Work and the Menopause – Evidence Review

Jennings (Jennings, Mazaik, & McKinlay, 1984) found that women who worked were healthier than those who did not. However, once education was controlled for the associations between employment status and health measures were reduced.

High (High & Marcellino, 1994) surveyed 89 post-menopausal women. In addition to night sweats and hot flushes symptoms reported by at least 40% of the women included weight gain, irritability, depression, bloating, and mood changes. These symptoms were reported as being disruptive to their lives by 47% of the women with 30% indicating that their job performance had been adversely affected. Irritability and mood changes showed significant correlations with job performance. Excluding night sweats and hot flushes the non-managerial group showed a significantly higher percentage reporting each symptom.

Mary Hitchcock Memorial Hospital in New Hampshire (Fisher, 1994) began a group for women to discuss their menopause and how it affected their work. The objective was for women to learn the process their bodies were undergoing and discuss how this could affect them physically and emotionally. There was education about hormone-replacement therapy (HRT), diet, exercise, vitamins, herbs and meditation. Supervisors were also encouraged to attend.

Carlson (Carlson, 1995) interviewed nine career women. Six themes emerged from the interviews which were: uncertainty and confusion; seeking medical help; consequences of the experience; what is helpful; effects of the experience on work; their mother's experience. However, there were individual differences within each theme, and there were no aspects of menopause that were universally present for everyone.

In 2003 a survey of 500 workplace health and safety reps found that only one in five employers provided information about the menopause and only 2% of respondents said health and safety policies covered menopause-related issues (Anonymous, 2003)

In 2004 *Evidence-Based Mental Health* reported that depression increases in women during early- to late-menopause but decreases after menopause ("Depression increases in women during early to late menopause but decreases after menopause," 2004)

Salazar (Salazar & Paravic, 2005) found no connection between menopause and job performance. Most of the women in Salazar's study did their job well. Most of the women showed a moderate alteration of the Menopause Quality of Life and "a deficit of self-care was detected in 92.2%." Perceived social support correlated with job performance.

A study of 208 women by Kakkar (Kakkar, Kaur, Chopra, Kaur, & Kaur, 2007) found that working women seem to suffer more from psychological symptoms whereas non-working women showed a greater incidence of physical symptoms. Educated women showed a lower incidence of psychological and physical symptoms.

Cassou (Cassou, Mandereau, Aegerter, Touranchet, & Derriennic, 2007) studied the link between work-related factors and age of menopause. Cassou found that earlier menopause was associated with having a high-strain job and difficult schedules. Later menopause was associated with higher educational status and repetitive work. Earlier menopause was associated with high job control and not going to university.

Mvundura (Mvundura, 2008) analysed the menopause and labour-market outcomes. She found that the menopause increased the likelihood of depression and functional limitations. Women in pre-menopause were less likely to be in the labour force than women in natural post-menopause. Women who had surgical menopause and were using hormones were more likely to be in the labour force than women with surgical menopause who were *not* using HRT. Women in pre-menopause and women in peri-menopause were less likely to work full-time than women who experienced natural post-menopause. There were no significant differences in the hours worked by women in different menopause stages. Women in pre-menopause earned more than women in natural post-menopause. Women in peri-menopause and women with surgical menopause were more likely to be self-employed.

According to Goldman (Goldman, 2010) the symptoms most likely to affect women at work are hot flushes and night sweats, tiredness, aches and pains, urinary frequency and urgency, mood swings, anxiety and depression. Coping mechanisms can include the use of an electric fan and keeping a water spray nearby. Employers should make sure that uniforms are suitable for women at the menopause and that toilet breaks are not restricted.

Malinauskiene (Malinauskiene & Tamosiunas, 2010) studied the links between menopause and myocardial infarction and found that low job control and marital stress played an important part in this relationship.

Ogurlu (Oğurlu, Küçük, & Aksu, 2011) found that a significantly greater percentage of non-working women suffered from hot flushes, difficulty in sleeping, headache, irritability, depressive mood, muscle and joint pain, and urinary problems.

A study of 131 middle-aged women working in an Egyptian university (Hammam, Abbas, & Hunter, 2012) found that women who were going through the menopause reported higher than average scores for depressed mood, problems with memory and concentration, sleep problems and vasomotor symptoms. The women reported that poor working environment and work policies and conditions aggravated their menopausal symptoms. Disclosure of their menopausal status was uncommon; limited time and socio-cultural barriers were the most-commonly-reported reasons for non-disclosure.

Griffiths (Griffiths, MacLennan, & Hassard, 2013) carried out a survey of 896 women between 45 and 55 in professional, managerial, and administrative occupations in 10 organisations. She found that the most troublesome symptoms were poor concentration, tiredness, poor memory, feeling low and depressed and lowered confidence. Hot flushes were particularly difficult. Some women felt their work performance had been negatively affected. Most of the women were unwilling to disclose menopause-related health problems to line managers most of whom were men and/or younger than them. Four major areas for support emerged: greater awareness among managers; flexible working hours; access to information and sources of support at work; attention to workplace temperature and ventilation.

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