

Emotional identity work of menopause at work

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Summary

Despite increasing awareness of how menopause influences work, many women have little understanding of the complexities of menopause. We investigate how women make sense of menopause at work using a mixed-methods research design. Psychological menopause symptoms and the emotional aspect of quality of life were negatively related, but this relationship was moderated by individual resilience. Specifically, psychological symptoms and the emotional aspect of quality of life were less negatively related in more resilient women than those who scored lower on resilience. Our in-depth qualitative findings showed how sensemaking as identity work was conducted through a perceived change of identity, ensuing discovery, and reclaiming one's sense of self. Further, resilience was interrupted by psychological symptoms, and regained/realigned through sensemaking. Emotional identity work was conducted to a) normalise, distance and de-personalise menopause, b) seek a shared awareness, and c) respond to internalised and emotionally charged reactions to (perceptions of) compromised work performance.

Key words

Menopause, women's health at work, identity work, sensemaking, people management

Word count: 6997

Introduction

Menopause is a management issue; it was recently reported that 10% of women leave paid work (Bazeley *et al.*, 2022), and 14 million working days are lost annually due to menopause symptoms (Office for National Statistics, 2016). Menopause is a biological time of change and transition for almost all women¹ in mid-later life. Indeed, 13 million women are currently experiencing menopause symptoms in the UK (National Health Service, 2022a). Menopause can also affect those who identify as gender non-conforming or transgender. Experience of the numerous and highly individualised symptoms of menopause can present a challenge to how women continue to engage with paid work. Normalising and de-stigmatising menopause through increased awareness is a current topic of academic, organisational, and societal interest (Atkinson *et al.*, 2021; Beck *et al.*, 2022), particularly salient as more women than ever before work through their entire menopause cycle (Hardy *et al.*, 2018). Management trends towards focusing on inclusion (removal of obstacles) rather than diversity (focusing on differences) (Oswick and Noon, 2014) could encourage greater workplace participation of menopausal women.

Despite menopause receiving recent media and government policy attention, such as the establishment of a 'UK Menopause Taskforce' within the Women's Health Strategy for England (UK Parliament, 2023), there is a paucity of individual awareness around the complexity of menopause symptoms (Richard-Davis *et al.*, 2022; Verdonk *et al.*, 2022). Peri-menopause precedes menopause, which is the time when a woman has not had a period for 12 months. On average, menopause occurs at the age of 51 in the UK, however, peri-menopause symptoms can start a decade earlier. Menopause symptoms, which can affect quality of life, include changes to mood and anxiety, lowered self-esteem, and hot flushes, and can last for many years in the peri-menopause phase and beyond to the post-menopause phase (National Health Service, 2022b). The majority of women, therefore, will experience some menopause symptoms in their 40s and 50s and possibly 60s, and some women can also experience medical-related menopause in their 20s and 30s.

As menopause awareness movements gain momentum, management and organisation studies research provides valuable insight on how menopause is experienced at work, how organisations can support and normalise menopause and how women themselves engage in adaptive behavioural strategies to 'cope' with menopause at work (Whiley *et al.*, 2022; Steffan and Potočník, 2022; Atkinson *et al.*, 2021; Grandey *et al.*, 2020). Encouraging health disclosure at work requires trust that sharing health-related information will not trigger ageist judgements (Gignac *et al.*, 2022), gendered ageism (Beck *et al.*, 2018) or internalised gendered ageism (Loretto and White, 2006; Loretto and Vickerstaff, 2013). Workers in mid-later life (Gignac *et al.*, 2022), specifically women facing menopause (Steffan, 2021), might be reluctant to disclose health-related needs that influence employment outcomes, such as performance and retention due to the ongoing stigma around menopause at work.

While the burgeoning body of awareness-building work is encouraged, we suggest taking a step back to explore how women make sense of this deeply personal transition at work. We argue that this process of understanding menopause is crucial before women feel safe to disclose menopause-related concerns, and subsequently seek and accept management support at work. We turn to the 'mutually enactive' theoretical frames of identity and sensemaking (Brown, 2022; Vough and Caza, 2020) to address this question. With the exception of recent work including Steffan (2021) and Whiley *et al.* (2022), there is a paucity of literature on the impact of menopause on work identity. Keeping in mind that menopause is a time of change and transition, we turn to the concept of sensemaking as a behavioural component of identity (Vough and Caza, 2020). While identity work has been extended as a form of sensemaking (Weick, 1995; Moore and Koning, 2016), there are gaps in our understanding of *sensemaking as identity work*. Sensemaking can offer a particularly useful

lens to conceptualise and understand how individuals (re)construct or develop their identities through major life transitions. We respond to the call for scholars to consider: “What role does sensemaking play in identity processes?”, or indeed vice-versa (Vough and Caza, 2020: 251), which is central to our exploration of how women make sense of menopause through identity work.

Making sense of menopause

Menopause is undoubtedly a period of change to a woman’s body and mind in the transition through mid-later life, whereby only 49% of women feel that they have sufficient understanding and awareness of menopause to engage in good health-related decision-making (Richard-Davis *et al.*, 2022). Menopause stubbornly remains a workplace taboo for many women (Atkinson *et al.*, 2021), a potential source of shame, affecting self-esteem and vulnerability around a woman’s embodied identity (Whiley *et al.*, 2022), and stigmatised through an identity of gendered bodily ageing (Steffan, 2021). Menopausal employees have reported being stigmatised at work through negative performance reviews (Beck *et al.*, 2021), negative perceptions of competence (Griffiths *et al.*, 2010), lack of workplace adjustments (Atkinson *et al.*, 2021), and being perceived as ‘out of place’ at work (Butler, 2020). In response to this uncertainty around menopause and threat to quality of life (for instance, anxiety and lack of control), women engage in contradictory behaviours to cope with the emotive and sometimes fearful changes brought by menopause symptoms, in response to a loss of identity (Steffan, 2021; National Health Service, 2022c). Although most of the current evidence points towards the negative effects of menopause symptoms, menopause can also be a positive transition for some women, where feelings of self-awareness arise (Butler, 2020).

Action and interpretation are crucial to making sense of oneself and are ‘the means to understanding’ (Weick, 1988: 310), through ‘multidimensional and dynamic’ processes (Caza *et al.*, 2018: 889), positioning identity within broader societal contexts to make sense of personal and interactional experiences (Weick, 1995). Individuals who are confident in their sense of self are more likely to engage proactively in identity work, such as resisting perceptions of others (Caza *et al.*, 2018). Relevant to experiences of menopause, lowered confidence can affect how menopausal women engage with work, contributing to early exit from paid employment (Griffiths *et al.*, 2013).

Menopause can also disrupt long-held resilience, characterised by ‘positive coping and adaptation’ (Converso *et al.*, 2019: 3). Resilience is the ‘ability to bounce back or recover from stress’ and has the potential to provide insight into how individuals cope with health-related stressors (Smith *et al.*, 2008: 194). Resilience, or resilient identities, can be developed in response to conditions that adversely impact confidence, leading to a heightened ability to defend against identity threat (Vough and Caza, 2017). High levels of resilience may also compensate for menopause-related mood irritability and anxiety (Converso *et al.*, 2019).

Finally, when individuals invest time and resources in reassessing meanings of present and future selves, ‘they are more likely to experience self-insight’ (Vough and Caza, 2017: 110) than if they dismiss realities of change (Petriglieri, 2011). Also, individuals are unlikely to attempt change if they feel that their efforts might not lead to productive outcomes (Vough and Caza, 2017). A compromised sense of self-insight is important here as one of the most commonly cited reasons for not seeking management support for menopause is a lack of awareness of what is considered a ‘normal’ menopause experience (Richard-Davis *et al.*, 2022).

Taken together, we adopt a sensemaking lens to explore how women engage in a ‘range of diverse processes of interpretation, action and meaning production’ (Brown, 2022) during their menopause transition. Sensemaking is a cognitively demanding process of comprehending experiences and life events (Maitlis and Christianson, 2014), which lends itself to explore the disruptive nature of menopause.

Emotional identity work

Identity work is crucial to navigate expected or unexpected change to worker identity (Beech, 2011; Ibarra, 1999), or where resources are threatened, resulting in distancing from less productive identities or behaviours (Visscher *et al.*, 2017). Identity work is also conducted to distance oneself from stigmatised stereotypes at work, however, this can be effortful leading to stress and exhaustion (Radcliffe *et al.*, 2021). Identity work is particularly salient when a sense of stability within change is desired (Caza *et al.*, 2017), through transitional life and work phases (Ibarra, 1999).

Work identity change and transition can be a catalyst for negative emotions such as fear (Down and Reveley, 2009), insecurity of self (Beech *et al.*, 2008), anxiety (Ibarra and Petriglieri, 2007), and shame (Calasanti and Slevin, 2001), which can potentially trigger a reassessment of how individuals see themselves (Brown, 2015). Emotional experiences can trigger identity work through identity construction (Marsh and Musson, 2008), highlighting the precarious nature of self-identity (Beech, 2008). Making sense of a menopausal body at work can also be performed in response to changing emotions (Whiley *et al.*, 2022), such as embarrassment (Butler, 2020), where negative emotions such as fear can hinder cognitive flexibility, which is crucial to sensemaking (Vough and Caza, 2017). It is this sense of transition that encourages individuals to make sense of the present by what went before and what might come after, i.e. possible futures (Hernes and Maitlis, 2010) or possible selves (Ibarra and Petriglieri, 2010). Gendered identity work in response to change and transition, such as menopause, can be an emotional process (Winkler, 2018). Emotional identity work processes of defending and (re)balancing work (role) identities can result in negative emotions of vulnerability and stress (Beech *et al.*, 2012). Further, identity work processes themselves can trigger emotional responses of fear, anxiety, doubt, frustration, and loss (Winkler, 2018).

There can also be emotional consequences of (un)successful identity work. The aim of identity work is a coherent identity in terms of both sense of self and in relation to others (Caza *et al.*, 2018). Sensemaking has also been described as seeking coherence in our experiences, where making sense to seek coherence can be costly to an individual's identity (Maitlis *et al.*, 2013). Successful identity work, that is identity work that has achieved a sense of plausible and coherent identity, generally results in positive emotional outcomes, such as happiness, relief, and ease (Down and Reveley, 2009). Weick *et al.* (2005) suggested that sensemaking also requires plausibility over accuracy, with a plausible narrative connecting present to past experience as a preferred guide for future behaviour. Conversely, when identity work is unsuccessful in (re)establishing identity coherence, then negative emotions, such as frustration, shame, and feelings of loss can ensue (Costas and Fleming, 2009). Awareness of the precarious nature of emotions as triggers of identity work can influence individual confidence in the robustness of their identity (Winkler, 2018), which is an underexplored area of identity work research (Winkler, 2018; Caza *et al.*, 2018).

Taken together, this study sets out to explore how women make sense of menopause-related changes work, drawing on sensemaking as identity work (Brown, 2022; Vough and Caza, 2020). Considering menopause as a transition of fluctuating and diverse emotions, which can shape the process of sensemaking and identity work, we first aimed to establish the strength of the associations between physical and psychological menopause symptoms and emotional aspect of quality of life. Women who experience more severe physical and psychological symptoms are more likely to suffer from depleted energy levels, lack of concentration, and poorer social relationships at work, which can undermine their quality of life (Atkinson *et al.*, 2021; Grandey *et al.*, 2020; Steffan and Potočník, 2022). Therefore, we first expect that both physical and psychological symptoms will be negatively associated with quality of life (Hypothesis 1). However, although more severe menopause symptoms are

expected to result in poorer quality of life, individual resilience could be a particularly salient resource that can help women navigate the process of identity re-construction as they make sense of their menopause symptoms and how these affect their sense of self. As previously mentioned, individual resilience is the ability to persevere despite experiencing uncertainty and adversity (Smith *et al.*, 2008), which is inherent to menopause transition (Steffan, 2021). Therefore, we expect that, for women who are inherently more resilient, the relationships between psychological and physical menopause symptoms and quality of life will be less negative compared to those who are less resilient (Hypothesis 2).

Method

Mixed-methods approach to investigating identity

Identity is approaching maturity as a concept, as such, leading academic voices in the field are calling for inductive and deductive approaches to explore questions of identity (Caza *et al.*, 2018). This study adopts a mixed-methods approach to explore the sensemaking of menopause within the scope of identity theory. Our findings are based on data from a broader project on experiencing menopause at work. We collected data from UK-based participants using the Prolific platform across three waves, including during the pandemic (Wave 1, June 2021), during the transition to post-pandemic (Wave 2, December 2021), and during the time when the post-pandemic transition was further advanced (Wave 3, June 2022). In this study, we draw from Wave 2 and Wave 3 data, because data at Wave 1 were collected when the pandemic still had a significant impact on our lives and was experienced as an emotional turmoil for many. At Wave 2, we collected quantitative survey data on a sample of 685 participants, and at Wave 3 we interviewed 53 participants who completed both Wave 1 and Wave 2 surveys.

Quantitative method, data collection and analysis

Sample

Our quantitative analyses were conducted on a sample of 685 participants, who all identified as women and whose average age was 50.78 ($SD = 6.25$) years. A total of 59.2% of them worked full-time in a range of job types and industries (see Table 1).

Table 1: *Industry and job type of survey participants*

Industry	Percentage of participants	Job types	Percentage of participants
Teaching and education	26.1%	Administration and clerical roles	31.1%
Healthcare	16.6%	Professional roles	19.2%
Public services and administration	11.6%	Teaching roles	15.9%
Other industries	45.7%	Other job types	33.8%

Measures

All items used in the current analyses are presented in Appendix #1.

The severity of menopause symptoms. We measured the severity of psychological and physical menopause symptoms with a 13-item scale, validated by Steffan and Potočník (2022). The severity of each symptom was rated on a 5-point response scale, ranging from 1 (none) to 5 (very severe). The reliability of the scale (Cronbach's α) in the current sample was .76 (physical symptoms) and .89 (psychological symptoms).

Individual resilience. We assessed trait resilience by means of six items from Smith *et al.* (2008), using a 5-point response scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The reliability of the scale (Cronbach's α) in the current sample was .92.

Quality of Life. We measured the emotional dimension of quality of life by means of five items from the Utian Quality of Life Scale, which is a validated and reliable instrument to measure quality of life in women transitioning through menopause (Utian *et al.*, 2004). Participants were asked to respond to each item using a 5-point response scale, ranging from 1 (not true of me) to 5 (very true of me). The reliability of the scale (Cronbach's α) in the current sample was .78.

Control variables. Following previous research that showed how important role line managers play in women's experience of menopause at work (Steffan and Potočnik, 2022), we adjusted our results for the age and gender of line manager (1 - woman; 0 - man). We controlled for participant age in order to partial out any confounding effects of menopause symptoms on quality of life due to ageing alone. Finally, we adjusted our results for the mode of work (1- part-time; 0 - full-time) to account for the effects of how much time women spent at work.

Statistical analyses

Because we collected our data from a single source, we first conducted a series of confirmatory factor analyses (CFAs) to attest that common method bias was not a concern in our study. The Appendix #2 includes the results of these analyses.

We then tested our hypotheses by means of hierarchical regression analyses. We introduced the control variables first, followed by both types of menopause symptoms. We introduced individual resilience in the third step and finally the interaction terms between both types of symptoms and resilience in the fourth step. Both types of menopause symptoms and individual resilience were standardised to reduce the issues related with multi-collinearity. We plotted the interaction effects following Aiken and West (1991) by depicting the slopes at 1 *SD* below and above the mean of the severity of menopause symptoms and individual resilience.

Qualitative method, data collection and analysis

The qualitative study design and subsequent analysis was abductive in that there was an inductive approach where we wanted to provide space for participants to expand on their survey responses, and deductive in that we designed some questions with awareness of preliminary quantitative findings (see Appendix #3). At the end of the Wave 2 survey, of the 685 survey respondents, 329 women (48%) indicated their interest to be interviewed, and 53 participants (age range 40-64 years, *M* = 50 years) were interviewed based on first-response. Around half of the participants (50.9%) worked full-time and five participants (9.4%) identified as non-white. Table 2 provides further interview participant information.

Table 2: *Interview participant job type, age of line manager and self-rated health*

Job type	Percentage of participants	Age of line manager	Percentage of participants	Self-rated health	Percentage of participants
Administration and clerical	26.4%	Less than 30 years	9.4%	Excellent	7%
Teaching	24.5%	31-40 years	30.2%	Very good	33%
Professional	20.8%	40-51 years	22.6%	Average	42%
Manual/ 'other' job	11.3%	Over 50 years	37.8%	Poor	18%
Management	11%			Very poor	0%
Research/academic	6%				

As we have made a distinction between psychological and physical symptoms in this study, we provide interview participant's Wave 2 survey responses of the severity of their psychological menopause symptoms in Table 3.

Interviews were conducted via Microsoft Teams, with the exception of two interviews conducted via telephone, and averaged 38 minutes due to the relatively refined focus of the interview guide. Using a participant information sheet, participants were informed in advance that the overall research aim was to better understand how menopause influences work outcomes.

Analysis followed the principles of reflexive thematic analysis (Braun and Clarke, 2006). Familiarisation with the data occurred through single interviewer (first author) and coding from the transcription in NVivo generated initial themes over an iterative, open and recursive process of several months. Themes were then refined in consultation with the second author and written up once it was clear that the themes, as analytical outputs, provided unique insight into identified gaps in knowledge of experiences of menopause at work.

Table 3. *Participant information and severity of psychological menopause symptoms in the sample of interviewees at Wave 3*

Pseudonym	Job type	Age	Depressive mood	Irritability, nervous, tension, feeling aggressive	Anxiety (inner restlessness, feeling panicky)	Mental exhaustion (decrease in performance, concentration)	Reduced confidence	Lowered resilience (increased vulnerability)
Ayla	Solicitor	40	Severe	Severe	Severe	Severe	Moderate	Severe
Cecilia	HR Analyst	40	Mild	Moderate	Severe	Moderate	Very severe	Severe
Hannah	Therapist	42	Moderate	Moderate	Moderate	Moderate	Mild	Mild
Hazel	Police Officer	42	Moderate	Severe	Severe	Severe	Moderate	Moderate
Rose	Teacher	43	Moderate	Moderate	Moderate	Moderate	Mild	Mild
Andrea	Teacher	43	Moderate	Moderate	Moderate	Moderate	Moderate	Severe
Lily	Teacher	43	Severe	Severe	Severe	Severe	Severe	Severe
Ava	Finance Manager	44	Mild	Mild	None	Mild	Mild	None
Esther	Probation Services Office	44	Mild	Moderate	Severe	Moderate	Moderate	Mild
Violet	Education Consultant	46	Mild	Moderate	None	Mild	Moderate	Moderate
Ivy	Health care worker	46	Very severe	Very severe	Severe	Very severe	Severe	Severe
Margaret	Sales	46	Very severe	Very severe	Very severe	Very severe	Very severe	Moderate
Caroline	Teacher	46	Moderate	Moderate	Moderate	Mild	Moderate	Moderate
Leah	Manager	46	Very severe	Severe	Moderate	Very severe	Severe	Mild
Joanne	Exam Invigilator	47	Very severe	Severe	Very severe	Moderate	Moderate	Mild
Maria	Accounts Clerk	47	Moderate	Moderate	Moderate	Moderate	Moderate	Mild
Clara	Mental Health Nurse	48	Moderate	Moderate	Severe	Severe	Moderate	Moderate
Iris	Admin Assistant	48	Severe	Severe	Moderate	Moderate	Severe	Mild
Daisy	Teacher	48	Moderate	Moderate	Moderate	Mild	Moderate	Mild
Priya	Social Worker	48	Moderate	Severe	Severe	Moderate	Severe	Very severe
Claire	Research Associate	48	Moderate	Moderate	Mild	Mild	Moderate	Mild
Evelyn	Admin Asst and Performer	49	Mild	Moderate	Moderate	Severe	Mild	None
Chloe	Highway Technician	49	None	None	None	Moderate	Mild	Mild
Mia	Ops Manager (retired)	49	Mild	Mild	Mild	Mild	Moderate	None
Emily	Teacher	49	Very severe	Very severe	Very severe	Severe	Severe	Moderate

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Valerie	University Administrator	50	Moderate	Moderate	Severe	Moderate	Severe	Severe
Lucy	Teacher	50	Severe	Severe	Severe	Very severe	Severe	Severe
Mary	Communications officer	51	Severe	Very severe	Very severe	Severe	Very severe	Severe
Asmee	IT Manager	51	Moderate	Moderate	Severe	Severe	Moderate	Severe
Florence	Passenger Assistant	51	Moderate	Moderate	Moderate	Mild	Moderate	None
Nora	IT Manager	51	Moderate	Severe	Severe	Moderate	Severe	Severe
Olivia	Secretary	51	Very severe	Very severe	Very severe	Severe	Very severe	Moderate
Vivienne	Communications officer	51	Moderate	Moderate	Moderate	Moderate	Severe	Moderate
Angela	Lecturer	52	Moderate	Mild	Mild	Severe	Mild	Mild
Kylie	Bookseller	52	Moderate	Moderate	Moderate	Moderate	Mild	Moderate
Maya	Secretary	52	Moderate	Moderate	Moderate	Moderate	Mild	Mild
Sophia	Secretary	52	Mild	Mild	Mild	Moderate	Moderate	Moderate
Isabel	Social Worker	53	Mild	Mild	Moderate	Moderate	Moderate	Moderate
Georgia	Accountant	53	Mild	None	Moderate	Moderate	Mild	None
Emma	Lecturer	53	Severe	Severe	Severe	Severe	Moderate	Mild
Ella	Director	54	Moderate	Moderate	Moderate	Very severe	Moderate	Moderate
Eleanor	Senior Lecturer	54	None	Mild	None	Moderate	None	None
Sarah	Teaching Assistant	54	Mild	Moderate	Moderate	Severe	Severe	None
Alison	Warehouse Manager	54	Moderate	Mild	Moderate	Moderate	Moderate	Mild
Eliza	Director	55	Moderate	Moderate	Mild	Severe	Moderate	Mild
Ruth	Teacher	56	Mild	Mild	Mild	Mild	Moderate	Mild
Eloise	Manager	56	Severe	Severe	Moderate	Mild	Very severe	Very severe
Natalie	Bank Manager	57	Mild	Mild	Mild	Moderate	Moderate	Moderate
Alice	Artist	57	Moderate	Severe	Mild	Mild	Moderate	Mild
Stella	Social Worker	59	Moderate	Moderate	Very severe	Moderate	Severe	Severe
Anna	Property Manager	61	None	None	None	Mild	Mild	None
Isla	Social Worker	63	None	Mild	Moderate	None	Mild	Mild
Amelia	Admin and Clerical	64	Mild	Mild	Moderate	Moderate	Moderate	None

Findings

We first report our quantitative results to establish the strength of the associations between menopause symptoms and the emotional aspect of quality of life and the moderating role of individual resilience in these relationships. We then report our in-depth findings on three key themes. First, we demonstrate how women generally reported a lack of menopause awareness, which led to a process of sensemaking around the impact of menopause symptoms and how that related to their identity. Second, we further contextualise the role of resilience in identity work and highlight resilience as a trigger for work identity threat and as a path to, or *as*, emotional identity work. Third, we report how participants conducted emotional identity work to make sense of menopause at work as a gendered, transitional phase of mid-life.

Quantitative results

Correlations and descriptive results are presented in Table 4. We observed significant negative correlations between the severity of psychological and physical symptoms and quality of life. Individual resilience showed a strong positive correlation with quality of life. When adjusting our results for the gender and age of line manager, participant age, and full-time vs part-time work (see Table 5), the regression analyses showed a significantly negative association between the severity of psychological symptoms and quality of life ($\beta = -.58, p < .01$); however, surprisingly, the severity of physical symptoms showed a significantly positive association with quality of life, although the effect size of this association was small ($\beta = .08, p < .05$). We also found a significant interaction effect between resilience and the severity of psychological symptoms on quality of life ($\beta = .06, p < .05$). As shown in Figure 1, the relationship between the severity of psychological symptoms and quality of life, although negative, was less steep for more resilient ($t = -6.016, p < .01$) than less resilient women ($t = -9.387, p < .01$). Therefore, our results partially supported both hypotheses.

Table 4. *Descriptive statistics and correlations between the studied variables in quantitative analyses*

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. Gender line manager ¹	.65	.48							
2. Participant age	50.78	6.25	-.04						
3. Line manager age ²	3.09	.90	.02	.14**					
4. Mode of work ³	.41	.49	.12*	.18**	-.05				
5. Severity of psychological menopause symptoms	2.55	.82	-.03	-.06 [†]	-.09*	.02			
6. Severity of physical menopause symptoms	2.33	.68	.02	.05	-.07 [†]	.06	.70**		
7. Individual resilience	3.24	.95	-.04	-.03	.06	-.12**	-.47**	-.27**	
8. Quality of life	3.51	.87	.04	.03	.12**	-.08*	-.61**	-.38**	.65**

Note. ¹Gender of the line manager was operationalised as a dummy variable (0 - man, 1- woman). ²Age of the line manager was operationalised as ordinal variable using 4 age brackets, because we could not assume that the participants knew the exact age of their line managers. These brackets were: (1) less than 30 years, (2) between 31 and 40 years, (3) between 41 and 50 years, and (4) over 50 years. ³Mode of work was operationalised as a dummy variable (0 – full-time, 1 – part-time). [†] $p < .10$. * $p < .05$. ** $p < .01$.

Table 5. *Summary of the hierarchical regression analyses*

		Quality of Life	
		β	ΔR^2
Step 1	Gender line manager	.10	.023**
	Participant age	.05	
	Line manager age	.10**	
	Mode of work	-.16*	
Step 2	Severity of psychological symptoms	-.58**	.365**
	Severity of physical symptoms	.08*	
Step 3	Individual resilience	.41**	.164**
Step 4	Psychological symptoms x Individual resilience	.06*	.003 [†]
	Physical symptoms x Individual resilience	-.03	

Notes. ** $p < .01$, * $p < .05$, [†] $p < .10$

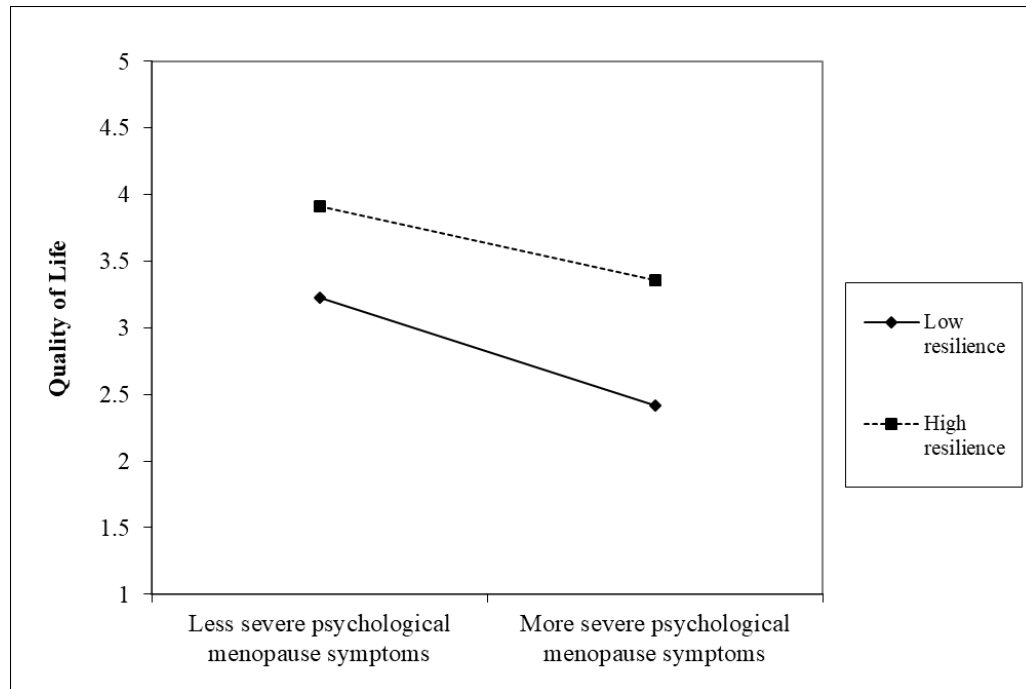


Figure 1. *The moderating effect of individual resilience in the relationship between psychological menopause symptoms and quality of life.*

In Wave 2, we asked the participants how much knowledge they had of menopause and how menopause symptoms may affect their work. We observed that 26.2%, 33%, and 38.7% of women had a neutral or negative response to understanding the effect of symptoms on their work to date, in one months' time, and within the next five years, respectively. It was striking that over one-quarter of the women surveyed did not understand or were unclear as to how menopause symptoms affected their work. Further, more than one-third of women were unprepared for how menopause might impact their future work. Next, we delve deeper into our qualitative findings to shed more light on these observations.

Theme 1: Losing (and then reclaiming) oneself to menopause

While menopause awareness is generally increasing, there remains a need for more information on what women can expect from this age-related transition.

...we are all sort of finding our way, like we have been blindfolded and no-one told us anything...and I think that is really frustrating... Alice, 57, Artist

The increase in societal interest in menopause directly filled a knowledge gap for many women about the extent and specificity of its effects. The majority of participants reported a lack of awareness about menopause, often until they were actually experiencing symptoms.

Women learned about menopause by hearing stories in a seemingly informal and off-hand manner, and then when “*the penny started to drop*” women could start to make sense of the menopause in relation to their own symptoms, however, this only happened once symptoms were being experienced. The majority of women reported little to no awareness or understanding of menopause prior to the commencement of their own symptoms. Confusion around menopause was also discussed as not knowing whether their health issue was menopause-related or a result of another part of their life, such as work and family stressors. Part of the post-menopause, post-symptom reflection was to shed light on how menopause had compromised physical and mental health. Generally, there was a reflection that menopause played a more significant role than women could or did understand at the time. For example:

It's only now that I can step back and think, 'Yes, that was the menopause'. But at the time who's to say what's going on? There's always a lot going on in life and who's to say what's menopause and what isn't? Eloise, 56, Manager

Once menopause awareness was gained, women made sense of how this change was far more broad-ranging than anticipated. The contradiction of menopause was identified as being both ubiquitous and pervasive in nature, while also experienced as enigmatic or relatively unknown:

I was very quick to put it down to something else and I think a lot of women probably are...It just affects everything in your body, mind, emotions, physically, everything and people just don't realise that. Iris, 48, Administration Assistant

There was a language of uncertainty, or “*pot-luck*” of menopause symptoms.

Menopause was generally viewed as a natural, biological cycle of bodily ageing, and participants were reluctant to view it as an illness, which influenced disclosure decisions at work:

I don't want it to be seen as an illness...and that's probably one of the reasons why I haven't even gone near an employer or any boss, because no I don't want to hide behind that... menopause is not going to beat me...that will never be a reason why I would give up my job, never. Ruth, 56, Teacher

The current wave of awareness was generally welcome, and was notably being acted upon by women to speak more openly about menopause, however, some participants remained uncertain over how this broader societal conversation could translate to an open conversation about menopause at work:

I think people are trying to understand it, they're encouraging you to talk about it more but they don't really want you to talk about it... nobody really wants to hear it, you just feel like you're a middle-aged woman complaining. Kylie, a 52 year-old Bookseller

Part of the sensemaking journey was a desire to normalise menopause experiences. Increased understanding provided a mixed blessing as it encouraged women to seek support at work, dissociating blame with the experience of menopause symptoms. However, it also highlighted a lack of understanding that menopausal women had over their bodies and minds, which had the potential to cause distress. Stella, a 59 year-old Social Worker, offered a post-

menopausal reflection, reinforcing how sensemaking around menopause often takes place once symptoms have ceased:

I think there needs to be more awareness, everybody needs to know that it's normal, you've no control over it...it's nobody's fault and it's hard to deal with and there needs to be just a greater understanding that it can be really hard.

In the process of understanding menopause, the majority of participants spoke about how menopause had changed or was changing their work identity in some way; menopause not just as an experience of the broad range of symptoms, but as a fundamental change to their identity.

How in Hell's name am I supposed to keep my job or keep working? ...I can see why people give up work, I can see why the anxiety over it, and my brain is starting to go. What can I do? What's wrong with me? How can I make it better? ...It makes me scared. Hannah, 42, Therapist

There was a strong sentiment among participants that menopause is more than the sum of its symptoms and has the power to disrupt a woman's inner sense of self, exacerbated by a lack of understanding, experienced prior to seeking external support or harnessing internal resources at work. Specifically, menopause appeared to significantly disrupt identity:

I thought it would probably be dodgy moods and irregular periods ...I never thought about it changing fundamentally who I was ...I'm not the same person. I just feel like my personality is so different. Sophia, 52, Secretary

I've been at the mercy of whatever my mind and body's thrown at me really. And it's felt like I've lost me. Clara, 48, Mental Health Nurse

Acceptance, albeit somewhat reluctant, of the extent to which menopause symptoms can disrupt identity was an important step before seeking workplace support:

...one of the hardest things to get your head round is you're no longer your old self...you do feel like you've changed, you're a different person...You feel like you're going through a transition period...you have to accept that you're not going to be the same person you used to be...it's hard to accept it. Iris, 48, Administration Assistant

The majority of this narrative of losing and then reclaiming oneself was through the experience of psychological symptoms much more so than physical symptoms. Within the range of psychological symptoms of menopause, emotions and (lack of) emotional control appeared to be most significant factor. This was in part due to a better understanding of physical symptoms where psychological symptoms were less tangible; women were less prepared for the severity of psychological symptoms.

Women spoke about menopause as an artefact, not as an illness, but as an opponent to be bettered, or to be at its mercy, as a hoop to jump through to a precarious unknown outcome, as an enigma. Menopause, for the majority of women, is a natural phase of life and yet is made sense of through a narrative of confusion, fear, and opposition. Participant narrative suggests that increased awareness can reduce this fear of the unknown, which could result in *identifying with the menopause transition* rather than fighting it.

Theme 2: The role of resilience in identity work

While the quantitative results determined resilience to be a moderator in the relationship between psychological symptoms and the emotional dimension of quality of life, interview data provided a more nuanced understanding of how participants experienced resilience and emotional quality of life. Resilience appeared to be vulnerable to the effects of psychological symptoms of menopause, while both processes of awareness of symptoms and of being post-symptomatic appeared to enable a regained, different or even new sense of resilience. Eloise, a 56-year-old Manager, illustrated how menopause had the power to

expose women to vulnerability, as someone to whom things were ‘being done’, reflecting a compromised sense of resilience:

I think there's something about being menopausal...I've never really been like that before but somehow I became a victim and just felt it was being done to me. That ability to get myself out of the situation had gone. I just thought, there's no point applying for another job I wouldn't get it, there's no point. It's low mood.

Further, resilience was compromised through women reporting a change in confidence in their work ability, expressed as an outcome of menopause symptoms rather than as a symptom itself. For example:

I felt very overwhelmed at times. I felt very anxious. Capable of doing my job but almost frightened of forgetting something. Frightened of...making the wrong call whereas before I would have been no, this is the right call. So I think almost like a self-doubt. Clara, 48, Mental Health Nurse

An integral component of the sensemaking process of menopause appeared to be awareness of its symptoms. With sensemaking through greater awareness, comes regained resilience:

Without awareness, I was less resilient because I just had no idea [what was] going on. But now that I'm aware, I'm much more resilient...it was all down to awareness...I am much more, definitely more resilient now. Iris, 48, Administration Assistant

Many participants expressed how an understanding of the menopause transition could result in a different expression of resilience, through confidence and mood stability (i.e., an aspect of emotional quality of life). Making sense of how menopause influences resilience at work was deeply personal and job-specific:

I just have to let it go and not worry...not filtered anymore...my bar has changed. I don't know if that makes any sense...How I want to create art has changed...Because I feel so lousy in myself, I don't want to put too much financial pressure on myself...But I sort of like the idea of evolving, I like the circle of it. Alice, 56, Artist

Women reported that realigning resilience and changes to work ability were part of the sensemaking of menopause conducted in response to a threatened work identity:

...resilience now, to me is, about recognising when to say no and recognising when you can't take on more work. And [pause] also recognising that you need to take a break or some down time and to build that into your programme. I was very much the person that I'd just work through it...will get better. Which it doesn't, it just makes it worse and it took me years to realise that. Eleanor, 54, Senior Lecturer

A minority of participants discussed increased resilience by medicating menopause, which is not to say that this approach would be appropriate for all women, but to report that resilience, as an essential component of one's identity was affected by rebalancing hormones. For example, Priya, a 48-year-old Social Worker, reported a compromised sense of resilience due to menopause symptoms, but then a bounce-back post-medication:

...So resilience-wise...before I went on [hormone replacement therapy] it was really difficult because I would wake up in the morning and think to myself which [Priya] am I going to be today? Am I going to be the one that doesn't want to leave the house? Am I going to be the one that can take on the world?...now I'm more in control of things, more my old self...you learn to have a professional skin so things don't permeate.

Priya also illustrates how a compromised sense of resilience can fundamentally affect an individual's sense of who they are, in her case reporting vulnerability through not knowing which identity was going to surface each day. Ultimately, it was a “professional skin” that carried her through those years of menopause-lowered resilience, until medical intervention helped her reclaim her resilience, and her identity.

As with the previous theme, there was a narrative of renewed personal strength, specifically a stronger sense of self, from post-symptomatic women. This enabled a clarity to

reposition oneself at work, commonly discussed as increased/renewed resilience, of which confidence was a component. For example:

I do feel more confident and more resilient...coming out of menopause, I feel like it's my time now...I feel quite centred and I'm not putting up with anything [laughs] for anybody else's rules, I'll just live my best life and carve that out for myself. Ella, 54, Director

Theme 3: Emotional identity work to de-personalise menopause

Emotional identity work was conducted to normalise menopause at work, to feel that personal and individualised experience of menopause was itself “normal”:

...take [menopause] as a normal thing, it is a normal biological process... it is not the end of life, it is a new chapter. Maya, 52, Secretary

Identity work was conducted through seeking a shared awareness of menopause, to achieve reassurance through normalising menopause, thus positioning oneself within a group of menopausal women enabled sensemaking of menopause.

I felt like I wasn't on my own, that it is normal, that this happens and it's just it's hard but everybody else goes through it as well. Nora, 51, IT Manager

However, a number of participants reported identity conflict due to the variable nature of menopause, suggesting the “sisterhood” might not be achieved when a menopause norm is not established:

I don't think it's understood, I think it's becoming more [open] to talk about it but I still think it's viewed as almost like a weakness because not all women go through it...But with menopause some women don't even have any symptoms and others have very bad symptoms. And so, you're not even a sisterhood where that's concerned. Kylie, 52, Bookseller

Emotional identity work was also triggered by a change in work ability or perceived job performance. Performance was reflected upon both in subjective (e.g., feelings of underperformance) and objective (e.g., awareness of not meeting defined targets) terms, however, very few women reported that performance decline was observed by others at work. Identity work through distancing or de-personalising menopause was conducted in response to an internalised and emotionally charged reaction to compromised job performance and to acknowledge menopause as the source of difficulties rather than the individual. For example:

I'm actually really good at what I do...[work] is a big sense of my identity...and now I just feel like I'm not really cut out for this, it just makes me feel really sad but I've come to recognise that it is because of my [menopause] difficulties rather than me as a person or you know how clever I might be or not. Ayla, 40, Solicitor

Identity work was also performed to mask the effects of menopause symptoms at work, often as another ‘illness’, however, this had a negative impact on women. For example:

You have to put a big smile on your face but actually inside you are feeling rubbish... you have to behave the way people expect you to behave...not being true to yourself... Sarah, 54, Teaching Assistant

Performance change created an emotional charge (frustration, anger, sadness), which triggered emotional identity work, that was itself emotional (frustration, increased pressure/stress, anger, vulnerability). The desired outcome of emotional identity work was to increase perceptions (internal and external) of job performance and to reclaim a sense of work identity. Undesired changes in work identity appeared to trigger hope that the transitional nature of menopause would not be permanent. Women engaged in identity work as learning to accept menopausal changes and to focus on future selves, while hoping to return to their pre-menopause selves; aspirational future selves were past selves.

I feel like the old me has gone, this is the new me...they call it the 'change' don't they, and it is, it's changed my personality...I felt like I was losing the me that I knew...I'm learning to accept a new version of me and this version of me is more assertive...but it's quite daunting...I'm hoping it's a temporary thing. Ivy, 46, Health Care Worker

Discussion

The current cohort of women experiencing menopause are the vehicle for change in how menopause is understood, discussed and 'managed' in the workplace. We contribute to the identity literature by addressing Brown's (2022) offering that identity work and sensemaking are mutually enactive by revealing how women make sense of menopause through emotional identity work in response to a disrupted work identity, which represented, for the majority of women, an unwanted change. We found support for previous findings that there is a disproportionate and somewhat surprising lack of awareness of menopause symptoms by women themselves (Verdonk *et al.*, 2022). We show that an increased awareness of not only symptoms but the outcomes of those symptoms empowered women to better navigate work through their changing work identities, demonstrating sensemaking as a behavioural component of identity (Vough and Caza, 2020). Weick (1988) suggested that sensemaking is interpreted through an individual sense of self. While we found this in our study, menopause can result in a loss of sense of self, supporting Steffan (2021), threatening the act of sensemaking itself. We demonstrate that increased awareness, seeking and identifying with menopause norms, inasmuch as they exist, reflected multidimensional and dynamic (Caza *et al.*, 2018), mutually enactive (Brown, 2022) processes of sensemaking and identity work. However, as menopause remains stigmatised in many areas of work (Whiley *et al.*, 2022), largely due to an association with gendered bodily ageing (Steffan, 2021), some women were reluctant to embrace a menopausal identity, or continued to dismiss realities of change (Petriglieri *et al.*, 2011).

Menopause symptoms, mainly psychological symptoms, acted as a trigger for emotional identity work (Winkler, 2018) through a perceived decline in job performance as well as emotional quality of life, and an undesired change in work identity. In line with recent findings (Converso *et al.*, 2019), we found evidence that menopause has the power to disrupt long-held resilience, and menopause symptoms presented as a condition that adversely impacted confidence (Vough and Caza, 2017), which presented a challenge to the cognitively effortful sensemaking (Maitlis and Christianson, 2014) of menopause. However, the outcome of emotional identity work presented a paradox. Women engaged in emotional identity work, motivated by wanting to experience menopause norms in relation to other menopausal women, while seeking a return to their pre-menopausal work identity and work ability, representing a navigation between conflicting or incompatible identities (Winkler, 2018). Identity work is salient when stability within change is desired (Caza *et al.*, 2017), which is partially evidenced by how stability stems from similar experiences as compared with peers, however, for women who were not expecting the complex and broad reach of menopause symptoms, the change triggered an emotional response to menopause.

Sensemaking as emotional identity work was effortful (Maitlis *et al.*, 2013) and required cognitive flexibility (Vough and Caza, 2017), however, due to the lack of understanding of menopause at the time, sensemaking mechanisms (e.g., identity work) could potentially be impaired without realising. Participants invested time and resources in identity work where theory suggests that they could be 'more likely to experience self-insight' (Vough and Caza *et al.*, 2017). However, sensemaking was required as a *pre-cursor* to successful identity work. Successful identity work - that which achieves a plausible or coherent identity, or plausibility over accuracy (Weick *et al.*, 2005) - required sensemaking,

which tended to be found through two mechanisms for identity work: seeking awareness through peer support at work, or actively engaging in post-symptomatic reflections.

Work identity can trigger self-assessment (Brown, 2015), however, our findings suggest that without engaging in sensemaking, women had incomplete information on how or why their work identity had changed/was changing. Negative emotions of menopause, such as fear, uncertainty, shame, embarrassment worked to keep menopause shrouded in silence. Yet it was resilience stemming from awareness, knowledge and understanding, that facilitated sensemaking as identity work, paving the way for women to reposition their work identity. For some, this brought positive identity outcomes of viewing this stage of life as a new, more resilient chapter of life and work.

We make a methodological contribution presenting data from a two-wave, mixed-methods study for the application and expansion of identity theory, addressing an identified paucity in this field (Caza *et al.*, 2018). Specifically, we provide evidence of contextual influences on identity work processes. We also provide a practical contribution to people managers through identifying the need for sensemaking before women can understand enough about these contextual influences to ask for workplace support. Sensemaking is cognitively demanding, presenting an opportunity for organisations to support their employees experiencing menopause with this potentially effortful process. Building on the knowledge that women facing menopause might be reluctant to disclose their health-related needs (Gignac *et al.*, 2022; Steffan, 2021), our findings highlight the need for organisations to be more proactive in awareness campaigns of women's health before expecting women to engage in 'self-help' modes of people management.

This study recognises a number of limitations which should be addressed in future research. One limitation of this study is that we measured resilience as a stable trait, whereas our qualitative findings suggest the need to study resilience during menopause transition as a fluctuating state. Another limitation was the relative lack of diversity in our sample. While 82% of the population of England and Wales are white (UK Government, 2021 Census data), our sample reflected 10% non-white participants, and while proportionate, we recommend that future studies oversample non-white and non-cis-gender minority groups to better understand the intersection of race and gender identity with experiences of menopause at work.

To conclude, this article provides evidence of the power of sensemaking of menopause through awareness, leading to (re)gained resilience and a stronger sense of self. Women should not have to wait until they are post-symptomatic or post-menopausal before understanding menopause. Weick *et al.* (2005: 419) perfectly summarised how sensemaking embraces the concept of action, where it is 'more important to keep going than pause, because the flow of experience in which action is embedded does not pause'. The current generation of women require proactive support at work to understand menopause and reduce the cognitive burden of making sense of menopause of future generations.

¹The authors acknowledge that all people who menstruate can experience menopause, however, we use 'women' as a representative term throughout this article, as all participants in our study identified as women. We acknowledge that not all women will experience menopause due to individual health conditions.

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Appendices

Appendix #1 Full survey items

Psychological menopause symptoms:

1. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)
2. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)
3. Irritability (feeling nervous, inner tension, feeling aggressive)
4. Anxiety (inner restlessness, feeling panicky)
5. Mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)
6. Reduced confidence
7. Lowered resilience (e.g. increased vulnerability)

Physical menopause symptoms:

1. Hot flushes, sweating (episodes of sweating)
2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)
3. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)
4. Joint and muscular discomfort (pain in the joints, rheumatoid complaints)
5. Fatigue, tiredness, decrease in energy
6. Increase in weight

Individual resilience:

1. I tend to bounce back quickly after hard times.
2. I have a hard time making it through stressful events. (reversed)
3. It does not take me long to recover from a stressful event.
4. It is hard for me to snap back when something bad happens. (reversed)
5. I usually come through difficult times with little trouble.
6. I tend to take a long time to get over set-backs in my life. (reversed)

Quality of life – emotional aspect:

1. I am able to control things in my life that are important to me.
2. I frequently experience anxiety. (reversed)
3. Most things that happen to me are out of my control. (reversed)
4. My mood is generally depressed. (reversed)
5. I expect that good things will happen in my life.

Appendix #2
Confirmatory factor analyses

Table S1

Confirmatory factor analysis fit indices to confirm the construct validity of our measures on our main sample

	χ^2	<i>df</i>	$\Delta \chi^2 (\Delta df)$	<i>p</i> $\Delta \chi^2 (\Delta df)$	<i>CFI</i>	<i>TLI</i>	<i>RMSEA</i>	<i>SRMR</i>
Four-factor model	1119.32	246	/	/	.90	.89	.07	.05
Three-factor model ^a	1302.76	249	183.44 (3)	< .01	.88	.87	.08	.06
Three-factor model ^b	1528.63	249	409.31 (3)	< .01	.86	.84	.09	.07
Two-factor model ^c	3388.96	251	2269.64 (5)	< .01	.66	.62	.14	.11
One-factor model	3531.33	252	2412.01 (6)	< .01	.64	.61	.14	.11

Note. Difference of chi-square values ($\Delta\chi^2$) were estimated compared to the four-factor model. CFI: Confirmatory Fit Index, TLI: Tucker Lewis Index, RMSEA: Root Mean Square Error of Approximation, SRMR: Standardised Root Mean Square Residual.

^aMenopause symptoms loading on one factor, individual resilience loading on one factor, and quality of life loading on one factor;

^bPsychological symptoms loading on one factor, physical symptoms loading on one factor, and individual resilience and quality of life loading on one factor; ^cMenopause symptoms and individual resilience loading on one factor, and quality of life loading on another factor.

Appendix #3

MENOPAUSE AND FLEXIBLE WORK STUDY (MAY 2022)

Interview Topic Guide

Thank you so much for agreeing to meet with me today. Our conversation will probably take around 30-40 minutes, although you are free to stop at any time if you need to. Could you reconfirm that you give your consent to take part in this interview, and for this interview to be audio recorded?

I just want to start by explaining a little bit more about the research project and what we will be doing in this interview.

This study is about menopause and flexible working. This research on menopause is important because little is known about how women cope with menopause at work, specifically in relation to working flexibly.

It's important to say that there are no right or wrong answers to the questions I will ask you; I just want to hear about your own views and experiences. If I ask you a question that you don't want to answer, you can just tell me and we'll move on; you don't have to give me a reason.

Any hard copies of documents where your words are written down will be kept locked in an office at [anonymised University]. Computer documents containing your data will be stored on secure [anonymised University] servers in password-protected files. Only the researchers on this project will have access to these files.

Your words or opinions may be written down for other people to read, for example, in academic publications. Your real name will not be used, but we might state your gender, age, industry and the fact that you live in the UK.

Do you have any questions to ask me before we start?

ABOUT YOU

I'm going to start by asking a few questions about you:

- What is your age? _____
- What part of the UK do you live in? _____
- How would you describe your ethnic group? _____
- Do you have any children? _____ Grandchildren? _____
- What is your job title? _____
- What industry do you work in? _____
- How long have you worked at this company? _____
- In terms of your general day-to-day health, how would you rate yourself of a scale of 1-5 if 1 was excellent? _____

Before we start, can I ask you why you chose to take part in this study?

MENOPAUSE

- Can I start by asking whether you are currently experiencing peri-menopause symptoms Or have you stopped experiencing symptoms?

- For how long have you been experiencing [did you experience] symptoms?
- Can you please describe your symptoms?
- Could you please expand on your menopause symptoms have changed over time?

COPING WITH MENOPAUSE AT WORK

- Has this experience changed since you started experiencing menopause symptoms?
- What has been your experience of coping with menopause symptoms at work? [now or in the past]
 - What coping strategies have/haven't worked?
- Have you ever needed to ask for any support to help you manage your menopause symptoms at work? What kind of response did you get?
- How easy/difficult has it been/would it be to raise the topic of menopause with your colleagues/with your line manager?
- How do you think menopause is understood by those around you at work?
- Can you think of anything that your employer could do better to support menopause at work?

FLEXIBLE WORKING

- How have your flexible working arrangements influenced how you manage your menopause symptoms at work?
- How does working flexibly make you feel in terms of being connected with your workplace?
- How have your [colleagues/supervisors] responded to you working [fewer hours]?
- Do you feel that [flexible working] impacts on your career at all?
- Are you aware of your right to request flexible working from your employer?

PSYCHOLOGICAL SAFETY

- Do you feel that you are able to make mistakes or take risks at work?
- Do you feel that your skills and talents are used at work? Do you think they are valued?
- How would you say that these feelings have contributed to how you manage your menopause symptoms at work?

RESILIENCE, BURNOUT AND PERFORMANCE

- How do you tend to bounce back after hard times or a stressful event at work?
 - Do you think that menopause has changed this at all?
- How do you manage the amount of work that you have to do in any given week?
 - Do you think that menopause has changed this at all?
- Would you say that you meet performance requirements of your job?
 - Have your menopause symptoms influenced your work performance? How so?

RETENTION AND ATTITUDES TO WORKING [LONGER]

- Have you changed how or when you work because of menopause?
- Given everything that we've discussed, how does menopause influence your thinking about future work?

Finally, is there anything else that you would like to say about menopause and work?

Thank you for your time.