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Menopausal/post menopausal women and maternal career disruption
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Research Question – what has been the experience for women historically and how might this be re-thought in terms of development models today?

This chapter seeks to consider the possibility of a blindness to considering the impact of mothering and post mothering (menopause) upon the workforce in terms of career development models. There has been a continuing 'onward and upward' tournament (Malhotra *et al.,* 2010) in the UK which suggests workers should continue strive to change jobs to seek higher pay and status moving around the country throughout their worklife with little regards for their familial responsibilities. Despite a discourse which suggests the economic position of women has been heralded as positively changed as there is no longer a 'glass ceiling' for female employees who are willing to put work before their employment (Whiteside and Harding, 2013), this provides a hollow victory. It fails to recognise that within the labour market, there will be parental years. Legislation in the UK and even Europe largely deals with 'baby years' but despite the inclusion of some 'family friendly work-life balance' initiatives, the experience for many parents is that the workplace represents a cause for work family conflict. In part this is because mothering is still stereotypically seen as a women's role and increasing legislation provides an illusion of resolving discrimination (TUC, 2014). As such there is little consideration for the development of mothers during their 'career' lifetime.

There is a lack of recognition that mothers, who may have benefitted from post compulsory education and have successful work experience prior to their mothering role, then where neo-liberal discourses see raising a family as exercising poor choice by workers (see Whiteside and Harding, 2013) during the period of mothering their further development is allowed to be neglected by the workplace. As such, talent in the workplace is often viewed as owned by employees, who are either male, or those female workers who have not sacrificed aspiration by their reproductive choices. These limited lines of reasoning express habitual acts which create persuasive representations of gender through language formation. Yet they are just the norms, categories or words used to ascribe behavioural expectations as being part of situated social practice (Butler, 1990, 2004).

Any deliberations which seek to review the issues surrounding the extension of working lives to over 50 years, might easily see that worker development might be considered more holistically and reflect that careers do not have to be based on historical male workplace models. The career of the future might move from a pyramid model towards horizontal movements within the workplace. To which, peri-/post-/menopausal women may enjoy another 20 years of work, whereas currently their experience/expertise might be wasted through a failure to recognize the possibility of their starting a new career field or potential career progression, post mothering. Any shortfall in skills within the UK, as a post BREXIT economy, in part might be attained through re-training women at the stage of post mothering. Yet it seems that organisational discourse had facilitated patriarchial control only within capitalist societies historically (Benozzo and Colley, 2013). Therefore the last taboos of the workplace have lain in the nature of the period of menopause in women's lives and its impact upon work and the expectations of the workplace. Perhaps this needs more examination since a silence has been apparent amongst the ranks and this chapter hopes to be a voice in that silence. Whilst it might be argued that more women from the age of 50 and beyond are within the workforce, it may be a fallacy since that age group may have been in the workplace but unrecognised by the terms of their contribution. The majority of such work has lain

within menial roles, potentially subcontracted and as low paid, low skilled jobs or in part-time work.   Such workers can be referred to as the 5 Cs: cleaning, catering, cashier, clerical and caring but have historically contributed as LoPAQ = Low Pay and Qualifications (The Women's Business Council, 2013).

The lack of parity in careers between men and women is recognised in the UK at board level but there remains limited consideration of the impact upon older working women which is not contained in terms of any 'glass ceiling'.   A recent television programme (UK Channel 5, October 2017) illustrated a case of a woman, who post retirement had returned to the paid workplace when she realised her retirement years would be filled by working full-time for charities.   It might be noted that many later life workers have worked as many hours as their junior employed counterparts but, by taking part in community projects or other charitable activities, they have been discounted from the nature of 'serious' paid work. Yet the third sector has recognised the importance of voluntary labour in terms of the charitable work undertaken within any economy.   As such, the Channel 5 television programme cited the numbers of older workers working in excess of the working time regulation if they then combined family caring duties, child care as grandparents, alongside any charitable work. This dispels the concept that women were unable to work in their post 50's years but instead that it has been the invisible nature of work they have been engaged in, which has been overlooked.

Historically, romantically, many have perceived female later years as grandparenting. Without a doubt many older women have fulfilled the role enabling younger women the opportunity to work without concern for expensive childcare as grandparents have shared their family/children load. Yet with women no longer enjoying retirement until their late 60s due to Governmental policies, or in an economy where their husbands might not have pensionable incomes high enough to meet the needs of housing and living costs, then larger numbers of women are forced to consider later life working. Added to this more older people in the UK are divorced or without their partners due to bereavement. As such, necessity dictates that these workers will be demanded to continue to work. For those LoPAQ employees, their pension pot has often dictated later life working just to make ends meet. Yet this illustrates an impoverished approach. The model could be reviewed as there is limited evidence outside perhaps the loss of strength that reasonable adjustments in the workplace could be made in order to incorporate a variety of physical impairment needs if that were the case ie particularly in workers moving from physically oriented work. Certainly review of the impact upon pensions by enabling older workers to continue to be economically active is to look at the predictions in the UK for the growing age group in dependency percentages in terms of the wider labour market and replacement rates (the percentage of their pre-retirement income which is replaced by pension income). Within the UK aggregate earnings put median pension replacement at approximately 0.5 placing approximately 15% of pensioners at risk of poverty. Greater longevity combined with early exit from the labour force has meant that retirement represents an increasing proportion of an individual's life. (see Helen Creighton, Europe's Ageing Demography, November 2014, ILC-UK 2014 EU Factpack).

Recent research has suggested that the stereotypical discrimination for older workers has lain with a mistaken sense that workers post mid-life are less physically and mentally capable. However some research has shown that some of the later life, post 50s workers have greater cognitive abilities in terms of the use of combining their stamina and willpower making them more committed and able to cope with pressure as the burden of personal responsibility may be reduced (Fry, 2017). Moreover, many of the issues actually lie in the mismatch between staff available and the needs of the economy (Jack *et al*, 2016). Patriarchal stereotypical expectations in terms of requests for workplace flexibility, (Rittenhofer and Gatrell, 2012) affect women by profiling [their gender identities and] employment relationships.   Whilst some older workers may have been forced out through various factors such as own health, family commitments, organizational restructuring/downsizing, etc (BITC, 2015), many could have been re-

trained and been able to meet the demands of other sectors. The real disparity for older women working lies with the constraints by way of sectors where older female workers might be found. By re-thinking those sectors for which there are apparent barriers to employing older workers and particularly women, then some of the reported skills gaps might be potentially re-thought.

Again, whilst the issue might not be whether older workers are capable to work, it is the nature of the engagement with work, which perhaps needs some adjustment. After 50 years of long hours work then perhaps, any notion of further long hours as older 'slavery' is likely to have limited stimulation to motivate any workforce but demonstrates a lack of imagination for the nature of work.   The need to consult with older workers to determine how to negotiate their work patterns or engagement might seem obvious but has remained an area of possible anxiety in terms of legal responsibility or an area seen as an almost dark tunnel which employers rather not attempt to travel. It is known that there has been gaps in knowledge relating to how inequalities structure routes into and experiences within good jobs and bad jobs manifest (Halford et al, 2016). Whilst there are lists of workplace considerations that might be considered for such women (Griffiths *et al,* 2016) the overlooking of women in terms of training and development in later career (Marvell and Cox, 2016) has led to a 'sticky floor'.   Yet workers representatives, such as the TUC (2013), USDAW (2016), TUC (2014) have provided guidance both on female discriminatory work practices and the needs of peri-/post-/menopausal women in the workplace. The recent case of Mandy Davies, a court officer with the Scottish Courts and Tribunal Service SCTS) (rather ironically…) who was awarded more than £19,000 and given her job back when the SCTS sacked her is a prime and current example of how seriously organisations need to take this stage of life. She was sacked under Health and Safety because she could not remember whether she had put her medication in her water jug, as she generally did, and two men drank from it. Her menopause symptoms were a disability claim and the SCTS conceded her disability. (Harrison 2018)

As well as guidance, older workers champions might be engaged to consult with, as individual workers might be glad of considerations for their needs but prefer negotiating their personal needs rather than any uniform approach. Further rather than one lens for consideration of the environment, it is better to collaborate on the nature of the work to be undertaken and the best way together to achieve this. Mature workers have a breadth of experience and many of their social assets lie within life skills alongside any work-based training. By negotiating the best way to work benefits not only the individual worker in terms of making work a positive experience but further the employer benefits from loyalty, commitment and engagement which might also translate to flexibility. As such win-win gains might be achieved by relatively simple agreements on how to make work both doable and valued by both parties of the employment contract.

It might be supposed that many of the problems encountered by older women lie with an ignorance or fear by employers who are uncertain how to engage with them in terms of their needs in the workplace. The interviews discussed below will help to provide some actions organisations can take to address these problems.   Whilst such empathetic concern for employers might appear naïve, the pragmatic issues lie with employers not necessarily being able to meet skills gaps or failing productivity unless they take a more proactive and hopefully virtuous stance towards their employment practices. Many of the tenets of such practice can be extended to later life or other groups of older workers and thus lead to new approaches towards productive outcomes.   Whilst this recounting might appear glib in its positive aspiration of how to move towards a more demographically diverse workforce and incorporate the needs of peri-/post-/menopausal women in the workplace, most reasonable adjustments could be undertaken with relatively little difficulty. The concern for the logistics of employing worker centred policies has been lost in recent years where the needs of capital and costs have been allowed to prevail. Yet it is apparent that this has not necessarily benefitted productivity and would still leave the overall labour market with

shortages in particular skills areas where more positive approaches might attract and retain older females workers once they are treated as a valuable employment asset. There remains little evidence, from ageing or desire that these workers might not be an asset to the companies. However, their profile will not be as a uniform unit of labour but any such viewing of people as a uniform product has misunderstood the nature of employing people.

The following project was undertaken, by Dr Julia Claxton, to provide insights which might help in understanding women's experiences of the lifestage associated with the menopause and how this affects their work lives. The concepts already discussed in this chapter so far are given a 'voice' in this project. In its focus, the experiences are identified within higher educational institutional (HEI) work, however, it provides a current example (conducted in 2017-2018) from empirical practice which raises the issues discussed so far and theorises a way forward for organisations who want to support older women and recognise them as a valuable human resource and consider their career development during and beyond this key lifestage.

The reason the chosen profession for the study was Higher Education academics is that their role is a combination of roles which gives a breadth to the study whilst still giving clear parameters. The role of an academic is a *combination* of complex knowledge work, administration, performance work and relationship work. The role, is therefore, labelled CKAPR (Complex-Knowledge: Administration: Performance: Relationship) as shorthand for this combination.

'Complex-Knowledge' work relates to the aspects of the job preparing learning materials based on newest research, undergoing research and publishing research. 'Administration' work involves running a variety of systems processes for recording and reporting information. 'Performance' work relates to delivering lectures, running seminars, presenting at conferences and workshops and facilitating learning environments. 'Relationship' work relates to working with colleagues in a collegiate manner, working with regional, national and international networks for research and professional development and most acutely working alongside and supporting students through their personal learning journey with the challenges and anxieties it brings to them. As well as these 4 different roles the role of an academic usually involves 3 work modes: working fixed hours in fixed location (teaching and meetings) which are often not negotiable as dictated by software management, flexible hours (research, teaching preparation and administration via remote enabled IT) and unsocial hours (evening lecturing, Saturday Open Days, weekend marking). So 4 work roles and 3 work modes which makes it a useful vocation to study in terms of older women workers.

Since the menopause has been not something that people talk about, the biggest challenge for the study was how to recruit people to participate. One could hardly send an email to academic networks asking for menopausal women to respond. Privacy, confidentiality, trust and the personal approach were crucial. Due to taboo, not wanting to be labelled or define and perceived negative bias women are very reluctant to talk about their age or stage of life. This is one of the very reasons that research such as this is so important. In order to recruit participants for the research it was decided to use self-disclosure and as the researcher to take the risk. At an appropriate time during an informal discussion amongst women, on challenges of work life Julia mentioned her challenge of migraines brought on by the menopause stage of life. Some were willing to share comments and advice (though not necessarily self-disclose) and this enabled her to mentioned her desire to research the experiences of menopausal women and what their organisations could do to support them and their careers. An open invitation was given for anyone to contact Julia is they wanted to be involved. Three participants responded and then in another small group

conversation and two other one to one conversations about research 6 participants materialised which for this depth of study was ideal. If further data was needed that would be addressed later. It was key that the women had personal experience of the phenomena of the menopause and were working within the HE context to keep variables contained.

The methodology used for this research was Glaserian Grounded Theory (1992, 1998) where the collection and the analysis of the comments/data for this research was the inductive method with no-predetermined theoretical framework. This enabled the data to speak and the data to create Categories (rather like themes). The Categories were refined through an iterative process where each interview was added and using the process of conceptualisation.

This methodology enables the data to have the strongest voice and for the data to create the framework of Categories. This means that new emphases and new ideas can come to light that could be lost using a deducted method. It is particularly useful for gathering experiential data of a phenomena that is highly personal and has cultural complexities such as this.

The data for this study was collected using in-depth unstructured interviews around two questions viz:

- *What challenges to your experience of worklife have arisen due to the menopause stage of life (including pre and post menopause)?*
- *How can Human Resource Development and organisational leaders help?*

The data that was gathered was the words, expressions, statements from the participants and these were analysed using a coding and categorising process which was iterative. To illustrate the process this is an example. After two interviews the data was analysed and Categories emerged. The data from each subsequent interview either confirmed data within an already found category, added different nuances to a category enabling it to be split into more than one, created brand new Categories or expanded Categories. For example, a category of 'emotional experiences' included some experiences around 'cognitive thinking' but the 'cognitive thinking' soon grew into its own category and included 'motivations/drive'. There was coding which provided a category about 'identity' and also coding about 'acceptances' women had made. These were two separate Categories but in deciding which of these to allocate further codes too it was difficult to see how one was not related to the other so these Categories were merged. Later interviews emphasised these 'conational aspects', such as 'motivation/drive' thereby expanding this and it became its own category.

All data from interview 6 provided saturation and apart from confirming and embellishing data the Categories did not change. This was, therefore, considered to be the conceptual model that the total data had formed and there was no need for further interviews. The methodology then had a stage of further conceptualisation to condense the data in each category to see what is happening before theorising as to why and what can be done.

The result of the total data analysis was the emergence of 11 conceptualised Categories as shown below. Those shown in a darker shade are considered in more detail in this chapter.
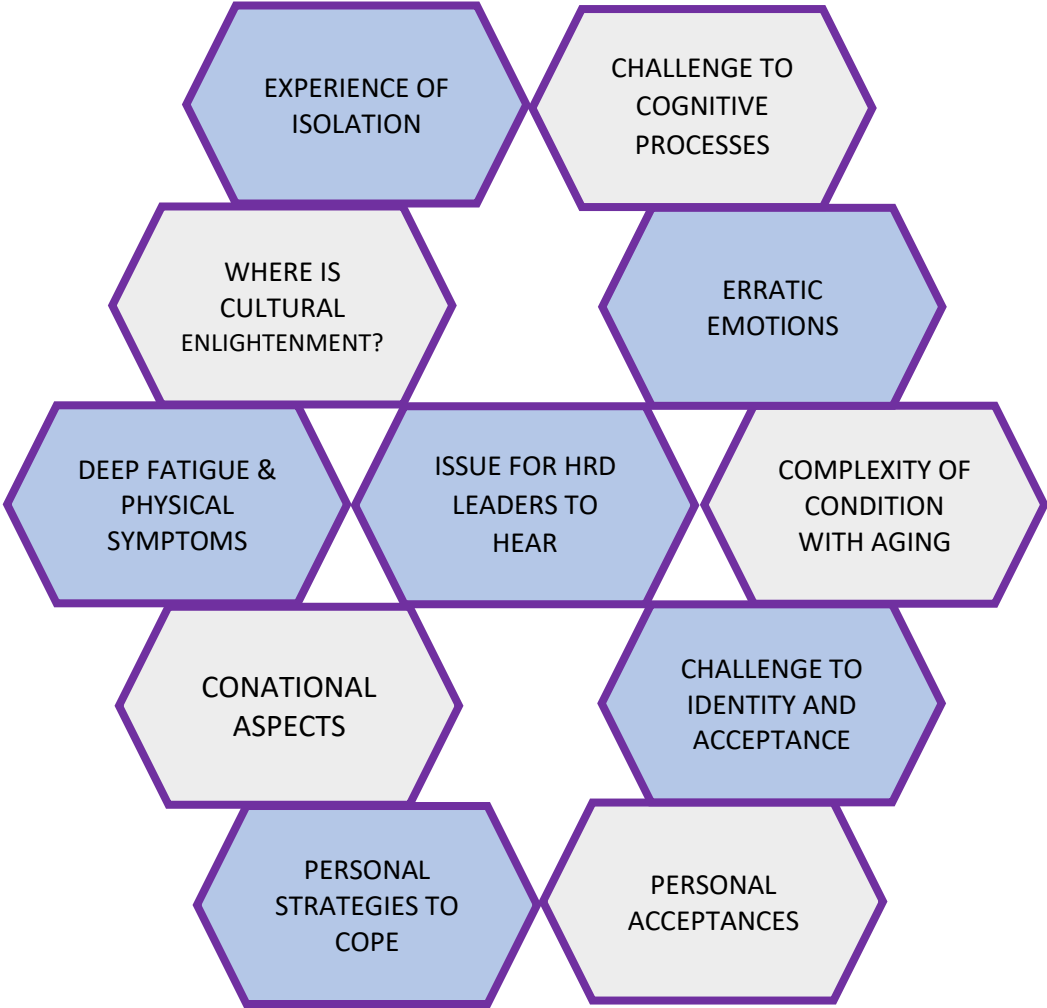

Figure 1: Experience of Menopause in
Complex-Knowledge: Administration: Performance: Relationship work roles

Although all 11 Categories are interlinked and important to any organisational leader and, in particular, to HRD leaders, the codes relating to issues that the participants felt HRD leaders needed to hear, was particularly important in terms of organisational change to support older women.

Category – Issues for HRD leaders

Below is an example of the types of data that created this category:

SAMPLE OF PARTICIPANT STATEMENTS/CODES	RESULTING EMERGENT CATEGORY
− *There is loads an organisation can do as many women over 50 leave large organisations and have great careers in smaller companies* − *'normalise' the menopause – it should be part of normal conversation but it only happens in small friendship groups* − *HR of an organisation could run sessions on the menopause for men and for women as men can get panicky at about the same age* − *Progression and promotion means putting yourself in the spotlight just when you feel you are rubbish – that takes massive resilience and self-esteem or an enlightened organisational culture which is rare* − *Managers need to realise that many of their staff might be experiencing heightened sensitivity whilst going through 'this normal stage of life'.* − *Because of energy dips presenteeism is outdated – work should be measured by outcomes so that women can work around their energy dips* − *Rest rooms/facilities for power naps, somewhere to lie down, sleep for an hour to rejuvenate and somewhere to 'chill out' if feeling overwrought – somewhere simple, immediate, not open to public just female staff eg quiet place with a coffee machine/kettle – men should have one too* − *Provision for learning how to have a power nap* − *Making 'menopause' more 'open' since half the population suffer it – but making sure it doesn't become a joke or a label 'she has women's issues'* − *Not using it to define someone – see category 'identity'* − *Part-time and job-share at senior levels should be the norm* − *Enabling voice as no-one dares speak about it as it is considered a 'weakness' because they are succumbing to it despite it being something that is a natural and legitimate process* − *Organisations can't escape it now that women have to work longer to get their state pension and cannot afford to retire earlier than that eg age 66* − *It should be part of the diversity agenda* − *Future career prospects should not be disadvantaged by a woman going through the natural process of the menopause yet the 'enabling' to ease the process is missing* − *Recruitment and promotion is often based on a one-off performance in an interview instead of work history, job appraisals etc – private sector recruits on ability using these devices – universities use public sector method which is a false equality giving externals a better chance* − *training for women (specific) and everyone (awareness) is needed to legitimise the symptoms of the menopause (with careful consideration of how not to make this become a label)*	ISSUES FOR HRD LEADERS TO HEAR

- *Protected staff provision for counselling/awareness support as many women do not understand they are even in the menopause as symptoms can be so varied and complex* - *Strategy needed to prepare young women employees as (based on study participants and the peers they know) they don't even think about it and would not even believe what a massive difference it makes to your life and that you can almost change personality for the duration which it said to be 10 – 15 years* - *preparation to help women build personal strategies before it hits eg how to measure their own performance in objective ways – then they will see that their performance does not reduce but their perception of self and their confidence and self-esteem give them a false perception* - *organisations need to help teams and colleagues to be able to share symptoms in a similar way a broken leg would be shared – ie you need some support – help with the door – using the lift etc – but your competence is not questioned – you would then be 'enabled' to continue contributing at the same level.* - *Feeling valued is really important to help with the challenge* - *An understanding that women may be trying a variety of medications to combat the physical, emotional and cognitive symptoms and drugs have side effects.* - *Women in their 50s are a major untapped resource of wisdom and experience. They are highly focussed and don't mess around* - *The menopause adds further difficulty against the constant battle to overcome ageist and gender stereotypes* - *it is shameful if organisations lose all the experience that older women have by not supporting them to be promoted* - *older women may not come across as ambitious but they still want their talents to be used fully* - *ageing is not valued in the workplace – it is youth over talent* - *it is still a hard work, hard play, long hours, high visibility, shouting loud, high energy culture (which is not attractive to me anymore)* - *HR in organisations could look at feminising the senior roles* - *A lot of the work is performance work and relationship work – relating with colleagues and students* - *We could do with a women's network but it would be laughed at by the men*	ISSUES FOR HRD LEADERS

Figure 2: Example of Codes creating the Category 'Issues for HRD Leaders'

Category – deep fatigue and physical symptoms

Although there were many negative physical symptoms to the menopause stages including weight gain, sluggishness, daily headaches, stiffness of joints, anxiety, fluctuating temperature, the key physical issue that impacted every single woman interviewed and which had an intense effect on them was lack of sleep. This was a continual broken sleep, interrupted sleep, not being able to get to sleep, poor quality of sleep and this led to symptoms of lethargy, low energy and made the knowledge aspect of the work much harder as writing research needed brightness and clarity of mind. In light of the job demands and organisational demands HRD leaders need to consider that this part of their workforce may well be sleep

deprived and train managers accordingly and provides facilities for power naps and rests and even training women how to have a power nap as many would not know.

Here is a sample of the participant statements/codes that related to sleeplessness:

- *Deep fatigue from menopause itself and from lack of sleep symptom*
- *It is a vicious circle that seems impossible to break – no drugs except HRT do anything and the risks of HRT are too high*
- *Low stamina – low energy*
- *Felt like 'death warmed up'*
- *Lethargic and deeply tired*
- *A walking zombie at times, fine other times*
- *Need lots of sleep – broken nights ae difficult – knowledge work means brain doesn't shut down – overactive thought processes*
- *Sleep – 3 nights intermittent sleep takes its toll*
- *Too tired to work but I had to go as it was a crucial stage with students*
- *I push on through even when not feeling good*
- *I go to bed shattered and then don't sleep*
- *Difficult not to get angry with myself for not falling asleep*
- *Too tired to work at weekend on research*
- *It's like not firing on all cylinders*
- *Exacerbation compounded with no sleep*
- *Emotions affected by menopause – feeling on the verge of crying all the time – made even worse by lack of sleep*
- *can't sleep so I get up and then sleep at the weekend to catch-up*
- *sleeplessness can almost change your personality*
- *sleep deprivation has been used as torture – it is powerful*
- *feeling totally depleted*

Of course, sleep deprivation impacts emotions. Also, the lifestage of menopause brings with it fluctuating emotions due to hormonal change, a natural part of the process. This is, therefore, a double negative impact on emotions. Engagement in work is ot only about intellectual engagement, but emotional and social engagement (Rees et al, 2009). Social engagement also relates back to emotions as women reported not feeling they had the energy or confidence to go out with colleagues socially.

Category – Erratic Emotions

Data from participants showed a clear challenge with heightened emotions, irrational emotions and erratic emotions. The key concern was that this impacted on communication with others.

On the next page are examples of the category development.

EXAMPLES OF PARTICIPANT CODES	FIRST EMERGENT CATEGORIES	CONCEPTUALISED CATEGORY
Heightening of emotional stress	Change of Emotional Self:	
Emotional vulnerability – heightened feelings – more intense, more unpredictable feelings	*Emotional vulnerability – heightened feelings – more intense, more unpredictable feelings*	
Mood swings when never before	*Mood swings when never before*	
over reaction when always level headed	*over reaction when always level headed*	
almost a personality change due to mood unpredictability	*almost a personality change due to mood unpredictability*	
no longer sociable	*no longer sociable*	
really angry about it all that it should be happening to me – whole female body a complete disaster at all ages – periods, pregnancy, menopause	*Because I no longer suffered fools gladly I felt more empowered and was more focussed than I have ever been*	
	Sense of empowerment to do things my way	
	Sense of autonomy and freedom	
angry it was de-railing me at such a crucial career age		
talking to self 'get a grip' knowing the mood is irrational behaviour but can't get rid of it – berating self	Communication:	ERRATIC EMOTIONS
in a constant state of worry about bizarre symptoms – were they serious or just part of it?	*even when another is sympathetic you cannot explain what you are feeling and certainly can't give any reason for it – because there isn't one!*	
even when another is sympathetic you cannot explain what you are feeling and certainly can't give any reason for it – because there isn't one!	*Lack of sleep leads to grumpiness and no patience, behaving out of character, snapping at people and then feeling awful and leads to unfairly being labelled as 'grumpy', 'unhelpful' etc*	
Weight gain – reducing self-esteem	*Because I no longer suffered fools gladly I felt more empowered and was more focussed than I have ever been*	
Embarrassment to share medical interventions of surgery	*Sometimes I feel the menopause has given me a shorter fuse*	
Long duration – 'it takes so long' – of 'feeling rotten'		
Going home doesn't really help		

Lack of sleep leads to grumpiness and no patience, behaving out of character, snapping at people and then feeling awful and leads to unfairly being labelled as 'grumpy', 'unhelpful' etc	**Worry and Anxiety:**	
Because I no longer suffer fools gladly I felt more empowered and was more focussed than I have ever been	*in a constant state of worry about bizarre symptoms – were they serious or just part of it?*	
Sense of empowerment to do things my way	*Long duration – it takes so long of 'feeling rotten*	
Sense of autonomy and freedom	*Things 'weigh upon me' more than they did before – when I am teaching I worry about research deadlines and when I am researching I worry about prepping in time for teaching or getting marks within deadline – means I am more diligent than before – less relaxed about mistakes, less able to 'brush it off and move on' etc*	**ERRATIC EMOTIONS**
Sometimes I feel the menopause has given me a shorter fuse		
Things 'weigh upon me' more than they did before – when I am teaching I worry about research deadlines and when I am researching I worry about prepping in time for teaching or getting marks within deadline – means I am more diligent than before – less relaxed about mistakes, less able to 'brush it off and move on' etc	*Worrying about the future – I need to ensure I can carry on working for quite a while yet*	
Our type of work means we have to respond when students are anxious, however tired I feel and not responding, even if valid reason, is not an option as causes further problems down the line	*I feel student anxiety more deeply now as it means my more heightened level of anxiety – might be a good thing – more empathy for students*	
Worrying about the future – I need to ensure I can carry on working for quite a while yet	**Anger and Berating:**	
I feel student anxiety more deeply now as it means my more heightened level of anxiety – might be a good thing – more empathy for students	*really angry about it all that it should be happening to me – whole female body a complete disaster at all ages – periods, pregnancy, menopause*	
	angry it was de-railing me at such a crucial career age	
	talking to self 'get a grip' knowing the mood is irrational behaviour but can't get rid of it – berating self	

Figure 3: Example of Category Development for the Category Erratic Emotions'

Category – Personal strategies to cope

The women in this study shared the strategies they used or are still using to cope with the lifestage of the menopause. There is a feeling that their talents and experience cannot show through as brightly during this stage of life and has left some of them giving up on career progression despite being more than competent enough to take on higher level roles. In the Category Erratic Emotions we saw the strategies of using anger for a positive effect and pre-empting situations where emotions were building.

SAMPLES OF PARTICIPANT STATEMENTS/CODES	EMERGENT CATEGORY
- *Using tools such as Myers Briggs, LIFO, neurolinguistics* - *Focussing on being objective about performance – feeling lousy but actually producing really good work* - *Reviewing performance to increase confidence in ability to balance out feeling of lack of confidence* - *Once you have realised it is the menopause and nothing else then gritting teeth and get on with it – push through it* - *Using natural remedies eg soya isoflavones, getting sunshine, vit D, calcium* - *Using prescribed drugs eg HRT* - *Exercise - Yoga before teaching classes, swimming* - *food: yoghurt, bananas, walnuts, camomile tea, avoid carbs* - *Learning from experience as you progress through it* - *Looking for satisfaction in doing a good job rather than being recognised* - *Working out new strategies to overcome forgetfulness eg diary, notes to self, alarms, check and double-check etc* - *Making a deliberate mindset change viz 'what is important to me?'* - *A strong mindset helps and a positive attitude eg 'so what, live with it!'* - *Mind-over-matter – positive mental attitude* - *Using the anger to a positive effect* - *Seeing it like recovering from surgery – being positive about the future once it's passed* - *Remove yourself from a situation if it is too upsetting/aggressive* - *avoid people who have extreme views that I know trigger me* - *Try to pre-empt situations if I feel my emotions are building or are a bit erratic* - *Reminding myself that my skills have not declined it is only my confidence* - *When feedback is positive for a job well done then accept it and don't be so self-critical* - *20 years of experience - I can hit the ground running on teaching* - *Trying not to question myself too much as to whether I can compete in this high energy environment and remembering I am extremely competent at my job without needing to rush around* - *Technology is helpful – I can do tons of work from my home in my pyjamas – the work is getting my full attention* - *In my fifties I have found I can separate myself – objectivity* - *Use external network of working women for support* - *Accept I have put the future on hold til it is over*	PERSONAL STRATEGIES TO COPE

Figure 4: Examples of codes used to create the Category 'Personal Strategies Used'

The study showed that the type of work and the work culture of Higher Education brought its own challenges when considered in line with the personal change being experienced at this stage of life:

- it is still a hard work, hard play, long hours, high visibility, shouting loud, high energy culture which is not attractive in this stage of life
- the work is a vocation and like caring and nursing jobs, there is an empathetic nature of the job – there is nervousness for the students and their various emotional responses and being at the menopause means it is felt even more keenly
- it seems that it is the women, who take on more of the personal tutoring aspect of the work or students choose to come to them instead of the men so this adds pressure
- the role is people developers and therefore, emotional engagement is a big part of the work which at this time of life is draining, compounded by lack of energy and sleep

None of the women mentioned they have a personal strategy of working part-time or job-sharing but it was mentioned as a desirable and something that HRD leaders in their organisations should enable. In the interviews there was a view that going part-time or job-sharing was for lower level roles and there was a call to see the flexibility offered for higher level roles.

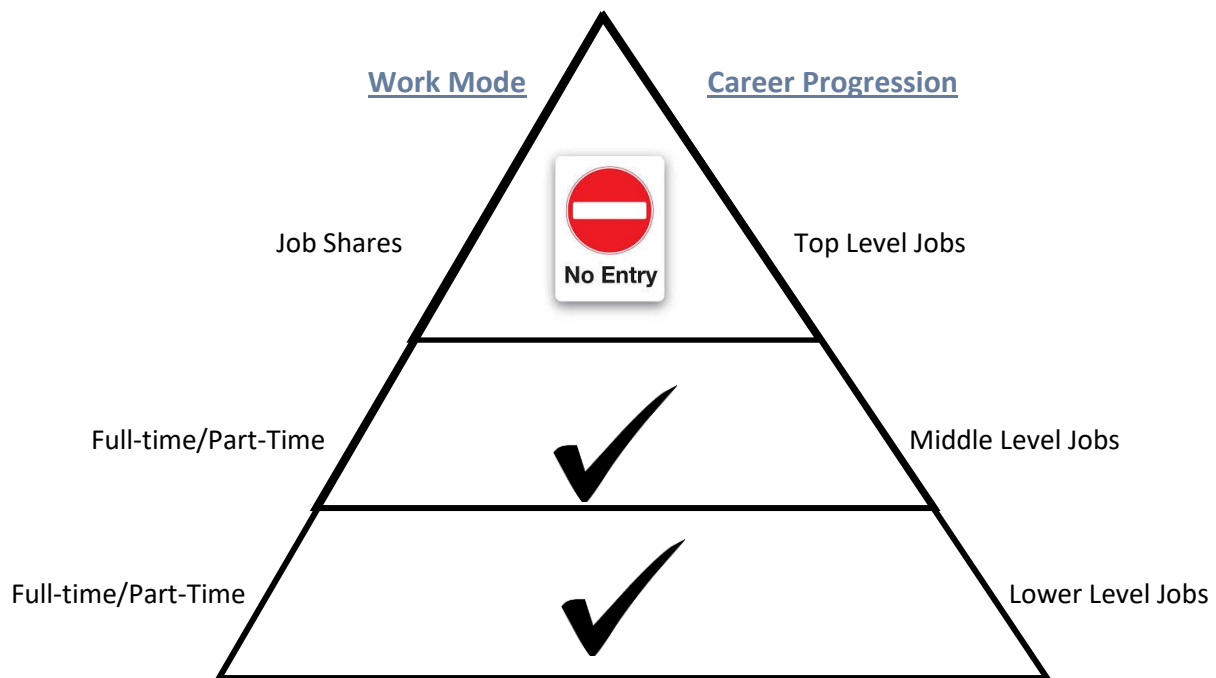Below is a model produced from the data to illustrate this:

Figure 5: Perceived Job Share Career Progression

Category – Challenge to identity and acceptance

In our work life we bring our wholeselves to the work and as mentioned earlier, this role is a vocation so this is even more pronounced. 'Challenge to Identity' was an issue that came through the research as something women felt they were struggling with and had to re-asses. This was all part of the emotional self too within the Erratic Emotions Category.

It was recorded that there was personality change for up to 15 years and the process of noticing personality was changing brought anxiety as to whether it would change back. Of course, something like sleep deprivation can alter lifestyle completely eg not having energy to socialise, as can losing self-confidence and self-esteem, so this is not surprising. Participants talked about having to reframe who they were and what they wanted out of life.

Category – Experience of isolation

Linked to identity and personality is the category 'experience of isolation' which was strong enough in the date to be its own category. This is where social culture and organisational culture has its impact. Even menopausal women do not talk about what they are going through to other menopausal women. This is partly due to societal culture, partly due to upbringing ' we don't talk about that sort of thing dear', partly due to 'when do you bring it up?', partly due to 'not even knowing if that is what is happening to me right now', partly due to just wanting to 'grit my teeth and get it over with', partly due to the patriarchal society we are in and partly due to not wanting to be defined by it. The latter is particularly a concern within organisational settings as it might become a label or imply you want special treatment or you are poorly. We have come a long way with pregnancy being accepted as normal and are getting better as seeing mental health in a more positive light but the menopause is way behind all of that – it is still a taboo and women keenly feel that. They want it to 'be seen as normal'. Because of the vagueness of the condition women often were not sure what was happening to them other than that it was worrying and unpleasant. It was in hindsight or partway through or through medical intervention, blood tests etc, that they could find out why they were facing challenges. If they did not have any women around them who were going through a similar experience, perhaps because their friends were younger, or because they worked mainly amongst men, there was a strong sense of isolation.

From the 11 conceptualised Categories from Figure 1 there was stage of theoretical development in understanding why these concepts are important and what can be done to address these. Four explanations, theories are put forward from this study.

The 4 theories, all interconnected, are illustrated in this model below:

Competence Feedback and Progression

Energy Management & Flexibility

Development Needs for Menopausal Women

Enlightened Organisational Culture
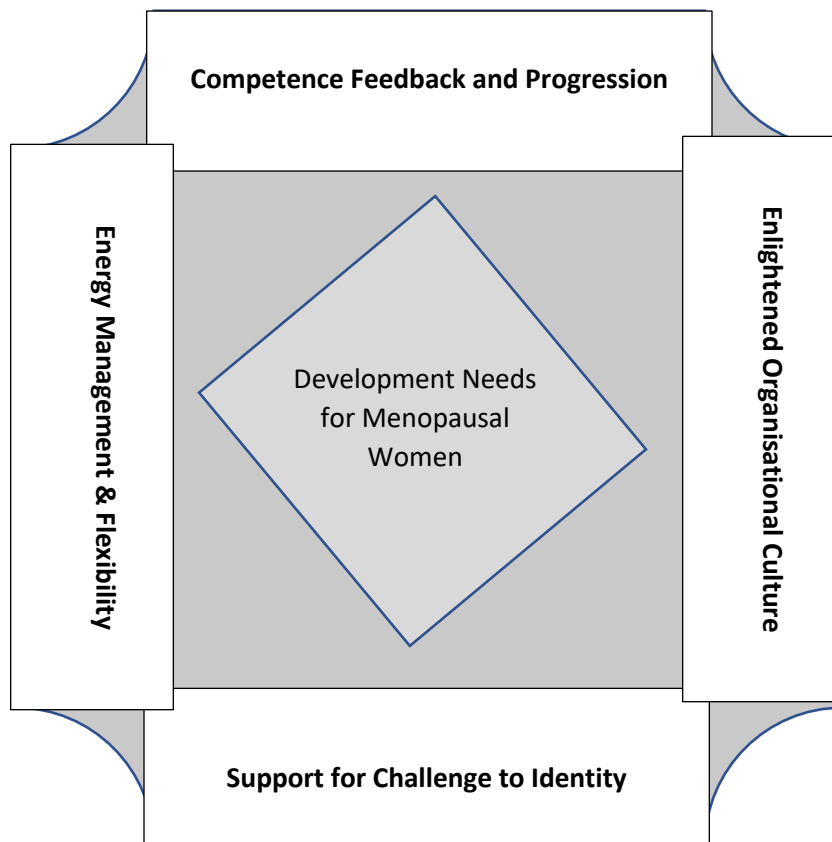
Support for Challenge to Identity

Figure 6: Development Needs for Menopausal Women

Theory Development

By understanding what is happening to women during the menopause stage of life and how they feel about this, concepts of interest have emerged, viz, isolation, identity, energy, cultural enlightenment, coping strategies, conational aspects, complexity of ageing, erratic emotions etc. Explaining why these might exist and how women might be better supported and their skills used instead of them becoming invisible the following theories are proposed:

- **Competence Feedback and Progression**
  Women want available objective feedback mechanisms to affirm to them (to help negate the struggle they may have inside and the negative self-feedback due to menopausal emotional disturbances) and to others around them that their competence levels are still high, that they are still doing a really good job and that their experience is valued regardless of this life change and that progression opportunities are based on their objectively assessed competences and not based on aspects that women going through the menopause may struggle to display eg energy, visibility, confidence. By viewing these women as a valuable asset to be looked after through this difficult stage in life rather than cast aside the behaviours they may exhibit should

not lead to misunderstanding of their work ethic and ability.   Recruitment practices and promotion practices were cited as being particularly troublesome as based on a snapshot of an interview rather than a work history.

- **Support for Challenge to Identity**
The extent of change is described by some as 'personality change' eg from being outgoing and sociable to not feeling confident in the company of others. This is not only disorienteering but can have a sense of a feeling of loss. Experience of isolation increased this as even women do not talk about the menopause with each other and may not be at the same stage of life as it can occur at very different ages. Some described post-menopause as going back to their former personality so the sharing of this sort of experience (without defining one's self in the terms of the menopause) could equip pre-menopause and menopause women to take encouragement and see a more positive future. As Kubler-Ross's curve of change which explains what individuals go through when they are coping with change a similar model would be helpful for women to see what is normal experience in order to affirm them. One of the difficulties experienced is coming to terms with change was going from a person who did not have self-image of someone needing support and then becoming a person who needs support. Erratic emotions leading to an image of 'grumpiness' was also a factor in feeling personality had changed and this also negatively impacted self-esteem. This change of self-image was a real difficulty. A process of reframing was said to be useful to some leading an opportunity to reassess 'who I am', 'what I stand for' and 'what I want out of life'.   For some this reframing provided a realistic review of their current situation at work and opportunities for career progression that supported their needs with two deciding that career progression was no longer an option unless they looked outside the organisation.

- **Energy Management & Flexibility**
The biggest physical issue by far for women was energy and sleep deprivation. In order to address this their organisations could consider how they can support women to be able to sleep. Flexibility in working is one support where women can work around energy levels but for the performance part of the role this is not possible as timetables are fixed. Of course, many groups of workers need flexibility and support and many, even the young, need their sleep so organisations could consider providing rest-rooms for everyone and that would help to remove any labelling. As one participant (Trem 2018) says "we don't want to lose sight of the fact that many things that relate to a specific group such as menopausal women also relate to many other people too".   Tiredness and erratic emotions, coupled with low self-esteem and confidence were shown from the study to impact the women negatively.

- **Enlightened Organisational Culture**
There was a strong desire from the women interviewed for the menopause to be accepted and normalised and for enabling support to be provided without it defining them as different. They would like to see their Human Resources Departments take a lead in providing training and education and for leaders to provide funding for provision of facilities such as rest rooms, not just for them but for men aswell, but separate facilities. Reference was made to mental health having gained a lot of ground in terms of it being more accepted as something that could be talked about in the workplace. Stress management is now a serious concern for employers where years ago it was seen as a personal weakness.

<u>Summary of Project</u>

This study was related to a combination role labelled CKAPR. The data, conceptualisaiton and theory building is useful for relating to each of these roles separately for other job contexts. It is clear from this research that women going through the menopause face challenges that affect their self-identity, their feeling of worth, their self-confidence, reduced self-esteem and lack of energy due to sleeplessness but that it does not affect their competence, commitment and ability to perform well and desire to be valued and progress in their careers. In some cases women became more focussed than before and become more objective. There was a strong desire to see organisations create a more inclusive way of assessing ability and competence for promotion based on experience, abilities and history of doing a good job rather than on self-confidence and one-off performance in recruitment practices.

<u>Reflections</u>

Whilst the illustrations which come from the project are limited in terms of the scope of the overall study undertaken, the emerging comments and illustrations echo some of the material referred to in terms of the Brewis et al (2017) review of menopause, alongside that of Keeble-Ramsay and Ridealgh (2017). Through their investigations and review of current literature in the UK, Brewis et al (2017) and Keeble-Ramsay and Ridealgh (2017) identify some of the issues identified for women in the workplace, and whilst Brewis et al (2017) include the possible clinical elements, both recognise the TUC's work in terms of considering the need for training employers around the nature of older working women's needs. The British Occupational Health Research Foundation are recognized in terms of the guidance offered to which there still is a lack of evidence around the exacting nature of the experience of the peri-/post-/menopausal period for individuals despite some empathy that there may be demands. The project included here attempts to illustrate the depth of issues which employers and society may need to reconcile rather than allowing the older female workforce to be silent. In part, simply silence limits the productivity of the workers who with a little negotiation or appreciation through understanding, rather than ignorance and fear of the topic, might be able to agree how they might maximise their engagement with their work.   Given the considerable concerns around increasing pension dependency upon the overall working population, coupled with the potential costs to any national health budget of economic inactivity of older workers, it is societally beneficial to incorporate women working through the period of the peri-/menopause. As such, it then becomes economically advantageous to engage with these workers and understand the issues that they face, in order to, assure that their employment is not only beneficial to them but further to their employer and thus society.   Whilst there are some sources from which this is considered, as shown through the works of Brewis *et al* (2017) and Keeble-Ramsay and Ridealgh (2017), this is an area which is ripe for greater consideration of the different situations that older women workers may find. Many of the issues raised within Julia Claxton's study reflect that the women themselves have limited knowledge available to them in terms of this stage of life and how it manifests, their own healthcare and lives in terms of the menopause, as such this reflects the clear need for greater understanding of how this translates in the workplace. However rather than reviewing what might be done to the worker, it remains that negotiation based on the needs of the individual is key to allow the journey of change for the woman. As one woman in the study said "*State pension is 66 – I have over 10 years of career left at least – I need to know I have a positive work future*".

To allow her valuable knowledge and contribution as an experienced worker, both to the workplace and society to allow the transition towards the nature of positive ageing and progression towards later life. It

remains the need for society to limit negative societal outcomes and healthcare dependency costs from allowing women to exit the workplace and become economically inactive simply because of a lack of capability in dealing with a condition that all women workers will encompass. Rather than being fearful of the matter, the likelihood of career disruption might be diminished and loyalty from the workforce may reap benefits alongside greater opportunities to re-train female workers for skills shortage areas. However, the underlying value of so doing lies within equality within the workplace. Therefore, continued to failure to heed to contributions from gender studies, such as Butler (1990, 2004) or Rittenhofer and Gatrell (2012), in terms of current discriminatory practices or powerful negative forces facing the female workforce, from mothering to menopause, from neo-liberal discourse or excuses to recognize issues of workplace conflict in terms of facilitating space to meet female needs misses these opportunities to address matters. As such productivity will continue to be undermined but more importantly societal problems stemming from demographic change and ageing dependency from increasing healthcare fail both the existing workforce in terms of the level of national income which is foregone to accommodate such shortfalls. Further there is a societal failing in terms of meeting the needs of its members if part of society is silenced simply through ignorance or embarrassment, if not by intent.

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