very effectively throughout their menopause, there are also significant numbers of women who are left isolated or without reliable information on the menopause. Our findings on the support sought by women experiencing menopause transition raise questions about the extent to which women may feel they have to self-care versus the perceived availability of information and advice. When asked whether they had taken advice on menopause, by far the most common responses were 'yes, I have seen a GP' (64.4%) and 'yes, I have looked for information on the Web/consulted books' (48.3%), with 'no' as a distant third (17.6%). The fact that women might see a GP and also look for additional information suggests that they receive insufficient information and advice. Moreover, of the 59.4% of respondents whose workplace does not provide information on the menopause and the 21.8% who did not know whether such information was provided, nearly all (77.0%) indicated that they would like information on menopause provided at work.

There is also a circular relationship in this respect: not only do menopause symptoms impact on an individual's quality of working life<sup>20</sup>, her productivity, and her

absenteeism<sup>16</sup>, but working conditions can also exacerbate symptoms. Findings here provide an indication of what employers could do to make reasonable adjustments for individuals experiencing menopause transition<sup>21–23</sup>. Aspects of the workplace that made symptoms worse were dominated by high temperature, poor ventilation, and humidity. Working time was less influential, although more than a fifth of respondents said long hours, short deadlines, or changing deadlines made their symptoms worse. High workload and dealing with customers, patients, clients, or students were also reported by significant numbers of respondents as exacerbating symptoms. These findings are reported in [Figure 3](#).

There are only some small variations in these factors by sector; for example, noise affects those working in Human Health Activities and Social Work more than short deadlines. Also, of course, being able to address any of these employment and working conditions requires knowledge about individuals' menopause status on the part of the employer or line manager<sup>7</sup>.

### Disclosure

Overall, less than half of our respondents (45.8%) had disclosed their menopause status at work, although this differed by sector. For example, 44.2% of respondents in Human Health and Social Work Activities had disclosed, compared to 24.5% in Education. Respondents who were either in perimenopause or were postmenopausal and had not disclosed ( $n = 2121$ ) were asked to identify the main reasons for this decision. They indicated that they: see menopause as a private issue that they did not want to talk about at work (19.0%); thought they would be perceived negatively if they disclosed (16.8%); or were concerned that their abilities would be questioned (15.8%). These 'top three' responses hold across sectors. The last two responses indicate that negative perceptions of and associations with menopause still dominate many workplaces and that women fear being stereotyped as old and 'past it'<sup>24–29</sup>.

In light of this, it is important to consider what allowed some women to disclose their menopause status, which can

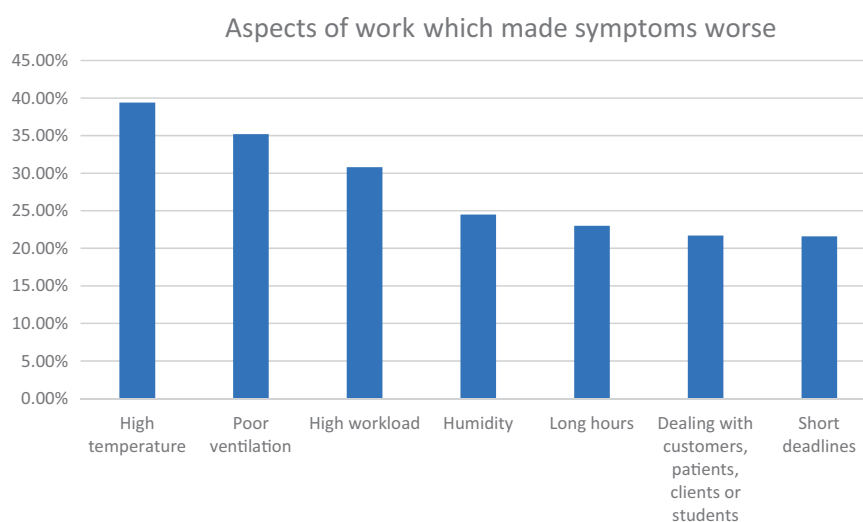


Figure 3. Aspects of work which made symptoms worse.

be the starting point to providing support and reasonable adjustments<sup>23</sup>. Most of this group ( $n = 1793$ ) had disclosed to a colleague (27.6%) or to a line manager (23.9%), with 41.2% of respondents having spoken to a female who was the same age as them, 24.1% to a female younger than them, and 18.8% to a female older than them. Only 6.7% disclosed to a male younger than them, 4% to a male older than them, and 5.3% to a male who was the same age as them. These findings tally with others suggesting that women experiencing menopause transition prefer to disclose to somebody who may be in a similar position<sup>15</sup>. But gender imbalances, especially within management<sup>30</sup>, may make this impossible and further reduce women's willingness to disclose their menopause status.

Reactions by the person disclosed to were identified as being emotionally supportive and understanding (19.1%) and helpful (14.3%). However, 6.1% were not well informed about menopause, 4.7% did not know how to support the woman who was disclosing, and 4.7% did not offer any support. This suggests that colleagues and line managers need training to enhance their understanding of the menopause<sup>7</sup>, provide them with confidence to start or engage in a conversation about the menopause, and be aware of what support can be provided<sup>23</sup>.

In considering how awareness about menopause issues in the workplace can be raised<sup>19</sup>, questions were also asked of all participants about who should be involved in this process. There was agreement that contributions from the following were required: Occupational Health (75.7%); Human Resources (75.4%); line managers (63.6%); the women affected (60.9%); Employee Assistance Programme staff (46.9%); trade union representatives (46.7%); colleagues (42.6%); and GPs (35.6%). These findings strongly suggest that menopause in the workplace is not (just) a women's issue, and needs to become better understood and more widely considered<sup>31</sup>.

### Information provision on menopause at work

Providing information on menopause at work is an important mechanism through which awareness can be raised and

gradual change introduced<sup>12,17,19,32</sup>. However, when asked whether their workplace provided any such information, only 18.8% of our respondents said 'yes'. There is substantial variation across sectors here: from 42.9% in Public Administration and Defence and 23.5% in Administrative and Support Service Activities indicating that such information is provided, to 11.3% in Human Health and Social Work Activities and 8.2% in Education. Again, as suggested earlier, of the 81.2% of respondents who indicated that their workplace either did not provide this information or were unsure ( $n = 4384$ ), the vast majority said they would like it to be available at work. This strongly suggests to employers and managers alike that the provision of basic information on the menopause – for example, comparable to information on mental health or other aspects of health and safety at work<sup>33</sup> – would not only be well received but could potentially increase satisfaction in the workplace<sup>34</sup>.

Equally, this result suggests that any such information should be widely publicized and easy to access. Employers might also want to consider introducing menopause guidelines or policies<sup>23</sup>. Although only 10.2% of our respondents indicated that their workplace had such guidelines or policies, this figure does point to the extent of change in this respect. In one of the earliest publications on menopause in UK workplaces<sup>12</sup> there were no indications that any such policies existed. It is also clear that some sectors (e.g. Public Administration and Defence, where 17.8% of respondents indicated their workplace had a policy or guidelines) are more advanced than others (Administrative and Support Service Activities, 9.4%; Education, 5.4%; Human Health and Social Work Activities, 2.6%).

Of our respondents, 39.5% indicated they had some knowledge about the menopause, 37.4% had quite a bit of knowledge, and 12.4% described themselves as very knowledgeable. There is, as aforementioned, probably a self-selection effect at work here as individuals with an interest in or experience of menopause transition are more likely to have participated. There are also indications, as we suggested earlier, that menopause in the workplace is starting to be more

recognized. Despite this, our results suggest that it is still a taboo in significant numbers of organizations<sup>8</sup>. Most respondents (44.1%) indicated that they only talked about menopause with other women, suggesting that these are private conversations rather than normal, everyday workplace discussions. Similarly, 37% of respondents only talked about menopause with close work colleagues in private conversations. One explanation for a reluctance to talk about menopause more widely can be seen in the fact that 30.5% of respondents had experienced jokes about menopause at work, thus putting them off talking about the issue.

## Discussion and recommended strategies

This survey about menopause issues in the workplace revealed significant issues, on the basis of which we offer some specific recommendations. Strikingly, a considerable proportion of respondents did not know for certain about their own menopause status, thus suggesting a widespread lack of knowledge and confidence about menopause<sup>1</sup>. At the same time, there were statements emphasizing that menopause could be a positive experience, which draws attention to its generally negative media coverage. One example is as follows:

Menopause is an experience that I have questioned for some time. I have always wondered if it will affect me the way [it's] socially constructed to. My mother described it as the best thing that could happen and I'm aiming for a more positive life stage too. I don't feel it has to be negative.

Our respondents also reported well-established symptoms as the most common. Hot flushes, fatigue, night sweats, insomnia, and change in periods were the most common, although fatigue, hot flushes, difficulty focusing or concentrating, anxiety and worry, and insomnia affected work most negatively. Worryingly, considerable numbers of respondents said they did not have any support and/or had not sought any help whilst transitioning through menopause. Fewer than half of the relevant group had disclosed their menopause status at work, suggesting they may well be suffering in isolation.

There is also considerable support in our findings for the argument that menopause is not (just) a women's issue and that everybody in the workplace could be affected. This suggests the following:

- Occupational Health and Employee Assistance Programme staff can provide direct and personalized support and advice.
- Human Resources staff can consider implementing menopause guidelines or policy.
- Line managers can gain understanding about menopause and learn how to start a conversation with women experiencing transition.
- Trade union representatives can provide direct and personalized support and raise awareness.
- Colleagues can be understanding and supportive and raise awareness.

## Conclusion

These findings show that whilst menopause at work has become normalized in some workplaces – in that consideration and support are available – for many, it still seems to be a taboo. There is a strong demand for information. This is important because information and awareness-raising can be provided whilst also acknowledging that not everybody wants to (or should have to) disclose their menopause status at work. Good practice in the form of leaflets, videos, online information, training and support groups, as well as more formal guidelines and policies can help to support menopausal women in transitioning through this natural stage of life at work.

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## ORCID

V. Beck  <http://orcid.org/0000-0002-9024-1910>

## References

1. Brewis J, Beck V, Davies A, Matheson J. *The Effects of Menopause Transition on Women's Economic Participation in the UK*. London: Department for Education; 2017
2. Beck V, Brewis J, Davies A. Women's experiences of menopause transition and performance management, *Organization*. Forthcoming
3. Department for Work and Pensions. *Fuller Working Lives: A Partnership Approach*. London: Department for Work and Pensions; 2017
4. House of Commons, Women and Equalities Committee, Older People and Employment, Fourth Report of Session 2017-19, 4 July 2018. Available from: <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/359/359.pdf>
5. Olajubu AO, Olowokere AE, Amujo DO, Olajubu TO. Influence of menopausal symptoms on perceived work ability among women in a Nigerian University. *Climacteric* 2017;20:558–63
6. Oxford Economics. The cost of brain drain: understanding the financial impact of staff turnover, March; 2014. Available from: [www.oxfordeconomics.com/my-oxford/projects/264283](http://www.oxfordeconomics.com/my-oxford/projects/264283) [last accessed 18 Apr 2018]
7. Beck V, Brewis J, Davies A, Fish S, Garlick D. Developing workplace menopause policies. *Occup Health Work* 2018;15:22–5
8. Chrisler J. Teaching taboo topics: menstruation, menopause, and the psychology of women. *Psychol Women Q* 2013;37: 128–32
9. Burton WN, Pransky G, Conti DJ, Chen CY, Edington DW. The association of medical conditions and presenteeism. *J Occup Environ Health* 2004;46:S38–S45
10. McKinlay SM, Brambilla DG, Posner JG. The normal menopause transition. *Maturitas* 1992;14:103–15
11. Griffiths A, MacLennan S, Wong YYV. *Women's experience of working through the menopause*. Report for the British Occupational Health Research Foundation, Nottingham, UK, December; 2010
12. Paul J. *Working through the change: health and safety and the menopause*. Report for the Trades Union Congress, London, UK, March; 2003
13. Fenton A, Panay N. Menopause-quantifying the cost of symptoms. *Climacteric* 2013;16:405–6

14. Kopenhagen T, Guidozi F. Working women and the menopause. *Climacteric* 2015;18:372–5
15. Griffiths A, Cox S, Griffiths R, Wong V. *Women Police Officers: Ageing, Work & Health, report for the British Association of Women Police Officers, Institute of Work, Health and Organisations*. Nottingham, UK: University of Nottingham; 2006
16. Geukes M, van Aalst MP, Nauta MCE, Oosterhof H. The impact of menopausal symptoms on work ability. *Menopause* 2012;19:278–82
17. Griffiths A, MacLennan SJ, Hassard J. Menopause and work: an electronic survey of employees' attitudes in the UK. *Maturitas* 2013;76:155–9
18. Whiteley J, DiBonaventura M, daC Wagner J-S, Alvir J, Shah S. The impact of menopausal symptoms on quality of life, productivity, and economic outcomes. *J Women's Health* 2013;22:983–90
19. Jack G, Pitts M, Riach K, Bariola E, Schapper J, Sarrel P. *Women, work and the menopause: releasing the potential of older women workers*; Report; La Trobe University, Melbourne, Australia; 2014. Available from: <https://womenworkandthemenopause.com/final-project-pdf-download/>
20. Whiteley J, DiBonaventura M, Wagner J-S, Alvir J, Shah S. The impact of menopausal symptoms on quality of life, productivity, and economic outcomes. *J Womens Health (Larchmt)* 2013;22:983–90
21. Griffiths A, Ceausu J, Depypere H, et al. EMAS recommendations for conditions in the workplace for menopausal women. *Maturitas* 2016;85:79–81
22. Jack G, Riach K, Bariola E, Pitts M, Schapper J, Sarrel P. Menopause in the workplace: what employers should be doing. *Maturitas* 2016;85:88–95
23. Hardy C, Griffiths A, Hunter MS. What do working menopausal women want? A qualitative investigation into women's perspectives on employer and line manager support. *Maturitas* 2017;101:37–41
24. Reynolds F. Psychological responses to menopausal hot flushes: implications of a qualitative study for counselling interventions. *Couns Psychol Q* 1997;10:309–21
25. Kittell LA, Mansfield PK, Voda AM. Keeping up appearances: the basic social process of the menopausal transition. *Qual Health Res* 1998;8:618–33
26. Reynolds F. Distress and coping with hot flushes at work: implications for counsellors in occupational settings. *Couns Psychol Q* 1999;12:353–61
27. Netz Y, Zach S, Dennerstein L, Guthrie JR. The menopausal transition: does it induce women's worries about aging? *Climacteric* 2005;8:333–41
28. Moloney MF, Strickland OL, DeRossett SE, Melby MK, Dietrich AS. The experiences of midlife women with migraines. *J Nurs Scholarsh* 2006;38:278–85
29. National Union of Teachers. *Findings of the NUT 2014 Survey on the Menopause*; Internal Report; 2014. Available by emailing [enquiries@nut.org.uk](mailto:enquiries@nut.org.uk)
30. Oakley J. Gender-based barriers to senior management positions: understanding the scarcity of female CEOs. *J Bus Ethics* 2000;27:321–34
31. Brewis J, Beck V, Davies A, Matheson J. Menopause is not a women's issue, at work or anywhere else. *HRZone*, July 21; 2017. Available from: <https://www.hrzone.com/lead/culture/menopause-is-not-a-womens-issue-at-work-or-anywhere-else>
32. UNISON. The menopause and work: a guide for UNISON safety reps, December; 2011. Available from: <https://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue204723.pdf>
33. Dobson K, Szeto A, Knaak S. The working mind: a meta-analysis of a workplace mental health and stigma reduction program. *Can J Psychiatry* 2019;64:395–475
34. Jung Y, Takeuchi N. A lifespan perspective for understanding career self-management and satisfaction: the role of developmental human resource practices and organizational support. *Hum Relat* 2018;71:73–102