Menopause at work

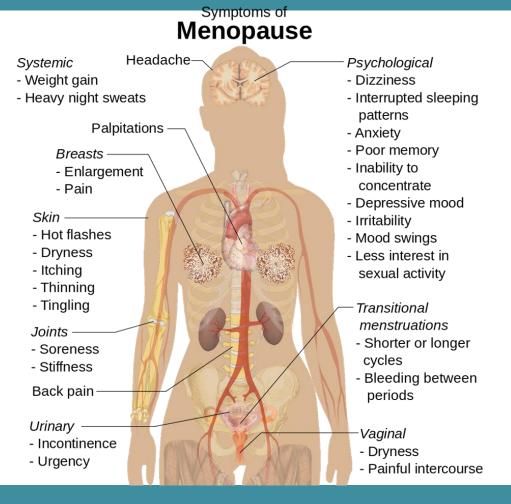
Dr Belinda Steffan, Chancellor's Fellow, University of Edinburgh

23rd October, 2024
Department of Health & Social Care
OHID North East & Yorkshire Menopause Webinar 2: Workplace





Menopause



- Peri-menopause: symptoms leading up to menopause (can last for up to 10 years)
- Menopause: the time at which one has not had a period for 12 months
- Post-menopause: symptoms might end, or continue, or commence
- Menopause is individualised and difficult to diagnose as symptoms vary in severity



Background – Positioning research on women's health





- Extending Working Lives
 - 33% workers over 50
- Workplace retention



Around 20% of over-50s leaving work 'early' do so for health reasons (ONS)



Employees

Often do not know where to find support, or what they are looking for

- Workplace health supports:
 - self-help
 - non-individualised
 - age-less





Employers

Employers are frustrated by lack of take-up of health support services



Women in mid-later life: health and menopause

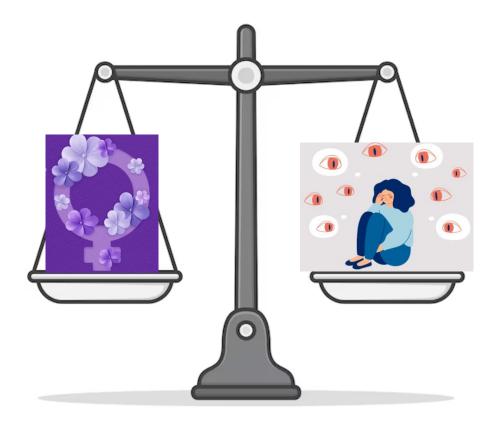
- Age stereotypes: Poor health¹
- Stigma gender x age²
- Menopause is a representation of gender and age²
- Coping and support for physical and psychological symptoms³
- Performance (mixed)
- Retention (yes, but extent uncertain)⁴
- Flexible work (unintended consequences)







Menopause: Balancing awareness and stigma



- Double-edged sword
 - Need awareness (menopause symptom?)
 - Exacerbate stigma
- Individual differences
 - Resilience, confidence
- Job context

Menopause support within a broader range of workplace health supports

Images: Shutterstock



Supporting Women's Health at Work: Intersectionality

- Intersectional experiences:
 - Life domains: messy mid-life¹
 - Neurodivergence²
 - Socio-economic
 - Race
 - Disability

Menopause, work and mid-life: Challenging the ideal worker stereotype

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Original article



Fundamental intersectionality of menopause and neurodivergence experiences at work

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Supporting Women's Health at Work: Disclosure

Low uptake in company (digital) health supports:

- 'Privacy boundaries'¹
- Workplace disclosure more complex 50+²

This chapter draws on narratives of women over 50 to explore how gendered health and ageing is experienced at work. Drawing on data from the Supporting Healthy Ageing at Work study, we report that women's narratives of health in mid-later life at work was that of uncertainty, both of cause(s) of health issues, and of action to gain organisational supports. ⁴

Women make complex decision-making judgements on whether or not to disclose | menopause at work based on a number of highly individualised factors. These include:

- Setting disclosure boundaries through a range of individual needs and inter-personal relationships.
- Gendered ageism plays a key role in disclosure decisions, actioned through fear as an emotional response to a lack of trust.
- Professional identity and reputation management were relevant to women from a broad range of job types.
- Engaging in self-care and personal responsibility of menopause can be a result of low expectations of organisational support.



Supporting Women's Health at Work: What works

- Policy
- Individual accommodations
- Informal supports

- Open culture
- Role models
- Artefacts (visible supports)
- Contextually appropriate
- Embedded sustainable
- Organisational readiness*



Digital health support for women's health

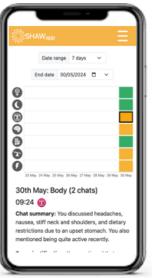
The SHAW ERA app uniquely supports employee and employer using validated health scales plus LLM

Explores key aspects of (hidden) health & work

Reviews patterns and changes over time

Acts to link with employer's health support services, instigate conversations with line managers etc







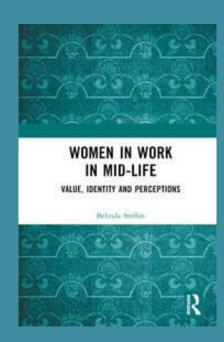






Thank you

Please contact me if you have any questions: belinda.steffan@ed.ac.uk



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SHAW project is funded through UKRI Healthy Ageing Challenge Social, Behavioural and Design Research, grant number ES/V016148/1.

