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‘Keeping people safe’ & the menopause: Evidence from female police officers in the PSNI

POLICE FEDERATION FOR NORTHERN IRELAND

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Executive Summary

This research had two key strands, firstly to investigate the experience of female PSNI officers who are working / have worked through the menopause - with 127 responses, this group accounts for 15% of the final usable sample. The second strand involved an exploration of the views, opinions and perceptions of the menopause in the workplace from female PSNI officers who have yet to go through it. 725 'pre-menopausal' women completed this section of the survey, accounting for 85% of the final sample. A total response rate of 40% was obtained.

The average age of the total respondent group was 42 years, increasing to 51 for those in the menopausal group and 41 for those in the pre-menopausal group. Respondents had, on average, 16 years' service, rising to 21 years for the menopausal group and 15 for the pre-menopausal group. Just under three quarters of the group reported having caring responsibilities, however this was slightly lower for the menopausal group (70%) than the pre-menopausal group (74%). 31% of the menopausal group had a degree or higher, rising to 49% for the pre-menopausal group.

The majority of respondents (68%) reported that they spend most of their time at work sitting (either in an office or a car); this was higher for the pre-menopausal group (70%) than the menopausal group (63%). 68% of respondents in the menopausal group reported that they had some control over the temperature of their usual working environment, 32% reported they had access to a rest area and 26% reported that they are able to negotiate their working hours / practices as much as is necessary to deal with the menopause.

At 15%, the percentage of respondents in the menopausal group who agreed or strongly agreed that the PSNI values the contribution of older workers, is 11pps lower than in the pre-menopausal group. In contrast, 41% of female, menopausal police officers across seven police forces in England agreed with this statement in relation to their own police force. 55% of respondents in the menopausal group agree or strongly agree that ageist jokes and attitudes are part of police culture, declining to 45% for the pre-menopausal group. 46% of female, menopausal police officers in England agreed with this statement. There was a broad consensus between the two groups that the PSNI has the same expectations of the physical capabilities of younger and older officers, with 84% of all respondents in agreement.

61% of respondents in the menopausal group agreed that the menopause is a medical condition, falling to 52% of respondents in the pre-menopausal group. Interestingly, 71% of respondents in the menopausal group and 68% of respondents in the pre-menopausal group agreed that the menopause is an occupational health issue – identifying a broad consensus that female PSNI officers believe this issue should be on the agenda within their workplace. A greater proportion of respondents from the menopausal group (63%) agreed or strongly agreed that the menopause is *not* something you talk about at work, relative to the pre-menopausal group (48%). In contrast, 33% of menopausal women from 10 professional UK based organisations agreed with this statement.

89% of respondents in the menopausal group reported some difficulty in managing their life generally, when considering the impact of the menopause. This includes 31% who reported that it was very / extremely difficult. The top three most bothersome symptoms, in general, as reported by menopausal PSNI officers were sleep disturbances, tiredness and night sweats. These symptoms were also the most highly rated symptoms identified by menopausal women from 10 professional

UK based organisations. However, both lowered confidence and anxiety / panic attacks were ranked higher by menopausal police officers in the PSNI (third and ninth respectively) than was reported in the UK based organisations (eleventh and fifteenth respectively).

79% of respondents in the menopausal group reported some difficulty in managing at work, when considering the impact of the menopause. This includes 23% who reported that it was very / extremely difficult. The top three symptoms which were deemed to be problematic at work were tiredness, poor concentration and poor memory – over 80% of respondents in the menopausal group selected these symptoms. These symptoms were also the most highly rated symptoms as highlighted by the menopausal women in the professional UK based organisations.

The top three aspects of the working environment which respondents in the menopausal group identified as adversely impacting their menopausal symptoms were recalling detailed information (70%), shift work (61%) and the temperature of the working environment (58%). The physical demands of the job (49%), the design of uniforms (47%) and the male dominated working environment (44%) were also highly rated.

59% of respondents from the menopausal group agreed or strongly agreed that their job performance has been negatively affected by their menopausal symptoms. The proportion of menopausal women in the 10 professional UK based organisations who agreed with this statement was lower by 17pps. 20% of respondents believe that the menopause had negatively affected how their managers / colleagues view their competence in the workplace, this compares to 17% of those in the UK based organisations.

Providing evidence of the proportion of female officers who disclose information about the menopause to their line manager aids the understanding of how comfortable women in the PSNI feel about discussing the issue and how confident they are that their concerns will be taken seriously and appropriate help/advice provided. 27% of respondents in the menopausal group reported that they had told their line manager about their menopausal symptoms, whilst 63% reported that they had not. A further 10% reported they had not done so because they were not experiencing bothersome menopausal symptoms. The rate of disclosure identified by menopausal police officers in England was higher, at 33%. Non-disclosure was associated with the private/personal nature of the menopause (79%), embarrassment (63%) and having a male line manager (56%). In addition, 84% of respondents in the pre-menopausal group said that it was unlikely that they would seek support about the menopause from their line manager. 17% of respondents in the menopausal group reported that they have taken a day off work because of their menopausal symptoms – 60% of these respondents stated that they *did not* disclose the real reason for their absence.

The most widely selected change which menopausal officers in the PSNI felt could be made in their workplace to make things better for women going through the menopause was a 'greater awareness among managers of menopause as a possible occupational health issue'. This was followed by the need for 'better ventilation / temperature control' and 'flexible working hours'.

The results from this survey provide, for the first time, evidence of the way in which females in Northern Ireland, and in particular the PSNI, experience the menopause in the workplace. However, many of these results are not unexpected – it is widely reported that menopausal transition can be a

difficult experience for many women, both in their personal lives and in the workplace. However, what these results do provide is evidence; evidence which must be utilised in order to plan, prepare and provide for current and future women in the workplace. The inclusion of the views, opinions and perceptions of pre-menopausal women helps further contextualise the issue by adding new knowledge and developing a more thorough understanding of the role, effect and impact of menopause in the workplace

The key themes emerging from the results include the hidden nature of the menopause in the workplace and the associated lack of awareness, understanding and recognition. The results clearly identify the array of problematic symptoms associated with the menopause, the impact this can have on life generally and in the workplace – this includes evidence of the impact on workplace performance. Attempts to minimise these impacts, through formal and informal support mechanisms or through more practical workplace adjustments, have the potential to promote positive wellbeing on a more holistic level than that solely associated with the menopause.

From these results the following five broad recommendations have emerged; (1) **Conversation, discussion & awareness raising** – enhanced workplace support and the development of a broad engagement programme which should include a formal workplace policy, (2) **Information provision** – specifically for line managers, (3) **Workplace wellbeing** – informal support network incorporating wellbeing activities, (4) **Temperature and ventilation** – control in the workplace, where possible, and (5) **Flexibility** - central to any formal support mechanisms, including flexibility in working hours and working practices for those experiencing *troublesome* menopausal symptoms.

Introduction

This research has been conducted by the Police Federation for Northern Ireland (PFNI). It has two key aims:

1. To gather evidence and develop the current knowledge base regarding the way in which women experience menopause in the workplace and;
2. To develop new knowledge which explores the views, opinions and perceptions of the menopause in the workplace from females who have yet to go through it.

This research is based upon the experience and perception of the menopause as outlined by female police officers currently serving within the Police Service of Northern Ireland (PSNI).

Whilst there has been an increased recognition of the impact of the menopause in the workplace over the last decade, the topic remains under-researched and many workplaces remain unprepared to offer advice, assistance and support to members of staff who may require it. There is a growing need to better understand this complex issue, in particular within the workplace. There are now more women in work than ever before, with over 70% of all females in the UK in paid employment in 2017 (ONS, 2018), and more women working later in life, with participation in the labour market for women between the ages of 50 and the state pension age increasing from 62.6% in 1994 to 72.2% in 2015 (ONS, 2015).

All of the quantitative data presented in this report has been collated via an online survey, which was distributed to all serving female PSNI officers. The survey which was distributed to this sample population was based upon a questionnaire developed by the Institute of Work, Health and Organisations and reported in two research studies (Griffiths, et al., 2006; Griffiths, et al., 2010). The results relating to the experience of the menopause are therefore broadly comparable with the results from these studies, however differences in working environments must be reflected.

However, this study is also unique in its attempt to explore the perception of the menopause from females who have yet go through it. In a recent study conducted on behalf of the Department for Education, Brewis et al. (2017) identify a lack of research on 'other people's reactions' as a key gap in the current knowledge base. This research therefore goes some way towards filling this knowledge gap. It is anticipated that this dual-approach to research on the menopause provides a more thorough understanding of the role, effect and impact of menopause in the workplace.

Literature Review

The menopause occurs due to a reduction in sex hormones in the body, as the ovaries produce less oestrogen (NHS, 2017). It is a natural part of ageing which typically occurs for women in the UK between the ages of 45 and 55. The average age in the UK is 51, however approximately 1 in every 100 women experience premature or early on-set menopause. According to the FOM 'around 30-60% of women experience intermittent physical and/or psychological symptoms' of the menopause, with symptoms lasting for an average of four years, although 1 in 10 women can experience symptoms for up to 12 years (FOM, 2016). The NHS report that the most common menopausal symptoms are hot flushes, night sweats, vaginal dryness, difficulty sleeping, low mood / anxiety, reduced sex drive and problems with memory / concentration (NHS, 2017). The severity of these symptoms and the impact they can have on both the personal and working lives of women varies considerably from woman to woman.

Over the last decade there has been an increased recognition of the need to more fully understand the impact of the menopause in the workplace. This need has grown from an enhanced wellbeing paradigm within the workplace which seeks to address the breadth of issues facing employers and employees, including both physical and mental wellbeing concerns. Whilst this paradigm has its roots in concerns for employee wellbeing there are also benefits to be gained for the employer through increased productivity and engagement.

The recent recognition attached to the menopause as an occupational health issue is a relatively new element of this growing wellbeing paradigm. In 2013 Unison described the menopause as an 'occupational health issue' and in 2016 the Chief Constable of West Yorkshire Police identified it as 'an occupational issue of growing importance' (PFEW, 2016). Changes in labour force statistics over time provide an indication of why this issue has grown in importance; there are now more women in work than ever before, with over 70% of all females in the UK in paid employment in 2017 (ONS, 2018), and more women working later in life, with participation in the labour market for women between the ages of 50 and the state pension age increasing from 62.6% in 1994 to 72.2% in 2015 (ONS, 2015). This changing workforce is also evident within the Police Service of Northern Ireland (PSNI). The percentage of female PSNI officers has increased from 12% in 2001 (PSNI, 2008) to 29% in 2017 (PSNI, 2017). Furthermore, the percentage of female officers aged 34 or below has decreased from 44% of all female officers in 2012 to 29% in 2018, whilst the percentage of female officers aged 50 or older has increased from 3% to 11% over the same time period (PSNI, 2018b).

Two key research reports form the comparative element of this study, namely the investigation into the impact of the menopause on the wellbeing of 249 women police officers aged 40+ in England (Griffiths, et al., 2006) and secondly a study outlining the experience of 912 women from 10 professional, UK based organisations who are working through the menopause (Griffiths, et al., 2010). These studies examine a range of issues associated with the role, impact and experience of the menopause in the workplace, including investigating attitudes towards the menopause, the menopause and workplace performance, problematic symptoms, the experience of hot flushes, coping strategies, disclosure and workplace changes.

A number of common themes emerged from these two studies, the most central of which revolved around the typically hidden nature of menopause in the workplace. Griffiths et al. (2006) identified

that almost half of the female respondents would not or did not disclose their menopausal status to colleagues, whilst two thirds did not disclose any information to their line manager. The results from Griffiths et al. (2010) reaffirmed this position, with 70% of women stating they had not disclosed any details about their menopausal symptoms to their line manager and 33% who agreed or strongly agreed that the menopause was not something you talk about at work. The most selected reasons for non-disclosure include having a male line manager, because its private/personal, being embarrassed or because it has no effect on work. Fisher (1994) also identified the impact of having male co-workers, or indeed younger female colleagues, as a barrier to disclosure in 1994. However, Griffiths et al. report that managers can only be sympathetic towards the impact of the menopause if they are made aware of it (2016) thus signifying the importance of creating an atmosphere in the workplace which is conducive to open and honest discussion, both formally and informally. It is equally important that women feel comfortable and confident in disclosing and discussing the menopause at work and that managers are open, engaging and adequately informed to enable them to support and assist women in the workplace when necessary.

Both comparative studies provided evidence of the effect of the menopause on performance at work, with Griffiths et al. (2006) scoring the effect of symptoms on the capacity to function at work (symptoms which included tiredness, insomnia and lower levels of physical fitness), whilst Griffiths et al. (2010) identified that 42% of women agreed or strongly agreed that their perceived job performance had been negatively affected by their symptoms. In this study the top three problematic symptoms at work were poor concentration, tiredness and poor memory. However, it is equally important to understand how aspects of work can affect menopausal symptoms. Griffiths et al. (2006) report that the top aspect of work which adversely affects menopausal symptoms is the temperature of the working environment, followed by inadequate ventilation, workload and physical demands.

The potential economic cost borne by workplaces is an additional impact of the menopause often overlooked. A review undertaken on behalf of the Department for Education sought to understand the cost of menopause transition on women's economic participation (Brewis, et al., 2017). Brewis et al. conclude that calculations of this economic cost need to consider both extensive (i.e. where women may leave or lose their jobs as an impact of bothersome symptoms) and intensive (i.e. where women choose to remain in employment and cope with their symptoms) margins of the labour force (2017, p. 69). However, whilst evidence is scarce, Brewis et al. report that 'there is not a large extensive margin cost due to the menopause transition in the UK' (ibid, p67), however a complete lack of evidence of intensive margin costs in the UK means many additional costs are not currently quantifiable.

The conclusions drawn and recommendations made in the two comparative studies are similar – as are those outlined in other relevant academic studies (Griffiths, et al., 2016; Hardy, et al., 2017) – providing a strong evidence base from which employers can adequately prepare to assist and support menopausal women in the workplace. These recommendations focus on four key areas (1) awareness raising, (2) improving access to formal and informal support, (3) practical workplace changes including temperature control, and (4) improving workplace flexibility.

Whilst this growing body of evidence begins to shine a light on an important occupational, health and wellbeing issue, there remains much work to be done both in terms of continued research and

evidence gathering as well as by workplaces and employers. Brewis et al. (2017) have identified a number of important gaps in current knowledge of the role, effect and impact of the menopause in the workplace, these gaps include; a lack of longitudinal studies – thus limiting knowledge on cause and effect relationships, an over-reliance upon self-reported data from menopausal women, a lack of studies using objective tests of workplace performance, few studies outlining the effectiveness of workplace interventions. Furthermore, Brewis et al. identify a lack of studies reporting data from the UK and a lack of research focussing on other people's reactions to the menopause in the workplace (2017) – as such this research aims to fill these knowledge gaps through an investigation into the experience of menopause in the PSNI and through the exploration of the views, opinions and perceptions of the menopause in the workplace from women who have yet to go through it.

Research Design

This research has been conducted by the Police Federation for Northern Ireland (PFNI), the statutory body with the responsibility to represent all federated officers in the PSNI. This responsibility places the PFNI in a unique position to explore issues which are of relevance to the job, health and welfare of current and future PSNI officers. Whilst this may be deemed as a perceived conflict of interest, the PFNI research department is bound by the procedures set out in its Research Governance which detail the requirement to maintain the highest levels of research rigour and integrity throughout all its research projects. As such the research department of the PFNI have approached this project in an objective and unbiased manner.

The study has two key aims, firstly to gather evidence and develop the current knowledge base regarding the way in which women experience menopause in the workplace and secondly, to develop *new* knowledge which explores the perception of the menopause in the workplace from females who have yet to go through it. This research is based upon the experience and perception of female police officers currently serving within the Police Service of Northern Ireland (PSNI).

The research utilised a single quantitative data collection method, and as such all of the primary data presented in this report has been collected through an online survey. The questions posed to the sample group were based upon questions developed by the Institute of Work, Health and Organisations and reported in two research studies, including a survey of 249 menopausal police officers serving in 7 police forces across England (Griffiths, et al., 2006) and a survey of 912 menopausal women from 10 professional, UK based organisations (Griffiths, et al., 2010). This provides an important comparative element to this study and enables the identification of issues which are more / less prevalent in Northern Ireland (NI) or which have altered in their significance overtime.

Sampling

This research benefitted from the opportunity to utilise a total sampling technique, meaning that *all* serving female PSNI police officers were asked to participate regardless of their age, thus removing any selection bias. This contrasts with the sampling techniques deployed within both of the comparative studies previously outlined:

- 7 police forces in England participated in the study conducted by Griffiths et al. (2006). Forces were selected from each region of England, including both urban and rural Constabularies. Questionnaires were distributed to all women police officers **aged 40+;**
- 10 professional UK based organisations were included in the study conducted by Griffiths et al. (2010). These organisations included 8 different sectors and all respondents were engaged in white-collar, non-manual work. All female employees **aged between 45 and 55** were asked to participate.

Whilst these aged based sampling techniques were used to target women most likely to have experience of the menopause in the workplace, they exclude any input from women experiencing early-onset menopause, and as in Griffiths et al. (2010), the views of older, post-menopausal women. In addition, this research provided pre-menopausal women with the opportunity to express

their views and opinions regarding their perception of the menopause in their workplace. This is an important extension to studies of the menopause in the workplace as it explores the perceptions of workplace colleagues, thus filling the knowledge gap identified by Brewis et al. (2017). However, in order to provide a more holistic understanding of how the menopause is perceived within the workplace, it is imperative that future research also includes insights from male colleagues.

The final useable sample consisted of 852 responses, giving a response rate of 40%. 127 responses were submitted from the 'menopausal group' (i.e. self-reported peri-menopausal / menopausal / post-menopausal), accounting for 15% of responses. 725 'pre-menopausal' responses were submitted (i.e. per-menopausal and undefined) – accounting for 85% of the final sample.

Consent

Full, free and informed consent was required from every participant who took place in this study. The professional nature of the population sample is indicative of the competence of each participant to freely give this consent. The first two screens of the online survey provided a range of details regarding participation in the study, including details of the study aims, anonymity, voluntary participation, ethical considerations and future reporting of the research results. Contact details for the PFNI research department were provided, should participants wish to ask any questions about the study.

In order to participate in the research each respondent was asked to confirm that they had read and understood the information provided, that they understood that their participation is voluntary, that their responses would be anonymous and that only anonymised data would be used in future publications. Full consent was given by every respondent in the final, usable sample.

Questionnaire

The questionnaire which forms the basis of this research is an adapted version of a questionnaire designed by Professor Griffiths, Dr Cox and Ms Wong from the University of Nottingham, Institute of Work, Health and Organisations. Permission to use this questionnaire was provided by Professor Griffiths. The questions which were presented to respondents who were identified as being peri-menopausal / menopausal / post-menopausal were taken directly from this questionnaire, however some alterations were made to question and item wording following a pilot study with serving police officers from the Women's Police Association (WPA). The questions which were presented to female officers who were identified as being pre-menopausal or whose menopausal status was undefined were adapted versions of these questions, which sought information on perceptions rather than experience.

The questionnaire was created using the Survey Monkey online platform and distributed via the PSNI internal e-mail system, with an email sent directly to all serving female PSNI officers from the Chairman of the PFNI. The survey remained open for three and a half weeks in January and February 2018. Paramount to the design of the online survey was a need to reduce, as far as possible, respondent burden through the use of adaptive questioning which reduces the number of questions seen by respondents depending upon previous answers given. The only mandatory questions within the survey were those which were used to determine the following questions i.e. menopausal status

was determined by the first five questions, the answers of which determined which set of questions were then presented.

The questionnaire covered a range of topics relating to the menopause including, attitudes towards the menopause, symptoms of the menopause, the impact of the working environment, disclosure, personal experience and Hormone Replacement Therapy (HRT). Questions were also designed to ascertain a range of personal and workplace characteristics of the sample group.

Once the survey closed, the raw data was exported from Survey Monkey to SPSS (version 24), where the data file was cleaned and the final data analysis was conducted. The raw data was subsequently deleted from the Survey Monkey platform. The data file is stored electronically and is only accessible by the PFNI researcher.

Survey items

The first five questions, which related to menstruation, were designed to enable the categorisation of the respondents into one of two groups: menopausal (including peri-menopausal and post-menopausal) and pre-menopausal (including any undefined respondents). These questions included the presence or absence of a menstrual period in the previous 12 months, any unpredictability in menstrual periods compared to the previous year, the presence or absence of a menstrual period in the previous 3 months and if periods had stopped for any other reason except the menopause (i.e. medication, chemotherapy, radiation treatment, pregnancy, breast feeding or severe weight loss). These questions were key to enabling both menopausal and pre-menopausal women to participate in a single questionnaire through the use of advanced branching logic which directed respondents to certain questions depending upon their menopausal status.

A key condition of this 'dual-survey' approach was to ensure that participation would not cause any undue concern regarding menopausal status – as such this status was determined and applied through the survey coding and was never presented to the respondents. Furthermore, the design of the survey was such that it aired on the side of caution by ensuring that only those participants who have not had a menstrual period in the previous 12 months (and not as a result of medication / chemotherapy / radiation treatment / pregnancy or severe weight loss) *or* those who reported that their period had become less predictable over the previous 12 months *and* that they had not had a period in the previous 3 months (again, not as a result of medication / chemotherapy / radiation treatment / pregnancy or severe weight loss) were directed to complete questions regarding personal menopausal experience. If neither of these criteria were met (or any 'unknowns' were identified by respondents), participants were directed to complete questions regarding their perception of the menopause in the workplace.

The breakdown of respondents by their self-defined menopausal status is shown in Table 1. As expected, the largest group is the pre-menopausal group at 85% of respondents. Women in the menopausal group accounted for 15% of all the respondents. The analysis of data throughout this report has been presented using these two groups.

Table 1: Survey respondents, self-defined menopausal status

Self-defined menopausal status	Frequency	Percent
Menopausal / post-menopausal	97	
Peri-menopausal	30	
TOTAL MENOPAUSAL GROUP	127	15%
Pre-menopausal	693	
Undefined	32	
TOTAL PRE-MENOPAUSAL GROUP	725	85%
Total	852	

Attitudes towards the menopause

Respondents were presented with 12 statements relating to different views of, and attitudes towards, the menopause. They were asked to rate their level of agreement with each. A 5-point Likert Scale was used ranging from 'strongly disagree' to 'strongly agree'. The question wording was the same as that included in the Institute of Work, Health and Organisation's questionnaire, however there were a number of differences in the items presented, differences which emerged following the pilot study with officers in the Women's Police Association.

Whilst the original questionnaire asked respondents if they felt 'the menopause is a natural life stage, not a medical disorder', participants of the pilot study felt this item should be altered to ask if the menopause is viewed as 'a natural life stage' and if it is viewed as a 'medical condition'. Furthermore, following a report from Unison in which the menopause was described as an 'occupational health issue' (2013) alongside comments from the Chief Constable of West Yorkshire Police which identified the menopause as 'an occupational issue of growing importance' (PFEW, 2016), a new item was added to this questionnaire which asked respondents if the menopause is 'an occupational health issue'. Together, these statements provide a broader understanding of attitudes towards the menopause. The 6 following statements remained unaltered, providing a comparison of how attitudes towards the menopause differ between workplaces and overtime.

Three further statements were presented which explored the relationship between menopausal symptoms and job performance. These included the personal perception that performance in the workplace has been negatively impacted by menopausal symptoms, that the application of extra effort at work has helped to overcome difficulties and the perception of competence at work as viewed by manager's and colleagues. The same 5-point Likert Scale was used.

In order to provide a benchmarked exploration of how attitudes towards the menopause change from those held by women who have yet to go through the menopause to the impact of personal experience, pre-menopausal respondents were also asked to rate their level of agreement with 9 of these 12 statements. The wording of the question and items were altered to reflect the position of pre-menopausal women. Three items were removed as they related directly to the experience of the menopause.

Menopausal symptoms

A list of 19 menopausal symptoms were presented and respondents were asked to indicate the extent to which they are or were bothered, in general, by each. A 4-point Likert Scale was used, ranging from 'not at all' to 'extremely'. A 'not applicable' option was also included enabling respondents to identify any symptoms which did not feature as part of their menopausal experience.

The list of menopausal symptoms used is reflective of the complete list included in the Institute of Work, Health and Organisation's questionnaire. However, the question wording differed slightly. Whilst the original questionnaire asked about the extent to which participants were 'currently' bothered by each symptom, this study sought a broader understanding of the effect of menopausal symptoms, whilst also enabling post-menopausal women to outline their past experiences. Respondents were asked to indicate 'the extent to which you are/were bothered by any of these symptoms in general?'

In order to understand which symptoms (from the list of 19 previously outlined), if any, cause particular problems within the workplace, respondents were presented with a list of all the symptoms they had previously selected as being 'a little', 'a bit', 'quite a bit' or 'extremely' bothersome *in general*, and were asked to identify which of these have caused them problems in their workplace.

A similar question was also included within the original questionnaire, however this re-stated the completed 19-item list, rather than a list which was only reflective of those symptoms previously identified as 'bothersome'. This alteration was made in order to reduce the time burden placed on respondents. Furthermore, the original questionnaire again specified that respondents should consider symptoms which were 'currently' causing them problems at work, whilst this study asked for information on symptoms which have caused problems at work.

Work environment and workplace changes

Understanding how various elements of the working environment impact upon menopausal symptoms and conversely, identifying what workplace changes could be made to make things better for women going through the menopause, were key outcomes of this study.

Respondents were presented with a list of 13 items relating to their working environment and were asked to identify which, if any, had adversely impacted upon their menopausal symptoms. Nine of these items originated from the 2006 Griffiths et al. study – meaning that they were directly relevant to the policing environment. Slight wording alterations were made to two of the items from 'pressure of strict deadlines' to 'pressure of tight deadlines' and from 'design of uniforms' to 'design of uniforms (material / fit)'. These changes were recommended during the pilot study. Four additional items were also added to this question including the impact of not being based in an office, shift work, recalling detailed information and the security risk associated with your job. These items were also discussed during the pilot study.

Ten potential workplace changes were highlighted and respondents were asked to rank the top three items they felt could be enacted in their workplace to help make things better for women going through the menopause. Respondents also had the opportunity to provide any 'other;

responses to this question.

Experience of the menopause

Using a 5-point Likert Scale ranging from 'not at all' to 'extremely difficult' respondents were asked to outline how difficult it is/was managing life generally and managing in work when considering the impact of the menopause. Both of these questions were taken from the Institute of Health, Work and Organisations questionnaire.

This study sought to gather a greater level of detail regarding the experience of working through the menopause. Respondents were asked if they would describe their experience as positive, negative or if they were unsure. Those respondents who selected either positive or negative were then asked to provide details of any good or poor working practices which contributed to their experience.

Disclosure

Respondents in both the menopausal and pre-menopausal groups were asked a range of questions regarding the disclosure of menopause related information within the workplace. These questions were taken from the questionnaire developed by the Institute of Work, Health and Organisations.

Respondents in the menopausal group were asked if they have told their line manager they are/were experiencing symptoms of the menopause. A list of 8 items were presented to respondents who selected 'no' with the aim of highlighting key reasons for non-disclosure, whilst those who selected 'yes' were asked to select, from a list of 4, the key reasons for disclosure. Respondents were then asked if they have ever taken a day off work because of their menopausal symptoms. Those who identified that they had taken a day off were asked if they had disclosed the real reason for their absence to their line manager.

Exploring the issue of disclosure with pre-menopausal women provided an extra insight into how females in the workplace view the menopause and their perception of the likely support available. This helps to develop an understanding of the wider context within which women experience the menopause. In order to consider these issues respondents from the pre-menopausal group were asked to outline how likely they think they would be to seek support about the menopause from a range of sources including, GP's, specialists, line manager, colleagues, formal workplace support and family and friends. A 3-point Likert Scale was used which ranged from 'not likely' to 'very likely'. A don't know option was also provided.

The pre-menopausal respondents who reported that it was 'not likely' that they would seek support from their line manager were presented with the same 8 items as respondents in the menopausal group, and were asked to identify the factors which they feel would contribute to their decision not to inform their line manager.

Hormone Replacement Therapy (HRT)

As one of the most widely reported treatments available for women going through the menopause, respondents in both the menopausal and pre-menopausal groups were presented with questions relating to Hormone Replacement Therapy (HRT). The pre-menopausal group were asked about their awareness of HRT, whilst the menopausal group were asked about their use of the treatment. Both groups were asked about their attitude towards HRT.

The menopausal group were asked if they had taken any female hormones, including HRT in the previous 12 months – those who stated that they had taken HRT were then asked if they decided to do so to help them cope with work and if using HRT had indeed helped with this. The pre-menopausal group were asked if they had heard of HRT (yes, no). Both groups were asked about their attitude towards HRT, using a 3-point Likert Scale (positive, neutral and negative). A don't know option was also provided. These questions also featured in the Institute of Work, Health and Organisations questionnaire.

Personal and workplace characteristics

The final survey questions aimed to gather information on a range of personal and workplace characteristics. These questions included details regarding age, marital status, caring responsibilities, educational qualifications, length of police service, rank, working hours, role, physical activity at work, details about line managers and opinions on how older police officers are viewed in the workplace.

Finally, respondents were asked to complete the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) in order to provide a measure of wellbeing across the group. The SWEMWBS is a shortened version of the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) which has been used to monitor mental wellbeing at national and local levels. The scale is not designed as a screening tool but measures, in a more generalised context, mental wellbeing within the general population (Warwick Medical School, 2013).

The opening sections of this report will outline the personal and workplace characteristics of the sample group.

Respondent Characteristics

Table 2 identifies the key characteristics of the total respondent sample, as well as a breakdown of these characteristics for each of the two sub-sample groups. The average age of the *total* sample is 42, however this rises to 51 for the menopausal group – this is the average age at which women in the UK experience menopause. At 41, the average age for the pre-menopausal group is, as expected, lower than the menopausal group.

These differences are also reflected in the average length of service within the PSNI for each group. At 21 years, the average length of service for the menopausal group is 6 years longer than that in the pre-menopausal group. This identifies a significant level of policing experience across the total sample, but also indicates the number of years these officers have yet to serve before reaching their full thirty years' service.

Table 2: Respondent characteristics

	All respondents	Menopausal	Pre-menopausal
Average age (years)	42	51	41
Average length of service (years)	16	21	15
Majority rank	Constable (74%)	Constable (76%)	Constable (73%)
Majority working patterns	Full-time (90%)	Full-time (92%)	Full-time (90%)
Majority policing role	Crime operations (42%)	Crime operations (40%)	Crime operations (43%)
Majority marital status	Married / civil partnership (58%)	Married / civil partnership (50%)	Married / civil partnership (60%)
Percentage with caring responsibilities	74%	70%	74%
Highest educational qualification	Degree or higher (46%)	Degree or higher (31%)	Degree or higher (49%)

The majority of respondents in each group (+73%) are at the rank of Constable. This sampling is reflective of the percentage of officers at the rank of Constable across the PSNI, which averages at approximately 75% (PSNI, 2018a). Over 90% of all the respondents are working full-time hours. There is a 2pp difference between those in the menopausal group (92%) and those in the pre-menopausal group (90%) who work full-time. 42% of all the respondents are deployed within Crime Operations; a 3pp difference is evident between the two sub-samples, with 40% of those in the menopausal group and 43% in the pre-menopausal group working in Crime Operations.

58% of all the respondents are married / in a civil partnership, however this declines to 50% for those from the menopausal group and increases to 60% for respondents in the pre-menopausal group. A significant majority (74%) identified that they had some degree of caring responsibility, with the pre-menopausal group 4pp higher than the menopausal group. Almost half of the pre-menopausal group identified that they have a degree (or higher degree), whilst just 31% of those in the menopausal group reported being educated to degree level.

Wellbeing

The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) was included within the questionnaire to provide a measure of wellbeing across the sample groups. The SWEMWBS is a shortened version of the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) which has been used to monitor mental wellbeing at national and local levels. The scale is not designed as a screening tool but measures, in a more generalised context, mental wellbeing within the general population (Warwick Medical School, 2013).

The full WEMWBS includes 14 items which measure subjective wellbeing and psychological functioning. The shortened scale includes 7 of the items specifically measuring the 'feeling and functioning aspects of positive mental well-being' (New Economics Foundation, 2012). The scale is scored by summing the response to each item, which is presented on a 5-point Likert scale, this is then transformed using a conversion table. Each final score ranges between a minimum of 7 and a maximum of 35, with a higher score indicative of 'better' mental wellbeing.

The analysis has been conducted on n-1 responses, with one *incomplete* response removed from the analysis. The final transformed SWEMWBS score for the *total* sample was 21.44 (with a 95% confidence interval of 21.18 and 21.70, standard deviation = 3.59). **No significant difference was found between the mean score for the menopausal and pre-menopausal groups.** A one-sample t-test was run to determine if the wellbeing score for the sample group is statistically different from the wellbeing score for the Northern Ireland population. The sample group score was normally distributed, as assessed by Shapiro-Wilks test ($p > 0.01$). The mean wellbeing score (21.44 ± 0.52) for the sample group is lower than the NI average, which when measured on the same 7-point scale provided a population mental wellbeing score of 24.9 in 2012/13 (NISRA, 2017). This produces a statistically significant difference of -3.45 (95% CI, -3.71 to -3.19) ($t(729) = -25.97, p = 0.000$) and identifies that **the difference in the mental wellbeing scores between the two population groups is statistically significant.**

The results provided in response to the 7 individual wellbeing items are shown in Table 3. The highest rated statement is 'I've been able to make my own mind up about things' with an average score of 3.8/5, whilst the lowest rated statement is 'I've been feeling relaxed' which received an average score of 2.8/5.

Table 3: The Short Warwick-Edinburgh Mental Wellbeing Score, all respondents (%)

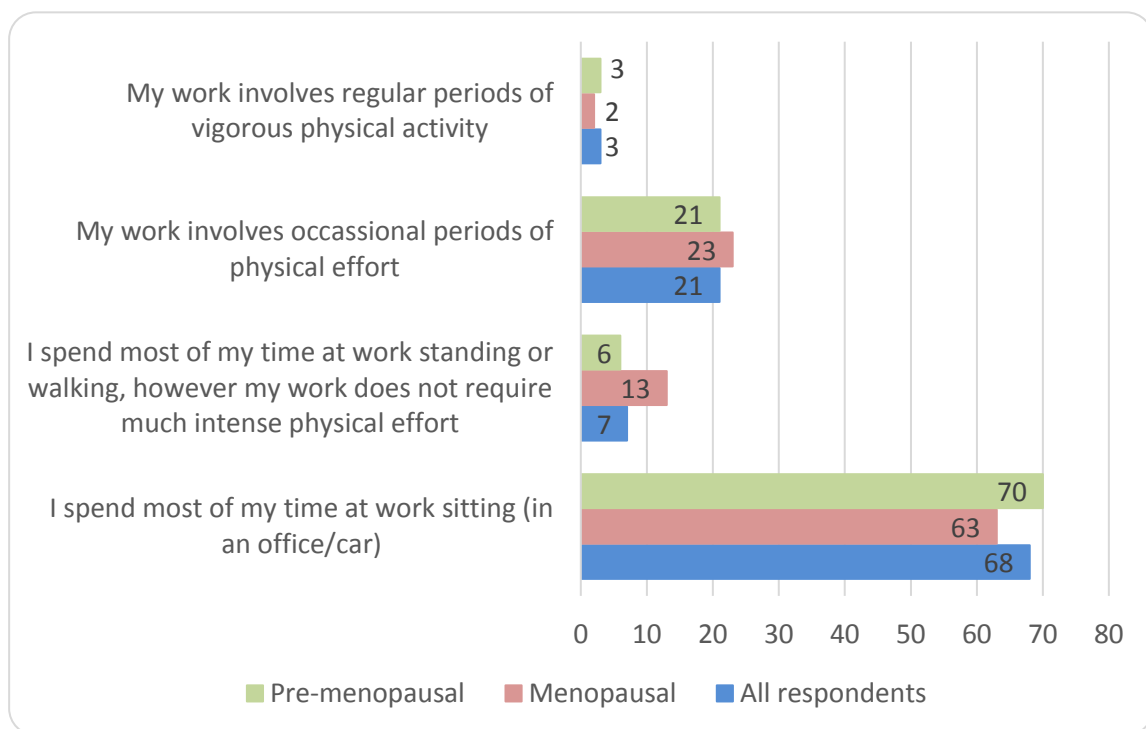
	None of the time (%)	Rarely (%)	Some of the time (%)	Often (%)	All of the time (%)	Mean Score
I've been feeling optimistic about the future	2	14	38	41	6	3.4
I've been feeling useful	2	13	42	38	6	3.3
I've been feeling relaxed	6	30	41	21	2	2.8
I've been dealing with problems well	2	7	45	42	4	3.4
I've been thinking clearly	1	10	40	43	6	3.4
I've been feeling close to other people	4	13	37	40	6	3.3
I've been able to make my own mind up about things	-	4	27	52	17	3.8

Workplace characteristics

Over two thirds of all respondents reported that they spend most of their time at work sitting, either in an office or in a patrol car. At 70%, the proportion of pre-menopausal women who reported their working day as largely stationary, is greater than the proportion of respondents from the menopausal group, at 63%.

A similar percentage of respondents from the two sample groups reported that their work involves occasional periods of physical effort (21% pre-menopausal and 23% menopausal) or regular periods of vigorous physical activity (3% pre-menopausal and 2% menopausal). There was a 7pp difference between respondents in the pre-menopausal group who reported that they spend most of their time at work standing or walking (6%) and the menopausal group (13%).

Figure 1: The amount of physical activity involved in your work (%)



The majority of respondents from both the menopausal and pre-menopausal groups noted that their line manager is a police officer (98%) as opposed to police staff (2%). The majority of respondents also reported that they have a male line manager (71%), however this was greater for respondents in the menopausal group (75%) than in the pre-menopausal group (70%).

Almost half of all the respondents reported that their line manager was aged in their 40s (48%), with 23% selecting in their 30s and 29% in their 50s. A greater proportion of respondents in the menopausal group reported having a line manager in their 50s (34%) than the pre-menopausal group, where 28% selected this option.

Table 4: Is your line manager....? (%)

	Male (%)	Female (%)	Police officer (%)	Police Staff (%)
All respondents	71	29	98	2
Menopausal	75	25	98	2
Pre-menopausal	70	30	98	2

	In their 30s (%)	In their 40s (%)	In their 50s (%)
All respondents	23	48	29
Menopausal	20	46	34
Pre-menopausal	23	48	28

Women in the menopausal group were asked a number of additional questions regarding the characteristics of their workplace. 68% of respondents in the menopausal group reported that they had some control over the temperature of their usual working environment (i.e. the ability to open a window or to switch on a fan), whilst 32% said that they did not have any control over this. Almost three quarters of respondents said that they had enough toilets in their workplace and 80% were satisfied with the cleanliness of the toilets.

Less than one third of respondents (32%) in the menopausal group said that they had a rest area(s) in their workplace where they could relax/be quiet. 68% reported that their workplace did not have such a rest area. Almost half of the respondents (46%) said that they had access to cold drinking water in their workplace, whilst 54% reported that they did not.

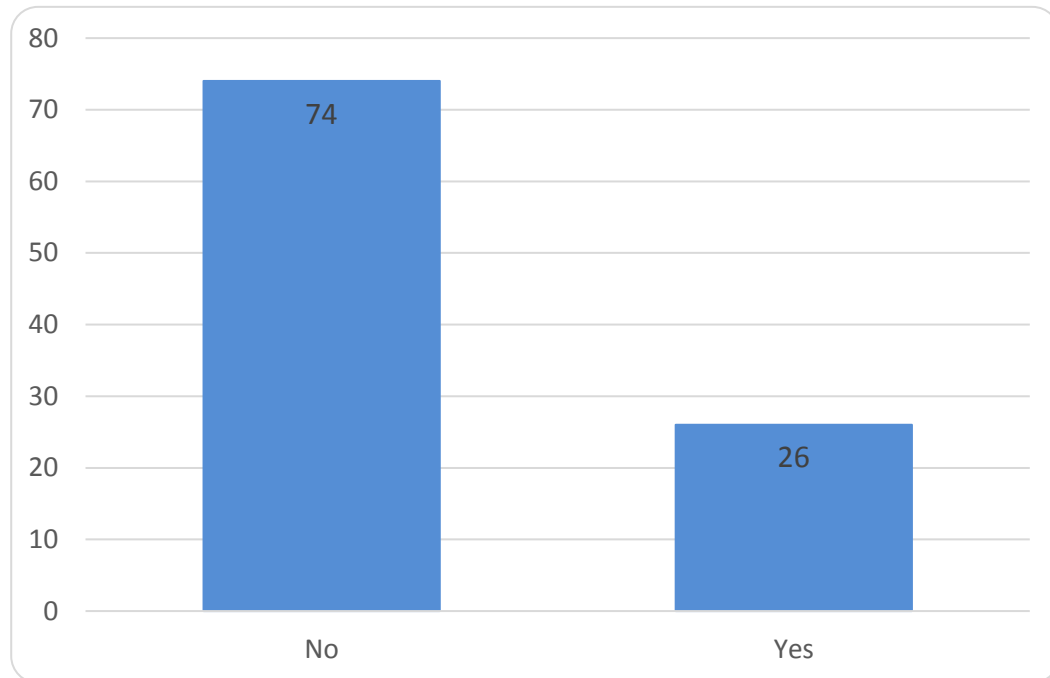
Table 5: Workplace characteristics, menopausal women (%)

	No (%)	Yes (%)
Do you have any control over temperature of your working environment?	32	68
Are there enough toilets in your workplace?	28	72
Are you satisfied with the state of cleanliness of the toilets?	20	80
Are there any rest areas in your workplace?	68	32
Is cold drinking water readily available in your workplace?	54	46

Flexibility in working hours and workplace practices emerged as a key outcome across numerous studies which have assessed the impact of the menopause in the workplace (Griffiths, et al., 2006; Griffiths, et al., 2010; Griffiths, et al., 2016). As such respondents in the menopausal group were asked to identify if they feel they are able to negotiate their working hours / working practices as much as they need to in order to help them deal with the menopause.

Almost three quarters of all the respondents in the menopausal group (74%) said that they are not able to negotiate their working hours or working practices as much as needed to help deal with the menopause. 26% of respondents reported that they are able to negotiate their working hours and working practices.

Figure 2: Are you able to negotiate your working hours / working practices as much as you need to help you deal with the menopause? Menopausal women (%)



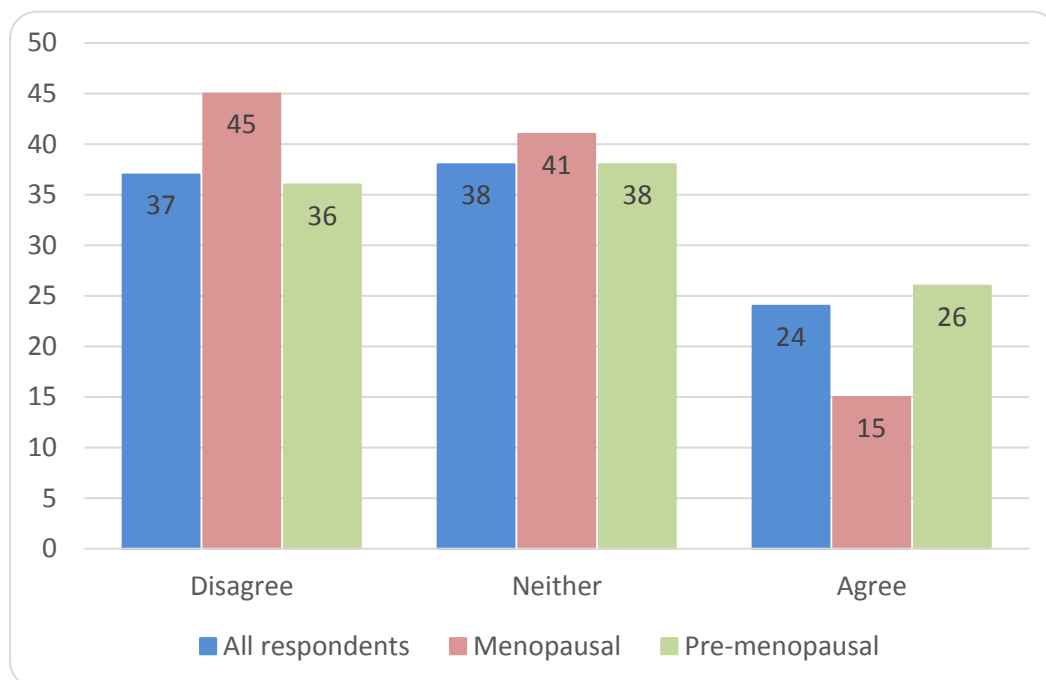
The value of older workers

Less than one quarter (24%) of all the respondents agreed or strongly agreed that the PSNI values the contribution of older workers. The level of agreement is lower for those in the menopausal group than the pre-menopausal group, with 15% reporting that they agree or strongly agree and a further 41% neither agreeing nor disagreeing. 45% of respondents in the menopausal group disagreed that the PSNI values the contribution of older workers.

Over one third of respondents in the pre-menopausal group reported that they disagreed or strongly disagreed (37%) that the PSNI values the contribution of older workers and just over one quarter (26%) of this group agreed or strongly agreed with this statement.

The results from Griffiths et al. identify that 41% of female, menopausal police officers across seven police forces in England reported that their police force valued the contribution of older workers (2006). This is a greater proportion of female officers than is evident within the PSNI, including when compared against the results from both the menopausal and pre-menopausal groups.

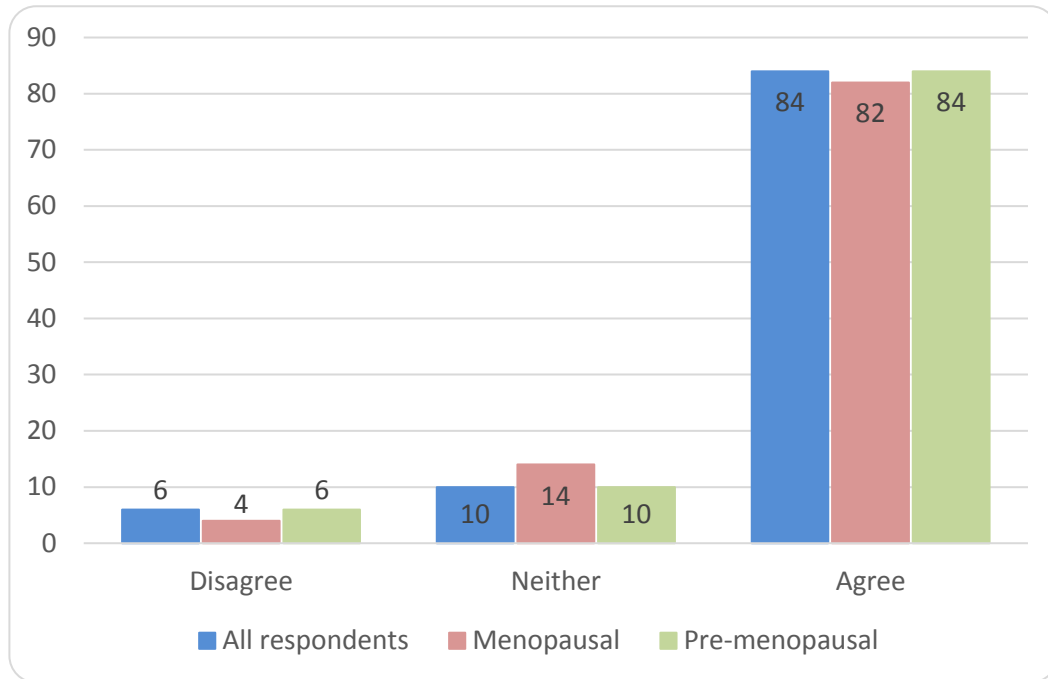
Figure 3: The PSNI values the contribution of older workers (%)



More than eight in every ten respondents agreed or strongly agreed that the PSNI has the same expectations of the physical capabilities of younger and older officers. Just 6% disagreed with this, rather reporting that expectations within the PSNI differ for older and younger police officers.

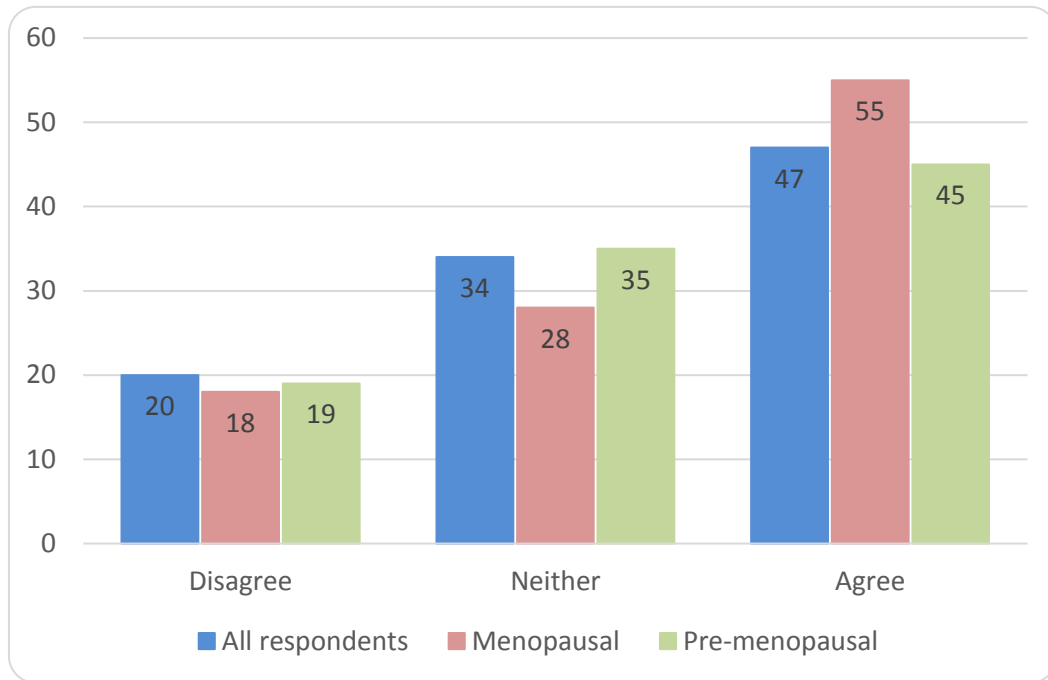
The percentage of respondents in the menopausal group who agreed that the PSNI have the same expectations of the physical capabilities of younger and older officers in Northern Ireland, is slightly lower than the overall rate, at 82%. This compares with findings from Griffiths et al. (2006) who report that 87% of menopausal police officers in England agreed that their police force has the same expectations regarding the physical capabilities of older and younger police officers.

Figure 4: The PSNI has the same expectations of the physical capabilities of younger and older officers (%)



Overall, 47% of respondents agreed or strongly agreed that ageist attitudes and jokes are part of police culture. One fifth of all respondents disagreed or strongly disagreed with this statement. However, the level of agreement from respondents within the menopausal group (55%) is 10pps higher than that reported by the pre-menopausal group (45%). Comparing these results with those outlined by Griffiths et al. (2006) highlights that a greater proportion of menopausal women serving in the PSNI agree that ageist attitudes and jokes are a part of police culture, relative to those serving in England, where 46% agreed.

Figure 5: Ageist attitudes and jokes are part of police culture (%)



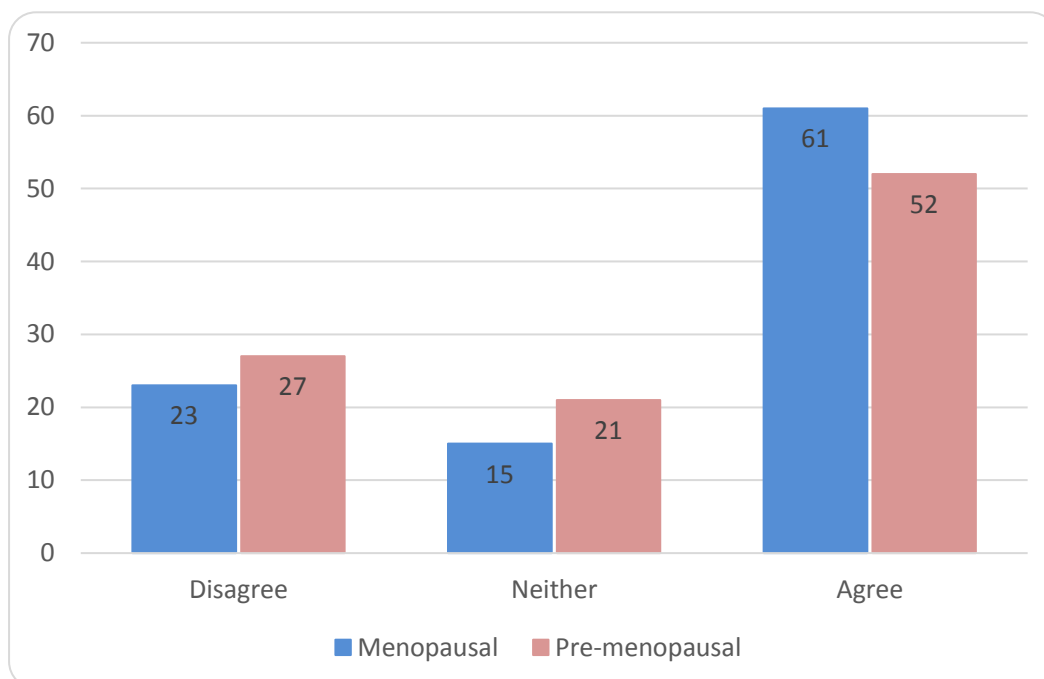
Attitudes towards the Menopause

Respondents from the menopausal group were presented with nine statements which aimed to assess their views of, and attitudes towards, the menopause. Eight similar statements were also presented to the pre-menopausal group with the aim of understanding the perception of the menopause from females who have yet to go through it (one statement was excluded from this group as it referred directly to the on-set of menopause). Respondents were asked to rate their level of agreement or disagreement with each statement.

Eight of the nine statements were also included in a study conducted in England in 2010 which assessed the views and opinions of 912 menopausal females from 10 professional UK based organisations (Griffiths, et al., 2010). Where appropriate these results have been referenced to provide a comparative understanding of how the views and attitudes of females differ between the officers serving in the PSNI and other professional UK based organisations. One of the nine statements was designed specifically for inclusion as part of *this* study only and as such no comparative data is available.

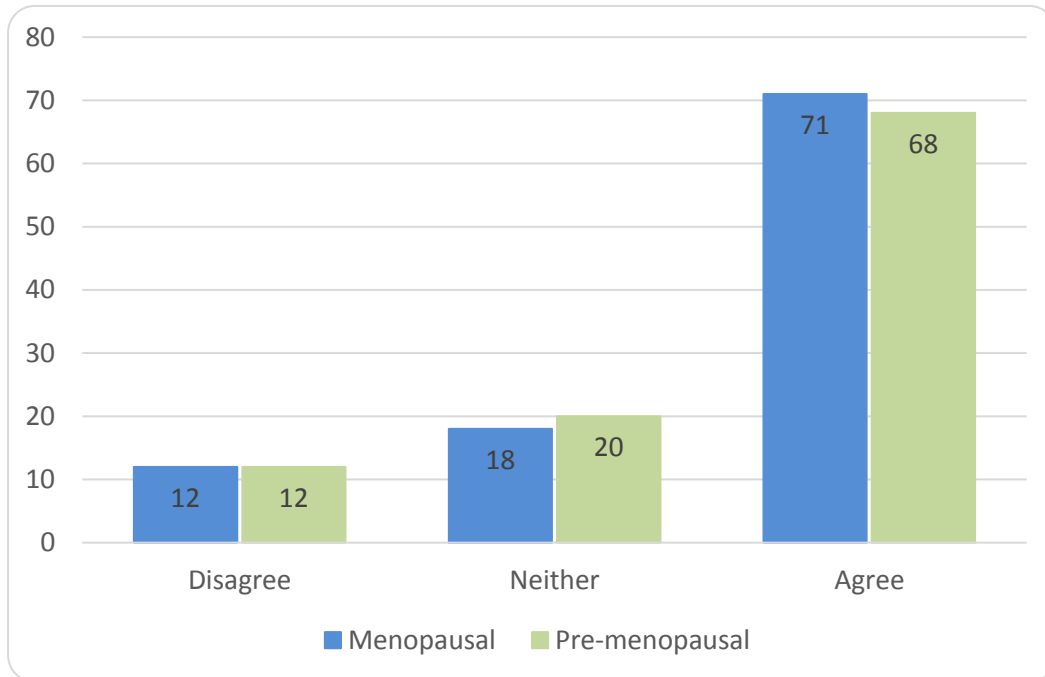
The first three statements sought to understand if female police officers view the menopause as a 'natural life stage' and the extent to which they are of the opinion that the menopause is a medical condition and an occupational health issue. Almost 100% of respondents, both from the menopausal group (94%) and the pre-menopausal group (98%), agreed or strongly agreed that the menopause is a 'natural life stage'. Agreement regarding the view of the menopause as a 'medical condition' was less conclusive, with 61% of females in the menopausal group and 52% of females in the pre-menopausal group agreeing or strongly agreeing. Almost one in every four respondents disagreed or strongly disagreed with this statement, including 23% of respondents in the menopausal group and 27% of respondents in the pre-menopausal group.

Figure 6: The menopause is a medical condition (%)



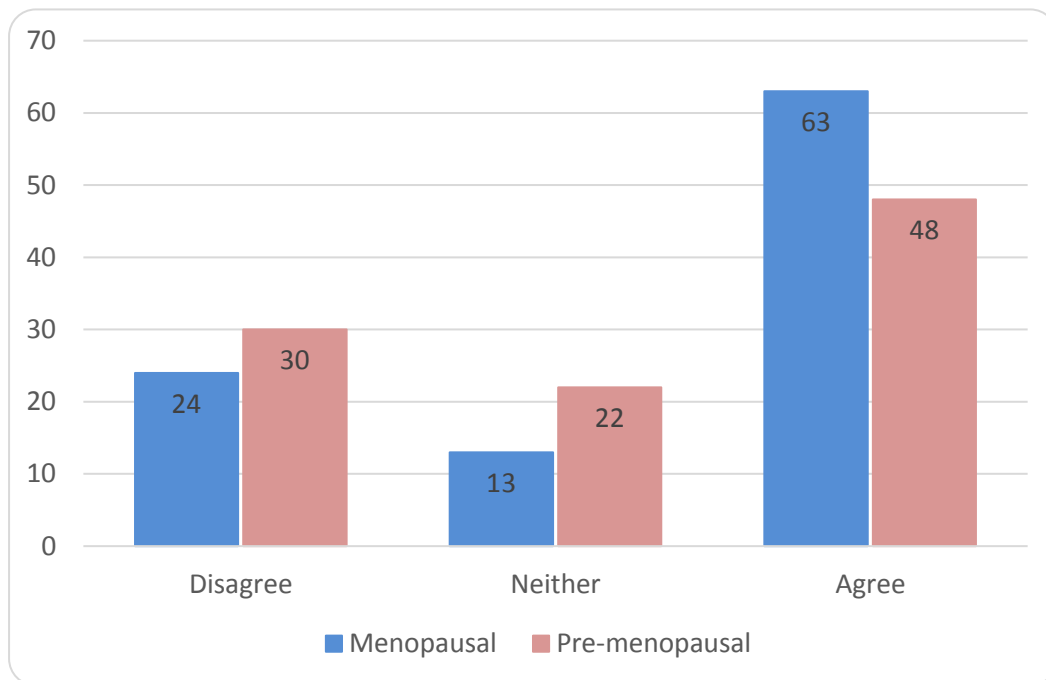
Following a report from Unison in which the menopause was described as an ‘occupational health issue’ (2013) alongside comments from the Chief Constable of West Yorkshire Police which identified the menopause as ‘an occupational issue of growing importance’ (PFEW, 2016), this study asked respondents to what extent they agree or disagree that the ‘menopause is an occupational health issue’.

Figure 7: The menopause is an occupational health issue (%)



The majority of respondents in both groups agreed or strongly agreed that the menopause is an occupational health issue. 71% of respondents in the menopausal group agreed whilst 68% of those in the pre-menopausal group agreed. This is a greater proportion of respondents than those who agreed that the menopause is a medical condition. 12% of respondents in both groups disagreed or strongly disagreed with this statement.

Figure 8: The menopause is not something you talk about at work (%)

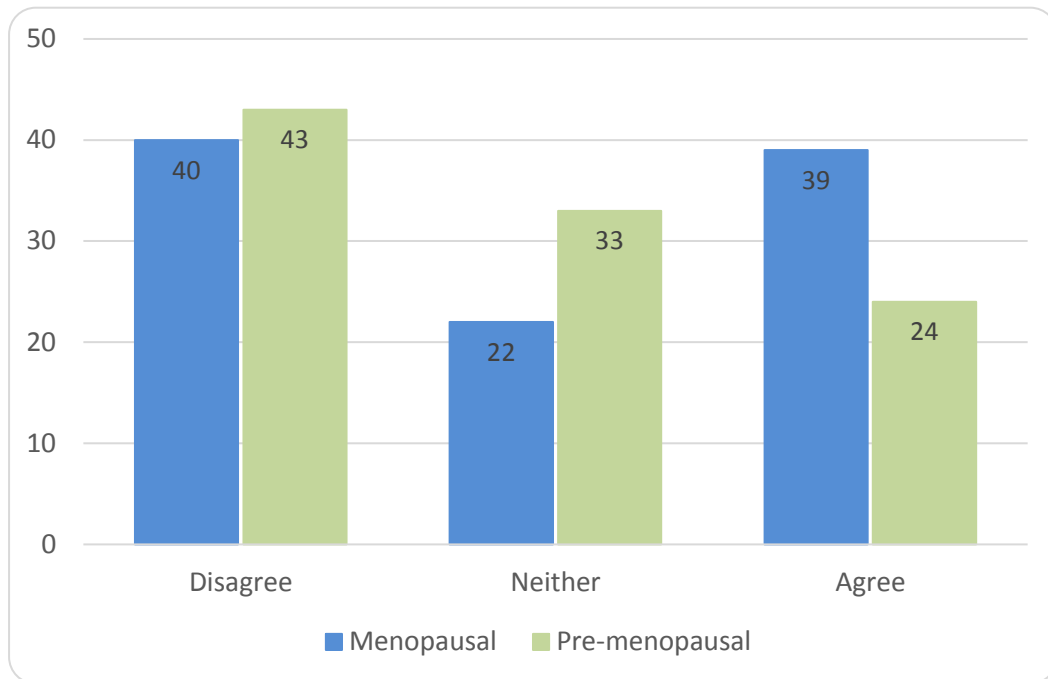


A greater proportion of respondents from the menopausal group (63%) agreed or strongly agreed that the menopause is *not* something you talk about at work, relative to the pre-menopausal group where less than half agreed (48%). Less than one quarter of respondents in the menopausal group (24%) disagreed or strongly disagreed with this whilst 30% of those in the pre-menopausal group disagreed. The results from both of these groups contrast starkly with the results obtained by Griffiths et al. (2010) in a survey of 912 women from 10 professional UK based organisations, where 33% of respondents agreed or strongly agreed that the menopause is *not* something you talk about at work – this is 30pps lower than reported in this study.

More than three quarters of females in the PSNI menopausal group (77%) agreed or strongly agreed that the menopause is a sign of age, whilst 17% disagreed or strongly disagreed. 76% of the menopausal respondents from Griffiths et al. (2010) agreed with this statement and 13% disagreed. In contrast, fewer females in the pre-menopausal group agreed or strongly agreed (67%) with this statement.

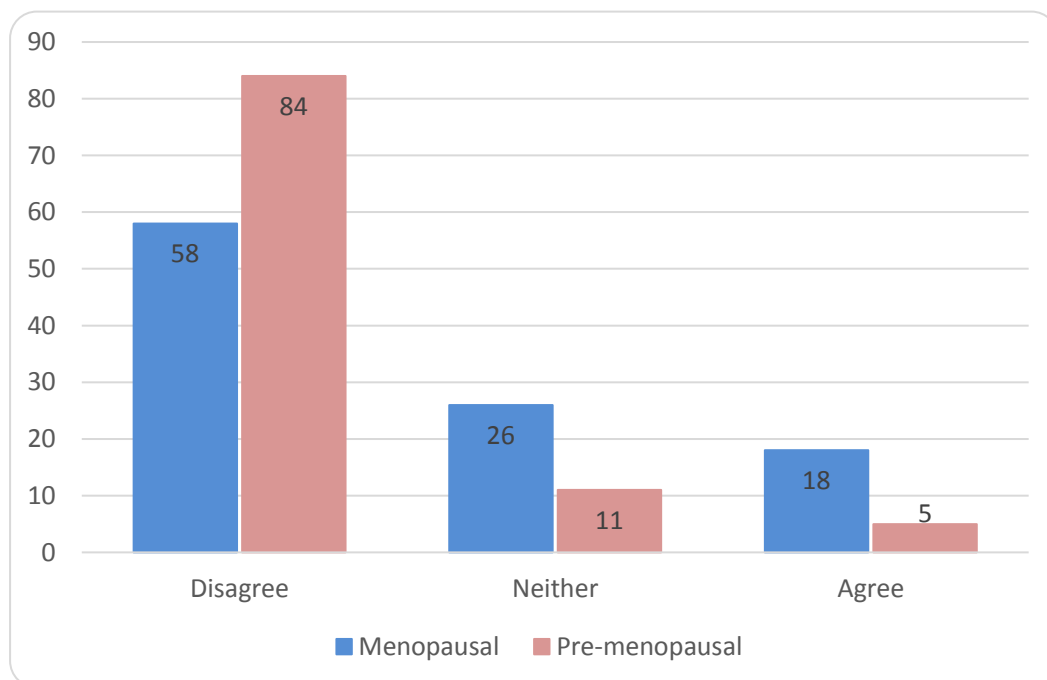
Respondents were asked to what extent they agreed or disagreed that the menopause is a sign of feeling less attractive. A smaller proportion of respondents from the pre-menopausal group were in agreement with this statement (24%) relative to the menopausal group (39%), however there were similar levels of agreement (43% and 40% respectively). The study of 10 professional UK based organisations found that just 29% of menopausal women agreed that the menopause is a sign of feeling less attractive whilst 54% disagreed (Griffiths, et al., 2010).

Figure 9: The menopause is a sign of feeling less attractive (%)



The majority of respondents in the menopausal group disagreed or strongly disagreed (58%) that they now know everything they need to know about the menopause, less than one fifth (18%) agreed. A similar proportion of menopausal women in the 10 professional UK based organisations (59%) also reported a lack of personal knowledge regarding the menopause (Griffiths, et al., 2010). Perhaps unsurprisingly, a much greater proportion of females from the pre-menopausal group disagreed (84%) that they know everything they need to know about the menopause, with just 5% agreeing.

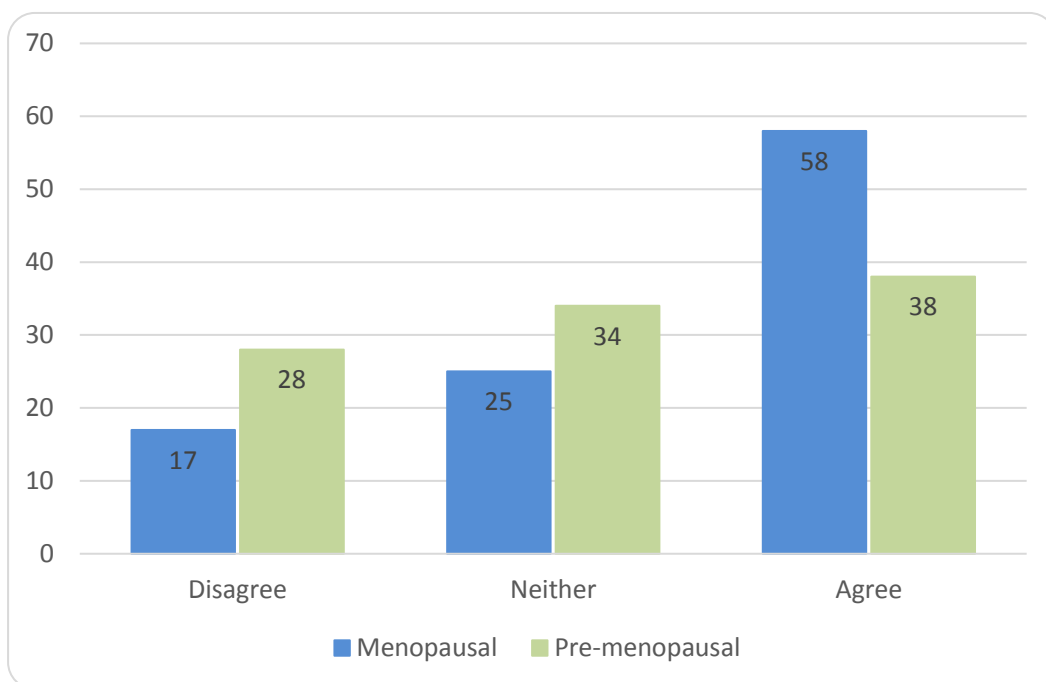
Figure 10: I know everything I need to know about the menopause (%)



25% of females in the menopausal group agreed or strongly agreed that they were prepared for and aware of the menopause when it first started, 57% disagreed including 20% who strongly disagreed. Respondents in the pre-menopausal group were not asked this question. There is a 16pp difference between these results and those obtained by Griffiths et al. (2010) where a greater proportion of menopausal females reported having a greater level of awareness of the menopause at an earlier juncture, with 41% agreeing or strongly agreeing with this statement.

Almost three fifths of respondents from the menopausal group agreed or strongly agreed that it is a relief not to think about periods and contraception any more, 17% disagreed with this. 38% of the pre-menopausal group agreed that it will be a relief not to think about these issues in the future, whilst 28% disagreed.

Figure 11: A relief not to think about periods and contraception any more (%)

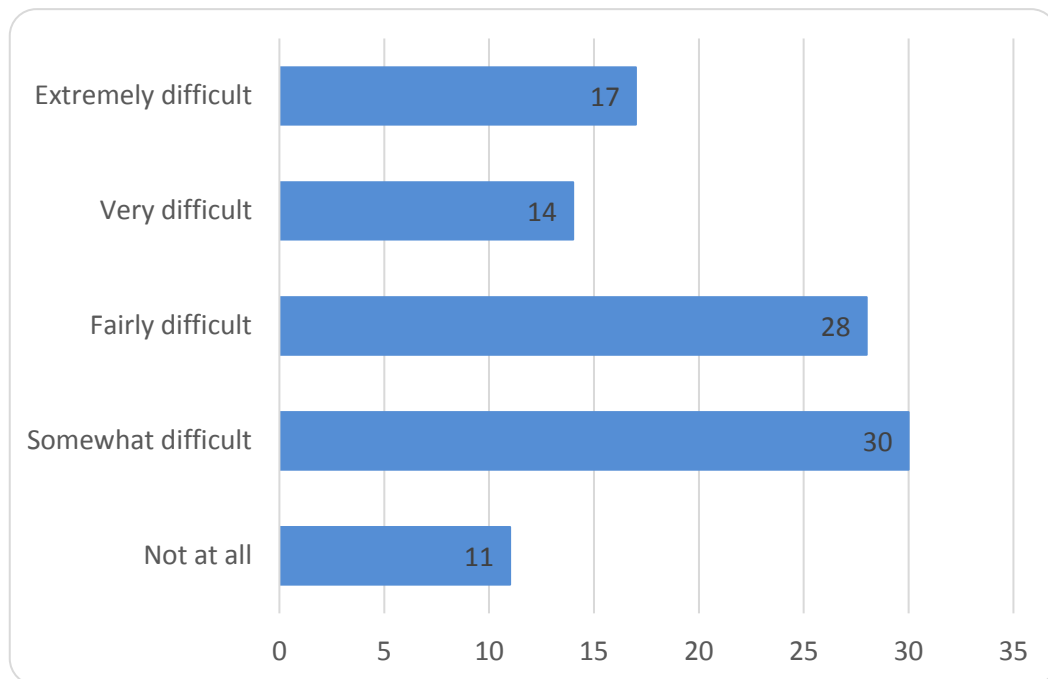


The Menopause Experience

All the respondents in the menopausal group were asked to rate, on a scale of 1-5 (1 = not at all, 5 = extremely) how difficult it is/was managing life generally when thinking about the impact of the menopause. 11% of respondents identified that overall, the menopause did *not* cause them any extra difficulty in managing their everyday lives. As such, 89% of respondents did, to some degree, express that the menopause caused difficulties in managing their lives generally. The average score from this group was 2.9/5.

Almost one third of the respondents reported that managing their lives generally was/is very or extremely difficult when thinking about the impact of the menopause, this includes 17% who selected 'extremely' difficult. 28% of respondents reported that managing their life generally was 'fairly difficult' and a further 30% reported that it was 'somewhat difficult'.

Figure 12: Thinking about the menopause overall, how difficult was / is it for you in managing life generally? Menopausal women (%)



The respondents from the 10 professional UK based organisations reported a much lower level of difficulty in managing their life generally when considering the impact of the menopause. 44% reported no difficulty at all and a further 38% reported some difficulty. In contrast to the results obtained from serving PSNI officers in 2018, just 4% of respondents in 2010 said they found managing life generally as very difficult and 1% as extremely difficult (Griffiths, et al., 2010).

General symptoms

The respondents to the survey who were classified as being in the menopausal group were presented with 19 menopausal symptoms and asked to identify the extent to which they are/were bothered, in general, by each. A four point Likert Scale was used which ranged from 1 = not at all to

4 = extremely. A 'not applicable' option was also provided enabling respondents to identify any symptoms which did not occur.

The list of menopausal symptoms used is reflective of the list provided by Griffiths et al. (2010), however the question wording differed slightly. Whilst the participants in the 10 professional UK based organisations were asked about the extent to which they were 'currently' bothered by each symptom, this survey sought a broader understanding of the effect of menopausal symptoms, whilst also enabling post-menopausal women to outline their past experiences. Whilst a comparison of the results is interesting in terms of the most and least prevalent 'bothersome' symptoms, caution must be applied due to differences in the question wording. For example, whilst the percentage of respondents in *this* study who have reported each symptom as bothersome is, in itself, an important finding, a direct comparison of the scale of bothersome symptoms across the 10 professional UK based organisations is not possible.

The results from both studies, as shown in Table 6, are based upon the percentage of respondents who reported a symptom as 'quite a bit' or 'extremely' bothersome in general.

Table 6: Quite a bit / extremely bothersome symptoms in general, menopausal women (% and ranking)

	PSNI (%)	Rank	UK Based (%)	Rank
Sleep disturbances	85	1	56	1
Tiredness	85	1	53	2
Night sweats	71	2	43	3
Lowered confidence	64	3	32	11
Poor memory	63	4	42	4
Hot flushes	63	4	40	6
Irritability	63	4	38	8
Joint and muscular aches and discomfort	62	5	41	5
Poor concentration	58	6	35	9
Feeling low / depressed	55	7	39	7
Weight gain	55	7	38	8
Frequent visits to toilet	53	8	33	10
Mood swings	52	9	35	9
Anxiety / panic attacks	52	9	21	15
Clumsiness	49	10	24	14
Palpitations / irregular or racing heart	48	11	20	16
Changes in skin	43	12	27	12
Tearfulness	43	12	25	13
Heavy periods / flooding	25	13	24	14

The 'most bothersome' symptoms, as identified by the menopausal group, were largely the same within both the PSNI and the wider organisational coverage as studied by Griffiths et al (2010). Sleep disturbance, tiredness and night sweats were the top two/three most bothersome symptoms in

both studies. Over 70% (and up to a maximum of 85%) of respondents within *this* study identified these three symptoms as being ‘quite a bit’ or ‘extremely’ bothersome.

Poor memory, joint and muscular aches and discomfort and hot flushes were also highly rated ‘bothersome’ symptoms in both studies. At the lower end of the scale palpitations/irregular or racing heart, tearfulness and heavy periods/flooding were the least reported ‘bothersome’ symptoms – although it is worth noting that at least one quarter of all respondents in both of these studies reported these symptoms as ‘quite a bit’ or ‘extremely’ bothersome. Whilst these symptoms are highlighted as the least reported ‘bothersome’ symptoms they remain significantly problematic for a large number of women.

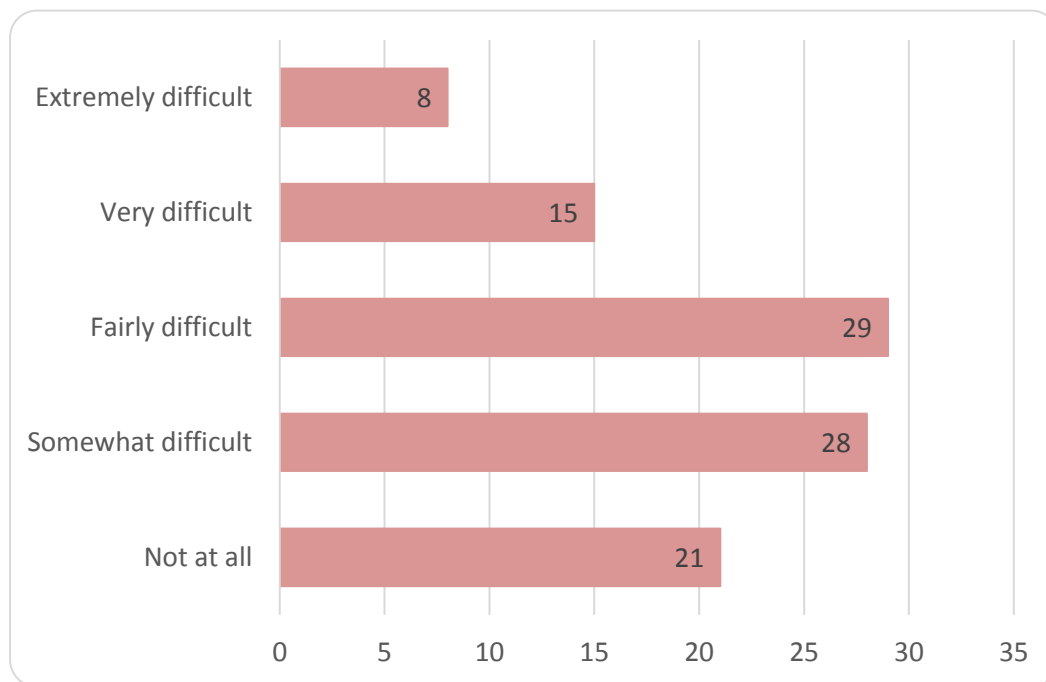
Two notable differences are evident in the ranking of bothersome symptoms in this study compared with those identified by Griffiths et al (2010). In this study ‘lowered confidence’ and ‘anxiety / panic attacks’ are ranked much higher (i.e. third and ninth respectively) than was found to be the case in the study conducted within the 10 professional UK based organisations (i.e. eleventh and fifteenth respectively).

Seven ‘other’ responses were provided to this question, two of which could be recoded back into the original symptom list – this included a ‘lack of sleep’ and ‘joint pain’ – both of which were in the top five rated bothersome symptoms. However, additional symptoms included cold sweats (as opposed to hot flushes), the impact of early on-set menopause on perception of femininity, reduced energy levels and feelings of ‘impending doom’. One participant also reported that the impact of the menopause caused a triggered reaction which involved intrusive thoughts stemming from past work-related traumas.

Menopause and the workplace

All of the respondents in the menopausal group were asked to rate, on a scale of 1-5 (1=not at all, 5=extremely), how difficult it was/is managing work when thinking about the impact of the menopause. The average score provided in response to this question was 2.6/5 – this is lower than the average score provided by menopausal women in relation to difficulty managing in life generally.

Figure 13: Thinking about the menopause overall, how difficult was / is it for you in managing work? Menopausal women (%)



21% of respondents reported that, when thinking about the menopause, they did not/do not find managing at work at all difficult. 79% of all respondents reported some level of difficulty in managing at work. This is 10pps lower than the percentage of respondents who reported difficulty with managing in their life generally. Almost one quarter (23%) reported that managing work was very or extremely difficult, whilst a further 29% reported that it was fairly difficult. 28% of respondents said that managing at work was 'somewhat' difficult.

In comparison, almost half (47%) of the menopausal women who participated in the study across 10 professional UK based organisations in 2010 reported that they did not find it at all difficult managing at work when considering the impact of menopausal symptoms. 37% reported that they found managing at work somewhat difficult. Just 5% of these respondents reported managing at work as very or extremely difficult (Griffiths, et al., 2010).

Bothersome workplace symptoms

In order to understand which symptoms (from the list of 19 previously outlined), if any, cause particular problems within the workplace, respondents were presented with a list of all the symptoms they had previously selected as being 'a little', 'a bit', 'quite a bit' or 'extremely'

bothersome *in general*, and were asked to identify which of these have caused them problems in their workplace.

A similar question was also posed to the participants of the study undertaken within the 10 professional UK based organisations (Griffiths, et al., 2010), however these participants were presented with the complete 19-item list, rather than a list which was only reflective of those symptoms previously identified as ‘bothersome’. Furthermore, these participants were again asked specifically about symptoms which were ‘currently’ causing them problems at work. As such a direct comparison of the percentage impact is not possible, however the comparative ranking of each remains of interest.

Table 7: Symptoms deemed problematic at work, menopausal women (% and ranking)

	PSNI (%)	Rank	UK Based (%)	Rank
Tiredness	88	1	50	2
Poor concentration	82	2	51	1
Poor memory	82	2	50	2
Sleep disturbances	71	3	37	5
Lowered confidence	70	4	39	4
Hot flushes	69	5	35	7
Joint and muscular aches and discomfort	65	6	31	8
Frequent visits to toilet	64	7	23	12
Irritability	63	8	36	6
Heavy periods / flooding	63	8	22	13
Feeling low / depressed	59	9	42	3
Anxiety / panic attacks	58	10	25	10
Mood swings	53	11	29	9
Palpitations / irregular or racing heart	43	12	15	15
Tearfulness	42	13	24	11
Clumsiness	34	14	17	14
Night sweats	31	15	8	17
Weight gain	28	16	11	16
Changes in skin	15	17	7	18

Whilst the broader interpretation of the impact of these symptoms in the workplace within this study may account for the higher percentage of respondents in the PSNI who report the symptoms as problematic at work, it is also likely that this is a reflection of differences between the types of workplaces in question. For example, the impact of the male dominated and high pressure policing environment compares significantly against the ‘white-collar, non-manual work’ (Griffiths, et al., 2010, p. 22) undertaken within the 10 professional UK based organisations. Nevertheless, the widespread impact of these symptoms within the PSNI workplace is evident, with *at least* 50% (and up to a maximum of 88%) of respondents from the PSNI reporting 13 of the 19 symptoms as causing them problems in their workplace. The remaining 6 symptoms were identified as problematic by

between 15% and 43% of respondents.

As with the ranking of the most bothersome symptoms *in general*, the top three most problematic symptoms in the workplace were similar between both studies. Female PSNI officers cited tiredness as the top most problematic symptom in the workplace, cited by 88% of respondents. This was followed by poor concentration and poor memory, both of which were selected by 82% of respondents. Poor concentration was the top most problematic symptom at work in the 10 professional UK based organisations (51%) followed by tiredness and poor memory, both at 50%. Whilst respondents in the PSNI reported tiredness as the most bothersome symptom *in general* as well as the most problematic symptom in the *workplace*, both poor concentration and poor memory are considered to be more problematic in the workplace than in a more general sense.

Sleep disturbance and lowered confidence were also highly rated as problematic symptoms in both studies. The third most problematic symptom in the workplace, as reported within the 10 professional UK based organisations, was 'feeling low/depressed', however this was ranked ninth within the PSNI. Conversely, the associated issues of frequent visits to the toilet and heavy periods/flooding were ranked higher in the PSNI (seventh and eight respectively) than they were by respondents in the 10 professional UK based organisations (twelfth and thirteenth respectively).

There were parallels in the symptoms which were ranked at the lower end of the scale in the PSNI and across the 10 professional UK based organisations. Night sweats, weight gain and changes in skin were deemed to be the three 'least problematic' symptoms within the workplace in both studies.

The working environment

The respondents in the menopausal group were asked to identify what, if any, aspects of their working environment have had an adverse impact upon their menopausal symptoms. Respondents were presented with 13 items, 9 of which originated from the study conducted in 2006 by Griffiths et al. which investigated the experience of 249 menopausal women serving in 7 police forces across England. The remaining 4 items were included following the pilot study; as such no comparable data is available for these 4 items.

The results in Table 8 identify the percentage of respondents from both studies who reported each item as adversely impacting their menopausal symptoms and the rank of each symptom in terms of its selection rate. The top two aspects of the working environment which respondents in the PSNI identified as adversely affecting menopausal symptoms were recalling detailed information (70%) and shift work (61%). Neither of these aspects were included in the 2006 England based study. The top two issues which were identified by Griffiths et al. (2006) as adversely impacting menopausal symptoms across seven police forces in England (i.e. the temperature of the working environment and inadequate ventilation) were the third and fourth most significant aspects identified within the PSNI. However, the percentage of respondents selecting these options was lower in the PSNI (58% and 54% respectively) than within the police forces in England (63% and 59%).

Table 8: Aspects of the working environment which adversely affect menopausal symptoms, menopausal women (% and ranking)

	PSNI (%)	Rank	England Police Forces (%)	Rank
Recalling detailed information	70	1		
Shift work	61	2		
Temperature of working environment	58	3	63	1
Inadequate ventilation	54	4	59	2
Physical demands	49	5	47	4
Design of uniforms (material/fit)	47	6	40	6
Male dominated environment	44	7	34	7
Pressure of tight deadlines	43	8	42	5
Workload	42	9	51	3
Not being office based	38	10		
Making difficult decisions	35	11	40	6
Ridicule from colleagues / management	29	12	18	8
The security risk	13	13		

Physical demands, the design of uniforms, the male dominated working environment and the pressure of tight deadlines were also highly rated by respondents in both studies. However, the percentage of respondents in the PSNI who reported that the design of their uniform (47%) and the male dominated environment (44%) adversely impacted their menopausal symptoms was higher than that reported across the police forces in England (40% and 34% respectively). Conversely, the percentage of respondents in the PSNI who identified that their workload adversely affected their symptoms (42%) was 9pps lower than in England (51%), as such this was ranked third by respondents in England and ninth in the PSNI.

Making difficult decisions was cited by 35% of respondents in the PSNI and 40% in England, whilst ridicule from colleagues / management was cited by 29% of respondents in the PSNI and 18% in England. The impact of not being based in an office and the security risk were only asked of respondents in the PSNI – the results indicate that 38% of menopausal women in the PSNI reported that not being based in an office negatively impacted their menopausal symptoms and 13% reported the impact of the heightened security risk associated with being a serving police officer in Northern Ireland.

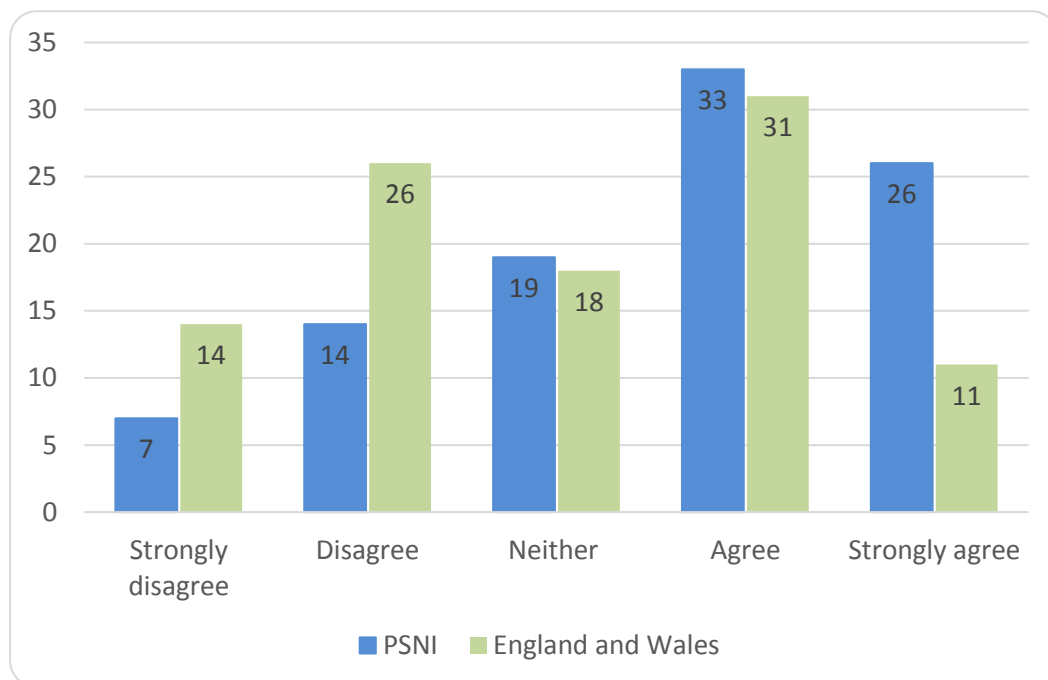
Workplace performance

Respondents were asked to rate their level of agreement with three statements relating to their personal perception of how menopausal symptoms can affect performance at work as well as their perception of how their managers and colleagues view their workplace competence. A 5-point Likert Scale was used ranging from 1 = strongly disagree to 5 = strongly agree.

In response to the statement 'I feel my job performance has been negatively affected by my menopausal symptoms', 59% of respondents from within the PSNI menopausal group agreed, including 29% who strongly agreed. A further 19% neither agreed nor disagreed and 21% disagreed or strongly disagreed. Respondents within the 10 professional UK based organisations surveyed by Griffiths et al. were also asked to rate their agreement with this statement (2010). Within this group the level of agreement was lower by 17pps and included 11% who strongly agreed and 31% who agreed – total agreement of 42%. In contrast, 40% of those within the UK based organisations disagreed or strongly disagreed.

In order to understand how females who have yet to go through the menopause perceive the impact of the menopause on workplace performance, the 'pre-menopausal' group within the PSNI study were asked to what extent they agreed or disagreed that the 'menopause *can* negatively affect job performance'. The level of agreement from the pre-menopausal group was higher than the results provided from either menopausal group. 68% of those from the pre-menopausal group agreed or strongly agreed that the menopause can negatively affect job performance, whilst just 8% disagreed or strongly disagreed.

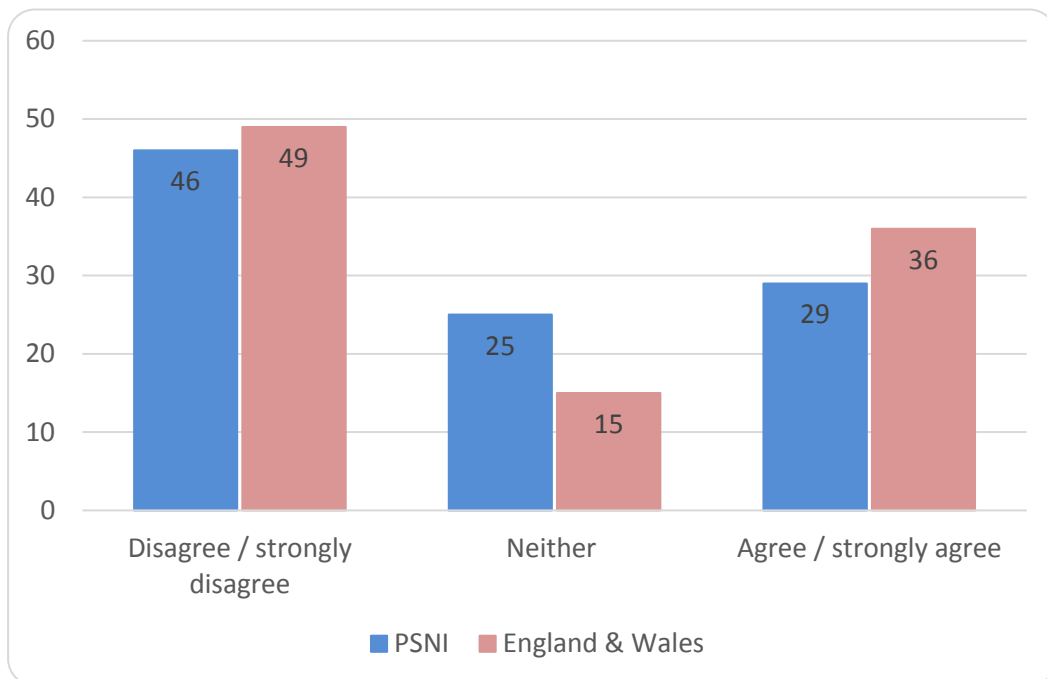
Figure 14: I feel my job performance has been negatively affected by my menopausal symptoms (i.e. my performance is not as good as normal), menopausal women (%)



The results in Figure 15 below relate only to those respondents who stated that their performance at

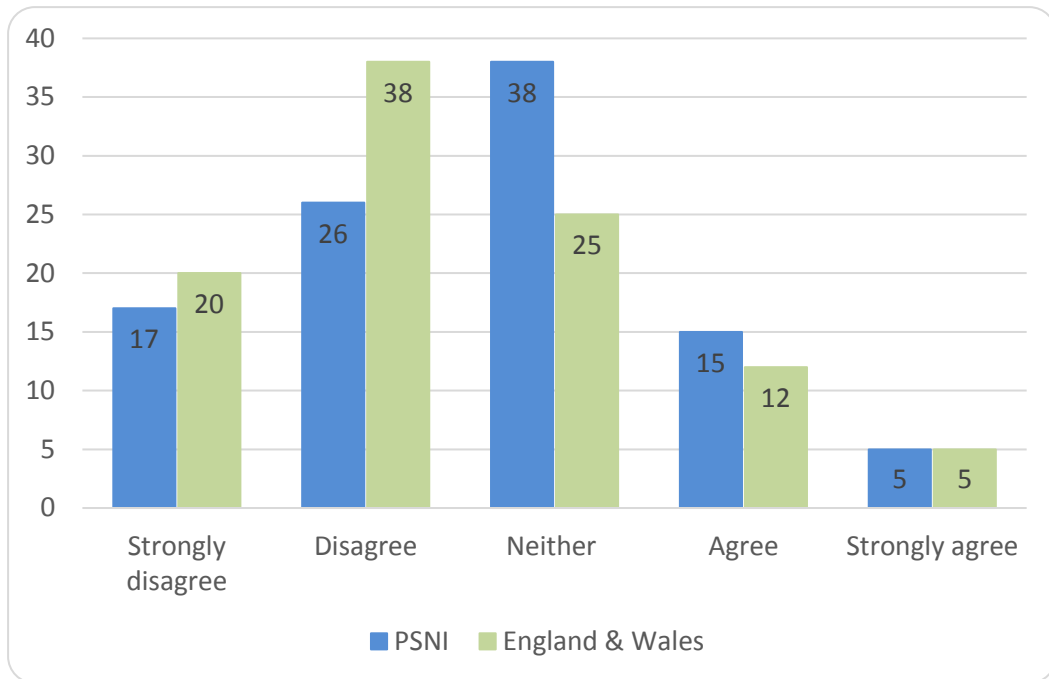
work had *not* been negatively affected by the menopause (i.e. those who selected disagree or strongly disagree to the previous statement). These respondents were asked if they felt their performance at work could have been negatively affected, had they not applied extra effort to prevent this from occurring. The results highlight that 29% believe their workplace performance would have been negatively affected without the extra effort personally applied. This compares to 36% of those in the 10 professional UK based organisations (Griffiths, et al., 2010).

Figure 15: I feel my menopausal symptoms could negatively affect my performance at work but I work very hard to overcome the difficulties so that it is not actually affected, menopausal women reporting no negative impact on job performance (%)



Having assessed personal perceptions of the impact of menopausal symptoms on workplace performance, it is also important to understand how women perceive the views of other people within the workplace. Women in the menopausal group were asked if they felt that the menopause had negatively affected the way in which managers and colleagues view their competence at work. 17% of respondents agreed or strongly agreed with this, believing that the menopause did have a negative impact on how their workplace competence was viewed by others, this was the same as the results found within the 10 professional UK based organisations (Griffiths, et al., 2010). However, the level of disagreement with this was lower in the PSNI (at 43%) than in UK based organisations (at 58%), identifying a greater proportion of respondents who neither agreed nor disagreed in the PSNI.

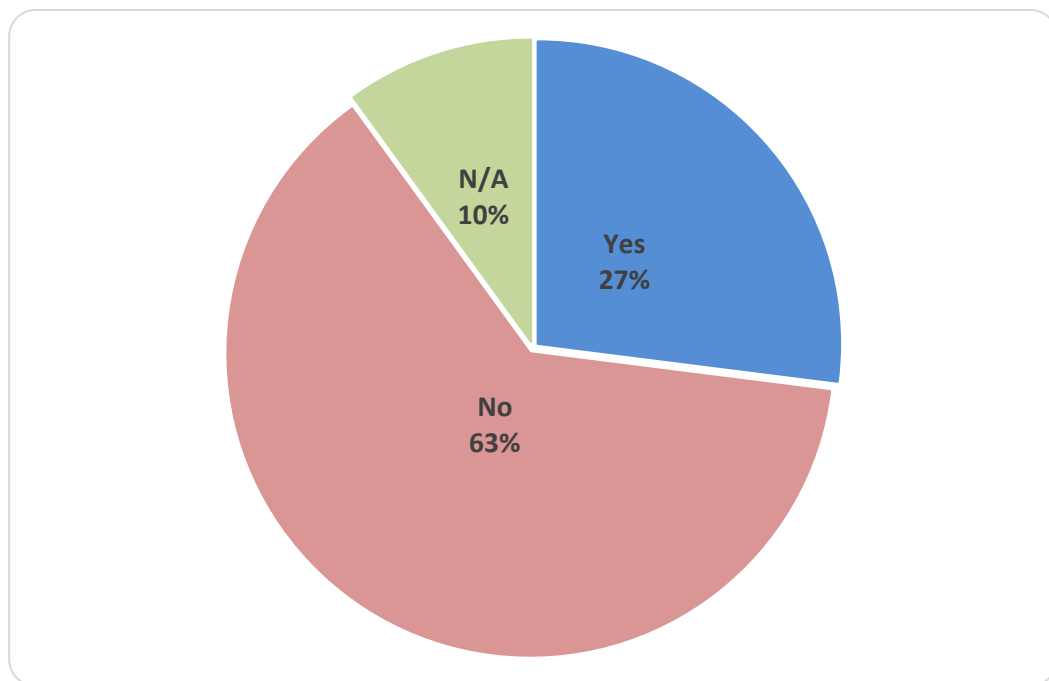
Figure 16: I feel the menopause has negatively affected my managers and colleagues views of my competence at work, menopausal women (%)



Disclosure

Understanding and providing evidence of the percentage of female PSNI officers who experience symptoms of the menopause and who disclose this information to their line manager is a key outcome of this study. This information identifies how comfortable female officers in the PSNI feel about discussing the issue with management (and how comfortable those who have yet to go through the menopause anticipate they would feel) and how confident they are that their concerns will be taken seriously and appropriate help and advice offered.

Figure 17: Have you told your line manager you are/were experiencing symptoms of the menopause? Menopausal women (%)



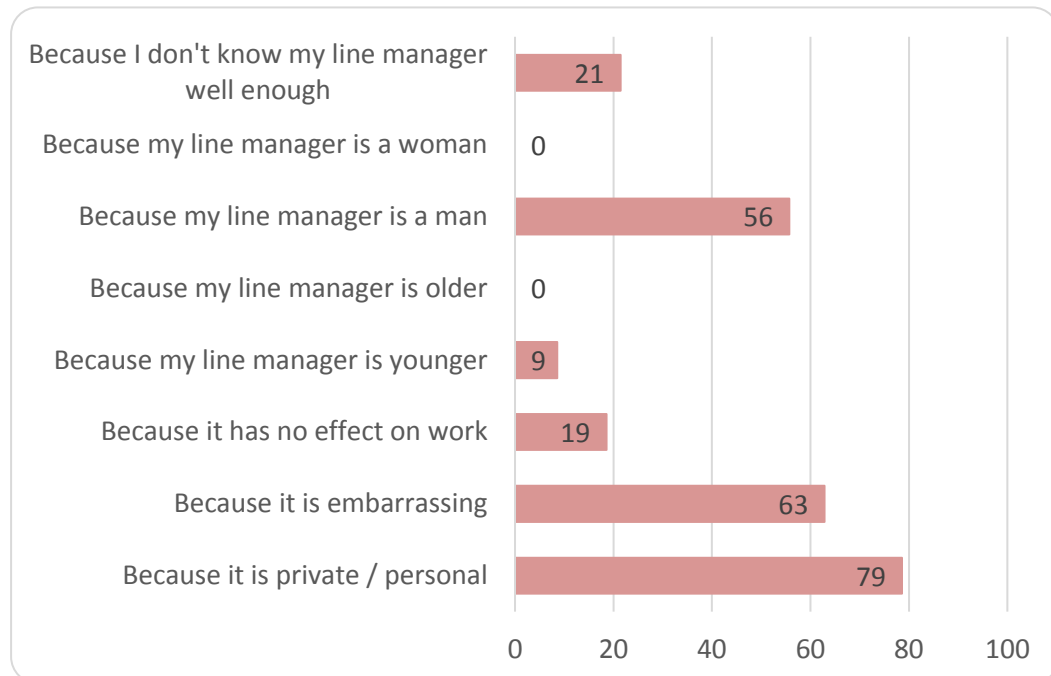
All the respondents in the menopausal group were asked if they told their line manager that they are / were experiencing symptoms of the menopause. 27% of the respondents reported that they had told their line manager and 63% reported that they had *not*. A further 10% reported that they had not informed their line manager because they were not experiencing bothersome menopausal symptoms.

The proportion of respondents who had told their line manager about their symptoms is lower than the rate identified by menopausal police officers within 7 police forces in England, where 33% identified that they had disclosed this information (Griffiths, et al., 2006), as well as the rate of disclosure across the 10 professional UK based organisations where 30% disclosed this information (Griffiths, et al., 2010).

The respondents who reported that they had *not* disclosed their menopausal symptoms to their line manager were asked to identify the reasons why they had not done so. Almost one in eight respondents (79%) cited the personal/private nature of the menopause as a reason for their non-disclosure, whilst 63% cited embarrassment as a key barrier. According to 56% of respondents, the

fact that their line manager is male was a key element in their decision-making not to disclose their menopausal symptoms; conversely no respondents selected 'because my line manager is a woman'.

Figure 18: Why have you not told your line manager that you are/were experiencing symptoms of the menopause? Menopausal women (%)



Note: Does not add to 100% as respondents could select more than one option

21% of respondents said that they felt that they did not know their line manager well enough to disclose this information, 19% stated that it had no effect on their work and 9% identified the impact of their line manager being younger than them. No respondents selected their line manager being older as a barrier to disclosure.

The participants of the study conducted across 10 professional UK based organisations were also asked to identify the reasons why they did *not* disclose their menopausal symptoms to their line managers (Griffiths, et al., 2010). In agreement with the results from *this* study, the top barrier to disclosure was reported as 'because it is private/personal' which was cited by 62%, followed by 'because it has no effect on my work' (43%). The gender of the line manager was a greater barrier to disclosure in the PSNI compared with the UK based organisations where 41% selected this option. Alongside this, the results from the PSNI indicate the greater influence of embarrassment compared to the results in the 10 professional UK based organisations, where 32% identified this as a barrier.

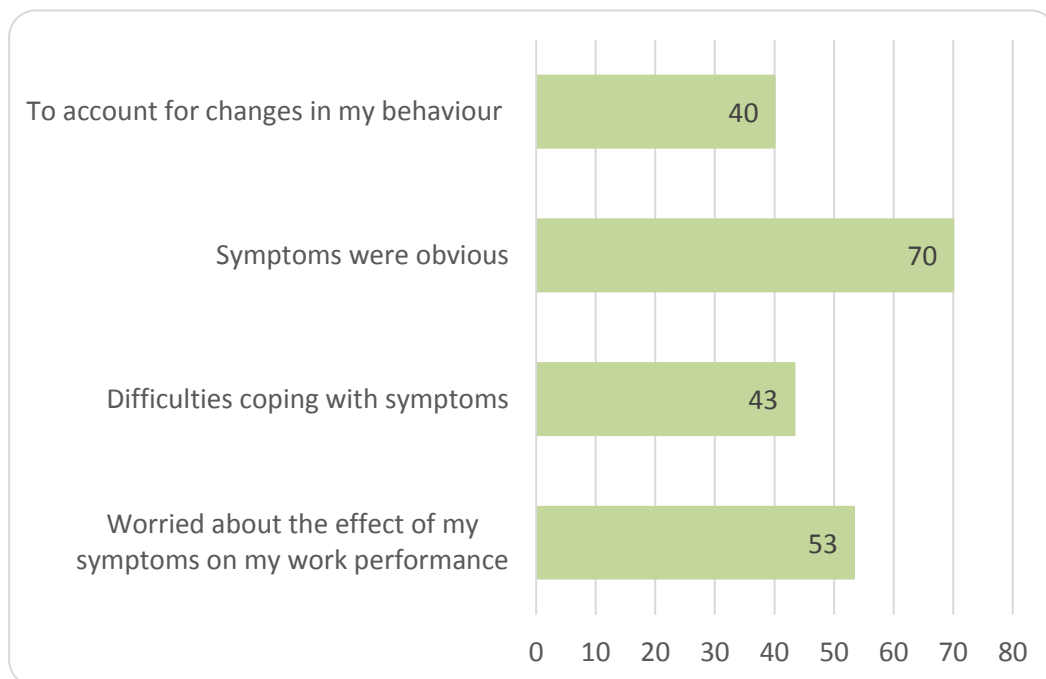
A number of 'other' responses were provided by respondents from which three key themes emerged. The first theme included a lack of interest in, or need to, disclose information about the menopause with a line manager; respondents reported that they did 'not want to discuss', that it is 'not their business' and that it was 'better to just ignore it'. Secondly, there was a general theme regarding trust and confidentiality of the line manager with one respondent reporting that 'I didn't trust him to keep it confidential' whilst another reported that 'it would have been the talk of the

office’.

The final theme emerging from the open-ended responses to this question involved the lack of support from management and Occupational Health and Welfare. One respondent noted that they had informed OHW of problems with symptoms and was told ‘it was not a recognised condition’, another stated ‘it would not be supported as proven in the past’ whilst a third person noted that ‘there is no reason to as there is no policy to deal with [it]’.

For the 27% of respondents who reported that they *had* disclosed information about their menopausal symptoms to their line manager, the main reason reported for doing so was that the ‘symptoms were obvious’ – this was cited by 70% of respondents. 53% of respondents reported that they were worried about the effect of their symptoms on their work performance, 43% cited that they had difficulties coping with their symptoms and 40% reported the need to account for changes in their behaviour.

Figure 19: What were your reasons for deciding to tell your line manager that you are/were experiencing symptoms of the menopause? Menopausal women (%)



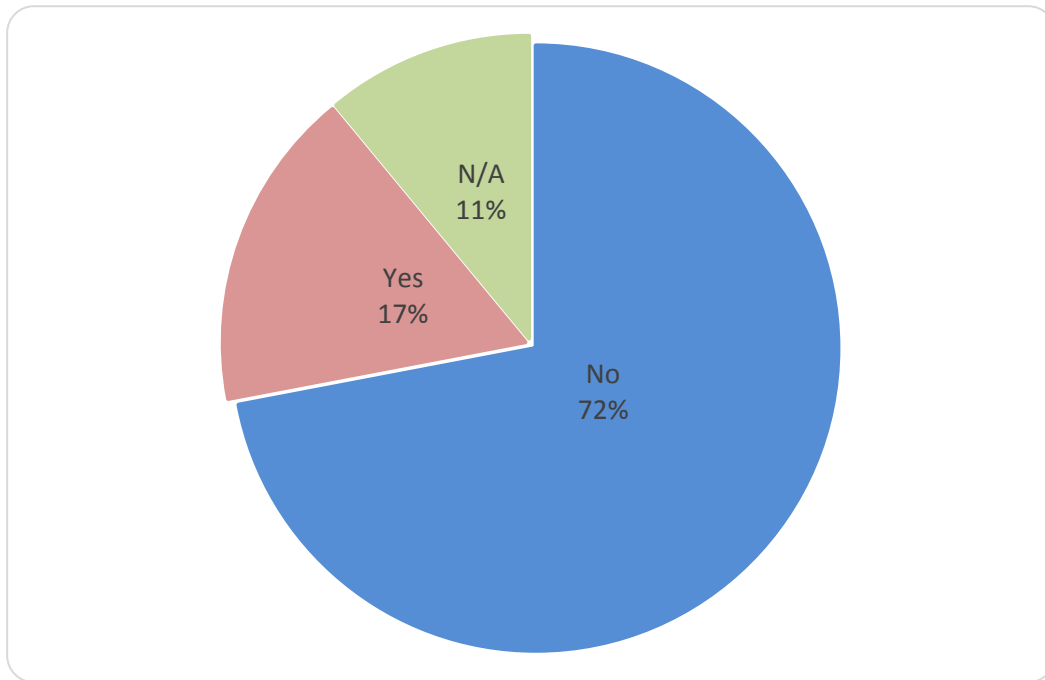
Note: Does not add to 100% as respondents could select more than one option

The need for a referral to Occupational Health and Welfare was recorded by a number of respondents as an ‘other’ reason for disclosing information about menopausal symptoms. Respondents also provided additional details regarding symptoms which were deemed ‘obvious’ including being ‘constantly warm’, needing to wear short sleeve shirts or needing to have the window open. One additional respondent also reported that their heavy workload became ‘unbearable’ when assessed in line with the impact of menopausal symptoms – this eventually led to the line manager being informed.

Almost three quarters of respondents in the menopausal group said that they have never taken a

day off work because of their menopausal symptoms. A further 11% said they have not done so because they do not have bothersome menopausal symptoms. 17% have taken at least one day off their work as a direct result of their menopausal symptoms. Of those respondents who have taken a day off due to the menopausal symptoms, 60% reported that they *did not* disclose the real reason for their absence to their line manager.

Figure 20: Have you ever taken a day off work because of your menopausal symptoms? Menopausal women (%)

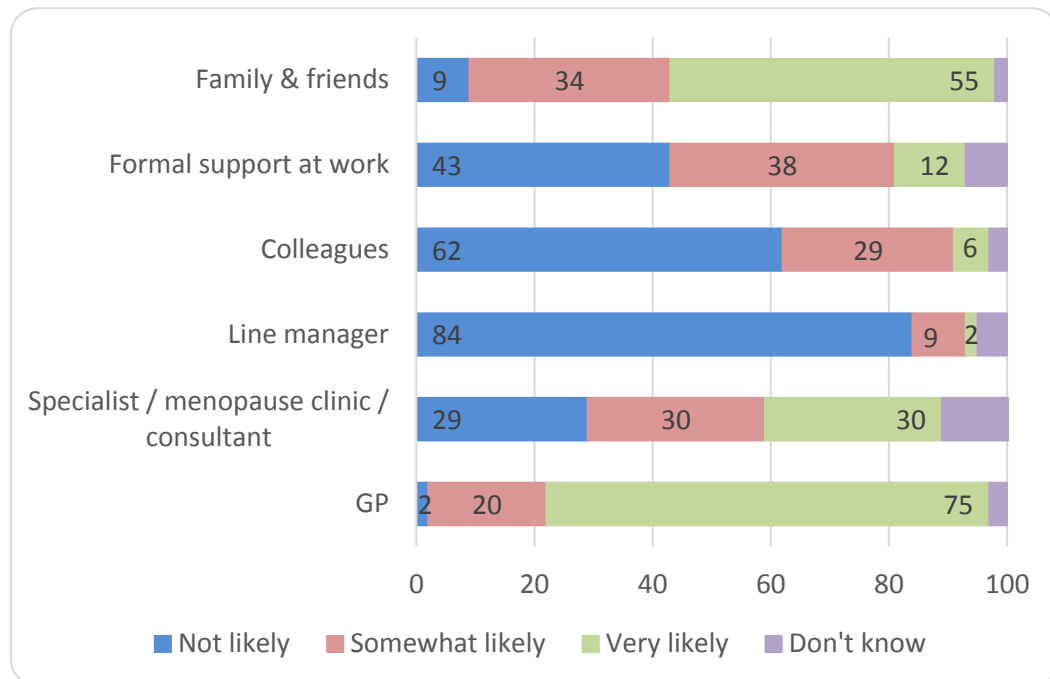


The proportion of women who have taken a day off their work as a result of their menopausal symptoms is 5pps higher in the PSNI than was found by Griffiths et al. (2010) in their study of employees of 10 professional UK based organisations, where 12% reported having taken a day off. Furthermore, there was also a 5pps increase in the percentage of women who *did not* tell their line manager the real reason for their absence in the PSNI than was found by Griffiths et al. (2010).

Pre-menopausal women and disclosure

The perception of pre-menopausal women towards disclosure and their likelihood to seek support from a range of sources provides an insight into how pre-menopausal female officers view the menopause and their perception of the support available. This not only hints at the potential uptake of support services (or lack of uptake) in the future but also contextualises the wider work environment within which women experience the menopause; the work environment is not a solitary environment, but rather the views, attitudes and actions of work colleagues are an important element of the everyday work experience. Respondents from the pre-menopausal group were asked to outline how likely they think they would be to seek support about the menopause from a range of sources.

Figure 21: How likely do you think you would be to seek support about the menopause from the following? Pre-menopausal women (%)



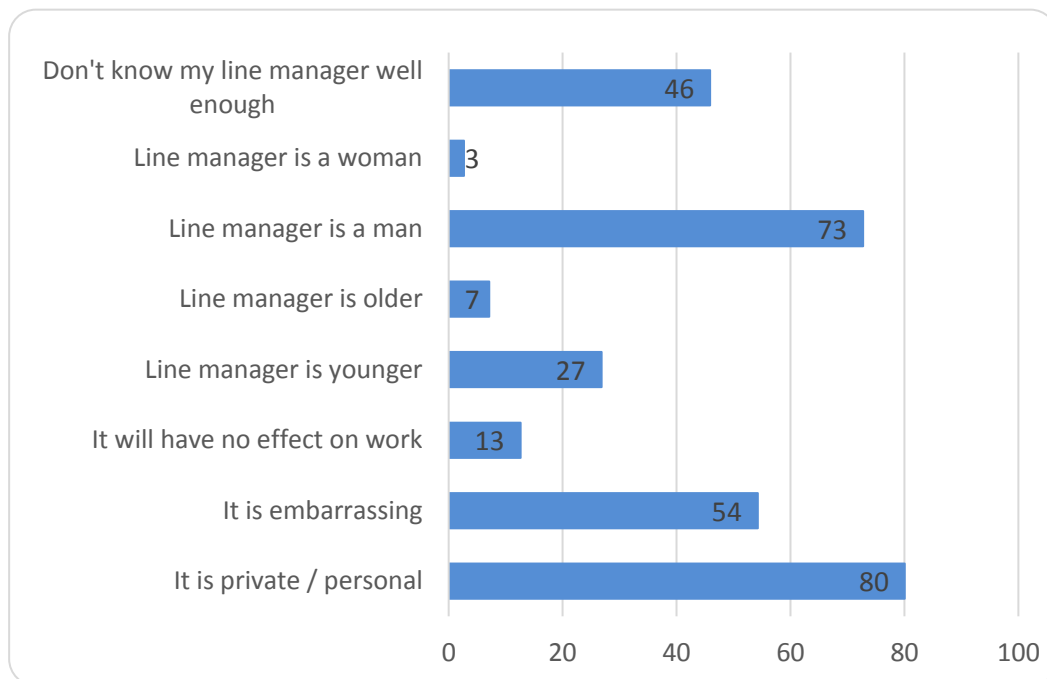
The most likely sources from which this group reported they would seek support about the menopause was from GP's (75% very likely and 20% somewhat likely) and family and friends (55% very likely and 34% somewhat likely). The percentage of respondents who reported that it was very likely or somewhat likely that they would seek support from a specialist was lower, however retaining an overall majority likelihood of 60%.

The likelihood of respondents seeking support from workplace based sources was lower. 38% stated that it was somewhat likely and 12% very likely that they would seek formal support within their workplace (i.e. from occupational health / HR), however 43% reported this as not likely. 6% of respondents said that it was very likely that they would seek support from colleagues, whilst 29% said it was somewhat likely. 62% reported that it was not likely. However, the least likely source of support pre-menopausal women felt they would seek was from their line manager, with just 2% reporting it as very likely and 9% as somewhat likely. More than 8 in every 10 respondents reported that it was not likely that they would seek support from their line manager.

Those who said that it was 'not likely' that they would seek support from their line manager were asked what factors would contribute to this decision. As with the results from the menopausal group, the most frequently selected option was 'because it is private/personal' which was selected by 80% of respondents. The proportion of pre-menopausal females identifying the significance of having a male supervisor was 17pps larger than the menopausal group (73% and 56% respectively). In contrast, there was a 9pps difference in the proportion of women from each group who said that embarrassment would prevent disclosure to their line manager, with 63% of menopausal women and 54% of pre-menopausal women.

Not knowing the line manager well enough was also selected by a significant number of respondents in the pre-menopausal group, with 46% identifying this as a contributing factor compared to 21% of menopausal women. Having a younger line manager was selected by 27% of respondents in the pre-menopausal group (9% of those in the menopausal group), whilst 13% reported that the menopause will have no effect on their work and therefore would not require disclosure to their line manager. 19% of those in the menopausal group selected this option.

Figure 22: You said that you think it would be unlikely that you would seek support from your line manager regarding the menopause. What factors do you think would contribute to this decision? Pre-menopausal women (%)



Note: Does not add to 100% as respondents could select more than one option

Workplace changes

The women in the menopausal group were asked to select, from a list of 10 potential changes, the top 3 most important things which could be done in their workplace to make things better for women going through the menopause. The most widely selected option was 'greater awareness among managers of menopause as a possible occupational health issue'. This was selected (either first, second or third) by a total of 21% of all the respondents in the menopausal group and received 31% of all the first selections, 20% of all second selections and 11% of the third placed selections.

Table 9: Workplace changes, menopausal women (%)

	Percent
Greater awareness among managers of menopause as a possible occupational health issue	21
Better ventilation / fan /air conditioning / temperature control	16
Flexible working hours	15
Formal information / advice about the menopause and how to cope at work from my employers	12
Informal support for women going through menopause	10
A rest area	8
Cold drinking water readily available	8
Flexibility with uniforms	5
Facilitating a change from full-time to part time	3
Access to extra uniforms	1

The option which received the second highest number of total selections by respondents in the menopausal group was 'better ventilation / fan / air conditioning / temperature control'. A total of 16% of respondents selected this option, which received 15% of the first selections, 8% of second and 27% of the third placed selections. The third most selected option was 'flexible working hours', which was selected by a total of 15% of all the respondents and received 24% of all the first selections and 11% of both the second and third place selections. The provision of both formal information and advice (12%) and informal support within the workplace (10%) were also highly rated by women in the menopausal group.

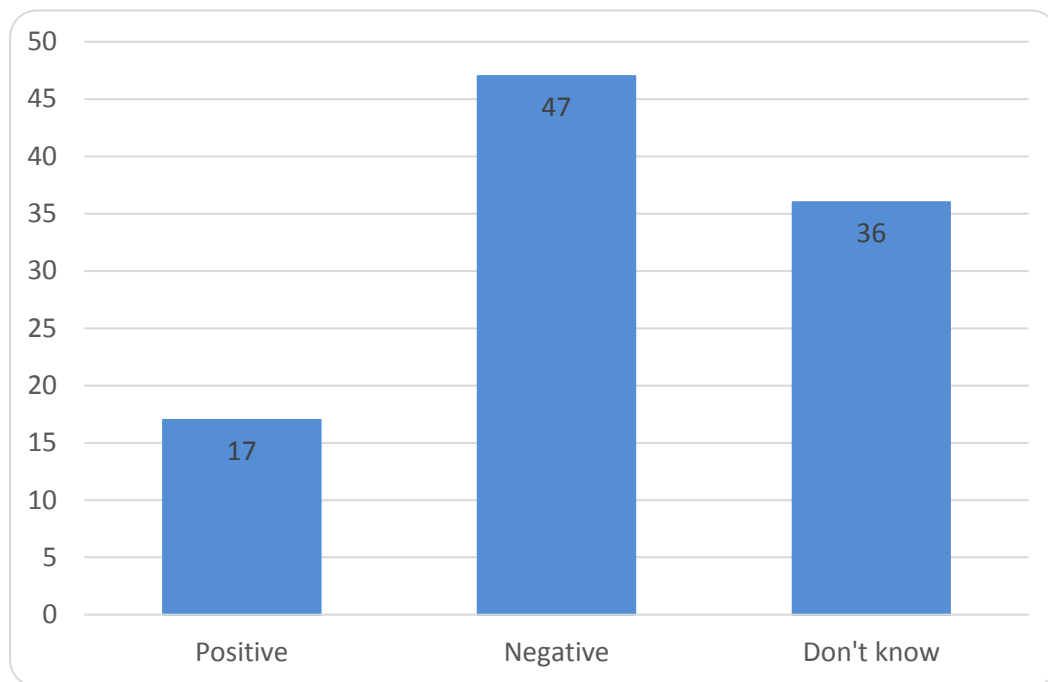
Respondents also provided a number of 'other' responses to this question which should be of interest to workplaces keen to listen to the views of women who are working through the menopause. A number of women provided more detail on the need for greater awareness regarding the menopause within the workplace including one women who reported that 'managers will not be aware...unless they have a personal reason to be' and another who stated that 'greater awareness is needed for both women experiencing the menopause and their associated colleagues and managers'.

The need for better changing facilities and private areas were also cited alongside the need for structured exercise time which could form part of an informal support group. Reference was also made to the potential for organisational based change which could help alleviate the worries and concerns of women during this time. This included the need for a 'higher Bradford factor during menopausal years' and the creation and implementation of a 'formal policy'.

Workplace experience

Each of the respondents from the menopausal group were asked if they would describe their experience of working through the menopause within the PSNI as a positive or negative experience. 36% of the respondents were unsure about how they would rate their experience, whilst 17% reported having had a positive experience. However, almost half of the respondents (47%) reported that they found their experience a negative one.

Figure 23: How would you describe your experience of working through the menopause? Menopausal women (%)



The respondents who identified their experience as either positive or negative were then given the opportunity to provide extra detail, including outlining any examples of good or poor practices which contributed to how they experienced the menopause in the workplace. The detail provided by those respondents who reported their experience as 'positive' identifies some ways in which female police officers can be supported whilst working through the menopause. The responses included; the ease of accessibility to a desktop fan or another method of office temperature regulation, the benefits of having a female line manager as well as the impact of nurturing and supporting a 'can do' attitude. One respondent also noted the importance of starting and participating in a workplace conversation about the menopause and menopausal symptoms – this respondent felt that this 'helps all of us understand the menopause better' whilst offering support to 'others going through the menopause' and 'normalising' the issue within the workplace. Furthermore, it was felt that this would be of particular interest to male officers who may benefit both at work and at home.

The most frequently referenced 'poor working practice' cited by women who reported having had a negative experience of working through the menopause in the PSNI, related to support and more specifically, a lack of support:

“I feel there would be no or little support, which is why I never discussed this with my line manager”

“Lack of support by line managers re. personal issues...”

“No support or mechanisms in place to make you feel secure enough to be honest about what you are going through”

These respondents reported a degree of isolationism at work which affected their experience of working through the menopause. The issue of support appears to be associated with the wider workforce, including colleagues, as well as with management and as part of organisational processes, for example within OHW and Ops Planning.

The male dominated working environment was also referenced by a number of respondents as influencing their working experience, with one respondent stating ‘95% of my office is male, it is very embarrassing when you have hot flushes’ and another noting that it is a ‘very male environment for symptoms’. Associated with this was the impact of having a male supervisor which not only made the process of disclosure more difficult but also, reportedly, could result in management making light of the issue; ‘All my supervisors are male. They try to joke about the whole process but it’s no joke’. A number of respondents also raised concerns regarding the attitude of others about the menopause and in particular the jokes which were often made at their expense, with one respondent reporting that they were ‘made fun of’ and another reporting the ‘general negative/joke attitudes of colleagues’.

Respondents also noted a number of more practical concerns which added to their negative experience of working through the menopause. This included issues with inadequate workplace ventilation; ‘working in an upstairs office, with bad ventilation’, ‘inadequate ventilation’ and ‘poor physical environment in which temperatures and ventilation could not be properly controlled’. These comments contrast quite sharply with those respondents who reported having access to a desk fan as something they deemed as contributing to their positive experience. Inadequate toilet facilities were also reported as being problematic with one respondent referencing ‘long periods away from stations/toilet facilities’ and another reporting that they were ‘sometimes too far away from toilet facilities’. Another respondent also referenced the extra stress caused by worries associated with breaching the Bradford factor; ‘trying to keep going when feeling ill and worrying about breaking Bradford because one day off would be all you need to get through’.

As referenced, there are a range of issues which respondents in the menopausal group reported as contributing to their negative experience of working through the menopause. However, whilst these issues are undoubtedly insightful they provide only a small glimpse into how women in the PSNI feel about working through the menopause and the personal impact this has had. The following statements are provided to give some additional context regarding the seriousness of this issue for some individuals:

“I am approaching retirement. I enjoy my job, but it will be the menopause that makes me retire”

“Attitudes need to change and women need to be supported, I have been

through quite a lot of trauma in my life, but this knocked me completely”

“My levels of anxiety / depression etc. became so extreme that I sought help from my GP and was subsequently signed off as unfit for work for a considerable period of time”

“In hindsight those years were very difficult and I suffered from depression which I had to take [time] off work”

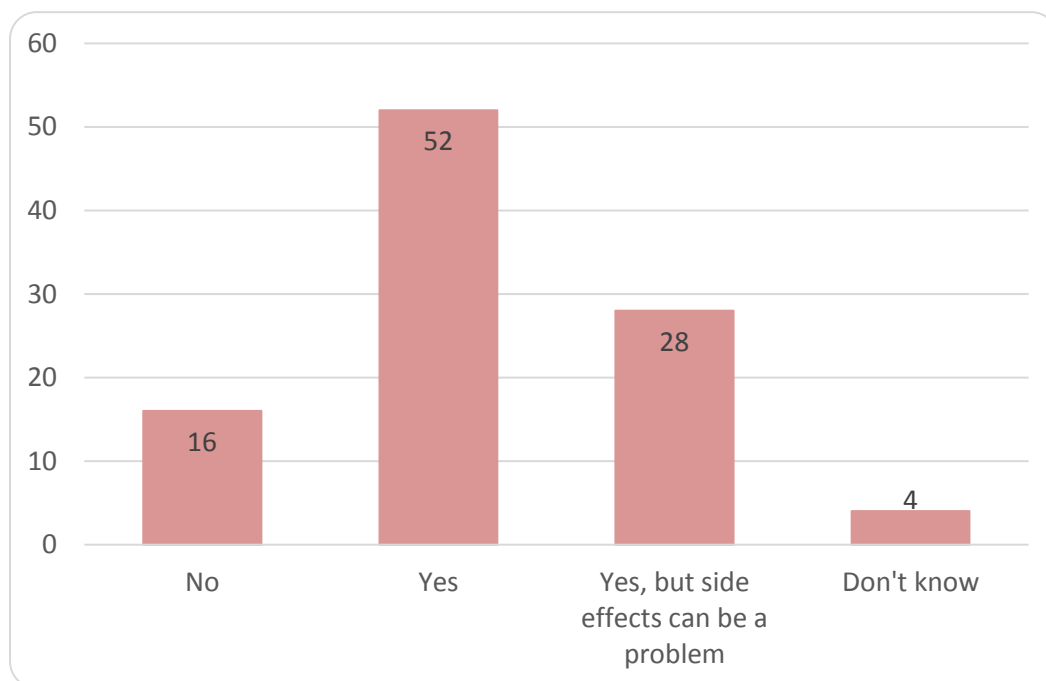
Hormone Replacement Therapy

As one of the most widely reported treatments available for women going through the menopause, respondents in both the menopausal and pre-menopausal groups were presented with questions relating to Hormone Replacement Therapy (HRT). The pre-menopausal group were asked about their awareness of HRT, whilst the menopausal group were asked about their use of the treatment. Both groups then provided details of their attitude towards HRT.

Knowledge of HRT was high with almost all of the respondents in the pre-menopausal group (97%) having heard of it. 70% of respondents in the menopausal group reported that they had not taken any female hormones during the previous 12 months, whilst 20% reported having used HRT; this compares to 15% of respondents in the 10 professional UK based organisations (Griffiths, et al., 2010). The remaining 10% of respondents in this study indicated that they had taken birth control pills or injections during the last 12 months – hormones which can be used to control some menopausal symptoms, such as hot flushes and irregular periods, however which can also potentially mask early signs of the menopause.

Of the 20% who had taken HRT, the majority of women (76%) noted that their decision to go on HRT was directly associated with, or partially as a result of, helping them cope at work. 24% of respondents reported that their decision to go on HRT was *not* linked to their work. These results identify that issues associated with police work and with serving in the PSNI are a greater determinant of HRT usage amongst menopausal women than was found across the 10 professional UK based organisations, where 69% identified work as a contributing factor (Griffiths, et al., 2010).

Figure 24: Did going on HRT help you cope with work? Menopausal women (%)

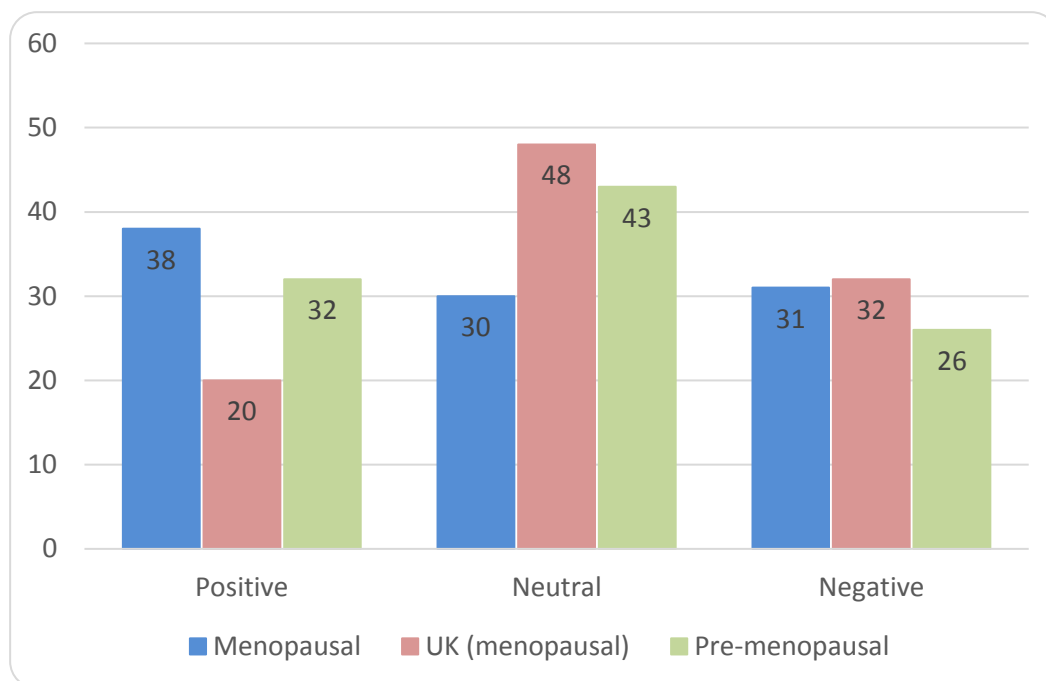


In total 80% of the respondents who had taken HRT in the previous 12 months reported that it had helped them cope with their work, albeit 28% noted that the side effects of the treatment could be

problematic. Less than one fifth of respondents on HRT reported that it *did not* help them cope with work. 91% of the menopausal women on HRT in the 10 professional UK based organisations reported HRT as being effective in helping them to cope at work and 25% reported the side effects as a problem (Griffiths, et al., 2010).

The attitudes of both groups of women towards HRT were also assessed and compared to those outlined by menopausal women the 10 professional UK based organisations. Examining the differences in attitudes of menopausal women towards HRT in 2010 and 2018 highlights that the proportion with a negative attitude has remained similar over time (32% and 31%), whilst the proportion reporting a 'neutral' or 'positive' attitude has altered by 18pp. Despite differences in the types of workplaces included in these two studies, this provides evidence of an increasing positivity associated with HRT over time.

Figure 25: What is your attitude towards HRT? Northern Ireland / UK (%)



The attitude of women in the pre-menopausal group towards HRT is more positive relative to the attitude of menopausal women in 2010 (32% positive relative to 20% positive), yet more neutral than that expressed by menopausal women in 2018 (43% neutral relative to 30% neutral). However, the proportion of pre-menopausal females reporting a negative attitude is 5pps lower than that expressed by menopausal women in 2018. Despite the increase in more positive reports regarding HRT from GPs and the media, there remains a significant proportion of women who hold a negative attitude towards the treatment, this includes pre-menopausal women whose attitude will potentially endure into and through their peri/menopausal years.

Conclusion

The results presented throughout this report provide evidence of the way in which female officers currently serving in the PSNI experience the menopause and provides an insight into the views, opinions and perceptions of female officers who have yet to go through it. This study fills two key knowledge gaps as identified by Brewis et al. (2017, pp. 72-73), namely the lack of studies reporting data from the UK and the evidence gaps stemming from a lack of research exploring 'other people'. The collation of data which adds to and develops knowledge in these two areas enables a more thorough understanding of the role, effect and impact of menopause in the workplace. It is hoped that the evidence provided acts as a learning tool which aids understanding and supports planning both within the PSNI and more widely.

Whilst there has been an increased recognition of the impact of the menopause in the workplace over the last decade, the topic remains under-researched and many workplaces remain unprepared to offer advice, assistance and support to members of staff who may require it. There is a growing need to better understand this complex issue, in particular within the workplace. There are now more women in work than ever before, with over 70% of all females in the UK in paid employment in 2017 (ONS, 2018), and more women working later in life, with participation in the labour market for women between the ages of 50 and the state pension age increasing from 62.6% in 1994 to 72.2% in 2015 (ONS, 2015).

The population under investigation in this survey is somewhat unique in terms of their working environment, including; the physical job demands required of police officers, the high pressure of public service, the high profile roles of public protectors, alongside the typically male dominated working environment. However, further to this are the particulars of policing in a 'divided society', such as in Northern Ireland, which continues to operate within a 'severe' terrorist threat leading to the routine arming of all police officers. Whilst the policing environment in NI is comparable with that under investigation in Griffiths et al. (2006), this heightened threat ultimately differentiates policing between the two. However, the white-collar, non-manual work undertaken by the respondents of the study conducted by Griffiths et al. (2010) provides evidence from a somewhat different working environment, providing an alternative comparison.

Women experience the menopause in different ways, including the presence or absence of a range of symptoms, the severity of these symptoms, the effect of both personal and work contexts and the level of support available. Some menopausal women experience no problematic symptoms and as a result, report no difficulty in managing their life or work. However, for others the impact of the menopause can be severe. The evidence presented in this report identifies that almost a third of female PSNI officers found it very/extremely difficult to manage life generally, when considering the impact of the menopause. A further 23% found managing at work very / extremely difficult. This is considerably higher than was reported within the 10 professional UK based organisations, where just 5% of women found managing in life or at work very / extremely difficult.

Understanding why women in the PSNI report this level of difficulty, both in general and in the workplace, is an important issue. The most problematic symptoms reported by menopausal women in the PSNI included sleep disturbances, tiredness and night sweats. These were also the most highly rated symptoms according to menopausal women in the UK based study. However, the impact of

lowered confidence and anxiety / panic attacks were rated much more highly in NI than in the UK – an outcome which may provide some insight into the high levels of difficulty reported by officers in the PSNI. It is worth noting that the mental wellbeing of the total sample group was found to be statistically lower than the NI population as a whole – however no statistical difference was found between the menopausal and pre-menopausal groups. The symptoms which were deemed most problematic in the workplace were different than those deemed most problematic in general; tiredness, poor concentration and poor memory emerged as the top three rated symptoms in both studies. However, the impact of heavy periods / flooding and frequent visits to the toilet were more highly rated by PSNI women than women in the UK study – these symptoms may be considered as highly visible in the workplace and, should adequate facilities not always be readily available, could lead to heightened stress, in particular in such a male dominated working environment.

Given the top three most problematic symptoms in the workplace (tiredness, poor concentration and poor memory), it was not surprising that the respondents in the PSNI reported the recall of detailed information and shift work as the top two aspects of the working environment which adversely affect menopausal symptoms. The impact of temperature in the working environment and inadequate ventilation were the next highly rated aspects – aspects which relate to perhaps the most widely reported and highly visible symptom of the menopause, hot flushes. A greater proportion of PSNI officers cited the design of their uniform and the male dominated working environment as adversely impacting symptoms, relative to police officers in England. Whilst the impact of a male dominated working environment is not easily solved, there may be potential to consider the impact of the design of uniforms on menopausal symptoms.

The way in which women experience the menopause within the workplace is more than the direct impact of menopausal symptoms. The views, opinions and perceptions of others in the working environment can be an important contributing factor. For example, the role and value assigned to older workers within the workplace can have a profound effect upon the way in which officers in the later stages of their careers may approach their work and issues associated with their wellbeing. This study identified that menopausal police officers in the PSNI are less likely to agree that the police service values older workers and more likely to agree that ageist attitudes and jokes are part of police culture, relative to menopausal police officers in England. There was also a significant proportion of pre-menopausal women in the PSNI who shared the opinions of the menopausal group.

There was strong agreement from both groups regarding the belief that the menopause is a natural life stage, however the level of agreement regarding the menopause as a medical condition was greater for those who had personal experience of it. A greater proportion of respondents from both groups cited the menopause as an occupational health issue than a medical condition, identifying a broad consensus that this issue should be on the agenda within the workplace. This is an important finding as it places a firm responsibility on the workplace to not only recognise the impact of the menopause and the potential effect within the workplace, but also to provide advice, assistance and support for employees when required.

The results identified that with personal experience of the menopause comes a reduced willingness to discuss the issue at work. The percentage of menopausal women in the PSNI who reported that the menopause is not something you discuss at work (63%) was almost double the percentage of

menopausal women in the professional UK based organisations (33%) – a finding potentially related to the male dominated working environment in policing. Interestingly however, almost one third of pre-menopausal women in the PSNI disagreed with this. The increased willingness of pre-menopausal women to discuss the menopause in the workplace could be further enhanced by the time these women reach menopause if the ‘taboo’ surrounding the issue begins to diminish. Indeed, when the menopausal women were asked about what steps could be taken in their workplace to make things better for women going through the menopause, the most widely selected option was ‘greater awareness among managers of menopause as a possible occupational health issue’. However, respondents noted that the need to increase awareness did not stop with managers but must involve a wider workplace conversation, engaging everyone and breaking down the current barriers to discussion and disclosure.

Better ventilation and flexible working hours were the second and third most highly selected workplace changes reported as having the potential to make things better for women going through the menopause. Whilst 68% of respondents reported that they currently had some control of the temperature of their usual working environment, just 26% reported that they are able to negotiate their working hours / practices to help them deal with the menopause.

Evidencing the rate of disclosure of menopausal symptoms in the workplace identifies how comfortable female PSNI officers currently feel about discussing the issue with management and how confident they are that their concerns will be taken seriously and appropriate help and advice offered. 27% of respondents in the menopausal group reported that they had informed their line manager regarding their menopausal symptoms, whilst 63% had not. This rate of disclosure was lower than in police forces in England where 33% of menopausal women reported disclosing information. Non-disclosure was primarily associated with the personal/private nature of the menopause, followed by embarrassment and having a male line manager. Three quarters of the respondents in the menopausal group reported that they have a male line manager. The gender of the line manager was reported as a greater barrier to disclosure in the PSNI than in the police forces in England. The main reason *for* disclosure was that ‘symptoms were obvious’ followed by a concern for the ‘effect of symptoms on work performance’. Despite 30% of the pre-menopausal group believing the menopause should be something you can discuss at work, just 11% reported that it was likely that they would disclose information regarding the menopause to their line manager.

This report had two key aims, firstly to provide evidence of the way in which female officers in the PSNI experience the menopause in the workplace and secondly, to explore the views and perceptions of the menopause from females who have yet to go through it. This dual approach has provided a broader overview of the key issues associated with the menopause in the workplace than have been previously explored. The following recommendations, which emerged clearly from the analysis of the data presented in this report, have also been identified in other workplaces. Whilst the implementation of any recommendations must consider the unique elements of the working environment, the overarching recommendations could be applied across the board:

1. Conversation, discussion & awareness raising: this report provided clear evidence of the need for the **menopause to be considered and treated as an occupational health issue**. Whilst this should include enhanced workplace support (including the creation and implementation of a formal policy), there is also a need for a **wider engagement programme**. This programme should seek to empower all members of staff to engage in conversation, raise awareness through the provision of information and normalise the menopause within the workplace.
2. Information provision: as a key part of this engagement programme, **awareness training should be provided for line managers**. Within this training, information should be provided on the range of symptoms of the menopause and the potential impact these can have on both personal and working lives. Information on the practical application of any formal policy should be also outlined.
3. Workplace wellbeing: whilst the wellbeing of all members of staff should be an important aspect of any workplace, there is a need for an informal wellbeing strand which focusses specifically on the **wellbeing of menopausal women**. This should act as an informal support network, but which incorporates wellbeing activities/therapies through which the impact of key menopausal symptoms (i.e. lowered confidence and anxiety / panic attacks) can be addressed.
4. Temperature and ventilation: as far as is possible, menopausal women should have some **control over the temperature of their working environment**. The ability to control the temperature, either by opening a window or using a desktop fan, was the most frequently reported 'good working practice' identified by menopausal women.
5. Flexibility: at the core of all the previous recommendations comes a need for **improved flexibility in the workplace** for women experiencing *troublesome* menopausal symptoms. This flexibility should be central to the creation of any formal workplace policy and should incorporate flexibility in working hours and working practices – for example, providing additional flexibility, where possible, with regards to uniform or flexibility in standard working hours. Finally, it is important that this policy and the flexibility inherent within it, has strong links with sickness and flexible working policies in order to ensure a coherent and consistent approach to issues from across the organisation.

Bibliography

Brewis, J., Beck, V., Davies, A. & Matheson, J., 2017. *The effects of menopause transition on women's economic participation in the UK*, s.l.: University of Leicester, Department for Education.

Fisher, J., 1994. Facing menopause in the workplace. *Personnel Journal*, 73(10), pp. 134-136.

FOM, 2016. *Guidance on menopause and the workplace*, s.l.: Faculty of Occupational Medicine of the Royal College of Physicians.

Griffiths, A. et al., 2016. EMAS recommendations for conditions in the workplace for menopausal women. *Maturitas*, pp. 79-81.

Griffiths, A., Cox, S., Griffiths, R. & Wong, V., 2006. *Women Police Officers: Ageing, Work & Health*, University of Nottingham: Institute of Work, Health & Organisations.

Griffiths, A., MacLennan, S. & Wong, V. Y., 2010. *Women's Experience of Working through the Menopause*, Nottingham: Institute of Work, Health & Organisations.

Hardy, C., Griffiths, A. & Hunter, M., 2017. What do working menopausal women want? A qualitative investigation into women's perspectives on employer and line manager support. *Maturitas*, Volume 101, pp. 37-41.

New Economics Foundation, 2012. *Measuring Well-being, A Guide for Practitioners*, s.l.: New Economics Foundation.

NHS, 2017. *Menopause*. [Online] Available at: <https://www.nhs.uk/conditions/menopause/> [Accessed 18 04 2018].

NISRA, 2017. *UK National Wellbeing Measures: Northern Ireland Data July 2017*, Belfast: NISRA.

ONS, 2015. *Participation rates in the UK - 2014 - Women*. [Online] Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/compendium/participationratesintheuklabourmarket/2015-03-19/participationratesintheuk20142women> [Accessed 12 April 2018].

ONS, 2018. *Female employment rate (aged 16 to 64, seasonally adjusted)*. [Online] Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/timeseries/lf25/lms> [Accessed 12 April 2018].

PFEW, 2016. *Police Federation of England and Wales*. [Online] Available at: <http://www.polfed.org/newsroom/3424.aspx>

PSNI, 2008. *PSNI Equality Impact Assessment - Recruitment of Police Officers Executive Summary*, Belfast: PSNI.

PSNI, 2017. *PSNI Workforce Composition Statistics*. [Online] Available at: <https://www.psnipolice.uk/inside-psni/Statistics/workforce-composition-statistics/> [Accessed 18 04 2018].

PSNI, 2018a. *Strength of Police Service Statistics*. [Online]

Available at: <https://www.psni.police.uk/inside-psni/Statistics/strength-of-police-service-statistics/>

PSNI, 2018b. *PSNI Data - unpublished*. Belfast: PSNI.

UNISON, 2013. *The menopause and work*, London: UNISON.

Warwick Medical School, 2013. *Warwick-Edinburgh Mental Wellbeing Scale*. [Online]

Available at: <https://warwick.ac.uk/fac/med/research/platform/wemwbs/development/strengths/>

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