



SUPPORT FOR MENOPAUSAL WOMEN IN THE WORKPLACE

Perceptions of managers and menopausal women



MSc Thesis Health and Society (HSO80336)

Vera van de Scheur (1042020)

Supervised by dr. ir. Annemarie Wagemakers

September 2021 – March 2022

Abstract

Introduction The combination of the growing number of female workers and the ageing of the workforce have resulted in high numbers of women working during their menopause. Research indicated that the menopause could influence the working lives of women. To ensure that women can continue to do their work optimally during this transition period and preserve female labour participation in the future, there is a need to support menopausal women in the workplace. Managers can play an important role in this support. This study explored the perceptions of menopausal women and managers on the support that should be given to menopausal women in the workplace. It aimed to gather knowledge on how to improve support for menopausal women in the workplace.

Method The qualitative method included semi-structured in-depth interviews with ten menopausal women and eight managers to identify current supportive practices and factors that could improve the current support.

Results Explorative research shows the influence of menopause on women's working lives. Both women and managers identified a lack of discussion and knowledge as factors preventing menopausal women from receiving support at work. A large part of the respondents recognized the importance of job control and social support. Other results showed opportunities to support menopausal women, such as information for both women and managers, flexible working policies, supportive skills of managers, and adjustments to the physical work environment.

Conclusion This research provided insight into the perceptions of menopausal women and managers regarding the support for menopausal women in the workplace. A wish for more communication and information about the menopause in the workplace exists. Menopausal women expressed that information and advice on the menopause should be present in the workplace. In addition, making managers aware of the menopause can create a more open and supportive organizational culture. Managers are especially interested in receiving information on how they can help menopausal employees. Other opportunities to support menopausal women in the workplace cover policies, skills of managers, and environmental changes. Further research could investigate specific job sectors as this can have implications for organizational support.

Table of contents

Abstract	1
Table of contents.....	2
1. Introduction.....	4
1.1. The female labour participation.....	4
1.2. The menopause.....	4
1.3. The menopause and work.....	5
1.4. Workplace interventions.....	6
1.5. Recommended support.....	7
1.6. Managerial support.....	8
1.7. Aim and research question	9
2. Theoretical framework.....	10
2.1. Salutogenic perspective to work.....	10
2.2. Job Demands-Resources Model.....	11
3. Methods	14
3.1. Study design	14
3.2. Recruitment	14
3.3. Interview guide	14
3.4. Participants and procedure.....	15
3.5. Data analysis	16
4. Results	17
4.1. Current experience at work.....	17
4.1.1. Experience of women.....	17
4.1.2. Perceptions of managers.....	19
4.2. Disclosure at work	20
4.2.1. Discussion by women.....	20
4.2.2. Discussion by managers	22
4.3. Current support.....	24
4.3.1. Menopause-specific support or information	24
4.3.2. Supportive work-related factors	26
4.3.2.1. Job control.....	26
4.3.2.2. Social support.....	27
4.4. Ideal support	29
4.4.1. Ideal support according to women	29
4.4.2. Ideal support according to managers	30
4.4.3. Information & training on the menopause	31

4.4.3.1 Information and advice for menopausal women	31
4.4.3.2. Information and training for managers.....	32
4.4.4. Flexible working policies	33
4.4.5. Supportive managers	34
4.4.6. Healthy physical work environment	36
5. Discussion	38
5.1. Current experience at work	38
5.2. Disclosure at work.....	38
5.3. Current support.....	38
5.4. Ideal support	39
5.6. Strengths and limitations	40
5.7. Implications.....	41
6. Conclusion	42
References.....	43
Appendices.....	49
Appendix 1: Existing interventions around the menopause.....	49
Appendix 2: Information letters.....	51
2.1. Information letter menopausal women.....	51
2.2. Information letter managers.....	51
Appendix 3: Interview guide	53
3.1. Introduction.....	53
3.2. Interview questions women.....	53
3.3. Interview questions managers	55
3.4. Closing	56
Appendix 4: Informed consent.....	57
Appendix 5: Ethical clearance	58
Appendix 6: Code book	59

1. Introduction

This research will explore the perceptions of managers and menopausal women on the support for menopausal women in the workplace. This introduction will start with the research problem's 'state of the art', including the scientific and societal relevance. It will conclude with the research objective and the research question.

1.1. The female labour participation

The combination of the growing number of female workers and the ageing of the workforce has resulted in high numbers of women working during their midlife (Geukes et al., 2016; Griffiths et al., 2016; Kopenhager & Guidozi, 2015; Sarrel, 2012). The growth in labour participation over the last years is mainly attributed to the increase of women in the workforce (Ghosheh et al., 2006). To illustrate, women's labour participation in the Netherlands increased from 52.1% to 66.5% from 2003-to 2021, while men stayed relatively the same (CBS, 2021). Almost half of the workforce in the Netherlands consists now of women (4.3 million) (ibid). In addition, the Dutch government is trying to enhance the longevity of the workforce, and women aged 45 and over are increasingly represented in this workforce (see Figure 1). In the Netherlands, more than one-third of the female workforce falls in the age group of 45-65 years (1.8 million) (CBS, 2021). This means that many women will work during their menopause, which is the term referring to the final menstruation (Hickey et al., 2017).

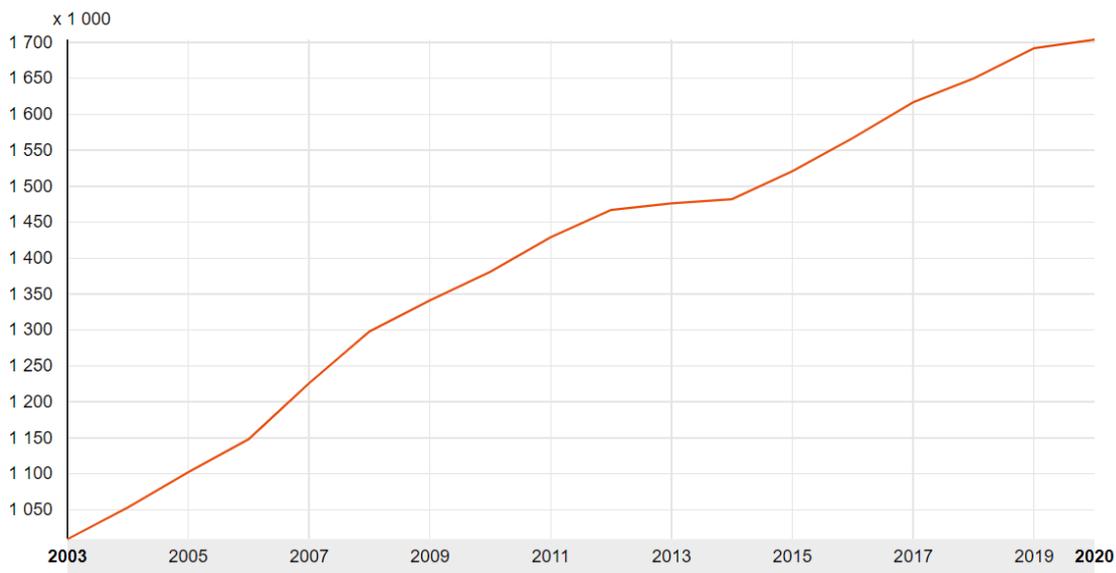


Figure 1: Labour participation of women aged 45-65 years in the Netherlands (CBS, 2021)

1.2. The menopause

The menopause is the transition period characterized by changes in the menstrual cycle due to a decline in oestrogen levels (Hickey et al., 2017). This period can be divided into 2 phases: perimenopause and postmenopause (Harlow et al., 2012). The perimenopause is the period before the menopause when women start to experience menstrual changes and menopausal symptoms. The post-menopause will start when women have the absence of menstrual periods for twelve months consecutively. Every woman will experience the menopause as part of the natural ageing process (Goldman, 2010). The menopause usually occurs between 45-55 years (on average 51 years), and the symptoms will last on average around 4-8 years, although these numbers are highly variable among women (Avis et al., 2015; Hunter et al., 2012; Sarrel, 2012).

A few women experience not any symptoms, but the vast majority of 80% will experience some symptoms (Women Inc., 2020). The symptoms can range from physical to psychological (Beck et al., 2020; Griffiths et al., 2013; Hammam et al., 2012; Hickey et al., 2017). Physical symptoms include hot flushes, night sweats, sleep disturbances, migraines, palpitations, bladder irritability, heavy bleeding, vaginal dryness, weight gain, and joint pain. The psychological symptoms include depression, anxiety, mood changes, irritability, concentration difficulties, and poor memory. The most prevalent symptoms are vasomotor, namely hot flushes and night sweats (HFNS), which up to 80% of the women experience (Avis et al., 2015). These symptoms are directly attributed to hormonal changes experienced during the menopause (National Health Institute, 2005). Many women also experience sleep disturbances (possibly caused by HFNS), described as difficulties falling asleep, staying asleep and waking up early (Bolge et al., 2010). The risk of depression, especially among women with vasomotor symptoms, is also discussed in research (Worsley et al., 2017).

Women often experience multiple symptoms or a domino effect of symptoms where they not only stand on their own but can also cause other symptoms (Brewis et al., 2017). The menopausal symptoms can vary between women and menopausal phases (Moilanen et al., 2010). However, symptoms can last up to 10 years, which can influence the working life of many women (Fenton & Panay, 2014; Griffiths et al., 2013; Hamman et al., 2012). In the context of the current female labour participation, academia has growing attention for the relationship between menopause and work.

1.3. The menopause and work

Studies suggest a two-way relationship between menopause and work (Atkinson et al., 2020). Menopausal symptoms can influence work outcomes, while the working environment can influence the experience of menopausal symptoms.

First, there is growing evidence that menopausal symptoms can negatively impact women's work performance. One determinant often used to measure work performance is workability, defined as the balance between personal resources and work demands (Ilmarinen, 2005). A study by Geukes et al. (2012), including a sample of 208 healthy working Dutch women aged 44 to 60 years, showed that menopausal complaints for this group sample explained 34% of the total variation in workability.

Outside the Netherlands, a lot of research is done in the United Kingdom (UK) about the menopause in relation to work (Hardy et al., 2018a). For example, the British Occupational Health Research Foundation (BOHRF) published a research report including 912 women who completed a questionnaire. Half of the women reported that they found it somewhat difficult to cope with work during the menopause, another half of women did not find it difficult at all, and five per cent reported it to be very or extremely difficult (Griffiths et al., 2010). Another British study of 869 women working in non-manual occupations showed that poor concentration, tiredness, poor memory, feeling low/depressed and lowered confidence were menopausal symptoms considered problematic at work (Griffiths et al., 2013). More than a third of the women in this study felt that these symptoms (somewhat) negatively affected their work performances.

Some studies investigate specific symptoms interfering with the working lives of menopausal women. Especially HFNS is reported to be problematic at work. A survey by Ayers & Hunter (2013) found that 20-40% of the women experience HFNS that influence the quality of their personal and working lives. An Australian study surveyed around 1000 women aged 40-70 years found that HFNS was associated with job dissatisfaction, lower work engagement and organizational commitment, and higher intention to leave the job (Jack et al. 2014). Another Australian community-based study of 1236 working women aged 40-65 showed an independent association between vasomotor symptoms (VMS) and impaired self-reported workability (Gartoulla et al., 2016). Some studies identified sleep disturbances as the most affecting work, like the study by Griffiths et al. (2006) among 94 women police officers. As well as the study from Simon & Reape (2009) which reported insomnia as the most problematic symptom at work.

Second, certain work-related factors can influence the experience of menopausal symptoms. These factors can range from physical to psychological (Jack et al., 2016). Temperature, ventilation, size/staffing of the workspaces, and access to sanitary or rest facilities are aspects of the physical environment that can influence the experience of menopausal women (Griffiths et al., 2013; Hammam et al., 2011). A negative organizational culture with a lack of supervisory or collegial support can give poor experiences (Hardy et al., 2017; Morris & Symonds, 2004). Work overload and stress can negatively influence symptoms (Hammam et al., 2012; Hardy et al., 2018a). In addition, coping with the menopausal symptoms at work is a stress factor by itself (Griffiths et al., 2013).

To summarize, menopausal symptoms can be a challenge for some female employees. The reduced workability can lead to other adverse outcomes, like exhaustion, reduced job performance, increased intention to leave and eventually absenteeism (Geukes et al., 2012; Viotti et al., 2017). Work absenteeism is the failure to show up for scheduled work (Johns, 2002). In the Netherlands, the percentage of work absenteeism in the menopausal age category (45-65 years) is the highest among all age categories (CBS, 2020). Furthermore, this absenteeism is higher for women in this age category than for men. The high costs of untreated symptoms and the work absence of symptomatic women should urge employers to pay attention to this occupational health issue (Kleinman et al., 2013; Sarrel et al., 2015). In addition, the workforce will lose a valuable group of employees with skills, knowledge, experience, and loyalty if menopausal complaints are ignored (Kopenhagen & Guidozi, 2015). Therefore, to ensure that women can continue to do their work optimally during this transition period and preserve female labour participation in the future, there is a need to support menopausal women in their workplace.

1.4. Workplace interventions

There is limited research on interventions focused on the menopause and work (see Appendix 1). Three studies have been conducted on workplace interventions for menopausal women (see Table 1) (Bendien et al., 2019a). In the Netherlands, only one intervention was found in the RIVM database, namely the Work-Life Program ('ProudWomen') from a private organization called HealthyWomen. This program includes a consultation, followed by work-life coaching and physical training sessions. The program is examined in an evaluation study by Verburgh et al. (2020) with a sample of 75 menopausal women working in low-paid jobs in Amsterdam UMC. The program was found to empower menopausal women to make choices that will positively impact their health and well-being in the workplace. Outside the workplace, a study by Geukes et al. (2019) showed improvements in symptoms and workability of women attending a menopause clinic.

Outside the Netherlands, there have also been some evaluation studies of interventions delivered in the workplace. One Japanese study evaluated the deployment of occupational health nurses in a media company and showed positive effects on symptoms and sick leave (Ariyoshi, 2009). Another British Randomized Control Trial (RCT) evaluated self-help cognitive behavioural therapy for women with problematic HFNS working in eight organizations. The study showed a reduction in the frequency of problematic symptoms (Hardy et al., 2018b). Outside the workplace, there have also been interventions that have been evaluated with work-related measures. A Finnish Randomized Control Trial of a physical exercise intervention showed positive short-term and long-term effects on workability among symptomatic women (Rutanen et al., 2014).

Table 1: Summary of evaluation studies on workplace interventions for menopausal women

Intervention	Outcomes	Source
Occupational health nurse (Japan)	Less reported symptoms and decreasing days of sick leaves	(Ariyoshi, 2009)
Self-help cognitive behavioural therapy (UK)	Reduction of frequency and problem-rating HFNS in the work setting	(Hardy et al., 2018b)
Menopause consultation, followed by work-life coaching and physical training sessions (NL)	Empowerment of women to make choices that will positively affect their health and wellbeing in the workplace	(Verburgh et al., 2020)

1.5. Recommended support

Besides interventions, there have also been multiple studies that developed recommendations for employers on how they should deal with menopause at work (see Table 2) (Griffiths et al., 2016; Jack et al., 2016). Overall, most studies reveal consistent recommendations that can be categorized into four overarching areas: 1) policy, 2) information and training, 3) workplace support, 4) physical work environment (Griffiths et al., 2013). The recommendations have also been translated into practical guidance, especially in the UK. Trade unions mainly developed these guidelines and these are reviewed in a narrative overview by Hardy et al. (2018c). Two of the most prominent guidelines were developed by the British Occupational Health Research Foundation and Trade Union Congress, which informed and inspired other publications (BOHRF, 2010; TUC, 2013). These guidelines are based on the scientific research of Paul (2003)¹ Griffiths et al. (2010). In the Netherlands, one practical guide is made by the Christian National Trade Union (CNV, 2021). For the global context, the European Menopause and Andropause Society (EMAS) recommendations are accessible (Griffiths et al., 2016)

Table 2: Summary of recommendations in the literature about organizational-level support for menopausal women

Theme	Features	Literature
Policy	Health and wellbeing policies supportive of menopause	(Bariola et al., 2017; Beck et al., 2020; Hardy et al., 2017)
	Flexible working arrangements	(Griffiths et al., 2006, 2013; Hammam et al., 2012; Hardy et al., 2017; High & Marcellino, 1994; Jack et al., 2014; Morris & Symonds, 2004)
Information and training	Information on symptoms, effects of symptoms and coping strategies available for everyone in the workplace	(Griffiths et al., 2006, 2013; Hammam et al., 2012; Hardy et al., 2017; Hickey et al., 2017; Jack et al., 2014)

¹ Not accessible online

	Information or advice on managing menopausal symptoms for women	(Hardy et al., 2018; High & Marcellino, 1994; Olajubu et al., 2017; Viotti et al., 2020)
	Awareness training for staff at all levels (particularly managers)	(Bariola et al., 2017; Beck et al., 2020; Griffiths et al., 2006, 2013; Hammam et al., 2012; Hardy et al., 2017, 2019; Jack et al., 2014)
	Training on supportive conversations for managers	(Beck et al., 2020; Hardy et al., 2017; Jack et al., 2014)
Workplace support	(In)formal support groups	(High & Marcellino, 1994; Jack et al., 2014; Reynolds, 1999)
	Employee support from line managers, occupational health, human resources, trade union representatives, counsellors, welfare officers, contact persons	(Beck et al., 2020; Hickey et al., 2017)
Physical work environment	Adjustable heating and ventilation (e.g., desk fans), good access to toilets and (cool) drinking water	(Bariola et al., 2017; Beck et al., 2020; Gartoulla et al., 2016; Griffiths et al., 2006, 2013; Hammam et al., 2012; Hardy et al., 2018; Hickey et al., 2017; High & Marcellino, 1994; Jack et al., 2014; Reynolds, 1999; Viotti et al., 2020)

1.6. Managerial support

One recurring theme in the recommendations is the importance of awareness around the issue, especially for managers (Hardy et al., 2017). Managers are usually the people to whom employees report problems, and they are responsible for the healthy functioning of employees on a daily basis (Hardy et al., 2019). Yet, studies suggest that managers have little knowledge of the menopause in general and the menopausal status of their employees in specific (Griffiths et al., 2013). Several explanations can be found in the literature about this lack of awareness.

An earlier study showed that managers did not notice any decrease in the work performance of menopausal women. Still, it was also mentioned that women try hard to conceal their performance deficits (Salazar & Paraviv, 2005). Many women fear that admitting performance difficulties will negatively affect the perception of managers and colleagues about their competencies (Beck et al., 2021). The lack of awareness is also partly explained by the inexistence of staff training on this topic. Studies confirmed that most menopausal women felt this training was missing in their workplace (Hardy et al., 2017; Jack et al., 2016). Another explanation is the still-standing taboo around the topic (Beck et al., 2020). Taboo is defined as the social prohibitions and shame around open discussion of specific issues (Grandey et al., 2020). This can result in reluctance from women to disclose their menopausal complaints to managers. Especially disclosure to male managers and younger managers seems problematic (Griffiths et al., 2013).

It is argued that managers should be aware of the difficulties that the menopause can bring to work and the changing working practices that women may apply to alleviate symptoms (Griffiths et al., 2016). Supportive and sympathetic managers are considered to increase the willingness of women to disclose problems with the menopause (Brewis et al., 2017). They can play an essential role in creating an open work

culture where women feel at ease speaking up about the topic (Hardy et al., 2018a). Additionally, a study by Jafari et al. (2017) suggests that managers can do a risk assessment of the work environment to identify specific factors contributing to the worsening of menopausal symptoms.

1.7. Aim and research question

Prior studies have mainly focused on the perspective of menopausal women regarding menopause at work (Hardy et al., 2017; Hickey et al., 2017). Although this perspective is highly valuable in exploring experiences and creating recommendations, there is limited research on managers' perspectives (Atkinson et al., 2020). Their perspective can give insights into the feasibility of workplace support and give more understanding of the knowledge and skills that are already present in this important group of stakeholders (Hardy et al., 2017; Verburgh et al., 2020). Only one study in the Netherlands included managers in their research on the menopause and work. Bendien et al. (2019b) studied their experience with (counselling) women during pregnancy and menopause in a Dutch hospital. Another UK-based study by Hardy et al. (2019) explored the attitudes of expert stakeholders, including managers, about the knowledge needed and the potential barriers presented for them to support menopausal women. However, this study focused mainly on developing an online training program for managers. Before such interventions are offered, it is important to understand how the support should be shaped according to managers.

Therefore, this research explored the perceptions of managers on the support that should be given to menopausal women in the workplace. To gather a comprehensive image of the (possible) supportive practices, the perceptions of menopausal women were explored as well. Both were explored in the Dutch context. Data obtained from both groups made it possible to identify similarities and differences between the perceptions. Based on the information gathered from both groups, recommendations are developed to improve current support and inform (future) workplace interventions.

The overall aim of this research is to gather knowledge on how to best provide and improve support for menopausal women in the workplace. This aim is achieved by gaining knowledge on (1) the current supportive practices for menopausal women, (2) the perceptions of helpful support according to both managers and menopausal women, and (3) whether there are similarities or differences between the perceptions of both groups. The following research question is formulated: *What are the perceptions of menopausal women and managers on the support that should be given to menopausal women in the workplace?*

2. Theoretical framework

The *Salutogenic Model of Health (SMH)* and the *Job Demands-Resources (JD-R) model* will be used to identify (potential) resources that are (or can be) present in the organization to improve the health and work outcomes of menopausal women. The SMH of Antonovsky (1979) focuses on these health-promoting experiences. Applying a salutogenic perspective in the context of work advocates for looking at job resources. One important model that includes these job resources is the (JD-R) model (Demerouti et al., 2001). These models form the underlying structures to explore positive reference points that can help organizations move forward in supporting menopausal women in the workplace.

2.1. Salutogenic perspective to work

The SMH is a model invented by Antonovsky (1979), surrounding the question ‘what makes people healthy’ (*salutogenesis*) in contrast with the question ‘what causes disease’ (*pathogenesis*). It views health as a continuous variable moving along the ease-disease continuum. The movement is dependent on how people deal with stressors. The model's two fundamental concepts are *General Resistance Resources (GRRs)* and *Sense of Coherence (SOC)*. Part of his work also focuses on the application of these concepts to work processes (Antonovsky, 1987). GRRs in the work context are resources (*job resources*) that people actively use in the workplace to enable them to deal with work stressors (*job demands*) (Jenny et al., 2017). Work-Related SOC is a workplace where employees experience comprehensibility, manageability, and meaningfulness (Vogt, Jenny & Bauer, 2013; Jenny et al., 2017). Comprehensibility describes work situations that are understandable, predictable, and structured. Manageability describes the belief of employees that they have the resources to deal with the demands of the work. Meaningfulness describes the belief that the work is worthy of commitment and involvement. The SMH describes the (reciprocal) relationship between SOC and GRRs (see Figure 2). In other words: to deal with work stressors in a health-promoting way, you need a strong SOC to take and actively use the GRRs to deal with the stressors. And GRRs can promote coherent work experiences that strengthen the SOC. This process is often described on the individual level, where GRRs are described as personal resources (e.g., self-efficacy) and SOC as individual responsibility (e.g., healthy lifestyles) (Graeser, 2011). However, workplace health results from interactions between employees and their organization (Jenny et al., 2017). This means that both personal and job resources play a role (Hanson, 2007).

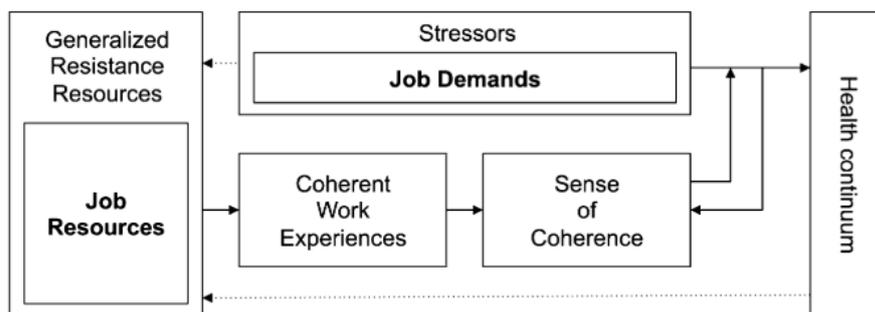


Figure 2: SMH for the context of work (Antonovsky, 1987)

2.2. Job Demands-Resources Model

The JD-R model explains the relationship between job characteristics, employee wellbeing and work outcomes (Demerouti et al., 2001). It assumes that employee well-being is dependent on the balance of job demands and jobs resources (Bakker & Demerouti, 2006). *Job demands* are defined as the characteristics of the job that require sustained physical and/or psychological effort or skills and are therefore associated with certain physiological and/or psychological costs. Examples are work overload and work-family conflict. *Job resources* are physical, social, and organizational characteristics of the job that may lead to the following: a) achieving work goals, b) reducing job demands, c) stimulating personal growth and development. Examples are autonomy and social support. The model states that there are two different psychological processes (see Figure 3). The model was initially used to better understand the causes of burnout as a result of high job demands leading to exhaustion (Bakker, Demerouti & Verbeke, 2004). This represents the first of the psychological processes. Research showed that job resources might form a buffer against the negative (psychological) effects of job demands (Bakker, Demerouti & Euwema, 2005). The early model focused primarily on the negative health outcomes (burnout), whereas the revised model includes positive health outcomes (work engagement) (Schaufeli & Bakker, 2004). This second psychological process, the *motivational process*, states that job resources may lead to higher work engagement through the extrinsic and intrinsic motivational role (Bakker & Demerouti, 2006). Extrinsic because they motivate employees to put effort into work tasks to achieve work goals. Intrinsic because they fosters personal growth and development (Deci & Ryan, 2000).

Applying the JD-R model to working menopausal women might give interesting findings on how certain job resources could prevent negative work and health outcomes. Menopausal complaints can make it harder for women to cope with job demands. Previous research showed that women with high menopausal complaints and high job demands experienced a higher level of burnout (Peeters, 2011). Job resources can help women to cope with job demands. This role of resources has also been investigated, where coworker support moderates the effect of menopausal complaints on burnout (Strijbosch, 2011). Other research found that women with a greater level of (personal and job) resources were buffered against the poor experience of menopause, protecting them from negative (mental)health and work outcomes (Millear & Gervais, 2016). This research showed that a positive work climate, choice and control in work tasks, trustworthy supervisors and colleagues, and specific workplace support for menopausal symptoms were job resources that were perceived as helpful in dealing with menopausal symptoms. The specific workplace support was, in this case, measured with two constructs: that of colleagues being considerate of changes in mood and of women being able to alter the immediate environment (ibid).

Previous research showed some evidence of associations between job resources and workability among menopausal women. High supervisory support and control over workplace temperature were associated with lower menopausal symptoms (Bariola et al., 2017). Another study found job control and health-oriented organizational climate to be positively associated with workability, while family-work conflict hampers workability (Viotti et al., 2020). The health-oriented organizational climate refers to the perceptions of (top) management's attention to employee health.

Based on the literature, specific job resources need special attention when looking at the employee well-being of menopausal women. These include job control and social support. Therefore, these job resources will be explained further down below.

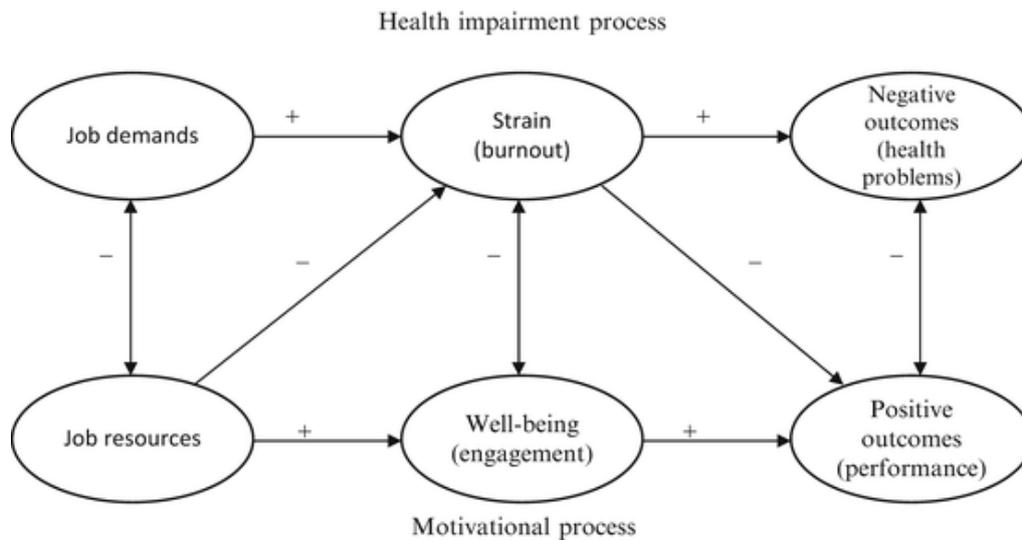


Figure 3: Job Demands-Resources Model (Bakker & Demerouti, 2006).

Job control

Job control can be described by two aspects: skill discretion and job autonomy. Skill discretion is the opportunity to use job skills to perform job tasks (Karasek et al., 1998). This aspect is less relevant for this research as this is job-specific and less related to the general working environment of menopausal women. Job autonomy is the authority of employees to make decisions concerning their job and to control the pace, sequence, methods, and variety of job tasks (Lindfors, 2012). In addition, it allows flexibility in working patterns as it gives employees a choice over when, where and how much they work (Anderson & Kelliher, 2009). Previous research showed that job control helps employees deal better with job demands (Karasek & Theorell, 1990). Higher levels of job control can allow a temporary change in working patterns, more breaks, and allowed absence for menopausal women (Hardy et al., 2018a). It has been found that better rostering and flexible working hours can support menopausal women to take time off or have time to attend medical appointments (Bariola et al., 2017; Hickey et al., 2017). Another interesting benefit of job control is the opportunity it gives employees to find a better work-private life balance, which may increase workability (Viotti et al., 2020). This is especially relevant for menopausal women as they can experience ‘a double work burden’ as they are employed and have a greater part of the domestic responsibilities, such as caring for ageing parents (Rotenberg et al., 2008). Job control can also involve the ability of employees to influence the work environment, including control over the physical environment. This also seems helpful for menopausal women, as having control over heating and air conditioning can be alleviating as well as having desks vans or desks near an opening window (Bariola et al., 2017)

Social support

Social support is the overall level of helpful social interactions available on the job from both supervisors and coworkers (Karasek & Theorell, 1990). Social support can help employees get work done in time and relieve them from work overload. In this way, it can protect employees from adverse consequences of stressful situations (Schaufeli & Bakker, 2004). Social support does not only include the willingness to help but also to listen and reflect (Vaandrager & Koeler, 2013). This importance of good listening is emphasized by menopausal women (Hardy et al., 2017). A positive social climate at work can create an open culture where menopausal women can share experiences and express problems (Hardy et al., 2019). To create this positive work climate, women need to rely on managers and colleagues to consider their feelings and needs

(Beck et al., 2020; Converso et al., 2019). Having a problematic relationship with supervisors or colleagues can exacerbate menopausal symptoms (Hammam et al., 2012). This lack of social support can make women hesitant to disclose menopausal problems (Griffiths et al., 2006). Specific support from both line managers and top managers around the menopause may be necessary as this can take away the taboo around the issue and make it more acceptable to be discussed (Bariola et al., 2017).

3. Methods

This chapter explains the methods used to research the perceptions on how support for menopausal women in the workplace should look like. Semi-structured in-depth interviews were held with menopausal women and managers.

3.1. Study design

The study design is an exploratory qualitative design fitting with the study's aim to explore the perceptions of managers and menopausal women. This design is useful to increase the knowledge of certain phenomena that are currently unknown (Stebbins, 2001). In this case, it was chosen because it gave insights into perceptions of managers on the topic of the menopause in relation to work that are mostly unknown in current research. Moreover, further exploration of the perceptions of menopausal women gives new insights and makes it possible to identify common ground between the two groups. Semi-structured in-depth interviews were conducted. This interview method was chosen because it explores perceptions about (sensitive) topics and gives room to ask follow-up questions based on the participants' responses (Barriball & While, 1994; Kallio et al., 2016). The interviews were valuable to generate knowledge on unexpected or underexposed supportive practices that are overlooked in the literature or cannot be measured with standardized methods.

3.2. Recruitment

The interview participants were recruited using convenience sampling. The participants were selected based on the following inclusion criterion: the participants are currently employed and can read, understand, and speak the Dutch language. Beforehand, all eligible participants received written information on the research and the interview procedure (see Appendix 2). The managers were recruited through organizations in the database of a Dutch health insurance company. The menopausal women were recruited through a message on LinkedIn. Furthermore, the message was shared through a Facebook group called 'Vuurvrouw in de Overgang', a foundation dedicated to women undergoing menopause. The message was shared on the personal Facebook page of the researcher. Also, the personal network of the researcher was used. A snowball method was used to recruit more participants. A variety of respondents was approached to get a broad insight into the topic. In this way, within the small sample of this study, it was tried to gain insight into as many different perspectives and experiences as possible. In the end, ten menopausal women and eight managers were recruited. Table 3 shows how these participants were recruited. Four other participants were approached but refused for reasons of no time or no interest.

Table 3: Recruitment methods

Recruitment method	Number
Menzis	4
Online message	4
Personal network	7
Snowball	3

3.3. Interview guide

Every interview started with a standard set of questions relating to age, work function, work experience, and gender distribution in the workplace. Then questions followed on work characteristics: (1) the influence of menopause on workability; (2) discussion of the topic at work; (3) influence of work-related factors on the menopause. Then questions followed on current support and ideal support. The interview guide was further based on the principle of Appreciative Inquiry and inspired by supportive practices discussed in the literature.

Firstly, the interview was structured based on the *Appreciative Inquiry (AI)* principle. This is a strength-based approach to positive organizational change. This principle fits very well with the salutogenic perspective as it focuses on resources and possibilities rather than on problems (Bauer & Jenny, 2017; Cooperrider et al., 2001). The approach helps create a positive atmosphere where participants are eager to freely tell their stories to gather dynamic and unrehearsed information (Michael, 2005). It enhances creativity and commitment and helps to get insights into the ‘ideas of change’ of employees (Cooperrider et al., 2005). The principle applies the so-called 4-D cycle: Discovery, Dream, Design, and Destiny. The first (*Discovery*) helped to identify current supportive practices (‘What are current supportive factors in the workplace for menopausal women?’). The second (*Dream*) explored the preferred support (‘Suppose in five years’ time support for women in the menopause is ideal: how will this support look like?’). The third (*Design*) explored the needs (‘What needs to happen to achieve this ideal situation?’). The fourth is (*Destiny*) not used in this research, as it focuses on the development and evaluation of interventions, which does not cover the research question.

Secondly, questions in *Design* phase were inspired by supportive practices recommended in the literature (see Table 2). The *Dream* phase of the interview started with an open question on ‘how does the ideal support for menopausal women at work look like?’ Then four themes of supportive practices identified in the literature were questioned: policy, information, the role of managers, and physical work environment. The main questions and a share of possible follow-up questions can be seen in Appendix 3.

3.4. Participants and procedure

Interviews were held with eighteen participants (see Tables 4 and 5). The participants in the study included ten menopausal women in the age range of 53-61 years, mostly working in the healthcare sector. In addition, eight managers were included in the research, aged 36-52 years, working in diverse job sectors. Seven managers are line managers. However, two managers were (also) vitality managers specifically employed to keep employees fit and vital so that employees stay engaged and healthy for longer and can function optimally. These managers will be referred to as vitality managers in the rest of this report.

Table 4: Characteristics of menopausal women

Woman #	Age	Job sector
1	55	Education
2	53	Trade and services
3	56	Education
4	59	Healthcare and welfare
5	61	Healthcare and welfare
6	54	Healthcare and welfare
7	61	Healthcare and welfare
8	56	Healthcare and welfare
9	56	Culture
10*	56	Healthcare and welfare*
*Is manager herself		

Table 5: Characteristics of managers

Manager #	Age	Gender	Job sector
1	46	Male	Trade and services
2	52	Male	Trade and services
3	50	Male	ICT
4*	53	Female	Healthcare and welfare
5	36	Male	Trade and services
6	38	Female	Trade and services
Vitality 1	46	Female	Education
Vitality 2	45	Male	Healthcare and welfare
*Is menopausal herself			

Two pilot interviews were held to check the time needed for the interview and to eliminate unclarities or errors in preparation for the interviews. Only the order of questions was changed. Prior to the interviews, every participant had received written informed consent (see Appendix 4). This covered the agreement on recording, the voluntary basis of participating, and the guarantee of confidential use and storage of data. At the beginning of every interview, the consent was asked orally again. The study was approved by the Social Science Ethics Committee (SEC) of Wageningen University on the 20th of October 2021 (see Appendix 5). Interviews were arranged individually with the respondents at their requested place and time. Fifteen out of eighteen interviews were held online due to the COVID-19 pandemic. Previous research showed that data quality is unaffected by conducting the interviews online instead of face-to-face (Shapka et al., 2016). The interviews lasted, on average, 38 minutes (24-57 minutes). The interviews were digitally recorded, and all participants received a gift afterwards. The women received a 10-euro gift card, and the managers received a little gadget.

3.5. Data analysis

The interview recordings were transcribed in verbatim style. The data was processed with a pseudonym to guarantee anonymity, and all potentially identifying information was removed from the transcripts. The audio files were stored in a file that is only accessible to the researchers involved. The transcriptions were coded using Atlas.ti software program. Thematic analysis was used to analyze the transcriptions of the interviews, performing the six phases described by Braun & Clarke (2006). Both top-down and bottom-up analyses were used to create comprehensive knowledge. First, the data was transcribed and read. Then, the two job resources described in the theoretical framework were used in the top-down analysis to generate initial codes. As described in section 3.3, each set of questions was based on one of the three phases of AI, so each set of questions was analyzed separately. Next, themes were identified and reviewed, resulting in the following main themes: 'Current experience at work', 'Disclosure at work', 'Current support', and 'Ideal support'. And the following sub-themes: 'Experience of women', 'Perceptions of managers', 'Discussion by women', 'Discussion by managers', and 'Menopause-specific support and information, 'Supportive work-related factors', 'Information & training', 'Flexible working policies', 'Supportive manager', and 'Healthy physical work environment'. Lastly, quotations from the transcript are used to stay close to participants' words and to display their experiences and ideas. The codebook can be found in Appendix 6.

4. Results

The results of the interviews are presented in this chapter. Results are described according to the themes identified during the data analysis. To illustrate the findings, citations from the interview are used to present the results.

4.1. Current experience at work

4.1.1. Experience of women

Women experience(d) a wide variety of symptoms during the menopause, which can be physical, mental, or emotional (see Table 6). It was observed that women vary greatly in their experience of the menopause; some express more challenges than others. Commonly mentioned symptoms were hot flushes, sleep disturbances, and concentration difficulties.

“So, I had all sorts of symptoms. All sorts of things, night sweats, hot flashes, mood swings, difficulty concentrating, more sensitive to noise, I still have that.” (Woman 1).

Most women experience(d) a combination of symptoms and express the ‘domino effect’ of symptoms in which one (e.g., hot flushes, palpitations) leads to another (e.g., sleep disturbances) which led to another (e.g., concentration difficulties, mood changes, migraine).

“Well, what I experienced myself is that, of course, you have bad nights, at least I had very bad nights because I had, and sometimes still have, a lot of hot flushes, so I got up every morning with a heavy headache which, after a busy day, really turned into a migraine, even though I wasn't familiar with migraines at all.” (Woman 3).

All women agreed that menopausal symptoms could, to some extent, influence the workability of women (see Table 6). Some women talked out of their own experiences, others more in general. The perceived loss of focus, flexibility and stability makes it sometimes harder to meet the physical and mental demands of work. Sleep disturbances and tiredness were described as most influencing at work. Women mentioned that sleep disturbances could cause concentration difficulties, making it harder to stay focused on the job. Hot flushes that caused heavy sweating were perceived as embarrassing in front of colleagues. In addition, emotional symptoms like mood changes can also affect the relationships with colleagues due to “crabby” behaviour. Lastly, mental symptoms like feelings of insecurity or memory problems were also viewed as difficult to deal with at work.

“But because you also sleep badly and you have to go out for the day, and you have to be ready again, you are busy with medicine, and you have to keep your mind on it.” (Woman 5)

Table 6: Symptoms of the menopause and influence on workability

Woman #	Symptoms	Influence	Workability
1	Night sweats, hot flushes, mood changes, concentration difficulties, weight gain	Yes	Concentration difficulties Migraine
2	'brain fog', poor memory, concentration difficulties, migraine, weight gain	Yes	Insecurity (even led to quitting a job)
3	Hot flushes, sleep disturbances, mood changes, concentration difficulties, joint pain	Yes	Loss of flexibility ² Mood changes
4	Hot flushes, palpitations, sleep disturbances, migraine	Yes	Loss of flexibility Mood changes
5	Hot flushes, sleep disturbances	Not sure	Concentration difficulties
6	Sleep disturbances, concentration difficulties, mood changes	Yes	Hot flushes, concentration difficulties
7	Bleeding, hot flushes, concentration difficulties, sleep disturbances	Yes	Concentration difficulties, mood changes
8	Hot flushes, sleep disturbances, weight gain	Yes	Hot flushes, concentration difficulties
9	Hot flushes, sleep disturbances	Yes	Hot flushes, concentration difficulties
10	Poor memory, hot flushes, sleep disturbances	Yes	Hot flushes, mood changes

² Loss of flexibility: more difficult to cope with 'too many' work demands

4.1.2. Perceptions of managers

Managers are not always aware of menopause-related problems at work if they do not receive or seek information. However, managers can imagine that it can cause discomfort at work (see Table 7). Some managers have not heard from their employees about menopausal complaints and therefore used examples of their personal network to describe how they think it can affect the workability of women. Because these managers have not heard about first-hand experiences of employees, they found it hard to grasp the intensity and scope of the impact. Other managers are more aware cause they have heard stories from their employees.

“I do have some experience of it in my own circle. And it's really very different, and some people suffer a lot more than others. And it is often very elusive, what exactly has to do with it. But I do know that it can have an impact.” (Male manager 1).

It is easier for female managers to imagine the impact as they all experience hormonal changes, while male managers can only retrieve information from their environment. For example, a male manager with a wife going through the menopause.

“And that is perhaps something else to think about is that I am of course now in the phase of well, I don't suffer from the menopause, I am of course not a woman, but more that in your environment that it is relevant. And, if I look back to when I was, say, 30 or so, I really had never thought about it. It was really not an issue for me then, not because I didn't want it, but because it is just something that is not on the agenda in your environment.” (Male manager 3, age 50)

The experience of the menopause at work can also affect the functioning of a manager.

“Well, if you have a certain position, like I did as a manager, something is expected of you and at the moment you have always been sure of yourself, all of a sudden you become insecure.” (Female manager 4).

Table 7: Managers perspective on influence on workability

Manager #	Influence	How they know	Workability
1	Yes	Personal network	Differs per individual
2	Yes	Employees	Hot flushes, sleeplessness, concentration difficulties, fatigue, irritable
3	Not sure	Personal network	Differs per individual, sleeplessness
4	Yes	Own experience and employees	Insecurity
5	Not sure	Personal network	Physical symptoms
6	Yes	Employees	Sleep disturbances, less productivity, irritability, concentration difficulties
7	Yes	Comparison with menstruation	Differs per individual
8	Yes	Employees	Sleep disturbances, hot flushes

4.2. Disclosure at work

4.2.1. Discussion by women

Women are reluctant to discuss the menopause with their managers, especially with younger or male managers (see Table 8). If women discuss the menopause at work, they prefer to talk with colleagues who may be in a similar position as means to share experiences. In contrast, discussions with younger and male colleagues were less likely to happen.

“If I happen to be with those together {referring to colleagues who also experience the menopause}, we say well, I have another hot flash, and those young people look at you sheepishly like what are you talking about?” (Woman 4)

Table 8: Women’s perspective on discussing menopause at work

Woman #	Discussed with manager	Motive
1	No	<i>“Manager, again, if it is a woman, then you have more understanding than from a man. I personally would not speak of my symptoms or suffers with my supervisor or professor.”</i>
2	No	<i>“I don't know if it's on purpose, or it's just a taboo that exists within us.”</i>
3	Yes	<i>“I have menopausal complaints, so I had a conversation with my supervisor, such an annual pop-up conversation.”</i>
4	No	<i>“Maybe because we have a very young manager who has no idea what it means.”</i>
5	No	<i>“That was just part of your body and of being you, and you just don't talk about it.”</i>
6	No	<i>“For me, it's more that I don't want to draw attention to it, not because I don't want to tell it or anything, but because I don't think it's necessary for me to draw attention to it.”</i>
7	Yes	<i>“Yes, you are not as they know you; you are different.”</i>
8	Yes	<i>“Because there are a lot of women, and my manager is also a woman above 50.”</i>
9	No	<i>“Maybe then I can only speak for myself. I think I also don't want to show off or anything like that.”</i>
10	Yes ³	<i>“Yes, but what I said with this work in the healthcare, so that makes it a bit easier of course.”</i>

Talking about the menopause in the work environment is not always done or preferred. The willingness to discuss the menopause at work reflects the different ways of framing the menopause issues at work that were also visible in this research. On the one hand, you have women who view menopausal symptoms more as a private matter that they don’t want to discuss at work. *“It is a phase I have to go through, and you try to keep that out of your work as much as possible.” (Women 9)*. On the other hand, you have women

³ Woman 10 is manager herself

who are more willing to discuss it at work. *"If I had complaints that made me function less at work, I would just say so."* (Woman 8)

These different perspectives can be explained by the severity of symptoms that women face and the necessity to discuss the issue at work. For example, two women in this research talked with their manager about their menopausal symptoms, as they felt it affects their normal functioning at work.

Despite the variety in willingness to disclose menopause at work, women acknowledged that the topic has a taboo nature and may (unconsciously) lead to non-discussion by women themselves.

"But I wouldn't talk to her {referring to manager} about the menopause, and she wouldn't talk to me, for example, but was it actually on purpose, that's the question. I don't know if it's on purpose, or it's just a taboo that exists within us, so in growing up with the idea that in your subconscious you have this idea of not talking about it" (Woman 2)

This non-discussion can be explained by feeling of shame and the fear of being viewed differently. Women want to maintain a professional image that is not influenced by their age or gender. Therefore, they may not want to admit to themselves and their environment that they might be impacted by issues related to their gender.

"And I also find that even my immediate colleagues who are also all in their mid-50s say, oh, I don't suffer from anything. Even if you do suffer, it's just like a nasty pregnancy or postnatal depression women are hard among each other" (Woman 3)

In addition, the menopause is also related to ageing, which may be perceived negatively by both women themselves and their environment.

"Because I think they would rather not see it, because I think a lot of women would rather be like, oh, I'm actually a bit too busy at work than go through the menopause. Because to be quite honest, of course, you are getting older, and those are the confronting things that make you older"
"Well, I know from one person that that plays a part; let me put it this way." (Female manager 6)

The gender and age of the manager play an important role in whether the issue is discussed with managers. Women felt that it would be hard to understand for male or younger managers as they are not *"experienced"* on the subject. Discussion with male and younger managers was therefore perceived as more difficult, not because of the personal qualities of these managers (e.g., empathy skills), but because of the lack of 'lived experience'.

"A man will never be able to understand a pregnant woman. The same for the menopause, if you have not been in the same situation, it is harder to understand. You can't sympathize because you can't make it up, but if you have experienced or lived it yourself, you know what it's about." (Woman 1)

Not discussing menopause at work is also partly because women expect (or even experience) negative responses, especially when talking to people who are not the same gender or age. Again, the fear of misunderstanding or negative (age or gender-related) perceptions can make women reluctant to speak about it.

"Well, sometimes it's very easily passed over, like well, that's the menopause, you just get a bit hot and then you just carry on. And I think that women sometimes experience that as a reason to keep their mouths shut." (Woman 10)

4.2.2. Discussion by managers

Managers are not always made aware of menopause-related problems at work as it is not discussed with them (see Table 9). They are reluctant to discuss the menopause with employees as they do not want to invade privacy, which is reinforced by their perception that women would not like to talk about it.

Table 9: Managers' perspective on discussing menopause at work

Line manager #	Discussed with employees	Remarks
1 (Male, 46)	No	<i>"I also have to say that I have never had to deal with questions like that in the 15 years that I have been a manager."</i>
2 (Male, 52)	Yes	<i>"Often, it is not really about the term menopause, but about the symptoms."</i>
3 (Male, 50)	No	<i>"I have never spoken to anyone about this subject at work in the last 20 years."</i>
4 (Female, 53)	Yes	<i>"Yes, sometimes, both when it comes to myself and when it comes to a colleague."</i>
5 (Male, 36)	No	<i>"I have actually heard very little about this in my career that this is something that is discussed, so it is really uncharted territory for me."</i>
6 (Female, 38)	Yes	<i>"Certainly, we just talked about that. That is why we know it has an impact."</i>
* Vitality managers were excluded as they have no direct contact with employees		

Not all managers had discussed the topic with their employees. Managers often talked about discussing the well-being of their employees but perceived the menopause as a topic that was not discussed with them.

"Yes, but I am also very curious as to why that happens {referring to not discussing the topic}. "If I relate it to myself, I think I am a manager who really does exude that I want to talk about everything and always want to support, and yet the conversation does not take place with me." (Male manager 1).

Managers also face difficulties when employees themselves do not explicitly mention the menopause. They do not want to invade privacy, and this feeling is reinforced by their own perception that women would not like to talk about the issue. The possibility to cause embarrassment can make managers more reluctant to bring up the topic. Their own discomfort can also prevent conversations about the menopause, especially for male managers.

"But that's like, for example, their menstrual cycle, something of we all know, but we don't discuss. And yes, you could also ask: does that affect you? But then again, you don't. So, I think it's a difficult subject to discuss unless it comes from the employee herself." (Male manager 5).

"With some, the symptoms are discussed. And yes, I also told someone that she had all these things that I said, you know? How old are you now, and I can just see the system, but I kind of stirring it up a bit that way and in that way, that's, oh wait a minute, right?" (Female manager 6).

One of the managers expressed that he did not explicitly discuss the term 'menopause' with employees but that he had talked about the symptoms. This can suggest that symptoms might be discussed with managers but not appointed as menopause (related) by managers or women themselves.

“No, I have never spoken to my manager about it. You do start to think about it because the other day I had a conversation with my manager about not being fast enough.” (Woman 6)

Managers can imagine that their gender and age play a role in women’s willingness to discuss the menopause. Besides the demographical characteristics, managers also discussed professional characteristics that could be important when talking about ‘personal’ topics like the menopause. They think that it will be easier to discuss it with a “*people manager*” who is interested in the personal wellbeing of employees and not only work performance. A good relationship with employees is important in this case.

“We have what we call formal consultations or, well, formal things that you schedule. And you often use that for updates about, oh, how are things? But also, how are you doing personally? Yes, in my experience, people will tell you a lot of things. Yes, about their private life in general, and that can be anything.” (Male manager 3)

4.3. Current support

4.3.1. Menopause-specific support or information

Respondents described various professionals in their current work that can support menopausal women, especially Human Resources and Occupational Health professionals. Examples are line managers, company doctors, company social workers, vitality coaches, lifestyle coaches, dieticians, psychologists, and menopause consultants. Interestingly, those who worked in the healthcare sector acknowledge that support is often 'nearby' because of the presence of medical bodies (e.g., presence of a pharmacist, general practitioner, gynaecologist).

"Well, that depends a bit on what the complaints are. And the moment you have the idea that I want to talk to someone about this, but I don't know who to talk to. Then I think they will go to the company social worker. They can't solve the problem, of course, but they can think along with you or give you tips or see what could be done or what course of action you could take." (Female vitality manager 1)

Menopause-specific programs or information were predominantly missing in the workplace of women. Only two women answered yes when asked if there was specific attention for the menopause in their workplace; both sought professional advice. However, this did not automatically mean that menopause-specific support does not exist within the workplace but that respondents did not actively search for it or were not made aware of it.

Results show some positive examples of educational activities around the menopause in some workplaces (see Table 10). In addition, some respondents mentioned educational activities around the broader topic of women's hormonal cycle. This reflects that employers find ways to pay attention to gender-related health issues. According to respondents, when there was attention to the topic, it was received with great enthusiasm by menopausal women. Some of the educational activities were also open to the broader work environment. Still, the attendance of managers was low, and this seems to suggest that this target group is often not reached, while this was intended.

"I always find that managers do not come around very often {referring to the workshop on the menopause}. There are very few men, which I always find lacking." (Male vitality manager 2)

Both vitality managers were involved in developing educational activities about the menopause in their workplace. Both managers emphasized that they choose a positive outlook in their information provision, which is about the empowerment of women to manage the life phase. This is something to consider, as several women also highlight positive aspects of this life phase, such as the end of menstruation, more room for self-development, and fewer worries.

"Well, you know, sometimes I just worry less about things, which might be a hormone change or something." (Woman 9)

Table 10: Examples of menopause-specific support or information

Manager #	Examples of menopause-specific support or information
Manager 2	<i>"We periodically organize seminars once a month for our providers on certain topics. One of them, for example, is the menopause. Then we invite all our clients and partners to participate. And you can see that the enthusiasm spreads to all the employees, whom we also offer the opportunity to participate."</i>
Manager 4	<i>"I attended a workshop on the menopause before the start of Corona a few years ago so that is also offered." "So those are good things, I think, also because of the fact that the women themselves recognize that, oh, this is something that bothers them a bit, or that it's actually quite normal what I experience and what I feel, and how should I deal with it."</i>
Manager 6	<i>{reads information on workshop} "It is a workshop intended for all women who want to prepare themselves for the menopause or who are already dealing with it, but also for the partners of these women or managers this lecture is useful because it can provide more knowledge and understanding."</i>
Vitality manager 1	<i>"And then there was a workshop with was special attention for the theme of the menopause, where Isa Hoes and her colleague would also come to do their story and to inspire us." {cancelled due to Corona}</i>
Vitality manager 2	<i>{explains the workshop} "As the years went by, we started looking more and more at the women and eventually female leadership, I always call it the positive way, started looking at this theme. And it is still about women in the menopause, but it is much more about where is your ownership as a woman, where can you change that, and how can you start the conversation with your manager, so there are conversation techniques around this theme"</i>

The lack of attention to the menopause in some workplaces was often explained by ignorance. Responses from women varied from male leaders, younger management, and taboo when they were asked why there was a lack of attention in their workplace.

"No, and that is exactly what you would expect, an organization where quite a lot of women work, not a single word about it." (Woman 9)

Respondents expressed that the workplace could be a setting where health issues like menopause could get more attention, considering that every workplace is different. However, respondents acknowledge that not everybody sees the 'necessity' of this attention, with the risk that the topic is not taken seriously.

{referring to a workshop that was organized around the menopause} "At the same time, I know that it was also discussed in quite a humorous way. So, in the corridors, it was also something to joke about, so to speak." (Female manager 6)

Results indicate that employers should take a careful approach when designing workplace interventions around menopause so that negative perceptions are not reinforced. In addition, it should be taken into account that some menopausal women themselves perceive the menopause as a personal matter and do not desire 'unwanted' attention.

"It depends on how you commence and how you approach it. And healthcare is a workplace where women work, so many women suffer from it to a greater or lesser extent. Yes, and whether everyone is open to that in the workplace is also a question of how you give it shape." (Female manager 4).

4.3.2. Supportive work-related factors

Besides menopause-specific support, certain physical and psychological factors are associated with work or the work environment that can influence the experience of menopausal women in the workplace. Responses on these work-related factors can be seen in Table 11, where they are grouped into the two job resources identified in the theoretical framework.

Table 11: Supportive factors at work according to respondents (upper half is women; lower half is managers)

Job control	Social support
Calm workplace	Being able to discuss the menopause at work
More time to finish work tasks	Understanding regarding menopause from managers and colleagues
Setting own agenda	A manager who asked about the wellbeing
Good work schedule	Getting help from the manager
Work from home	Talking to other women going through menopause
Healthy work-life balance	Contact with peers
Flexible working hours	Open culture
Allowing breaks	A good relationship with an employee
Work from home	Be respectful as a manager

4.3.2.1. Job control

Job control gives employees the authority to control their work tasks and gives them a choice about when, where, and how much they work. This job control can allow more flexibility in working practices. All respondents highlighted (some form of) this flexibility during the interviews.

Women mentioned the negative influence of work overload and stress, and some managers also noted this. Examples discussed were strict deadlines or excessive working hours. Flexibility in the pace and timing of work tasks can reduce women's workload.

“So urgent deadlines are always very tight. And that brings much more stress when you experience brain fog due to the menopause, for example.” (Woman 2)

As women express disturbed sleep patterns as a result of the menopause, flexible working hours can make up for the lack of sleep if women can take time off in the morning and catch up for those hours at a later moment. Unfortunately, respondents highlight that these flexible working hours are not possible in every work sector, particularly in the healthcare sector. The women working in these jobs underline the importance of taking breaks during working hours. Having enough time to recover from the workload is essential for menopausal women. The importance of rest areas where women can sit down or drink something gives these recovery opportunities. As well as going outside to get some fresh air. In addition, women highlight the importance of having well-balanced working weeks, for example, not having only early work shifts.

“But I start a little later, so I am no longer in the car at 7.30 in the morning, but often at 8.30. That means that I can take it a little easier in the morning and that I can take the dog for a walk, which means that I am more at ease. And then I work, and yes, then I have a little more control over my own schedule” (Woman 3).

That you might also get shifts, for example, not four early shifts in a row, because that is terrible. (Woman 5)

The option to work from home is perceived as helpful for menopausal women. Several reasons were mentioned, such as no travel time, ability to control temperature, calm workplace, and own sanitary facilities. Not having to travel to work can be beneficial as it saves hours that can be used to sleep a bit longer after having a bad night. In addition, it can prevent the physical effort of travelling that can spark hot flushes. The ability to control the temperature at home can also help to alleviate the hot flushes. Lastly, having your own sanitary facilities that are clean and private is also appreciated.

"I have had a number of women with pregnancy and menopause, from home of course it is all a bit more manageable." (Male vitality manager 1)

4.3.2.2. Social support

Social support is the overall level of helpful social interactions available on the job. Both menopausal women and managers recognized supervisory support and coworker support as crucial in positively shaping women's experience of menopause in the workplace. Managers are willing to support menopausal women in the workplace and emphasize the support of female coworkers as they sense that some women are hesitant to talk with them. And although women value the support from female/menopausal colleagues, they emphasize that the menopause should be more widely understood and considered in the workplace.

Women raised numerous times that there should be understanding in their workplace for possible difficulties that the menopause can cause. The women acknowledge that it could be challenging to deal with menopausal symptoms if there was a feeling that their workplace does not allow the conversation about the topic. Negative responses from supervisors and coworkers can create an inhospitable environment where women can feel it is inappropriate and embarrassing to discuss the topic.

"Sometimes I just don't say anymore that I have a hot flash because you can feel it coming, but then you just don't say it anymore, because then you're just a bit of a whiner again" (Woman 5)

At the same time, women view other female issues (e.g., pregnancy and maternity) as more 'normalized' and more open for discussion in the workplace due to "existing rules" or because it is "more visible or tangible."

"So, in large companies, it is usually paid attention to the pregnancy the things for which there are already rules" (Woman 2).

The wish for more understanding is complemented by the perception of women that the experience of menopause is highly variable. Many women will go through it without suffering, and therefore the menopause should not be turned into a (negative) "big issue" in the workplace.

"I don't think you should make too big of an issue of it, but if it goes on too long and problems arise in terms of productivity, something has to be done." (Woman 6)

Managers, in particular, highlighted the importance of a good organizational culture, described as a "safe context" wherein employees can discuss anything that might cause discomfort at work.

"I think it always comes down to that, that it's really about your environment context that you can just tell your story to them {referring to managers or colleagues}, and if you feel you can't, that's really difficult." (Manager 1).

For women, the organizational culture played a role in disclosing menopause. It can be difficult to discuss the menopausal complaints in organizational cultures solely focused on work performances and "ultimate commitment to the job". Although most women in this research work in female-dominated job sectors, they acknowledge that it could be even more difficult to work in settings where men or masculine values are dominated.

"We are all in a man's world in a man's culture, and that's just about working." (Woman 3)

This organizational culture is not always externally imposed but also something that women internally feel. Some women may feel like they do not want to 'whine' and should be able to cope with the menopause independently. They do not want to admit that it causes difficulties on the job.

"Yes, I think that our culture does not help in that respect, that we have quite a hard culture, or exactly not a 'hard' culture, but the fact that with us people do not work 100%, but often work 110% and do their work with so much passion and commitment"..... but so then it is a bit on the employee's side too 'oh I find it difficult, because I've always been used to being able to give 110% and now I might not be able to for some reason, so finding that difficult (Female vitality manager 1)

4.4. Ideal support

4.4.1. Ideal support according to women

All women were asked to describe how the ideal support for menopausal women should look like, and their initial reactions can be found in Table 12. Responses reflect the wish for more information and advice on the menopause for both women and managers. Other answers emphasize more informal support in the form of support groups. One of the women made an important observation that it will be very difficult to develop a 'one-size-fits-all approach'. Every woman will experience this life phase differently and therefore have different needs, as shown by the responses below. Something that should be taken into account when organizational support is developed.

Table 12: Ideal support according to menopausal women

Woman #	<i>"Suppose that in five years' time the support for menopausal women is ideal: how should this support look like then?"</i>
1	<i>"I think that a newsletter addressed to this group would be a very good, very good idea."</i>
2	<i>"Well, I would say just like the UK is doing now, is menopause policies. So that companies can offer a better environment for the women in the menopause"</i>
3	<i>"Well, then the phenomenon of the menopause is known to a manager."</i>
4	<i>"So maybe there is more knowledge of what it all means, what it does to you, how you can feel about it and things like that."</i>
5	<i>"Maybe you could start working with groups of people going through the menopause. That you can at least share together what you have, what your complaints are. And that there is someone from the company doctor or manager who can sit in on this."</i>
6	<i>"I think it will always be difficult. What would you do better? I think that is also different for women, because some will 'cycle' {Dutch saying} through it, they don't have to have a particular program or pay attention to it or anything like that."</i>
7	<i>"I think that in five years' time, you will also have something like this for menopausal women so that after work, you will have a group where you can maybe do sports with them, but also where you can talk about things that you encounter."</i>
8	<i>"That you are given certain tools to deal with it, that you can go to someone, maybe a menopause consultant, that can help you."</i>
9	<i>"Oh, that is the tricky question what should be different? Well, in itself, I think that as a manager, they might have more knowledge about it."</i>
10	<i>"For larger organizations, I don't think it would be a bad idea if, for example, you also had a menopause consultation hour or something like that."</i>

4.4.2. Ideal support according to managers

All managers were asked to describe how the ideal support for menopausal women should look like, and their initial reactions can be found in Table 13. The most common response reflects the need for more attention on the topic. Some managers highlight the importance of information provision for women, while others focus on the broader work environment.

Table 13: Ideal support according to managers

Manager #	<i>“Suppose that in five years' time the support for menopausal women is ideal: how should this support look like then?”</i>
1	<i>“Often with such themes, once the taboo has been lifted a little, you can offer more concrete help to women.”</i>
2	<i>“I think it is important that sufficient attention is paid to it, there are more topics and life events that can have a considerable impact on someone, and I think that this awareness should be there that you have to make everything discussable.”</i>
3	<i>“So, I would personally lean towards target group education is, I think the most important tool here.”</i>
4	<i>“Well, I thought that workshop was really good {referring to a workshop on the menopause}. And for example, on the Intranet, to create a certain blog or community for this that people can join”</i>
5	<i>“But there must be something ready in terms of information pack or whatever, for both women and managers.”</i>
6	<i>“What we have {referring to a workshop on the menopause} I think, and what can perhaps be expanded, is the provision of information.”</i>
Vitality manager #	<i>“Suppose that in five years' time the support for menopausal women is ideal: what should this support look like then?”</i>
1	<i>“I think that the attention part would be a very big step, so to speak, that you see that, oh yes, my employer pays attention to this.”</i>
2	<i>“Well, I think that the ideal situation would be that a conversation can be held very openly and that the manager himself pays attention to it at some point.”</i>

4.4.3. Information & training on the menopause

Almost all respondents expressed that information provided on the menopause could support menopausal women in the workplace. The role of information provision comes forwards directly or indirectly to raise awareness and address menopause-related problems at work. Providing information can be online and offline, as illustrated by existing workshops or seminars in this research. Another option is to provide women with opportunities to share information and experiences online or offline in support groups. Different suggestions are made by women and managers about what kind of information they would like to see regarding the menopause (see Table 14)

Table 14: Preferred information about the menopause

For whom?	What?
Menopausal women	What to expect
	Tips and tricks
	Experiences of other menopausal women
	What is available in the workplace to help menopausal women
	How to discuss with a manager
Managers	Symptoms
	Impact on work
	What is available in the workplace to help menopausal women
	How to help as a manager

4.4.3.1 Information and advice for menopausal women

Information provision to menopausal women is perceived as helpful by all respondents. Women mentioned information on their menopause that they would like to see in their workplace. Responses express the wishes for more explanation, openness, and preparation.

“And then more women will have a chain reaction because we will say more, but I've actually been having this problem for a long time, but I thought, I won't whine because, well, it's just part of the game, but I'm also tired every day when I go to work, so that's it.” (Woman 10).

Information provision to women may alert them and can clarify uncertainties about menopausal symptoms. As shown earlier, there is a wide variation of symptoms that women may experience. This makes it sometimes hard for women to recognize symptoms that may be attributed to the menopause. Consequently, menopausal symptoms are confused with other health issues.

“Because sometimes you hear about people who have a burnout at that age, and then I think burnout, why? Often, they do not have a burnout, it is just menopausal symptoms” (Woman 7)

The physical symptoms, especially the hot flushes, are often well known to everybody (also mentioned mostly by managers), but other (mental) symptoms may not be recognized as menopause-related.

“I also had the brain fog and the lack of concentration and the memory loss, all those things I had, but no hot flashes, for example. So, then you think, yes, because I was already a migraine patient, I could not actually make the link with the menopause.” (Woman 2)

Women express that being informed can reassure them about physical and psychological changes they experience. In addition, it can increase confidence for women to speak up to their managers as they are better able to explain their complaints and ask for the right support.

“But also, that it is easier to share this with my manager, that I can share with him in all sincerity: hey, I know what's going on now, but I have been so insecure lately, help me, you know, I think it is really the menopause and that everyone takes it seriously.” (Female manager 4)

Education about the menopause can be important for female employees, not only because it can help to recognize symptoms but also to manage those symptoms better. In addition, women desire to get information on lifestyle changes, including advice on relaxation techniques, diet, and exercise.

“Oh yes, I forgot about weight gain. This is also one of the most difficult things, especially when you do everything to fight it. Well, you exercise, you watch what you eat and still. Yet you became like me when I was pregnant. But yes, so you live with it, you have no other choice, and you just have to change your lifestyle and accept it.” (Woman 1)

4.4.3.2. Information and training for managers

Almost all women agreed that not only information about the topic should be available for women but also for their managers to raise awareness and encourage open discussion. However, managers differ in their opinions about if and how they should be educated on the menopause.

“Yes, I will go back to giving information because I think that it is so important that there are materials that are available to everyone in the company.” “That the manager understands what is going on so that an open discussion can take place.” (Woman 2).

Although it is not always the case that women want to discuss their menopause status with their managers, the women acknowledge that it would be beneficial if managers could access information. The women felt it would be reassuring for menopausal women that their managers are at least informed about the effects that the menopause may have on female employees. This may lower the threshold for women to speak out about complaints with their managers.

“Yes, I think it is very important for them, in particular, to get that aspect of the older employee as part of the information about what is happening to that employee and that she may sometimes find it difficult to talk about it.” (Woman 10)

Not all managers have the attitude that they should be educated on the menopause in specific. Some managers put more emphasis on information for women themselves. Other managers see a greater role for themselves to be educated on the topic to better “*think along*” with the women about the proper support.

“But within that support group, you can see whether there are more people who are dealing with the same thing, and they can exchange ideas about it. I think that works better than doing it all over the organization in one way or another.” (Male manager 1)

“I had a couple of ladies, and they were actually in the middle of it. Then I thought, I must do something with this because it has quite an impact, so I have to investigate it or something. Or at least I have to make sure that I get more information about it.” (Female manager 6)

The wait-and-see attitude of some managers is not the result of a lack of interest but more due to the specific nature of the topic. Most managers have to deal with multiple occupational health issues, and it can be time-consuming to be educated on each particular issue. However, they acknowledge that it is beneficial if they can access information on the impact of menopausal symptoms and especially how they can help. This can make it easier for them to conduct helpful conversations with women.

“But I don't think I need to be trained specifically in this. But there must be something ready in terms of information pack or whatever that when I have to deal with it, I can make use of it.” (Male manager 5)

4.4.4. Flexible working policies

The importance of flexibility is returned in nearly all interviews. In line with this, the role of flexible working policies is highlighted to accommodate menopausal women and older women in general. Results indicate that employers should recognize the importance of flexibility.

“Yes, I also think that employers should be able to be flexible. Flexible in working hours, flexible in being able to do less now and then or to do it differently. That this is also really important. This ensures that you can create a kind of I don't know playing field in which people just feel accepted and also have the feeling that even though they have shown years of commitment, that now may be different, not necessarily less, but that it has to be done in a different way and that's okay.” (Female manager 6)

Flexible working hours can provide relief for women when symptoms are particularly bad. This flexibility can include rescheduling meetings, starting later, or leaving earlier. In addition, having the options to manage their working time better can prevent women from being absent, as illustrated by the quote below.

“For example, one of my employees has no appointments until 10 o'clock so that she has some space.... Only by arranging this did she has not been absent for almost 1.5 years, because that gave her so much space.” (Male vitality manager 2)

Working from home was also perceived as supportive for menopausal women. Working from home has become a hot topic during the current Corona times, with some employee groups facing difficulties (e.g., working parents). However, many respondents in this research suggest that menopausal employees may benefit from a quiet and controllable workplace at home. Having a lot of stimuli around can make it harder for employees to concentrate, especially for menopausal women who may already have more difficulties with concentration. In addition, working from home can also prevent the “embarrassment” of having hot flushes in front of an audience in more public-facing roles.

“What I think can be very helpful is rest in the physical workplace. Shutting out stimuli more, just like open-plan offices and such. Well, when you're young, that's not so bad, but it is now more difficult.” (Woman 2)

While most respondents did not advocate for a special policy around the menopause, there were some arguments that employers should pay attention to the life phase of employees. Examples are an HR policy that includes life phases or assigning an HR advisor to advocate the menopause. Some respondents expressed that they feel like their employer overlooked their specific life phase or age, noting that the employer's interest is placed above the employee's well-being.

“Just that there is a little more consideration. I sometimes have the idea that it doesn't matter as long as you are there; if you are 20 or 60, if you are just scheduled, then it's okay, but there is never any extra attention paid to whether you can still manage it.” (Woman 4)

Keeping a diverse and inclusive workforce may call for looking differently at sustainable employment, as illustrated by the quote below.

“Well, we are constantly talking about sustainable employability these days. And when I kept telling my manager that sustainable employability for me would mean that I could use it, for example, to do an hour of yoga or an hour of sport. But that wasn't an option, I was allowed to go and do a study, and I thought, well, I can't deal with that right now.” (Woman 3)

4.4.5. Supportive managers

Table 15 shows suggestions made by respondents on what they perceive as skills of a supportive manager. According to the respondents, a supportive manager has a proactive, emphatic, and open attitude. In addition, women argue that managers should know how to make a sensitive issue like the menopause negotiable.

Table 15: Skills of managers

Supportive	Unsupportive
Regularly ask about wellbeing	Solely focus on work performance
Show interest (ask about life events)	Disinterest
Be proactive	Never initiate conversation
Show understanding	Not taking it seriously
Be informed	Ignorance
Listen and hear	Don't show concern
Ask open questions	Making assumptions
Use a 'custom-made' approach	Don't consider individual needs
Take action	Failure to act

Both groups of respondents highlight the importance of managers having a proactive attitude. This is reflected by the numerous mentioning of the 'regular well-being checks'. That is a conversation between a manager and employee that starts with the simple question of 'how are you feeling?'. When managers are made aware of certain life events employees may go through, it is appreciated that the manager shows some interest and ask follow-up questions. For example, the question 'How are the kids?' is often asked. In the case of menopausal women, a question like 'How are you handling the workload?'. In addition, it was argued that managers should have a proactive approach to initiate a conversation themselves if they notice difficulties.

"I always think it's good to ask. That's what a manager should do, you should know what your staff are dealing with at that time." (Woman 7)

"If you sleep very badly or suffer from all sorts of complaints, that might not necessarily have a positive influence on your mood either. Then you notice that on the work floor too. That would be a trigger for me to discuss this with someone: hey, I see that something has changed or hey, are you doing well? you don't tell anyone you look bad, but of course, you can ask if someone looks bad, how are you feeling?" (Male manager 3)

There were some contradicting opinions on whether managers should bring up the menopause if they suspect it affects their employees. Some women felt managers should ask questions about their age or life phase, and others found this inappropriate. Managers are more likely to put the responsibility on women to bring up the topic because they do not want to invade privacy or feel not 'allowed' to ask.

"But there is also a privacy issue surrounding absenteeism, which plays a very important role. Do people want to be open about this or not what they are going through in their lives?" (Male manager 1)

"I do think that it is your own responsibility because perhaps it is precisely when you are experiencing complaints that you find it nice not to be confronted with them at work. That work is a kind of distraction." (Woman 8)

{about the role of manager} "He asks the questions, you have a certain age maybe it is very difficult for you, but would you like to share with me if you suffer from that and what complaints there are and what I can do for you in that." (Woman 3)

Women highlight the importance of a supportive conversation about sensitive issues like the menopause. Managers should have understanding and compassion by showing respect and concern. Some practices were described as unsupportive. For example, approaching the topic with a lack of seriousness by viewing the women as "moaners" and "posers". Equally, discussion of the menopause in a "giggly" or "denying" way was perceived as unsupportive. In general, the importance of 'good' listening is emphasized.

"But in any case, they must hear us and listen to us." (Woman 1)

According to the women, it is easier to start a conversation with a person who is aware of how it might impact their working life. This can entail a manager who has experience herself or a manager who has informed themselves. Managers who are knowledgeable about the issue may also be more confident to discuss the issue.

"Well, I think you overcome that bit by indicating that you have just attended those workshops on the menopause, so that you are accessible" (Female manager 6)

In addition, both groups of respondents said that it helped to look for solutions together. Whether the manager or woman should bring up the solution remains questionable. Some women argue that it is helpful if managers offer solutions, also implying that there should be guidelines present that a manager can follow. Other respondents say that the employees can come up with solutions themselves. Despite these different opinions, it is always helpful for managers to ask open questions to let women free to express their experiences and needs. Managers in this research were aware of the diversity in experiences and were careful not to make assumptions or generalizations. This caution should also be applied in conversation with women. Acknowledging that there is "not one remedy", but that it should be "custom-made" for every individual woman.

"He {referring to the manager} has to have an open attitude about it and especially ask questions, so don't judge but ask questions and then just keep quiet. Because I always say don't fill in the blanks, because that works best." (Male vitality manager 2)

Then lastly, two women highlight the importance of managers taking action when this is discussed during the meeting with the menopausal woman.

"And I also know what I need, that this job is feasible; I would like to start later because my nights are very bad. Oh yes, that was all to be looked into, but he never came back to that. (Woman 2)

4.4.6. Healthy physical work environment

Respondents acknowledge the importance of a healthy physical work environment for menopausal women. Managers are often unaware of specific adjustments in the physical work environment to help menopausal women. Still, they are aware that changes in the work environment can be beneficial (e.g., moving closer to a window, working from home). Women described multiple factors in the physical working environment that can influence menopausal symptoms (see Table 16).

Table 16: Positive and negative influences of the physical work environment

Positive	Negative
Windows to open	Dark confined offices
Daylight	TI-light
Work from home	Crowded offices
Calm workplace	Hot workplace
Airconditioning	Unsuitable uniforms
Fans	Poor ventilation
Sliding doors	
Suitable uniforms	
Allowing change of uniform/layers of clothes	
Good climate control	

These factors are highly dependent on the type of work or the work sector. However, the most important factors seem to be temperature and ventilation. Workplaces where the temperature is centrally controlled, can be challenging for menopausal women. Women argue that it helps to bring a fan or to have a desk fan. However, respondents discussed that it is impossible to have ‘the right temperature’ for everyone. For example, opening a window could help but can cause difficulties when other colleagues, patients, or clients. The quote below is a good illustration of these difficulties in a nursing home.

“Of course, we have sliding doors so they can open everything up if they have to and so on, but then the residents suffer from the breeze again. They are always cold, and I can understand that because they don't do anything. We are walking around with sweat on our hands, and the residents are sitting there like, ooh, it's cold, so not in this setting.” (Woman 4)

Poor ventilation can be difficult for menopausal women, as hot workplaces exacerbate hot flushes. More attention to good ventilation is warranted. The current COVID times have shown the need to revise existing standards of ventilation, which may also be beneficial for menopausal women.

“And I think that one of the advantages that the COVID period brings is that ventilation will also be a lot better everywhere, or at least better attention is paid to ventilation for fresh air and the like.” (Female vitality manager 1)

Then the role of uniforms was also discussed with those who were compulsory to wear them. Comfortable uniforms are preferred, and having the choice to remove layers.

“Yes, that is not 100% cotton and is a real thing for menopausal women. I don't understand that in the health care sector either having synthetic T-shirts that you have to wear” (Woman 7)

Another issue raised by the women is the difficulty of a noisy or busy workplace. So, when choosing, they may prefer to sit in an office with fewer colleagues or work from home. In non-office professions, rest areas can play an important role. In addition, some women highlight the importance of 'change of environment', so going outside or seeing daylight and having a fresh breath of air can be very needed when the physical work environment inside is challenging.

"In any case, a space where enough air can enter and where there is sufficient light and also light that can be controlled, so not those bright fluorescent tubes that do not dim, because women are also sensitive to that. And oh yes, and not too noisy surroundings, because I notice that in myself as well. Maybe I'm getting older, and the noise around me distracts me more." (Female manager 4/menopausal woman)

5. Discussion

This study aimed to provide insights into the perceptions of menopausal women and managers regarding the support for menopausal women in the workplace. In-depth information from interviews has identified opportunities to support menopausal women in the workplace.

5.1. Current experience at work

Women experience a variety of menopausal symptoms. These symptoms could, to some extent, influence the workability of women. This is reflected by women expressing the influence of especially sleep disturbances. Whether or not attributed to sleep disturbances, concentration difficulties and mood changes are seen as difficult to deal with at work. The qualitative accounts are supported by data showing a significant negative association between menopausal symptoms and workability among a healthy working Dutch population (Geukes et al., 2012). The problematic influence of sleep disturbance on work has been found in other research (Griffiths et al., 2006; Simon & Reape, 2009).

Managers are not always aware of menopause-related problems at work if they do not receive or seek information. Managers who hear experiences from employees are more aware of the impact. Research from the TUC among 500 safety representatives showed that managers were often unaware of menopause-related problems at work (Paul, 2003). Female managers experience hormonal changes, while male managers lack this experience. This can cause knowledge differences between female and male managers regarding the effect of the menopause (Griffiths et al., 2010).

5.2. Disclosure at work

Women are reluctant to discuss the menopause at work, especially with younger or male managers. If women discuss the menopause at work, they are more willing to discuss it with female colleagues who may be in a similar position. Similar results have been found in an online survey among 5399 respondents in the UK, where 41.2% of menopausal women had spoken to a female of the same age (Beck et al., 2020). Women expressed that they expect (or even experience) negative responses from 'others' as the result of ignorance. Consequently, the menopause is often not part of normal workplace discussions, showing the still-standing taboo in some workplaces (Beck et al., 2020). An electronic questionnaire among 896 menopausal women in the UK showed that only a quarter had discussed the symptoms with their line manager (Griffiths et al., 2013).

The gender and age of the line managers played a role in the willingness of women to discuss the topic with them. The women felt it was harder to understand for people who had no lived experience. These person-oriented aspects were also described as a common barrier to discussing menopause-related problems at work in research by Hardy et al. (2019).

Managers are reluctant to discuss the menopause with employees as they do not want to invade privacy, which is reinforced by their perception that women would not like to talk about it. Respondents in this research had some contradicting opinions on whether managers should bring up the topic or not. Previous studies showed that managers should avoid excessive and unnecessary questioning about the menopause but that avoiding discussion altogether can have adverse effects (Hardy et al., 2017).

5.3. Current support

Menopause-specific support or information was predominantly missing in the workplace of women. However, this does not automatically show that support does not exist, as women may not actively search for it or were not made aware of it. In case there was any specific support, it was mainly educational activities, for example, workshops on symptoms. In a previous study among 5399 respondents in the UK, only 18.8% had access to information on menopause in their workplace (Beck et al., 2020).

This research showed that menopausal women and managers perceive shared responsibility around the support for menopausal women in the workplace. Social support and job control were recognized as crucial in this support. However, the lack of mutual discussion and knowledge can prevent the actualization of this support. Managers are willing to support women, but it is difficult for managers to support them if there are not made aware of menopause-related problems. Women argue that the menopause should be more widely understood and considered in the workplace to facilitate open discussion. Brewis et al. (2017) reflect this finding that the menopause in the workplace is not (just) a women's issue. Employer action is needed to counter the 'climate of silence' (Bariola et al., 2017).

5.4. Ideal support

This study reflects a wish for more information and communication on the menopause in the workplace. Results indicated that menopausal women would like to receive information and advice on the menopause in their workplace. Women find it hard to recognize menopausal symptoms or relate specific complaints to the menopause, which may be explained by the wide range of symptoms (Beck et al., 2020; Fenton & Panay, 2013). In addition, a report from the British Occupational Health Research Foundation found that women were poorly informed on the management of symptoms at work (Griffiths et al., 2010).

Women expressed that support should also include more awareness among managers of the possible effects of the menopause, in contrast to previous research where women emphasize individual responsibility (Reynolds, 1999). This research supports the idea that more awareness helps change negative attitudes and enable open communication about the menopause.

Roughly two groups of managers' attitudes regarding this awareness exist. The first group are managers with the attitude that support should mainly focus on informing women about the menopause. The second group includes managers who want to inform themselves on the topic. These different attitudes may be the results of unfamiliarity with menopause-related problems at work. The menopause can be brought to the attention of managers by discussing as part of broader themes like healthy ageing or female life phases. In addition, managers emphasize that they need information about how menopausal symptoms can affect work and which adjustments could help.

Based on experiences in the workplace, respondents offered multiple suggestions to support menopausal women. These possibilities cover policies, the skills of managers, and environmental changes. Firstly, flexibility in working arrangements was perceived as helpful for menopausal women. This flexibility can prevent work overload and diminished stress and help menopausal women when symptoms are particularly bad (Griffiths et al., 2013; Hardy et al., 2018). Flexible working policies can effectively prevent absenteeism, as women often do not want to work less but want to be at work at different moments (Bendien et al., 2019). Secondly, this study described certain skills a manager should possess when discussing the menopause. A supportive manager was described as proactive, empathic, and someone with an open attitude. This is in line with previous research findings on managers' communication skills and behaviours (Hardy et al., 2017). Training for managers on how to have sensitive conversations could help (Hardy et al., 2017). Thirdly, women highlight the role of temperature and ventilation in the physical environment, comparable to previous research on vasomotor symptoms that may be especially exacerbated by these work conditions (Gartoulla et al., 2016). Change in (e.g., fan, air conditioning, windows) or change of the physical work environment (e.g., rest areas or going outside) should be considered. The ideal situation may easier be to create at home (Brewis et al., 2017).

5.6. Strengths and limitations

This study aimed to find perceptions of menopausal women and managers around support for menopausal women in the workplace. The main strength of this study is that it includes two perspectives that offered valuable insights, such as expectations of women on the support from managers and opportunities and barriers of these managers to offer this support. Another strength is the use of AI in the interviews. This approach helped to gather dynamic and unrehearsed information, resulting in creative and strong 'ideas of change' in the workplace, especially when looking at dream phase responses (see Tables 11 and 12).

A wide variety of respondents was approached to gain a broad insight into the topic. The wide variety of respondents gives a comprehensive result but can be problematic for external validity. However, the purpose of this research was to find detailed perceptions of respondents around this issue, and it was not intended to be representative of the whole population. The small sample of menopausal women is a limitation, but the consistency of responses around preferred support showed signs of data saturation. Further research could gather quantitative data from larger samples on the desirable support. A starting point of such research could be the study of Griffiths et al. (2013) which listed ten desirable employer actions in their survey.

Most women had gone through a long(er) period of menopause which gives a good representation of their experience with menopause at work. Although most women worked in the healthcare sector, there was a difference between manual and office jobs. Further research can explore perception in specific work sectors, as the difference between job type and sector can have implications for organizational support (Jack et al., 2014).

The envisaged number of 10 managers was not reached as managers were hard to recruit. This shows again that this theme may still be underexposed in the workplace. However, both female and male managers were included, which is a strength as research suggests that gender plays a role in this subject. The managers who participated in this research may be more interested in themes around vitality, which does not represent the whole population. However, these 'types' of managers often have a more extensive experience of support around occupational health issues and therefore have great insights to develop ideal support.

The use of the theoretical framework has made clear that job resources play a role in supporting menopausal women in the workplace. The combination of top-down and bottom-up analysis resulted in a broader support perspective. While the theoretical framework showed the importance of job control and social support, the bottom-up analysis allowed to include other factors that support menopausal women, such as education, policies, manager skills, and physical environmental changes. In addition, this analysis showed factors explaining the current lack of support, such as taboo and ignorance around menopause in the workplace.

The main limitation of using the job-demands resource model is that it includes general job resources, which seems insufficient to prevent negative work and health outcomes as a result of menopausal complaints (Strijbosch, 2011). For example, menopausal women can feel generally supported by their supervisor at work but do not feel supported with their menopausal complaints. An example of the difference between general social support and menopausal support is given by one of the women in this research: *"I must say, my supervisor is very empathetic and supportive so that I might have expected more from him in that sense {referring to lack of support around menopausal complaints}."* Further research could develop and test specific job resources that can moderate the effect of menopausal complaints on employee well-being, such as specific workplace support for menopausal symptoms (for example, research by Millier & Gervais, 2016).

5.7. Implications

This study indicates that women would like to receive information on the menopause to enhance their understanding and management of symptoms. Therefore, health promotion programs could be offered that include information on the menopause. One existing work-related health intervention in the Netherlands takes an integral approach focusing on broader difficulties menopausal women face during this life phase. This Work-Life Program includes consultation, work-life coaching, and physical training sessions. This intervention aims to empower menopausal women to make choices in their lifestyle, social environment, and work environment that enhance their health and wellbeing. An evaluation showed a positive impact of this program on female workers in low paid jobs (Verburgh et al., 2020). Although more research needs to be done in more extensive and other study samples, employers should consider it to offer such a program. In this way, employers show that they take responsibility for enhancing the health and wellbeing of this vital group of employees. This can enhance loyalty and sustainable labour participation of menopausal women (Griffiths et al., 2013). However, this intervention is offered at the individual level of menopausal women. Still, to improve the work functioning of menopausal women, it is argued that interventions at the organizational level need to be developed as well (Verburgh et al., 2020).

Women may want to look for professional advice, so expertise on this topic in the occupational health department is beneficial or even in-house menopause consultations (Bendien et al., 2019b). Managers are not always aware of the influence of the menopause. Therefore, employers should inform managers about the menopause by discussing it as part of information campaigns around general health and well-being issues (Hickey et al., 2017). To enable managers to support menopausal women, they should be able to search for distinctive information on the menopause in the workplace. For example, employers could provide access to online sources or practical guides (see CNV, 2021). However, women varied in their willingness to disclose menopausal status to their managers. Therefore, organizations should provide access to other contact persons for women who feel not comfortable talking to their managers (Hardy et al., 2018; Hickey et al., 2017).

6. Conclusion

This research provided insights into the perceptions of menopausal women and managers regarding the support for menopausal women in the workplace. The menopause can influence the working lives of women, but managers are not always informed of this impact. The lack of knowledge and discussion on the menopause can prevent that women receive support in the workplace. Social support and flexibility were recognized as crucial in this support.

This study reflects a wish for more information and communication on the menopause in the workplace. Menopausal women expressed that information and advice on the menopause should be present in the workplace. In addition, making managers aware of the menopause can create a more open and supportive organizational culture. Managers are especially interested in receiving information on how they can help menopausal employees. Other opportunities to support menopausal women in the workplace cover policies, skills of managers, and environmental changes.

This research focused on the menopausal women and managers working in various job sectors. Further research could investigate specific job sectors as this can give implications for organizational support.

References

- Anderson, D., & Kelliher, C. (2009). Flexible working and engagement: The importance of choice. *Strategic HR review*, 8(2), 13-18.
- Antonovsky, A. (1979). *Health, stress, and coping*: Jossey-Bass.
- Antonovsky, A. (1987). Health promoting factors at work: the sense of coherence. In C. L. Cooper, R. Kalimo, & M. El-Batawi (Eds.), *Psychosocial factors at work and their relation to health* (pp. 153–167). Geneva: WHO
- Atkinson, C., Davies, A., Beck, V., & Duberley, J. (2020). Menopause and the workplace : New directions in HRM research and HR practice. May 2019, 49–64. <https://doi.org/10.1111/1748-8583.12294>
- Ariyoshi, H. (2009). Evaluation of menopausal interventions at a Japanese company. *AAOHN Journal : Official Journal of the American Association of Occupational Health Nurses*, 57(3), 106–111. <https://doi.org/10.3928/08910162-20090301-01>
- Avis, N. E., Crawford, S. L., Greendale, G., Bromberger, J. T., Everson-Rose, S. A., Gold, E. B., ... & Study of Women's Health Across the Nation. (2015). Duration of menopausal vasomotor symptoms over the menopause transition. *JAMA internal medicine*, 175(4), 531-539.
- Ayers, B., & Hunter, M. S. (2013). Health-related quality of life of women with menopausal hot flushes and night sweats. 7137. <https://doi.org/10.3109/13697137.2012.688078>
- Bakker, A. B., Demerouti, E., & Verbeke, W. (2004). Using the job demands-resources model to predict burnout and performance. *Human Resource Management*, 43 , 83–104
- Bakker, A. B., Demerouti, E., & Euwema, M. C. (2005). Job resources buffer the impact of job demands on burnout. *Journal of Occupational Health Psychology*, 10, 170–180
- Bakker, A. B., & Demerouti, E. (2006). The Job Demands-Resources model: State of the art. *Journal of Managerial Psychology*, 22, 309–328
- Bariola, E., Jack, G., Pitts, M., Riach, K., & Sarrel, P. (2017). Employment conditions and work-related stressors are associated with menopausal symptom reporting among perimenopausal and post-menopausal women. *Menopause*, 24(3), 247–251. <https://doi.org/10.1097/GME.0000000000000751>
- Barriball, K. L., & While, A. (1994). Collecting data using a semi-structured interview: a discussion paper. *Journal of Advanced Nursing-Institutional Subscription*, 19(2), 328-335.
- Bauer, G. F., Jenny, G. J. (2017). The Application of Salutogenesis to Organisations. In Mittelmark, M. B., & Bauer, G. F. (Eds.), *The handbook of salutogenesis* (pp 197-210). Springer.
- Beck, V, Brewis, J., & Davies, A. (2020). The remains of the taboo: experiences, attitudes , and knowledge about menopause in the workplace. *Climacteric*, 23(2), 158–164. <https://doi.org/10.1080/13697137.2019.1656184>
- Beck, Vanessa, Brewis, J., & Davies, A. (2021). Women's experiences of menopause at work and performance management. *Organization*, 28(3), 510–520. <https://doi.org/10.1177/1350508419883386>
- Bendien, E., Van Gemert, I., Appelman, Y. & Verdonk, P. (2019a). Werken aan de overgang. Een uitgebreide literatuurstudie naar overgang, menopauze, gezondheid, en werk. In opdracht van WOMEN Inc. Amsterdam: Amsterdam UMC-VUmc, maart 2019. doi:10.13140/RG.2.2.17688.03841
- Bendien, E. M., Van Gemert, I. A. V., Heijmans, A. M., & Verdonk, P. (2019b). Zwoegen, zweten en zwijgen in de zorg. Een kwalitatieve empirische studie naar ervaringen met vrouwspecifieke levensfasen van

verpleegkundigen en artsen in een academisch ziekenhuis. In opdracht van WOMEN Inc.

- Bolge, S. C., Balkrishnan, R., Kannan, H., Seal, B., & Drake, C. L. (2010). Burden associated with chronic sleep maintenance insomnia characterized by nighttime awakenings among women with menopausal symptoms. *Menopause*, 17(1), 80–86. <https://doi.org/10.1097/gme.0b013e3181b4c286>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi:10.1191/1478088706qp063oa
- Brewis, J., Beck, V., Davies, A., & Matheson, J. (2017). *The effects of menopause transition on women's economic participation in the UK Research report* (Issue July).
- British Occupational Health Research Foundation (BOHRF). 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
- Centraal Bureau voor de Statistiek (CBS). (2020). Ziekteverzuim volgens werknemers; geslacht en leeftijd. Gewijzigd op 20 april 2021. Available from: <https://www.cbs.nl/nl-nl/cijfers/detail/83056NED> (accessed on 8 September 2021)
- Centraal Bureau voor de Statistiek (CBS). (2021). Arbeidsdeelname; kerncijfers. Gewijzigd op 17 augustus 2021. Available from: <https://opendata.cbs.nl/statline/#/CBS/nl/dataset/82309NED/table> (accessed on 6 September 2021)
- Converso, D., Viotti, S., Sottimano, I., Loera, B., Molinengo, G., & Guidetti, G. (2019). The relationship between menopausal symptoms and burnout. A cross-sectional study among nurses. *BMC women's health*, 19(1), 1-12.
- Cooperider, D. L., Sorensen, P., Yeager, T., & Whitney, D. (2001). Appreciative inquiry: An emerging direction for organization development. Champaign: Stipes.
- Cooperrider D.L., Whitney D., Stavros J.M. (2005). Appreciative inquiry handbook. The First in a series of AI workbooks for leaders of change. US: Crown Custom Publishing, Inc
- Christelijk Nationaal Vakverbond (CNV). (2021). Open over de overgang gesprek en begrip op het werk. Available from: <https://cnvstorageprd.blob.core.windows.net/media/documents/cnvhandreikingopenoverdeovergang.pdf>
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11 , 319–338
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands- resources model of burnout. *Journal of Applied Psychology*, 86 , 499–512
- Elavsky, S., & McAuley, E. (2009). Personality, menopausal symptoms, and physical activity outcomes in middle-aged women. *Personality and Individual Differences*, 46(2), 123-128.
- Fenton, A., & Panay, N. (2014). Menopause and the workplace. *Climacteric*, 17(4), 317–318. <https://doi.org/10.3109/13697137.2014.932072>
- Gartoulla, P., Bell, R. J., Worsley, R., & Davis, S. R. (2016). Menopausal vasomotor symptoms are associated with poor self-assessed work ability. *Maturitas*, 87(2016), 33–39.
- Geukes, M., Aalst, P. Van, & Nauta, M. C. E. (2012). The impact of menopausal symptoms on work ability. 19(3), 278–282. <https://doi.org/10.1097/gme.0b013e31822ddc97>
- Geukes, M., Van Aalst, M. P., Robroek, S. J. W., Laven, J. S. E., & Oosterhof, H. (2016). The impact of menopause on work ability in women with severe menopausal symptoms. *Maturitas*, 90, 3–8. <https://doi.org/10.1016/j.maturitas.2016.05.001>

- Geukes, M., Anema, J. R., van Aalst, M. P., de Menezes, R. X., & Oosterhof, H. (2019). Improvement of menopausal symptoms and the impact on work ability: A retrospective cohort pilot study. *Maturitas*, *120*, 23–28. <https://doi.org/10.1016/j.maturitas.2018.10.015>
- Geukes, M., Oosterhof, H., Aalst, M. P. Van, & Anema, J. R. (2020). Maturitas Attitude, confidence and social norm of Dutch occupational physicians regarding menopause in a work context. *Maturitas*, *139*(May), 27–32. <https://doi.org/10.1016/j.maturitas.2020.05.015>
- Ghosheh, N., Lee, S., & McCann, D. (2006). Conditions of work and employment for older workers in industrialized countries: Understanding the issues. Available at SSRN 2932201.
- Simon, J. A., & Reape, K. Z. (2009). Understanding the menopausal experiences of professional women. *Menopause*, *16*(1), 73–76. <https://doi.org/10.1097/gme.0b013e31817b614a>
- Graeser, S. (2011). Salutogenic factors for mental health promotion in work settings and organizations. *International Review of Psychiatry*, *23* (6), 508–515. doi: 10.3109/09540261.2011.637909.
- Grandey, A. A., Gabriel, A. S., & King, E. B. (2020). Tackling Taboo Topics: A Review of the Three Ms in Working Women’s Lives. In *Journal of Management* (Vol. 46, Issue 1, pp. 7–35). <https://doi.org/10.1177/0149206319857144>
- Griffiths, A., MacLennan, S., Yee, Y., & Wong, V. (2010). *Women’s experience of Working through the Menopause*.
- Griffiths, A., MacLennan, S. J., & Hassard, J. (2013). Menopause and work: An electronic survey of employees’ attitudes in the UK. *Maturitas*, *76*(2), 155–159. <https://doi.org/10.1016/j.maturitas.2013.07.005>
- Griffiths, A., Ceausu, I., Depypere, H., Lambrinouadaki, I., Mueck, A., Pérez-López, F. R., Van Der Schouw, Y. T., Senturk, L. M., Simoncini, T., Stevenson, J. C., Stute, P., & Rees, M. (2016). EMAS recommendations for conditions in the workplace for menopausal women. *Maturitas*, *85*, 79–81. <https://doi.org/10.1016/j.maturitas.2015.12.005>
- Hammam, R. A. M., Abbas, R. A., & Hunter, M. S. (2012). Menopause and work - The experience of middle-aged female teaching staff in an Egyptian governmental faculty of medicine. *Maturitas*, *71*(3), 294–300. <https://doi.org/10.1016/j.maturitas.2011.12.012>
- Hanson, A. (2007). *Workplace health promotion: A salutogenic approach*. Bloomington: Author House.
- 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. *Maturitas*, *101*(April), 37–41. <https://doi.org/10.1016/j.maturitas.2017.04.011>
- Hardy, C., Thorne, E., Griffiths, A., & Hunter, M. S. (2018a). Work outcomes in midlife women: the impact of menopause, work stress and working environment. *Women’s Midlife Health*, *4*(1), 1–8. <https://doi.org/10.1186/s40695-018-0036-z>
- Hardy, C., Griffiths, A., Norton, S., & Hunter, M. S. (2018b). Self-help cognitive behavior therapy for working women with problematic hot flushes and night sweats (MENOS@ Work): a multicenter randomized controlled trial. *Menopause*, *25*(5), 508–519.
- Hardy, C., Hunter, M. S., & Griffiths, A. (2018c). Menopause and work: an overview of UK guidance. *Occupational Medicine*, *68*(9), 580–586. <https://doi.org/10.1093/occmed/kqy134>
- Hardy, C., Griffiths, A., & Hunter, M. S. (2019). Development and evaluation of online menopause awareness training for line managers in UK organizations. *Maturitas*, *120*(November 2018), 83–89. <https://doi.org/10.1016/j.maturitas.2018.12.001>
- Harlow, S. D., Gass, M., Hall, J. E., Lobo, R., Maki, P., Rebar, R. W., ... & STRAW+ 10 Collaborative Group.

- (2012). Executive summary of the Stages of Reproductive Aging Workshop+ 10: addressing the unfinished agenda of staging reproductive aging. *The Journal of Clinical Endocrinology & Metabolism*, 97(4), 1159-1168.
- Hickey, M., Riach, K., Kachouie, R., & Jack, G. (2017). No sweat: managing menopausal symptoms at work. *Journal of Psychosomatic Obstetrics and Gynecology*, 38(3), 202–209. <https://doi.org/10.1080/0167482X.2017.1327520>
- Hunter, M. S., Gentry-Maharaj, A., Ryan, A., Burnell, M., Lanceley, A., Fraser, L., ... & Menon, U. (2012). 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*, 119(1), 40-50.
- Ilmarinen, J. (2005). Towards a longer worklife: ageing and the quality of worklife in the European Union. Finnish Institute of Occupational Health, Ministry of Social Affairs and Health.
- Jack, G., Bariola, E., Riach, K., Schnapper, J., & Pitts, M. (2014). Work, women and the menopause: an Australian Exploratory Study. *Climacteric*, 17(Suppl 2), 34.
- Jack, G., Riach, K., Bariola, E., Pitts, M., Schapper, J., & Sarrel, P. (2016). Menopause in the workplace: What employers should be doing. *Maturitas*, 85(September 2014), 88–95. <https://doi.org/10.1016/j.maturitas.2015.12.006>
- Jafari, M., Seifi, B., & Heidari, M. (2017). Risk Assessment: Factors Contributing to Discomfort for Menopausal Women in Workplace. *Journal of Menopausal Medicine*, 23(2), 85. <https://doi.org/10.6118/jmm.2017.23.2.85>
- Jenny, G. J., Bauer, G. F., Vogt, K., Vinje, H. F., Torp, S. (2017). The Application of Salutogenesis to Work. In Mittelmark, M. B., & Bauer, G. F. (Eds.), *The handbook of salutogenesis* (pp 197-210). Springer.
- Johns, G. (2002). The psychology of lateness, absenteeism, and turnover.
- Karasek RA, Theorell T. (1990). *Healthy Work: Stress Productivity, and the Reconstruction of Working Life. New York (NY): Basic Books*
- Karasek, R., Brisson, C., Kawakami, N., Houtman, I., Bongers, P., & Amick, B. (1998). The Job Content Questionnaire (JCQ): an instrument for internationally comparative assessments of psychosocial job characteristics. *Journal of occupational health psychology*, 3(4), 322.
- Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of advanced nursing*, 72(12), 2954-2965.
- Kleinman, N. L., Rohrbacker, N. J., Bushmakina, A. G., Whiteley, J., Lynch, W. D., & Shah, S. N. (2013). Direct and Indirect Costs of Women Diagnosed With Menopause Symptoms. 55(4), 465–470. <https://doi.org/10.1097/JOM.0b013e3182820515>
- Kopenhager, T., & Guidozi, F. (2015). Working women and the menopause. *Climacteric*, 18(3), 372–375. <https://doi.org/10.3109/13697137.2015.1020483>
- Kühnel, J., Sonnentag, S., & Bledow, R. (2012). Resources and time pressure as day-level antecedents of work engagement. *Journal of Occupational and Organizational*, 85, 181–198.
- Lindfors, P. (2012). Reducing stress and enhancing well-being at work: Are we looking at the right indicators? *European Journal of Anaesthesiology*, 29 (7), 309–310

- Marlatt, K. L., Beyl, R. A., & Redman, L. M. (2018). A qualitative assessment of health behaviors and experiences during menopause: a cross-sectional, observational study. *Maturitas*, 116, 36-42.
- Michael, S. (2005). The promise of Appreciative Inquiry as an interview tool for field research. *Development in Practice*, 15(2), 222–230. <https://doi.org/10.1080/09614520500042094>
- Millear, P. M., Gervais, R.L. (2016). The Relevance of Menopause to the Occupational Safety and Health of Employed Women. In R.L. Gervais, P.M. Millear. (Eds). *Exploring Resources, Life-Balance and Well-Being of Women Who Work in a Global Context*. Springer.
- Moilanen, J., Aalto, A. M., Hemminki, E., Aro, A. R., Raitanen, J., & Luoto, R. (2010). Prevalence of menopause symptoms and their association with lifestyle among Finnish middle-aged women. *Maturitas*, 67(4), 368-374.
- Morris, M. E., & Symonds, A. (2004). 'We've been trained to put up with it': real women and the menopause. *Critical Public Health*, 14(3), 311-323.
- National Institutes of Health. (2005). National Institutes of Health State-of-the-Science Conference statement: management of menopause-related symptoms. *Annals of Internal Medicine*, 142(12), 1003.
- Paul J. Health and safety and the menopause: working through the change. (2003). London: Trades Union Congress;
- Payne, S., & Doyal, L. (2010). Older women, work and health. *Occupational Medicine*, 60(3), 172–177. <https://doi.org/10.1093/occmed/kqq030>
- Peeters, J. (2011). Consequences of the menopause in older working women : The relationship between job demands and burnout. *Tilburg University*
- Rotenberg, L., Portela, L. F., Banks, B., Griep, R. H., Fischer, F. M., & Landsbergis, P. (2008). A gender approach to work ability and its relationship to professional and domestic work hours among nursing personnel. *Applied ergonomics*, 39(5), 646-652.
- Rutanen, R., Luoto, R., Raitanen, J., Mansikkamäki, K., Tomás, E., & Nygård, C. H. (2014). Short- and long-term effects of a physical exercise intervention on work ability and work strain in symptomatic menopausal women. *Safety and Health at Work*, 5(4), 186–190. <https://doi.org/10.1016/j.shaw.2014.08.003>
- Salazar, A., & Paravic, T. (2005). Job performance and climacteric in female workers. *Revista medica de Chile*, 133(3), 315-322.
- Sarrel, P. M. (2012). Women, work, and menopause. *Menopause*, 19(3), 250–252. <https://doi.org/10.1097/gme.0b013e3182434e0c>
- Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior*, 25 , 293–315.
- Shapka, J. D., Domene, J. F., Khan, S., & Yang, L. M. (2016). Online versus in-person interviews with adolescents: An exploration of data equivalence. *Computers in human behavior*, 58, 361-367.
- Shimazu, A., Shimazu, M., & Odahara, T. (2004). Job control and social support as coping resources in job satisfaction. *Psychological Reports*, 94(2), 449- 456.
- Simon, J. A., & Reape, K. Z. (2009). Understanding the menopausal experiences of professional women. *Menopause*, 16(1), 73–76. <https://doi.org/10.1097/gme.0b013e31817b614a>
- Stebbins, R. A. (2001). *Exploratory research in the social sciences* (Vol. 48). Sage.

- Strijbosch, A. C. P. (2011). The influence of menopausal complaints on employee well-being and the moderating effect of job resources. Thesis
- Tilly, J., O'Leary, J., & Russell, G. (2013). Older women matter: harnessing the talents of Australia's older female workforce. Sydney: Diversity Council Australia.
- Trade Union Congress (TUC). (2013). Supporting working women through the menopause: guidance for union representatives. Available from: https://www.tuc.org.uk/sites/default/files/TUC_menopause_0.pdf
- Vaandrager, L., & Koelen, M. (2013). Salutogenesis in the workplace: Building general resistance resources and sense of coherence. In Salutogenic organizations and change (pp. 77-89). Springer, Dordrecht.
- Van Dijken, D. K. E., Kavousi, M., Brood-Van Zanten, M. M. A., Jaspers, L., & van Trotsenburg, M. A. A. (2019). The menopause, the perimenopause and the postmenopause. *Textbook of Obstetrics and Gynaecology*, 557-576.
- Verburgh, M., Verdonk, P., Appelman, Y., Zanten, M. B. Van, & Nieuwenhuijsen, K. (2020). "I Get That Spirit in Me"—Mentally Empowering Workplace Health Promotion for Female Workers in Low-Paid Jobs During Menopause and Midlife. *International Journal of Environmental Research and Public Health*, 17(18), 1–21. <https://doi.org/10.3390/ijerph17186462>
- Viotti, S., Guidetti, G., Loera, B., Martini, M., Sottimano, I., & Converso, D. (2017). Stress, work ability, and an aging workforce: A study among women aged 50 and over. *International journal of stress management*, 24(S1), 98.
- Viotti, S., Guidetti, G., Converso, D., & Sottimano, I. (2020). Fostering work ability among menopausal women. Does any work-related psychosocial factor help? *International Journal of Women's Health*, 12, 399–407. <https://doi.org/10.2147/IJWH.S230796>
- Vogt, K., Jenny, G. J., & Bauer, G. F. (2013). Comprehensibility, manageability and meaningfulness at work: Construct validity of a scale measuring work-related sense of coherence. *SA Journal of Industrial*
- Whitney, D. D., & Trosten-Bloom, A. (2010). *The power of appreciative inquiry: A practical guide to positive change*. Berrett-Koehler Publishers.
- Women Inc. (2020, 2 december). Overgang (h)erkend. Geraadpleegd op 30 december 2021, van <https://www.womeninc.nl/actueel/overgang-herkend#:~:text=80%25%20van%20de%20vrouwen%20heeft,oververhitting%2C%20hevig%20transpireren%20en%20hartkloppingen>.
- World Health Organisation (WHO). (2007). *Women, ageing and health: A framework for action. Focus on Gender*. WHO
- Worsley, R., Bell, R. J., Gartoulla, P., Robinson, P. J., & Davis, S. R. (2017). Moderate–severe vasomotor symptoms are associated with moderate–severe depressive symptoms. *Journal of Women's Health*, 26(7), 712-718.
- Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2007). *The Role of Personal Resources in the Job Demands-Resources Model*. 14(2), 121–141. <https://doi.org/10.1037/1072-5245.14.2.121>

Appendices

Appendix 1: Existing interventions around the menopause

Reference	Study design	Intervention	Results
(Ariyoshi, 2009) Japanese study	Multi-year (5 years) evaluation study of 98 Japanese women working in media company including 5 women who report menopausal symptoms. Yearly interviews with menopausal women and 3 case studies.	Occupational health nurse who provides support to menopausal women as part of intra-office women's health management support system <ul style="list-style-type: none"> - arrange a meeting with occupational physicians/gynecologist - provide preventive healthcare? - advisor managers and colleagues - primary point of contact 	Less reported symptoms and decreasing of days of sick leave
(Geukes et al., 2019) Dutch study	Retrospective (observational) cohort study including 31 working women who are first-time attendees of a menopause clinic	Attending menopause clinic for a consult with a specialist nurse (60 min). The nurse provides information on symptoms, desirable changes in lifestyle, and strategies to reduce symptoms. The gynaecologist is informed about the patient's dossier and if needed/wanted medical treatment is started. After 3-9 months women come back for evaluation.	Improvement of both menopausal symptoms and workability after 3-9 months.
(Hardy et al., 2018) British study	Multicentre randomized controlled trial (RCT) study including 124 women with problematic hot flushes and night sweats (HFNS) of 8 organizations (public and private). Randomized to self-help cognitive behavioural therapy (SH-CBT) or no	SH-CBT intervention including a booklet with information, including a section on how to deal with work stress, how to discuss menopause at work/with line managers, examples of work situations, infographic for line managers. In addition, it included exercises and	Reduction of HFNS problems after both 6 weeks and 20 weeks and reduced work impairment due to menopause-presenteeism at 20 weeks. Improved work and social adjustment, sleep, menopause beliefs.

	treatment (while on the waitlist).	homework tasks that should be completed within 4 weeks.	
(Hardy et al., 2019) British study	A prospective, pre-post design with three measurements (pre, immediately after and 4 weeks after) moments including 61 managers and supervisors from 3 large organizations (1 public 2 private)	30-minute online training for managers including videos, quizzes and links to external resources. The videos showed among other things desirable conversation between managers and employees.	Improvements in managers' awareness, knowledge, confidence, and normative beliefs. Especially managers' knowledge and confidence in talking about the menopause is positively impacted, followed by increased intentions to talk about it.
(Rutanen et al., 2014) Finish study	RCT with two-year follows up including 123 occupational active menopausal women. Randomized to a physical exercise intervention or no treatment.	6-months during the physical exercise intervention including aerobic exercise training four times per week (50 min), at least two sessions involved walking.	After 6-months workability had improved, after 30-months workability was still higher than before the intervention. No effect on work strain (physically and mentally)
(Verburgh et al., 2020) Dutch study	A mixed-method study including 56 female workers aged 45-65 years in low-paid jobs at Amsterdam University Medical Center	The Work-Life Program (WLP) including a menopause consultation, followed by work-life coaching sessions and physical training sessions simultaneously	Positive impact: quantitative analysis showed benefits for menopausal symptoms, while qualitative analysis showed a positive impact on the participants' behaviour, physical health, mental well-being, and the workplace.

Appendix 2: Information letters

2.1. Information letter menopausal women

Beste (naam),

Mijn naam is Vera van de Scheur en ik studeer de master 'Gezondheid en maatschappij' aan de Wageningen Universiteit. Als onderdeel van mijn master doe ik onderzoek naar de ondersteuning van vrouwen in de overgang op het werk. Steeds meer vrouwen werken tijdens de overgang en steeds meer aandacht wordt besteed aan hoe de overgang invloed kan hebben op het werklevens van vrouwen. Zo is er al bekend, dat bepaalde symptomen invloed kunnen hebben op het werkvermogen van vrouwen. Er is echter nog weinig bekend hoe deze vrouwen gesteund kunnen worden op het werk. Programma's op de werkvloer ontbreken vaak, terwijl het bevorderen van gezonde werkkenmerken zoals sociale ondersteuning en flexibiliteit hierin een belangrijke rol kunnen spelen. Ik wil u graag uitnodigen mij te helpen met dit onderzoek.

Graag wil ik u wat vragen stellen. Dit zou bij voorkeur in november van maandag-vrijdag tussen 09.00-17.00 uur plaatsvinden. Het interview zal ongeveer 30-45 minuten duren. Het interview kan zowel online als fysiek plaatsvinden. Tijdens dit interview zal ik vragen willen stellen over de ervaring met de overgang op het werk, wat voor ondersteuning er aanwezig is en/of gewenst is en hoe deze ondersteuning vormgegeven kan worden. Het interview wordt – met uw toestemming – opgenomen. Uw naam en kenmerken waardoor u herkenbaar bent worden voor de rapportage van de data niet gebruikt.

Uw bijdrage kan waardevol zijn om meer inzicht te krijgen in de ervaringen en ideeën van vrouwen zelf over ondersteuning in de werkomgeving. Met uw deelname kunt u meehelpen deze ondersteuning te verbeteren. Als waardering voor uw tijd ontvang u een presentje.

Indien u besluit deel te nemen stuur ik u een toestemmingformulier om voorafgaand of tijdens het interview te ondertekenen. Als u meer informatie over het onderzoek wenst, kunt u mij bereiken via de mail: vera.vandescheur@wur.nl of telefonisch: 06-31366771. Voor meer informatie naar de afdeling waaronder dit onderzoek wordt geschreven kunt u de website bezoeken <https://www.wur.nl/en/Research-Results/Chair-groups/Social-Sciences/Health-and-Society.htm>

Met vriendelijke groet,

Vera van de Scheur

2.2. Information letter managers

Beste (naam),

Mijn naam is Vera van de Scheur en ik studeer 'Gezondheid en maatschappij' aan de Wageningen Universiteit. Als onderdeel van mijn master doe ik onderzoek naar de ondersteuning van vrouwen in de overgang op het werk. Steeds meer vrouwen werken tijdens de overgang en steeds meer aandacht wordt besteed aan hoe de overgang invloed kan hebben op het werklevens van vrouwen. Zo is bekend, dat bepaalde symptomen invloed kunnen hebben op het werkvermogen van vrouwen. Er is echter nog weinig bekend hoe deze vrouwen gesteund kunnen worden op het werk. Programma's op de werkvloer ontbreken vaak, terwijl het bevorderen van gezonde werkkenmerken zoals sociale ondersteuning en flexibiliteit hierin een belangrijke rol kunnen spelen. Gezien uw functie wil ik u graag uitnodigen mij te helpen met dit onderzoek.

Graag wil ik u wat vragen stellen. Dit zou bij voorkeur in november van maandag-vrijdag tussen 09.00-17.00 uur plaatsvinden. Het interview zal ongeveer 30-45 minuten duren. Het interview kan zowel online als fysiek plaatsvinden. Tijdens dit interview zal ik vragen willen stellen over de aandacht die gegeven wordt aan de overgang op het werk, wat voor ondersteuning er aanwezig is en/of gewenst is, welke rol een leidinggevende hierin kan spelen en hoe deze ondersteuning vormgegeven kan worden. Het interview wordt

– met uw toestemming – opgenomen. Alles wat u vertelt wordt vertrouwelijk behandeld. Uw naam en kenmerken waardoor u herkenbaar bent worden voor de rapportage van de data niet gebruikt.

Uw bijdrage kan waardevol zijn om meer inzicht te krijgen in de ideeën van leidinggevende over hoe deze grote groep vrouwen ondersteund kan worden. Met uw deelname kunt u meehelpen om deze ondersteuning te verbeteren en zo een positieve bijdrage te leveren aan het welzijn van vrouwen in deze levensfase. Als waardering voor uw tijd ontvang u een presentje.

Indien u besluit deel te nemen stuur ik u een toestemmingformulier om voorafgaand of tijdens het interview te ondertekenen. Als u meer informatie over het onderzoek wenst, kunt u mij bereiken via de mail: vera.vandescheur@wur.nl of telefonisch: 06-31366771. Voor meer informatie naar de afdeling waaronder dit onderzoek wordt geschreven kunt u de website bezoeken <https://www.wur.nl/en/Research-Results/Chair-groups/Social-Sciences/Health-and-Society.htm>

Met vriendelijke groet,

Vera van de Scheur

Appendix 3: Interview guide

3.1. Introduction

- Nogmaals, heel erg bedankt dat u bereidt bent deel te nemen aan dit interview
- Laat ik mij eerst even voorstellen, ik ben Vera en ik doe de master Gezondheid en Maatschappij aan de Universiteit van Wageningen. Ik doe onderzoek naar de overgang in de werkomgeving. Ik ben benieuwd naar uw ideeën over hoe vrouwen in de overgang ondersteund kunnen via de werkomgeving.
- U heeft het toestemmingsformulier ontvangen. Ik leg nog een keer kort uit wat dit betekent:
- In het formulier geeft u aan dat ik u heb uitgelegd wat we in dit onderzoek gaan doen, dat het gesprek wordt opgenomen, en dat we anoniem met de informatie om gaan. Ook staat erin dat u op elk moment kunt stoppen met het onderzoek. Heeft u hier nog vragen over?
- In dit interview stel ik u open vragen. Alle antwoorden zijn goed. Als er een vraag niet duidelijk is kunt u dit aangeven. Het interview duurt ongeveer 30/45 minuten.
- Is het allemaal duidelijk voor u?
- Dan begin ik nu met het interview. (Opname starten)

3.2. Interview questions women

Topic	Questions	AI
Introduction	Kunt u mij iets vertellen over uzelf en uw werk? - leeftijd - werkfunctie - werkervaring - groep van vrouwelijke collega's in overgang Wat vindt u het leukste aspect van uw werk?	-
1. Experience with menopause		
Opening	Wat deed u besluiten om deel te nemen aan een onderzoek over dit onderwerp?	-
Attention	Is er vanuit uw werk aandacht voor de overgang? - Wat denkt u dat ervoor zorgt dat die aandacht er wel (of niet) is? Denkt u dat de werkvloer een plek is waar de overgang onder de aandacht kan worden gebracht? - Hoezo wel/niet?	Discovery
Work outcomes	Denkt u dat de overgang invloed kan hebben op het werkvermogen van vrouwen? - Zo ja, Kunt u aangeven hoe?	Discovery
Disclosure	Bespreekt u de overgang op het werk? / Zou u de overgang op het werk bespreken? - Zo ja, met wie? - Waarom met diegene? Zou u de overgang bespreken met uw leidinggevende? - Hoezo wel/niet?	Discovery

Working environment	<p>Wat ziet u als belangrijke factoren op werk die kunnen ondersteunen bij de overgang?</p> <p>Welke factoren kunnen volgens u een negatieve invloed hebben op de overgang?</p>	Discovery
Personal support	<p>Heeft u in uw leven aanpassingen gedaan die u helpen om te gaan met de overgang?</p> <p>- Zo ja welke?</p> <p>- Kunnen deze ook toegepast worden op het werk?</p>	Discovery
2. Current support		
	Naar aanleiding van de ondersteunende factoren die we tot nu besproken hebben kunt u mij vertellen welke ondersteuning er nu op uw werk aanwezig is voor vrouwen in de overgang?	Discovery
3. Ideal support		
Ideal	Stel, over vijf jaar is de ondersteuning voor vrouwen in de overgang ideaal: Hoe ziet deze ondersteuning er dan uit zien?	Dream
Policy	Wat denkt uw dat op beleidsgebied kan worden gedaan om vrouwen in de overgang te kunnen ondersteunen?	Design
Information and training	<p>Zou er informatie op het werk aanwezig moeten zijn die kennis over de overgang op het werk kunnen vergroten?</p> <p>- Wie zijn gebaat bij deze informatie?</p> <p>- Wat zou er moeten besproken worden in deze informatie?</p> <p>- In welke vorm zou deze informatie gedeeld moeten worden?</p>	Design
Role of manager	Wat voor rol zou de leidinggevende moeten hebben in de ondersteuning van vrouwen in de overgang?	Design
Physical environment	Hoe zou de ideale fysieke werkomgeving voor vrouwen in de overgang eruit zien?	Design
Other	Kunt u nog andere een passende activiteiten bedenken die vrouwen in de overgang op het werk kunnen ondersteunen?	Design
Closing	<p>Zijn er nog zaken niet aan de orde gekomen die volgens u wel van belang zijn?</p> <p>Heeft u nog vragen voor mij?</p>	

3.3. Interview questions managers

Topic	Questions	AI
Introduction	Kunt u mij iets vertellen over uzelf en uw werk? - leeftijd - werkfunctie - werkervaring - man/vrouw verdeling: groep van vrouwelijke werknemers in overgang Wat vindt u het leukste aspect van uw werk?	-
1. Experience with menopause		
Opening	Wat deed u besluiten om deel te nemen aan een onderzoek over dit onderwerp?	-
Attention	Is er binnen uw organisatie aandacht voor de overgang? - Wat denkt u dat ervoor zorgt dat die aandacht er wel (of niet) is? Denkt u dat de werkvloer een plek is waar de overgang onder de aandacht kan worden gebracht? - Hoezo wel/niet?	Discovery
Work outcomes	Denkt u dat de overgang invloed kan hebben op het werkvermogen van vrouwen? - Zo ja, Kunt u aangeven hoe?	Discovery
Disclosure	Bespreekt u de overgang op het werk met uw werknemers? /Zou u de overgang op het werk bespreken? - Waarom wel/niet?	Discovery
Working environment	Wat ziet u als belangrijke factoren op werk die kunnen ondersteunen voor vrouwen in de overgang? Welke factoren kunnen volgens u een negatieve invloed hebben vrouwen in de overgang?	Discovery
2. Current support		
	Naar aanleiding van de ondersteunende factoren die we tot nu besproken hebben kunt u mij vertellen welke ondersteuning er nu op binnen uw organisatie aanwezig is voor vrouwen in de overgang?	Discovery
3. Ideal support		
Ideal	Stel, over vijf jaar is de ondersteuning voor vrouwen in de overgang ideaal: Hoe ziet deze ondersteuning er dan uit?	Dream
Policy	Wat denkt uw dat op beleidsgebied kan worden gedaan om vrouwen in de overgang te kunnen ondersteunen?	Design
Information and training	Zou er informatie op het werk aanwezig moeten zijn die kennis over de overgang op het werk kunnen vergroten? - Wie zijn gebaat bij deze informatie?	Design

	- Wat zou er moeten besproken worden in deze informatie? - In welke vorm zou deze informatie gedeeld moeten worden?	
Role of manager	Wat voor rol zou een leidinggevende moeten hebben in de ondersteuning van vrouwen in de overgang?	Design
Physical environment	Hoe zou de ideale fysieke werkomgeving voor vrouwen in de overgang eruit moeten zien?	Design
Other	Kunt u nog andere een passende activiteiten bedenken die vrouwen in de overgang op het werk kunnen helpen?	Design
Closing	Zijn er nog zaken niet aan de orde gekomen die volgens u wel van belang zijn? Heeft u nog vragen voor mij?	

3.4. Closing

- Dank voor uw deelname.
- Als u benieuwd bent naar de resultaten kan ik u ook het onderzoeksrapport toesturen, zou u het rapport willen ontvangen?
- Ik zou u graag een bedankje willen toesturen. Is er een postbus waar ik dit naartoe kunnen sturen?
- Zou u nog meer mensen kennen die mee willen doen aan dit onderzoek?

Appendix 4: Informed consent

Toestemmingsverklaring voor deelname aan een wetenschappelijk onderzoek van de Wageningen Universiteit. Het doel van het onderzoek is om inzicht te krijgen in de ideeën van vrouwen en leidinggevende over hoe vrouwen in de overgang ondersteund kunnen worden in de werkomgeving. Ik vraag u mee te doen aan een interview.

- Ik weet waar het onderzoek over gaat. Ik heb voldoende tijd gekregen om de informatiebrief te lezen en om vragen te stellen. Mijn vragen zijn naar tevredenheid beantwoord.
- Ik weet dat deelname **vrijwillig** is. Ik weet dat ik op ieder moment mij kan terugtrekken uit het onderzoek en daarvoor geen reden hoeft te geven.
- Ik ga akkoord met opname van het gesprek.
- Ik weet dat alles wat ik zeg **vertrouwelijk** behandeld wordt en dat mijn gegevens op een beveiligde locatie worden opgeslagen.
- Ik weet dat **anonimiteit** wordt gewaarborgd. Dat betekent dat er over mij wordt geschreven, maar mijn naam of kenmerken waardoor men mij kan herkennen komen er niet bij te staan.
- Ik weet dat geluidsmateriaal direct na het verwerken van de gegevens wordt verwijderd.
- Ik weet dat de gegevens van het onderzoek vanwege de archiefwet 10 jaar worden bewaard.

Ik verklaar dat ik mee wil doen aan dit onderzoek.

Naam deelnemer:

Datum:

Handtekening:

Naam onderzoeker:

Datum:

Handtekening:

Appendix 5: Ethical clearance

 **WAGENINGEN**
UNIVERSITY & RESEARCH

ethics@wur.nl
To whom it may concern

The following project proposal has been reviewed by the Social Sciences Ethics Committee (SEC):

Title: Support for menopausal women in the workplace
Project team: Vera van de Scheur, Annermarie Wagmakers
Funding: n.a.
Period: September 2021 - March 2022
Location: Wageningen, Netherlands

The Committee has concluded that the proposal deals with ethical issues in a satisfactory way and that it complies with the Netherlands Code of Conduct for Research Integrity.

With kind regards,



Professor Dr Marcel Verweij
Chair Social Sciences Ethics Committee

date: 20/10/2021
subject: Ethical approval of research project
address: E705, de Boelelaan 1
Wageningen
The Netherlands
contact address: Building 203
contact: www@wur.nl
tel: +31 (0)36 2071234
fax: +31 (0)36 2071234
www: www.wur.nl

Wageningen University & Research
is accredited by the Council of Higher Education
Research and Innovation

Appendix 6: Code book

Women	Managers
Job control	Job control
Social support	Social support
Symptoms	
Influence on work	Influence on work
(In)attention	(In)attention
Discuss with colleagues	Discuss with employee
Discuss with manager	
Personal coping strategy	
Current support	Current support
Ideal support 1 ^{ste}	Ideal support 1 ^{ste}
Policy	Policy
Information whom	Information whom
Information what	Information what
Information format	Information format
Supportive manager	Supportive manager
Unsupportive manager	Unsupportive manager
Physical environment positive	Physical environment positive
Physical environment negative	Physical environment negative

