University of Alberta

Holding on to *Normal*
The impact of menopause on work life in the Canadian Forces and the Department of National Defence

by

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Abstract

Qualitative interviews and inductive content analysis were used to explore the perceived impact of menopause on the work life of female members of the Canadian Forces and civilian employees of the Department of National Defence. Participants were seven military members and four civilian employees, self identified as perimenopausal, menopausal or postmenopausal. An overall theme of *holding on to normal* was found, with four sub-themes: *fearing loss of self, managing in the workplace, getting information*, and *coping with menopause in the midst of everything else.* The experiences described by the women were consistent with transition theory. The women's experiences were influenced by their perception of the meaning of menopause, expectations and ability to acquire knowledge to manage the changes. The women described plans to cope with menopause and their related emotional and physical distress. Elements of the environment were important to the women's ability to manage their work life during menopause.

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Chapter 1 – Introduction

Researcher's Perspective

My interest in this topic arose from an observation that scientific researchers and the popular media seemed to pay a great deal of attention to the physical problems of menopause and the debate over the value of pharmaceutical intervention, yet little was said about the impact of menopause on a woman's working life. Similarly, while I was witness to some conversations between women about the effects of menopausal symptoms, there seemed within those conversations to be a desire to downplay the level of complaint. This led me to question women's perception of menopause and their beliefs about how it might affect their careers. Is the danger simply in the possibility that physical symptoms might compromise their effectiveness at work (Jackson, 2002), or is there additional concern that knowledge that a woman has reached a certain point in the aging process will influence the value her superiors and colleagues place on her as a professional? Finally, if the latter is true, is the concern greater for women who are part of a male-dominated organisation such as the Canadian Forces than for civilian women in the same environment?

Menopause in the Context of the Department of National Defence

The Canadian Forces (CF) has identified recruitment and retention of members as a top priority (Department of National Defence, 2002a). In his 2001-2002 annual report, the Chief of Defence Staff notes that there is a smaller labour pool from which to recruit new members. This trend is attributed to the aging of the Canadian population, a change in the values and expectations of young Canadians away from lifetime careers with a single organisation and the higher degree of specialisation required for many occupations.

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He further observes that the pressure on personnel in some occupations caused by the increased rate of military deployment and competition from other private- and public-sector organisations for these same skilled people has increased the rate of attrition from the Canadian Forces (Department of National Defence, 2002a).

The aging of the Canadian population (Statistics Canada, 2001) is reflected in the demographics of the Canadian Forces. The average age of new recruits has increased from 22.92 years in 1990 to 26.62 years in 2002 (Department of National Defence, HRIC Helpdesk, personal communication, December 3, 2002). This increase in age at recruitment is particularly noticeable for women. In 2001, 36 percent of new female members were between 25 and 34 years of age and 19 percent were over 35 years of age. These statistics compare to 24 percent of male recruits between 25 and 34 years of age and five percent over 35 years of age (Wait, 2002). In addition, from 1990 to 2002, the percentage of female members increased from 10 percent (8752 of a total 77, 125 members) in 1990 to 12 percent (7040 of a total 52,422 members) in 2002 (Department of National Defence, HRIC Helpdesk, personal communication, 2002).

Over the next ten years, 42 percent of current female CF members (2978 women) will be within the typical age range for the menopausal transition (Department of National Defence, HRIC Helpdesk, personal communication, 2002). The menopausal transition is the period through which a woman's ovarian function and estrogen concentration decrease until menstruation ceases. This transition typically takes place when a woman is between 40 and 59 years of age (O'Leary Cobb, 1996). During this time, a woman may experience a variety of uncomfortable symptoms, one of the most commonly cited being hot flashes. How positively these women perceive their experience

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of menopause relative to their place in the workplace could influence not only the ability of the CF to retain experienced personnel, but also its ability to recruit new professional women.

If the Canadian Forces could demonstrate that it provides tolerance and/or support for female members equal to or better than the civilian sector, women might be swayed in favour of a military career. Thus, the way that menopause is perceived and responded to within the context of a woman's paid workplace is of particular interest for study. Winterich and Umberton (1999) assert that "women's constructions of their menopausal experiences depend on an array of interrelated social contexts" (p.71) which may include marital and family circumstances, the attitude of their society toward aging, and the approach of their physician to menopause. A study that examines the complexity of how Canadian military and civilian women employed by the Department of National Defence perceive their experiences of menopause and its impact, if any, on their workplace interactions and careers is warranted.

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Chapter 2 - Review of the Literature

The progression of the baby-boom generation into mid-life has been credited with the increasing interest in menopause in both scholarly and popular literature (Jackson, 2002). From the medical point of view, much of the attention has focused on the benefits of hormone replacement therapy in easing the unpleasant physiological effects of menopause (Archer & Utian, 2001; Davidson, 1995) and the potential long-term risks this treatment poses to women's health (Writing Group for the Women's Health Initiative Investigators, 2002). Research has also examined the impact of women's social contexts on their experience of menopause (Chornesky, 1998), and to a lesser extent, women's ability to get information about menopause (Utian & Boggs, 1999) and the impact of menopause on work life (Jackson, 2002).

The Medical View of Menopause

Medically, menopause is defined as "cessation of menstruation because of depletion of follicular stores. It is retrospectively determined after 12 months of amenorrhea during the midlife period" (Houmard & Seifer, 1999, p. 2). North American women usually experience their last menstrual period around 51 years of age, although it is considered normal for this to occur anytime between 40 and 59 years of age (O'Leary Cobb, 1996). The transitional period during which a woman's ovarian function and estrogen concentration decline (Sagraves, 2001) is called *perimenopause* or the *climacteric* (Winterich & Umberson, 1999). It may last a few months or several years, during which a woman may experience vaginal dryness, irregular periods, vasomotor symptoms such as hot flashes, night sweats, dizziness, headaches, palpitations, nausea, vomiting, diaphoresis, insomnia, and sleep deprivation (Greendale, Lee, & Arriola, 1999;

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Sagraves, 2001) and a host of minor symptoms sometimes attributed to aging rather than to menopause (O'Leary Cobb, 1996).

Up to 85 percent of women experience vasomotor symptoms during the climacteric (Sagraves, 2001) that may affect a woman's experience in the workplace. As these symptoms have been associated with "depression, fatigue, forgetfulness, inability to concentrate, irritability, and nervousness" (Sagraves, 2001, p.3), a woman experiencing some of these vasomotor symptoms may find it more difficult to work and interact with others effectively. This difficulty is highlighted in popular media publications that address the potential for embarrassment and loss of credibility as a result of menopausal symptoms (Jackson, 2002; World Health Organization, 1996). The perceived need to conceal menopausal symptoms was also evident in the findings of Kittell, Kernoff Mansfield, and Voda (1998) that women feared that exposure would lead to loss of credibility and perceived effectiveness.

Not all women experience the physical symptoms associated with menopause, which may partly explain some researchers' findings that some women consider it to be a neutral or even positive experience (Utian & Boggs, 1999; Walter, 2000). In a random telephone survey of 752 postmenopausal women across the United States, Utian and Boggs (1999) found a common theme of the menopausal period as a time of positive health and life changes. Similarly, Walter (2000) found that while most of the 21 women in her study viewed the physical changes such as weight gain and hair loss as negative, they also "spoke of their increased sense of personal power and of an opportunity to exercise new freedoms, such as spending more time on activities they really enjoyed" (p.120). As Kittell, et al. (1998) observe, the categorisation of women's attitudes toward

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menopause is often done "without specifying direction of causation or the presence of specific types of changes that may account for certain attitudes" (p. 619). As this is the case in Utian and Boggs (1999) and Walter (2000) it is not clear how much of the difference in perception they report is attributable to the presence or absence of physical symptoms of menopause and how much to the woman's social context (Winterich & Umberson, 1999).

The Social View of Menopause

The view of menopause varies across societies (Chornesky, 1998; Mercer, 1999). Chornesky (1998) observes that in cultures where the elderly are "venerated, menopause may be viewed as an important rite of passage" while in youth-oriented cultures such as North America, "the prospect of menopause may be viewed with dread, signifying the onset of a depressing period of life following the loss of fertility". This interpretation of the North American view is supported by Winterich and Umberson, (1999) who state that menopause has been constructed as a time of loss or of "reproductive failure" (p.57). They observe that in a culture that equates youth with beauty the menopausal body is "past its prime" (p.57) implying that menopause represents the end of a woman's physical and sexual attractiveness.

The findings of a study of American women's attitudes toward and sources of information about menopause support this point of view. Kernoff Mansfield and Voda (1993) found that participants were "influenced by physicians' and the media's negative portrayals of older women" (p.100). Many of the concerns of the women reflected a negative perception of menopause as a signal of the beginning of physical deterioration or of becoming "a typically . . bitchy menopausal lady" (p.92). Kernoff Mansfield and

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Voda (1993) argue this demonstrates the impact of "the sexist and ageist stereotypes of aging that have been featured in popular articles about menopause since the 1960s" (p.100). Absent from the women's perceptions of reaching menopause was "any sense of achievement, or gained status" (p.102).

This portrayal suggests that the prevalent attitude in society, whether expressed through mass media, physicians or others, affects the way a woman interprets the menopausal symptoms she experiences. That is, where menopause is viewed as "a transition to an honored role in society" the interpretation may be positive, where if it is viewed as "signifying the end of a woman's attractiveness and the beginning of her decline" the interpretation is more likely to be negative (Chornesky, 1998). If one views the workplace as a microcosm of society, the impact of the prevalent attitudes in that workplace might have a significant impact on someone who spends 35 to 40 hours a week in that environment.

Ability to Gain Access to Information About Menopause

Another issue that may contribute to a woman's experience of menopause is her ability to get information about its physical effects and potential treatments. Utian and Boggs (1999) found that when they asked 752 women what personal health issue they would most like to know more about, 16 percent wanted information about long-term health risks such as heart disease and osteoporosis, 26 percent wanted information about medical or alternative treatment options, 15 percent wanted to know more about hot flashes, and 10 percent were concerned about emotional or mental health issues (p. 127). Similarly, 26 respondents in a 1999 Harvard Study were asked to outline 15 factors that they would like information about when considering hormone replacement therapy, but

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that were not addressed by their doctors. Factors cited by more than 50 percent of respondents included healthcare provider opinion (96%), media reports (81%), experiences and opinions of friends (77%), risk for breast cancer (77%), hot flashes (65%), living with medical uncertainty (54%) and genitourinary symptoms (50%) (Connelly, Farrari, Hagen, & Inui, 1999).

A woman who is faced with the decision of whether to undergo a medical intervention such as hormone replacement therapy that may relieve menopausal discomfort, and is unable to get answers to her questions, may find that the uncertainty increases her negative experience. Conversely, a woman who makes a decision regarding treatment for menopausal symptoms believing that she has all of the necessary information, may be more likely to perceive her experience as positive.

Members of the military receive medical care from military physicians, a group separate from those who serve civilians. The fact that these two groups of women receive medical care from different medical systems may have an effect on their ability to get the information they want, and as a result have an impact on their perception of their experience in their workplace and their desire to remain there.

Work Life and Menopause

A literature search using the University of Alberta and the University of Calgary libraries yielded literally hundreds of academic articles, books, and book chapters addressing various aspects of menopause. These included hormone replacement therapy or estrogen replacement therapy (HRT/ERT) usage and research, women's health, ailments associated with menopause and/or treatment for menopause, alternatives to hormone treatment, and women's experiences of menopause relative to the attitude of

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their physician, whether they were involved in a stable relationship at the time, and whether they had children. A search of Academic Premiere, Academic Search Elite, CINAHL, Ingenta, Ingenta Select, Ageline, Medline, PubMed and PubMed Central using the key words *military and women, military and menopause, menopause and career, aging, menopause and work, women and career* yielded few published studies that addressed the experience of menopause within the context of a woman's career.

In popular media, there has been some effort to address how the symptoms of menopause may affect a woman's working life and the perceived danger of discussing menopause within a workplace setting (Employers failing, 2003; Jackson, 2002; World Health Organization, 1996). Some studies have examined the relation of occupational status and ethnicity to menopausal experience. In a literature review of the menopausal transition of Korean immigrant women in the United States, Im and Lipson (1997) found that the powerful position of the midlife woman in the traditional Korean family is often lost to the immigrant woman who finds herself employed in a low-status job such as house-cleaner or seamstress and unable to exert her traditional power at home over her westernised children. This loss of status, suggest the authors, "may make Korean immigrant women more vulnerable to feelings of loss, depression, and lowered self-esteem in their climacteric transition" (Im & Lipson, 1997).

Mercer (1999) compared attitudes to menopause and the aging female across cultures. Although her comparison focuses more on aging than on menopause, she does note that unlike some eastern cultures where a woman's power increases as she gets older, in the west women's power diminishes with age to the point that "there are issues relating to women being able to keep their jobs in late middle age" (p.13). Mercer (1999)

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suggests that lack of societal support for aging such as this may negatively affect the way a woman experiences the time of menopause.

An Internet search using www.google.ca identified a number of web sites that provide information about menopausal symptoms. Among these were a number of web sites related to the United States military such as: militaryworld.com, militaryworldsubportal.com, militarywomen.org, vnh.org (Virtual Naval Hospital), usmilitary.about.com, dcmilitary.com, hooah4health.com, www.va.gov/womanvet/ and www.suite101.com (Women Veteran's Health). The information about menopause on these sites was limited to a discussion of symptoms and potential treatments. The web site for the Canadian Women's Health Network and the Centres of Excellence in Women's Health did not yield any material addressing the impact of menopause on workplace experience and career advancement.

Documentation from the Department of National Defence

A review of civilian and military human resources documents in the Canadian Forces and the Canadian Public Service failed to find any specific reference to menopause. Among the documents reviewed was a report for the Director Military Employment Policy regarding attrition and retention among CF members with 10 to 20 years of service (Grant, 2002). This report considered the results of a number of surveys conducted by the CF including the *Quality of Life Survey* (Dowden, 2002), the *Canadian Forces Attrition Information Questionnaire* (Catano & Kelloway, 2001), the *Work-life Balance Study* (Duxbury & Higgins, 2002) and the *Terms of Service Survey* (Pinch & Hamel, 2000). Common issues in a CF member's decision to remain in the CF or to seek voluntary release were: quality of life, salary, opportunities for career advancement, and

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impact on family. There was no mention of management of health issues such as menopause. Similarly, the *Military HR Strategy 2020* (Department of National Defence, 2001) makes reference to well-being and health of members including "addressing issues impacting the well-being of themselves and their families, including an optimum balance of work and personal life" (p. 17), but no specific health issues are mentioned.

Like its military counterpart, the *Horizon One* report of the Assistant Deputy Minister Human Resources – Civilian (Department of National Defence, 2002b), makes mention of a need to attend to issues of work-life balance, professional development, and flexible work-arrangements. Although it is noted that, on average, the civilian work force at the Department of National Defence is older than in the rest of the public service at 45.7 years of age, no mention is made of the health issues that may accompany that time of life. At most, it provides promise of an "employee well-being" framework which will include "[s]trategies and tools . . . to gain some insights into causes of employee stress . . . [and] . . . to assist managers to promote supportive behaviour for employees' health and well-being, and to provide them with relevant training" (p.13).

Lessons learned – leadership in a mixed gender environment (Army Lessons Learned Centre, 1998) is a publication of the Canadian Army, with the purpose of assisting in "successfully achieving the desired end-state of complete and successful integration of women into the Army" (p.1). The consistent theme is that there are no problems in the Army that can be attributed to gender issues, only to leadership issues. This is identified in relation to concerns about stereotyped expectations about women's emotional responses and physiological differences. This document was the only one that made any specific reference to women and the function of menstruation.

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Chapter 3 – Methods and Procedure

In order to examine the perception of CF members and civilian employees of DND of the impact of menopause on their work life, a research question was articulated and the procedures for sample recruitment and data collection and analysis were defined. Each of these elements of the study is described in this chapter. Samples of the recruitment and research tools can be found in the appendices.

Research Question

How do women in the Canadian Forces and the Department of National Defence understand their experience of menopause and its impact on their working life?

Sample Recruitment

In order to begin recruitment, it was necessary to complete two ethics review processes, the first at the University of Alberta and the second at the Department of National Defence Directorate of Human Resources Research and Evaluation. Due to restrictions on conducting research using CF members, recruitment was limited to the Canadian Forces Medical Group Headquarters.

The recruitment and data collection took place over a two-week period, May 2 to 16, 2003. Sample recruitment was conducted using a combination of posters and broadcast email, that is, an email sent to all (approximately 450 people) on the Canadian Forces Medical Group email distribution list. The posters were placed at the elevator banks on each of seven floors in the Canadian Forces Medical Group Headquarters. As required by Government of Canada policy, both the email and the posters were in English and French.

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The broadcast email was sent on the afternoon of Friday, May 2, 2003. The initial response was very fast, with five women contacting me within the first 30 minutes. The remainder of the 11-person sample contacted me over the next seven days. After that time there were no more volunteers, although the posters remained up until May 30, 2003. The rapid initial response suggested to me that women were eager to talk about their experience of menopause. The sudden end to the calls to volunteer may reflect that only a small group is interested in talking about it, and that they are very interested, or that others who may have been interested felt unable to volunteer for whatever reason.

The study initially sought women who were CF members or civilian employees of DND who were 40 to 65 years of age and menopausal or postmenopausal. When a number of women in the desired employment and age range responded who were perimenopausal, that is, were experiencing menopausal symptoms but had not yet ceased menstruation for 12 months, I decided to include them in order to get information from women representing the full range of the menopausal transition. There was no specific target for how many women in each stage, or in each employment group would be required. My hope was to achieve close to an equal distribution of civilian and military women across the age and menopausal stage continuum: *perimenopausal* (experiencing symptoms, but have menstruated within last 12 months), *menopausal* (last menstruated 12 or more months ago) or *postmenopausal* (last menstruated five or more years ago). The expectations were first, that due to the small number of women in senior ranks in the CF, most military respondents would be in the lower ranks, and second, again due to the greater number of civilian women employed by the Department of National Defence in

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Ottawa, more civilian than military women would offer to participate in the study. Both expectations proved to be incorrect.

Participants

The participants were a convenience sample of 11 women employed by the Department of National Defence in Ottawa. A twelfth woman, a military physician who met the age criteria but had not ceased menstruation or experienced any menopausal symptoms was also interviewed to provide an additional perspective on the experience of being female in the Canadian Forces, and to provide a CF medical point of view. Through the questionnaire items that asked how old they were at the time of their last menstrual period and how old they are now, participants self-identified as perimenopausal, menopausal or postmenopausal. Their ages ranged from 41 to 57 years. All but one of the women were currently working at the Canadian Forces Medical Group Headquarters. The one exception worked at National Defence Headquarters.

The military women (n=7) were junior and senior officers, with the exception of one non-commissioned member. The civilians (n=4) were evenly divided between management and support occupations. Some form of hormone replacement had been used by four participants, and three of these were using HRT at the time of the study.

Method

When a potential participant expressed an interest in taking part in the study, an appointment was made for her to meet with me. At this meeting I explained the study in more detail and provided an information letter for the participant to read (Appendix A). Once she had read the letter, and agreed that she wanted to take part in the study, the participant was asked to read and sign a letter of consent (Appendix B). She then

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completed a brief questionnaire (Appendix C) and made an appointment for an interview. In three cases, the study introduction, questionnaire completion and interview were completed in one meeting. Participants were asked to choose a location for their interview. All chose to be interviewed in either their office or mine.

The strategy was to collect data from an unspecified number of women and based on that information seek out other participants as necessary to reach the stage referred to by Strauss and Corbin (1998) as *saturation*. Saturation is the point in the research where "collecting additional data seems counterproductive; the 'new' that is uncovered does not add that much more to the explanation at this time" (Strauss & Corbin, 1998, p.136).

The 11 women who participated in the study were those who responded within the first seven days. By the time I had interviewed the eighth woman, however, I found that the information she was offering was largely a repetition of that which had already been provided by others before her. At this point, I recognised that I had reached saturation and decided to complete the study with the remaining three women who had volunteered.

Questionnaire

Participants were asked to complete a brief background questionnaire regarding: age, menopausal symptoms experienced and the impact of these symptoms on daily activities, use of medical or other intervention for menopausal symptoms, other health concerns, employment status, level of education and marital status. The questionnaire followed a mixed-method format, that is, one using closed-end questions in which the participant can choose from a list of suggested responses, open-end questions for which the participant can supply her own answer, and questions where the participant can

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choose a suggested answer or supply her own if "the responses provided by the researcher are incomplete or inappropriate" (Johnson & Turner, 2003, p. 304). In the case of this study of women's perceptions of their experience of menopause in relation to their working life, a mixed-method questionnaire allowed me to collect demographic data and to solicit information from women about their concerns and beliefs about their menopausal and other health issues. The data were combined with the field notes and interview transcripts to construct a biographical sketch of the social context and narrative direction of the participant.

Interviews

The questionnaire was followed by a 30 to 60 minute qualitative semi-structured interview (Appendix D) to explore the women's perceptions of the impact of menopause on their careers. A semi-structured interview is "conducted on the basis of a loose structure consisting of open-ended questions that define the area to be explored, at least initially, and from which the interviewer or interviewee may diverge in order to pursue an idea in more detail" (Britten, 1995, p.251). The order and wording of the questions may change to allow probing of the interviewee's meanings and matching of his or her vocabulary (Britten, 1995). The intent of this study, to compare the experiences of military as opposed to non-military career women is consistent with some researchers' use of qualitative interviews when their "topics of interest do not center on particular settings but their concern is with establishing common patterns or themes between particular types of respondents" (Warren, 2002, p.85).

Richards and Schwartz (2002) observe that qualitative research "aims at an in-depth understanding of an issue, including an exploration of the reasons and context for

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participants' beliefs and actions" and that qualitative interviews are "well suited to the collection of data on sensitive topics" (p.136). My objective was to elicit the participant's experience in her own words and allow her to tell the story she wanted to tell (Charmaz, 2002). In keeping with this objective, any symptom a participant presented in her discussion as being menopausal was accepted as such.

The interviews were audio-taped with the participants' permission and the tapes transcribed over the following two weeks by two typists outside of the Department of National Defence and myself for content analysis. Participants were asked if they would be willing to have a second interview if further questions arose, and all agreed. No second interviews were held as the first interviews provided sufficient information. Four weeks after the interview period, however, I used email communication to request further input on specific questions. The participants responded in writing and one came to my office to further discuss her answer.

Richards and Schwartz (2002) note that because qualitative interviews are designed to be "probing in nature" the questions that "may provoke anxiety and distress depend on the personal biography and experience of individual participants and cannot always be predicted" (p.136). In conducting the interviews, therefore, I watched for signs of discomfort and before beginning the interview offered the participant the opportunity to stop or to move to another topic at any time. I had contact information for the Public Service employee assistance program and military personnel counselling services on hand in the event that a participant displayed discomfort or distress during the interview. None of the participants refused to answer any questions and all appeared comfortable throughout the session.

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Field Notes

I made field notes immediately following each interview to capture information about such factors as body language, facial expression, vocal tone, background activities and distractions that may have occurred during the interview (Chang & Schaller, 2000; Kerr & Fothergill-Bourbonnais, 2002). The number of notes was limited, as all but one of the interviews was held in a private office. In this private setting, distractions were limited to the phone ringing. One interview was held in an open office and there were one or two interruptions of people stopping to talk, but no indication that the participant was concerned about others overhearing the conversation. In addition, most participants were quite animated, so their vocal tone was clearly recorded.

Data Analysis

First, each interview transcription, the questionnaire and field notes data were combined to create a biographical sketch that captured the social context and narrative direction for each participant. Second, the interview transcripts were analysed using an inductive content analysis process, in which data are read and reread "to identify and index themes and categories" (Pope, Ziebland, & Mays, 2000, p. 114. To do this the interview transcript was put into a two-column table format. In the left-hand column, each paragraph of the transcript had its own row. Line-by-line coding (Charmaz, 2002) was used to analyse the theme or point of each comment made by the participant in each paragraph and a summarizing sentence, phrase or word was placed in the corresponding row in the right-hand column. These were then reduced to phrases or words that described analytical categories. Next, a second two-column table was created and the analytical categories were placed in the left-hand column. Comments from each

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participant that belonged to each category were grouped together to display the range of experiences of the participants. Attention was paid both to finding the similarities and the differences in the experiences of the women who participated in the study. Then an iterative process "in which each item is checked or compared with the rest of the data" was used to examine each category and the context of each comment within it and to add or combine categories as necessary (Pope et al., 2000). This process continued, moving between the individual and group documents to identify "key themes" (Pope et al., 2000). Four key themes were identified with a number of sub-themes each. A separate document was created for each, using the relevant comments from each participant. Finally, an examination of these themes yielded an overall theme that described the participants' experiences.

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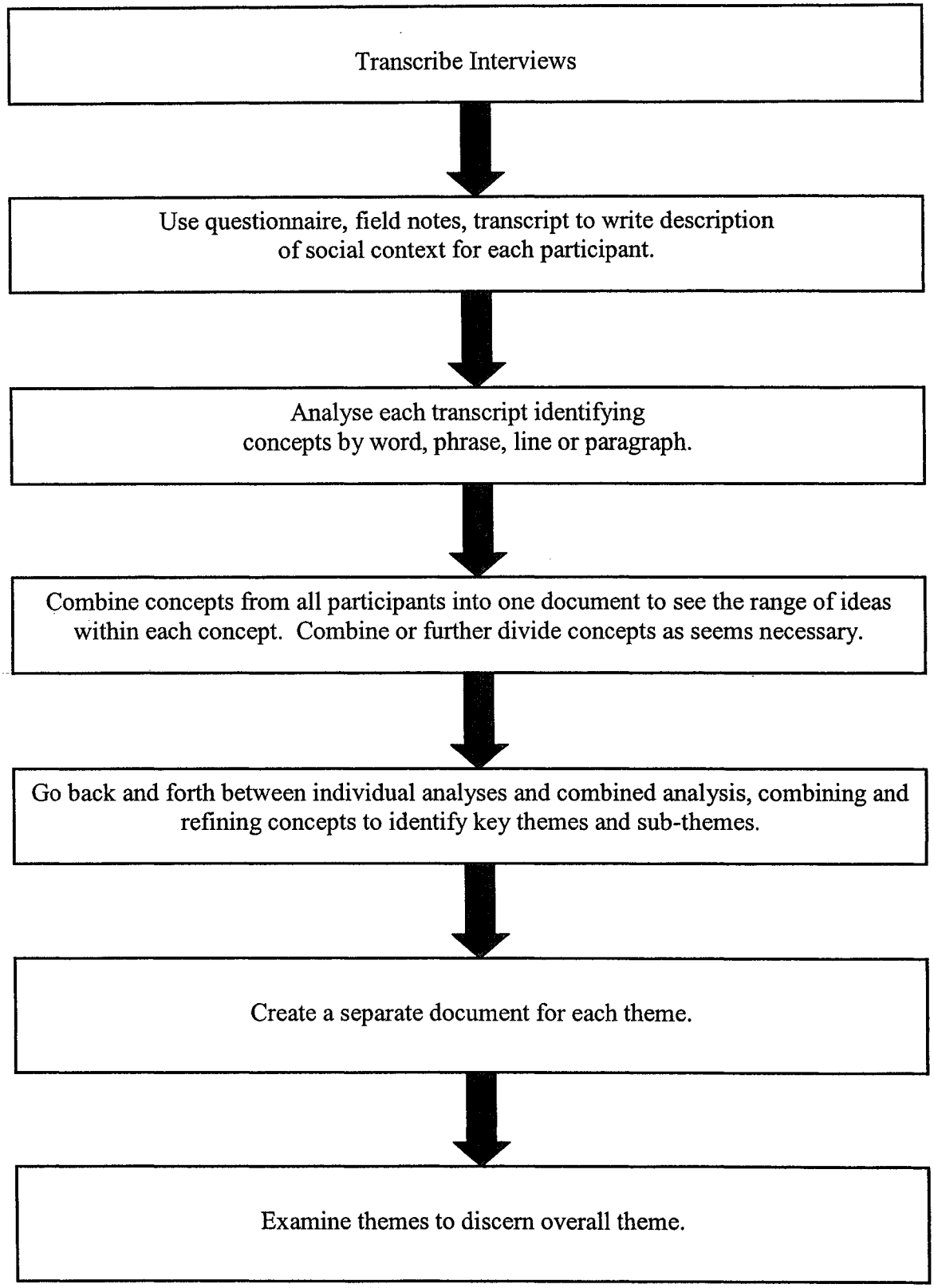
Figure 1 - Data Analysis Process



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Chapter 4 – Results

The first step in the analysis involved combining the data from the questionnaire, interview transcript and field notes to describe the social context of each participant. Upon recruitment, each participant was assigned a number. This number is used throughout the thesis in place of a name.

Narrative and Social Context of the Participants

#1 is a 48-year old civilian professional, who holds an undergraduate degree and is working toward a second degree. She is partnered and feels that menopause is somewhat important to her work life. She ceased menstruation in the last year and she has experienced most of the physical and emotional effects of menopause, with the exception of vomiting. She has not used ERT or HRT. She has found that short-term memory lapses, severe headaches and general discomfort and distraction have interfered with her daily activities. She initially stated no other health concerns, but then disclosed that she is a Type II diabetic.

#2 is a senior military officer with a graduate degree. She is partnered and considers menopause to be somewhat important in relation to her work-life. She had her last menstrual period two years ago and is now 53 years old. Her menopausal symptoms include hot flashes, night sweats, insomnia and memory lapses. It was the final symptom, memory lapses that prompted her to take HRT as she found that the deterioration of her short-term memory made it impossible for her to function at work. The HRT relieved this symptom. She reports no other health concerns.

#3 is a senior military officer currently working on an undergraduate degree. She is partnered and considers menopause to be a very important factor in her working life.

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She is 48 years old and became menopausal at age 40. She has suffered a number of the menopausal symptoms: hot flashes, night sweats, headaches, nausea, vomiting and insomnia. She is taking HRT, and finds that she still experiences mood swings and sleep disruption that interferes with her daily activities. Her additional health concerns are endometriosis and fibromyalgia.

#4 was initially assigned to the CF physician. She is now referred to as "CF physician" in order to avoid confusing her with members of the study sample. The description of her social context is found at the end of this section.

#5 is a civilian employed as administrative support. She has a diploma from a community college and is partnered. She does not consider menopause to be important in relation to her work life. She entered menopause at 45 years of age and is now 52. Her menopausal symptoms are hot flashes, night sweats, headaches and insomnia. She has not used any HRT/ERT. Menopausal symptoms interfered with her daily activities in that the lack of sleep made her restless the next day and she lost interest in socializing. She also felt disoriented.

#6 is a 42 year old junior military officer with an undergraduate degree. She is partnered and sees menopause as being very important to her work life. She has been experiencing menopausal symptoms for three years, but has not had a full year without a menstrual period. Her symptoms are night sweats, headaches and insomnia. She is not using HRT, and is using a monophasic birth control pill. She found that her symptoms of night sweats and insomnia were very difficult to manage while she was doing shift work – something that she has changed. She finds that over all, the symptoms affect her

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perception of herself as competent and able to perform at the level she wants. This in turn, has her questioning her ability to reach her career goals.

#7 is a civilian senior manager with a graduate degree. She is partnered and found that menopause was very important in relation to her work life. She stopped her menstrual period at 27 years of age due to surgery and is now 47. Her symptoms were hot flashes, night sweats, headaches, palpitations, and short-term memory lapses. She did not use HRT/ERT. Menopausal symptoms interfered with her daily activities because the heart palpitations forced her to cut back on her physical activity, and she felt over-tired due to lack of sleep caused by night sweats. She had no other health issues. She was employed in another department of the Public Service at the time of her menopause.

#8 completed the questionnaire, but did not make an appointment for the interview portion of the study.

#9 is a junior military officer with an undergraduate degree. She is partnered and feels that menopause is somewhat important in relation to her work life. She is still peri-menopausal, as she has not had a 12-month gap since her last period. She is 41 years old. Her menopausal symptoms are insomnia, headaches, irritability and mood swings. She is not using any HRT, and is on anti-depressants. She finds that her menopausal symptoms affect her daily activities in that her moodiness affects her work relationships particularly in the three days prior to her menstrual period, the timing of which is unpredictable. Her other health concerns are depression and lupus.

#10 is a senior military officer with a graduate degree. She has never partnered and does not consider menopause to be at all important in relation to her career. She had her last menstrual period at age 46 and is now 56. She experiences hot flashes and night

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sweats. She was on ERT for nine and a half years, but stopped using it seven months before this study. She has found that she has to layer her clothing to accommodate body temperature fluctuations. She has no other health concerns.

#11 is a senior military officer with a graduate degree. She is divorced and considers menopause to be somewhat important in relation to her work life. She had her last menstrual period at age 46 and is now 53. Her menopausal symptoms have been hot flashes and night sweats. She has taken HRT for seven years. She does not feel that menopausal symptoms interfered with her daily activities and has no other health concerns.

#12 is a civilian in an administrative support role. She is attending community college and is a widow. She feels that menopause is somewhat important to her work life. She stopped having menstrual periods after surgery in 1983 and is now 57 years old. She describes her symptoms as being tired, moody and slower than she used to be. She has hot flashes, night sweats and insomnia. She has not used HRT/ERT or found that menopausal symptoms have interfered with her daily activities. She is concerned about osteoporosis, weight gain and overall health.

#13 is a military senior noncommissioned member. She has an undergraduate degree and is partnered. She sees menopause as somewhat important in relation to her work life. She had her last menstrual period at 48 years of age and is now 50. Her menopausal symptoms are hot flashes, night sweats, and insomnia. She has not used HRT/ERT. The menopausal symptoms have interfered with her daily activities in that the lack of sleep makes it harder to function. The amount of travel in her job compounds the difficulty in sleeping. She is also experiencing difficulty in keeping her weight down.

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CF physician: a senior military officer and a physician who is within the age range for this study, but has not ceased menses or experienced menopausal symptoms expressed interest in participating in the study. Her comments are included in the study as a means of providing a CF Medical Group perspective and additional input as to the meaning of being a woman in the Canadian Forces. For purposes of transcription, her interview tape was labelled *#4*, but her questionnaire results are not included in *Table 1* as she did not meet the sample criteria.

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Table 1 Descriptive Results – Social Context of Participants

	Occupation	Age	Menopausal stage and symptoms	ERT or HRT	Important to/effect of menopause on work-life
1	Civilian – professional	48	Perimenopause. Hot flashes, night sweats, headaches, nausea, insomnia	No	Somewhat important. Severe headaches, memory lapses, discomfort and distraction
2	Sr. military officer	53	Menopause. Hot flashes, night sweats, insomnia, memory lapses	Yes	Somewhat important. Felt memory was no longer sufficient to be able to work competently
3	Sr. military officer	48	Postmenopause. Hot flashes, night sweats, headaches, nausea, vomiting, insomnia, mood swings	Yes	Very important. Mood swings, sleep interruptions
5	Civilian - administrative support	52	Postmenopause. Hot flashes, night sweats, headaches, insomnia	No	Not important. Lack of sleep lead to restlessness and loss of interest in socializing
6	Jr. military officer	42	Perimenopause. Night sweats, insomnia	No	Very important. Need to change to day-time job, loss of confidence
7	Civilian – Sr. manager	47	Postmenopause. Hot flashes, night sweats, headaches, palpitations, memory lapses	No	Very important. Difficulty in controlling moods
9	Jr. military officer	41	Perimenopause. Insomnia, headaches, irritability, mood swings	No	Somewhat important. Moodiness affects relationships with others in workplace
10	Sr. military officer	56	Postmenopause. Hot flashes, night sweats	Yes	Not important. Has to layer clothing
11	Sr. military officer	53	Postmenopause. Hot flashes, night sweats	Yes	Somewhat important. None
12	Civilian – administrative support	57	Postmenopause. Tiredness, moodiness, hot flashes, night sweats, insomnia	No	Somewhat important. None
13	Sr. military non-commissioned member	50	Menopause. Hot flashes, night sweats, insomnia	No	Somewhat important. Lack of sleep makes it harder to function.

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Do the Perceptions of the Military Women Differ from those of the Civilian Women in this Sample?

In setting up this study to look at how military and civilian women in the Canadian Forces and the Department of National Defence understand their experience of menopause and its impact on their working life, my underlying question was whether the perceptions of women in the two groups differ from one another. Civilian women did not express a sense of there being a difference between themselves and their CF counterparts except that as civilians they might have more choices regarding their health care than women in the military system.

> **#12c** I can go out there now and I can see different doctors if I want to and you know, I can talk to the doctors about this but they [military women] are in a like a little circle and if they are not sent out from the circle . . . they won't be able to go out there to get any help.

Several of the military participants, however, offered their impressions about how they differed from civilian women. These impressions were generally expressed as broad stereotypes.

> **#2m** . . . women in the military are definitely different than the majority of women on civvie street. I think women are, civilian women in positions of power would be comparable. But, well, this might be a gross generalisation – but I think the majority of women, civilian, don't, can't compare in what they do, how they think, how they react in the situations they're in. They're completely different. I think women whose – who stay in the military have, yeah, have different character, different character

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quality. The people in the military – who survive in the military [stay in the military for their whole career].

The CF physician described the difference at a philosophical level of the ideal that a woman in the military should strive toward.

. . . And so being instilled somewhat with sense of service, I do have a sense of pride to be part of the CF, the Canadian Forces. It – when I give little talks sometimes, I mention, to wear your country's name on your sleeve . . . so it's a little bit in the blood, a part of the fabric of who you are. And when we're in uniform we stand out, we look different . . . So there's a sense of being a model, a little bit, of not bringing disrepute or embarrassment to the organisation. So all of this, to me, gives some of that inspiration, well, do it well. Do your health well, share information with people, continue on the service by trying to be a good leader. A leader in the professional field, in the medical field, a leader as a woman in uniform . . .

The responses of other participants had more to do with the leadership and professional standards required by the CF.

#10m I do think that there's a, a difference. Or maybe not recognised, but if you're interviewing women who are senior – well, they have to be senior, because you're not 24 going through this. They're all going to have a lot of responsibility and their responsibility as a military member is a little different from what a civilian's is, regardless of the job.

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#6m I think so because – now whether it's just me personally or because it's my past being military for 16 years – it's like I do expect a certain standard and... that sounds bad. I'm not saying that civilians don't have standards. What I'm saying is that in order for me to continue on and have a good career in the military I have to keep, I definitely have to keep that certain standard . . .

There was also a sense from one participant that there is a lack of understanding among civilians of what it means to be a midlife woman in military service.

#13m There's a very bad misconception with people who don't know anything about what it's like to really be in the army as a woman, and I tell you, it's a very good experience if you are in good shape. Where you have trouble is where you have a woman who is – who goes there who is not prepared, who's never been there [in the field] before. Which is why we encourage the young women in the army to go there at least once when they're younger, so they know what it's about . . . And it's a great, it's a really great life for somebody who is comfortable and who knows what they're doing. It's horrible for older women and older men, too by the way, who have never been there before.

In speaking of the women at the highest ranks in the Canadian Forces, the CF physician observed that there is a personality and approach to the job that it takes to achieve that rank, and how that in itself, limits our ability to see how these women manage their health issues.

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> . . . there is a certain cohort of women in our branch, and I might think of this group as selfless and dedicated people, who to my knowledge don't have families, are single or in two-person relationships, who I might say, are more mysteries in terms of how they approach their working military life. And perhaps, more a degree of privacy, over personal aspects of their lives, and yet, tremendous generosity with how they do their work. How they are as a working woman is on display because they are in leadership positions, and "wow, look how decisive that person is, I like that," or "look at the tough decision that someone had to take" . . . So I think there's less opportunity for me to know how they've managed that whole part of their lives.

While civilians did not seem to perceive an intrinsic difference between themselves and their CF counterparts, the general perception of the military women was that being military meant performing to a higher standard than is expected of civilians. Interestingly, even though she expressed this opinion, one participant also admitted that she had never worked with a civilian woman who was in a senior position.

> **#10m** The civilians that I encounter, are secretarial or blue collar type jobs. The only place I've ever encountered female executives has been here in Ottawa and even that's limited to a certain extent. So I can't really compare that way.

She also implied that to rise to the highest ranks, it is necessary to ensure that only the professional side of one's life is visible to others "because if you're hungry for rank and for mobility upward, you don't want anything calling attention to yourself."

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Military and Civilian Experiences of Menopause

Taking the discussion of perceived differences between the two groups further, participants were asked to compare their experience of menopause to what it might be like for someone *on the other side of the house.* The answers showed a mixture of assessments of themselves as better and worse off than their counterparts. Military women tended to focus first on the advantage of having a separate medical system that gives them easier access to health care than is possible for most civilians. The military medical system has traditionally been one similar to a civilian drop-in clinic, where the patient sees whichever doctor happens to be present. Some participants noted that this could make dealing with menopausal symptoms more difficult because you could not be assured that the physician you see would be as sympathetic as you might like.

> **#10m** . . . sometimes you get people who are knowledgeable and empathetic, and other times, they just want you out of the office . . . so they'll just go for the common denominator, so whether it's hormone replacement, or getting you on to someone else . . . Some of them are good, though.

Others pointed out that the CF was moving to implement a system that ensured more continuity of patient care, so that a member would be more likely to have the same physician for the duration of their posting.

> **#10m**. . . they're trying very hard to get us to have follow through with our established, one group of, or one doctor.

The second focus was on the potential for a military woman to be assigned to the field or deployed on an operation. This could present challenges that a civilian would not

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encounter in dealing with the discomfort or distraction of menopausal symptoms without allowing it to have an impact on her work.

> **#10m** . . . if I was going to an operational theatre or whatever . . . I also need to perform to a different level, and I know these symptoms may affect me. I would consider going on hormone replacement therapy for that period of time, more so than perhaps some civilian who was going not necessarily into the same type of . . . [situation].
>
> **#6m** . . . it doesn't matter what age you are, what sex you are or anything else or what your problem is at the time, if you're in Petawawa and it's time to do this, it is, you have to do it. I think it's much more difficult in that sense, to go through certain changes, physically and mentally in your life in an environment like that for sure.

In contrast, one woman who had decided to try to minimise her menopausal symptoms with diet and exercise felt that being in the military was an advantage when it came to exercise, because of the physical fitness expectations the military has for its members.

> **#13m** I've tried to do it with diet and exercise. In the military, of course, that's very easy because we have . . . a regime. We have a test that we have to do every year, so you're sort of motivated to keep doing your PT, or your physical training.

Continuing with this theme, she argued that a menopausal woman in the field would have the advantage of being in top physical condition, which, she believed, would help to control menopausal symptoms.

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There was also a perception voiced by some of the military women that being military gave them a greater responsibility to manage any health issue without allowing it to affect their work, whether in a potentially dangerous military deployment or *in-garrison* in Canada.

> **#10m** The other thing too, is as a manager, or leader . . . I see a compelling argument to lead people through certain things. And how you react and respond can also impact on other young women who are coming through who will eventually face that. So, if I was civilian, I don't think I would even give that [setting an example] a second thought.

This idea was also reflected in comments that civilian women probably had an easier time because they could take time off work to rest, where a military woman could not do this. These statements seemed to equate having menopausal symptoms with being ill.

> **#11m** Probably, civilians have it better. They could probably take the time to look after themselves if they don't have a good sleep or whatever. Like, the military might have operational requirements that make them think twice about taking a sick day. Maybe, is this sick, is this being normal for me today, at this time in life, or am I really sick?

The pressure to be physically and mentally ready at all times was also cited by military women as a disadvantage to those menopausal women who are ambitious and wish to advance in their careers.

> **#10m** But I could see some of my colleagues that I know, and having known them for years, I've seen how they conducted themselves with an

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illness in mind and how they pushed themselves and that kind of thing. But yeah . . . they would find a way around without letting people know what they were experiencing, and that probably would be hormone replacement therapy. Because if you're hungry for rank and for mobility upward, you don't want anything calling attention to yourself.

Civilian women, while often acknowledging the greater access to health care afforded military women, seemed on the whole to believe that they were better off, largely because of the fewer choices CF members have regarding their health care and where they live.

#12c I can go out there now and I can see different doctors if I want to and you know, I can talk to the doctors about this but they [military women] are in a like a little circle and if they are not sent out from the circle . . . they won't be able to go out there to get any help. The circle that I'm talking about is like the doctors of the military and the nurses of the military and they will look after their self there. I'm not saying the service is not good. Surely they have good service but if they go out with this experience broader, say go out in the community and they go to other resources I think it will help them much better than staying just in here and get the help they need . . . I think maybe with the military people maybe it would be different because most of them they are not staying in one place for a long time. They move around very much and they maybe they are comfortable here or they could be more comfortable some other place. Who is going to ask them? Nobody is going to ask them. You were sent

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here and that is where you are going to go. And their lifestyle might change and everything might change. And I think when you change your lifestyle I think, you pick up roots and you change everything your whole system is going to change. So definitely it might as well affect them more than for myself. I'm in a community, I know lots of people and I can go out there and I can talk to people about it. I don't think they have that opportunity. They move around very much.

A competing view came from the CF physician who suggested that the job security of belonging to the CF might make it easier for a woman going through menopause to weather the change.

I think part of security with our jobs . . . You can leave if you want to, but if you're wanting to stay, you kind of have to be average or better . . . you stay. So kind of a security that you can be a breadwinner for your family, the security that you can have meaningful work, I think adds to an ease, of weathering change. I think if there was lots of worry and uncertainty, I think it would be difficult to face significant fluctuation in health or change of lifetime.

There was also speculation by a civilian that the male-dominated, chain-of-command type environment might make the experience more difficult for a military woman. The symptoms that were perceived as being the most problematic were the ones relating to lack of emotional control.

#1c I'm not sure - it's in the way they [military women] handle it. It's in the expectations that maybe they're - I'm not sure if their male peers are

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> willing to give them the space or break like - they – we're still so male oriented and where we are now with deployments and demands and everybody's like half of them are doing two jobs, sort of thing . . . The expectations on our people don't make any allowances for age and health. . . . Like you, you hold your own with the boys or you're left behind, regardless of what rank you are.

This idea was echoed by a CF member, who felt that there would be no more allowance for a menopausal women responding emotionally in the field than there would be for a man acting out a bad mood.

> **#13m** I'm not sure what would happen if you were having those symptoms of crying jags and mood swings, 'cause I don't think the men in the field would tolerate it. But we don't tolerate it, even among the men when they're in a bad mood, and there's a million things that can put you in a bad mood when you're in the field.

This contrasted with the perspective of the CF physician who experienced equality in a different way in the medical branch.

> Among the services, I think it's a very fine, equal footing between men and women as professionals . . . and I think there is more of a sense of liberty, to speak about who we are, to not have that, to be closed in about something, so shy, so personal, and as menopause or things like that. I won't go so far as to say people just freely discuss this in mixed meetings . . . but I would say that I think people would have, would have a comfort to say, to speak about, not sleeping so well, or you know, saw the doctor,

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> got some medication, hoping that these miserable flashes are going to get better, brought my fan. Blah, blah. Free to be who you are, amongst colleagues, ... So I think there are those who will, as a rule, never let them see you cry, never let them see you mad, or lose it because, "Ah hah, a woman, I see! Weak, are we? Tired, are we? Can't take it, uh huh!" But there's probably a little something too, that all of us carry, but it, but I think in some time maybe, you become very comfortable with who you are and you kind of know where you're, what you're trying to achieve. You can turn off some of the exterior and some of the role.

The consensus among the civilian and most military participants was that the menopausal transition would be more challenging for a woman in a military position. This belief was attributed to a lack of tolerance in the organisation for health issues that might compromise performance. Two of the military participants, however, argued that military women had the advantage first, of institutionalised physical fitness and second, of equality with male peers that might make the menopausal period easier.

Perception of Menopause and Aging

The perception of menopause as a marker of aging, or being a good or bad thing did not seem to differ between military and civilian participants, although there was a tendency to cite menopause as the cause of all of their midlife discomforts, such as tiredness, with very few women acknowledging that these discomforts might be related more broadly to getting older. While some participants did mention fears of growing old in their discussion about menopause, others talked about it at length. The first line of discussion was about HRT as a means to delay physical signs of aging.

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#11m So, I'll probably go off it, [HRT] but I'm scared that now I'll feel more arthritic. That's really scary – will I start feeling really old? (laughs) I don't want to! So I, I don't know, I'm starting to take more calcium I'm trying to think of better ways I can do it . . . I don't know, I always thought the whole thing about the skin gets wrinkled, and you stay looking younger. I'm just scared now that I'm just going to start, like whoa, wrinkles (laughter)

#2m Um, you know the other thing that's going on, hey, is I don't have kids, therefore my husband and I have never really had to grow up, right? So, and I'm always taken for much younger than what I am. So, there's, there's the issue of, you know, how long do I keep colouring my hair, you know, all that sort of thing. Which I acknowledge to myself, but I don't talk about it . . . That's all you know, your own mortality, and vanity and stuff like that.

A second line of thinking came from women who had not taken HRT. These participants stated that they were unconcerned about their own aging, but acknowledged that it was likely an issue for other women. Interestingly, one of these participants took pride in stating that she thinks she looks younger than her age.

#5c A lot of people don't want to talk about it. Because it is revealing their age, like my – I'm 52 – I don't look it, I look 10 years younger! But I don't care. I mean - that's one of them and the other one, I don't know – they feel it's personal.

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#12c I think many people, they are ashamed and that lots of people in their forties late forties are going through it. I talked to quite a few women who say, "Oh no, I never, never talk about that because after this happens I'll never be the same woman," and you know, different, different ideas. So, oh yes, they are, they are very reluctant.

A third point of view was that by the time one is of menopausal age, one should have the confidence to recognise it as a normal part of life, and insist that it be acknowledged as such.

#10m I like to think that when you reach the age that you're into menopause, you've also got the attitude that you don't care what, you know, you state your preferences and you state that something's bothering you . . . I mean it's [menopause] just one step up the stairwell.

While the apparent level of concern about aging varied across the participants, the concern that the visible signs of aging would increase if HRT usage were ceased and the obvious pleasure of those who believe they look younger than their age suggests that some of these women view menopause as a milestone of aging, and therefore as negative. This view is consistent with the findings in the literature of the importance of youthfulness in North American society (Whittaker, 1998; Winterich & Umberson, 1999).

Interview Findings

The analysis of the 11 interviews yielded an overall theme *holding on to normal. Normal* is the woman's perception of herself as a competent, effective professional. The interviews revealed a need to maintain that image and a concern that it would be

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compromised by the effects of menopausal symptoms. *Holding on to normal* was comprised of four sub-themes: *fearing loss of self, managing in the workplace, getting information*, and *coping with menopause in the midst of everything else. Fearing loss of self* describes the woman's fear of becoming someone less than she now believes herself to be. *Managing in the workplace* describes the coping strategies the woman employs in her workplace to deal with her menopausal symptoms and the factors that make it easier or harder to do so. *Getting information* includes women's perspectives about the availability of information, its quality and what might be done in the workplace to make information accessible to employees. Finally, *coping with menopause in the midst of everything else* places menopause in the context of the demands placed on the woman in her family/home and her career.

Fearing Loss of Self

Fearing loss of self or fearing becoming someone less than the person they believed themselves to be was a common sub-theme throughout the interviews. This theme was made up of three smaller sub-themes: fear of losing control of their emotions, for example losing their temper or having crying episodes in public; deterioration of short-term memory; and a perception that they were not meeting the standard of performance they had set for themselves. Although one woman expressed concern that she might not be able to achieve her career goals, for most the concern was more one of the impact on their professional reputation and credibility.

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Loss of emotional control. The primary concerns regarding loss of emotional control, were that the woman would embarrass herself and others by crying publicly or that she would provoke a public confrontation by losing her temper.

#13m Well you know what, because my mother when she went through menopause had more of the, you know, crying jags, I was always worried that I was going to get these crying jags. Because being in the army and then being in the military, right? You could imagine all of a sudden having a crying jag would be like, I mean, that's one thing most men don't deal with anyway in the military are all these women that cry at work. So I thought, oh my god, if I get that, I'll be . . . because I have a personality that's not very moody anyway. So I was sort of worried that it was going to change my whole personality. That would have been bad because, you know, I mean even as it is, if you get, when you're younger, not today, but in my younger days, you know if you were having a bad mood in a meeting or something, for the men it was not that I was having a bad mood, it was that I was in PMS, right? So now, of course, I always wonder if I'm having a bad mood in a meeting if the guys are going to say, (lowers voice to a whisper) "Oh, she's just going through menopause." But it hasn't happened, well, I don't know, you'd have to ask some of the men I work with, I guess, too.

#1c I'm much less likely to suffer fools gladly than I did before and I'm much more likely now to say, "Listen, don't give me any guff. This is what we are doing and this is why we're doing it," . . . where before I

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might have stroked them along a little more. But I still try very hard to be as diplomatic as I can be, but there are times it just leaves me, and there are times when I know like, just walk away and come back later and I heed that. I try very, very hard to heed that.

Two women who had experienced difficulty controlling their moods discussed the price they paid for focusing their energy in that direction while at work.

#6m . . . I am irritable beyond words. I just – this is what first brought me to the doctor and said, "Look, my family is suffering, poor little things." I am extremely, extremely moody . . . this totally affects my family but I make a habit at work not to bite people's heads off, and that really disturbs me too because you know, I should be conscious of people I love and really, like, tough with the people I work next to. That's not the way that it goes.

#7c And I would actually, you know, sometimes, I would have to think not to bite somebody's head off, I would really, my initial reaction was just to, you know, say, "what are you, stupid?" . . . But I found it more difficult to stay focused, because I was always trying to stay focused on, on my behaviour rather than . . . So it was hard to stay focused all the time . . . . You're always, like, checking, checking back.

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Deterioration of short-term memory. Loss of mental sharpness, and particularly the negative impact on short-term memory were also common frustrations among the women interviewed.

> **#2m** I don't like to forget things. I don't like to miss meetings or deadlines, or tell somebody I'll do something and then, you know, two seconds later I've forgotten it completely. That sort of thing. I hate that. . . . No, I wasn't worried about it affecting my career. No, I mean I, I'm as far as I'm going to go. So, it was, I was worried about it affecting my integrity, I guess. (laughs)

> **#1c** The hardest part for me is the memory. I used to be able to remember just volumes of information, but my short-term memory is like kaput. Like I said yesterday, if I don't write it down it never happened and I literally write everything down.

Not meeting performance standards. While women in perimenopause expressed some concern about the impact it might have on their career, those further along in the process were more likely to be annoyed by the feeling that they had lost a competence they used to have.

> **#6m** . . . when I can't concentrate or do the job that I want to do, it's very frustrating . . . I'm used to having everything in order and everything just so. And so when I don't feel I can keep it up to that standard, it's very frustrating . . . I go through those time periods I just, I feel very, like I'm not capable, almost. "That's it, there's no way I can continue with this lifestyle, and I just would have to get out and get some nice little job or

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something." And then other times I think "Well no, I'm quite capable, it's just I just have to give myself a break." I think I put a lot of demands on myself . . .

#1c Get my mind back . . . If my memory would come back and stay back I think I could live the rest of my life - I just hate not having the - I guess the mind that I always have had. Like this morning . . . we were looking for a word and like I had to sit and think about what's the word. . . . Normally it would just come. Like a couple of years ago it would have just been there like this (snaps fingers) sort of thing.

Some women, although they acknowledged that they did not necessarily feel as quick as they would like, were not convinced that this was a consequence of menopause. They suggested that it might be the result of the amount and pace of work in the Canadian Forces.

#10m I used to be able to - it used to be people would challenge me with some kind of problem or situation or, or whatever, and I'd have the answer right – you know, it would be there. Now I have to say, "You've got to give me some time to think about it. I know what you're saying." And then, then I'll find that, 10 minutes later, suddenly, bingo (snaps fingers) it's right there. I just don't have that same, uh, fastness or uh, same ability to . . . And I feel upset recently too, but then I don't know whether or not it's the intensity of what's going on around me, or is this really contributing . . .

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#13m I don't think my memory's, you know a lot of it is hype too, in my opinion, because I'm in a very busy job, I travel a lot, I have, you know, a home life. I'm trying to do this, this, this. I'm trying to get done. At work, I have projects I'm trying to do. I'm trying to fit everything in, so probably I would forget even if I wasn't in (lowers voice to whisper) in menopause. (Laughs)

Managing in the Workplace

In the context of the sub-theme managing in the workplace, the women's comments revealed four smaller sub-themes: communication with colleagues, the number of female peers in the immediate work group, means of countering the symptoms and the nature of the particular job. The latter was addressed primarily by military women, who, because they could be deployed to a war, were very conscious of the changeability of their work situation.

Communication with colleagues. The ability to communicate openly about what was happening was considered to be an important factor in making the experience easier.

#10m I make them aware of it. I have no compulsion. You know, it's a joke, as far as I'm concerned. I mean, you just look at me, you know I'm not 20 and 30 so – it's to me it's a normal part of life, so . . . And I'd rather they know that the reason the sweater's coming off is, is that I'm having a flash, or whatever. And they seem to –

#13m Oh yeah, because I'm very straightforward . . . So if I, if I get really hot and start to sweat, and I say, "Oh! Must be having a hot flash!". . . I find that's the best approach for me but I'm a very straightforward person,

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> so I have other friends of mine who are women in the military who don't use that approach. Which I think is probably a mistake. Because – however, most men react sort of like (indicates discomfort) when you say something like that the first time, then after that they're sort of more used to it and it's much better.

For this participant, the *straightforward* approach appeared to be successful in an all-male environment. She attributes this, in part to the fact that most of her colleagues are living with women who are also going through menopause. Their responses have therefore been sympathetic.

> **#13m** . . . if I start to get really hot or sweaty or something in a meeting, and you know you get the little beads of water on your forehead people go, "Oh yeah, my wife's doing that too you know, blah, blah, blah"

Number of female peers in the immediate work group. Although some of the women who work mostly or entirely with men did not see it as a problem, those who work closely with women of approximately the same age felt they benefited from the support of colleagues who had gone or knew they would soon go through the same experience. The key factor in these relationships seems to be the use of humour to cope with menopausal symptoms.

> **#2m** I think, we made a joke, well, the floor I work on, we're mostly women and we're all about the same age, so there was probably three of us, you know, getting hot flashes and that all at the same time. We'd make a joke of it, so that made it okay. It made it quite normal. And we talk about it very openly.

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#1c Oh yeah, I'm the oldest and like they get a kick out of me some days when I'm (indicates a hot flash and laughs) But there is two in their forties . . . So when one is going through most of us are or getting close to it. So there is a recognition that there is, we are all dealing with the same thing here.

Means of countering the symptoms. Although all of the women mentioned HRT during the interview, few had used it. If the decision to use HRT was made a number of years ago, the woman appeared to have made the decision without any awareness of the potential danger, as illustrated by one participant who said that as far as she knew at the time "you could use it forever." If the decision was made more recently, it was based on a fear of not being able to function adequately at work. Two perimenopausal participants talked about asking for medication to alleviate menopausal symptoms and being refused or offered contraceptive pills because they had not ceased menses yet. The symptoms that were interfering with work were short-term memory lapses and irritability.

Some of the women who did not use medication pointed to other methods of mitigating the effects of their symptoms on their work life such as tape recording meetings, writing everything down, restructuring their exercise and eating patterns, dressing in layers and carrying a bottle of water to help cope with hot flashes.

Nature of the job. This subject was addressed primarily by military women. Most observed that while they were able to manage quite well in their current work environment because it was at a headquarters and in most cases, a medical environment, it could be a different story if they were posted to the field or deployed overseas. Among the difficulties this would pose for these participants were the likelihood that they would

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have few female peers, that living conditions would be less comfortable, and that there would be no allowance made for the impact of menopausal symptoms on their performance level. It was generally agreed that under these circumstances, medical intervention in the form of hormone replacement therapy would be necessary.

> **#2m** I think when you work with mostly men you have to be one of the guys. So, well, even for women in the army, it's tough, like, especially when you're out in the field and you're having your period and this sort of thing. There's stuff you have to look after and the guys don't even think about it. It doesn't even occur to them, I'm sure. So, being able to sit down, and you know, complain about the fact that your brains have just left you, you wouldn't have – I don't think you'd have the opportunity to do that.
>
> **#10m** I'm not, I'm not working in high demand areas. I'm not flying, I'm not working as a nurse in say, an emergency room or in a crisis area . . . If I was, I think that would bother me because there are certain things you can't do. But especially, like, if you were involved in something like the Gulf War, where you would either have to be in an environmental suit because of gas attacks or biological attacks, that would not be a fun thing. You, you know, I don't think I would not be on hormone therapy at that point. I think that . . . I would consider going back on hormone therapy, just so that I wouldn't have to worry about that [menopausal symptoms].
>
> **#11m** And I just was overseas in the Persian Gulf for six months. So it's, luckily I was taking my pills and whatever, but I've already gone through

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> all this, these symptoms. So, but I went up to Afghanistan a few times and slept in a tent and a sleeping bag, so, I mean I could have been in that position as well. And there were women over there too, so – it would be hard, because of their living environment.

In contrast, one participant felt strongly that being in the field was not a detriment, but an advantage to a menopausal woman, because of the physical conditioning she must maintain while she is there.

> **#13m** . . . especially for the women, by the time we get to that part of our lives you know, where we're warrant officers or sergeant-majors in a battalion, we're in either pre-menopause or menopause . . . So of course the great advantage is you don't get your period any more . . . which is always a pain in the ass when you're in the field. . . . The physical-ness of the job helps you with your symptoms.

Getting Information

The sub-theme *getting information* brought out varying opinions as to whether information about menopause was as easy to find as it should be. This might be accounted for in part by the differing levels of education, and in part by the fact that while most participants worked in the medical headquarters, not all had worked there at the time of menopause and some were not medical professionals. All women reported seeking medical advice at the time of menopause. The level of satisfaction varied from feeling that their physician provided very good information to feeling that the physician provided little useful information. In the latter case, the individual eventually sought information from a different physician whom she found to be more helpful. Discussions

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about getting information revealed three smaller sub-themes: the lack of obvious sources of information, the quality of the information that was available and what might be done in the workplace to improve the understanding of menopause by both women and their supervisors or managers.

Lack of obvious sources of information. Most women reported making some effort to do research on their own. While one woman had done this research while attending university years before menopause, most had only undertaken to learn about menopause once they recognised that they were beginning to experience symptoms. The frustration of the women who sought information without success is clear.

> **#12c** Often it's periods that I think maybe if I would have gone through some process of somebody explaining this to me then I would know how to manage it or I would know how to cope with it. It's not really right now that I'm going, you know, I'm still going through it but now that I know what it is I can accept it and I can handle myself much better than at the first stage.
>
> **#7c** I think there's a lot of information, but it's not in your way, it's not in your face, there are no posters and that.
>
> **#3m** I had to do a lot of research on my own . . . supposedly they had stuff here in the hospital, but they were all gone, and, you know, they were supposed to have, they just didn't have a good supply of resources. And it was probably at the time where the cuts were starting to happen and the money was starting to go by the wayside, and those were *nice-to-haves* not *must-haves*. So – and I, and I still look when I go to the pharmacy, I still

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look to see what kind of stuff they have there, and it's – we could do better.

#6m I think too, we're getting better at health promotion in the military but there's certain areas that they still haven't touched. Like I don't remember, ever, like a menopause briefing or seminar or lunch-and-learn or anything going on here in the building . . . I can't recall myself, ever, posters or pamphlets, I guess I actually have seen a pamphlet in the pharmacy at different times...

Quality of information. The issue was not only the availability of information, but its quality. Some women observed that information is more plentiful now than it was in their mother's time, or more recently, but that the information provided in popular media could be considered suspect.

#11m I mean you read stuff in Reader's Digest, or in women's magazines, and is that the truth? I read stuff and I just laugh at some of the stuff they come out with. Sensationalist.

Nevertheless, the media reports of the dangers of hormone replacement therapy had influenced three of the participants who had taken HRT. One had discontinued use, a second had decided to end her use when she reached five years, and the third was debating whether to continue her use. None were relying entirely on media reports in making this decision, depending instead on the advice of physicians or their own research.

Measures to take in the workplace. Participants who said that there was not enough information available to women about menopause offered a variety of

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suggestions as to what could or should be done in the workplace. Their ideas included supplying simple printed materials, offering seminars and discussion groups and assigning a person specifically to provide information about this and other life cycle health issues to CF members.

> **#3m** I think it would be really helpful . . . if we had somebody in the health organisation that would deal with specific health issues and make sure that – each gender has their own issues – that those issues were dealt with, like prostate cancer or you know, prostate problems, versus um, viagra requirements or whatever, you know. If they could deal with those, it could increase the quality of life. It would increase the quality of life, reduce stress and sickness and time away from work.
>
> **#3m** There's tons and tons that could be done. I mean, we could send people on courses or seminars or even we could get videos, and have those available. Send out newsletters and give them links on the web that – you know, give people the information and they'll go, they'll go get it, we're, we're sponges, we want to know. This is the information age that we're in, the information revolution, and, you know, give us the information and . . . then, at least you will have done your part.
>
> **#6m** I bet you there's a good, I don't know, say half, maybe a third of the women in this building are probably going through it . . . I'm thinking we should be learning more about it everyday, something new, like you know, even something simple like hormone replacement, like naturally or synthetic, or whatever.

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> **#7c** . . . I'm really big on groups, you know, that get together and discuss their, the same groups, you know, a bereavement group, or a menopause group . . . I'm really big on that, because you see that other people are experiencing what you're experiencing and that is what I would suggest, if somebody could do that. If there was a - and I think that the onus would probably be on this organisation to have those groups for women.

This participant admits that she isn't sure that this would work for military women, who may feel it is a weakness to share this kind of information. She notes that speaking in this type of forum might be difficult if there are women of junior and senior ranks in the group. A review of this concept with some of the military participants confirmed that groups that combined officers with subordinates could be difficult to run successfully, although not impossible. In addition to the potential difficulty in crossing hierarchical boundaries, one participant suggested that military women were less likely to be attracted to support groups, tending instead to "be more suck it up and just do it . . . use their own initiative to find a workable solution for themselves." The potential obstacles notwithstanding, the CF members consulted were also reluctant to dismiss the idea out-right, acknowledging that some of their peers might welcome the opportunity to join such a group. An additional suggestion was that the CF could take steps to make women aware of support groups they could attend in the community rather than organise them in the workplace. Interestingly, the idea of organised discussion groups was suggested only by civilian participants

One CF participant observed that support groups likely did exist among military women on an informal basis. A civilian supported this, saying that at least within the

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medical group, there was a strong network of women and so they were more likely to support one of their members going through menopause. The possibility of such a group forming might depend upon the composition of the work group (officers alone or officers and non-commissioned members) and the working relationship between the members. It would also assume a certain number of women in the work group who were of menopausal age.

Military participants were very supportive of the idea of training events, such as lunchtime lectures as well as integrating information about the symptoms of menopause into supervisor and officer training. While one participant noted that the men she worked with were well informed because they were of the same age and had partners that were going through menopause, another noted that it is not unusual in the CF for supervisors to be younger than the people they are supervising. Her suggestion was that it would be beneficial to incorporate information about menopause into management training. She observed that a greater awareness and understanding of the symptoms a menopausal woman might experience would benefit the female employee, but would also help the manager to avoid potential harassment complaints.

#7c It could be used as examples in some management courses. (laughs) You know, have you thought of that? You think of other things when you're managing your people, but have you thought of this one?

This idea was supported by another participant, who suggested that more training is needed for men and women to sensitise them to dealing with the health issues of the employees and to help them develop more "soft skills".

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Coping with Menopause in the Midst of Everything Else

The sub-theme *coping with menopause in the midst of everything else* was common to military and civilian participants. The discussion of this theme was divided between family life and career life, each of which made demands that competed with those in the other area.

Family life. One participant who had entered menopause during a time of great upheaval in her personal life viewed it in terms of the amount of change she had to deal with, suggesting that this in itself changes one's personality. Another viewed it as a point at which a career woman is faced with juggling heavy demands at work and a variety of challenges and activities in her personal life.

> **#13m** I think that one of the problems with women our age is we are becoming more and more involved . . . now we're the caregivers of elderly people and so, you know, I have a mom who's 77 years old, and she's very healthy, which is good. . . . So I've got that, and then I've got, you know, my family. . . . I think that is another issue that you'll probably find comes up a lot when you're talking to women, because we are very involved in our families. We're at a point in our careers where we're really involved in our careers and then we're also at a point where we're very involved in our families. . . . We're very busy at this time in our life.

Involvement with family was also discussed in terms of assisting a parent through the final stages of a terminal illness, adjusting to a new marriage and dealing with discord within the home. Several of the women commented that they were glad not to have children to care for at this time, feeling that it would be one thing too many to handle.

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Those women who had children did not indicate that this was an added stressor, although one was concerned about the way her mood swings were affecting her husband and children.

Career life. Discussion of career life covered several topics, including attending school to advance one's career, keeping up with an increasingly heavy workload and coping with change. One participant who was going to school found that she had difficulty memorising new information, something that she found easy before she became menopausal. There was also mention of the challenges of seeing the workplace restructure, having one's insomnia exacerbated by having to travel extensively for work, and keeping up with the pace of the workplace, which was generally perceived as having increased in recent years.

> **#3m**... the organisation I worked for was going through a restructure. Losing positions, you didn't know if you had a job, or if you were going to have job, what you were going to – you know. It was very stress, a very stressful time, and that was another reason I wanted to go back to work. . . . So it was a survival thing as well.
>
> **#13m** So now I'm just in the phase where I have a lot of trouble sleeping. So I wake up like – a lot . . . and I travel a lot, so if you couple the fact that you know, I'm not getting a good night's sleep, and when I'm traveling I'm in a new bed – I travel about two weeks out of the month. So, you know, that's a lot of traveling and you're always in a new bed, and that is my biggest problem.

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#2m I think, it may be as a result of, my job has a lot more pressure than it did, say, a couple of years ago, that I'm really starting to look forward to not having this pressure in my life now. I don't know how I'll feel about my final day at work, I'm sure it will be traumatic, even if you start thinking about it two years earlier. But I, right now I can't imagine having to face working until I'm 65.

All participants articulated that menopause was only one part of their midlife experience, intertwined with a variety of family and career demands. While most of the women expressed some discomfort with the level of pressure they were experiencing, they seemed to have accepted that this was an unavoidable aspect of this period of life. The general perspective appeared to be that while they might prefer that life be somewhat less demanding, they felt quite able to cope with menopause, even in the midst of the pressures of family and career life.

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Chapter 5 – Discussion and Conclusion

Discussion

This study examined the self-perceptions of menopause and its impact on career, from the point of view of civilian women and serving female members of the Canadian Forces. The participants identified a range of symptoms they had experienced and that they attributed to menopause. Although some of these symptoms may in fact be the result of aging or work- or family-related stress, any symptom a participant believed to be menopausal was accepted as such.

Through semi-structured interviews, an overall theme of *holding on to normal* emerged that describes the participants' desire to maintain their pre-menopause image of themselves as competent, effective professionals. This theme is divided into four sub-themes: *fearing loss of self, managing in the workplace, getting information* and *coping with menopause in the midst of everything else.*

Consistency with Transition Theory

The experience of these women might be explained by placing it in the context of theories of transition. Nursing (Draper, 2003; Kralik, 2002; Meleis, Sawyer, Im, Hilfinger Messias & Schumacher, 2000; Schumacher & Meleis, 1994) and organizational (Bridges, 2003) researchers have defined transition as a process that occurs over time and involves "a passage or movement from one state, condition, or place to another" (Schumacher & Meleis, 1994, p.119). Key conditions that have been found to influence the experience of transition are the meanings (positive and negative) the individual attaches to the transition, expectations as to what the transition will involve, the knowledge and skill the individual possesses to deal with the transition, the environment

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(physical, social, cultural), the planning that has taken place in advance of and during the transition and the emotional and physical well-being of the individual (Schumacher & Meleis, 1994).

Normal. The concept of *normal* as a desirable state before transition from one life stage to another has been addressed in nursing literature (Draper, 2003; Kralik, 2002; Schumacher & Meleis, 1994). Draper (2003) notes Van Gennep's description of the rite of transition as having three stages: separation, transition and incorporation. In separation, the individual is removed from "his or her 'normal' social life" (p.67). This is followed by a stage of transition, in which the individual no longer belongs to the previous status, but has not passed into the next. At this point, the individual occupies "a vulnerable and 'abnormal' position" (p.68). The final stage is incorporation, in which the individual assumes the new status.

Placing the menopausal transition in this context, perimenopause might be equated to separation, menopause to transition and post-menopause to incorporation. Menopause has been identified as a developmental or lifespan transition (Schumacher & Meleis, 1994) that marks the end of menstruation and a change in status from young to midlife woman. The value placed on youth in North America and the accompanying negative interpretation of menopause (Chornesky, 1998) would tend to give this transition a negative meaning, which is supported by the finding that the women in this study were striving to hold on to what was normal for them in their pre-menopause status.

In a study of women living with a chronic illness, Kralik (2002) found that the women moved from a pre-diagnosis stage of *ordinariness* to an *extraordinary* "phase of turmoil and distress" (p. 149) upon diagnosis, to another phase of *ordinariness* as they

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incorporated the illness into their lives. During the phases described as *extraordinary*, the women felt "alienated from familiar life, and a loss of control over life circumstances . . . . [they] . . . found their lives were disrupted and grieved for the loss of familiar self" (p.149). Kralik (2002) found that underlying the distress for the women in *extraordinariness* was that before their transition to living with illness they had "internalized the social constructions and expectations of others, . . .learned what was socially accepted and expected, and were aware that others undervalued people who did not conform to cultural expectations" (p.150).

In this study, an implicit aspect of the cultural expectation of *normal* or *ordinariness* for the military women was that their behaviour would be like that of their male colleagues. For example, the perception that in order to rise to the highest ranks, one must not display ill-health or personal vulnerability, and the women's fear of the reaction of male colleagues should they cry or lose their temper at work, suggest that the traditional masculine image of strength and emotional control is the only acceptable one to project in the Canadian Forces. Maintaining this image of normality took various forms for these women, from taking precautions to conceal short-term memory lapses, to taking hormone replacement therapy to suppress menopausal symptoms. Similarly, Kralik (2002) found that the women in her study expended "phenomenal personal effort and vigilance over thoughts and responses" (p.150) in order to maintain their image of ordinariness.

Kittell et al. (1998) also observed this level of effort to maintain an outward appearance of normality by controlling and concealing menopausal symptoms in a study 61 perimenopausal women and the effect of the changes they were experiencing on their

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lives. Using grounded theory, these researchers identified a core variable of *keeping up appearances*, which "encompassed all aspects of the presentation of the self, including a woman's view of herself as a certain type of person" (p.621). Where the women experienced changes they perceived as threatening to their desired appearance, they employed management strategies such as "increased self-monitoring, self-care strategies, precautionary measures, monitoring one's environment and one's interaction with others, and making adjustments as needed" (p.624).

Meaning. The participants in this study did not seem to attach a strong *meaning*, either positive or negative to menopause, viewing it as at best, a neutral experience, and at worst, a time of extreme discomfort and frustration. The most negative comments tended to come from women who had experienced or were experiencing severe symptoms over several years, and from women in perimenopause who were concerned about how much more intrusive the symptoms might become and the impact they might have on their careers. Somewhat less serious concerns came from those women who associated menopause with getting old and losing their valued youthful physical appearance, a perception that has been supported in the literature (Kernoff Mansfield & Voda, 1993; Winterich & Umberson, 1999).

Expectations. The strong negative reaction of the women in perimenopause supports the finding of transition research that where an individual does not know what to expect or has unrealistic *expectations*, her level of stress may be high, as was evident in the sub-theme *fearing loss of self.* All of the perimenopausal participants were military and these women expressed concern about being able to maintain the standard of performance they had established earlier in their careers. One woman even went so far as

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to speculate that it might be necessary to leave the CF for less demanding employment in the civilian workplace. The idea that employment would be less demanding in a civilian environment seemed to be based on the belief that the military has higher performance standards than other employers. There was no suggestion that working in a civilian organisation would be easier because there would be a lesser sociocultural expectation that females match a male-defined standard of *normal* behaviour.

Women who were more senior or further along in the menopausal transition expressed frustration over a perceived loss of functioning and concern that they would lose professional credibility with their colleagues, but no worry that menopause would threaten their career progression. Although it is important to note that most of these women had already achieved the highest rank available to them, given their discipline, their apparent lower anxiety level regarding menopause may also reflect a greater sense of what to expect based on their greater experience. This finding is also supported by Howell and Beth (2002) who describe three stages of progression through the transition to midlife, beginning with an emotional rejection of getting older, exploration of what the transition means and adjustment to the realities of this life stage.

The civilian participants were mostly postmenopausal and, like their military counterparts, were not concerned about further career progression. All expressed frustration over the discomfort of menopause and the symptoms such as short-term memory lapses that impeded their ability to function as easily as they could before menopause. The symptom that was of greatest concern, however, was lack of patience, with two civilians referring to the distraction of having to concentrate on keeping control of their tempers in order to avoid difficulties in the workplace. While all women had

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sought means to control their symptoms, unlike their military counterparts, they did not express any need to conceal them. This may reflect their greater experience (the youngest was 47) and resulting clearer expectations, or a difference in their sociocultural environment that allowed them to feel less threatened by social disclosure of their symptoms than did their military counterparts (Kittell et al., 1998).

Level of knowledge and skill. The sub-theme *getting information* revealed that all of the participants sought medical advice and other sources of information when they began to have menopausal symptoms. This finding supports the condition *level of knowledge and skill* described in transition theory, and is consistent with the findings of Connelly et al. (1999) and Utian and Boggs (1999) that women entering menopause acquire information from a variety of professional and personal sources. While some of the participants felt that they were able to get the information they needed, many, both military and civilian, said that there was not enough information available to them that was both easily accessible and of good quality. This suggests that having separate medical systems does not have an impact on the availability of information.

Most participants felt that the lack of reliable information should be corrected in the workplace, although they were divided as to the format in which this information should be provided. Some women felt that a general health education approach of providing pamphlets and posters would be sufficient, while others felt that the employer should take more proactive steps such as coordinating support groups and informational lectures and including menopause as a subject in supervisor training. If more information about menopause is to be incorporated into the CF workplace, more research into the necessary content and most appropriate format should be conducted.

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Environment. The sub-theme *managing in the workplace* touched on aspects of the role of the *environment* in successful passage through a transition. For example, ability to manage menopausal symptoms in the workplace appeared to be closely tied to the perceived amount of social support received. Participants who had colleagues who recognised the symptoms and responded with a combination of humour and empathy tended to feel more at ease. In most cases, participants talked about the advantage of having female peers to provide this support, but one had found that her male peers who had partners going through menopause were similarly supportive.

The positive impact of being able to talk to someone who understands the experience of the menopausal transition is supported by McQuaide (1998). Using a questionnaire to explore the way women view midlife, McQuaide found that the participants who reported the greatest satisfaction were those who had a confidante or group of friends who understood their midlife changes. According to McQuaide, this social support constitutes a "validating, non-medically oriented subculture" (p.43) in which the woman can define her midlife experience as being positive. The results of other studies, (Berg & Lipson, 1999; Winterich & Umberson, 1999) have also found that having the experience of menopause normalised as a transitional event has a positive effect on women.

Another aspect of the environment that is of interest is the response of the medical professionals from whom the women sought information. Contrary to what might be expected from the literature (Menopause: Women want, 1993), most of the women had not been counselled to take hormone replacement therapy, and some had been strongly advised against it. Of the participants who had or were using HRT, all but one were

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concerned about the potential negative effects of long-term use reported in the popular media and were actively re-evaluating their decision. Included in the deliberations of the military women was the need to be at top performance capability if they were deployed on an operation. In this case, the belief that hormone replacement therapy would be necessary to eliminate menopausal symptoms was almost unanimous. Although this might be viewed as using medication to conceal the reality of being a midlife woman, it also reflects the women's understanding that the environment of a military deployment does not allow for compromised performance.

The sub-theme *coping with menopause in the midst of everything else* addressed elements in the work and home environment, touching on the demands of family members, personal needs, the pace of work and reorganization in the workplace. Many of the comments, such as those about coping with aging parents and preparing for retirement supported the concept that multiple transitions often occur at the same time (Schumacher & Meleis, 1994).

Level of planning. The transitional condition *level of planning* was addressed in this study by the actions the women had taken to formulate and implement a plan to cope with their experience and ensure that their needs were met. For example, some participants had undertaken their own research about medical and other interventions to alleviate menopausal symptoms, one had changed from a shift to a day job in order to mitigate her insomnia, and others had made changes to their diet, added tools such as tape recorders and notebooks to their job, and made use of family and social support networks within and outside of the workplace. In addition, the military women who were

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concerned about suppressing their menopausal symptoms should they be deployed, expressed a clear plan to seek medication under those circumstances.

Emotional and physical well-being. Schumacher and Meleis (1994) observe that transitions are often accompanied by emotional and physical distress. This was demonstrated by the perimenopausal women who spoke of feeling overwhelmed and concerned that they could not maintain the standard of performance they believed to be required of them. Those women who were experiencing vasomotor symptoms such as hot flashes and night sweats, or short-term memory loss (Greendale et al., 1999; Sagraves, 2001) also expressed distress at the impact this was having on their sense of well-being.

Summary. The experiences described by these 11 women appear to support the view of menopause as one transition within the midlife period of women. The desire to hold on to their pre-transition normal image of themselves and to avoid the negative consequences of aging that they associated with menopause, anxiety over what to expect, and efforts to mitigate their fears by acquiring information and making use of resources in the environment are all consistent with the basic conditions described in transition theory. It is important to note, however, that this study did not follow the women through the transition, and therefore relies on their description of their experience either in retrospect or as it exists at a particular point in the transition. A prospective study that follows women through the full transition would provide a more complete view of whether menopause as a life span transition supports more fully developed theories of transition (Meleis, Sawyer, Im, Hilfinger & Schumacher, 2000).

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Next Steps

Having established support for the point of view that women experiencing menopause are going through a transition, which may or may not bring them physical and emotional distress, the next question becomes, what, if anything can or should be done in the workplace to support them? At this time, there does not appear to be any deliberate effort on the part of the Department of National Defence to address menopause as an issue that might have an impact on the organisational environment. Given that women comprise only 12 percent of CF members (Department of National Defence, HRIC Helpdesk, personal communication, 2002) and that these women are apparently willing to take steps to control or conceal menopausal symptoms, it is perhaps not surprising that menopause is not viewed as a significant issue in the CF workplace.

The CF is not alone in this apparent perception. A British study of 500 workplaces (Employers failing, 2003) found that only two percent of respondents reported having health and safety policies that cover menopause-related issues. Similarly, Rice (1994), found that in the United States "only a handful of companies" (p.204) have policies addressing "the impact that menopause can have on their employees" (p.204). The observation of some participants in this study that women in the CF could not reach the highest rank levels if they drew attention to themselves in relation to their health issues parallels Rice's (1994) finding that the topic of menopause was considered a dangerous one to broach for a woman with career aspirations. Rice (1994) observed that it is not clear whether this concern relates to menopause itself or its association with aging and the accompanying stigma. In light of the evidence that women in western society tend to be devalued as they get older (McPherson, 1990;

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Mercer, 1999; Degges-White, 2001) one might question whether the issue of menopause can be separated from that of aging in regard to the workplace. Further exploration into the impact of menopause on work life, therefore, should also take into account perceptions of aging.

The present perceptions of menopause and aging notwithstanding, the Chief of Defence Staff has identified the importance of retaining serving members (Department of National Defence, 2002a). If the percentage of female members in the CF continues to increase (Department of National Defence, HRIC Helpdesk, personal communication, 2002) and the trend of women joining at an older age continues, (Wait, 2002) then ensuring that midlife women have a supportive work environment will become more important. An area for further exploration, therefore, might be what women in the CF find lacking in their workplace relative to their health, and how they believe those deficiencies should be addressed.

In this study, the only actions participants suggested for the employer to take beyond providing information were the creation of a "time-out" room for employees to use to rest during the workday, and better temperature regulation in the office building. These suggestions are similar to those of a recent report on British workplaces (Employers failing, 2003). In the case of the current study, however, the suggestion that there should be better temperature control was made tongue-in-cheek, as the building in question is old, notorious for poor temperature control, and scheduled for demolition in the near future.

Although the lack of suggestions for measures to accommodate DND/CF women during the menopausal transition may be an acknowledgement of the sociocultural

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environment that accepts males as the standard for *normal* behaviour, it may also be the result of the budget limitations that are well-known to people in the department. In an environment where funding cuts are constantly expected, the addition to or upgrading of facilities to accommodate a minority of workers is likely to be considered a luxury. This suggests another point for investigation focused on how working in an environment of consistently decreasing resources affects employees' willingness to ask for tools or alterations to their workplace that could have a positive impact on their health.

Conclusion

There does not appear to be great concern among either CF members or civilian employees of the Department of National Defence about the impact of menopause on their ability to progress in their careers. This finding may be partly attributable to the fact that in their late-40s and early 50s many of these women have reached the peak of their career path in the Department of National Defence. There was, however, a consistent expression of the need to hold on to the behaviour and ability to perform at work that they perceived to be normal for them. Concern was expressed about being able to continue to meet previously established performance standards in the face of some of the symptoms the women were attributing to menopause, such as irritability and deterioration of short-term memory.

The differences in the ways that the participants responded to or viewed menopause were consistent with transition theory, with those women who had better understanding of what to expect displaying less distress over the changes they were experiencing than their colleagues who were not as well informed. There were two differences that could be attributed to civilian or military status. The first was the greater

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perceived need of military women to conceal their menopausal symptoms. The second was the strongly held belief of the military participants that should they be ordered into a field or operational situation, there would be no allowance for their personal health needs, and that any menopausal symptoms must therefore be suppressed, most likely with hormone replacement therapy.

The participants in this study displayed a range of attitudes toward menopause, from identifying it as a medical problem to be treated to accepting it as a phase in the life cycle. There was a tendency for many women to attribute all discomfort, from tiredness and irritability to hot flashes and deterioration of short-term memory, to menopause. Very few women acknowledged that with the exception of the vasomotor symptoms, their unpleasant experiences might be the result of stress or aging. This may reflect the acceptance of the medicalisation of menopause, a reluctance to accept aging, or a need to place boundaries on experiences that threaten women's ability to maintain the image of *normal* as they understand it within their workplace.

Military and civilian women alike expressed anxiety over the lack and inconsistency of information about menopause. While both groups felt that this should be addressed, the CF members were more likely to see this as a responsibility of their employer. This may be explained by the fact that the Canadian Forces is responsible for the health care of its members, but not its civilian employees.

Implications

The results of this study contribute to the understanding of the menopausal transition as it relates to workplace health promotion for midlife women. From the comments of women in the current study, it appears that there is a role for health

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promotion in the workplace with regard to workers who are going through menopause, particularly for those women who are at the early stages of the transition. The anxiety displayed by these women over their uncertainty regarding what to expect suggests that a strategy to ensure that CF women entering menopause are provided with the necessary information would enable them to manage the transition with greater confidence. The participants in this study were open to a variety of options for receiving information, including traditional health education tools such as brochures and posters, lectures and support groups. Before embarking on a health promotion strategy with regard to menopause, a more thorough assessment should be conducted of the level of interest and type of vehicles that would be acceptable to this group. In addition, it would be wise to investigate the resources that are available to these women in the larger community and whether CF members and civilian women employed by the Department of National Defence in Ottawa are aware of those resources.

There also seems to be opportunity to investigate the meaning of normal workplace behaviour and how that relates to the reality of being a woman at different stages in the life cycle. While the definition of *normal* as *male* may be more easily recognised in a male-dominated organisation such as the Canadian Forces, it is reasonable to ask whether women in civilian organisations must also adapt their behaviour to meet a standard that does not take gender into account. If so, is that standard imposed to the same degree as in the military, and what impact does it have on women as they progress through their working lives?

Throughout this study it became clear that issues of menopause were entwined with issues of aging for these women. This is not surprising, since the menopausal

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transition coincides with a number of other midlife changes. The melding of these issues raises the question of whether it is possible to address the experience of one without addressing the experience of the other. Are the concerns the women expressed about losing their ability to perform really issues of menopause, or are they issues of their perception of aging and the attitudes they see in their colleagues and supervisors?

Finally, this study collected retrospective and mid-stream information about menopausal experience from women in a short time frame. Using this information, it was possible to conclude that these women's experiences were consistent with basic conditions in transition theory. A study following women through the full menopausal transition would provide opportunity to identify the consistencies and inconsistencies of the experience compared to the theory in more detail.

Limitations

This study examined the experiences of women who are uniformed members of the Canadian Forces or civilian employees of the Department of National Defence. Contrary to the expectation at the beginning of the study, the number of military women who volunteered to participate was double that of the civilians. Also in contrast to the anticipated demographic, most of the military women who participated were in the senior officer or senior non-commissioned member ranks. The original assumptions about the rank of participants was based on the fact that there is a relatively small number of women in the higher ranks of the CF. As was pointed out by one participant, however, if a woman is still in the military at the time of menopause, there is a good chance that she is at or near the highest rank of her career. Thus, although none of the participants was in the highest rank level, known as *flag* or *general officers,* many were at the mid and senior

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ranks of the level directly below, referred to as *senior officers*. As a result, the views of civilian employees of The Department of National Defence and the lower ranks of the Canadian Forces are under-represented. A study that includes more women in these categories may produce more complete results than the present study.

Since none of the participants asked to change to a different line of questioning during the interview, it is impossible to know whether any censored their answers out of a need for privacy. Certainly, none of the women seemed concerned about the confidentiality of their comments. As an example, in reviewing the participant information letter (See Appendix A), one woman remarked that she didn't know why anyone would want to use the *Access to Information Act* to find out about her menopause, but they were welcome. Another participant observed that as a woman in the military, she had been studied in any number of ways, and that the Canadian Forces must have a file on her that was a couple of inches thick, so this would just be one more piece of information. It is possible, however, that particularly when discussing their perception of the difference between themselves and their civilian counterparts, CF members exercised restraint in expressing their opinions out of a desire to be polite to their civilian interviewer.

The results of this study also supported transition theory, in that the experiences related by the women matched the conditions of meaning, expectations, level of knowledge and skills, environment, planning, and physical and emotional well-being. This study did not follow the women through the full transition, however, and as such, does not provide sufficient data to be applied to more complex theories of transitions.

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For the purpose of obtaining rich description and personal narratives the sample size for this study was necessarily small and as discussed earlier, not evenly distributed across civilian and military women or the military ranks. The results of this study should therefore be considered preliminary information, possibly providing a starting point for investigating ways to support women in the Department of National Defence workplace as they move through the transitions of menopause and midlife, including further research into considerations of quality of life, comparability of work experience in military and civilian situations, military member retention, and operational readiness.

This study has begun an exploration of menopause in the specific workplace of the Canadian Forces Medical Group Headquarters. It has not examined this workplace in terms of other factors that might affect women's health, or the impact of menopause on work life in other areas of the Canadian Forces. Research should be expanded in order to more clearly understand the issues related to women's health in this environment.

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Appendices

Appendix A – Participant Information Letter

Dear Prospective Participant:

Thank you for considering taking part in the study "Perception of the impact of menopause on work-life for female Canadian Forces members compared to civilian employees of the Department of National Defence."

My name is Nancy Snowball and I am conducting this study as the thesis requirement for a Master of Science, Health Promotion degree at the University of Alberta, Centre for Health Promotion Studies. The following letter outlines the purpose and process of this study so that you may decide whether you would like to participate.

Should you wish to reach me, you may do so at:
Mailing Address: #1, 1178 Gladstone Ave., Ottawa, ON, K1Y 3H8
Tel: (613) 262-0266 (cell) or (613) 945-8062 X3320 (B)
email: nsnowball@sympatico.ca

My Research Supervisor for this project is:
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In addition to Dr. O'Brien Cousins, my Thesis Committee for this project consists of:

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Purpose of the Study:
This study is for a masters thesis in health promotion. The purpose is to gather information from military and civilian women who are going through/have gone through menopause. The question is whether menopause is having/had an impact on your workplace experience or your career advancement. If it did have an impact on your work-life, what was it? I also want to find out whether the experience is different for military women than it is for civilian women. The focus is on your experiences as an individual. There are no right or wrong answers.

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Background:
The Canadian Forces has identified recruitment and retention as a top priority. Over the next ten years, 42 percent of the women in the Canadian Forces will be in the age group that goes through menopause. How these women see their experience relative to the workplace could affect whether they choose to stay in their jobs. It could also affect how well the CF can recruit
professional women who compare the policies of the military to other organizations when making a career choice.

Who is being recruited?
I expect to recruit 10 to 20 participants, although the exact number will depend upon the information the participants provide.

To be in this study, you must be
1. A Canadian woman aged 40 to 65
2. menopausal (you have not had a menstrual period for at least 12 months), or postmenopausal (you have not had a menstrual period for five or more years)
3. employed as either: a uniformed member of the Canadian Forces or a civilian employee of the Department of National Defence.

I am recruiting through posters and by word of mouth.

Time Required
The maximum amount of time required from a participant in this study will be 2.5 hours. This includes 20-30 minutes to complete a brief questionnaire, and two interview sessions approximately 60 minutes each in duration.

The research process
If you agree to take part in the study, I will ask you to choose a time and place to meet to begin the research. When we meet, I will give you a consent form to read and when you are comfortable with it, sign. The consent form confirms that you understand the purpose of the study and what I am asking of you. Then I will give you a brief questionnaire consisting of questions about your age, menopausal symptoms you experienced and their impact on your daily activities, use of medical or other intervention for menopausal symptoms, other health concerns, employment status and level, level of education and marital status. This will likely take 20 to 30 minutes.

Once you have finished filling in the questionnaire, we will begin the first interview. There are no set questions, and no right or wrong answers. I will begin with some questions, and we can let the conversation go where it will, depending upon what you would like to say on the subject. If I ask you any questions that you feel uncomfortable answering, just say so, and we'll move on to something else. This interview may take up to an hour, but if you wish to stop sooner, you need only say so. We will then set a time and place for the follow up interview, probably a few days to a week later.

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If you permit it, I will audiotape our interviews and have a typist who does not work at the Department of National Defence, transcribe them. The typist will not know your name. If you prefer, however, I will take notes during the interviews instead. I will then use the questionnaire, notes and transcripts to begin to answer my questions about the experiences of military and civilian women who work in the Department of National Defence while going through menopause. Once the thesis is complete and has been accepted by the University of Alberta, I will be happy to provide you with a copy, if you so wish.

Location of interviews
I would like you to choose a location for your interviews in which you feel comfortable, and where you feel your anonymity will be protected. Generally a public place, such as a coffee shop is a good choice, but it is entirely up to you.

What is the benefit of taking part in this study?
You may not receive any personal benefit from this study, other than the chance to share your experiences. By taking part, however, you will help to increase understanding of the way menopause affects women's work lives. If you are a military woman, you will also add to the understanding of what it is like to be a female member of the Canadian Forces.

Risks: Since this study asks about your personal experiences, it is possible that talking about the subject may result in your feeling anxious or uncomfortable. If this happens, you may simply say that you would like to move on to another subject, and we will do so. If you find that your discomfort level is such that you would like to speak to a counselor, I will assist you to get access to that support.

Confidentiality.
The Department of National Defence will protect the confidentiality of your responses to the extent permissible under Canadian Law.

You should be aware that under the Access to Information Act, Canadian citizens are entitled to obtain copies of research reports and research data (including the database pertaining to this project) held in Federal government files. Similarly, under the Privacy Act, Canadian citizens are entitled to copies of all information concerning them that is held in Federal government files including research databases. Prior to releasing requested information, the Directorate of Access to Information and Privacy (DAIP) screens the data to ensure that individual identities are not disclosed. .

To further safeguard your anonymity and privacy, you should not write your name, service number or personal record identifier anywhere on the questionnaire. Second, you should ensure that any written comments you may offer are sufficiently general that you cannot be identified as the author.

A typist (a civilian not employed by the Department of National Defence) will be required to sign an oath of confidentiality before beginning work on the transcription of

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the interviews. The tapes will be marked with a code known only to myself, so the typist will not know the identity of any of the participants. The typist will be instructed to replace your first name with the code wherever it appears in the transcript. Members of the thesis committee may view sections of the transcripts to confirm my analysis of the data. When the research report is written, anything that would identify you will be removed. This will also be true of any presentations made about the research.

Freedom to Withdraw. Taking part in the study is voluntary. You may stop at any time, by telling me that you wish to do so. I will also remove your information from the study, if you tell that is what you want.

Additional contacts. If you have concerns about this study, you may contact Dr. Wendy Rodgers, Chair of the Faculty Ethics Committee, at 780-492-2677.Dr. Rodgers has no direct involvement with this project.

Thank you for considering participation in my study. Please contact me if you have any additional questions, or would like to participate.

Sincerely,

Nancy Snowball
(613) 262-2260
(613) 945-8062 X3320

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Appendix B - Letter of Consent

Title of Project: Perception of the impact of menopause on work-life for female Canadian Forces members compared to civilian employees of the Department of National Defence.

Principal Investigator(s): Nancy Snowball, MCS, MSc student, University of Alberta (613) 262-0266.

Part 2 (to be completed by the research participant)

Do you understand that you have been asked to be in a research study?	Yes	No
Were you given a copy of the attached Information Sheet? Did you read it?	Yes	No
Do you understand the benefits and risks involved in taking part in this research study?	Yes	No
Have you had a chance to ask questions and discuss this study?	Yes	No
Do you understand that you are free to change your mind about being in the study at any time? That this would not harm you, and that your information will be withdrawn at your request?	Yes	No
Do you understand that your identity will be kept secret? Do you understand who will have access to your information?	Yes	No

This study was explained to me by: _____

I agree to take part in this study:

_____ _____

Signature of Research Participant Date

_____

Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____ _____

Signature of Investigator or Designee Date

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Appendix C – Questionnaire

1. Are you (a) military (b) civilian
2. If you are military, is your rank:
   Senior officer ____
   Junior Officer ____
   NCO ____
   NCM ____

   If you are civilian, are you:
   Senior management ____
   Middle management ____
   Administrative support ____
   Professional (i.e. doctor, nurse) ____

3. What is your highest level of education achieved?
   Less than high school completion ____
   Community college ____
   Undergraduate degree ____
   Graduate degree ____

4. Please choose the relationship status that best describes you:
   Partnered____
   Never partnered ____
   Divorced ____
   Separated ____
5. How important do you consider menopause to be in relation to your work-life?
   Very____ Somewhat____ Not at all ____
6. How old were you when you had your last menstrual period?

7. How old are you now?

8. Are you experiencing/did you experience menopausal symptoms such as hot flashes, night sweats, headaches, nausea, vomiting, insomnia? Yes No

   If so, which ones?

9. Are you using/did you use any of the following medical interventions to alleviate or avoid these symptoms?
   Estrogen Replacement Therapy (ERT) Yes No
   If "yes, for how long? _____
   Hormone Replacement Therapy (HRT) Yes No
   If "yes" for how long? _____
   Other treatments (please describe)

   _____

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10. Do you/did you find that menopausal symptoms interfered with your daily activities? Yes No

    If so, in what way?

11. Other than experiencing menopausal symptoms, do you/did you have any health concerns that affect/affected your daily activities? Yes No

    If "yes" please describe:

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Appendix D – Guide for Semi-structured Interview

The reason I am doing this study is to learn about the workplace experiences of women as they go through menopause, recognizing that just as menopause is different for everyone, each of us is likely to experience our work-life differently, even if we work in the same environment. I don't have a set of questions that have to be answered. What I would like to do is begin with some questions, and we can let the conversation go where it will, depending upon what you would like to say on the subject. If I ask you any questions that you feel uncomfortable answering, just say so, and we'll move on to something else.

1. Tell me about your experience of menopause.

2. [If still experiencing menopause] Could you describe a typical day for you?

3. [If menopause is over] Could you describe a typical day for you when you were going through menopause? Now tell me about a typical day now that you are not experiencing menopause.

4. What was going on in your life then? How would you describe how you viewed menopause before you experienced (or began to experience) it? How, if at all, has your view of menopause changed?

5. What was it like for you in the workplace? What did you think then? Were you aware of others in your workplace who were having similar experiences?

6. How did others in your workplace respond when you were experiencing menopause?

7. What helps/helped you to manage your work life while you were going through menopause? What makes/made it more difficult?

8. After having these experiences, what advice would you give to someone who has just discovered that she has begun menopause?

9. How concerned are you about the role of menopause in your career?

10. What happens to women in the military as they get older?

11. Do you have anything else you would like to comment on or add?

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