



BIROn - Birkbeck Institutional Research Online

Griffiths, A. and MacLennan, S.J. and Hassard, Juliet (2013) Menopause and work: an electronic survey of employees' attitudes in the UK. *Maturitas* 76 (2), pp. 155-159. ISSN 0378-5122.

Downloaded from: <https://eprints.bbk.ac.uk/id/eprint/14626/>

Usage Guidelines:

Please refer to usage guidelines at <https://eprints.bbk.ac.uk/policies.html>
contact lib-eprints@bbk.ac.uk.

or alternatively



ELSEVIER

Contents lists available at ScienceDirect

Maturitas

journal homepage: www.elsevier.com/locate/maturitas

Menopause and work: An electronic survey of employees' attitudes in the UK



Amanda Griffiths^{*,3}, Sara Jane MacLennan^{1,3}, Juliet Hassard^{2,3}

Division of Psychiatry and Applied Psychology, School of Medicine, University of Nottingham, Yang Fujia Building, Jubilee Campus, Wollaton Road, Nottingham NG8 1BB, UK

ARTICLE INFO

Article history:

Received 10 June 2013

Received in revised form 5 July 2013

Accepted 6 July 2013

Keywords:

Menopause

Women

Work

Employers

ABSTRACT

Objectives: This study explored women's experiences of working through menopausal transition in the UK. It aimed to identify the perceived effects of menopausal symptoms on working life, to outline the perceived effects of work on menopausal symptoms, and to provide recommendations for women, healthcare practitioners and employers.

Methods: An electronic questionnaire was distributed to women aged 45–55 in professional, managerial and administrative (non-manual) occupations in 10 organisations. Items included: age, age and gender of line manager, educational level, job satisfaction; menopausal status; symptoms that were problematic for work; hot flushes; working conditions; work performance, disclosure to line managers; individual coping strategies; and, effective workplace adjustments and employer support.

Results: The final sample comprised 896 women. Menopausal transition caused difficulties for some women at work. The most problematic symptoms were: poor concentration, tiredness, poor memory, feeling low/depressed and lowered confidence. Hot flushes were particularly difficult. Some women felt work performance had been negatively affected. The majority of women were unwilling to disclose menopause-related health problems to line managers, most of whom were men or younger than them. Individual coping strategies were described. Four major areas for organisational-level support emerged: (i) greater awareness among managers about menopause as a possible occupational health issue, (ii) flexible working hours, (iii) access to information and sources of support at work, and (iv) attention to workplace temperature and ventilation.

Conclusion: Employers and healthcare practitioners should be aware that menopausal transition causes difficulty for some women at work, and that much can be done to support them.

© 2013 Elsevier Ireland Ltd. Open access under [CC BY-NC-ND license](https://creativecommons.org/licenses/by-nc-nd/4.0/).

1. Introduction

In the UK there are over 3.5 million women in employment who are aged 50–65 [1]. There is little evidence about their work-related health [2]. In the workplace, the management of gender-specific health issues other than pregnancy are rarely discussed. However, as menopause occurs on average between the ages of 50–51 [3] and menopausal transition typically lasts for four to eight years, at any one time a significant proportion of older women workers

will be experiencing menopausal transition. Symptoms commonly reported by perimenopausal and postmenopausal women – which include menstrual irregularities, hot flushes, sleep disruption, fatigue, mood disturbance, bladder irritability and general malaise – might feasibly impact on working life.

There are a limited number of studies that have explored the impact of menopausal symptoms on working life. They suggest that some women find menopause has negative effects at work [4–10] and that certain work situations and physical working environments increase the intensity of menopausal symptoms [8,11,12]. Situational factors, including work, may precipitate or exacerbate hot flushes, and affect women's perceptions of the severity of symptoms [3]. The experience of hot flushes at work has been reported as stressful, particularly for those who report embarrassment [12]. Women are generally reluctant to divulge menopausal status [13] but particularly so at work, where fear of stigmatisation and ridicule is common, and where poise and control are highly valued [12]. Discussion about the menopause at work is widely perceived as taboo [8] and there has been little consideration of what employers could do to provide support.

* Corresponding author. Tel.: +44 0115 8466637; fax: +44 0115 8466625.

E-mail addresses: amanda.griffiths@nottingham.ac.uk (A. Griffiths), s.maclennan@abdn.ac.uk (S.J. MacLennan), j.hassard@bbk.ac.uk (J. Hassard).

¹ Permanent address: Academic Urology Unit, University of Aberdeen, Health Sciences Building, Foresterhill, Aberdeen AB25 2ZD, UK.

² Permanent address: Centre for Sustainable Working Life, Birkbeck College, University of London, Department of Organizational Psychology, Clore Management Centre, Malet Street, Bloomsbury, London WC1E 7HX, UK.

³ All authors were employed at the former Institute of Work, Health and Organisations, University of Nottingham, at the time the work was conducted.

This study represents the first large-scale survey of women's experience of, and attitudes to, working through menopausal transition in the UK. Its objectives are to identify the perceived effects of menopausal symptoms on working life, to outline the perceived effects of working conditions on menopausal symptoms, and to produce recommendations for women, healthcare practitioners and employers.

2. Methods

2.1. Study setting, sample and procedure

Women employed in 10 UK-based organisations participated in the survey. According to the UK Standard Industrial Classification of Economic Activities [14], the organisations represented: professional, scientific and technical; information and communication; education; transportation and storage; wholesale and retail; and, public administration and defence. Each organisation identified a contact person to liaise with researchers and publicise the study. They arranged distribution of a link to an on-line questionnaire to women aged 45–55 in professional, managerial and administrative (non-manual) occupations, who had access to personal computers and the web at work. No incentives were offered. The questionnaire was administered using Snap Survey Software, Version 9 (<http://www.snapsurveys.com>), a Windows-based programme for web-based survey design and management.

Ethical approval was obtained from the host research institute's Ethical Committee, and permissions gained from Human Resources or Occupational Health managers in each of the 10 participating organisations. Informed consent was gained from all women who participated. Anonymity, confidentiality and the voluntary nature of participation were emphasised.

2.2. Measures

The content of the questionnaire was informed by the literature review, an earlier study of women police officers using a similar methodology to the present study [15] and by semi-structured, workplace interviews with 61 women volunteers, aged 45–55, from four organisations. One-to-one interviews were carried out by the research team and consisted of a standard set of questions relating to menopausal symptoms, coping techniques, disclosure, support mechanisms, work organisation and the psychosocial environment, the impact of menopause on health and work performance; the impact of work on menopausal symptoms; and women's suggestions about helpful sources of support. Interviews were recorded, transcribed and reviewed to generate items for the questionnaire that related specifically to the work context. They informed the adaptation or extension of measures used in earlier studies [11,12,16] and the development of new items. Successive drafts of the questionnaire were reviewed and piloted with experts in epidemiology, gynaecology, health promotion, human resources, occupational medicine, occupational health nursing, organisational psychology, mental health policy, statistics, corporate planning and development, members of trade unions and women with recent or current experience of menopausal transition.

Questionnaire items included: age, age and gender of line manager, educational level, job satisfaction (single item); menopausal status [17]; menopause symptoms that were potentially problematic for work and for 'life in general'; hot flushes at work; working conditions; work performance, disclosure to line managers; individual coping strategies; and effective and desirable workplace adjustments and employer support. The questionnaire took approximately 15–20 mins to complete.

Table 1

Symptoms viewed by women as problematic for work and for life in general.

Symptom	Work (%)	Life in general (%)
Poor concentration	50.9	34.9
Tiredness	50.7	53.4
Poor memory	50.5	42.1
Feeling low/depressed	41.9	39.7
Lowered confidence	38.9	21.9
Sleep disturbances	37.3	56.5
Irritability	35.6	37.8
Hot flushes	35.1	40.4
Joint and muscular aches and discomfort	31.3	41.5
Mood swings	29.0	35.5
Anxiety/panic attacks	25.3	21.2
Tearfulness	23.7	25.4
Frequent visits to the toilet	23.3	32.8
Heavy periods/flooding	22.4	24.0
Clumsiness	17.4	24.4
Palpitations/irregular or racing heart	15.0	19.9
Weight gain	10.6	38.3
Night sweats	8.3	43.1
Changes in skin/dryness	6.4	27.0

Overall, when asked how difficult it was to manage work during menopausal transition, 5% stated it was 'very or extremely difficult', 48% reported it was 'somewhat or fairly difficult', and 47% found it 'not at all difficult'.

2.3. Analysis

Data were coded using and statically analysed using SPSS version 18.0. The primary aim of this study was to examine the landscape of collected data and range of women's experience. Therefore, a series of descriptive analyses was conducted. Missing data was addressed using a pairwise deletion strategy.

3. Results

3.1. Sample characteristics

Of the 1247 responses received, 351 were excluded as: not in the target age range (3); working outside the UK (18); menopausal status classified as premenopausal (100), undefined (223), or premature menopause (7). A sample of 896 remained. Each organisation's contact person estimated the number of women in the target group who received the invitation. The response rate was calculated for each organisation, and varied between 5% and 43%.

In all, 43.1% of the sample was classified as perimenopausal, 30.6% as natural menopause, 18.5% as hormone use, and 7.8% as surgical menopause. The highest level of education achieved was undergraduate or postgraduate (33%), school (62%), with 5% reporting no formal educational qualifications.

3.2. Menopause symptoms affecting work

Women indicated from a list of 19 symptoms typically associated with the menopause, which were problematic for them for work and problematic for 'life in general' (Table 1). The symptoms most commonly reported as problematic for work were: poor concentration, tiredness, poor memory, feeling low/depressed and lowered confidence. Three symptoms appeared to be particularly more problematic for women at work than for 'life in general': lowered confidence, poor concentration and poor memory.

3.3. Hot flushes at work

Women who were experiencing hot flushes at the time of completing the questionnaire reported experiencing hot flushes, on average, for 3.45 years. The average number of hot flushes experienced at work was 3.43 and over a 24 h period was 6.32.

Table 2
Work situations that made coping with hot flushes more difficult.

Work situations	More difficult (%)
Hot/unventilated offices/workspaces	71.3
Formal meetings	62.8
High visibility work (e.g., presentations)	45.2
Learning new things/procedures	42.8
Tasks requiring attention to detail	36.4
Shared offices/workspaces	34.9

The majority of women (see [Table 2](#)) reported that hot flushes were more difficult to cope with when working in hot or unventilated workspaces or in formal meetings (71.3% and 62.8% respectively).

3.4. Working conditions

Just over half of the women (53.2%) in this sample indicated they were not able control the temperature in their usual working environment. Many either worked in environments where it was not possible to open windows for fresh air, or where doing so created interpersonal difficulties, as the majority (62.7%) worked in shared offices or workspaces. Most women reported there were adequate toilets in their workplaces (85.3%) and half reported access to rest areas (53.5%).

Nearly a third of respondents (29.6%) indicated they could negotiate their working hours or working practices as much as they needed to help them deal with the menopause and 40.4% indicated they could not. The remaining 30% indicated that this was not applicable to them. In terms of job satisfaction, the majority (65.4%) were satisfied/very satisfied/extremely satisfied, 15.7% neither dissatisfied nor satisfied, and 18.9% extremely dissatisfied, very dissatisfied or dissatisfied.

3.5. Work performance

When asked whether they felt their performance at work had been negatively affected by menopausal symptoms, approximately equal proportions of women agreed/strongly agreed (39.6%), and disagreed/strongly disagreed (37.2%). The remaining 23.2% of respondents neither agreed or disagreed or reported this as not applicable.

Of those who felt that their work performance was not affected, a third (35.5%) agreed/strongly agreed that "I feel my menopausal symptoms could negatively affect my performance at work, but I work very hard to overcome the difficulties so that it is not actually affected." Only a small proportion of the sample (16.5%) felt that the menopause had negatively affected their managers' and co-workers' views of their competence.

3.6. Disclosure to line managers

A quarter of the sample (24.9%) had discussed their menopausal symptoms with their line manager. Those women who had not discussed their symptoms with their line managers ($n = 496$) were presented a list of possible reasons for non-disclosure and asked to select all that were applicable. The most frequently reported reasons for non-disclosure were because: 'it's private/personal' (62.1%); 'it has no effect on work' (42.7%); 'my line manager is a man' (41.9%); 'it's embarrassing' (31.7%); 'I don't know my line manager well enough' (28.6%), and; 'my line manager is younger' (15.3%). Most women (62.1%) had a male line manager, and 84% had a line manager whom they reported to be younger than them.

In total, 11.9% of the sample indicated that they had taken a day off work because of their menopausal symptoms. Of those that had

Table 3
Individual coping strategies for dealing with menopause symptoms and work.

Strategies	Helpful (%)
Actions to cool down (e.g., put fan on, open window, go outside)	95.5
Talking to other women going through/who have gone through menopause	93.5
Wearing appropriate clothing (layers)	93.4
Joking about it/trying to look on the bright side	92.3
Getting more information about menopause	91.2
Talking to someone about how I am feeling	89.7
Double checking my work	88.4
Writing notes/making lists	87.6
Exercise	86.8
Choosing tasks according to my tiredness/concentration levels	85.8
Getting more sleep	85.5
Immersing myself in non-work activities/interests	78.7
Changing diet	78.3
Ignoring it/distracting myself	74.3
Avoiding interactions with others	65.7
Changing working hours (e.g., flexible/fewer hours)	56.3
Taking time off work	54.4

done so, the majority (58.5%) had not told their line manager the real reason for their absence.

3.7. Individual coping strategies

Women reported a wide range of coping strategies to be helpful in trying to manage menopausal symptoms and working life. They were psychological (distraction, making light of matters), social (talking with other women who had gone through the menopause); informational (increasing knowledge about menopause); practical (double checking work, making notes/lists); organisational (changing working hours, flexible approach to tasks); and changing health behaviours (exercise, sleep, diet). These and others are summarised in [Table 3](#) alongside the percentage of women who found each strategy helpful.

Of women who reported using hormone replacement therapy (HRT) in the previous 12 months ($n = 127$), 11.8% reported that coping with work was the only reason they decided to use HRT, and 57.5% indicated that work was among the reasons they did so. Of these 88 women, the majority (65.9%) felt HRT helped them cope better with work. A further 25% felt HRT helped them cope better with work, but that side effects were problematic and 9.1% felt that HRT did not help them cope better with work. Previous HRT users ($n = 96$) were asked for their reasons for HRT discontinuation. The most frequently reported reason was 'experience of side effects' (46.9%).

3.8. Effective and desirable workplace adjustments and employer support

Those women who indicated that menopausal transition made it difficult for them to manage work were asked to indicate which of 10 employer actions they found helpful or which would be helpful. They are listed in [Table 4](#) alongside the percentage of women who considered each helpful.

4. Discussion

This is the first large scale exploration of women's experiences of menopausal transition and work in the UK. Symptoms attributed by women to menopausal transition that were most commonly viewed as problematic for work were: poor concentration, tiredness, poor memory, feeling low/depressed and lowered confidence. There is debate as to whether or not symptoms women typically associate with menopause such as poor memory or depression

Table 4
Workplace adjustments and employer support.

Adjustments and support	Helpful (%)
Management awareness of menopause as a possible health problem	74.3
Flexible working hours	63.5
Information/advice from employer about menopause and coping at work	57.4
Better ventilation, air conditioning and temperature control	55.3
Access to informal support at work (women's network/advice line/contact number)	52.7
Working from home	47.9
Provision of a rest area	39.5
Readily available cold drinking water	38.8
Adequate access to toilets	33.1
Facilitating a change from full-time to part-time work	19.0

are menopause related, age-related or attributable to other factors [3]. Nonetheless, they are attributed by women to the menopause, present them with problems, and can be addressed both by individual and organisational level strategies. Generally, results of this study support and extend those of earlier and smaller scale studies [12], suggesting menopausal symptoms, particularly hot flushes, can pose problems for women at work, leaving them feeling less confident and at odds with their desired professional image.

A third of women in this sample perceived their work performance to be impaired by menopausal symptoms. A much smaller proportion felt that their managers and colleagues were aware of any drop-off in performance. At interview women commented that they believed they managed to conceal performance deficits from their co-workers and managers. Of those who felt their performance was not negatively affected, a third agreed that it would be if they did not work hard to compensate for the difficulties their symptoms presented. However, no objectives measures of performance were included in this study. In an earlier study, line manager reports of menopausal women's performance revealed most continued to do their job well [18].

It was clear that many women found coping with the menopause at work was difficult, and that coping with hot flushes in particular was stressful. Stress may also lower the threshold for triggering hot flushes [3]. Data from successive British Labour Force surveys reveal that the group most commonly reporting work-related stress is women aged 45–54 [19]. Many factors may combine to explain this. Women may be more prepared to report stress, be more prepared to attribute it to work, and have different reactions to work stressors than men. They may combine caring and work roles more than men, and are more likely to be in low paid, low status jobs with working conditions known to be stressful [20]. The results from this study suggest that for some women, coping with menopausal transition might also be a contributory factor. Reducing stress, both by prevention (tackling the causes of stress at work) and treatment (mindfulness, relaxation) would be helpful.

Earlier studies in non-work contexts suggest psychological interventions to reduce anxiety or improve mood and self-esteem might be useful, particularly for women who have negative appraisals of menopause [21]. Cognitive behaviour therapy (CBT) has proved as effective in reducing the frequency of hot flushes as HRT and in improving self-efficacy and perceived ability to cope [11]. Women in the current study reported lowered confidence, and avoiding interactions with others at work. It might be the case that CBT would improve confidence and perceived ability to cope at work for women who find menopause problematic. Research has shown CBT in group and self-help formats is helpful for women with problematic hot flushes [22]. It would be possible for employers and healthcare practitioners to provide access to self-help options. With less frequent prescribing of HRT [23] such psychological interventions, if widely proved effective, might become accepted.

Also helpful might be exploring working women's attributions of co-workers' and line managers' perceptions. Workplace information or advice sessions about menopause might address women's possible overestimation of others' ability to infer menopausal status from signs of hot flushes, and explore women's beliefs that hot flushes are perceived negatively by others. Research in non-work contexts has shown those beliefs may be unduly negative and contribute to distress [24]. It is possible that constantly trying to conceal menopausal status at work may be a stressor itself. However, some women feel that their menopausal status opens them up to being stereotyped and prefer to consider age and gender as irrelevant at work [12].

The study's strengths include its multi-method approach, a large sample, use of a reliable measure of menopausal status, and the inclusion of both perimenopausal and postmenopausal women. A further strong point is that women were recruited at work, not through menopause clinics, where they are known to have more health problems, to report more stressors and lower mood, and to have more negative beliefs about menopause than those who do not attend [3,25]. The study's limitations include the lack of standard measures of menopausal symptoms, mood, sleep, work-related stress or burnout; hence the relative impact of menopause on work experience is difficult to establish. A further limitation is the fact that women were employed solely in administrative, managerial and professional occupations. Women in manual, low paid occupations have physically more demanding, more stressful, and less comfortable and less flexible working conditions. In the present study nearly a third of women could negotiate their working hours or practices as much as they needed to help them deal with the menopause. This figure would, in all likelihood, be much lower for women in manual occupations. Thus this study may not reveal the whole range of difficulties for working women. Finally, it possible that respondents were biased towards those who found menopausal transition problematic, although nearly half of the women in the sample described menopausal symptoms as not causing them difficulties for work. However, the main purpose of this study was not to establish prevalence of symptoms in a representative sample of working women, but rather to explore the landscape with regard to women's range of experiences of managing menopausal symptoms and working life, and to investigate coping strategies and support.

In terms of practical implications, women in this study produced a list of personal coping strategies that they found helpful. Managers, and healthcare practitioners who advise menopausal women, need to be aware that some women may find it helpful to change their normal working practices. In contrast to an earlier study in the UK where women believed menopause was largely an individual problem that required personal coping skills [12], in the present study women suggested their employers could do much to support them. Four major areas for organisational-level support emerged, none of which need be complex or costly: (i) a greater awareness among managers about menopause as a possible occupational health issue, (ii) flexibility in working hours and arrangements, (iii) access to information, and to formal and informal sources of support at work, and (iv) attention to workplace temperature and ventilation. Some of these actions have also been suggested in a consultation with trades unions' health and safety representatives in the UK [8]. Employers could provide training for managers on health issues relevant to the management of an age-diverse workforce [26]. They could provide access to on-line information designed for managers, for health and safety representatives, and for women [27–30]. Larger employers could call upon the services of occupational health functions.

In conclusion, with any health condition, short-term or long-standing, appropriate support from employers is essential. It is likely to reduce the risk of stress, help maintain performance,

enhance employee loyalty and facilitate continued participation in the workforce. However, managers cannot provide support or offer suitable adjustments if they are not made aware of problems. Only a quarter of the women in this study had disclosed their menopausal status or symptoms at work. This is a similar figure to an earlier, smaller study [12]. It was clear during interviews that where women had disclosed to co-workers and line managers, their subsequent support was highly valued. It is important for employers to communicate to employees that it is acceptable to discuss menopause and any other health issue that impacts on working life, and to create a culture where to do so is normal and not stigmatising. Providing information and support about coping with the menopause at work, much of which could be on-line, and facilitating the establishment of an informal support network, need not be expensive and would convey an important and reassuring message to women.

Contributors

Amanda Griffiths was principal investigator, originator of the study, collected and analysed the data, and wrote the paper. Sara MacLennan was coinvestigator, contributed to the design of the study, collected and analysed the data, and commented on the first draft of the paper. Juliet Hassard performed the literature review, analysed and summarised the data and contributed to the first draft of the paper.

Competing interests

The authors declare no conflict of interest.

Funding

Funding was received from the British Occupational Health Research Foundation (Project 199E04). They had no role in the collection, analysis or interpretation of the data, or in the decision to publish.

Acknowledgements

The authors would like to acknowledge the financial support of the British Occupational Health Research Foundation (Project 199E04) and particularly to thank Vida Wong, Brian Kazer, Peter Bowen-Simpkins, Sean Kehoe, contact persons in the 10 participating organisations, the experts and practitioners who reviewed the content of the questionnaire and, most of all, the women who took time to share their experiences with us.

References

- [1] Office for National Statistics. Labour market statistics. London: Office for National Statistics; May 2013. Available from: <http://www.ons.gov.uk/ons/rel/lms/labour-market-statistics/may-2013/index.html>
- [2] Doyal L, Payne S. Older women, work and health: reviewing the evidence. London: Age Concern, Help the Aged and TAEN (The Age and Employment Network); 2006. Available from: http://taen.org.uk/uploads/resources/Older_women_Work_and_Health.pdf
- [3] Hunter M, Rendall M. Bio-psycho-socio-cultural perspectives on menopause. *Best Practice & Research Clinical Obstetrics & Gynaecology* 2007;21(2): 261–74.
- [4] Whiteley J, Wagner JS, Bushmakina A, Kopenhafer L, Dibonaventura M, Racketta J. The impact of the severity of vasomotor symptoms on health status, resource use, and productivity. *Menopause* 2013;20(5):518–24.
- [5] Geukes M, van Aalst MP, Nauta MCE, Oosterhof H. The impact of menopausal symptoms on work ability. *Menopause* 2012;19(3):278–82.
- [6] Hammam RAM, Abbas RA, Hunter MS. Menopause and work – the experience of middle-aged female teaching staff in an Egyptian governmental faculty of medicine. *Maturitas* 2012;71(3):294–300.
- [7] High RV, Marcellino PA. Menopausal women and the work environment. *Social Behavior & Personality* 1994;22(4):347–54.
- [8] Paul J. Health and safety and the menopause: working through the change. London: Trades Union Congress; 2003. Available from: <http://www.tuc.org.uk/workplace/tuc-6316-f0.pdf>
- [9] Sarrel PM. Women, work, and menopause. In: Frankenhaeuser M, Lundberg U, Chesney M, editors. *Women, work and health: stress and opportunities*. London: Plenum Press; 1991.
- [10] Williams RE, Levine KB, Kalilani L, Lewis J, Clark RV. Menopause-specific questionnaire assessment in US population-based study shows negative impact on health-related quality of life. *Maturitas* 2009;62(2):153–9.
- [11] Hunter MS, Liao KLM. A psychological analysis of menopausal hot flashes. *British Journal of Clinical Psychology* 1995;34(4):589–99.
- [12] Reynolds F. Distress and coping with hot flashes at work: implications for counsellors in occupational settings. *Counselling Psychology Quarterly* 1999;12(4):353–61.
- [13] Kittell LA, Mansfield PK, Voda AM. Keeping up appearances: the basic social process of the menopausal transition. *Qualitative Health Research* 1998;8(5):618–33.
- [14] Office for National Statistics. UK standard industrial classification of economic activities 2007: structure and explanatory notes. Basingstoke: Palgrave Macmillan; 2007.
- [15] Griffiths A, Cox S, Griffiths R, Wong Y. Police officers: ageing, work & health – a research report on the experience of ageing at work, with particular reference to the menopause, and its impact on the well-being of women police officers aged 40+. Gravesend: British Association of Women in Policing; 2006. Available from: <http://www.bawp.org/Resources/Documents/BAWP%20Menopause%20Extract.pdf>
- [16] Reynolds F. Exploring self-image during hot flashes using a semantic differential scale: associations between poor self-image, depression, flush frequency and flush distress. *Maturitas* 2002;42(3):201–7.
- [17] Brambilla DJ, Mckinlay SM, Johannes CB. Defining the perimenopause for application in epidemiologic investigations. *American Journal of Epidemiology* 1994;140(12):1091–5.
- [18] Salazar A, Paravic T. Job performance and climacteric in female workers. *Revista Médica de Chile* 2005;133(3):315–22.
- [19] Health and Safety Executive (Great Britain). Self-reported work-related illness (SWI) and workplace injuries (LFS); 2009. Available from: <http://www.hse.gov.uk/statistics/publications/swi.htm>
- [20] Griffiths A, Knight A, Mohd Mahudin D. Ageing, work-related stress and health: reviewing the evidence. London: Help the Aged and TAEN (The Age and Employment Network); 2009. Available from: <http://taen.org.uk/uploads/resources/24455.TAEN.Work.Related.Stress.32pg.pdf>
- [21] Reynolds F. Relationships between catastrophic thoughts, perceived control and distress during menopausal hot flashes: exploring the correlates of a questionnaire measure. *Maturitas* 2000;36(2):113–22.
- [22] Ayers B, Smith M, Hellier J, Mann E, Hunter MS. Effectiveness of group and self-help cognitive behavior therapy in reducing problematic menopausal hot flashes and night sweats (MENOS 2): a randomized controlled trial. *Menopause* 2012;19(7):749–59.
- [23] Iversen L, Delaney EK, Hannaford PC, Black C. Menopause-related workload in general practice 1996–2005: a retrospective study in the UK. *Family Practice* 2010;27(5):499–506.
- [24] Smith MJ, Mann E, Mirza A, Hunter MS. Men and women's perceptions of hot flashes within social situations: are menopausal women's negative beliefs valid? *Maturitas* 2011;69(1):57–62.
- [25] Hunter MS. Psychological and somatic experience of the menopause: a prospective study. *Psychosomatic Medicine* 1990;52(3):357–67.
- [26] Griffiths A, Knight A, Mohd Mahudin D. The relationship between work design and retirement: implications for organizational policy. In: Burke R, Cooper C, editors. *The fulfilling workplace: the organization's role in achieving individual and organizational health*. Farnham: Gower Publishing; 2013.
- [27] British Occupational Health Foundation. Work and the menopause: a guide for managers; 2010. Available from: http://www.bohrf.org.uk/downloads/Work_and_the_Menopause-A_Guide_for_Managers.pdf
- [28] Trades Union Congress. Supporting women through the menopause: guide for union representatives on dealing with issues around the menopause; 2011. Available from: http://www.tuc.org.uk/extras/Supporting_Women_Through_the_Menopause.pdf
- [29] UNISON. The menopause & work: a guide for UNISON safety reps; 2012. Available from: <http://www.unison.org.uk/file/B5762%20Menopause%20and%20Work%20Guide.pdf>
- [30] Healthtalkonline –Menopause. 2013. Available from: http://www.healthtalkonline.org/Later_Life/menopause