WESTERN SYDNEY
UNIVERSITY

Vice-**Chancellor's**
GENDER EQUITY FUND
Final Report 2023

Identification and prioritisation of perimenopausal support needs of Western staff

Brahm Marjadi, Nicole Peel, Sowbhagya Micheal,
Alison Short, Suzie Horne, and Andrew Kellett

Contents

Recommendations

1. Western Sydney University should build action plans to accommodate the support needs of perimenopausal staff. The top four priorities are:
    a. Perimenopausal-specific leave provisions;
    b. Work flexibility for perimenopausal symptoms;
    c. Improving temperature and ventilation control; and
    d. Promoting awareness of perimenopause as a workplace health and wellbeing issue.

2. Perimenopause knowledge and awareness across all staff and students at Western need to be improved. For managers, the knowledge and awareness must include familiarity with the existing policy infrastructures and when to activate them to support staff in need.

3. Western may consolidate in-house experts in menopause research to expand existing menstruation-focused resources to include menopause (including perimenopause) matters.

4. The Vice-Chancellor's Gender Equity and Respectful Relationships Advisory Committee and Equity and Diversity Working Parties across the University may draw from the repository of evidence-based knowledge from Recommendation 3 to evaluate existing support provisions and explore areas for improvement.

5. Western should promote the NICM Health Research Institute Integrative Health Centre at Westmead to meet some of the expressed needs of perimenopausal staff.

Executive Summary

> Many women can navigate menopause privately and don't need or want workplace support. However a significant minority will struggle and their careers can be impacted unless we can talk about menopause and offer what are usually simple and inexpensive supports.
>
> Thea O'Connor, broadcast email to Menopause at Work® Network, 14/03/2024

Perimenopause is "the time during which [one's] body makes the natural transition to menopause, marking the end of the reproductive years".[1] This project set out to identify and prioritise the needs for perimenopausal support at Western using a two-step Delphi method, which was complemented with a thematic analysis of the free texts from the Delphi surveys. Nineteen unique needs were identified from 86 staff who had experienced or were experiencing perimenopause during their employment at Western in the first Delphi round. The needs were prioritised by 57 staff with the same inclusion criteria in the second Delphi round into three tiers: the most pressing Tier 1 (four topics), medium-importance Tier 2 (eight topics) and less pressing priorities Tier 3 (seven topics).

Perimenopausal Western staff's expressed needs and their rank-order of importance were strongly supported by their open-text accounts on (a) Perimenopause symptoms; (b) Need for better knowledge and understanding of perimenopause; (c) Negative feelings associated with perimenopausal experiences; and (d) Negative workplace experiences during perimenopause. A small number of participants expressed their opinion that no workplace support was necessary.

A narrative review of black and grey literature, and information gathered from perimenopausal-related networks and the mass media, indicated that the awareness of and attention to (peri)menopausal workplace support has been increasing nationally and globally. By making steps to progress workplace support for perimenopausal staff who need them – acknowledging that some staff are happy to obtain this support outside of the workplace – Western will align with the best practice recommendations in this aspect of gender equity.

Itemised Budget Expenditure

Total funded amount $ 4,987.71

Date	Activity / Item	Cost (GST incl.)
4/12/2023	Casual research assistant HEW 5.1 salary + on costs	$5,035.70
Total expenditure:		$5,035.70

The negative balance of the budget ($47.99) was recovered from the Lead Investigator's consultancy fund.

Acknowledgment

The project team thank the following colleagues for their inputs to the draft report: Office of Equity & Diversity, A/Prof Mike Armour, Danielle Howe, A/Prof Carolyn Ee, and Mr Paolo Spinetti. The team also thank Thea O'Connor for her support for the project.

Research Report

Background

Perimenopause, defined as "the time during which [one's] body makes the natural transition to menopause, marking the end of the reproductive years",[1] is a natural life stage in biologically female individuals. Perimenopausal women may face multiple difficulties brought by symptoms such as poor concentration, tiredness, poor memory, feeling low/depressed, lowered confidence and hot flashes.[1,2] Some symptoms may be experienced by a significant proportion of women and for an extended period of time. For example, hot flashes affect over 85% of menopausal women and last for 5.2 years on average.[3] Sleep disturbance, insomnia, together with a mood disorder like depression are also commonly encountered, with perimenopausal women having 2-4 times more likelihood to have a depressive episode.[3]

While not impacting all women to the same extent, these perimenopausal symptoms may affect the person's work performance. Individuals with more perimenopausal symptoms may have lower ability to work compared to those without them.[4] Perimenopausal mood changes may affect work efficiency and ability to work in teams.[5] Vasomotor symptoms such as hot flashes and night sweats are commonly reported to affect work ability.[6] Lack of knowledge about perimenopause and the taboo surrounding it have led to negative impacts at work.[7,8]. Many women preferred not to bring perimenopause issues into the workplace because they felt that unconscious bias may result in their careers being disadvantaged in some way. This reluctance often resulted in a silent culture around perimenopause in the workplace.[7] In contrast, when the organisational culture enables discussions of perimenopausal issues, it creates a better understanding within the workplace and provides relief to those experiencing perimenopausal symptoms.[8] Discussing menopause awareness can also break down communication barriers and increase communication efficiency in the workplace,[8,9] and improve productivity of the workforce.[7]

At the national level, awareness around the need for perimenopausal support has been gaining momentum. There has been a campaign for paid menopausal leave to be included in Fair Works Act.[10] A Federal Parliamentary discussion around the issues related to menopause and perimenopause is ongoing and expected to be finalised in September 2024.[11] There are some simple workplace practices which could support perimenopausal women during this life stage. Most of these support practices are part of the general work health and safety requirements. Examples include, but not limited to, ensuring good ventilation and temperature control, and accommodating perimenopausal symptoms in sickness/absence policies and flexible working time arrangements.[12,13]

At Western, there are several policies in place which can provide support for staff undergoing perimenopause symptoms; however, among the available policies none addresses perimenopause directly. Under the Western Workplace Flexibility policy[14], a staff member is able to request a flexible working arrangement if they are 55 or older or they have a disability. "Disability" in this policy includes temporary or permanent physical, sensory, neurological disability; and perimenopausal symptoms may qualify staff to request this arrangement. In the Western Health Safety and Wellbeing[15] policy, the University acknowledges the right for staff to work in a safe and healthy environment. This policy requires the University to provide appropriate physical resources and preventative health and safety strategies to ensure this policy works. This policy can promote perimenopausal women's right to work in an environment with good ventilation. The Western Bullying Prevention policy[16] protects staff from unreasonable actions, including bullying behaviours that create a risk to health and safety. This policy allows perimenopausal staff to work without fear of being discriminated. Lastly, Western adheres to the Psychosocial Hazards at Work Code of Practice 2022[17], which requires the University to make the workplace environment free of bullying and harassment which could occur due to a person with perimenopausal symptoms. Western is required under that Code of Practice to ensure reasonable controls are in place to reduce risk of work overload and procedural injustice, both of which could occur as a result of suffering from perimenopausal symptoms.

Considering the Western staff demographics with 62% female[18], perimenopausal symptoms are likely to affect a sizeable number of staff during their employment. Yet, anecdotal evidence indicates different levels of support across the University for those experiencing perimenopausal symptoms, which may impact on wellbeing, performance, motivation and career longevity. Identification and prioritisation of perimenopausal needs among affected staff will help the University to provide equitable and much needed support across the institution, thus ensuring the wellbeing of this group of staff and further strengthening the Western gender equity agenda. This work is aligned with the Western's Gender Equity Strategy and Action Plan[19] and may support initiatives under other Western policies such as Workplace Flexibility,[14] Health Safety and Wellbeing,[15] Equal Opportunity and Diversity,[20] and Wellbeing and Mental Health.[21]

Aims

This project aimed to:

1. Benchmark current supports at Western against the industry and tertiary sector practices;
2. Document the current perimenopausal support needs and provisions at Western;

3. Identify gaps and provide prioritised practical, evidence-based recommendations to improve support for perimenopausal individuals that contribute to the Western Gender Equity Strategy and Action Plan; and
4. Enhance the visibility and valuing of perimenopausal individuals at Western.

This project was designed to answer the following research questions:

1. What are the needs of Western staff who are experiencing/have experienced perimenopausal symptoms?
2. What support provision needs to be prioritised for this group?

Methods

Benchmarking of Western support provisions was conducted through a desktop review of other Australian universities and two Australian organisations that had searchable perimenopause-specific policies: ModiBodi and Victorian Women's Trust. The first Delphi survey (see next paragraph) included a question to gauge respondents' awareness and perceived importance of support provisions at Western.

The Delphi survey[22] was chosen as it is an anonymous consensus-building method within a relatively short time and with a broad geographic coverage. The Delphi survey has a special ability to establish a democratic group consensus across participants from different positions of power as to be expected at a university setting.

Inclusion criteria for this study were:

- Western staff members who self-identify as having experienced perimenopause at any time whilst being an employee of Western Sydney University.
- Expressing implied consent to participate in the study by responding to the Delphi surveys.

Since the population size is unknown, sample size and the study power could not be calculated. However, sample size and power calculation in a Delphi survey are irrelevant because the Delphi method is not aimed at testing any hypothesis, and its findings are not meant to be generalized. Delphi survey is a consensus method to identify and prioritise opinions from a group of people with a particular expertise (in this case, Western staff with lived expertise in perimenopause). The findings from a Delphi survey only speak about the opinions of those who participated in the process and do not represent people outside the study.

Calls for participation (Appendices 1 and 4) were broadcast via VC newsletters, Viva Engage, Western e-Updates, Western Life, Sexualities and Gender Research, Science in Australia Gender Equity, Inclusive Communities, Office of Equity and Diversity, Equity and Diversity Working Parties, Translational Health Research Institute, and Institute for Culture and

Society. Survey link included Participant Information Sheet (PIS; Appendix 2) which must be agreed to before participants could continue with the survey. Potential participants were able to take as much time as they wish to consider participation during the period where each Delphi survey round was open. Screening took place after PIS, where participants were asked about their sex and whether they self-identified as having perimenopause at any time whilst being a Western employee. Participants' completion and submission of the surveys expressed their implied consent to this study. This implied consent was stated at the beginning of the survey and repeated at the end before the submission button. Due to the anonymous nature of the survey, participants were not identifiable and there was no reimbursement for their time.

Eligible staff were invited to complete two rounds of Delphi survey over a period of four months. Each round took less than 30 minutes to complete. Both surveys asked for limited demographic and work-related data: age, perimenopause start, academic or professional staff, and employment status (part-time/full-time, casual/fixed-term/ongoing). Only limited demographic data were collected to reduce the possibility of inadvertent identification. The first Delphi survey (Appendix 3), available for a period of 4 weeks, gauged participants' perceived importance and awareness of perimenopausal support at Western, and asked participants to list any perimenopause-related needs for support based on their lived experiences. The second Delphi survey (Appendix 5), available to participants for 3 weeks, asked participants to rank-order the top ten priority areas from a summarised list of expressed workplace support needs created from the first survey. Since a clear consensus was reached after the second survey, no further surveys were circulated.

The anonymous demographic and employment data were analysed by AK and BM. Thematic analysis was conducted by SM and NP and reviewed by the whole team, and the expressed needs for support were summarised into a list by NP and BM. The Delphi ranking data were analysed by BM. The final report was prepared by all team members.

Findings and Discussion

Demographics

Eighty-six and 57 participants completed the first and second Delphi surveys, respectively, with 30 participants completing both Delphi surveys (Appendix 6). Since the number of Western staff who met the inclusion criteria (currently employed, may experience perimenopause, and either have experienced it or are experiencing it during Western employment) was unknown, the response rate could not be calculated. However, the multiple broadcast channels with one reminder for each survey were considered sufficient to reach as many potential participants as possible within the resources available for this project. Demographic and employment data

indicated that this project has captured lived experiences from a wide range of staff. Professional staff predominated the employment category (57%). Most participants had ongoing (81%) and full time (85%) employment.

Participants' age range when perimenopause started was 27-57 years. This wide age range influenced the different support needs reported in the next sections. Despite this project's definition of perimenopause being stated in the call for participation, the PIS, and the body of the Delphi survey, a review of participants' age (courtesy of A/Prof Carolyn Ee) indicated that four study participants appeared to be women with premature ovarian insufficiency (less than 40 years) which is considered distinct to 'spontaneous' menopause. However, it was beyond the scope of this project to make clinical distinctions of the participants, and since the opinions expressed by these four women were very similar to the rest of the participants, their inputs were included in the analyses.

Benchmarking

Benchmarking data (Appendix 7) indicate that Western is on par with other Australian universities in the policy instruments that are potentially relevant to support perimenopause women at work. None of the university policies reviewed was specific in mentioning perimenopause support. The two industries with existing perimenopause support policies, ModiBodi and Victorian Women's Trust, were superior in providing specific menstrual/menopausal leave on top of regular sick leave days.

Most participants in the first Delphi survey (52%-93%) perceived potential workplace supports as Important or Very important (Appendix 8). The proportion of participants with correct knowledge of perimenopause-specific support provision at Western varied (42%-92%), and a sizeable proportion (up to 58%) did not know whether such support existed at Western. These findings indicated the need for more information provision about available supports for perimenopausal Western staff.

Thematic analysis

Four main themes were identified from the free texts: (A) Perimenopause symptoms; (B) Need for better knowledge and understanding of perimenopause; (C) Negative feelings associated with perimenopausal experiences; and (D) Negative workplace experiences during perimenopause (Appendix 9).

The vast majority of participants' accounts clearly indicated that perimenopause is a workplace matter and workplace support is needed. There was a strong indication of complex

and reciprocal relationships between work and perimenopause experiences. A few participants expressed their gratitude for Western's attention to this matter, as below:

> *I am heartened to see workplaces finally starting to turn their attention to supporting workers of perimenopausal and menopausal age. We have made some much progress with supporting people when it comes to starting and supporting their families in terms of parental leave and provisions to support parents of child-bearing age, and it feels like women who have "aged out" of that demographic kind of get forgotten in the workplace. Yet these are people who have incredible workplace knowledge and experience and are ultra-productive, with the proper acknowledgement, visibility and the right support.*

Participants reported a wide range of perimenopause symptoms (Theme A). While the subheadings under this theme in Appendix 9 may seem clinical, the rich data from this most prominent theme clearly highlighted the human, experiential side that serves as an antidote against a medicalising/pathologising approach. Perimenopause symptoms and the lack of support for those experiencing them were reported to have far-reaching negative impacts in the workplace. Various combinations of physical and mental symptoms were reported as requiring support to minimise negative impacts on work performance.

Themes B (Need for better knowledge and understanding of perimenopause) and C (Negative feelings associated with perimenopausal experiences) were often inter-related. Participants expressed confusion when perimenopause symptoms started appearing despite some knowledge they may have had because "*It was only after I had been though peri and post menopause did I realise what it was*". Many participants reported that they questioned themselves for the way they felt and they did not like what the symptoms made them feel emotionally. The inter-related symptoms reported in Theme A, and the co-occurrence of other life events and responsibilities, further compounded the impacts participants felt at their workplace. The lack of knowledge among general practitioners was reported by a few participants who resorted to searching far and wide for knowledge themselves.

Theme D (Negative workplace experiences during perimenopause) highlighted possible improvements for Western. The lack of understanding from work colleagues – both males and females – was reported as a key issue which accentuated the need for perimenopause education for all staff, and also students. Western policies around flexible work hours, sick leave, Work Health and Safety (for workplace adjustments), and academic promotion were reported to be helpful, and participants made a number of suggestions for critical improvement of these policies and processes.

A few participants opined that perimenopausal matters were "just life" and irrelevant to the workplace, as below:

> *Whilst it is nice to see potential support I do not really feel this is a work matter. I have been through some horrific signs and symptoms but managed them myself and found answers. Work is work. Please do not create issues where there mostly are none.*

Delphi ranking

Closely related to the above themed findings (often within the same sentence), participants of the first Delphi survey made 125 suggestions for workplace perimenopause support (Appendix 10). Nineteen unique types of workplace support were identified from these 125 expressed needs. Each participant in the second Delphi survey selected their top ten priorities from the list. Each item was analysed for the number of participants who included it in their top ten, the total score it obtained from all participants, and the mean of the scores. The analyses resulted in a mean-based rank-ordered list of support needs (Appendix 11) which was categorised into three tiers:

a. Tier One needs (highest priorities)
    i. Perimenopausal-specific leave provisions, including additional leave days without requiring medical certificate (due to difficulties in obtaining medical certificate for perimenopausal symptoms);
    ii. Work flexibility, including flexible start/finish and break times, workload and work types adjustments, deadline extensions as required, work from home days with allowance for short notice, and shift to part-time work;
    iii. Temperature and ventilation control including air conditioning, desk fans, ability to open windows, leaving doors open during meetings, and working outdoors; and
    iv. Promoting awareness, understanding and empathy from supervisors/managers, all other Western staff, and students of all genders (especially men) of perimenopause as a workplace health and wellbeing issue.

b. Tier Two needs (medium priorities)
    i. Acknowledgement of severe perimenopausal symptoms as an interruption to career progression, including adjustment of work targets such as number of publications;
    ii. Specific written policies around perimenopausal support;
    iii. Information and resources about perimenopause for all staff, including perimenopausal symptoms and where to obtain support;

iv. Having champions, mentors, or support persons with lived experiences to talk to, and establish perimenopausal support group/network, with regular check-ins with those experiencing perimenopause;
v. Training for staff especially managers/supervisors on supporting perimenopausal staff;
vi. Additional EAP provisions with extra number of sessions, specialist counsellors, or EAP service on campus;
vii. Specialised clinical services provision at University clinics; and
viii. Empathetic scheduling of meetings, including ample advance notice or invitation and allowance to take small breaks during and between meetings.

c. Tier Three needs (less pressing priorities)
i. Better options for healthy food and exercise on campus in line with recommendations for women experiencing perimenopause;
ii. Private, quiet areas on campus to sit with uncomfortable feelings and symptoms during the day;
iii. No additional support is needed, current provisions are adequate*;
iv. Appropriate systems for work to be formally covered by another person e.g. teaching cover;
v. Access to Work Health & Safety workstation assessments as a preventative measure without providing medical documentation for an injury;
vi. Access to a shower and provision of hygiene products on campus; and
vii. Simple tools to support memory such as name badges.

Comparison of the above list with the perimenopause support literature and practices across various sectors confirmed the importance of these expressed needs. Perimenopause-specific leave provisions, which was the top priority identified by participants, is indeed a concern worldwide.[23] While Australian universities do not currently provide this special leave, the Victorian Women's Trust and ModiBodi are notable examples from industry which have implemented specific annual menopausal leave for 12 days and 10 days, respectively, on top of ordinary sick leave (Appendix 7). These leading examples indicate that Western should consider adopting the same provision to be the leader in the Australian university sector.

Flexible working provisions which are available at Western[14] and across the Australian university sector (Appendix 7) indicate that the policies exist which can accommodate

* This option was included based on the free text opinions which indicated the adequacy of current provisions at Western.

perimenopause. Evidence from the UK higher education setting[24] supports hybrid working arrangements which allow for working out of the office. Such arrangement may obviate the need for staff to work through their symptoms, although the study also cautions that staff may end up working longer hours.

The most prioritised technical need identified by participants was the ability to better control ambient temperature at the workplace. The literature indicates that this important matter forms the crux of many other issues related to perimenopause.[5] Having control over the temperature not only alleviates some perimenopausal symptoms; more importantly, it also restores some control to staff which can improve mental health. Enabling local temperature control is also an opportunity to change the workplace culture and reduce harassment rates since changing temperature may serve as a cue for discrimination behaviours or jokes,[5] which are reported by participants under Tier 2 and 3 needs. The practices in the sector (Appendix 7) also indicate that health and safety policies that specifically target indoor thermal comfort without reference to a specific injury are already in use by UNSW and could be added to Western policies.

Suggestions around improving perimenopausal knowledge, resources, and training were mentioned in Tier One (iv) and Tier Two (iii) and (v). The literature indicates that while pregnancy and breastfeeding are commonly considered as gender equity issues with clear information around them, perimenopause may be overlooked.[25] There are existing internal potentials at Western to meet this need. Western has several researchers whose works are focused on menopause, who have made themselves known to the project team during the course of this study. These in-house experts may be encouraged to band together and produce initiatives to raise awareness and educate staff across Western in perimenopause matters. This perimenopause research focus may be considered an extension to the existing Western Sydney University Menstrual Cycle Research Network. Evidence-based resource repository at Western such as Western's Menstruation Matters could be used as a template to develop a similar repository for perimenopausal matters. Alternatively, Western may promote evidence-based information curated externally, such as the Menopause Information Pack for Organisation,[26] or highlight specific support available from Access EAP. These initiatives may create the momentum to eventually build a perimenopausal support group/network at Western.

The Tier 2 concerns broadly related to the culture of menopause at work in general, which has been described in a UK study as menopausal staff having to "put up with it".[27p.5] This UK study also notes that managers can constitute a barrier to obtaining adequate menopause-related support, a matter which resonates with our study participants' experiences. Adequate time needs to be allocated to managers to ensure their engagement with menopause-related

training and professional development.[26] The training needs to ensure that managers are familiar with support pathways and have better communication around those pathways, for example in promoting wellbeing or enacting work adjustments. Another important Tier 2 suggestion for which Western already has the infrastructure was perimenopause-friendly clinical service on campus, which could be accommodated at the NICM Health Research Institute Integrative Health Centre at Westmead (personal communication with A/Prof Carolyn Ee).

Some of the Tier 3 needs resonated with research findings on the mental health impacts of perimenopause,[28] cognitive impacts which may affect memory,[29] and the stigma of menopause[25] which can be better addressed by provision of the aforementioned support. A challenging suggestion from participants was provision of perimenopause-specific support without requiring medical certificate. While it is acknowledged that not all General Practitioners are well-informed about perimenopausal matters,[30] medical certificates may form part of the legal requirements for obtaining workplace support (personal communication with Paolo Spinetti).

Lastly, the fact that some participants believed current provisions at Western were sufficient and no additional support was needed fits qualitative data which indicated that some participants were managing their perimenopausal experiences quite well. This positive experience should be appreciated without dismissing the needs of those whose perimenopausal journeys are not so smooth.

Conclusion

This project has identified the workplace perimenopausal support needs among current Western staff who have experienced or are experiencing perimenopause. The recommendations for improvement from participants were strongly grounded on their lived experiences and confirmed by the literature and best practices. While not all perimenopausal staff need workplace support, the needs of those who do must not be dismissed based on those whose perimenopause journey was/is uneventful.

Addressing the prioritised needs for perimenopausal support would place Western as a sector leader in this space. Existing expertise, policy infrastructure, and collaborations across Western can be activated toward improving the available supports.

The Vice-Chancellor's Gender Equity and Respectful Relationships Advisory Committee and the Equity and Diversity Working Parties are best placed to develop action plans based on the recommendations of this project and monitor their implementation and progress across the University.

References

1. Mayo Clinic. (2022). Perimenopause. [Online article]. Accessed on 2 December 2022. Available from https://www.mayoclinic.org/diseases-conditions/perimenopause/symptoms-causes/syc-20354666
2. Griffiths, A., MacLennan, S. J., & Hassard, J. (2013). Menopause and work: an electronic survey of employees' attitudes in the UK. Maturitas, 76(2), 155-159.
3. Santoro, N., Epperson, C. N., & Mathews, S. B. (2015). Menopausal symptoms and their management. Endocrinology and Metabolism Clinics, 44(3), 497-515. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4890704/
4. Geukes, M., Van Aalst, M. P., Robroek, S. J., Laven, J. S., & Oosterhof, H. (2016). The impact of menopause on work ability in women with severe menopausal symptoms. Maturitas, 90, 3-8
5. Mullins, L. (2022). Is it hot in here or is it just me? A call for menopause equity in the workplace. University of the District of Columbia Law Review, 25(1), 34.
6. Jack, G., Riach, K., Bariola, E., Pitts, M., Schapper, J., & Sarrel, P. (2016). Menopause in the workplace: What employers should be doing. Maturitas, 85, 88-95. http://dx.doi.org/doi:10.1016/j.maturitas.2015.12.006
7. Atkinson, C., Carmichael, F., & Duberley, J. (2021). The menopause taboo at work: Examining women's embodied experiences of menopause in the UK police service. Work, Employment and Society, 35(4), 657-676.
8. Hardy, C., Griffiths, A., Thorne, E., & Hunter, M. (2019). Tackling the taboo: talking menopause-related problems at work. International Journal of Workplace Health Management, 12(1), 28-38. https://doi.org/10.1108/IJWHM-03-2018-0035
9. Beck, V., Brewis, J., Davies, A., Fish, S., & Garlick, D. (2018). Developing workplace menopause policies: four reasons why, and how. Occupational Health at Work, 15(3), 22-25. http://oro.open.ac.uk/71050/3/71050.pdf
10. Walker, L. (2022). There are calls for menstrual and menopause leave to be included in the Fair Work Act, but what is it and how would it work? [Online article]. Accessed on 2 December 2022. Available from https://www.abc.net.au/news/2022-11-24/menstrual-and-menopause-leave-explained/101682538?utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web
11. Parliament of Australia. (2023). Issues related to menopause and perimenopause. [Online document]. Accessed on 22 February 2024. Available from https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Menopause
12. Jack, G., Pitts, M., Riach, K., Bariola, E., Schapper, J., & Sarrel, P. (2014). Women, work and the menopause: releasing the potential of older professional women. La Trobe University. https://apo.org.au/sites/default/files/resource-files/2014-09/apo-nid41511.pdf
13. Jafari, M., Seifi, B., &Heidari, M. (2017). Risk assessment: factors contributing to discomfort for menopausal women in workplace. Journal of Menopausal Medicine, 23(2), 85-90. https://doi.org/10.6118/jmm.2017.23.2.85
14. Western Sydney University (2023). Workplace Flexibility Policy. [Online document]. Accessed on 22 February 2024. Available from https://policies.westernsydney.edu.au/document/view.current.php?id=137
15. Western Sydney University. (2023). Health Safety and Wellbeing Policy. [Online document]. Accessed on 22 February 2024. Available from https://policies.westernsydney.edu.au/document/view.current.php?id=81
16. Western Sydney University. (2023). Bullying Prevention Policy. [Online document]. Accessed on 22 February 2024. Available from https://policies.westernsydney.edu.au/document/view.current.php?id=265
17. Safe Work Australia. (2022). Managing psychosocial hazards at work Code of Practice. [Online document]. Accessed on 27 March 2023. Available from https://www.safeworkaustralia.gov.au/sites/default/files/2022-08/model_code_of_practice_-_managing_psychosocial_hazards_at_work_25082022_0.pdf
18. Western Sydney University. (2024). Workforce profile. [Online document]. Accessed on 22 February 2024. Available from https://www.westernsydney.edu.au/equity-and-diversity/equality/gender_pay_equity/workforce_profile_and_pay_equity_analysis

19. Western Sydney University. (2021). Gender equity strategy and action plan. [Online document]. Accessed on 22 February 2024. Available from https://www.westernsydney.edu.au/__data/assets/pdf_file/0012/1868268/GEStrategyandActionPlan2021-2026-ForWeb.pdf
20. Western Sydney University. (2023). Equal Opportunity and Diversity Policy. [Online document]. Accessed on 22 February 2024. Available from https://policies.westernsydney.edu.au/document/view.current.php?id=95
21. Western Sydney University. (2023). Mental Health and Wellbeing Policy. [Online document]. Accessed on 22 February 2024. Available from https://policies.westernsydney.edu.au/document/view.current.php?id=310
22. Delbecq, A., Van de Ven, A., Gustafson, D. (1975). Group techniques for program planning – A guide to Nominal Group and Delphi processes. Glenview: Scott, Foresman and Company.
23. Baird, M., Hill, E., & Colussi, S. (2021). Mapping Menstrual Leave Legislation and Policy Historically and Globally: A Labor Entitlement to Reinforce, Remedy, or Revolutionize Gender Equality at Work? Comp Lab. L. & Pol'y J., 42, 187.
24. Pryor, S. (2023). Working through menopause: the role of hybrid working in symptom management for UK higher education professional services employees. Perspectives: Policy and Practice in Higher Education, 1-8.
25. Colussi, S., Hill, E., & Baird, M. (2023). Engendering the Right to Work in International Law: Recognising Menstruation and Menopause in Paid Work. U. Oxford Hum. Rts. Hub J., 1.
26. Menopause Information Pack for Organisations. [Website]. Accessed on 22 February 2024. Available from https://www.menopauseatwork.org/
27. Cronin, C., Abbott, J., Asiamah, N., & Smyth, S. (2024). Menopause at work—An organisation-based case study. Nursing Open, 11(1), Article e2058. https://doi.org/10.1002/nop2.2058
28. Bariola, E., Jack, G., Pitts, M., Riach, K., & Sarrel, P. (2017). Employment conditions and work-related stressors are associated with menopausal symptom reporting among perimenopausal and postmenopausal women [Article]. Menopause, 24(3), 247-251. https://doi.org/10.1097/GME.0000000000000751
29. Santoro, N., Epperson, C. N., & Mathews, S. B. (2015). Menopausal symptoms and their management. Endocrinology and Metabolism Clinics, 44(3), 497-515.
30. Davis, SR. & Magraith. K. (2023). Advancing menopause care in Australia: barriers and opportunities. Medical Journal of Australia, 218(11), 500-502.

Appendix 1: Recruitment script 1

Identification and Prioritisation of perimenopausal support needs of Western staff: Invitation to participate

Perimenopause is the time during which a biological female's body makes the natural transition to menopause, marking the end of the reproductive years. Perimenopause symptoms may include (but are not limited to) poor concentration, tiredness, poor memory, feeling low/depressed, lowered confidence, and hot flashes.

All Western staff who:
(1) may experience menopause, and
(2) are experiencing or have experienced perimenopausal symptoms whilst being an employee of Western,
are invited to participate in a University-wide study to identify and prioritise perimenopausal support needs.

This study is funded by the Vice Chancellor's Gender Equity Fund 2023, and is conducted by Associate Professor Brahm Marjadi (Chief Investigator), Mrs Suzie Horne, Dr Alison Short, Dr Nicole Peel, Dr Sowbhagya Micheal, and Mr Andrew Kellett, Western Sydney University. The study has been approved by the Western Sydney University Human Research Ethics Committee (H15463).

To learn more about this study and to participate, please follow this link https://surveyswesternsydney.au1.qualtrics.com/jfe/form/SV_2ubLJYznsSGaXCm. Clicking on this link does not obligate you to participate in this study, and you may close the browser window at any time to exit without any detriment to you.

Please contact the researchers should you wish to discuss the research further before deciding whether or not to participate:

- Associate Professor Brahm Marjadi b.marjadi@westernsydney.edu.au
- Mrs Suzie Horne S.Horne@westernsydney.edu.au
- Dr Alison Short A.Short@westernsydney.edu.au
- Dr Nicole Peel N.Peel@westernsydney.edu.au
- Dr Sowbhagya Micheal S.Micheal@westernsydney.edu.au
- Mr Andrew Kellett A.Kellett@westernsydney.edu.au

Appendix 2: Participant Information Sheet

Participant Information Sheet – General (Extended)

Identification and prioritisation of perimenopausal support needs of Western staff

Project Title: Identification and prioritisation of perimenopausal support needs of Western staff

Short Project Title: N/A

Project Summary:

You are invited to participate in a research study being conducted by Associate Prof Brahm Marjadi (Chief Investigator), Mrs Suzie Horne, Dr Alison Short, Dr Nicole Peel, Dr Sowbhagya Micheal, & Mr Andrew Kellett, Western Sydney University. This project aims to identify and prioritise what the University needs to do to support staff who undergo perimenopausal symptoms, through a classic Delphi survey.

Perimenopause is the time during which a biological female's body makes the natural transition to menopause, marking the end of the reproductive years. Perimenopausal women may face symptoms such as but not limited to poor concentration, tiredness, poor memory, feeling low/depressed, lowered confidence and hot flashes. Considering the Western staff demographics with 62% women, perimenopausal symptoms are likely to affect a sizeable number of staff during their employment. Yet, anecdotal evidence indicates different levels of support across the University for those experiencing perimenopausal symptoms, which may impact on wellbeing, performance, motivation and career longevity. Identification and prioritisation of perimenopausal needs among affected staff will help the University to provide equitable and much needed support across the institution, thus ensuring the wellbeing of this group of staff and further strengthening the WSU gender equity agenda. This work is aligned with the Western's Gender Equity Strategy, and may support initiatives under other Western policies such as Work Health & Safety, Workplace Flexibility, Equal Opportunity and Diversity, and Wellbeing and Mental Health.

How is the study being paid for?

This study is funded by the Vice Chancellor's Gender Equity Fund 2023.

What will I be asked to do?

In the first instance, you will be asked to complete one survey, which will ask you to:

1. Confirm that you are experiencing/have experienced perimenopausal symptoms whilst being an employee of Western Sydney University;
2. Self-report a limited range of your demographic and work characteristics;
3. List any perimenopause-related needs for support and experiences with relevant support for those needs.

A few weeks later, you will be invited to complete a second survey and rank-order the top ten priorities from the summary of the first survey. A third survey (which is similar to the second round but with a shorter list) may be run if consensus has not been achieved in the second round.

How much of my time will I need to give?

No more than 30 minutes per survey.

What benefits will I, and/or the broader community, receive for participating?

This project is expected to:

- Further enrich Western's strong commitment to workforce diversity and inclusion;
- Expand the range of the VC Gender Equity projects by addressing this important yet often-overlooked life event for biologically female individuals;

- Provide critical evidence of the needs of perimenopausal staff at Western, thus inform wellbeing support to cover a wider range of age and experiences including those who undergo menopause due to medical conditions/treatments; and
- Bring up perimenopause awareness, which can break down the communication barrier and increase communication efficiency in the workplace.

Will the study involve any risk or discomfort for me? If so, what will be done to rectify it?

There are no significant risks anticipated by participating in this study. However, a list of mental health support services will be provided at the beginning and the end of the survey in case participants feel triggered by any parts of the survey.

How do you intend to publish or disseminate the results?

The study findings will be made available to the VC Gender Equity Committee via the full project report, and an executive summary will be shared with Equity & Diversity Working Parties and other relevant groups. The findings may be published as journal article/s and/or conference presentation/s.

Will the data and information that I have provided be disposed of?

Please be assured that only the researchers will have access to the raw data you provide. However, your data may be used in other related projects for an extended period of time (the anonymised data may be used by similarly themed future projects).

Can I withdraw from the study?

Participation is entirely voluntary and you are not obliged to be involved. If you do participate you can withdraw at any time prior to submitting your survey answers without giving reason by closing the browser window and exiting the survey. If you do choose to do so, any information that you have supplied will not be used as part of the study.

If you choose to submit your data by clicking 'Submit Now' at the end of the survey, due to the anonymous and untraceable nature of participation your data will not be able to be removed from the study as the research team has no way of linking your responses and your data to you.

Can I tell other people about the study?

Yes, you can tell other people about the study by sharing the advertisement of the study or the survey link with other staff of Western Sydney University.

What if I require further information?

Please contact *Associate Professor Brahm Marjadi (Chief Investigator)* at b.marjadi@westernsydney.edu.au should you wish to discuss the research further before deciding whether or not to participate

What if I have a complaint?

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email humanethics@westernsydney.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

If you agree to participate in this study, you may be asked to sign the Participant Consent Form**.**

The information sheet is for you to keep and the consent form is retained by the researcher/s.

This study has been approved by the Western Sydney University Human Research Ethics Committee. The Approval number is H*[enter approval number once the project has been approved]*.

Extended Consent

What will happen with my information if I agree to it being used in projects other than this one?

Thank you for considering being a participant in a University research project. The researchers are asking that you agree to supply your information (data) for use in this project and to also agree to allow the data to potentially be used in future research projects.

This request is in line with current University and government policy that encourages the re-use of data once it has been collected. Collecting information for research can be an inconvenience or burden for participants and has significant costs associated with it. Sharing your data with other researchers gives potential for others to reflect on the data and its findings, to re-use it with new insight, and increase understanding in this research area.

You have been asked to agree to Extended consent.

Extended consent

When you agree to extended consent it means that you agree that your data, as part of a larger dataset (the information collected for this project) can be re-used in projects that are

- an extension of this project
- closely related to this project
- in the same general area of this research.

The researchers will allow this data to be used by similarly themed projects in future, i.e. projects examining perimenopausal support needs and equity.

To enable this re-use, your data will be held at the University in its data repository and managed under a Data Management Plan. The stored data available for re-use will not have information in it that makes you identifiable. The re-use of the data will only be allowed after an ethics committee has agreed that the new use of the data meets the requirements of ethics review.

The researchers want to keep the data for 5 years for possible re-use. After this time the data will be securely destroyed.

You are welcome to discuss these issues further with the researchers before deciding if you agree. You can also find more information about the re-use of data in research in the National Statement on Ethical Conduct in Human Research – see Sections 2.2.14 - 2.2.18.

https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018

Appendix 3: Delphi Survey 1

Start of Block: Introduction and PIS

Identification and prioritisation of perimenopausal support needs of Western staff
Please click HERE to read the Participant Information Sheet about this study. You will be able to download the sheet for your record.

If at any time during this survey you feel emotionally triggered, please reach out to the following support services:

1. Western Employee Assistance Program (EAP): https://www.westernsydney.edu.au/whs/whs/health_and_wellbeing/employee_assistance_program or call 1800 81 87 28
2. Lifeline: https://www.lifeline.org.au/ or call 13 11 14
3. Beyond Blue: https://www.beyondblue.org.au/ or call 1300 22 4636

End of Block: Introduction and PIS

Start of Block: Consent

Q2 I acknowledge that by completing this survey and submitting my responses, I declare that I have read the Participant Information Form on the previous page, and I am expressing my consent to participate in this study:

- o No
- o Yes

Skip To: End of Survey If I consent to participate in this study: = No

End of Block: Consent

Start of Block: Screening questions

Q4 What is your biological sex?

- o Male
- o Female
- o Other

Skip To: End of Survey If What is your biological sex? != Female

Q7 Are you currently working at Western Sydney University as a staff member in any capacity (Professional/Academic; Contract/Casual/Ongoing; Full-time/Part-time)?

- o No
- o Yes

Skip To: End of Survey If Are you currently working at Western Sydney University as a staff member in any capacity (Profess... = No

Q6 Perimenopause is the time during which a biological female's body makes the natural transition to menopause, marking the end of the reproductive years. Perimenopausal women may experience symptoms such as but not limited to poor concentration, tiredness, poor memory, feeling low/depressed, lowered confidence and hot flashes.
What is your experience with perimenopause?

- o I have not experienced perimenopause
- o I am currently experiencing perimenopause
- o I have experienced perimenopause whilst being a Western employee
- o I have experienced perimenopause but NOT whilst being a Western employee

Skip To: End of Survey If Perimenopause is the time during which a biological female's body makes the natural transition to... = I have not experienced perimenopause
Skip To: End of Survey If Perimenopause is the time during which a biological female's body makes the natural transition to... = I have experienced perimenopause but NOT whilst being a Western employee

End of Block: Screening questions

Start of Block: Demographic and work data

Q8 Are you a professional or academic staff member?
- o Professional staff
- o Academic staff
- o Both
- o Prefer not to say

Q9 What is your employment type? Please select all that apply.
- ☐ Casual
- ☐ Contract
- ☐ Ongoing
- ☐ Prefer not to say

Q10 Are you a full-time or part-time staff?
- o Full-time
- o Part-time
- o Prefer not to say

Q11 How do you describe your ethnicity?

_____

Q12 How old were you on your last birthday?

_____

Q13 What year did you start experiencing perimenopause?

_____

End of Block: Demographic and work data

Start of Block: Perimenopause experiences and needs

Q14 What support at Western would you like (or would have liked) to have during your perimenopause experiences, and why? You can write as much as you wish. The more you elaborate, the better we can understand your support needs.

NOTE: Please focus on the support needs that YOU personally experience, not what other perimenopausal women might have.

_____

Q19 Below is a list of possible workplace support for perimenopausal women. Please indicate what you think about the items on this list.

Q18 How important is each of these supports for perimenopausal women?

	Not important	Somewhat important	Important	Very important
EAP counselling	0	0	0	0
Educating workforce to promote a positive attitude and workplace culture around menopause	0	0	0	0
Flexible work options	0	0	0	0
Improving work environments to make accommodations for women with perimenopause	0	0	0	0
Online resources about perimenopause in the workforce	0	0	0	0
Sick Leave when experiencing perimenopause symptoms	0	0	0	0
Specific paid Perimenopause Leave (i.e., not part of general Sick Leave)	0	0	0	0
Specific written policies around perimenopausal support	0	0	0	0

Q20 Is each of these supports currently available at Western?

	No, this is not available at Western	Yes, this is available at Western	I don't know
EAP counselling	o	o	o
Educating workforce to promote a positive attitude and workplace culture around menopause	o	o	o
Flexible work options	o	o	o
Improving work environments to make accommodations for women with perimenopause	o	o	o
Online resources about perimenopause in the workforce	o	o	o
Sick Leave when experiencing perimenopause symptoms	o	o	o
Specific paid Perimenopause Leave (i.e., not part of general Sick Leave)	o	o	o
Specific written policies around perimenopausal support	o	o	o

Q15 Is there anything else you wish to express in relation to your perimenopausal experiences? You can write as much as you wish. Please elaborate so we can understand your experiences better.

_____

End of Block: Perimenopause experiences and needs

Start of Block: Closing

Thank you for your inputs. Please keep an eye for the invitation for the second round of this survey, which will be circulated in a few weeks' time.

Please do not forget to click on the arrow at the bottom of the page so your inputs are recorded. Remember that by completing this survey and submitting your responses, you declare that you have read the Participant Information Form on the front page of this survey, and you are expressing your consent to participate in this study.

Please remember that if you feel emotionally triggered, you can reach out to the following support services:

1. Western Employee Assistance Program (EAP): https://www.westernsydney.edu.au/whs/whs/health_and_wellbeing/employee_assistance_program or call 1800 81 87 28
2. Lifeline: https://www.lifeline.org.au/ or call 13 11 14
3. Beyond Blue: https://www.beyondblue.org.au/ or call 1300 22 4636

End of Block: Closing

Appendix 4: Recruitment script 2

Round Two of Identification and Prioritisation of Perimenopausal Support Needs of Western Staff

The team behind the 2023 VC Gender Equity Fund project 'Identification and Prioritisation of perimenopausal support needs of Western staff' is very excited and grateful that around 120 staff have engaged with our first survey, generating very rich data. It is time now to determine which perimenopausal support initiatives identified from the first survey should be prioritised by the University. To that end, we would like to invite all Western staff who (1) may experience menopause, and (2) are experiencing or have experienced perimenopausal symptoms whilst being an employee of Western, to participate in the second round of our survey https://surveyswesternsydney.au1.qualtrics.com/jfe/form/SV_1Aja1UA802TIzNc. It is absolutely fine for you to participate in this second survey regardless of whether you participated in the first survey. We will collect limited demographic data for all respondents to enable a descriptive report. Please bear with us if you have submitted these data in the first survey; we have to collect them again since we cannot merge the anonymous data.

For those who responded to the first survey, your generous sharing of experiences will be analysed and presented in the final project report, but not listed in this second survey.

This study has been approved by the Western Sydney University Human Research Ethics Committee (H15463). The above survey link will contain the Participation Information Sheet for the study. Please contact the researchers should you wish to discuss the research further before deciding whether or not to participate:

- Associate Professor Brahm Marjadi b.marjadi@westernsydney.edu.au
- Mrs Suzie Horne S.Horne@westernsydney.edu.au
- Dr Alison Short A.Short@westernsydney.edu.au
- Dr Nicole Peel N.Peel@westernsydney.edu.au
- Dr Sowbhagya Micheal S.Micheal@westernsydney.edu.au
- Mr Andrew Kellett A.Kellett@westernsydney.edu.au

Appendix 5: Delphi survey 2

Start of Block: Introduction and PIS

Welcome to the second round of the study "**Identification and prioritisation of perimenopausal support needs of Western staff**".

You CAN complete this second survey round even if you did not participate in the first round of this survey.

Identification and prioritisation of perimenopausal support needs of Western staff

Please click HERE to read the Participant Information Sheet about this study. You will be able to download the sheet for your record.

If at any time during this survey you feel emotionally triggered, please reach out to the following support services:

1. Western Employee Assistance Program (EAP): https://www.westernsydney.edu.au/whs/whs/health_and_wellbeing/employee_assistance_program or call 1800 81 87 28
2. Lifeline: https://www.lifeline.org.au/ or call 13 11 14
3. Beyond Blue: https://www.beyondblue.org.au/ or call 1300 22 4636

End of Block: Introduction and PIS

Start of Block: Consent

Q2 I acknowledge that by completing this survey and submitting my responses, I declare that I have read the Participant Information Form on the previous page, and I am expressing my consent to participate in this study:

- o No
- o Yes

Skip To: End of Survey If I acknowledge that by completing this survey and submitting my responses, I declare that I have r... = No

End of Block: Consent

Start of Block: Participation in Survey 1

Q19 Did you participate in the first round of this survey, where we asked you about your perimenopausal support needs?

- o No
- o Yes

End of Block: Participation in Survey 1

Start of Block: Screening questions

Q4 What is your sex?

- o Male
- o Female
- o Other

Skip To: End of Survey If What is your sex? != Female

Q7 Are you currently working at Western Sydney University as a staff member in any capacity (Professional/Academic; Contract/Casual/Ongoing; Full-time/Part-time)?

- o No
- o Yes

Skip To: End of Survey If Are you currently working at Western Sydney University as a staff member in any capacity (Profess... = No

Q6 Perimenopause is the time during which a biological female's body makes the natural transition to menopause, marking the end of the reproductive years. Perimenopausal women may experience symptoms such as but not limited to poor concentration, tiredness, poor memory, feeling low/depressed, lowered confidence and hot flashes.

What is your experience with perimenopause?

- o I have not experienced perimenopause
- o I am currently experiencing perimenopause
- o I have experienced perimenopause whilst being a Western employee
- o I have experienced perimenopause but NOT whilst being a Western employee

Skip To: End of Survey If Perimenopause is the time during which a biological female's body makes the natural transition to... = I have not experienced perimenopause
Skip To: End of Survey If Perimenopause is the time during which a biological female's body makes the natural transition to... = I have experienced perimenopause but NOT whilst being a Western employee

End of Block: Screening questions

Start of Block: Demographic and work data

Q8 Are you a professional or academic staff member?

- o Professional staff
- o Academic staff
- o Both
- o Prefer not to say

Q9 What is your employment type? Please select all that apply.

- ☐ Casual
- ☐ Contract
- ☐ Ongoing
- ☐ Prefer not to say

Q10 Are you a full-time or part-time staff?

- o Full-time
- o Part-time
- o Prefer not to say

Q11 How do you describe your ethnicity?

_____

Q12 How old were you on your last birthday?

_____

Q13 What year did you start experiencing perimenopause?

_____

End of Block: Demographic and work data

Start of Block: Perimenopause experiences and needs

Q14 Below is the summary of responses to the first survey.

Please choose your **top ten perimenopausal supports** that you want Western Sydney University to focus on providing. Please drop and drag your top ten choices so that the most important support sits at number 1, the second most important is at number 2, and so on.

NOTE: While all of these supports might seem equally important, we need to know your top ten picks so the University can focus their endeavours. All other options from number 11 onward will still be listed in our report, but will not be calculated.

_____ Promoting awareness, understanding and empathy from supervisors/managers, all other Western staff, and students of all genders (especially men) of perimenopause as a workplace health and wellbeing issue
_____ Information and resources about perimenopause for all staff, including perimenopausal symptoms and where to obtain support
_____ Work flexibility, including flexible start/finish and break times, workload and work types adjustments, deadline extensions as required, work from home days with allowance for short notice, and shift to part-time work
_____ Temperature and ventilation control including air conditioning, desk fans, ability to open windows, leaving doors open during meetings, and working outdoors
_____ Perimenopausal-specific leave provisions, including additional leave days without requiring medical certificate (due to difficulties in obtaining medical certificate for perimenopausal symptoms)
_____ Having champions, mentors, or support persons with lived experiences to talk to, and establish perimenopausal support group/network, with regular check-ins with those experiencing perimenopause
_____ Training for staff especially managers/supervisors on supporting perimenopausal staff
_____ No additional support is needed; current provisions are adequate
_____ Additional EAP provisions with extra number of sessions, specialist counsellors, or EAP service on campus
_____ Private, quiet areas on campus to sit with uncomfortable feelings and symptoms during the day
_____ Specialised clinical services provision at University clinics
_____ Empathetic scheduling of meetings, including ample advance notice or invitation and allowance to take small breaks during and between meetings
_____ Access to Work Health & Safety workstation assessments as a preventative measure without providing medical documentation for an injury
_____ Acknowledgement of severe perimenopausal symptoms as an interruption to career progression, including adjustment of work targets such as number of publications
_____ Access to a shower and provision of hygiene products on campus
_____ Better options for healthy food and exercise on campus in line with recommendations for women experiencing perimenopause
_____ Appropriate systems for work to be formally covered by another person e.g. teaching cover
_____ Simple tools to support memory such as name badges
_____ Specific written policies around perimenopausal support

Q15 Is there anything else you wish to express in relation to your perimenopausal experiences? You can write as much as you wish. Please elaborate so we can understand your experiences better.

_____

End of Block: Perimenopause experiences and needs

Start of Block: Closing

Thank you for your inputs. If we need more information, we will circulate an invitation for the third round of this survey, which will be circulated in a few weeks' time.

Please do not forget to click on the arrow at the bottom of the page so your inputs are recorded.

Remember that by completing this survey and submitting your responses, you declare that you have read the Participant Information Form on the front page of this survey, and you are expressing your consent to participate in this study.

Please remember that if you feel emotionally triggered, you can reach out to the following support services:

1. Western Employee Assistance Program (EAP): https://www.westernsydney.edu.au/whs/whs/health_and_wellbeing/employee_assistance_program or call 1800 81 87 28
2. Lifeline: https://www.lifeline.org.au/ or call 13 11 14
3. Beyond Blue: https://www.beyondblue.org.au/ or call 1300 22 4636

End of Block: Closing

Appendix 6: Demographic data

Variable	Number	
Valid responses		
Survey 1	86	
Survey 2	57	
Total participants	113	
Participated in both surveys	30	
Age		
Range	31-64 years	
Mean = Median	50 years	
Age when menopause started		
Range	27-57 years	
Mean = Median	47 years	
Years since perimenopause started		
Range	Less than 1 year to 17 years	
Age groups	*n*	%
Less than a year	12	11
1 year	33	29
2 years	15	13
3 years	15	13
4 years	8	7
5 years or more	20	18
Unsure	7	6
No response	3	3
Perimenopause experience		
Currently experiencing perimenopause	76	67
Experienced perimenopause while a staff	37	33
Staff Type		
Professional	64	57
Academic	44	39
Prefer not to say	2	2
No response	3	3
Employment Type		
Casual	1	1
Contract	15	13
Ongoing	92	81
Prefer not to say	2	2
No response	3	3
Employment Basis		
Full-time	96	85
Part-time	13	12
Prefer not to say	1	1
No response	3	3

Variable	Number	
Ethnicity		
Aboriginal Australian	1	1
Anglo-Celtic*	30	27
Asian	4	4
Australian not otherwise specified	29	26
European**	13	12
French Canadian	1	1
Indian	3	3
Jewish	1	1
Latina	1	1
Lebanese	3	3
Mixed	6	5
White/Caucasian	17	15
Prefer not to say	1	1
No response	3	3

** Anglo-Celtic included: Anglo, British, English, Scottish, Irish.*

*** European included: European, Dutch, Macedonian, Maltese, European-Australian.*

Appendix 7: Benchmarking table of industry practices

Organisation	Policy Type	Relevant Section/Clause	Menopause specific?	Category of Perimenopausal concern/Potential application	Source/Link	Western's equivalence
Western Sydney University	Flexible work	Staff agreement: G.27 Plus Western policy	No	Symptoms Inadequate measures at work	https://www.westernsydney.edu.au/__data/assets/pdf_file/0011/1971236/WSU_Academic_Agreement_2022_FWC_approved_2.pdf https://policies.westernsydney.edu.au/document/view.current.php?id=137	-
	Leave provisions	Staff agreement: H.28, 31, 33	No	Symptoms Inadequate measures at work	https://www.westernsydney.edu.au/__data/assets/pdf_file/0011/1971236/WSU_Academic_Agreement_2022_FWC_approved_2.pdf	-
	WHS	Staff agreement: N.55-56 plus Western policy	No	Symptoms Inadequate measures at work Bullying/harassment Manager/colleague awareness	https://policies.westernsydney.edu.au/document/view.current.php?id=81	-
	Bullying prevention Policy, Discrimination policy		No	As above	https://policies.westernsydney.edu.au/document/view.current.php?id=265	-
	EEO and Diversity		No	As above	https://policies.westernsydney.edu.au/document/view.current.php?id=95	-
	Gender Equity		No	As above	https://policies.westernsydney.edu.au/document/view.current.php?id=90	-
	Mental Health and Wellbeing		No	Support life transition and manage distress	https://policies.westernsydney.edu.au/document/view.current.php?id=310	-
La Trobe University	Leave Policy, Flexible work arrangements, Health and Safety, Workplace Behaviour policy		No	Symptoms, lack of support, extreme pain or discomfort, inadequate measures at work, harassment.	https://policies.latrobe.edu.au/browse	Yes

Organisation	Policy Type	Relevant Section/Clause	Menopause specific?	Category of Perimenopausal concern/Potential application	Source/Link	Western's equivalence
University of Melbourne	Leave Policy, Flexible work arrangements, WHS, Workplace Behaviour policy	MPF1343, MPF1374, MPF1205, MPF 1328	No	Symptoms, lack of support, harassment. For extreme pain or discomfort, inadequate measures at work, anti-harassment	https://policy.unimelb.edu.au/browse/	Yes
Australian National University	Equal opportunity, workplace flexibility, WHS	482, 1227	No	Workplace adjustments Providing adequate controls, work environment.	https://policies.anu.edu.au/ppl/document/ANUP_001227	Yes
University of Sydney	WHS, Harassment Prevention.		No	Workplace adjustments, management/supervisor awareness.	https://www.sydney.edu.au/policies/default.aspx?mode=class&uri=1280	Yes
University of Adelaide	Behaviour and Conduct	3863	No	Anti-harassment	https://www.adelaide.edu.au/policies/3863/	Yes
	Health, Safety and Wellbeing	153	No	Supervisor awareness	https://www.adelaide.edu.au/policies/153/	
	Workforce management policy	3243	No	Equitable workplace adjustments	https://www.adelaide.edu.au/policies/3243/	Yes
	Dornell Framework		No	Equity in career development	https://www.adelaide.edu.au/hr/organisational-development/diversity-and-inclusion/gender-equity/dornwell-framework	Yes
Monash University	Leave policy		No	Flexible work	https://publicpolicydms.monash.edu/Monash/documents/1935655	Yes
	Behaviour in the workplace		No	Supervisor and colleague awareness	https://publicpolicydms.monash.edu/Monash/documents/1935660	Yes
	Gender Diversity & inclusion		No	Inclusive workplace practices	https://publicpolicydms.monash.edu/Monash/documents/2610134	Yes
	OHS & Wellbeing		No	Workplace adjustments	https://publicpolicydms.monash.edu/Monash/documents/1935626	Yes
UNSW	Bullying and harassment prevention		No	Supervisor and colleague awareness	https://www.unsw.edu.au/content/dam/pdfs/governance/policy/2022-01-policies/bullyingpreventionpolicy.pdf	Yes
	Equity Diversity and Inclusion policy		No	Inclusive workplace practices	https://www.unsw.edu.au/content/dam/pdfs/governance/policy/2022-01-policies/equitystatement.pdf	Yes
	Flexible work policy		No	Managing symptoms	https://www.unsw.edu.au/content/dam/pdfs/governance/policy/2022-01-policies/flexibleworkpolicy.pdf	Yes
	OH&S policy		No	Workplace adjustments	https://www.unsw.edu.au/content/dam/pdfs/governance/policy/2022-01-policies/ohspolicy.pdf	Yes

Organisation	Policy Type	Relevant Section/Clause	Menopause specific?	Category of Perimenopausal concern/Potential application	Source/Link	Western's equivalence
	Indoor thermal comfort Review		No	Workplace adjustments	https://www.unsw.edu.au/content/dam/pdfs/governance/policy/2022-01-policies/indoorthermalcomfortreviewprocedure.pdf	Not specifically (see WHS)
University of Queensland	Diversity, Equity and Inclusive Behaviours Policy	1.70.01	No	Inclusive workplace practices	https://ppl.app.uq.edu.au/content/1.70.01-diversity-equity-and-inclusive-behaviours-policy	Yes
	Prevention of Discrimination, Harassment and Bullying Behaviours	1.70.02	No	Supervisor and colleague awareness	https://ppl.app.uq.edu.au/content/1.70.02-prevention-discrimination-harassment-and-bullying-behaviours	Yes
	Disability Inclusion and Reasonable Adjustment for Staff	1.70.03	No	Managing symptoms	https://ppl.app.uq.edu.au/content/1.70.03-disability-inclusion-and-reasonable-adjustment-staff	Yes
University of Western Australia	Workplace flexibility	UP23/3	No	Managing symptoms, environment	https://www.uwa.edu.au/policy/?#faq-07a46e53-d66f-428b-b4d4-48f188e12be6	Yes
	Leave policy	UP23/4	No	Managing symptoms	https://www.uwa.edu.au/policy/?#faq-26d59a2f-30ec-4dff-806f-bd9725459293	Yes
	Achievement relative to opportunity	UP13/3	No	Equity in career	https://www.uwa.edu.au/policy/?#faq-6ee5eaca-59b2-42b6-a6f4-7b6b3ec97d34	Yes
	Prevention of Bullying	UP07/10	No	Manager awareness	https://www.uwa.edu.au/policy/?#faq-c5163054-d5ba-4034-b3b4-24c436a794fc	Yes
Industry: ModiBodi	Additional Leave- Specifically 10 days + ordinary sick leave		Yes	Awareness, management of symptoms, workplace equity.	https://www.modibodi.com/blogs/womens/modibodi-launches-menstrual-menopause-miscarriage-leave	No
Industry: Victorian Women's Trust	Additional leave: 12 days specific menstrual/ menopause leave		Yes	Awareness, management of symptoms, workplace equity.	https://www.vwt.org.au/menstrual-and-menopause-wellbeing-policy/	No
	Workplace modifications		Yes	Awareness, management of symptoms, workplace equity.	https://www.vwt.org.au/menstrual-and-menopause-wellbeing-policy/	Yes
	Work from home		Yes	Awareness, management of symptoms, workplace equity.	https://www.vwt.org.au/menstrual-and-menopause-wellbeing-policy/	No

Appendix 8: Western staff policy/support knowledge and perceived importance

Potential support	Available at Western	Participants' knowledge			Participants' perceived importance	
		Correct	Incorrect	Don't know	Not important or somewhat important	Important or very important
EAP counselling	Yes	66 (92%)	1 (1%)	5 (7%)	31 (43%)	41 (57%)
Educating workforce to promote a positive attitude and workplace culture around menopause	No	38 (52%)	0	35 (48%)	11 (15%)	62 (85%)
Flexible work options	Yes	58 (79%)	6 (8%)	9 (12%)	5 (7%)	67 (93%)
Improving work environments to make accommodations for women with perimenopause	No	31 (42%)	6 (8%)	36 (49%)	18 (25%)	54 (75%)
Online resources about perimenopause in the workforce	No	31 (42%)	0	42 (58%)	22 (30%)	51 (70%)
Sick Leave when experiencing perimenopause symptoms	Yes	39 (53%)	14 (19%)	20 (27%)	12 (16%)	61 (84%)
Specific paid Perimenopause Leave (i.e., not part of general Sick Leave)	No	61 (84%)	0	12 (16%)	35 (48%)	38 (52%)
Specific written policies around perimenopausal support	No	46 (63%)	1 (1%)	26 (36%)	25 (34%)	48 (66%)

Appendix 9: Themes and selected quotes from free texts

Theme A: Perimenopause symptoms

A1. Brain fog

- One symptom I experience is difficulty concentrating. The open plan nature of my work environment makes it extremely difficult when combined with this symptom.
- Poor memory and "brain fog" is something that I experience frequently in my current situation, and my ability to hold or retain information can be impacted.
- I didn't know memory loss was a perimenopausal symptom, and have had many blood tests to get to the bottom of this!
- I have a very supportive manager but even so it is difficult to talk about feelings of brain fog and emotional fragility and most of all to take a day off without feeling guilty or unjustified for not getting a medical certificate.
- I get very foggy, vague and sometimes nothing 'connects' - also suffer very much by lack of enthusiasm, energy and initiative.
- I am no longer able to focus as intensely as previously, and have trouble with tasks such as writing or remembering to do things. I no longer have this ability, which is very frustrating. Because others think I still [have this ability], the tasks keep being piled on. I can't keep up anymore.
- I am feeling increasingly confused, and am slower in completing tasks than I used to be. I often feel embarrassed and am losing confidence. I feel like I can't legitimately say this to colleagues, however, especially male ones, and it be taken seriously.
- I struggle with names, which can be problematic - I'd like everyone to wear a name badge (unlikely to happen).
- There seems to be an expectation around women experiencing hot flashes and mood swings, but not much understanding that tiredness, brain fogginess and forgetfulness and maintaining concentration levels are issues that affect our day to day work. It can be difficult to explain that this may be due to perimenopause and not an overall decline in productivity
- I have found that my capacity to think clearly has reduced and my cognitive reaction time is also slower. I personally did not realise that these issues were related to menopause, so my confidence has been affected as a result.
- Loss of concentration and focus, the 'fuzzy head' is new to me and is very disconcerting. Knowing what is a cause helps, but its still confronting when it comes on during meetings, especially if these are senior staff meetings, or performance meetings.
- I used to be able to take on every and all tasks that were sent my way or even volunteer, but it all feels very overwhelming and my ability to be agile or quick thinking feels less fine tuned than it used to be - very "foggy brained" or needing more time to think some days.

A2. Fatigue and lack of sleep

- Hot flushes and lack of sleep are a killer, most mornings I'm just finally getting some sleep when I have to get up for work. Having more flexible start times (after 9:30am) on the worst days would be fabulous - happy to work through lunch or a bit later to get that sleep in!
- Flexible work hours have been the single most important option to balance poor or lack of sleep, difficulty concentrating, periods with headaches and low energy.
- Fatigue at periods during the day which can pass after rest meaning I can work into the evening from home to make up for the rest period.
- Fatigue is the hardest symptom to manage thus far
- There have been times when I haven't had adequate sleep for weeks and trying to focus at work was extremely difficult
- This is a really difficult area for others to understand including myself. The migraines that I experience are directly linked to my hormones, they appear with my period, which is [now] all over the place.
- I have had to request a temporary reduction in hours a couple of times and about to request it again, in order to feel less tired. I have no energy for hobbies or a social life.
- Some days I am as tired as when I had newborn babies and would like a place to quietly nap.

A3. Mental health

- Meetings were particularly difficult during that time as I was experiencing significant stress due to my symptoms which made them worse.
- It is a confusing time and I feel like it is like a phantom 'condition' in that you are second-guessing whether it is really happening, legitimate, and personally I swing between sentiments such as 'I'm ok' and 'actually I am struggling cognitively but just need to work more slowly and carefully to accommodation, and try not to let others notice'. Also my mother was recently diagnosed with Alzheimer's so I'm often feeling like I'm in the early stages of that when I imagine it is actually perimenopause. I'm finding it all very confusing.
- I am never rude but I do have days where I am emotionally unstable and just don't want to talk to anyone – stick to myself and do my work.
- There are times when my mental health is suffering, I have loss of confidence, feel depressed and find it difficult to start my work tasks as I cannot concentrate, feel overwhelmed. When in this frame of mind, it is confronting, confusing, belittling and very stressful, as this is not how I would normally function/operate. I am methodical, efficient, organised, I know how to prioritise my workload. It is difficult to talk about these feelings to my work colleagues because I am constantly on this never-ending roller coaster. So, when to get off this 'rid' to share or not to share how I am feeling is all about timing and sometimes the timing is never right. I.e., I feel too low at the time to talk about it and the next day I feel OK.
- I also feel quicker to be short of patience with others in my area, which really is not my normal behaviour. Becoming frustrated quickly, feeling stressed (to the point of losing control) or being overwhelmed feels normal.
- I had no idea it would effect my mood, feeling socially awkward and lonely at times.
- It can be a confusing time for the individual as she questions whether her experiences are real or imagined, whether they have started yet or not, and whether she will ever "get back to normal" or if this indeed is the "new normal". Even just not knowing if and when you'll have your next period is stressful.
- These symptoms do not have a fixed time or set time. They come when you least expect it and it can make work life balance very troubling. The symptoms then generally lead to having anxiety and being unsure or less confident in the work you do.
- I know it varies for each woman, but for me it has been a very difficult time emotionally as it started happening following my divorce. There are the physical symptoms – extreme tiredness, hot flashes, pelvic pain, heavy periods – but also the brain fog and feelings of sadness. All this in combination makes me feel incompetent at work, which compounds the stress.
- I did not realise loss of confidence was part of perimenopause and this has had a profound impact on my ability to apply for promotion and other career development opportunities.

A4. Musculoskeletal symptoms

- My main symptom of perimenopause was joint and bone pain, including hip bursitis. Lack of sleep due to joint and bone pain was also a huge issue for me.
- Mobility issues including pain and stiffness in muscles, joints and feet.
- Loosening ligaments due to hormones and hypermobility made things very uncomfortable for me.
- I am having to take days off work to deal with changing PMS symptoms that I have not had to deal with in the past [which is] hormonal migraines that have developed over the past 1.5 years.

A5. Gynaecological symptoms

- I also have adenomyosis, which causes painful and heavy bleeding. Combined with perimenopausal symptoms, I often have times of the month where I find it very hard to cope with my workload, or come on to campus.
- The physical challenges include very heavy bleeding which is debilitating, humiliating and can occur without notice.
- The crippling [menstrual] pain that may take one or two days from my work week.
- There are times when my period is extremely heavy/clotty with extensive cramping. This can last up to 2 weeks. When working from the office, when experiencing these symptoms, I am uncomfortable and distracted with concerns of leakage.

A6. Hot and/or cold flashes

- Hot flushes, particularly in meetings can be difficult to deal with as it can make you seem uncomfortable or unprofessional in a conversation particularly with male colleagues. Having to strip of jackets/ bring in personal fans and use them (a/c is never 'right' for all)/put up hair etc. just looks like fidgeting.
- At times I have had to leave my office just to cool down.
- I get hot AND cold flashes. I used to have very bad nights sleep due to night time sweats but am taking medication to control that.
- I have a tiny desk fan I got myself and it doesn't really do much.

A7. Mixed and/or generalised symptoms

- When even your GP had little idea about signs and symptoms it makes it difficult, I researched most myself as initially relied on natural/ herbal supports, ultimately needed HRT when I developed formication. This became so bad I wanted to cut my arms off to make the itch stop. Night sweats horrific so no sleep. Very traumatic.
- Mood swings, hard to focus, unplanned bleeding (after months of none), no downtime, hot flushes, UTIs, low libido.
- I experienced severe symptoms such as depression, anxiety, hot flushes and interrupted sleep.
- Weight gain has been my experience during this period and has affected me both mentally and physically.
- I have had to take more sick days than I've usually taken in a year to be able to deal with increasing number of symptoms as I go through menopause - frequent headaches and other physical symptoms; extreme tiredness; low mood, confidence issues and depression.
- As I have chronic health issues I do find it hard to distinguish between flare ups and perimenopausal symptoms and I think they exacerbate each other!
- You can still work but you need to be home to be close to toilet facilities as well as a more relaxed environment.
- It's not bad enough to take time off (sick leave), but it is a lot harder to work some days than others.
- Other issues requiring medical appointments has increased this past 12 months and having time off for procedures and specialist appointments.
- I experience flushing, nausea/vomiting, fatigue/brain fog, skin irritation (compounded by my worsening allergies), emotional/easily frustrated.

Theme B: Need for better knowledge and understanding of perimenopause

- It was only after I had been though peri and post menopause did I realise what it was.
- I am surprised that we don't know more about it given how debilitating it is. It seems to be just another "women's issue" that we have to deal with quietly.
- The more we can know before perimenopause arrives the better prepared we can be to recognise it as a normal life transition, and understand the cause of the biological and hormonal changes. It is confronting when you are unprepared, and can amplify how you respond to the symptoms if you don't really understand what is going on. Self education is key, I know - but I was not really privy to perimenopause until after it was upon me. I was ready for menopause in my 50s, not expecting the perimenopause shuffle in my 40s.
- It was very unexpected and at the time of experiencing perimenopause I did not know what was 'wrong' with me as nobody talked about it. Would be helpful to have some educational material available to women BEFORE they approach this time in their life. It took me completely by surprise and didn't think it would affect me in my 40s. It crept up quickly and I was not prepared - I really felt like I was dying it was that bad - still carried on with working extremely long hours but felt less productive in this time.
- If [perimenopause] is more visible in sick leave literature, and other relevant forums, then people start to better understand why and how to support women in this space and you feel like you could have a conversation with a supervisor about it without feeling a bit embarrassed or like they are just not going to understand.
- I think we have a good focus on caring responsibilities at the university but nothing around this topic.
- I feel that we have a number of provisions as staff under the agreement in terms of sick leave etc to be able to help manage symptoms and experiences of perimenopause. But I feel like it's the "stuff in-

between" that I am really keen to see if we can find ways to better acknowledge and support staff as they go through this phase of life.

Theme C: Negative feelings associated with perimenopausal experiences

- It is embarrassing being in the middle of a complex conversation with your peers and suddenly having no idea what you are talking about or being able to articulate that without using a phrase like "sorry, blonde moment" or "sorry, early onset dementia" and asking for a refresh.
- I get very hot during classes and yet I love teaching but I feel I have to make a joke about it which them makes me feel negative about myself.
- This is new for me and is a scary time - the end of one life period. Particularly because it is much earlier than I expected to have to deal with it. It makes me feel angry and faulty as a person.
- These symptoms do not have a fixed time or set time. They come when you least expect it and it can make work life balance very troubling. The symptoms then generally lead to having anxiety and being unsure or less confident in the work you do.
- For me perimenopause has been a traumatic, unpredictable and unmanageable experience.
- [Perimenopause] usually comes at a time that is very high-pressure for people who might be parenting teen-age children and/or acting as carers of elderly parents. Mid-level to senior academics experiencing perimenopause are concurrently under pressure to be highly performing. All of these strains and expectations add considerable pressure to individuals as they try to cope with physical and mental changes.
- At times I can feel I have lost touch with who I am as a person, and it is comforting to know that other women can experience these changes, physically and mentally too.
- As a staff member you want to feel like you're still vital and productive and making a contribution - which can really take a confidence hit when you're experiencing perimenopausal symptoms.
- It's a hard topic to talk about and I always feel that I'm just left to suffer silently with it, or use up regular sick leave, or most times just try to plough through as if nothing is wrong.
- [We need] a wider understanding that the lack of confidence and brain fog are real events that are distressing. Sometimes it's laughed off as a bit of a joke but it is very distressing when you've been used to managing high level workload and then all of a sudden your imposter syndrome is a daily challenge.
- Felt like my confidence and sense of capability took a dive during this period - felt like my body was letting me down when I had so much I wanted to achieve. So support is vital - but I wouldn't have felt comfortable talking to my [male] supervisor/[male] Dean - even though they would have been supportive I think. But I might have if there were other senior women colleagues. I'm not sure I'd feel comfortable talking to anyone at work about it beyond my friends/colleagues unless my symptoms really started to impact me. I was able to manage them but it was and still is challenging at times
- Some days you just don't feel like yourself. I used to feel like I could do anything, I was confident and felt able to learn quickly. Now an overweight, emotional imposter has taken over. That is hard to reconcile when you're used to being an intelligent, confident person.
- It is so frustrating to go from effective and reliable to unwell and barely able to function most of the time - the impact of brain fog cannot be emphasised enough

Theme D: Negative workplace experiences during perimenopause

- Putting the responsibility on supervisors can be detrimental as there can be unhelpful attitudes such as it doesn't matter, they went through it and got no support so why should you, ageism and preferential treatment of younger staff.
- Mentions of perimenopause or menopause are often met by jokes or dismissal causing one to question herself at a time when self confidence should be fairly high. It is also something that women can be embarrassed to talk about in the workplace where they want to be taken seriously and professionally, and recognised for their capability and experience.
- I have been told by a colleague that menopausal women are annoying because they are angry all the time, and that I should keep this in mind as I get older. I completely understand that this was a joke, but I don't really need it.
- It is something we all laugh about in the tea room, but it can get to the point where it is not funny, when you can't sleep, you are constantly hot, forgetful and generally not operating at 100%. I guess having the conversation is useful, but not sure how to actually deal on a larger scale. My School is

pretty much all female, so easy to talk to others, maybe more difficult in some male dominated settings.

- I like being able to work from home as I can control [the symptoms] more easily but there is a feeling of guilt if I'm at home too much and this I feel comes from the leadership of the uni. The belief that the 'VC wants to see staff on campus' is great in theory but not inclusive of all staff, especially those of us with chronic illnesses and perimenopause symptoms.
- Male line manager would make inconsiderate comments about how tired I look and he assumed my tiredness was related to my work. In fact, my tiredness relates to suddenly having insomnia as as result of perimenopause.
- I believe supervisor awareness about perimenopause, unavailability of support at WSU and a rigid work structure contributed to a less than supportive situation I experienced when I was going through perimenopause.
- Being unreasonably prevented from accessing flex leave (bullying backed by HR btw). I am in a better team as of recently but the damage has been done and I am constantly burned out and unwell now.
- [Support] is particularly pertinent if you find yourself the only person in your team not of child-bearing age.
- I feel like I'm the only person in my immediate work area that's going through something like this, and I feel like I need to keep it to myself and just compensate wherever I can while I'm working.
- The [sick leave] system is punitive and has been developed from a position of distrust, which results in me making the decision to work even when it's not in my best interest or the University's. Perimenopausal symptoms are cyclical and chronic in nature and often only require a day away from work to manage. Demanding a medical certificate to explain these absences every time they occur is a deterrent to self-care, especially in light of the difficulties getting a doctor's appointment and the cost involved.
- One of the greatest challenges is the ability to feel safe and secure to talk about it at work and raise it as a legitimate reason why your work or productivity might be being impacted, even temporarily. The opportunity to talk about it with my supervisors or other immediate colleagues is challenging. I'm of a different age group/generation and it's not something you feel confident necessarily sharing, particularly with a male supervisor. You feel like they might look at you as something of a malingerer, particularly when you can't necessarily easily point to a single cause or symptom for feeling unwell and perhaps needing time out. And that your work performance or commitment could potentially be questioned or seen in a negative light because you're not 100% productive. Younger colleagues of reproductive age in my experience also have little frame of reference to understand or empathise, even those who have been through pregnancy.
- It's difficult to get support as it is seen as a joke, even when around predominantly women.
- Our work as academics is extremely intense and many of us work above and beyond which actually makes experiencing perimenopause harder because I feel you can't then mention it.
- I was experiencing perimenopausal symptoms at a younger than expected age, which made it very difficult to be taken seriously by supervisors/managers. I also had to use a lot of personal leave and sick leave to tend to appointments and bouts of symptoms. Again, because of my age, these concerns were not taken seriously. Education and training will hopefully alleviate this for others.
- The most troubling experience I had was an increase in anxiety and frequency of hormone-triggered migraine headaches. These were exacerbated by workplace stress caused by ongoing organisational change, open-plan offices and poor travel/commute options. I think anything that reduces workplace stress could positively impact women experiencing perimenopause.
- My experience was that it was a very difficult period in my life and I do think it had an impact on my work, although I am considered to be successful. I would very much like to see more strategies in place at WSU to accommodate those academics who experience such severe symptoms over an extended period of time, as I did.
- I'm glad I'm going through this now rather than 5 or more years ago when there was no discussion about this issue in the workplace and very little in the media. This serious health need appears to be finally getting the attention it deserves but this has no translated into any support beyond advice and awareness raising. I have been shocked to see the impact this is having on my ability to work. It was entirely unexpected. I struggle to present to students or other academics without anxiety and I find it hard to focus in the same way. I can't wait for it to pass but I certainly don't feel I get any form

of support from WSU to address my needs. On the contrary, I don't have time to get the specialist care I need and deserve.
- I noticed the disparity between me and my male colleague who would happily go for a walk at lunch times. Some days I could join, some days I couldn't because I was experiencing extreme menstrual flooding. [The bleeding] seriously impairs my ability to participate in normal activities. If I had to lead a presentation I would not be able to on those days as I would need to go to the ladies every 20 minutes and would be constantly concerned about leakage. Let alone the fatigue that comes with it. It is a seriously impactful condition.
- Sometimes you can feel really tired or emotional/low mood, and it can be hard in high pressure situations to manage. I find meetings can be difficult sometimes. I think it can be hard enough within a gendered context to get your points across, or feel like you're being taken seriously, and emotion is often seen as a sign of weakness, or there is a tendency afterwards for staff to dismiss something as "she was just having a bad day", when it's not really that. I don't know how you fix that, but certainly having staff more aware of how perimenopause can affect women staff might help.
- Loosening ligaments due to hormones and hypermobility made things very uncomfortable for me but I was not granted [workstation] assessment by my supervisor until it got to the point of needing physiotherapy to manage constant pain. I began requesting an assessment in [the year] when I started at WSU and was finally granted one in [seven years later].
- For me, perimenopause coincided with increased intensity of caregiving responsibilities with distressed adolescent children and an elderly mother needing more care. The physical challenges of perimenopause (not sleeping well with hot flashes and migraine headaches) alongside this and work demands made things very difficult. What I could have done with was the ability to work part-time- WSU has very little provision for this- only 3% or so of positions at WSU are part time. It seems that 'workplace flexibility' is supposed to be enough but it's not- working regularly to 2am in order to get everything done is not OK but was necessary. I also think that caregiving is not sufficiently factored into assessment of work for promotion. Essentially what I am saying is that WSU doesn't support caregivers enough and when perimenopause comes it's just that much harder.
- There was no willingness from management to consider my fatigue and the impact on campus allocation and driving. They would not engage in any conversation about it without me going down the route of providing medical documentation and getting a RAP.

Theme E: No workplace support required

- No support required, it's just life
- Never thought of what support is needed, you just get on with life
- I have ample sick leave but just dealt with my symptoms.
- I'm not really sure what specific support I need, as my thinking around this is that it is a personal issue, not for work to help with.
- Whilst it is nice to see potential support I do not really feel this is a work matter. I have been through some horrific signs and symptoms but managed them myself and found answers. Work is work. Please do not create issues where there mostly are none.

Theme F: Appreciation for this project

- Just to say thank you so much for tackling this issue. I can only imagine the large numbers of people who might feel a bit alone across a workplace and don't know how they might be able to get specific advice or support. I am heartened to see workplaces finally starting to turn their attention to supporting workers of perimenopausal and menopausal age. We have made some much progress with supporting people when it comes to starting and supporting their families in terms of parental leave and provisions to support parents of child-bearing age, and it feels like women who have "aged out" of that demographic kind of get forgotten in the workplace. Yet these are people who have incredible workplace knowledge and experience and are ultra-productive, with the proper acknowledgement, visibility and the right support.
- It is good that the University is noting this important stage in all females lives
- This is a very important issue for 50% of the population, and I am glad that this is finally being considered openly.
- Thank you so much for this important research as I had felt very alone in this space.
- I was pleasantly surprised that Western would have thought to support staff during this period. I just assumed that it was a personal experience and I would just get by and come through the other side.

Appendix 10: Participants' expressed needs for perimenopause workplace support

1.	Understanding and empathy from management/direct supervisors
2.	Information, including the symptoms, age range, support numbers and web pages
3.	Understanding from my manager.
4.	Continued work flexibility, being able to work at optimum times or the mornings and not late afternoons.
5.	Air con that works
6.	Perimenopausal women should be able to claim maybe 5 additional sick days per year to help them manage their symptoms
7.	Possibly be able to vary their work hours or work environment to allow them to maximise their ability to continue to work whilst minimising the impact of symptoms
8.	Access to my sick leave without demanding a medical certificate to explain these absences every time
9.	Having access to women supervisors for all staff without over-burdening the female staff
10.	Specific sick leave provisions. Women going through the menopause, or perimenopause, or have menstrual-related health issues, should have a dedicated monthly or yearly sick leave allowance that they can dip into when they need it.
11.	It would help to just do some knowledge-sharing across the University for supervisors and managers, many of whom just don't know or understand what perimenopause is or how it affects women.
12.	Overall understand & approach to staff in this age bracket
13.	Sick leave provisions that cover this without shame or constant doctors certificate
14.	Training aspects that meet that generation of staff
15.	Wfh days without guilt
16.	Being able to control the temperature in individual offices or being given fans.
17.	No special needs necessary
18.	Flexibility
19.	Additional leave for medical our counselling related appointments
20.	Tailored counselling - specifically as perimenopause can link/tie or exacerbate other mental health considerations i.e anxiety, depression
21.	Providing some quiet areas to take some rest during workday
22.	More flexibility for adjusting working hours if symptoms worsen
23.	Flexibility and extended deadlines
24.	More personal leave to address health issues
25.	Flexible working arrangements (so not required to be in office minimum of 3 days a week)
26.	An allocation for some days off to get the perimenopause care I need AND have this recognised in my workload calculator so taking time off does not feel like something I won't be able to recover from.
27.	Free or subsidised expert health session with a specialised doctor, physiotherapist, counsellor and/or psychologist
28.	More support at the time regarding the psychological effects of being perimenopausal especially in relation to depression and the relationship between this and treatment by senior, generally male but not exclusively, management.
29.	Flexible work arrangements to allow for the physical challenges.
30.	Male staff need to be more considerate of their female direct reports and colleagues who may be struggling with changes as a result of perimenopause.
31.	More available information and resources from experts
32.	Encouraging a cat-nap to regain focus for meetings/work tasks would help.
33.	Flexibility in start/finish times
34.	Holding meetings at times later in the day
35.	Fix the air conditioning - it was too hot all the time!
36.	I don't think WSU could have done anything else

37.	Air conditioning
38.	Access to WHS workstation assessments as a preventative measure without providing medical documentation for an injury.
39.	A supervisor that could have worked with me to devise workplace support and adjustments to help with the cognitive load.
40.	Desk fan
41.	A support network
42.	A professional to be able to discuss symptoms and emotional changes
43.	Flexibility with the type of work
44.	Some relief from a large workload (always well in excess of 100%).
45.	A small fan for my office
46.	Access to psychological support
47.	More flexible working hours for academics e.g. Working four days rather than five, to allow extra time on weekends to re-set.
48.	Acknowledgement [in academic promotion] of severe perimenopausal symptoms as an interruption to career progression
49.	Extra EAP sessions
50.	Ability to start work later than the core hours
51.	Short notice WFH options
52.	Psychological help and knowing that you can go to someone when you need to
53.	Access to information about perimenopause - what to expect.
54.	A private space somewhere on campus to sit with uncomfortable feelings and headaches.
55.	Additional leave to compensate
56.	More compassionate supervisors/managers
57.	More flexibility to work from home (currently mandated to work 3 days in the office)
58.	Access to a shower
59.	Designated quiet rest area
60.	Not being unreasonably prevented from accessing flex leave so I probably [wouldn't] chew through my sick leave so fast.
61.	Access to personal leave or some kind of menopause leave
62.	Flexible work hours
63.	Better options for healthy food and exercise on campus in line with recommendations for women in perimenopause
64.	Shorter meetings, more gaps between meetings/breaks.
65.	A minimum of 48 hours to respond to 'urgent' requests that require decision making/writing of reports and attending meetings or events.
66.	Office temperature/air conditioner temperature to be no more than 23 degrees
67.	Leaving meeting room doors open/ allow opening of windows or doors for fresh air, or outdoor meetings
68.	Provide an easy acceptable way to briefly step out of meetings while experiencing a hot flash so that it does not appear to be rude to others in the meeting.
69.	To have some educational material available to women BEFORE they approach this time in their life
70.	Would have been great to know what to expect and have some 'go to' strategies to use while at work.
71.	How to manage perimenopausal symptoms and reduce their impact on work performance and career progression
72.	A mentor - a female academic who has been through perimenopause and could help me navigate work and make sense of everything that was happening to me.
73.	A research workload allocation that is not based on the number of publications produced in a triennium in recognition of the fact that perimenopause can affect cognitive function.
74.	Menstrual leave
75.	Appropriate systems for work to be covered by another person. For example, teaching cover should be formalised, not a favour.
76.	1-2 additional days of either sick or personal leave.
77.	Some mental health support, any advice
78.	Understanding that I am no longer able to focus as intensely as previously

79.	More information about perimenopause circulated more widely, to colleagues of all genders
80.	Being able to take a day off without feeling guilty or unjustified for not getting a medical certificate
81.	I don't need any support
82.	Nothing right now. Thank you
83.	I'd like everyone to wear a name badge (unlikely to happen)
84.	Increase in awareness of the range of symptoms and experiences.
85.	Continuing to raise awareness
86.	Support from supervisors when time is needed at home to cope with symptoms.
87.	Adjustable air conditioning and ventilation, or the ability to open the window
88.	Ability to control temperature in my office
89.	Information or seminars to help understand how to address changes in body during perimenopause
90.	Flexibility in work times to support attending health appointments or physical breaks from work
91.	Flexible working arrangements
92.	Mental health support
93.	Personal/sick days without the need for a certificate
94.	Wellbeing support
95.	Greater awareness at the University of this being an issue
96.	Tangible support programs or packages
97.	Health information
98.	Making it part of personal leave so I can request time off for appts etc
99.	An option to either take leave from work, other than sick leave, and/or work from home when experiencing a period.
100.	Fit bathroom areas with wipes, tampons, sanitary napkins
101.	Shared educational material about perimenopausal, particularly the related symptoms women can experience
102.	On Campus access to EAP
103.	On campus access to healthcare (just dreaming)
104.	Happy with support I have eg access to sick leave
105.	Greater acknowledgement of [perimenopause] as a workplace health and wellbeing issue
106.	Tailored programs or mental health support in the workplace
107.	Support groups, networks amongst colleagues/campuses to connect with people in similar situation
108.	To have space in the bathroom to store personal products
109.	Reduce my workload, but am not sure that's feasible
110.	Sick leave for bad days or adjusting to medication
111.	Having staff more aware of how perimenopause can affect women staff
112.	Re-design normal tasks e.g. by reducing hours
113.	A regular check in with those experiencing perimenopause
114.	Education about what resources are available (especially on recruitment of new staff)
115.	A perimenopause champion or supporter with lived experience in each school to discuss how it is impacting you and what resources are available
116.	A specific consulting service in one of WSU clinics
117.	Reduce stigma
118.	Having more flexible start times (after 9:30am) on the worst days
119.	Ensure not just staff are educated but also our students
120.	More information needs to be shared with all staff about the symptoms so that they can be educated about what their colleagues may be experiencing
121.	Temperature control in my office.
122.	Having people understand what we are going through.
123.	The support to work through these feelings [scared, angry, faulty as a person] in a supported environment
124.	Part-time work
125.	Greater support for carers

Appendix 11: Mean-based ranking from the Delphi survey

	Support Type	N*	Sum†	Mean‡
1	Additional perimenopausal-specific leave provisions, including additional days without requiring medical certificate (due to difficulties in obtaining medical certificate for perimenopausal symptoms)	43	304	7.1
2	Work flexibility, including flexible start/finish and break times, workload and work types adjustment, deadlines, work from home days with allowance for short notice, and shift to part-time work	50	348	7.0
3	Temperature and ventilation control including air conditioning, desk fan, ability to open windows, leave door open during meetings, and working outdoors	44	288	6.5
4	Promoting awareness, understanding and empathy from supervisors/managers, all other staff, and students of all genders (especially men) of perimenopause as a workplace health and wellbeing issue	47	299	6.4
5	Acknowledgement of severe perimenopausal symptoms as an interruption to career progression, including adjustment of work targets such as number of publications	30	171	5.7
6	Specific written policies around perimenopausal support	34	187	5.5
7	Information and resources about perimenopause for all staff, including perimenopausal symptoms and where to obtain support	39	213	5.5
8	Having champions, mentors, or support persons with lived experiences to talk to, and establish perimenopausal support group/network, with regular check-ins with those experiencing perimenopause	31	163	5.3
9	Training for staff especially managers/supervisors on supporting perimenopausal staff	43	225	5.2
10	Additional EAP provision with extra number of sessions, specialist counsellors, or EAP service on campus	28	144	5.1
11	Specialised clinical services provision at University clinics	26	133	5.1
12	Empathetic scheduling of meetings, including ample advance notice or invitation and allowance to take small breaks during and between meetings	22	109	5.0
13	Better options for healthy food and exercise on campus in line with recommendations for women in perimenopause	36	163	4.5
14	Private, quiet areas on campus to sit with uncomfortable feelings and symptoms during the day	22	95	4.3
15	No additional support is needed; current provisions are adequate	7	29	4.1
16	Appropriate systems for work to be formally covered by another person e.g. teaching cover	16	64	4.0
17	Access to Work Health & Safety workstation assessments as a preventative measure without providing medical documentation for an injury	22	86	3.9
18	Access to a shower and provision of hygiene products on campus	18	69	3.8
19	Simple tools to support memory such as name badges	12	45	3.8
	Tier 1 = **highest priorities**			
	Tier 2 = **medium importance**			
	Tier 3 = **less pressing priorities**			

* Number of respondents who selected this statement as their top ten (possible range = 0-57)

† Total score given for this statement by all respondents (possible range = 57-570)

‡ Mean score from all respondents (possible range = 1-10) → **This is the basis for the final ranking.**