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Abstract

This study explored whether mid-life women regard hot flushes at work as a substantial stressor. A sample of 29 working women reporting hot flushes for at least 12 months rated the degree to which each of ten work situations influenced flush distress or discomfort. Ratings were compared with qualitative accounts of coping with flushes at work. Results showed that women differed markedly in the work situations that they regarded as most problematic, but flush distress was commonly magnified during formal meetings, in hot enclosed spaces and in the presence of male colleagues. A substantial minority viewed colleagues as conveying negative attitudes towards menopausal problems, which jeopardised general confidence at work as well as creating specific difficulties during flush episodes. Flush distress was higher among those reporting embarrassment and difficulties disclosing menopausal status to others. Respondents made suggestions for ways in which the working environment could be improved to assist women in managing hot flushes. Coping with flushes was largely seen as an individual rather than organisational responsibility. Other stigmatising health problems may present similar subjective problems at work and this needs further study. Some implications for counsellors working in organisational settings are explored.

Distress and coping with hot flushes at work; implications for counsellors in occupational settings.

Introduction

Research has largely neglected the experiences of women at work (Firth-Cozens and West 1991). There is some awareness nevertheless that role conflict together with reproductive cycles may contribute to occupational stress for women (Ross and Altmaier 1994). In relation to women's reproductive processes, there has been a limited exploration of the impact of menstruation on work performance. Even less is known about the impact of menopausal problems on women at work (Bates Gaston 1991). In this paper, the term 'menopause' is used in its everyday sense to refer to the mid-life period (climacteric) in which women experience not only the cessation of menstrual periods but possibly other problems associated with oestrogen decline.

There has been great debate about whether the menopause is necessarily associated with psychological change and the onset of health problems. Many researchers have commented on the negative stereotypes about this life-stage that prevail in western culture and the unwarranted tendency to attribute all mid-life difficulties to hormonal change rather than life events (See Ussher 1992b for one review). Nevertheless, hot flushes are regarded to be genuinely related to oestrogen decline.

Hot flushes (hot flashes in the U.S. literature) refer to sudden sensations of warmth, that may radiate outwards from a point such as the chest. A substantial number of women report that perspiration, palpitations and feelings of breathlessness or faintness accompany the rise in body temperature (Voda 1981). Individuals vary considerably in the origin and spread patterns of their flushes. At least 50% of women in their mid-life

years experience hot flushes, sometimes for many years (Kronenberg 1990). Although hormone replacement therapy is usually effective in controlling flush sensations, not all women are medically suited or willing to take long-term medication. In the U.K., only about 10% of women take HRT for more than a few months (Hammond 1994; Notelovitz 1994).

Women vary considerably in their subjective discomfort during hot flushes. Discomfort may in part vary according to physical aspects of flushing such as duration, degree of reddening of the face and amount of perspiration. However, psychological factors such as poor self-esteem, depression and low perceived control may also render flush sensations more problematic (Hunter & Liao 1995). For some women, stressful situations seem to trigger flushing and may exacerbate flush distress (Gannon, Hansel & Goodwin 1987). The work context may contain a variety of stressors that challenge women's resources for coping with flushes, but this issue has not been previously addressed in research studies.

In addition to being influenced by specific situational stressors, the experience of menopausal problems (as with other 'reproductive syndromes') is also likely to be shaped by broader social beliefs about women's roles and attributes (Ussher 1992a). The ageing female body has been generally feared and disparaged, and the menopause in particular is commonly portrayed in popular culture (as well as in medical literature) as a period of decline physically, cognitively and emotionally. Given the stigma associated with menopausal problems, it may be that the display of menopausal signs is more problematic for women in public rather than in private situations. This suggests enquiry into whether hot flushes at work are more stressful than those occurring in the privacy of home.

Whilst the menopause should not be 'pathologised' (Ussher 1992b), several studies reveal that a substantial minority of women regard their flushes as embarrassing, anxiety-provoking or disruptive of concentration (Hunter & Liao 1995; Hunter & Liao 1996; Voda 1981). These problems may be particularly stressful in work situations where concentration and poise are particularly required, but studies to date have not addressed this issue.

The aims of this study were to explore women's experiences of hot flushes at work through both qualitative, open-ended questions and a more systematic rating scale. The study focused on the extent to which women perceive specific work situations as increasing their discomfort or distress during flush episodes, and the explanations that women put forward to account for any difficulties in coping with menopausal hot flushes at work. Additionally, the study examined whether women generally told work colleagues and others about their experiences of hot flushes, to determine whether women reporting greater distress were more or less likely to disclose their problems at work.

Finally, the study collated women's suggestions for organisational policies and practices that may improve the health and well-being of mid-life women. The article aims to raise awareness of the 'hidden' difficulties of women in the menopause so that counsellors in organisational settings may be able to offer more effective help.

Method:

An earlier qualitative study of women's experiences of hot flushes revealed that respondents commonly distinguished situational factors as influencing levels of distress. Moreover, many noted that flushing during work situations created particular difficulties (Reynolds 1997). Thematic analysis of respondents' accounts yielded the

ten most common work situations described by women as influencing levels of distress during flushing.

The current study collected more systematic quantitative and qualitative data about women's experiences of hot flushes at work. Based upon the earlier study, respondents were invited to rate the extent to which each of the ten work situations affected flush distress. The questionnaire also posed further open-ended questions about distress and coping with hot flushes at work.

Respondents:

56 women (mean age 52 years) were initially recruited from community sources (through local and national newspaper requests for volunteers) rather than through general practitioners as those currently seeking medical help may be a particularly distressed group (Morse et al 1994). They completed two questionnaires regarding their experiences of hot flushes. This group were followed up twelve months later, to permit more detailed examination of issues that had emerged in the earlier phase of the study. Forty three women replied to the 12-month follow-up questionnaire. Four of these reported no flushes within the previous month. Of the 39 currently experiencing hot flushes, 29 were in paid occupations and this group forms the sample for this study. The working subsample was on the whole well educated, with nearly half in professional or managerial positions (14/29), one student, one manual worker and the remainder in clerical work (13/29). The mean age was 50.6 years, with a range 41-58 years.

Questionnaire:

In addition to collecting sociodemographic data, the questionnaire had sections as follows:

i) Qualitative section:

a) Perceived influences on flush distress at work:

Firstly, respondents were invited to describe (in their own words) whether they had experienced any difficulties during flush episodes at work (and, if so, to give details).

b) Suggestions for company 'coping with menopause' initiatives

Respondents were asked to suggest any company policies or practices that might help women to manage hot flushes at work more successfully.

ii) Quantitative section:

a) Ratings of the influence of work situations on flush distress

A list was provided of the ten most common situations reported as exacerbating flush distress in the earlier exploratory study. Respondents were asked to give a rating on a four-point scale, indicating whether each of the given situations (eg working to a tight deadline) **rarely/ sometimes/ often/ almost always** made flushes seem more distressing (harder to cope with). As not all work situations would be relevant to all respondents, a further answer option was given to enable women to indicate if they did not encounter a given situation (eg working on a computer/ typewriter) in their own occupation.

b) Disclosure about flushes

Respondents were also given a list to indicate whom (if any) they had told at work about their hot flushes. Answer options were **no-one, a few colleagues, most colleagues, a manager/supervisor, occupational health nurse, counsellor, other**.

c) Flush distress

To provide a broad subjective estimate of the degree of distress typically experienced during hot flushes, women were provided with a 10-point scale with anchors marked as "No distress" and "Extremely high distress".

d) Flush frequency

Diary records over three days permitted estimation of frequency of day-time hot flushes.

Results

From their ratings on the 10-point scale, women in the sample reported a wide range of subjective distress during flush episodes. Average distress/discomfort ratings were 5.18, with a range of 2-9. Average number of hot flushes noted daily was 4.6, but again the sample revealed a wide range of experience (1-20).

Are some work situations more likely to exacerbate flush distress?

[Enter Table I here](#)

Table 1 provides two columns of percentages. The first column focuses on the percentage of the sample who regard each work situation as often or almost always increasing flush distress (ratings 3 and 4). This column shows that each situation is experienced as regularly stressful by about a third of the sample.

The second column provides percentages of those who regard the situation as at least sometimes increasing flush distress (ratings 2,3 and 4 combined). These figures suggest that formal meetings, learning a new procedure, working in the company of

male colleagues and enclosed spaces were rated as at least sometimes difficult to cope with during hot flushes. Working with female colleagues was regarded least frequently as problematic.

A similar pattern was revealed by the mean ratings for each situation. On the four-point scale, least problematic were flushes occurring in the company of female colleagues (1.35), and most problematic were flushes occurring in formal meetings (2.32).

Although mean ratings tended to be around 2 on the 4 point scale, indicating that work situations only 'sometimes' affect distress during hot flushes, the individual ratings emphasised that women differed greatly in their personal appraisal of the impact of work situations. For example, male colleagues were reported by some women as markedly increasing distress or discomfort during flushes, whereas a sizeable minority (35%) viewed this situation as rarely problematic.

Qualitative comments suggested that flush distress in the company of male colleagues was mainly related to feelings of embarrassment. The embarrassment could be attributed to several factors. Embarrassment was for some women related to their perceptions that male colleagues had negative attitudes towards menopausal women in general.

"I can feel myself sinking and feeling demoralised and embarrassed, especially in a business environment and mixed company as it becomes more obvious...I am aware that older women know what I am going through but men in their 40's do not and I try to brazen it out and make a joke of it".

Others reported a somewhat different but possibly related concern, interpreting that

their male colleagues were judging them as less competent or attractive once 'publicly' menopausal.

"Once the menopause begins, you find out how many people have dormant prejudices about women in this stage of life. I personally don't feel less able, but I think that I'm being 'fitted' into a less able category by other people (especially men) at work".

For another group, signs of menopause appeared to mark them out as different from their pre-menopausal selves, and less able to merge within the work-group.

"Before the menopause, I felt as though my gender and age were entirely irrelevant to my relationships with colleagues...The flushes seem to bring both aspects centre stage in an unwelcome, uncontrollable way. I feel open to being stereotyped. I'm not sure I'm accepted in the same way in the team".

Many had experienced menopausal signs as stigmatising, with the effects experienced as more damaging when the stigmatising 'display' occurred in front of a socially powerful group, such as supervisors or (male) managers. Situations such as formal meetings, that were commonly regarded as requiring poise yet inhibiting behavioural ways of coping with flushing (e.g. by removing a jacket, having a cold drink or wiping perspiration from the face), could be particularly stressful.

Whilst broad patterns can be summarised from the quantitative data, wide individual differences should be acknowledged in women's appraisal of the given situations. Some women revealed through their qualitative accounts that they found cognitive tasks the most problematic during flushes whereas others focused on social situations. Nevertheless, every respondent described at least one work situation as exacerbating

her distress during flushes.

There was no clear relationship between ratings of work situations and self-assessment of 'typical' flush distress. Some women who reported high levels of flush distress gave high ratings (of 3 and 4) to numerous situations at work whereas others described only one or two specific work situations as seriously undermining their coping during flushes.

Regarding disclosure to others at work, 28% responded that they had told no one at work about their hot flushes; 41% had told "a few", and 31% had told "most colleagues". Very few had revealed their problems to managers, occupational health nurses or counsellors. However, women who reported higher levels of 'typical' flush distress (6-10) appeared much **less** likely to disclose their problems at work. Thirteen women rated their typical level of distress during flushes as high (rating between 6-10 on the 10-point scale). Of these, only two (15%) had told "most" work colleagues about their hot flushes. Fifteen of the sample were lower in distress (0-5) and seven of these (47%) had told "most" colleagues. (One of the sample did not provide a flush distress rating).

Qualitative comments again tended to link non-disclosure with embarrassment. Of the thirteen rating flush distress as high (6-10), seven referred to concerns about others' perceptions and embarrassment when describing experiences of flushing at work. These themes only appeared in the accounts of three of the less distressed group (self-ratings 0-5). From the descriptive accounts, embarrassment appeared less likely and disclosure seemed facilitated when the women expressed positive attitudes towards ageing, together with regarding colleagues (particularly other mid-life women) as supportive or empathic .

"During a hot flush, I feel particularly hot when I attend meetings which means being with a lot of people often in small rooms. Having had hot flushes for so long I just tell everyone I'm feeling hot and open a window or door. Someone else in the meeting always agrees. Maybe I just work with polite people!"

(This respondent rated most situations as **1 - rarely** making flushes seem more distressing. Only **male colleagues** were rated as **2 - sometimes** increasing distress during flushes).

Some women were adamant that disclosure and openness about menopausal problems are vital for gaining the acceptance and support of work colleagues.

"In a meeting (etc) where you have to stay put, I just relax and accept it. I break what seems to be a taboo in our youth-oriented society and TALK about it!"

However, others argued that disclosure increased their vulnerability to powerfully negative menopause stereotypes.

Regarding organisational help, most of the women viewed flushes as an individual problem that could only be addressed by personal coping skills. Given the perceived prevalence of negative social attitudes about the menopause, most were sceptical about the possibility of an 'engineered' cultural change within organisations. Although some (5) advocated an educational approach within the workplace, two explicitly commented that they did not wish colleagues' attention to be drawn to menopausal issues for fear of further increasing prejudice. Other suggestions for improving well-being included the possibility of support groups (for female employee problems generally); and practical measures such as controllable office heating systems.

Discussion

The study suggests that sensations and feelings associated with hot flushes are not simply determined by biological parameters.

Flush sensations appear to be framed by the psychosocial context. For some women, specific work situations commonly magnify flush distress. Several interpretations may be suggested. It is possible that a woman who is faced with the stress of flush sensations may have fewer coping resources to deal with stressful work situations. Perhaps flushes become problematic when coping resources are needed at the same time for particularly challenging or anxiety-provoking tasks (such as meetings or tasks requiring attention to fine detail).

There was no clear relationship between ratings of 'typical' flush distress, and difficulties in coping with specific work variables. The women rating flush distress as high did not necessarily find difficulties in all described work scenarios. Rather respondents varied considerably in the way they differentiated the better and worse situations in which to experience flushes. The effects of specific colleague relationships and organisational culture remain uncertain and worthy of further exploration.

That work situations may exacerbate flush distress can in part be explained by reference to the clouding of concentration by unpleasant flush sensations. Some women describe impaired cognitive performance and difficulties in learning or concentrating on tasks during flush episodes. However, a more pervasive problem, particularly evident in the qualitative accounts of flush distress, relates to the fear of social ridicule or rejection. This fear may be stimulated by many of the highest rated (most problematic) work situations. Many women are well aware that the older female

body arouses mixed feelings in our culture. Specifically, the menopause is often presented as humorous or ridiculous, and the menopausal woman is commonly presented as worn out, depressed and unattractive. Some women are very aware of stigmatisation, and fear that flushing will announce her as menopausal to colleagues with a consequent risk for her self-image and acceptance within the group. Women's accounts suggest that such doubts may undermine not only her ability to tolerate flush sensations but may (more seriously) attack her general self-confidence and well-being at work. It is possible that other stigmatising health problems may pose similar psychological uncertainties at work. As the study has focused on women's self-reports, it remains unclear whether the perceptions of rejection were grounded in colleagues' overt attitudes and behaviour or represented the woman's own socialisation into negative meanings of menopause.

Given the pervasiveness of negative attitudes, it is not surprising that the women who were most distressed tended to be least likely to disclose their problems to others at work. Few offered any practical suggestions to alleviate difficulties. Social prejudice seemed insurmountable to many individuals, leading to the view that only personal rather than organisational strategies could be expected to tackle the problem.

The study has some clear limitations and should be regarded as exploratory. The sample itself was small and self-selected. It remains uncertain if this group of women, biased towards managerial and professional positions, was more 'exposed' to public prejudice and stigma by being relatively powerful and visible within the workplace. Whether more powerful positions permit or discourage the holder to disclose their personal problems needs more enquiry. Further studies are needed to assess the problems faced by menopausal women in semi-skilled and un-skilled work. Nevertheless the mixed quantitative-qualitative approach provided a differentiated

view, permitting both some analysis at the group level and a deeper appreciation of individual differences in appraisals of situational influences. The study extends awareness that distress during hot flushes may be the product of a complex interplay between individual vulnerabilities and social context. Any transactional perspective on stress at work needs to incorporate awareness that menopausal problems may place additional demands on the coping resources of women.

For counsellors working in organisational contexts, the study carries several implications. Foremost, the accounts reveal how hot flushes are associated with increased stress at work for mid-life women, and yet remain largely unmentionable (especially by the women who are most distressed). Women in mid-life, who may be reaching higher levels in their organisation, are at least sometimes prey to fears that their poise and authority are being undermined by their menopausal status (made public by flushing). Women also commonly regard social prejudice about menopause as too high for organisations to counter. Nevertheless, opportunities for social support groups may be valued. Such groups may be more attractive to participants if focusing on women's issues generally rather than menopause, otherwise mid-life attenders may feel conspicuous. As individual coping strategies are frequently regarded as the only option, personal counselling may provide needed opportunities to explore the foundations of menopause-associated stress. It would be interesting to examine the uptake of any counselling and/or support group sessions advertised within a work organisation to specifically address menopause issues. This would provide a worthwhile case study. Counsellors, and other employees responsible for workers' health, may also raise awareness of women's needs at management level. The simple provision of fans and controllable heating systems would offer practical help for this most common of midlife problems.

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Table I: Total percentages of respondents rating each work situation as

'sometimes/often/ nearly always' increasing distress/discomfort during hot flushes (percentages based on women reporting experience of the situation at work, so sample size varies)

Work situation **% sample who report increased flush distress:**

	Often/ nearly always	Sometimes/ often/ nearly always
2/3/4	3/4	
Working with female colleagues	8	23
Working at a computer/typewriter	16	37
Being supervised	30	48
Tasks requiring attention to fine detail	28	56
Working with strangers (eg new clients)	31	58
Working to a deadline	29	58
Working in enclosed spaces (eg small office)	36	64
Working in the company of male colleagues	27	65
Learning a new procedure	29	67
Formal meetings	36	76