

## Menopause and the workplace

Brewis, Joanna ; Atkinson, Carol; Beck, Vanessa; Davies, Andrea; Duberley, Jo

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## **Menopause and the workplace: new directions in HRM research and HR practice**

### **Abstract**

This paper offers two key arguments. The first is that HRM scholars and HR practitioners need to pay a good deal more attention to the bi-directional relationship between menopause and the workplace – how menopausal symptoms can affect women’s experience of work and how work can exacerbate a woman’s symptoms. We outline the social responsibility, demographic, legal and business cases which explain the urgency of more research and more concerted practice in this area. Our second argument concerns the importance of future research and practice adopting an intersectional political economy approach, in order to better understand the considerable differences between how women going through menopause transition experience work. Here we offer arguments ranging from the macro through the meso down to the micro level of these differences, in so doing setting an agenda for the work to come on this very significant issue.

### **Practitioner notes**

What is currently known

- HRM research currently pays almost no attention to the issue of menopause in the workplace, and HR policy and practice is also lacking in this area.
- We set out the social responsibility, demographic, legal and business reasons as to why this is problematic.

What this paper adds

- We provide an agenda for future HRM research into the menopause, based on what we call an intersectional political economy approach.
- This connects together macro, meso and micro levels of women's experiences of menopause and the workplace in order to grasp the significant differences between these experiences more accurately.

The implications for practitioners

- We argue that HR policy and practice on menopause in the workplace should, similarly, address key issues identified in this paper.

### **Keywords**

Menopause, bio-medical approach, bio-psycho-cultural approach, intersectional political economy, work.

## **Introduction**

This paper focuses on the two-way relationship between menopause and work – in other words, how symptoms can make working life more challenging for women in menopause transition or post-menopause; and how, in turn, working life might make menopause symptoms worse. Menopause refers to the point in a woman's life when she has not menstruated for a year. On average women attain menopause at 51, and transition or peri-menopausal symptoms begin at 48, sometimes lasting for a decade or more into post-menopause. However, some women experience menopause (much) earlier, due to what is known clinically as premature or primary ovarian insufficiency. It is usually a natural experience for women and those who identify as transgender or gender non-conforming (TGNC)<sup>i</sup>. But others are plunged into 'cliff edge' menopause because of medical treatments, e.g. for cancer, or oophorectomies.

First, we discuss why HRM scholars and HR practitioners should pay attention to menopause as a workplace issue. Second, we argue that menopause in the context of work needs to be understood through what we call an intersectional political economy approach, which integrates feminist political economy and intersectionality theory. Feminist political economy insists on understanding as gendered a macro-level political economy analysis of relationships between individuals, the state, the economy and wider society.

Intersectionality, also originating in feminist scholarship (Crenshaw, 1989) allows us to include additional meso- and micro-level self-identifications and identifications performed by others beyond gender, including occupation, class, employment type, income, education,

sexuality, (dis)ability, motherhood, race, ethnicity, migration status and age in workplace analysis. It offers the metaphor of a crossroads of these factors. Intersectionality therefore treats these categories of difference not as “separate, stable axes of identity [or context] that criss-cross each other in a specific subjectivity [... but as] systems of meaning and understanding that act together in a formative way *to define each other*” (de Souza, Brewis, & Rumens, 2016, p. 605). Drawing these two complementary perspectives together into an intersectional political economy approach thus affords exploration of macro-, meso- and micro-level factors which might inform women’s experiences of menopause transition in the workplace.

Applying an intersectional political economy approach also supports a move beyond a micro-level bio-medical approach to menopause as a disease or form of decline, the problems with which we outline later, while expanding a bio-psycho-cultural approach as an alternative. The latter, which has gained traction in the wider menopause literature since the 1990s, contends that a woman’s experience of menopause must be understood in the context of both her psychological make-up and her socio-cultural location – themselves interconnected in a ‘tangled web’ of relations (Anthias, 2014). It does not deny the physiological basis of menopause in fluctuating levels of hormones like oestrogen, progesterone and testosterone, but argues for psychological factors as well as macro-level cultural factors in influencing a woman’s symptoms. The bio-psycho-cultural approach is profoundly intersectional, and at the same time encompasses aspects discussed within feminist political economy. It emphasises that the different ways in which a woman identifies and/or is identified by others – which in themselves are dynamic and socio-

culturally specific, perhaps mutually undermining, perhaps mutually reinforcing, “inflect[ing] and/or infus[ing] one another” (Sullivan, 2003, p. 72) - also account for her experience of menopause.

In sum, we use feminist political economy and intersectionality – hence intersectional political economy – because the first set of arguments concern macro-level issues at the level of government, the State and wider society which affect our lives whereas intersectionality privileges meso- and even more so micro-level issues. This achieves a more rounded view and extends the bio-psycho-cultural approach by addressing its relative neglect of structural issues which matter in women’s lives, including employment law, welfare state policy, class and occupation. Overall, our approach underscores the need to pay attention to the macro-, meso- and micro-levels of women’s experiences of menopause and the workplace, the better to apprehend the substantial differences between these experiences as inflected by each individual woman’s intersectional positioning.

Before we move to the main substance of our argument, a clarification is in order. When we refer to ‘differences’ in this paper, we mean differences between women. However, it is important to state that menopause is typically not a uniform experience for an individual woman. Symptoms are often inconsistent across time, partly because of fluctuating levels of hormones, partly because of the different contexts women move through in their everyday lives, including work. Space precludes discussion of this important issue, but it is under-researched in the workplace context.

## **Why menopause and the workplace? Why now?**

As already noted, women in peri- or post-menopause experience a range of symptoms which can be more or less 'bothersome' depending on the individual. While there are 34 recognised symptoms of menopause, the most common include sleep disturbances, fatigue, hot flushes, night sweats, anxiety, loss of confidence, irritability, mood swings and difficulty in concentrating and/or making decisions (Hickey et al., 2017, Brewis et al., 2017). While not all women will experience all symptoms, and some may not experience any, many experience several, frequently in combination, and suffer detriment to their lives in general and at work in particular (Grandey, Gabriel, & King, 2020<sup>ii</sup>).

This spillover can be bi-directional. Symptoms can create problems at work including difficulties in paying attention to detail, reduced ability to learn, poor memory, sickness absence and embarrassment in relationships with clients or colleagues, all of which could translate into impaired job performance (Atkinson, Carmichael, & Duberley, 2018; Brewis et al., 2017). Conversely, the workplace can exacerbate symptoms (Grandey et al., 2020). This can be through, for example, overly warm offices, lack of access to toilets or cold water, or uniforms which can exacerbate hot flushes if made of synthetic materials or cause embarrassment if light-coloured given the possibility of menstrual flooding. Hickey et al. (2017) suggest interventions to alleviate these symptoms, including temperature control, desk fans and physical exercise programmes. Brewis et al.'s (2017) desk-based review further suggests: specialist provision, like occupational health support or Employee

Assistance Programmes; tailoring absence policies to categorise repeated absences because of symptoms as related to an ongoing health condition rather than triggering performance management; and environmental adjustments like breathable uniforms and good ventilation.

Emphasis on symptoms risks, however, a bio-medical approach. As we argue here, it is important to note the impact of wider macro-level structural and cultural issues as well as meso-level workplace context and attitudes. Jack et al. (2019), for example, demonstrate that stress or lack of supervisory support can worsen the experience of symptoms in the workplace, and Atkinson et al. (2018) evidence the negative effects of hyper-masculine cultures like the police service on both women's and their supervisors/colleagues' attitudes to menopause (also see Grandey et al., 2020). As workplace studies addressing attitudes to menopause are limited, we can also draw on other bodies of literature to understand the relevant issues. Research on pregnancy highlights how women's bodies, particularly their reproductive capacities, are perceived as unwelcome and intrusive in the workplace (e.g. Gatrell, Cooper, & Kossek, 2017); women are 'othered' and can suffer exclusion which could well exacerbate menopausal symptoms like anxiety and loss of confidence. Indeed the "organizational marginalization of maternal bodies may extend beyond pregnancy and childbirth to include menstruation and menopause, women's mere capacity for reproduction being sufficient to connect them with fertility and instability" (Gatrell et al., 2017, p. 241). Menopause is, however, substantively different to pregnancy in that it is also associated with ageing (Jack et al., 2019). The growing body of research exploring gendered ageing at work (Riach et al., 2015; Thomas et al., 2014) demonstrates



that older women experience a 'double jeopardy' of discrimination based on the intersection of their age and gender. As such, reproductive and post-reproductive female bodies at work may be constructed, interpellated and treated in a variety of similar but also very different ways.

It is therefore unsurprising that it can be difficult for women to discuss menopausal symptoms at work (Jack et al., 2014), and that they fear what might happen on disclosure (Grandey et al., 2020). In a recent UK survey, "Almost half admitted they would find it hard telling senior management or even close colleagues that they are struggling [with symptoms], with 54 per cent concerned that admitting this would make them look less capable" (Stewart, 2018, p. 42). Where women disclose, they may be brushed aside, made fun of, criticised, bullied or become subject to performance management and ongoing capability monitoring (Atkinson et al., 2018; Brewis et al., 2017; Jack et al., 2014; National Union of Teachers, 2014a, 2014b). This is why Brewis et al. (2017) also advocate mandatory equality and diversity training on age, gender and menopause, occupational health campaigns and the introduction of informal women's menopause networks, in order to shift organisational cultures towards normalisation of menopause.

Workplace experiences of menopause are extremely important for HRM as an academic discipline as well as for HR practitioners, for at least four very good reasons. We have above begun to develop the social responsibility case, alluding to the distress that menopausal symptoms can create for working women, as well as how workplaces can exacerbate these symptoms. The Global North is characterised by gendered ageism

evidenced by the myriad of stereotypes about mid-life women being 'past it', 'over the hill' and/or 'hysterical'. In response, it is simply the right thing for employers – and their HR teams, as well as HRM scholars – to take menopause seriously. Mid-life women, who are most likely to experience menopause symptoms, derive considerable self-esteem and social support from their employment. Its financial rewards are also important in the context of continuing economic uncertainty and the gender pay and pension gaps (Beck et al., 2019; Glass & Kilpatrick, 1998; Griffiths et al, 2006; Sarrel, 2012). It is therefore imperative that women are able to work for as long as they wish. Developing and maintaining fair and inclusive workplaces is central to the HR agenda - and addressing menopause transition is critical here.

Second, in the Global North especially, older women are entering or returning to work in greater numbers and/or working until later in life. In the US, for example, Current Population Survey data for 2019 show us that more than 20 million women aged 50-64 were in paid employment. This is 27.28% of the female working population aged 16 and over (US Bureau of Labor Statistics, 2019a). OECD (2019) data for Australia, similarly, record an increase of 7.6 percentage points in the labour force participation of women aged 55-64 between 2009 and 2018, compared to 3.8 points for men in the same age group. In the UK, the Office for National Statistics (ONS, 2020) suggest that, between September and November 1992 and September and November 2019, this rate for women aged between 50-64 rose by 21.7 percentage points. The comparative increase for men was 12 points, slightly more than half. These demographic data bolster the case for HRM scholars and HR practitioners to pay attention to menopause in the workplace since more women

experience it whilst in employment, often at a time in their careers when they are also moving into or seeking senior positions (Atkinson et al., 2015; Grandey et al., 2020).

Third is the legal case. Staying with the three countries discussed above, in the US, Title VII of the *Civil Rights Act* (1964) prohibits discrimination on the basis of sex. Age discrimination is prohibited by the *Age Discrimination in Employment Act* (1967); and Sections 501 and 505 of the *Rehabilitation Act* (1973) and Title 1 of the *Americans with Disabilities Act* (1990) outlaw discrimination based on disability. The relevant laws in Australia are the *Sex Discrimination Act* (1984), the *Disability Discrimination Act* (1992), the *Age Discrimination Act* (2004) and the *Fair Work Act* (2009). This last prohibits all three forms of discrimination. The UK *Equality Act* (2010) protects against discrimination on the basis of sex, disability or age<sup>iii</sup>.

To date there have also been three successful UK employment tribunals based on menopause. In *Merchant v British Telecom* (ET/1401305/11, February 27 2012), Ms Merchant's claims of unfair dismissal and direct sex discrimination were upheld. In *Davies v Scottish Courts and Tribunal Services* (S/4104575/2017, February 6 and 7 and April 6 2018), Ms Davies claimed unfair dismissal and disability discrimination and again prevailed. In *A v Bonmarché Ltd (in administration)* (4107766/2019, December 6 2019), the anonymous claimant succeeded in claiming she had been subjected to age- and sex-related harassment based on her menopausal status and had had to resign. In all cases, the claimants' managers were aware of their menopausal symptoms and associated difficulties. Indeed in Ms Davies' case, reasonable adjustments had been made. Yet this did not protect

her from being dismissed. Such discrimination and the associated legal and reputational costs further justify the need to consider menopause at work as an important issue.

Finally, turning to the business case, although the evidence that menopause reduces women's productivity is both scarce and contradictory (Beck et al., 2019; Brewis et al., 2017), it appears that large numbers of women have seriously considered leaving work because of their symptoms. A UK-based ITV Tonight and Wellbeing of Women survey showed two thirds of respondents reporting there was no menopause-related support available to them at work; half felt work had made their symptoms worse; and a quarter had thought about quitting altogether (ITV, 2016). If those women earned £25 000 a year – ie, well below the UK national median wage of £29 574 (ONS, 2018) - and did quit, then Oxford Economics (2014) data tell us this would cost their employer over £30 000. This figure varies by sector and occupation but includes direct costs of recruitment and selection and indirect costs of potential lost productivity, training and development while the new recruit gets up to speed. Retention issues associated with menopause transition therefore indicate once again how important it is for HRM scholars and HR practitioners.

These are four compelling reasons for HRM practitioners and HR academics to pay attention to menopause transition in the workplace. Taking HR practitioners first, menopause transition can have implications for performance, retention and avoiding discrimination. It is of critical importance to HR practice, yet remains absent from the policy agendas of many organisations. While the number of employers introducing menopause policies or guidance is growing (see, e.g., Henpicked, 2019), these are still

relatively small in number and, where they exist, line manager discomfort or resistance may mean they are not effective. Organisational interventions of the type noted earlier also focus in the main on symptoms through an occupational health perspective, paying less attention to the wider bio-psycho-cultural aspects of menopause transition. The impact of organisational culture and attitudes may go largely unaddressed (Grandey et al., 2020) and, as noted earlier, sustain workplaces in which disclosure of menopausal status is at best difficult and at worst ill-advised. Advances in policy and practice are urgently needed so that menopause becomes no more remarkable a topic of HR-related discussion at work than pregnancy or maternity.

We might also expect that HRM as a research discipline would have something to say about the menopause. But we have not been able to find any disciplinary literature on the subject other than Fisher's 1994 article in *Personnel Journal* where she discusses how, as an employment counsellor, she ran workshops and established a workplace menopause support group in a US hospital. Indeed practice seems to be ahead of research with, for example, recent guidance from the UK's Chartered Institute of Personnel and Development (CIPD, 2019) on supporting women in menopause transition in the workplace. In addition, the empirical evidence on menopause at work – the vast majority of which comes from disciplines beyond HRM, including occupational, clinical and counselling psychology, occupational and environmental health and safety, the sociology of health, women's health, nursing, gynaecology and obstetrics and public health - is predominantly quantitative, clinically-oriented and situated within a bio-medical approach with an emphasis on symptoms.

To reiterate, our thesis is that we need an intersectional political economy approach to fully understand the complexities of the relationship between menopause and work. We offer a reading of HRM which privileges connections and contradictions between the post-reproductive female body, country, national origin, occupation, class, employment type, income, education, sexuality, (dis)ability, gender, motherhood, race, ethnicity and age. We outline a route-map for the extension of research and practice on international and comparative employee relations, equality, diversity and inclusion and well-being.

### **Menopause and the workplace: gaps and implications for HRM research and HR policy and practice**

#### *The bio-medical approach*

As we have suggested already, it is important to recognise that symptoms can create very real difficulties for women at work, but this negative tendency is a byproduct of the predominant bio-medical approach which depicts menopause as an ending, marking a decline and a type of failure. Ferguson and Parry (1998, p. 21) suggest this came to prominence during the 1980s when “menopause was constructed as a “disease” that needs to be treated with hormone therapy and other expensive medical interventions”. One explanation for the emergence of this ‘disease’ discourse is the realisation by pharmaceutical companies that peri-menopausal and post-menopausal women represent a large market (ibid, 1998). Utz (2011) reaches similar conclusions in her inter-generational

study of mothers and daughters, arguing that “the cultural acceptance of medicalization has affected the way women talk about, define, treat, accept, or fight the bodily changes associated with menopause”, adding that this has “perpetuated negative attitudes towards aging” (p. 153). This spills over into the workplace where menopause may be regarded as “the symbolic end of a woman’s productive life” (Grandey et al., 2020, p. 18), as well as its reproductive counterpart.

In contrast, many women’s menopause experiences are positive, representing “a transition between one’s childbearing years and the large segment of life that follows when one no longer need be concerned with monthly menstrual bleeding and the possible responsibilities of pregnancy” (Lee & Hopkins, cited in Ferguson & Parry, 1998, p. 22). While menopause transition can be ‘bothersome’, post-menopause can be a period of renewal and opportunity. However, we see little of this in the extant research on the workplace. Rare exceptions include a Social Issues Research Centre (2002) survey of 200 women in the UK who suggested their work capability and their career development had benefited from menopause transition. A qualitative Australian study by Kafanelis et al. (2009) saw some participants saying they had become more self-aware and assertive due to experiencing menopause.

Also in Australia, Jack et al.’s (2019, p. 133) interviews with women working in three universities suggested some respondents saw menopause as “an opportunity to articulate the potential advantages of identifying as a professional older woman”, including a re-assessment of the role of work in relation to self and happiness, confronting sexism and

ageism and a sense of liberation. Equally, their systematic review indexes research which found employed women achieve menopause later in life, are more informed about it and have fewer symptoms than those who are not in employment (Jack et al., 2016). Further, Im and Meleis's (2001) qualitative study of Korean-born participants reports that some saw work as a coping device to deal with their psychological menopause symptoms. In part, the lack of attention to the positive outcomes of the menopause is because the majority of workplace studies focus on the peri-menopause and menopause transition. This has left post-menopause at work neglected, an important gap for HR practitioners and HRM scholars given the increasing proportion of older women in the Global North workforce.

Having established the limitations of the bio-medical approach, we now flesh out the importance of focusing on menopause in the context of work using an intersectional political economy approach. Here we begin with national context and place of origin. Following this, we discuss class, occupation, employment type, income and education before considering micro-level identifications and differences.

#### *Macro level issues: countries and place of origin*

A number of studies highlight the varied experiences of menopause amongst women living in different national contexts (Anderson et al., 2004; Delanoë et al., 2012; Dennerstein et al., 2007; Lock, 1993; Obermeyer et al., 2007; Sievert et al., 2007; Zeserson, 2001). Other research has indexed variations in symptoms between women of different ethnic origins who live in the same country, as well as comparing migrant women to those living in their



country of origin (Avis et al., 2001; Dillaway et al., 2008; Green, Polotsky et al., 2010; Gupta et al., 2006; Hunter et al., 2009; Stanzel et al., 2018). Avis et al. (2001), for example, analyse data from the large-scale US Study of Women's Health Across the Nation. They found lower reporting of symptoms amongst Chinese and Japanese women per se and lower reporting of psychosomatic symptoms like irritability or forgetfulness amongst non-Caucasian groups compared to Caucasian women. When the physical symptoms of hot flushes and night sweats are considered, African-American respondents reported higher levels compared to Caucasian women.

Many of these studies analyse factors impacting upon the mean or median age at menopause, symptom frequency and type, and medicalisation of the process of reproductive ageing. But employment, where it is considered, tends to be dealt with through one demographic question on a survey rather than detailed analysis of individual workplace experience. Comparative data around menopause and work are therefore severely lacking. Given the increasingly global nature of contemporary organisations, coupled with increasing diversity in in-country workforces, understanding how country context and national origin might inform the experience of menopause transition is important for both HR practitioners and HRM scholars.

To develop this claim, we draw on Estévez-Abe's (2005) gendered reading of the varieties of capitalism thesis, also bringing in elements of Kerrissey's (2015) cross-national comparison of employment rights in law. It is less the detail of either scholar's research that interests us here, and more the broad-brush outlines of their political economy

arguments. Estévez-Abe (2005) builds an explanation for the surprisingly high levels of “occupational sex segregation” in Scandinavian countries which combines both structural and cultural aspects of national contexts. Kerrissey (2015) offers similar conclusions, exploring levels of collective workers’ rights in 100 countries across the world. She points out that these rights “represent workers’ legal and practical ability to organize unions, bargain collectively, and engage in protest” (p. 627). Individual workers’ rights are equally important in the protections they afford. And, as Kerrissey, argues “laws affect informal norms and [wider national] culture”, and so diffuse in a cultural sense into workplace environments (p. 631).

Further, Estévez-Abe (2005) emphasises the welfare state, drilling down into the differences between countries in what she calls “women-friendly” policies. Kerrissey (2015) highlights the effects of income taxation policy and social spending on “social security, health, education, and other social safety nets” (p. 629). Mobilising this argument as another element of our intersectional political economy of menopause suggests attention to social context including spending of this kind may well prove significant as another structural factor impacting on women’s experiences at work. Estévez-Abe (2005) adds that countries vary culturally in terms of their attitude to what she calls gender egalitarianism. Equally, we suggest that attitudes to gender egalitarianism are unlikely to be homogeneous within countries, so perspectives on provision being made for mothers who work outside of the home and those concerning whether mid-life and older women remain productive at work, say, may differ within cultural contexts.

Extrapolating from these arguments, we suggest an intersectional political economy of menopause at work must include a cross-national focus that takes account of national culture – something Grandey et al. (2020) also recommend – but also its regional variations and structural differences. The latter include approaches to collective rights, individual rights through employment law, state welfare policies and social spending. All have substantial implications for HRM scholarship as well as HR policy and practice.

*Meso level issues: class, occupation, employment type, education and income*

Meso level differences, relating mainly to workplaces and individual women's positions within them, are similarly important in our intersectional political economy approach. For example, we contend that menopause is yet another phenomenon in which class is a hidden but significant factor. Indeed Delanoë et al. (2012, p. 407) found that “[s]ocial class plays a major role in the expression of symptoms, which are much stronger among the working classes than among middle-class women”. More specifically, working class women reported pain, illness and feeling devalued whereas middle class women's experiences were more related to their physical appearance and gendered ageism.

Moreover, most of the evidence on menopause at work concerns women in white collar, professional and/or managerial jobs (Brewis et al., 2017; Grandey et al., 2020; Griffiths et al., 2010). Arguably, these groups are better placed to deal with any issues arising from their symptoms, mainly due to higher levels of autonomy and control over their working practices and environments. As such, we lack understanding of the experiences of

menopausal women in occupations or sectors where regulations or working arrangements make it difficult for them to request adjustments to their workplace environments or ask for flexible working. This may include shift workers or contexts where under-staffing is common, or hygiene requirements dictate specific sorts of workwear (e.g. nursing and midwifery, although see Matsuzaki et al., 2014); high pressure working contexts which may also necessitate personal protective equipment (e.g. the police and fire services, although see Atkinson et al., 2018; Griffiths et al., 2006); or noisy workplaces (e.g. teaching, although see Cau-Bareille, 2011). Moreover, there is little knowledge about blue collar, low paid and manual workers' experiences of menopause transition (Grandey et al., 2020; Griffiths et al., 2013).

Employment status can matter too. Li et al. (2003) surveyed 6917 Swedish women and discovered that part-time employment was associated with more severe hot flushes; and that higher levels of education were associated with fewer symptoms. Similarly, Matsuzaki et al.'s (2018) survey showed that full-time workers were more likely to have sought medical assistance, whereas part-time workers were more likely to exercise, take supplements and identify strategies that helped them manage their mood swings. As Matsuzaki et al. suggest "it appears that low-income part-time workers select less costly and more convenient interventions to address their symptoms" (p. 6). Salik and Kamal's (2015) survey of 348 Pakistani women, relatedly, focuses on levels of education and income. They found that less well-educated women in the sample reported more symptoms than their counterparts, and the same was true of women from lower income families compared to those who were better off.

We do not wish to over-emphasise any potential connections between class, occupation, employment status, education and income, as these are by no means straightforward. Still, if we consider the possibility that women are reducing their working hours because of their menopausal symptoms, like some of those in Im and Meleis' (2001) study of Korean migrants to the US, this may reinforce unequal allocation of resources and class-based power differentials, resulting in a vicious circle because of the compounding effects that part-time work apparently has on women's experience of menopausal symptoms.

Whatever the case, we need more analyses like those identified above, not least to gain insight into how these factors intersect with workplace menopause experiences and each other given the potential loss of women's contributions to the labour market.

But perhaps the most obvious gap in knowledge about menopause transitions at work at the meso level is any understanding of how menopausal women navigate precarious forms of work, including the gig economy, freelance or agency work and zero hours contracts. Estimates suggest there are circa 2.6 million precarious workers in the UK alone (Shaw, 2020). Research on freelancers demonstrates the difficulties of pitching for work when coping with menopause symptoms (Atkinson et al., 2015). Precarious work also offers no job security. Moreover, even gig workers, who have a specific employer, will ordinarily not enjoy employment rights like paid sick leave and protection from discrimination. Instead they are typically regarded as independent contractors – although, in the UK, the *Employment Rights Act* (1996, section 230(3)) actually makes provision for them to be recognised as so-called limb (b) workers. This is because they provide services to

companies who are not their actual clients or customers, and means they are entitled to the same rights as 'conventional' employees. However, even where an employment tribunal recognises one such worker in this way, the firm will not usually extend the same rights to others (Shaw, 2020).

Precarious workers' bargaining power is also very low because the employer can simply decide to hire somebody else. The same is true where workers have to take time off work due to menopausal symptoms: again they risk losing their livelihoods altogether. Indeed, in a recent UK study, gig economy workers reported the main disadvantages as including "Lack of security in terms of work, working hours and pay[; and] Lack of employment rights, such as access to sick pay and maternity pay" (Broughton et al., 2018, p. 88). And, given that a female worker at a Sports Direct warehouse in the UK gave birth in a workplace toilet because she was too scared to take time off due to the firm's punitive disciplinary policy and zero hours contracts (Jones & Hipwell, 2016), it is hard to imagine any support would be forthcoming for a menopausal woman earning her living through precarious work. This kind of employment may therefore further reinforce gendered divisions of labour and power differentials. HRM scholars and HR practitioners should be concerned with these issues as they relate to menopause given their implications for inclusivity, workforce performance and retention.

Considering the implications of employment relations as they affect menopause in the workplace also highlights the important role of trade unions. This is especially relevant for women who are unlikely to disclose their symptoms at work because they are concerned

that this will be linked to their performance (National Union of Teachers, 2014a, 2014b) and/or for fear of being targeted for redundancy (Jack et al., 2014). Following the UK's Trade Union Congress' (TUC) groundbreaking publication on health, safety and the menopause (Paul, 2003), a range of trade unions have been active in supporting members transitioning through menopause and TUC Wales (2017) have an excellent toolkit for trade unionists to develop union- and workplace-specific strategies. At the heart of these efforts is the improvement of the employment relationship, though we currently lack any evaluation of the (as yet fairly limited) workplace interventions which result.

Still, the ability of employers and managers on the one hand and employees and their representatives on the other to engage in constructive dialogue is crucial to improving the situation of working women who are experiencing menopause transition. There is an existing stream of research in *HRMJ* that focuses on well-being per se (see, for example, the recent Special Issue edited by Boxall et al., 2016) and well-being as it relates to older workers (Kooij et al., 2013), but no current evidence relating to menopause and well-being. Here we build on Guest's (2017) provocation paper to argue for employee-focused HRM research and HR practices and policies that focus on the knowledge gaps outlined above and work towards supporting the well-being of women in menopause transition. This is central to the HR role and extends work arguing for HR practices which reflect the needs of older workers (Atkinson and Sandiford, 2016). Simply put, supporting women in menopause transition is fundamental to their retention, extending their working lives and facilitating inclusive workplaces.

### *Micro level issues: other identifications and differences*

Finally we highlight a range of micro level identifications and differences that are almost entirely overlooked in workplace research on the menopause. To begin with, menopause is by definition an intersectional phenomenon in that it links (female cis) gender and (middle/mid-life) age. The problematic combination of gender and age is writ large across the menopause at work literature. This is the case even if it is not explicitly tagged as an intersectional problem. As Jack et al. (2019, pp. 127-128) suggest, women's menopausal bodies are often "subjected to the particular gendered (/sexist) and age-based (/ageist) norms of organizational and institutional contexts that produce and reproduce sexual lines of difference". Age therefore operates in a more or less toxic system 'of meaning and understanding' which 'act[s] together' with gender so that they '*define each other*' (de Souza et al., 2016, p. 305).

Processes of gendered ageing within HRM are, however, poorly understood (Riach et al., 2015). The same is true of the variations in menopausal experiences and symptoms amongst those identifying as LGBTQ+. There is research in other disciplines which focuses on these differences. Hyde et al. (2011), for example, show that a sense of grief or loss around menopause was reported much more frequently by lesbian respondents than heterosexual participants, whether they were mothers or electively child-free. But none exists, as far as we are aware, into TGNC people, whether at work or elsewhere.



Other key issues are ability, disability and ableism. Both McCarthy and Millward (2003) and Harrison and Becker (2007) have explored the menopausal experiences of women with disabilities. McCarthy and Millward interviewed 30 women with learning disabilities and held group discussions with them, discovering that these women were in the main not familiar with the term menopause. The respondents did not appreciate being hailed as older, and associated ageing with sickness, decline and death. They felt uncomfortable about disclosing their symptoms and, although specially designed pictures depicting hot flushes or mood swings helped some respondents to describe their experiences, these caused confusion for others. Extending this kind of research into the workplace is important to HR policy and practice. At present, no such scholarship exists.

Then there is the question of age differences, such as Liao et al.'s (2000) research into women who had undergone early menopause. When compared to benchmarks from other community studies, these women reported higher levels of depression. Life satisfaction was lower, as were self-esteem and sexual esteem/assertiveness/satisfaction, whereas perceived stress was higher. As Liao et al. (2000, p. 172) conclude,

“Menopause at an early age separates young women from their peers and places them in a deviant position from their reference group. This could result in a sense of personal inadequacy and ‘unwantedness’”.

Again this is a workforce group which has not been studied and which warrants attention in developing HRM research and HR policy and practice to accommodate their needs.

More recently, Stanzel et al. (2018) undertook a systematic review of 19 studies relating to menopause experiences, coping strategies and healthcare needs amongst migrant women. The most significant finding was that these women report more symptoms than women living in their country of origin. Further, the women taking part in these studies identified menopause as a natural life stage and part of getting older, as well as welcoming the changes it heralded. But, once more, research on migrant women workers' experiences of menopause is completely lacking. This represents another important knowledge gap given the increasing global mobility of workforces. Here again HRM scholarship is needed to inform effective workplace policy and practice.

In sum, these findings all point to important differences at the micro level amongst menopausal women. But, as suggested, none pays attention to the workplace context. We have also found no studies of the workplace experiences of: menopausal women who do not have children (whether electively or not) compared to those of mothers; women of differing ethnicities; or women of different religions. We have located only one study of women who enter 'cliff-edge' menopause – Duijts et al. (2014), who examine the experiences of cancer survivors on returning to work. But this study is a meta-review and menopause is only mentioned fleetingly. Similarly, we have not identified studies conducting comparisons with mid-life men – a research focus also advocated by Grandey et al. (2020) - or exploring the attitudes of line managers and colleagues of women in menopause transition. These attitudes are important not least because of increased recognition of inter-generational working. Existing research tends to consider differences

across cohorts - like Benson et al.'s (2018) exploration of careers and Smith et al. (2019) on trade union membership - rather than considering how to create a working environment where cohorts work effectively together, as is needed here.

It is also likely that, as research into the menopause and with menopausal women becomes more established and we understand the intersectional political economy of menopause at work better, more identifications and differences will become known and understood. As yet, however, significant gaps persist in both HRM scholarship and HR practice.

### **Conclusion: new directions in HRM research and HR practice**

The first part of our argument here asserted that HRM scholars and HR practitioners should pay far more attention to menopause as a workplace issue, for pressing social responsibility, demographic, legal and business reasons. Second, in proposing an intersectional political economy of menopause in the workplace, we outlined a range of issues at macro-, meso- and micro-levels that we believe intersect women's experiences of menopause in the workplace and where, in most instances, there are associated knowledge, policy and practice gaps. We draw these together in Figure 1.

Figure 1 around here

These gaps suggest a route-map for the extension of research and practice on international/comparative factors, well-being, employee relations and equality, diversity and inclusion. This research agenda emerges, first, from potentially influential macro level factors which we believe international HRM scholars are ideally placed to explore with regard to country context and national origin comparisons. One key instance is possible changes in employment law in the UK following Brexit, as compared to the extant rights enshrined in EU law, and how these may reduce as a result of new domestic legislation. These gaps in our knowledge also have significant implications for HRM practice, not least because of the increasing need to recruit from and subsequently manage non-local workforces whether transnationally or domestically. For example, in the UK's National Health Service, July 2019 statistics suggest 13.1% of staff identify as other than British and come from more than 200 different countries (Baker, 2019) with international recruitment set to continue growing (Health Foundation, 2019). Research that helps understand and informs practice around how cultural differences may require nuanced approaches to offering support for menopause even within a country will certainly be important.

Factors at meso level will be of particular relevance to employee relations, equality, diversity and inclusion and workplace well-being scholars and practitioners. There is a scattering of extant knowledge here around how class, occupation, employment status, levels of education and levels of income correlate to varying symptoms and ways of managing menopause but the actual relevance of these findings to the workplace is not always made clear. Employee relations scholars should explore the role of trade unions in addressing these issues, particularly for less advantaged groups, together with their

capacity to collaborate with HR practitioners. For example, if working class women are reporting more pain and illness during menopause than middle class women, what is the knock on effect for their capacity to continue in what might well be physically demanding work?

Moreover, more women than men work part-time, more often than not due to unequal divisions in domestic labour, and levels of vertical segregation in the workplace mean women are less likely than men to be in professional and managerial occupations which enjoy the highest levels of autonomy and control at work. This again is likely to have substantial implications for experiences and management of menopause in the workplace and scholarship that informs practice around this is important. Turning to forms of precarious work, many women undertake gig economy work because of child- or elder-care responsibilities and this is a particular cause for concern around the perhaps heightened extent to which they may have to 'grin and bear' any challenges caused by their menopause symptoms at work. Consideration of how to support those working in insecure employment and to create employment opportunity that serves to reduce occupational labour market segregation is therefore important – which means research into how HR policy and practice can support menopausal women in these situations is much needed.

The final two meso-level gaps relate to knowledge around workplace interventions and high pressure and stress environments. Regarding workplace interventions, as noted earlier, practice here is running ahead of research in that some employers are

implementing policies to support women in menopause transition. Yet there is limited scholarship that either underpins this practice or seeks to establish which interventions are effective. Similarly, extant research is situated largely in professional/managerial occupations and high-risk/stress environments are little understood. Women workers' well-being in transition is also under-researched. This is an important research topic, both in its own right and as it influences individual/organisational performance and more widely economic performance. Both areas require research programmes that develop understanding and inform practice.

Finally, at micro-level, there are important research agendas for equality, diversity and inclusion and strategic HRM scholars. Intersectionality is an important research agenda, particularly in respect of gendered ageing which is poorly understood from an HR perspective in relation to both peri- and post-menopause. Research on how gendered ageing in the shape of menopause intersects with other characteristics such as sexuality, ethnicity, migrant status and disability is also almost completely absent. Also lacking is research into complex issues such as TGNC workers experiencing peri-menopause. For example, where they need access to toilets with sanitary product disposal bins, they may have to use a toilet designated for women, whether this matches their gender identity or not. The politics of toilet use mean this could put these workers at risk of harassment or worse, as cis women users may object to their presence. This leads into consideration of whole workforce perspectives, where research is needed that develops understanding of how cohorts interact and can be mutually supportive, or not. A host of individual identifications have significant implications for the experience of menopause at work, and

thus should be a matter for concern for HRM scholars and HR professionals. HR scholars can illuminate these experiences in the workplace context, thus enhancing our knowledge of the variations in the extent to which this and other micro-level identifications are (or are not) supported or accounted. Strategic HRM scholars may also find merit in exploring implications for workplace performance, the dampening effect on the quality of women's working lives and the potential loss of (at least some of) mid-life women's contributions to the labour market. HRM research and HR practices and policies that address these are, we suggest, fundamental in creating a both productive and fully inclusive workplace.

Taken together, as a research agenda, all of this offers the potential for increasing understanding of the experiences of an important – yet highly differentiated - workforce group and the identification and application of employment and HR practices essential to their management. Earlier we also outlined a series of practical recommendations which HR professionals can and should follow to develop workplaces which support women experiencing menopause symptoms. It is important that these see wider uptake. But it is important to reiterate that these recommendations often emphasise symptoms within a bio-medical approach and are tailored, given our current understanding of menopause transition, to heterosexual, white, professional, able-bodied, non-migrant cis women who reach menopause transition at a typical age. As such they are a useful starting point but, as the research agenda develops, so must practice address a wider range of women and associated structural and cultural issues.

In sum, HR practitioners and HRM academics need to include menopause as a normal aspect of employee relations and equality, diversity and inclusion discussions. In so doing both the more finely grained level of women's experiences of menopause transition and global, national, political, cultural and economic mechanisms all need to be taken into account.

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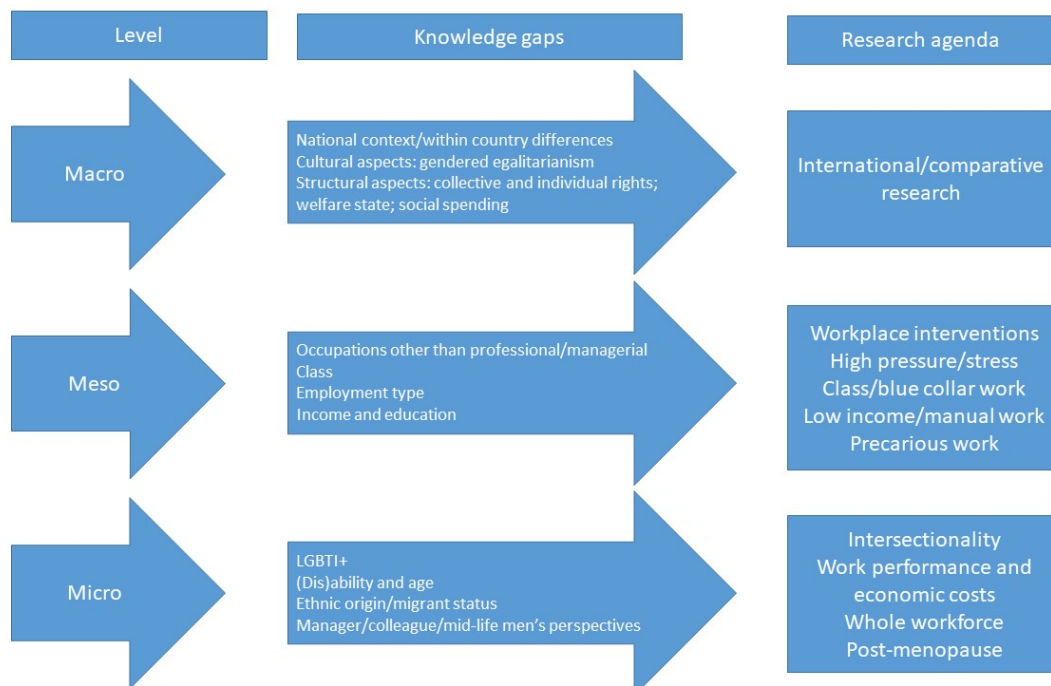
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**Figure 1: An intersectional political economy approach to menopause at work**



<sup>i</sup> We use ‘woman’, ‘women’, female’, ‘she’, ‘her’ and so on as placeholders in this paper, for reasons of space.

<sup>ii</sup> This paper takes a similar tack to ours in making a case for menopause, as well as menstruation and maternity, as an overlooked topic in workplace research and organisational practice. Ours differs, however, first in focusing entirely on menopause. Second, while Grandey et al. draw out the similarities between what they call the three Ms and craft an agenda for scholarship and management accordingly, our intersectional political economy approach argues that we currently do not know enough about how women’s menopausal experiences differ. We also suggest that menopause is distinct from maternity (and indeed menstruation) because it is not simply a gendered experience, but also one that is usually characteristic of later life.

<sup>iii</sup> The Health and Safety at Work Act (1974) and more recent regulations around health and safety in this context also enshrine a duty of care for UK employers to ensure the health, safety and welfare of their staff. Menopause can certainly be considered as a welfare or well-being issue, so these pieces of legislation offer further protection for women at work.