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Women's experiences of menopause at work and performance management

Abstract

Presenting findings from our global evidence review of menopause transition and economic participation emboldened us to establish a menopause policy at the university where we all worked at the time. Our report was published in July 2017 and the policy was in place by November that year. Our critical reflection on this activism focuses on issues that are not commonly recognized around such interventions, and which we ourselves have only been able to acknowledge through engaged action. Challenges remain in normalizing menopause in organizations, specifically around gendered ageism and performance management. In drawing on Meyerson and Kolb's (2000) framework for understanding gender in organizations, we highlight how policies are both vital and yet insufficient in and of themselves in revising the dominant discourse around menopause at work. At the same time, we highlight the importance and shortcomings of academic activism within these processes.

Keywords

Academic activism, age, gender, menopause, organizations, performance management

Introduction

Our report for the Government Equalities Office (GEO) (Author/s 1) on 'The effects of menopause transition on women's economic participation in the UK' was published in 2017. We have already written about the effect that undertaking this research had on us (Author/s 2) but we were equally surprised by the responses to our work. These led us to take an active role in

both calling for and supporting the development of menopause policies and guidelines in various organizations, including the University of Leicester, where we all worked at the time. As such we have aimed to undertake academic activism that serves to disrupt ‘political consensus in the name of equality’ (Rhodes et al., 2018: 139). Practically speaking, our activism spans most forms mentioned by Rhodes et al. (2018): setting up action groups (e.g. Menopause Cafés at the University of Leicester), media engagement, advising and collaborating with non-academic activists (e.g. Henpicked/ Menopause in the Workplace, talkingmenopause.co.uk, menopausedoctor.co.uk, ACAS), trade union activity and activist research (e.g. our research project in collaboration with TUC Education).

Here we reflect on our activist approach at Leicester specifically, where we developed and implemented a menopause policy, and on how it might fall short of addressing particular negative organizational consequences for women¹ experiencing menopause². In doing so, we draw on Meyerson and Kolb’s (2000) framework that bridges the gap between feminist theory and practice by establishing progressively more effective and radical frames: beginning with liberal individualism; covering the middle ground of equal opportunity/ liberal structuralism and valuing difference; and culminating in an approach which resists and revises the dominant discourse (‘post equity’). Our academic activism aimed to equip women with solutions for their menopause transition (liberal individualism) and eliminate structural and procedural barriers via the introduction of a menopause policy (liberal structuralism), whilst also raising awareness of differences in menopause experiences. Perhaps naively, we hoped that this would result in a revision of dominant discourses in the organization (post equity). We contextualize our activism in broader considerations around menopause in the workplace, gendered ageism and performance management as the recommended approach to ‘dealing with’ older workers. Older women’s own voices – so often silenced or ignored – are incorporated by drawing on qualitative

responses to our 2018 Menopause Survey (n = 5,399) which explored respondents' knowledge, perceptions and experiences of menopause in the workplace.

Background: the menopause policy at the University of Leicester

We first presented preliminary conclusions from our GEO report to Leicester's Women's Forum. The anger and resentment at the lack of recognition and support around menopause that attendees expressed struck a chord. Subsequent presentations confirmed a demand to challenge the taboo surrounding menopause in a range of workplaces. Setting out to develop a policy at Leicester, we involved representatives from the health and well-being, equality, diversity and inclusion and occupational health teams. We also collaborated with Deborah Garlick from Henpicked/ Menopause in the Workplace³ and Sue Fish, former Chief Constable of Nottinghamshire Police, both of whom have expertise in designing and introducing workplace menopause policies.

Following some intense lobbying, meetings discussing the content of the policy and an information event to gather feedback from staff, a menopause policy was launched at the university in autumn 2017. The speed and ease of the implementation process was unusual for the UK HE sector and in this case was due to the determination and organization of those driving the process, and the university's ambition to build on its 10 X 10 X 10 HeForShe Impact Champion status and become the first university in the UK with an established menopause policy. Our activist ambitions in implementing the policy were for staff to: become aware of the issues; care about and for colleagues; and be confident to act. The slogan 'aware, care and confident to act' also summarizes the main reasons why all organizations should take the menopause seriously, as summarized in the next section.

Why organizations should take the menopause seriously

In the UK, the employment rates for women aged between 50 and 64 grew by 21.4 percentage points between November 1992 and January 1993 and November 2018 and January 2019 (Office for National Statistics, 2019). The equivalent increase for men of the same age is 12 points. This means that older women are increasingly contributing to and/or are having to comply with the UK government's attempts to extend working lives (Author/s 5; Department for Work and Pensions, 2017). With the average age of natural menopause being 51, it also means more women will go through the menopause whilst in work, making considerations of what this entails essential - a key aim of our academic activism. The list of potential physical and psychological menopause symptoms is extensive. Our 2018 Menopause Survey indicates that the most commonly experienced symptoms are hot flushes (reported by 52.3% of female respondents identifying as in menopause transition or post-menopausal), fatigue (49.1%), night sweats (49.0%), insomnia (45.6%), change in periods (45.2%) and anxiety and worry (40.7%). This overview also suggests that the experience and combination of menopausal symptoms is highly individualized. Further, the survey indicates that the symptoms most negatively affecting women's working lives are fatigue (40.3%), hot flushes (35.1%), difficulty focusing or concentrating (34.3%), and anxiety and worry (31.9%). And, just as symptoms can affect a woman's ability to work, working conditions and structures can in turn influence the frequency and severity of her symptoms (Author/s 1).

The situation is further complicated as menopause is not discussed in the vast majority of workplaces, including (prior to our activism) at the University of Leicester, and most menopausal women do not disclose their situation and/or problems to others (Author/s 1), thus indicating added pressure on older women in many workplaces (Coleman and Rippin, 2000; Meliou et al. 2018). The evidence base we reviewed for our GEO report, and our experiences of talking to

women, suggests that only between 22 and 33% of women disclose their menopause status at work (Author/s 1). Women's difficulties in disclosing their menopause status at work are also summarized by a respondent to our 2018 Menopause Survey:

1. Not one single member of the senior management team have received training on how to support menopausal women at work. 2. There is no policy or procedure for menopausal women to follow. 3. The culture of the organisation does not lend itself [to] pre-menopausal or menopausal women to talk openly. 4. I have very little confidence that if I tell my line manager (female) or HR that I am menopausal, that it will be treated in strict confidence – quite a shame really for something that is a natural part of a woman's life.

One reason for this is perceived ageism, as highlighted by another survey respondent in explaining why she had not disclosed her menopause status at work: '[M]anager is much younger female and has previously joked about my age and age related issues. I do not feel comfortable in disclosing to her'.

In addition to these demographic developments and the silence around menopause at work, there are legal reasons why organizational attention to menopause is vital. With the first successful UK employment tribunal based on the menopause taking place in 2012 (Merchant v BT plc, ET/1401305/11, 27 February 2012), there is a clear precedent for it to be considered as a factor in direct sex discrimination and unfair dismissal. A more recent case has established that severe menopause symptoms can also be considered as disabling in the work environment (Davies v Scottish Courts and Tribunal Services, S/4104575/2017, 6 and 7 February 2018).

Further, a business case can be established: Oxford Economics (2014: 4) data suggest the 'average financial impact' for an employer of losing a single employee who earns £25,000 or more per annum - perhaps a woman who is struggling with her menopause symptoms - is £30,614. In turn, continued and extended economic activity is essential for women if they are to become more reliant on their own income into old age (Glass and Kilpatrick, 1998). Benefits extend beyond the financial however, with evidence that paid employment contributes to improved mental health for mid-life women because it is an important source of both social support and self-esteem (Griffiths et al., 2006; Sarrel, 2012). Yet this social responsibility argument to support active and healthy ageing can also be interpreted as pressure to extend working life (Author/s 5). This may add to the hidden impacts of menopause on working lives, which may not be addressed by organizational support mechanisms. The combined effect of the lack of information, distrust in managers and jokes, the legal and the business cases highlight the importance of direct action, in our case in the form of academic activism, to support working women experiencing menopause transition.

Organizational support mechanisms to support menopausal women

At the University of Leicester, the menopause policy aims to: tackle the taboo around menopause, making it part of everyday conversations; include everyone in those conversations; educate and inform managers; offer reasonable adjustments; and assure women that the university is a responsible employer. The policy sets out the roles and responsibilities of members of staff, line managers, occupational health and the human resources team in practical terms, including guidance for managers (e.g. on how to conduct a conversation on menopause). In addition, it specifies potential support mechanisms. For example, for hot flushes, temperature control for the work area (e.g. USB fans), easy access to drinking water and adaptation of any prescribed uniform are recommended. Existing policies (e.g. on flexible working) are referenced

in relation to symptoms such as night sweats, difficulty sleeping and/ or poor concentration. The Leicester policy is thus based on the assumption that all actors within the organization want to become aware of menopause, care about their colleagues and that the policy provides a foundation on which to act and respond to potential menopause issues in this workplace, thus corresponding to Meyerson and Kolb's (2000) first two levels (liberal individualism and liberal structuralism).

However, there are questions about its longer-term impact. For example, some staff attending Menopause Cafés at the university were unaware of the policy. There are also variable practices across university departments relating to the cafés themselves: whilst some participants are supported to attend as part of their working hours, others are required to use their lunch break. Equally, the policy at Leicester is now being connected to a new initiative to 'maximize attendance' (Author/s 3), thus indicating a 'dual agenda' (Meyerson and Kolb, 2000) to address menopause and business issues alike by equipping women to deal with their symptoms. The ultimate expression of such an approach is for employers to increase workers' usefulness - and also the timing of their departure (or retirement). This leads us to consider gendered ageism and, relatedly, the use of performance or capability procedures to manage out workers to explore these hidden processes. As such, considering the Leicester policy as a liberal structuralist attempt to create equal opportunity by eliminating structural and procedural barriers reminds us that this does not necessarily produce equality in practice (Conley and Page, 2018; Meyerson and Kolb, 2000). The gendered and age-specific characteristics of the menopause have other, less visible impacts, which we did not consider in our academic activism and to which we now turn.

From gendered ageism to performance management

There is a remarkable lack of attention to the gendered dimensions of extending working lives (Loretto and Vickerstaff, 2015) which is especially problematic in light of gendered age discrimination (Neumark et al., 2019). Evidence suggests, for example, that older women are more likely to self-fund participation in work-related education programmes than men, whose employers more usually fund study of this kind. Moreover, they tend to work in 'peripheral' jobs for which training is less commonly available (Lössbroek and Radl, 2018). Equally, older female workers' abilities are often underestimated and they can either feel invisible or, in contrast, 'hyper-exposed' (Atkinson et al., 2015; Jack et al., 2019). Equally, women struggling with menopause symptoms are often perceived as 'past it', less capable, and, as a result, may be subject to performance management (National Union of Teachers, 2014). A respondent to our 2018 Menopause Survey thus indicated that she had not disclosed her menopause status at work because there is an 'Ageist culture ONLY for women. No mechanism to disclose and no incentive to discover one, as weaknesses are despised'. The entrenched nature of gendered ageism and the resultant anger and frustration was one of the factors encouraging us to become academic activists. However, much like Myerson and Kolb (2000), maintaining the gendered focus alongside other aspects of a dual agenda (for us, implementing the policy), can be challenging.

Performance management is in itself contentious (Grint, 1993), especially if utilized as a normative control mechanism, and the link between gendered ageism (Jack et al., 2014) and performance management is especially important because of the use of the latter to manage out older workers. Irrespective of management approach and form, following the abolition of the default retirement age (DRA) in the UK in 2011, it became the recommended response to managing older workers (Author/s 5). Indeed, in advice on how to deal with the DRA being abolished and in response to Confederation of British Industry concern regarding employers'

ability to control their ageing workforces, the Department for Work and Pensions (2011a, b) proposed performance management as a ‘dignified’ way to manage out underperformers.

Unpredictable menopause symptoms are also incompatible with new forms of performance management. Set-piece annual appraisals are being replaced with ongoing review processes which establish appraisals and feedback as permanent and routine aspects of HRM (Author/s 6). If performance is assessed on an ongoing basis, e.g. through regular ‘one-to-ones’, ‘catch-up meetings’ or through an Uber-style 360-degree rating system (Author/s 6), having ‘bad days’ is problematic because these will generate low scores. The effect on overall assessment of performance is similar to the Bradford Factor calculations in which repeated short absences are more damaging than a long-term illness. Indeed the following statement from a Menopause Survey participant indicates how quickly short absences can lead to disciplinary action:

I have been on zoladex injections to put me into a medical menopause for the past 9 months running up to having a hysterectomy 2 weeks ago. I had bladder urgency and migraines. And was off sick from work poorly a few times. Which I was then threatened with disciplinary action for being off sick. But now I am facing disciplinary action again on my return to work due to having another absence... yet I have had a hysterectomy.... and I’m being asked already when I will be returning to work!

Importantly, the evidence base makes a case for tailored absence policies to address this problem, so that menopausal women are not unfairly judged because of repeated sick days due to their symptoms (Author/s 1). Yet even such a tailored policy would be insufficient to address all of the frustrating experiences we have heard directly from working mid-life women and as a result of our survey, let alone to build trust and openness in organizations.

The situation becomes even more challenging if menopause status is not disclosed and/or considered at work, and if performance indicators do not take overall contributions (i.e. performance over a longer period of time) into consideration. Although our knowledge about the experiences of menopausal women in different sectors and occupations is patchy (Author/s 1), there is evidence from the National Union of Teachers (2014) that just under 50% of survey respondents (n = 3,097) did not feel that experienced female teachers – those in their 50s and 60s - were valued at their school, as evidenced by the use of capability and performance procedures. This begs the question as to whether stereotypical perceptions of and widespread lack of knowledge about the menopause, combined with underlying gendered ageism, leads to older female workers being negatively assessed and, potentially, performance managed out of the workforce. As a stark illustration of this, when asked how she had coped with her menopause symptoms at work, one of our survey respondents stated ‘I didn't. I had a breakdown and was off work for three months. Then I was managed out of the organisation’. These newer forms of performance management therefore seem to be characterized less by attempts to develop individuals to work to their full potential, and even less by wanting to address anger and resentment at the lack of menopause support, and more by a focus on overall organizational performance or the bottom line. This organizational focus raises the question about the best way to undertake academic activism: are traditional and potentially confrontational approaches or factual arguments and persuasion more suitable to effect change? Our considerations here also reflected that we were already being stereotyped as (hysterical) menopausal women (Author/s 2). As academic authors of a government report, we opted for factual arguments and persuasion, though the following discussion suggests that this strategy was not necessarily successful.

Perceptions of performance

There are also assumptions that job performance declines with age, in particular with regard to strength and cognitive capacity. Yet any such decline may be compensated for with increases in job knowledge, experience and skills (Salthouse and Maurer, 1996), making an overall dip in performance difficult to establish. As such, the relationship between age and job performance per se is complex and poorly understood (Czaja, 2001). If we turn to the effect of menopause on performance, the picture is even murkier. For example, one study reports that menopausal women are 10-12% less productive and take 21.3% more sick days than a control group (Fenton and Panay, 2013) – even though the highly specific experience of menopause, which is unique to each woman experiencing it, make the very concept of a control group problematic. Relatedly, Griffiths et al. (2006) report that around a third of postmenopausal women consider menopause symptoms to have had a negative effect on their job performance, with higher proportions of non-managerial women considering this an issue. Yet the relationship between menopause symptoms and women’s self-reported job performance is likely compromised by the effect of common symptoms like loss of confidence, anxiety and low mood. For example, when asked how she coped with menopause symptoms, one respondent to our 2018 Menopause Survey wrote about the issues she confronted whilst still considering herself to have performed highly:

I completed this little 'task' some six years ago (in my mid 40s after 6 or 7 dreadful years). Looking back on it, I had no idea that my general sense of inadequacy and struggle was because of the menopause. I still performed highly but what a task! I thought I was losing it. Now out the other side, and on HRT (which has resolved concentration and memory problems) I feel like a new woman!

There is also evidence countering claims that menopause symptoms are detrimental to performance, for example that: performance improves during menopause (Social Issues Research Centre, 2002); self-awareness and assertiveness develop considerably (Kafanelis et al.,

2009); and menopause can result in a re-assessment of the role of work in relation to self and happiness, confronting organizational sexism and ageism and a sense of liberation (Jack et al., 2019). This positive assessment of menopause at least indicates the extent to which the dominant discourse can be revised and Myerson and Kolb's (2000) fourth level of post equity could be achieved. Moreover, Polo-Kantola et al. (1997) concluded that minor deficits in cognitive processing efficiency seem to be related to ageing per se, not menopausal symptoms. Similarly, this study showed that, even though women with hot flushes reported a high frequency of cognitive difficulties, there was no measurable problem with their auditory attention and working memory, and a significant slowing of information processing did not occur until women became considerably older. The cause-and-effect relationships between menopausal symptoms and performance are thus nothing like as clear cut as might be assumed – an important consideration which should underpin any academic activism on menopause at work, but one that we probably did not make explicit in our own efforts.

It is also worth emphasizing that menopause is a phase and that post-menopausal, asymptomatic women's performance may be superior to that of younger women (Bates Gaston, 1991). Being able to access support mechanisms at work during difficult periods will also benefit menopausal women and their workplaces in the longer term, including the potential to improve the overall organizational culture and morale. As we see it, the main problems are stereotypical perceptions of what older female workers are able to do, and the belief that menopausal symptoms are permanent rather than temporary aspects of ageing. Work is required to disentangle assumptions, (unconscious) bias and individually-specific symptoms, a challenge that is not resolved with the introduction of a menopause policy alone (creating liberal structuralism) but which requires confident agency by all involved to resist and revise the dominant discourse (Myerson and Kolb, 2000). If support mechanisms rely on disclosure, for example, they may not be utilized - as the following statement from our 2018 Menopause Survey indicates:

We don't want to start a culture of women announcing the menopause. But we do want to promote understanding so that if a woman is having problems there are ways and means for support at work. If necessary OH [occupational health] would seem the obvious route, however many organisations expect your manager to make the referral for you.

Thus, although some women report feeling their job performance is negatively affected by the menopause, a substantial number (around a fifth according to Griffiths et al., 2010) believe the menopause has an additional negative impact on managers' and colleagues' perceptions of their competence, making them anxious about these apparent performance deficits. This translates into them working extremely hard to find coping strategies to deal with symptoms and any shortcomings perceived by others. Rather than involving all agents in the organization, as intended by our intervention at Leicester, menopausal women in this scenario continue to retain sole responsibility. As Bochantin (2014) points out, women have to manage conflicting demands to 'nurture their menopausal symptoms' whilst simultaneously conforming to demands of supervisors, sustaining workplace relationships and caring about colleagues. Problems also arise not only because of women experiencing menopausal symptoms but also because non-disclosure means they cannot seek help and advice and/or because workplace environments are unsupportive (Bochantin, 2014). Menopausal women report being teased, harassed or bullied for having hot flushes and other symptoms as well as threatened with negative ratings in performance reviews (Author/s 1; National Union of Teachers, 2014). All of this reinforces the lack of attention that is paid to gender issues in the newer forms of performance management; and the failure to achieve even the middle ground of a liberal structuralist approach in this regard, whether organizational menopause policies exist or not (Meyerson and Kolb, 2000).

What else should/could be done?

The approach adopted by the University of Leicester is ground-breaking in UK HE but has also been taken – or is being developed - in a range of other organizations across the public, private and third sectors. Yet, as already indicated, issues surrounding the use of performance management, especially for older workers, and links to gendered ageism remain in place. A concrete example is the persistent gender pay gap in HE, with the University of Leicester ranked in the top 15 of worst offenders (University and College Union, 2016). This translates into a gender pension gap: indeed it is probably no coincidence that the highest gender pay gap in the UK workforce exists between men and women in their 50s. Another is the extensive use of performance management in universities, in particular ahead of cut-off points for assessment exercises like the Research Excellence Framework. As Franco-Santos et al. (2017: 724) argue based on their survey of UK academics (n = 975), ‘considering the importance of wellbeing for individual and institutional results ... the current transition towards enhanced control governance with increasing reliance on hard performance measures and targets for academics ... may lead to dysfunctionalities rather than the intended improvements’. In light of such indicators of a less than supportive employment relationship, and with the benefit of hindsight, a menopause policy seems an essential but still insufficient intervention to achieve substantial and lasting change, let alone revise the dominant discourse, Meyerson and Kolb’s (2000) most advanced stage in the framework for understanding gender in organizations.

Reflecting on the limitations of our academic activism, it is therefore important to consider alternatives for organizational menopause interventions which are more likely to revise the dominant discourse. One would be for employers to take a longer-term perspective on performance in which an aggregate view can ‘iron out’ short-term changes in performance. This approach would enable a return to development-based assessment, predicated on supportive and

developmental instead of punitive action to address individual ‘shortcomings’. Personal development discussions already feature in the range of recommendations for managers at the University of Leicester and the potential of human resource development for the overall performance of organizations is widely recognized (e.g. Garavan et al., 2016). Yet older workers’ strengths are not usually taken fully into consideration, let alone developed, despite their increased stability, work motivation, involvement and commitment (Griffiths et al., 2006). They are also less likely to receive positive performance reviews (Bal and Dorenbosch, 2015). Moreover, difficulties in distinguishing between the effects of ageing and other mid-life transitions and the effects of menopause transition on performance exacerbate the potentially arbitrary nature of performance management.

For our own activism, two additional but connected considerations might have resulted in more meaningful change. The ‘aware, care and confident to act’ approach at the University of Leicester consciously and explicitly included men in the discussion: we firmly believe that that menopause is not just a women’s issue but can affect everybody in a workplace (Author/s 4). We therefore attempted to challenge the organizational ‘ghetto’ in which women’s issues might be contained (Harding et al., 2012) and to emphasize the importance of awareness raising around menopause (Hardy et al., 2019). However, this focus may have inadvertently distracted from the gendered nature of the issue (compare Coleman and Rippin, 2000). Indeed staff turnover in the equality, diversity and inclusion team during the implementation of the policy could have served as a warning that gendered ageism would be difficult to tackle, whilst also potentially exacerbating our lack of focus on this phenomenon. Relatedly, and as a second consideration, it might have been useful to work ‘bottom up’, including women from the Women’s Forum. Encouraging menopause champions or pro-active (self-)support mechanisms could have ensured that change was not dependent on the GEO report authors, all of whom have now left Leicester, with more potential for broader cultural change.

Drawing on Rhodes et al. (2018), our activism was successful in its implementation of the menopause policy at Leicester, alongside well-received developments like the Menopause Cafés. We also remain convinced that one reason for our success in implementing the policy was the speed with which the development took place, side-tracking lengthy procedures that are likely to form part of entrenched and gendered organizational structures and bureaucracies. But we arguably paid insufficient heed to university governance aimed at maintaining the neoliberal status quo, which put the business case ahead of any attempts to change underpinning gender relations. Ultimately, the normalization of the menopause at work needs to extend into all aspects of employment relations to tackle not only issues with gendered ageism and performance management but also related concerns including the gender pay and pension gaps, well-being and stress at work, absence rates and turnover. Our experiences with a menopause policy at Leicester yet again highlight the need for persistent pressures to change the overall structure and culture within an institution.

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Notes

1. We use ‘women’, ‘woman’ and ‘female’ here as placeholders for anyone who experiences menopause transitions, which includes some people who identify as transmen, gender variant, gender fluid, agendered or non-binary. This is for reasons of space. We cannot address

intersectional issues (Harding et al., 2012) such as cultural differences which might explain differing symptoms in different groups of women for the same reasons.

2. Menopause takes place 12 months after a woman's last menstrual period. Symptoms typically begin several years prior to menopause itself and often continue into post-menopause.

3. <https://menopauseintheworkplace.co.uk/>

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