



## King's Research Portal

DOI:

[10.1016/j.maturitas.2017.04.011](https://doi.org/10.1016/j.maturitas.2017.04.011)

*Document Version*

Peer reviewed version

[Link to publication record in King's Research Portal](#)

*Citation for published version (APA):*

Hardy, C., Griffiths, A., & Hunter, M. S. (2017). What do working menopausal women want? A qualitative investigation into women's perspectives on employer and line manager support. DOI: 10.1016/j.maturitas.2017.04.011

### **Citing this paper**

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

### **General rights**

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the Research Portal

### **Take down policy**

If you believe that this document breaches copyright please contact [librarypure@kcl.ac.uk](mailto:librarypure@kcl.ac.uk) providing details, and we will remove access to the work immediately and investigate your claim.

What do working menopausal women want? A qualitative investigation into women's  
perspectives on employer and line manager support

Authors: Claire Hardy<sup>a</sup>, Amanda Griffiths<sup>b</sup>, Myra S Hunter<sup>a\*</sup>

Author Affiliations

<sup>a</sup> *Dept Psychology (at Guy's), Institute of Psychiatry, Psychology and Neuroscience, Kings  
College London, 5<sup>th</sup> Floor Bermondsey Wing, Guy's Campus, London, United Kingdom. SE1  
9RT, UK.*

<sup>b</sup> *Division of Psychiatry & Applied Psychology, School of Medicine, University of Nottingham,  
Nottingham, United Kingdom, UK.*

\*Corresponding author: email address myra.hunter@kcl.ac.uk

## ABSTRACT

*Objectives:* To explore women's perspectives on what employers and managers should, and should not do in relation to women going through the menopause at work. *Methods:* An online questionnaire was used to collect qualitative data in a cross-sectional study of working women. Three open-ended questions asked peri- and post-menopausal women, aged 45-65 years: (i) what they thought employers could do, or should do, to help menopausal women who may be experiencing difficult menopausal symptoms at work; (ii) how managers should behave, and (iii) how managers should not behave towards women going through the menopause. *Results:* 137 women responded to the open questions in the survey. An inductive thematic analysis was conducted and three overarching themes emerged. Theme 1 related to *employer/manager awareness*, specifically to *knowledge about the menopause* and awareness of how the *physical work environment* might impact on menopausal women. Theme 2 related to *employer/manager communication skills and behaviors*, specifically, those considered *helpful and desired* and those *unhelpful and undesired*. Theme 3 described *employer actions*, involving staff training and raising awareness, and supportive policies such as those relating to sickness absence and flexible working hours. *Conclusions:* The menopause can be difficult for some women to deal with at work partly due to the working environment. To our knowledge, this is the first study to explore women's descriptions of how they would like to be treated by employers/managers, and what would be helpful and unhelpful. The results have clear implications for communication about menopause at work and for employer-level policy and practice.

**KEYWORDS:** menopause; work; employers; managers; support; qualitative research

## 1.1 Introduction

With an aging workforce and rising employment rates for women throughout Europe, increasing numbers of women will be working during their menopause transition and postmenopause [1]. The ‘menopause’, or the last menstrual cycle, occurs on average between the ages of 50 and 51 in western cultures and usually last between four to eight years, although symptoms may persist for up to ten years [2,3]. It is estimated that 25% of women experience symptoms that affect their quality of their personal and working lives [4,5,6]. Women have been found to attribute sleep disturbance, fatigue, low mood, difficulty concentrating, and poor memory to their menopause, and report hot flushes at work as a source of embarrassment and distress [7-11].

Whilst the menopause may cause no significant problems for many women, for some it is known to present considerable difficulties in both their personal and working lives [1].

A number of studies have explored work characteristics in order to identify their possible impact. In a systematic review, Jack and colleagues [12] noted that symptom reporting and severity were associated with various aspects of work design and with workplace temperature. They also concluded that, while some working women who had bothersome menopausal symptoms reported impaired work outcomes (such as lowered productivity, higher rates of sickness absence and lower job satisfaction), the overall evidence was inconclusive. Since this review, a large survey found that although most women aged 40-65 reported that they functioned well at work, there was a significant association between the presence of vasomotor symptoms and self-perceived impaired work ability [13]. In another recent survey, lower menopausal symptom reporting was associated with higher perceived supervisor support and better control over workplace temperature [14].

Together, these studies suggest that both the experience of menopause might impact on work, and that work can impact on the experience of menopause. Further longitudinal research is needed to verify precise causal relationships and mechanisms, but the evidence is currently sufficient to highlight menopause as a possible occupational health issue that warrants attention.

There is limited evidence about how managers might best behave in relation to this issue. In a large survey, over 900 working women indicated the employer-level actions they found helpful or thought would be helpful. The top five were: awareness among managers that menopause can present an occupational health problem; flexible working hours; information/advice about menopause and coping strategies at work; better ventilation, air conditioning and temperature control; and informal support at work, for example from a women's network or advice line [7]. However, the precise nature of such support, particularly how manager awareness is manifested, remains to be explored. The present study represents an in-depth exploration of women's views about the nature of appropriate and helpful employer and manager behavior.

The study was granted ethical approval by King's College London Psychiatry, Nursing and Midwifery Ethics Subcommittee (HR-15/16-2492).

## 2.1 Methods

An electronic survey was sent via email to members of a trade union and professional association for family court and probation staff in England, Wales and Northern Ireland. Participants were provided with information about the survey on the first page and consent by ticking a box before proceeding with the survey.

It collected data on women's health issues at work, specifically on premenstrual symptoms and the menopause. Demographic questions included age, ethnicity, educational level, marital

status, dependents, employment status, working hours, and working environment (main age and gender of people that the women worked with day to day). Menopausal status was determined as follows: peri-menopause if experienced menstrual changes but had menstruated in the last 6 months; post-menopause if not had a menstrual period for a least 1 year. In relation to working women who may be experiencing menopausal symptoms at work, three open-ended questions asked about: i) what they thought employers could do, or should do, to help menopausal women who may be experiencing difficult menopausal symptoms at work; (ii) how managers should behave, and (iii) how managers should not behave towards women going through the menopause.

An inductive thematic analysis was performed on the responses (data) provided by participants [15]. The first author reviewed all responses and created an initial thematic coding structure to represent the data. The data and initial coding structure were examined by the second and third authors independently. A revised structure was created and further examined by each author to determine that it more accurately reflected the data. Group discussions were held and several iterations made before agreeing upon the final structure.

Using the software programme NVivo (version 21), the first author coded all responses. Further discussions were held between the authors and final alterations and refinements were agreed. For reasons of parsimony, it was agreed that themes representing less than 1% of participant responses be dropped from the thematic structure [15]. Inter-rater reliability was checked by an independent researcher; twenty-five per cent of extracts were coded and a kappa of .72 indicated an acceptable level of inter-rater agreement [16].

### 3.1 Results

A total of 137 women, out of total of 195 respondents, answered the open questions about menopause. Their average age was 54 years, approximately three-quarters were peri-menopausal and a quarter were postmenopausal and one woman was using hormone therapy. The majority (99%) were non-manual workers with degree and/or professional level qualifications. The women worked in the probation service in both public and private sector organizations, the majority working in non-managerial roles (74%). Two-thirds were working full-time, and two-thirds reported having flexible working hours. Women worked mainly with staff of both genders on a day to day basis (66.9%) and of a variety of ages (75.2%). Sample characteristics are presented in Table 1.

[INSERT TABLE 1 ABOUT HERE]

Three overarching themes emerged from the analysis. Theme 1 related to *employer/manager awareness*, specifically relating to the need for increased knowledge about the menopause and awareness of how the physical work environment might impact on menopausal women. Theme 2 related to *employer/ manager communication skills and behaviors*, specifically, those considered *helpful and desired* and those *unhelpful and undesired*. Theme 3 described *employer actions*, involving staff training and raising awareness, and helpful policies such as those relating to sickness absence and flexible working hours. These are summarized in Table 2 below and described further in the section below.

[INSERT TABLE 2 ABOUT HERE]

### 3.1.1. Theme 1. Employer/manager awareness

Most respondents mentioned the importance of knowledge about the menopause and awareness of the physical work environment on menopausal symptoms.

#### 3.1.1.1. Knowledge about menopause

Participants believed that employers/line managers should know what the menopause is, the nature of symptoms, and how those symptoms might impact on women's working lives.

*“Knowledge and understanding of the difficulties women encounter when they are going through the menopause.”*

For example, that hot flushes can cause embarrassment and discomfort, and that night sweats might lead to disturbed sleep, which in turn, could, for some women, cause tiredness and difficulties concentrating during the next working day. Importantly, they suggested that employers/ managers should recognize that although going through the menopause may cause problems for some women, such effects pass and women might only require support temporarily.

*“Managers should try to understand as much as possible about the different ways in which women can be affected but also understand that it is not always a problem and most women get through without particular difficulties.”*

Thus, women noted that employers/ managers should not consider the menopause in an overly negative light, for example, as an ‘affliction’ or a ‘condition’ affecting all older female employees. They believed that employers/ managers should be aware that the menopause is a normal process and one that is highly variable between women. Consequently, it was important

not to generalize from one woman's experience to another's, or to make assumptions that any particular experiences, or behaviors, are problematic or are attributable to the menopause.

*“Don't make assumptions based on prejudices, on generalizations or on experiences of other individuals.”*

Similarly, making assumptions about what a woman is going through, perhaps based on personal experience or what is known of other people's personal experiences, should be avoided. Thus, a 'one-size-fits-all' approach to providing support would be inappropriate.

#### 3.1.1.2. Physical work environment

Most women mentioned how certain aspects of the physical work environment do not help women with menopausal symptoms, or can make menopausal symptoms worse, and that employers/ managers should be aware of this. They noted that better awareness of the impact of the physical work environment would make it easier for employers/managers to offer helpful adjustments.

*“Be aware that women have difficulty being in warm/hot office environments at such times.”*

Specific suggestions included improving ventilation and temperature control, readily available cold drinking water, well designed and supportive seating, providing desk fans, rest areas, and access to toilets. Allowing informal, looser styled uniforms with suitable fabric and cool footwear was mentioned as an area for possible improvement.

### 3.1.2. Theme 2: Employer/manager communication skills and behaviors

The importance of employers/managers having good communication and behavioral skills emerged as the second major theme from the data. In the event of discussion about menopause, participants described both helpful and unhelpful strategies.

#### 3.1.2.1. Helpful and desirable

Being empathic was a welcome and highly regarded behavior, i.e. expressing understanding and awareness of what it might be like to be in that woman's shoes if she described having difficulties with her menopause. Employers/ managers should demonstrate consideration and concern. Participants wanted employers/ managers to be respectful, to listen carefully and to take such difficulties seriously, whilst not forcing a woman to discuss issues that they were not comfortable discussing. In other words they should ask open questions, listen and take the lead from women.

*“Discuss and share strategies in confidence.”*

They advised that conversations should be held privately, and managers should keep their content confidential unless given express permission for disclosure to third parties. It was noted that employers and managers should not draw attention to any member of staff's menopause or symptoms in the workplace and that demonstrating such sensitivity was regarded as very important.

#### 3.1.2.2. Unhelpful and undesirable

A number of specific approaches for communicating about menopause were to be avoided. For example, women should not be patronized, nor viewed as 'incompetent', or being less good at their jobs, during the menopause. Participants considered that discussion about the menopause should not involve flippancy, jokes or laughter.

*“Not find it a joke amongst the male colleagues to refer to the older women as having menopausal issues and the like.”*

Equally, it was important not to use nonspecific terminology such as 'ladies' problems' or 'age-related gender specific problems'. The topic of menopause should not be treated as unworthy of serious consideration.

*“[Managers should behave] respectfully and not be dismissive of the fact that these are real symptoms that make women feel tired, ill, stressed out, depressed and not themselves. I have had three pregnancies where you are treated with respect but when menopausal having similar mood swings nausea etc., it is an office joke.”*

Although it was advised that the menopause should not be turned into a 'big issue', involving excessive and unnecessary questioning, avoiding discussion could also have equally undesirable effects. For example, it was suggested that some managers might avoid such discussions altogether because of their personal discomfort, and might subject the staff member to capability measures because of a failure to recognize that menopause might be at the root of any work difficulties.

Participants also described that it was important that employers and line managers did not harass or penalize women in any way, or appear to be critical or judgmental about a woman because she was going through the menopause.

### 3.1.3. Theme 3: Employer actions

The third theme related to the employer-level actions that were regarded as important in determining levels of awareness and everyday practice. These related to the existence of supportive policies, and to training and raising awareness for all staff.

#### 3.1.3.1. Helpful policies

Various organizational-level policies were identified by respondents, as potentially helpful for women experiencing the menopause at work. For example, some women noted that sickness absence policies should accommodate time off work if menopause symptoms are particularly troublesome; for example, to arrive later or leave earlier than normal. Several participants noted that medical appointments regarding menopause should be included as legitimate reasons for absence from work; in some organizations they are not, and women had to take annual leave in order to attend such appointments.

Participants felt that it was helpful when employers/managers had working policies such that women could work flexible hours and take breaks when required. For some women, this might involve making temporary adjustments to duties. Such adjustments needed careful discussion. Respondents suggested that policies, including training, should be in place to help employers/managers and women talk about the menopause more easily. These discussions should not be avoided, as they are necessary if work adjustments are to be made.

*“Taking an open approach to staff’s general health and well-being, would enable topic of menopause to be discussed and could accommodate women experiencing difficulties.”*

It was noted that employers should have policies that encourage a positive culture around women’s health, and one where concerns about health and wellbeing can be easily raised. The availability of female managers was also thought to be desirable, as women often feel more comfortable talking about such issues with other women.

### 3.1.3.2. Training and awareness-raising

In line with the importance of employer and line manager awareness, women highlighted the need for training about menopause to be implemented in workplaces so that managers in particular have the knowledge, confidence and skills to be supportive.

*“Managers provided with training and equipped with skills to discuss personal issues with staff.”*

This also involves being trained in how to have sensitive conversations about personal issues. However, it was also noted that training, about menopause, needs to be available for staff at all levels. The menopause should be a topic ‘on the radar’ for all staff so as to begin to counter the taboo. It was suggested that information about menopause could be included under the diversity umbrella. This could be provided via leaflets, posters, online information and invited talks by external experts. Information/support groups for menopausal women were also suggested.

#### 4.1 Discussion

This study provides qualitative information from 137 working women about how employers and managers can improve the experience of menopause for women in the workplace. Specifically, women wanted employers and managers to have more knowledge and awareness about the menopause, to be better able to communicate with women about it and to be able to agree appropriate adjustments, to provide staff training and to develop supportive policies.

The study's results support previous recommendations [7,1,12] and guidance (e.g. [17-19]), but provide more detail as to how such recommendations might be achieved in practice. To some extent it might be argued that the three areas for improvement are mutually dependent. For example, in order to implement policy appropriately, employers and managers must be able to communicate effectively with their staff about the menopause, and to do so need knowledge and awareness of menopause, which in turn requires training and awareness of policies.

The present study suggests the knowledge and skills needed, and the “dos” and “don'ts” with regard to individual manager knowledge, skills and behaviors. These have implications for the content of training: for example, that it should aim for a manager to regard a menopausal woman as going through a normal stage of life where she may or may not require temporary support, and that the nature that support may be different from that of another woman. Clearly, training should include coverage of how common symptoms (hot flushes, night sweats, disrupted sleep) might be experienced at work (tiredness, sweating, reduced concentration) and might interact with the demands of work differently for different women. It should also include the development of appropriate attitudes to menopause, and coverage and practice of skills in dealing respectfully and sensitively with a topic that many women find embarrassing and are reluctant to discuss. Without appropriate knowledge, attitudes and skills, managers can inadvertently increase embarrassment and reinforce stigma [18,20,21].

Other recommended sources of support require the development of supportive policies. Organizations vary in the extent to which their policies recognize menopause as warranting attention; women in this study called for more awareness, among employers, of how they can provide appropriate support at policy level but also in terms of practical adjustments to the physical work environment.

Much of this will involve promoting a positive attitude towards women's health and awareness raising. Increasing awareness and training initiatives might easily be embedded in existing mandatory diversity training sessions. Given that menopause is clearly an occupational health issue for some women, and it frequently remains a taboo topic at work, we would argue that steps need to be taken to overcome stigma, non-disclosure and consequent lack of support.

A particular strength of this study is the large sample – of the views of over 100 participants. However, the sample included women with generally high levels of education, working in non-manual roles. More research is needed to harvest the views of non-manual workers in different work sectors as to how their employers could provide effective support for menopausal women at work. Further research might investigate the perspective of employers and managers in the feasibility of such provision, and in evaluated case studies of training initiatives and policy developments. Such interventions should explore processes and outcomes from both women's and employer/managers perspectives.

#### 4.2 Conclusions

This study presents working women's perspectives on what employers and line managers should (and should not) do in relation to women who may be experiencing the menopause at work. The findings can be used inform the design of training to increase awareness about the menopause and to develop appropriate organizational policies and practice. It is hoped that

evaluated initiatives would serve towards improving the experience women who are going through the menopause at work.

#### Contributors

CH participated in the conception and design of the study; performed the data collection; the analysis and interpretation of the data; and the writing of the paper.

AG participated in the conception and design of the study; the analysis and interpretation of the data; and the writing of the paper.

MSH participated in the conception and design of the study; the analysis and interpretation of the data; and the writing of the paper.

#### Conflict of Interest

The authors have no conflicts to declare.

#### Funding

A grant from Wellbeing of Women (RG1701) supported the first during the study.

#### Ethical Statement

The study was granted ethical approval by King's College London Psychiatry, Nursing and Midwifery Ethics Subcommittee (HR-15/16-2492).

#### Acknowledgements

We would like to thank Eleanor Thorne for her input to the data collection.

References

- [1] Griffiths A, Ceausu I, Depypere H, Lambrinoudaki I, Mueck A, Pérez-López FR, van der Schouw YT, Senturk LM, Simoncini T, Stevenson JC, Stute P. EMAS recommendations for conditions in the workplace for menopausal women. *Maturitas*. 2016 Mar 31;85:79-81.
- [2] Hunter MS, Gentry-Maharaj A, Ryan A, Burnell M, Lanceley A, Fraser L, Jacobs I, Menon U. Prevalence, frequency and problem rating of hot flushes persist in older postmenopausal women: impact of age, body mass index, hysterectomy, hormone therapy use, lifestyle and mood in a cross-sectional cohort study of 10 418 British women aged 54–65. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2012 Jan 1;119(1):40-50.
- [3] Avis NE, Crawford SL, Greendale G, Bromberger JT, Everson-Rose SA, Gold EB, Hess R, Joffe H, Kravitz HM, Tepper PG, Thurston RC. Duration of menopausal vasomotor symptoms over the menopause transition. *JAMA internal medicine*. 2015 Apr 1;175(4):531-9.
- [4] Mishra GD, Kuh D. Health symptoms during midlife in relation to menopausal transition: British prospective cohort study. *BMJ* 2012; 344: e402.
- [5] Rymer J, Wilson R, Ballard K. Making decisions about hormone replacement therapy. *BMJ* 2003;326:322–6.
- [6] Ayers B, Hunter MS. Health-related quality of life of women with menopausal hot flushes and night sweats. *Climacteric*. 2013 Apr 1;16(2):235-9.

- [7] Griffiths A, MacLennan SJ, Hassard J. Menopause and work: an electronic survey of employees' attitudes in the UK. *Maturitas*. 2013 Oct 31;76(2):155-9.
- [8] Hammam RAM, Abbasa RA, Hunterb MS. Menopause and work – the experience of middle-aged female teaching staff in an Egyptian governmental faculty of medicine. *Maturitas* 2012;71:294–300.
- [9] Kleinman NL, Rohrbacker NJ, Bushmakin AG, Whiteley J, Lynch WD, Shahet SN. Direct and indirect costs of women diagnosed with menopause symptoms. *JOEM* 2013; 55:465-70.
- [10] Sarrel P, Portman D, Lefebvre P, Lafeuille M\_H, Grittner AM, Fortier J, et al. Incremental direct and indirect costs of untreated vasomotor symptoms. *Menopause* 2014; 22:260-66.
- [11] Whiteley J, daCosta DiBonaventura M, Wagner J-S, Alvir J, Shah S. The impact of menopausal symptoms on quality of life, productivity, and economic outcomes. *J Women's Health* 2013; 22:983-999.
- [12] Jack G, Riach K, Bariola E, Pitts M, Schapper J, Sarrel P. Menopause in the workplace: what employers should be doing. *Maturitas*. 2016 Mar 31;85:88-95.
- [13] Gartoulla P, Bell RJ, Worsley R, Davis SR. Menopausal vasomotor symptoms are associated with poor self-assessed work ability. *Maturitas*. 2016 May 31;87:33-9.

[14] Bariola E, Jack G, Pitts M, Riach K, Sarrel P. Employment conditions and work-related stressors are associated with menopausal symptom reporting among perimenopausal and postmenopausal women. *Menopause*. 2017 Jan 9; 24(3):247-251.

[15] Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative research in psychology*. 2006 Jan 1;3(2):77-101.

[16] Capozzoli, M., McSweeney, L. & Sinha, D. (1999). Beyond kappa: A review of interrater agreement measures. *The Canadian Journal of Statistics*, 27(1), 3-23

[17] British Occupational Health Research Foundation (BOHRF, 2010). Work and the menopause: a guide for managers. Available from:  
[http://bohrf.org.uk/downloads/Work\\_and\\_the\\_Menopause-A\\_Guide\\_for\\_Managers.pdf](http://bohrf.org.uk/downloads/Work_and_the_Menopause-A_Guide_for_Managers.pdf).  
Accessed 10<sup>th</sup> April 2017.

[18] Paul J. Health and safety and the menopause: working through the change. London: TUC. 2003.

[19] Faculty of Occupational Medicine of the Royal College of Physicians (FOM, 2016). Guidance on menopause and the workplace. Available from: <http://www.fom.ac.uk/wp-content/uploads/Guidance-on-menopause-and-the-workplace-v6.pdf>. Accessed 10th April 2017.

[20] Smith MJ, Mann E, Mirza A, Hunter MS. Men and women's perceptions of hot flushes within social situations: Are menopausal women's negative beliefs valid? *Maturitas*. 2011 May 31;69(1):57-62.

[21] Reynolds F. Distress and coping with hot flushes at work: implications for counsellors in occupational settings. *Counselling Psychology Quarterly*. 1999 Dec 1;12(4):353-61.

Table 1 Sample characteristics (N=137)

<b>Variable</b>	<b>N (%)</b>
Age in yrs (n=125)	M=54.3 (SD 0.45)
Menopausal status (n=137)	
Post	101 (73.7)
Peri	35 (25.5)
Regular periods due to taking HRT	1 (0.7)
Ethnicity (n=134)	
White	119 (88.6)
Asian	2 (1.4)
Black	7 (9.7)
Marital Status (n=136)	
Married/Partner	94 (69.1)
Divorced/Separated/Widowed	22 (16.2)
Single	20 (14.7)
Dependents	
Children (n=136)	99 (72.8)
Caring for friend/relative/other (n=134)	47 (35.1)
Education (n=136)	
O' level	12 (8.8)
A level/Higher	7 (5.1)
Degree or professional qualification,	65 (47.8)
Postgraduate qualification	50 (36.8)
Other	2 (1.5)
Employment Status (n=133)	
Full-time	98 (73.1)
Part-time	35 (26.3)
Work Pattern (n=137)	
Regular or set work hours during the day	116 (84.7)
Regular or set work hours but sometimes day at other times night	6 (4.4)
No set work patterns/other	12 (10.9)
Flexible Hours (n=134)	86 (64.2)
Managerial/supervisory responsibilities (n=133)	34 (25.6)
Working environment – gender (n=136)	

---

Work mainly with women	30 (22.1)
Work mainly with men	13 (9.6)
Work mainly with both genders	91 (66.9)
Lone working	2 (1.5)
Working environment – age (n=136)	
Work mainly with people same age	3 (2.2)
Work mainly with people older	1 (0.7)
Work mainly with people younger	30 (21.9)
Work mainly with people of mixed ages	103 (75.2)
Employment Sector (n=137)	
Public	83 (60.6)
Private	54 (39.4)

---

Table 2. Themes and subthemes from qualitative analysis

<b>Themes</b>	<b>Sub-themes</b>
Employer/manager awareness	Knowledge about the menopause
	Physical work environment
Employer/manager communication skills and behaviors	Helpful and desired
	Unhelpful and undesired
Employer actions	Supportive policies and practices
	Training and awareness raising