Women's Health Program

# Breaking taboos around women's hormone-related health in the workplace

*A case study*

**Dr. Ruth van Veelen, TNO**
*Senior Scientist Healthy Living & Work*

**Dr. Marieke Soeter, TNO**
**Petra Teeuwen, TNO**

ruth.vanveelen@tno.nl

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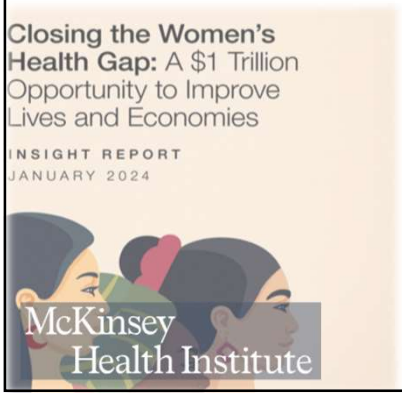
## The problem

**The gender gap in health**

**Health care / work is still based on the male body / prototype**




Certain diseases manifest themselves **differently** in men and women → **Recognised** too late

For women it takes **longer** to receive the **correct diagnosis** and **care** → **Treated** too late

The health gap for women **spills over to work life** → **Risk** for economic prosperity and inequality

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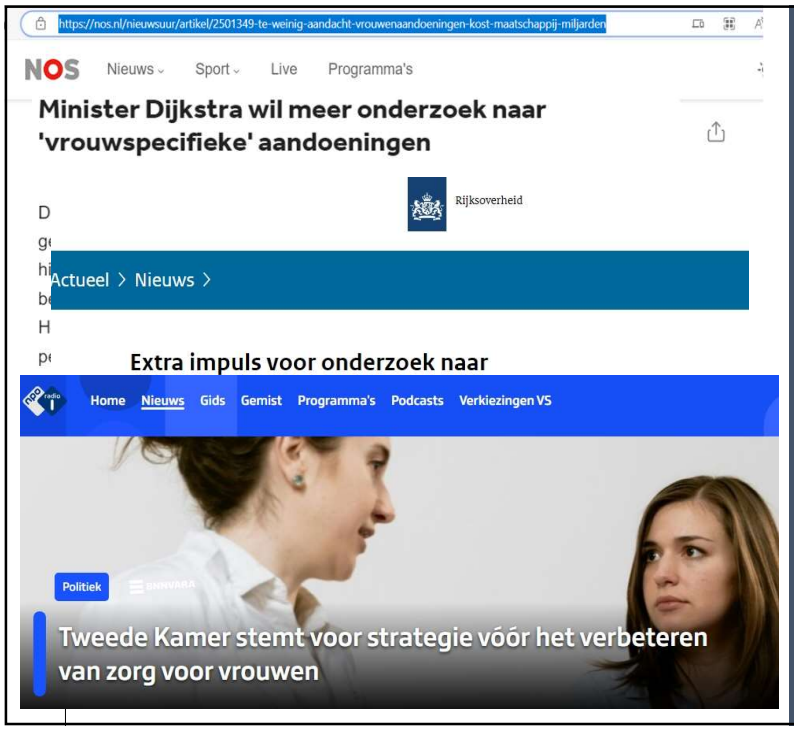


**PROBLEM**

*'Too little attention to women's disorders costs society billions' (nos.nl)*

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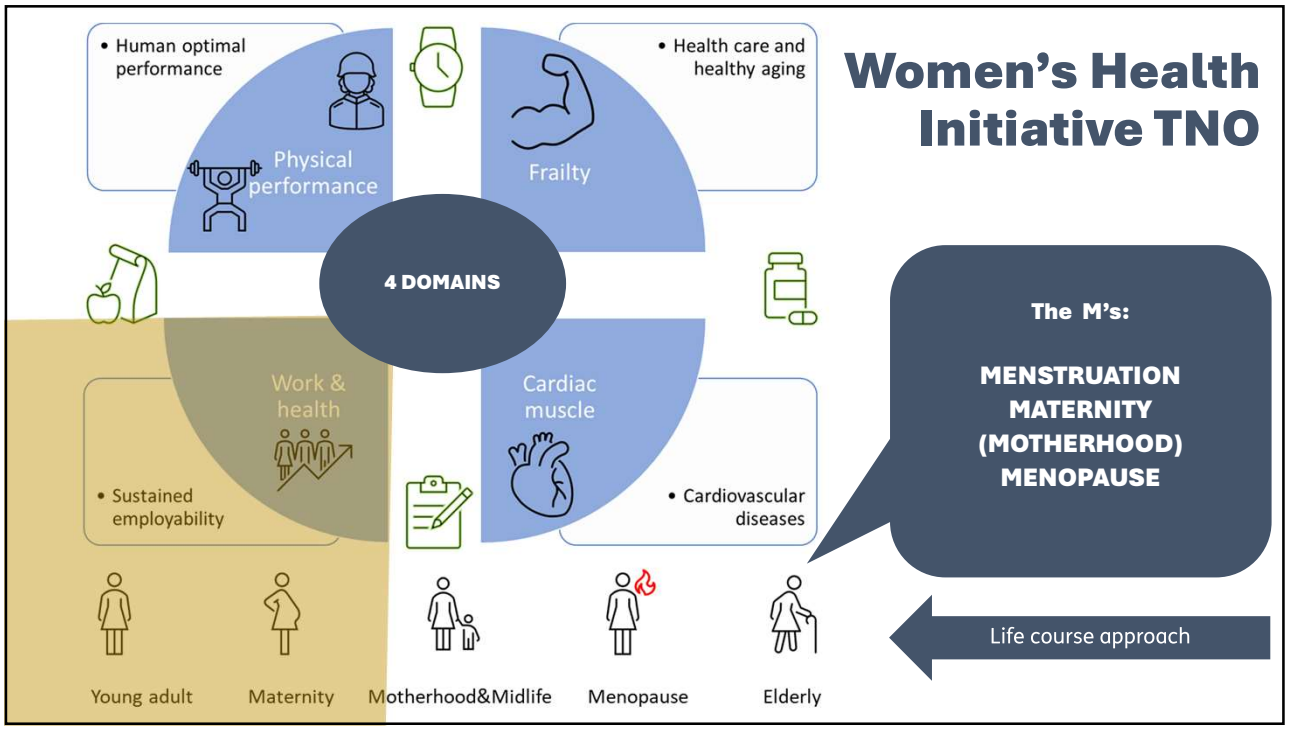


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VROUWSPECIFIEKE GEZONDHEID EN WERK
WOMEN INC
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Om de duurzame inzetbaarheid van vrouwen op de werkvloer te verbeteren
Vrouwen leven langer dan mannen, maar wel in slechtere gezondheid omdat de gezondheidszorg nog grotendeels is gebaseerd op het mannelijk lichaam. Er is nog te weinig aandacht voor vrouwspecifieke gezondheidsklachten. Dit zien we ook terug op de werkvloer. Vrouwen krijgen twee keer vaker de diagnose burn-out, waarvan steeds vaker blijkt dat deze klachten worden verward met vrouwspecifieke gezondheidsklachten. Dit heeft onnodig lijden en uitval bij vrouwen, hogere kosten voor de zorg en werkgevers, en grotere personeelstekorten als gevolg. Vrouwen menstrueren, worden mogelijk zwanger, krijgen soms een miskraam, kunnen te maken hebben met fertiliteitsproblematiek en komen in de overgang. Rond dit soort thema's heerst vaak een taboe. Veel werkgevers zijn zich nog niet bewust van de impact van vrouwspecifieke gezondheidsklachten op het welzijn van vrouwen en hun duurzame inzetbaarheid.
DOEL
Met dit voorgestelde project beogen WOMEN Inc. en TNO de duurzame inzetbaarheid van vrouwen op de werkvloer te verbeteren, door de vrouwspecifieke gezondheid op de werkvloer uit de taboesfeer te halen en een integraal pakket aan laagdrempelige interventies te ontwikkelen en te testen. Dit project heeft een looptijd van vier jaar.
BEOOGDE KENNIS DIE ONTWIKKELD WORDT
Het project draagt bij aan het vergroten van bestaande kennis, inzicht en handelingsperspectief op het gebied van vrouwspecifieke gezondheid, zodat dit op de andere sectoren, bedrijven en organisaties. Hierbij zal specifiek aandacht zijn voor het MKB.
PROBLEEMANALYSE
Uit onderzoek blijkt dat 77% van de vrouwen die menstrueren (zeer) veel last heeft van menstruatie-klachten.[1] Eén op de drie vrouwen kan tijdens de menstruatie niet al hun dagelijkse bezigheden, zoals werk of taken thuis, volledig uitvoeren.[2] Ook de impact van de overgang op het dagelijks leven van vrouwen is groot. Van de naar schatting 1,8 miljoen vrouwen in de overgang in Nederland[3] heeft 80% op een gegeven moment last van overgangsklachten als opvliegers, nachtzweten of stemmingswisselingen. Maar liefst
ARBEIDSPARTICIPATIE, ZIEKTEVERZUIM EN WERK-ZORG BALANS ONDER WERKENDE OUDERS
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DE OVERGANG: KLACHTEN EN INVLOED OP HET WERK
16%
80%
315.000
251.000
173.000
36%
31%
2%
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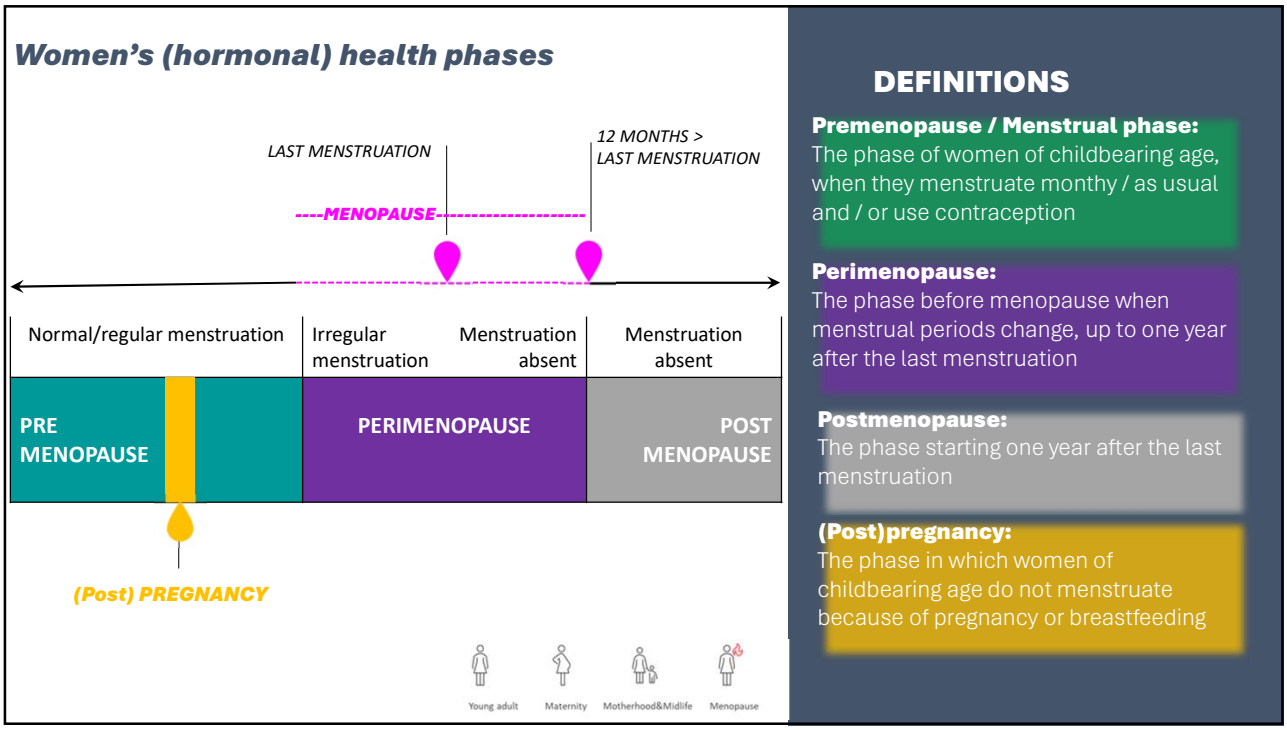
Women's (hormonal) health phases
LAST MENSTRUATION
12 MONTHS > LAST MENSTRUATION
----MENOPAUSE----------
Normal/regular menstruation
Irregular menstruation
Menstruation absent
Menstruation absent
PRE MENOPAUSE
PERIMENOPAUSE
POST MENOPAUSE
(Post) PREGNANCY
Young adult
Maternity
Motherhood&Midlife
Menopause
DEFINITIONS
Premenopause / Menstrual phase:
The phase of women of childbearing age, when they menstruate monthy / as usual and / or use contraception
Perimenopause:
The phase before menopause when menstrual periods change, up to one year after the last menstruation
Postmenopause:
The phase starting one year after the last menstruation
(Post)pregnancy:
The phase in which women of childbearing age do not menstruate because of pregnancy or breastfeeding

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## KNOWLEDGE GAPS

### Research

- **life course** approach to sex/gender-specific health concerns (MMM).
- **Sex/gender-inclusive** research designs
- **Integrated** frameworks on bio/ socio/cultural aspects of sex/gender on health and work
- Short- & long-term impact of sex/gender-specific health concerns on gender inequality in **work & careers**
- **Gender identity coping** strategies with sex/gender-specific health concerns at work

- **Blind spots** on manifestation of sex/gender-specific health concerns in organisations
- Impact on **work productivity,** absenteeism, retention (**labour shortages**)
- The role of organisational culture (taboo; stigma) and structure (policies, work design)
- **Evidenced and actionable** approaches for employers/**HRM** to support (wo)men at the workplace (who, what where..)

### Practice

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**TNO SCAN:**

***Health@Work***

***A gender inclusive approach***


## RESEARCH GOAL

(Hormone-related) health concerns tend to manifest differently depending on sex/gender. This likely affects women's careers depending on how work contexts acknowledge, recognize and support such health concerns

**The aim of this study is to develop a scan to better understand gender disparities in employees' (hormone-related) health and the extent to which this (differentially) affects work well-being, productivity and other outcomes**

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- **RQ 1: How prevalent are (Hormone-Related) Health (H-R)H concerns?**
- **RQ 2: What impact do (H-R)H concerns have on affective** (guilt and discomfort), **behavioural** (work-from-home; presenteeism) **and cognitive** (concealment) **coping responses at work?**
- **RQ 3: What impact do (H-R)H concerns have on work productivity loss?**
- **RQ 4: How do (hormone-related) health concerns affect work well-being** (absenteeism, burn-out related)
- **RQ 5: What is the impact of the work context/culture on (H-R)H**
  - Talking about it
  - Perceived taboo
  - Sources of support

## RESEARCH QUESTIONS

*across sex/gender groups (woman/man)*

*across hormonal life phases (menst/preg/peri/post)*

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## SCAN: *Health@Work*

**A gender-inclusive approach**

- Biological sex / gender identity (woman/man)
- Hormonal life phase (menstr / perimeno / post meno / post preg)
- (Hormone-Related) Health (H-R)H symptoms (33 symptoms; adapted from Greene Climactric Scale, 2008; 0 = absent; 1 = occasionally; 2 = often; 3 = very often)
- Coping mechanisms:
  - Affect: Guilt & discomfort at work due to (H-R)H
  - Behaviour: WFH due to (H-R)H
  - Cognition: Concealment (5 items; van Laar et al., 2023; Likert 1-5)
    - *In general, I tend to keep my symptoms hidden at work.*
    - *Talking about my (H-R)H is a risk for my career*
- ΔWork productivity
- Work well-being
  - Burn-out symptoms (5 items; UBOS Schaufeli et al., 2002 ;Likert 1-5)
    - *I feel completely exhausted due to my work*
  - Work engagement (5 items; Schaufeli et al., 2002; Likert 1-5)
    - *When I work I feel fit and strong*
- Presenteeism
  - *I tend to keep working even if I feel ill or not well*
- Absenteeism
  - In past 12 months; frequency; N work days
- Do you talk about (H-R)H issues at work?
- Do you feel supported at work?
- Is (H-R)H a taboo topic at work (for you? for others?)

## METHOD

- **Case study at large company NL**
- **Cross-sectional design**
- **Online questionnaire**
- **Anonymous / ethics approved**
- no info leader/ team/department
- **Gender inclusive**
- woman/man/x
- **15-20 minutes**
- **Invite per email: 2 reminders**
- **Spring 2024**

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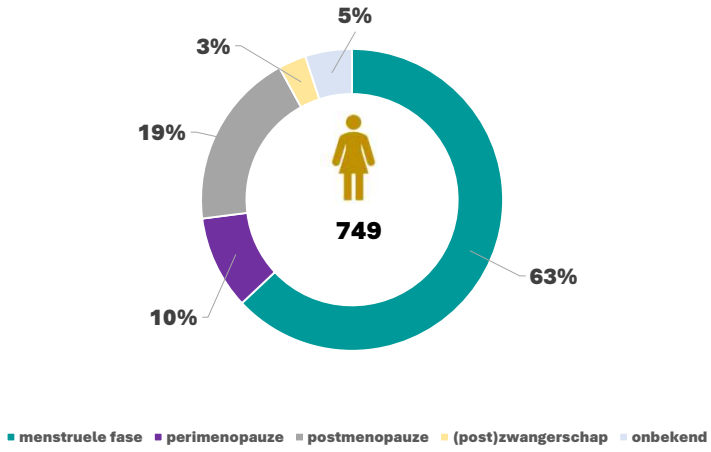
**SCAN: *Health@Work***
A gender-inclusive approach

**HORMONAL LIFE PHASE**




## SAMPLE

- Approached population: N =5.220
- Respondents in sample: N = 1.336
  - 26% response rate
- Gender:
  - Women: 56%; Men: 44%
- Contract type
  - 87% permanent; 11% temporary
- Contract size
  - Women: 36 ; Men: 38 hours p/w
- Nationality
  - 84% Dutch; 16% non-Dutch
- Education
  - 70% academic degree +

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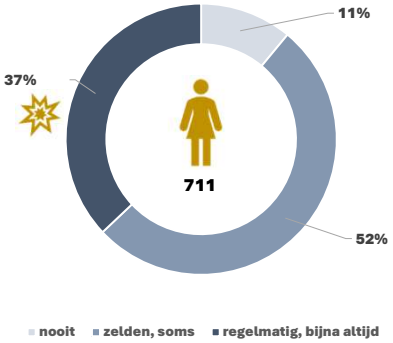
**SCAN: *Health@Work***
A gender-inclusive approach

***How often do you experience hormone-related health concerns?***




## RQ 1: PREVALENCE (H-R) health concerns

GCS scale total (0-63)

- **Women:** **M = 13.2**
- Men: M = 10.8

- Menstrual: M = 12.9
- (Post) Preg: M = 13.1
- **Peri Meno:** **M = 14.6**
- Post Meno: M = 13.6

Pain grade 1-10 for (hormonal health) concerns when prevalent: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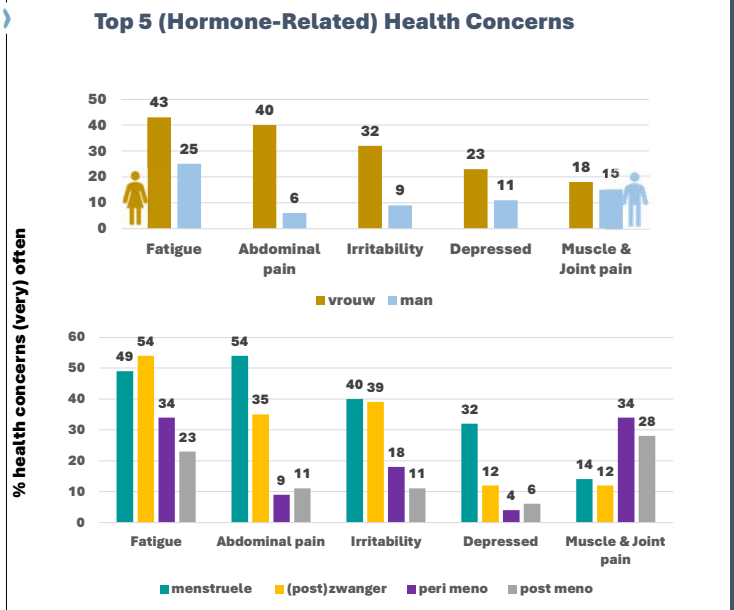


**RQ 1: PREVALENCE (H-R) health concerns**

Gender gap:
**43%** of women (very) often **fatigue** (very) often
**25%** of men (very) often fatigue

Menstrual phase: **30-55% fatigue, abdominal pain, or irritability.** During menopausal phases these symptoms decrease progressively.

Exception: **muscle & joint pain**
**34%** of perimenopausal women report muscle and joint pain (very) often; symptoms persist post meno as well (28%).

Note: At the beginning of post menopause, 50% of women report experiencing **hot flashes** (very) often, and 44% **night sweats**. Symptoms decrease with age

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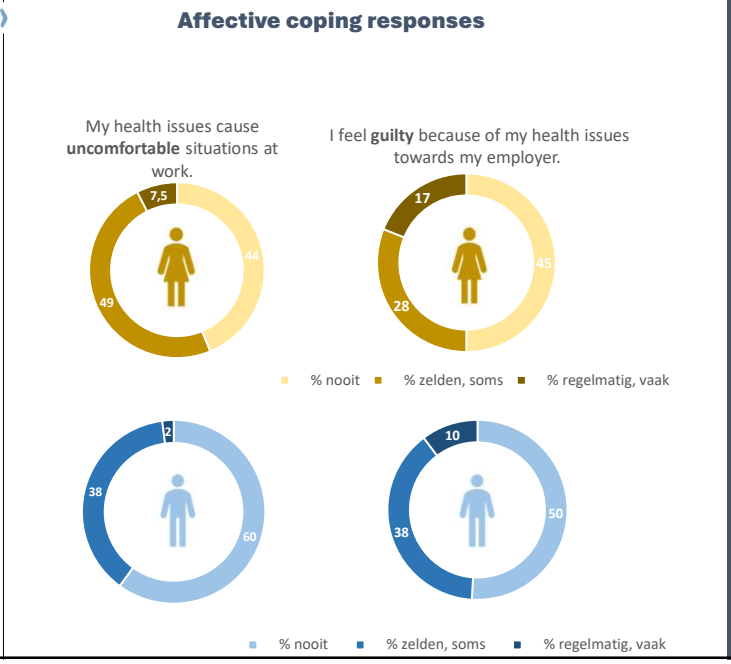


**RQ 2: COPING with (H-R)H concerns at work**

Gender gap:
**8%** of women vs**. 2%** of men experience **uncomfortable** situations at work (very) often
**17%** of women vs. 10% of men report to feel **guilty** towards work (very) often

Hormonal phase:
- Women in post menopausal phase most often experience **uncomfortable** situations at work (15%)
- Women in menstrual phase most often feel **guilty** towards their employer (19%).
- Feelings of guilt decrease with age

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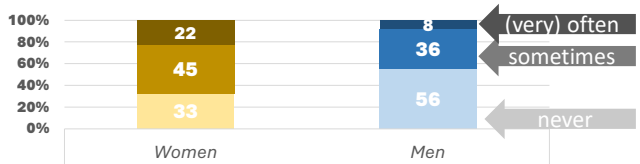
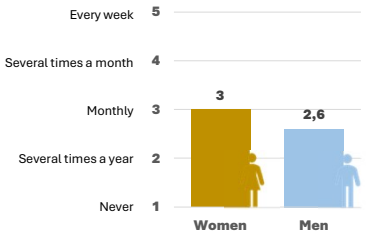
## Behavioural coping responses




*I deliberately work more from home because of my (H-R)H concerns*




*Women with severe H-R Health symptoms report higher presenteeism: almost on weekly basis*

*I tend to keep working even if I feel ill or not well*

### RQ 2: COPING with (H-R)H concerns at work

**Work from home**

- Gender Gap: **22%** of women work from home due to H-R health concerns, compared to **8%** of men due to general health concerns
- Phase: **25%** of women in menstrual phase report to work from home (very) often; 10% of women in post menopause (decline with age)

**Presenteeism**

- Gender gap: Presenteism is higher among women then men
- No differenes across hormonal phases
- Severity of H-R-H complaints is correlated with presenteism

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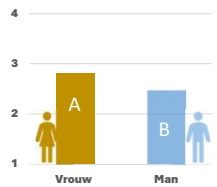
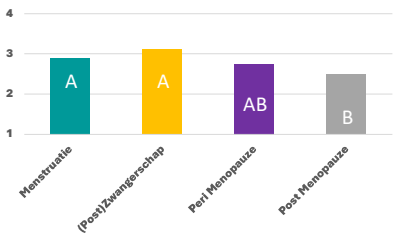
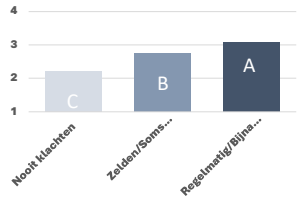
## Cognitive coping responses

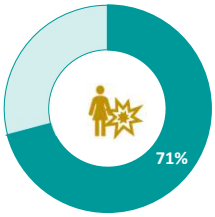
***Identity concealment***




*"I hide severe menstrual health symptoms at work" (N = 183)*




### RQ 2: COPING with (H-R)H concerns at work

**Identity Concealment**: Strategic hiding of stigmatized health concerns (i.e., related to menstruation, pregnancy, menopause)

It is mentally taxing to hide a vulnerable part of yourself in order to protect your job/career.

**Gender gap**

- Women hide hormone-related health more then men do (on general health concerns)

**Phase**

- Younger women in menstrual/pregnancy phase strategically hide more, hiding is lower in menopausal phases

**Severity**

- The more severe H-R Health complaints, the more concealment. 71% of women with severe menstrual complaints hides

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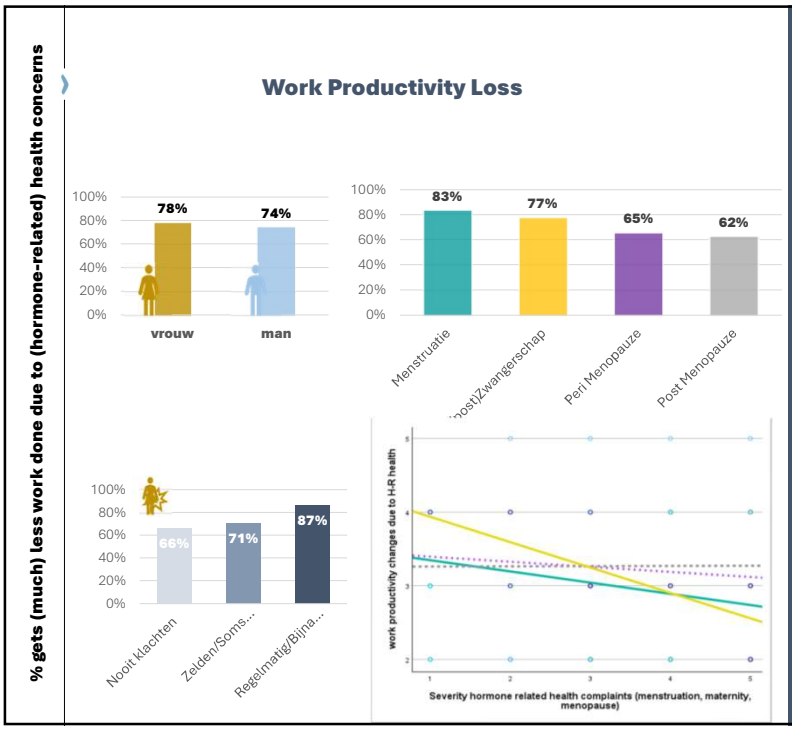


**RQ 3: What impact do (H-R)H concerns have on work productivity loss?**

**Small gender gap**
78% of women report work productivity loss due to (hormone-related) health complaints versus 74% of men

**Phase**
Women who menstruate most often (83%) report work productivity loss due to health complaints

**Severity**
of complaints correlates with work productivity loss: 87% of women who regularly/nearly always have complaints report being less productive

- **Severity x phase → productivity:**
  - **Menstrual :$\beta$ = -.25, t (345) = -4.83, p <.001)**
  - **(Post) preg: $\beta$ = .-74, t (19) = -4,73, p <.001)**
  - Peri meno: ($\beta$ = .09, t (41) = -0.588, p =.563)
  - Post meno: ($\beta$ = .004, t (58) = .032, p =.975)

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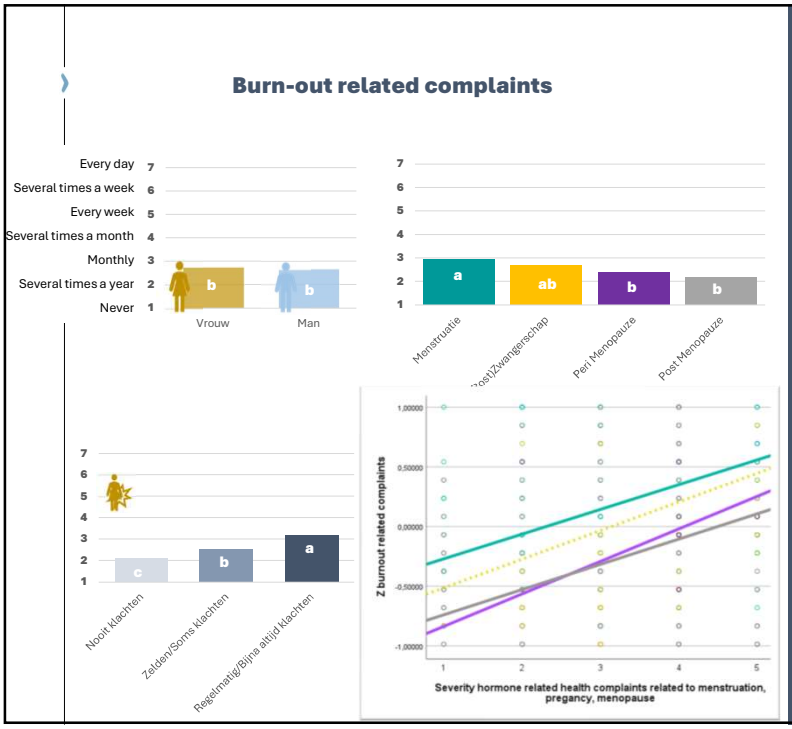


- **RQ 4: How do (hormone-related) health concerns affect work well-being**

**No gender gap**
in level of burn-out related complaints

**Phase**
Burnout-related complaints are highest among women in the menstrual phase. Burnout complaints are lower in perimenopause and lowest among postmenopausal women (also lower than among men on average men)

**Severity**
There is a significant relationship between the severity of hormone-related complaints and the degree of burnout-related complaints

- **Severity x phase → productivity:**
  - **Menstrual :$\beta$ = .25,, t (471) = 5.54, p <.001)**
  - (Post) preg: $\beta$ = .14, t (24) = 1.69, p <.001)
  - **Peri meno: ($\beta$ = .31,, t (69) = 2.60, p <.001)**
  - **Post meno: ($\beta$ = 32, t (138) = 4.01, p <.001)**

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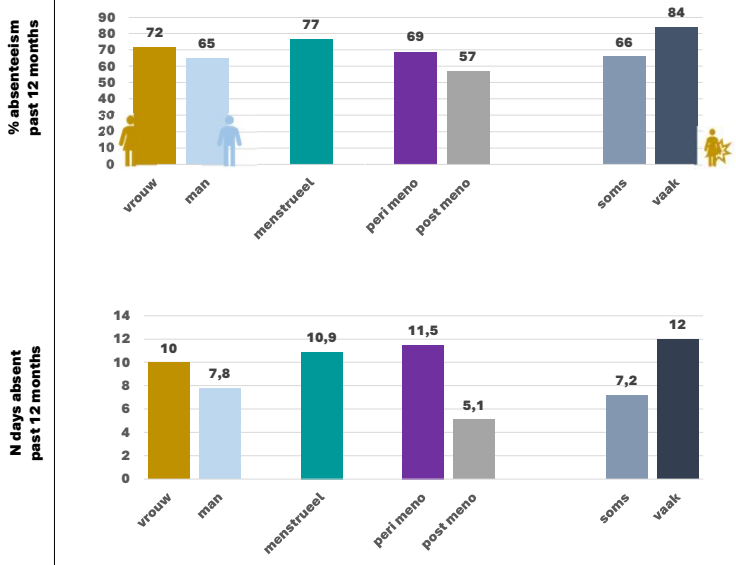
## Absenteeism




### RQ 4: How do (hormone-related) health concerns affect work well-being

**Gender gap**
- 72% of women called in sick last year vs. 65% of men
- N days absent is higher among women (10 days) compared to men (8 days)

**Phase**
- Absenteeism is higher among younger women in menstrual phase compared to menopausal phases
- N days absent is lowest among post menopausal women

**Severity**
- The more severe H-R Health complaints, the higher % absenteeism and the higher N days per year

Employer costs:
€350 p/day

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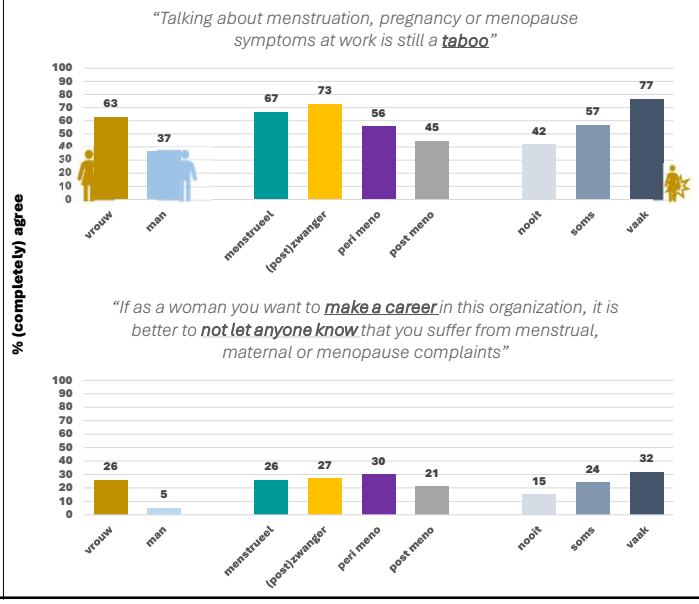
## Perceived taboo




### RQ 5: What is the impact of the work context/culture on (H-R)H

**Gender gap**
63% of women (fully) agree that talking about hormone-related complaints is still taboo (37% of men)
26% of women (fully) agree that expressing that you suffer from hormone-related complaints can be detrimental to your career (5% of men)

**Phase**
Women in menstrual (67%) and (post)pregnancy (73%) phases experience most taboo; this percentage is lower among women in the post menopausal phase

**Severity**
77% of women who regularly/nearly always suffer from hormone-related health complaints feel that the subject is still too much of a taboo at work

Nearly 1/3 of women with regular/often severe hormonal complaints (32%) think that expressing those could be detrimental to their career

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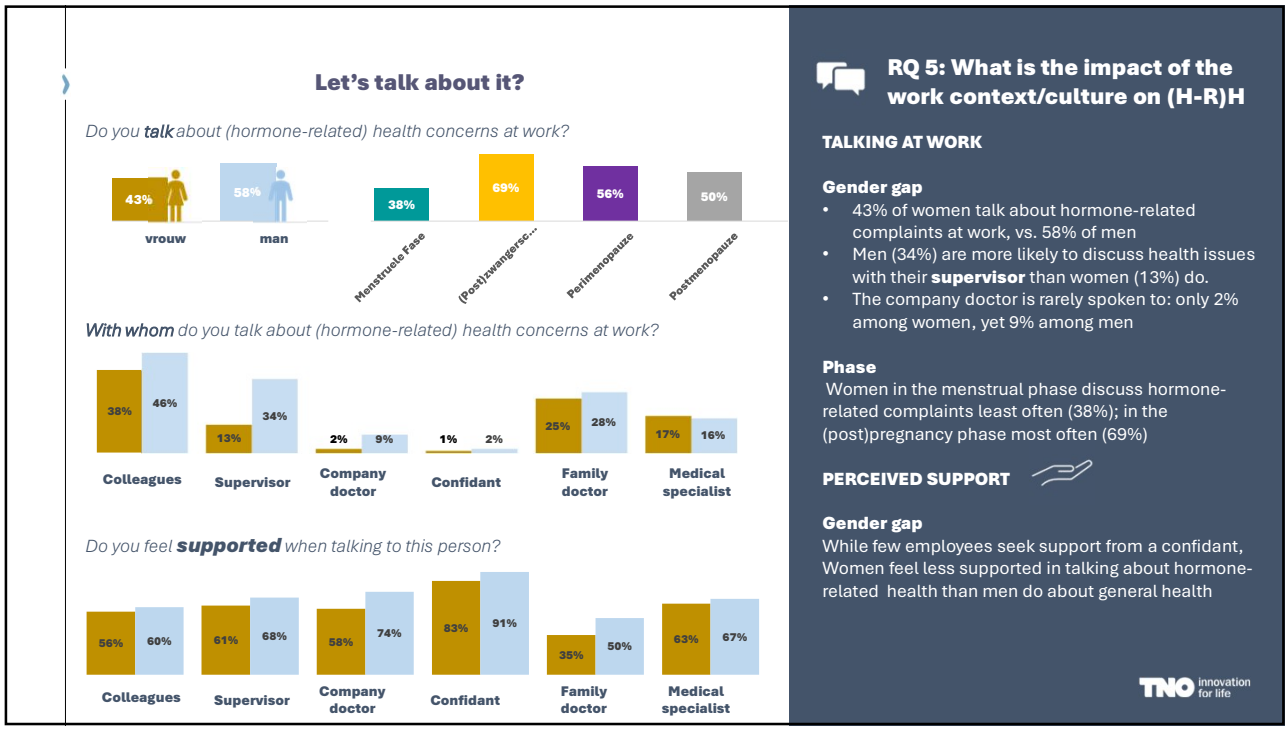
Let's talk about it?
Do you talk about (hormone-related) health concerns at work?
43%
58%
vrouw
man
38%
69%
56%
50%
Menstruele Fase
(Post)zwangersc...
Perimenopauze
Postmenopauze
With whom do you talk about (hormone-related) health concerns at work?
38%
46%
13%
34%
2%
9%
1%
2%
25%
28%
17%
16%
Colleagues
Supervisor
Company doctor
Confidant
Family doctor
Medical specialist
Do you feel supported when talking to this person?
56%
60%
61%
68%
58%
74%
83%
91%
35%
50%
63%
67%
Colleagues
Supervisor
Company doctor
Confidant
Family doctor
Medical specialist
RQ 5: What is the impact of the work context/culture on (H-R)H
TALKING AT WORK
Gender gap
• 43% of women talk about hormone-related complaints at work, vs. 58% of men
• Men (34%) are more likely to discuss health issues with their supervisor than women (13%) do.
• The company doctor is rarely spoken to: only 2% among women, yet 9% among men
Phase
Women in the menstrual phase discuss hormone-related complaints least often (38%); in the (post)pregnancy phase most often (69%)
PERCEIVED SUPPORT
Gender gap
While few employees seek support from a confidant, Women feel less supported in talking about hormone-related health than men do about general health
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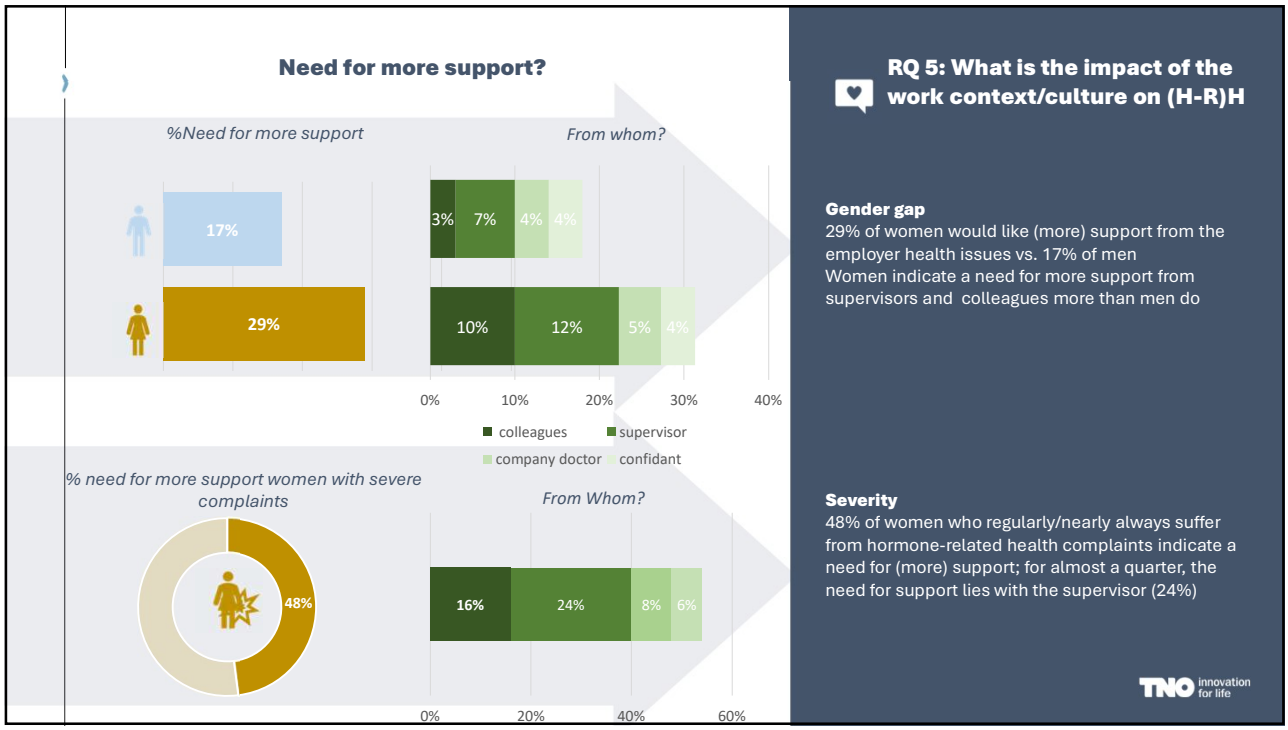
Need for more support?
%Need for more support
From whom?
17%
29%
3%
7%
4%
4%
10%
12%
5%
4%
0%
10%
20%
30%
40%
colleagues
supervisor
company doctor
confidant
% need for more support women with severe complaints
From Whom?
48%
16%
24%
8%
6%
0%
20%
40%
60%
RQ 5: What is the impact of the work context/culture on (H-R)H
Gender gap
29% of women would like (more) support from the employer health issues vs. 17% of men
Women indicate a need for more support from supervisors and colleagues more than men do
Severity
48% of women who regularly/nearly always suffer from hormone-related health complaints indicate a need for (more) support; for almost a quarter, the need for support lies with the supervisor (24%)
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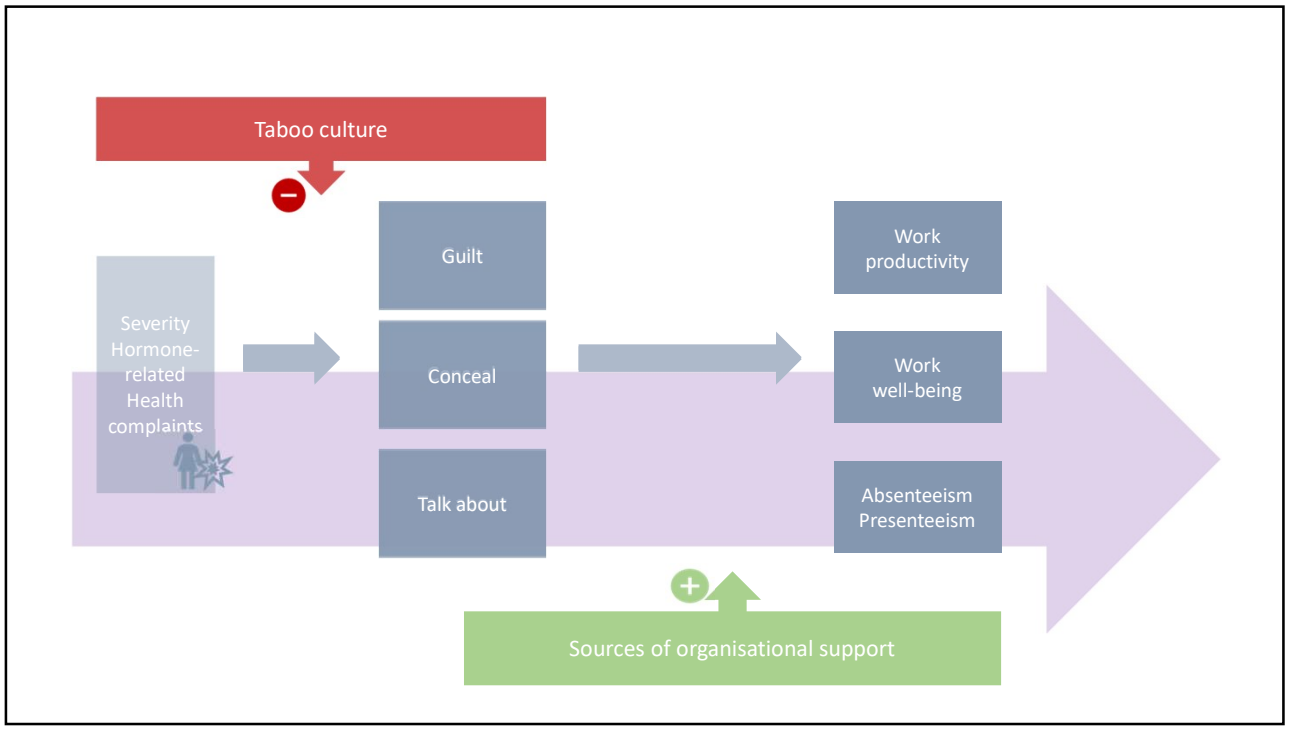


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# Take aways

- TNO scan Work, Health & Well-being offers a data-driven approach to make invisible sex/gender-specific health concerns visible
- Women's hormone-related health (more than men's general health) causes:
  - Guilt (menstrual) / discomfort (menopausal)
  - Strategic hiding out of fear for career (menstrual)
  - Work from Home Behaviour (visibility stigma)
  - Presenteeism (keep working, while sick)
- Hormone related health impacts on women's sustainable employability:
  - Work productivity, work well-being, absenteeism
  - BUT: post menopause women are very happy productive employees! Keep them aboard!
- Taboo culture has a negative effect on coping strategies and work behaviours to deal with hormone-related health (
- Sources of support to talk about hormone-related health are crucial but insufficiently available (room for improvement!)

## LIMITATIONS

- Design: cross-sectional
- Sample: pilot/ knowledge workers
- Blindspot: men's hormonal lifecourse (peripause)
- Blindspot: Intersectional approach
- Self-report data

TNO innovation for life

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## NEXT STEPS

- Broaden the database (join the pilot!)
- National Survey (benchmark)
- Co-create /action research
- Design a digital environment
  - Dashboard
- Break taboos, help companies and health stakeholders to optimize women's health & labor market potential

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