

Risk Assessment: Factors Contributing to Discomfort for Menopausal Women in Workplace

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The purpose of this study was to review the Factors contributing to discomfort for menopausal women in workplace and the perceived effects of working conditions on menopausal symptoms, and to produce recommendations for managers and women. This study was a review article. We searched PubMed and Science Direct for articles related to menopause and workplace. Keywords included: menopause AND workplace OR occupational health or menopausal women AND managers. Because we aimed to update the literature following the 2011 review of menopause and workplace, only English-language articles published between 2011 and 2017 were included. This review showed that how managers could be help and awareness and what should be done for menopausal women in workplace by risk assessment. Many risk factors are contributing to discomfort for menopausal women in workplace and managers should be assessed them. Managers should be aware that menopausal transition causes difficulty for some women at work, then occupational health and safety and health promotion policies will be increasingly important. It may help inform the development of tailored occupational health policies and programs that cater for the needs of women as they transition through menopause in the workplace. (**J Menopausal Med 2017;23:85-90**)

Key Words: Menopause · Occupational health · Women's health · Workplace

Background

One of the greatest challenges facing society in this century, aging population with a growing elderly population along with industrialization, an increase in the number of working-women. Employment rates are generally lower among women and older workers. In 2015, the employment rate for men aged 20 to 64 stood at 75.9%, as compared with 64.3% for women. A longer-term comparison shows that while the employment rate for men in 2015 was the same as 10 years earlier (75.9% in 2005), there was a marked increase in the proportion of women in employ-

ment—rising 4.3 percentage points from 60.0% in 2005.¹ Then, women are now nearly half the workforce and the proportion of older women in the increasing. Most women go through the menopause, or ‘the change’, between 48 and 55. The average age of menopause is 50, but it can happen much earlier. Menopause—often called ‘the change of life’—is not usually associated with the workplace or with workers’ health and safety. Although many problems can sometimes arise from the ways work and working conditions.² The particular changes involved to women and affect different women in different ways. Recognizing these changes can help in making the links between occupational health

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and the women's health.³ Menopause is associated with loss of fertility and some physical and psychological changes.⁴ It causes a decrease in quality of life, which is dependent to age, work, and body mass index and financial status variables. Therefore, it is necessary to develop effective intervention programs in menopausal women.⁵ Women have experience many physiological changes, which may cause a wide variety of physical symptoms and psychological as well as social problems. Every day millions of women suffer from these pre and post-menopausal complaints.⁶ Most women experience unpleasant symptoms during their menopausal transition. The most common menopausal symptoms are hot flashes, sweating, anxiety, fatigue, stress and sometimes short-term memory problems, sleep disturbances, muscle or joint pains, and irritability.^{7,8} The most problematic symptoms were: poor concentration, tiredness, poor memory, feeling low/depressed and lowered confidence. Hot flashes were particularly difficult.⁹ Cultural factors, social environment and social support and attitudes toward aging may significantly influence women's experience at perception of menopause.¹⁰ Generally, lifestyle and healthy balanced diet; drinking plenty of water; reducing caffeine intake; not smoking; taking regular exercise; having access to natural light; and getting adequate rest and relaxation and 10 minutes of stretching decreased menopausal and depressive symptoms and risk of hot flashes in women.⁷ Emptying the nest,¹¹ and obesity are associated with an increased risk of menopausal symptoms special hot flash.¹² There is association between socioeconomic status and age at menopause. This would be more important that these factors are modifiable and using appropriate policy can help to improve women's health.¹³

Work also effect on experience of menopause. Stress or stigma at work might exacerbate symptoms.¹⁴ Job stress is an increasingly important factor of the rising number of menopausal women in the workplace. There are complex interrelationships between job and menopausal symptoms. It affected on their capacity of work. They were tiredness, sleep disturbance, poor memory and concentration and depressed mood.¹⁵ Menopausal transition caused difficulties for women at work too. Some women felt work performance had been negatively affected.⁹ There is a lack of awareness and communication about menopause generally in work settings.

There is some evidence that women find that menopausal symptoms are hard to manage at work, and that certain work situations such as formal meetings, working with men and/or younger colleagues, and working in hot or poorly ventilated environments, increase the intensity of menopausal symptom. Menopause symptoms may affect work capacity for some women, or their self-perceived work ability.¹⁶

Employers should consider this when carrying out and implementing health and safety risk assessments. Poor ventilation, high working temperatures (hot work), unsuitable clothing or uniforms, and some protective equipment can aggravate common menopausal symptoms such as hot flashes and sweating, affecting workers' comfort and health. Dry skin and eyes can be aggravated by heat and poor indoor air quality at work, leading to increased risks of irritation and infection. Simple measures such as having suitable clothing (layered and loose, not synthetic), access to cold drinking water, adjustable workplace temperature, adjusting relative humidity and additional ventilation (using fresh air or a fan) or flexible rest breaks can help. Workplace stressors can lead to additional risks of stress, fatigue and stress-related ill health for women working through the menopause-susceptibility can be affected by hormonal changes. Some also experience panic attacks at this time.¹²

Workplace culture, policies and practices can also affect the situation. Lack of adequate rest breaks or excessive working hours may also increase risks of ill health, fatigue and stress. Tiredness and night sweats can make women temporarily more susceptible to fatigue and stress at work, which are linked to risks of reduced immune response and increased susceptibility to infection. Work environments and shift patterns may prevent access to natural light – an important part of a healthy environment for all workers. Lack of natural light can affect the body's ability to absorb calcium, and can also affect mood. Lack of exercise and/or a sedentary lifestyle is linked to increased risks of osteoporosis, cancer, diabetes and cardio-vascular disease in older women. Ready access to suitable washing and toilet facilities is important for women, particularly during per menopause. Adequate workplace sanitary facilities with private washing and changing facilities are needed by those concerned.¹³ Then, risk assessment for menopausal women in workplace is important.

Search Methods

This study was a review article. We searched PubMed and Science Direct for articles related to menopause AND workplace. Keywords included: menopause and workplace OR occupational health or menopausal women and managers OR risk assessment; menopause AND job stress OR job satisfaction. Because we aimed to update the literature following the 2010 review of menopause and workplace, only English-language articles published between 2010 and 2017 were included. Additional references were identified from reference lists in the resulting publications, review articles and books. Because this is a review article, we provide a review literature on Factors contributing to discomfort for menopausal women in workplace. We draw literature to provide a problem of menopause to understanding of risk assessment.

Summary of Main Results

The results showed that every manager must conduct a risk assessment to identify potential health and safety hazards. They are required to act on it to minimize risks to their staff at their workplace and need to consider risk assessment and other relevant issues when assessing and controlling risks to women working through the menopause.

Risk assessments should consider the specific needs of menopausal women and ensure the working environment will not make their symptoms worse. Issues that need looking at include temperature and ventilation and the materials used in any uniform or corporate clothing provided to women workers. The assessments should also address welfare issues, such as toilet facilities and access to cold drinking water.^{17,18} Employers need to be aware that workplace stress can worsen menopausal symptoms and in some cases has been shown to bring on an earlier menopause. Stress should be risk assessed alongside concerns like temperature and access to facilities.¹⁸ Managers have a responsibility to take into account the difficulties that women may experience during the menopause. They must protect the health, safety and welfare of their employees. They must do risk assessments under the management regulations, and these assessments should include any specific risks to any men-

opausal women they employ.¹⁹

It is well known that when staff are motivated and valued, outcomes are better. Work can affect women going through the menopause in various ways, especially if they cannot make healthy choices at work. Many women had developed strategies for coping with problematic menopause symptoms at work. These strategies included: using a fan or opening windows, adjusting their working hours or routine, taking precautionary measures, such as wearing layers of clothing and having a change of clothes at work to help with hot flushes, trying hormone replacement therapy (HRT), altering their diet, trying to sleep for longer at weekends, doing more exercise, maintaining a sense of humour, giving themselves time to concentrate on their appearance to improve their self-image.

Four major areas for organizational-level support emerged, none of which need be complex or costly: 1) greater awareness among managers about menopause as a possible occupational health issue; 2) flexibility in working hours and arrangements; 3) access to information and to formal and informal sources of support at work; and 4) attention to workplace temperature and ventilation, managers could call upon the services of occupational health functions.⁹ A workplace wellbeing policy which recognizes the menopause is a good starting point along with raising manager's awareness of the menopause and its interface with work.²⁰ Also factors contributing to discomfort during the menopause, workplace policies for time off, and flexible working conditions for women going through the menopause should all be encouraged by manager.

Discussion

Women form a large part of many workforces. The menopause may cause no significant problems for some women, for others it is known to present considerable difficulties in both their personal and working lives. Managers should be aware that some women find that their confidence is impaired, and some may behave uncharacteristically, for example by needing to take breaks for fresh air or cold water during a hot flush, or by avoiding demanding or stressful interactions. It is suggested that managers might assess

working conditions to take into account the needs of menopausal women. This can come from both formal (provided by managers and occupational health departments) and informal networks of working women who have experienced the menopause. Greater awareness among managers, together with sensitive and flexible management can be helpful for women at this time.²¹ The menopause transition is an important occupational health issue. Implementing health promotion programs, improving working environment, ventilation and work policies, offering more flexibility in working hours and raising awareness of menopause are recommended to help women to cope with the menopause transition and to maintain well-being and productivity at work.¹⁴ Managers can do:

- Make sure risk assessments cover the specific needs of menopausal women. For example ventilation, temperature and access to toilet facilities.
- Make sure sickness absence policies are flexible enough to cover menopause-related sickness absence.
- Encourage employers to make reasonable adjustments to sickness absence 'triggers' and performance targets for older women.
- Negotiate more flexible working time arrangements for older women to accommodate their multiple caring responsibilities and/or to help them manage menopausal symptoms.
- Agree a policy with employers that accommodates older women who feel the need to slow down, reduce or alter their hours of work – one which can offer them opportunities for redeployment, lighter duties or job re-design.
- Contact your union office find out if your union has developed any resources on supporting older women, or is holding any events to raise awareness among members of the particular health and safety concerns for older women.²²

There is a significant correlation between increased stress, anxiety and depression with negative and weak self-concept of women's, then it is necessary to devote more careful attention to mental health issues of women's and have appropriate interventions.⁸ Physical (e.g., workplace temperature and design) and psychosocial (e.g., work stress, perceptions of control/autonomy) workplace factors have been found to influence the relationship between symptoms and work. Principal recommendations for managers to best support menopausal women as part of a holistic approach to em-

ployee health and well-being include risk assessments to make suitable adjustments to the physical and psychosocial work environment, provision of information and support, and training for managers.²³ More efforts to provide information and appropriate education regarding menopause and coping strategies may be required for workers.²⁴ Comprehensive education which is delivered on knowledge, attitude, symptom and management of menopause should be regarded as crucial for midlife women. Education and intervention programs on menopause symptoms are thought to be essential in middle-aged women.²⁵ Working women seem to suffer more than nonworking women from psychological and somatic symptoms. Educated women showed a lower incidence of psychological and somatic symptoms, level of education also contribute to significant variations in menopausal symptoms.²⁶ It is feasible to implement group education on menopause for women.²⁷ The use of group interventions to improve memory self-efficacy during menopause warrants continued evaluation.²⁸ The supportive measures, such as increasing the participation of the elderly in public life through proper preparations to join them and membership in peer groups can be effective too.²⁹

Conclusion

Occupational health issues for menopausal women workers have often been ignored. With any health condition, short-term or longstanding, appropriate support from managers is essential. It is likely to reduce the risk of stress, help maintain performance.⁹ Managers should be aware that menopausal transition causes difficulty for some women at work, and that much can be done to support them.⁹ These findings may help inform the development of tailored occupational health policies and risk assessment and programs that cater for the needs of menopausal women in the workplace.² The authors suggest that future studies should to do about risk assessment for menopausal women in varies workplace like health centers or hospitals.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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