The menopause transition experiences of female community college leaders

by

Carmen Prado Newland

B.A., University of New Mexico, 1995
M.Ed., Northern Arizona University, 2001

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF EDUCATION

Department of Education Leadership
College of Education

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2024

Abstract

This qualitative hermeneutic phenomenological study was designed to gain insight into the lived experiences of female executive leaders in career pathways that lead to the college presidency regarding their menopause transition while working in the community college workplace. Men outnumber women in the role of the college president even though more than half of college administrators are women and more than half of college students identify as women (Berg et al., 2023; Melidona et al., 2023; Whitford, 2020). Emerging research has demonstrated a relationship between the menopause transition and women's career progression (Elektra Health, 2022; Faubion et al., 2023; Furst, 2023), and the age range for women to aspire to the college presidency overlaps with the age range when most women experience menopause (Melidona et al., 2023).

This study used interpretive analysis and the hermeneutic circle to gain insight into the lived experiences of 12 female executive leaders in career pathways, that traditionally lead to the college presidency, regarding their menopause transition while working in the community college workplace. Themes that emerged from the written responses and semistructured interviews, when viewed through the conceptual lenses of feminism and Acker's (1992) gendered organization theory, included (a) a desire to normalize the menopause transition experience; (b) the community college executive position characteristics supported the management of menopause transition symptoms, and (c) there was gender bias and stereotypes present in the participants' workplaces. Participants provided recommendations college leaders and policymakers can use to develop supportive environments for employees experiencing the menopause transition.

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Dr. Margaretta Mathis   Dr. Sandy Robinson

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Acknowledgments

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Dedication

This study is dedicated to the 12 courageous women who volunteered to share their workplace menopause transition experiences. These women came forward to talk about their personal experiences and spoke with honesty, vulnerability, and courage. They shared not only their experiences, but also their successes, doubts, fears, and hopes for the generations of women who will follow in their footsteps. I deeply admire each of them and have great hope for the future of higher education with individuals such as these 12 women leading the way forward.

Chapter 1 - Introduction

The number of women serving as college presidents has increased over the years, but men continue to outnumber women in this executive level role. In 2022, 61% of college presidents identified as men (Melidona et al., 2023). The gap between women and men presidents is smaller—but still present—in associate degree-granting institutions than in other higher education sectors. According to *The American College President* report, published by the American Council on Education (ACE), 43.6% of associate degree granting institutions were led by a woman president in 2022, compared to 35.8% in 2016 (Gagliardi et al., 2017; Melidona et al., 2023). The 2023 ACE publication reported on current community college presidents' demographics; current time in the president role; career pathway to the presidency; education level; marital and family status; future career plans; and the average age presidents first aspired, applied, and were appointed to a president position. According to the ACE study, 55% of college presidents planned to leave their presidential positions in the next 5 years (Melidona et al., 2023). Although the number of women leading community colleges has increased, "women still only make-up about 32.8% of current presidents" (Melidona et al., 2023, p. 17) in all areas of higher education.

The ACE 2022 survey collected college presidents' age of aspiration, application, and appointment and disaggregated the results by gender. Women aspired to the presidency at an average age of 46.9, applied for president positions at 51.3, and were first appointed president at an average age of 52.8 (Melidona et al., 2023). Men aspired, applied, and were appointed to president positions earlier than women, with average ages of 43.6, 49.0, and 51.0, respectively (Melidona et al., 2023). These data "raise the question of whether there could be barriers preventing women from aspiring or applying to the presidency sooner. Further inquiry could help

illuminate the challenges women face on their pathway to the presidency" (Melidona et al., 2023, p. 19).

Statement of the Problem

As community college presidents retire or leave the profession, there is a need for a larger pool of qualified and diverse presidential candidates to serve increasingly diverse student enrollments (Dembicki, 2023). Men have continued to outnumber women in the role of the college president, even though more than half of college administrators are women (Whitford, 2020). Research has historically found women are perceived to balance more family and personal obligations with their professional obligations than their male counterparts. A study of women leaders in higher education by Hannum et al. (2015) found 60% of survey respondents mentioned various expectations for women in the workplace as a barrier to career progression and becoming senior leaders, including (a) discouragement and sabotage, (b) lack of opportunities and support, and (c) not having a leadership identity.

Many college presidents serve as executive leaders in a higher education setting before becoming president, so it is essential to look at the experiences of individuals serving in positions that lead to the presidency (Melidona et al., 2023). In addition to identifying barriers to leadership positions, emerging research has demonstrated a relationship between women leaving the workplace and the challenges of managing the menopause transition in the workplace (Elektra Health, 2022; Faubion et al., 2023; Nordling, 2022). Research on menopause symptoms and career progression is limited, and most U.S. workplaces do not have policies and practices to support menopausal employees (Crawford et al., 2022).

Background of the Problem

Women comprised 58% of the total undergraduate college student enrollment in 2023 (Berg et al., 2023). However, in 2022, only 32.8% of college presidents were women (Melidona et al., 2023). Research has found women are underrepresented in faculty and college president positions (Melidona et al., 2023; Welding, 2023). However, according to Johnson (2017), the number of women serving as college faculty and in leadership positions in 2017 was not due to a lack of qualified candidates. ACE studies the role of the college president. The ninth version of the study stated there had been an increase in female presidents, but most college presidents are still men (Melidona et al., 2023).

According to Melidona et al. (2023), women presidents reported they first aspired to become college presidents at the average age of 46.9, applied for president positions at 51.3, and became college presidents at 52.8. This age range is when women, transgender men, and some individuals who do not identify as men or women may also be managing symptoms of the menopause transition. The World Health Organization (WHO, 2022) website defined menopause as "12 consecutive months without menstruation for which there is no other obvious physiological or pathological cause and in the absence of clinical intervention" (para. 3). The WHO (2022) reported most women experience the menopause transition between the ages of 45 and 55.

According to the WHO (2022) website, "The hormonal changes associated with menopause can affect physical, emotional, mental, and social well-being" (para. 8). Although each woman experiences different menopause transition symptoms, the symptoms of reduced energy, anxiety, irritability, hot flashes, and poor concentration can be perceived as problematic, embarrassing, and shameful in the workplace (Hardy et al., 2018). Emerging research has found

a relationship between women leaving the workplace and the challenges of managing menopause transition symptoms in the workplace (Elektra Health, 2022; Faubion et al., 2023; Nordling, 2022).

The Elektra Health *Menopause in the Workplace Report 2022* summarized the findings of a study of 2,000 professional women aged 40–55 in the United States. The Elektra Health study (2022) found (a) 1 in 3 women reported menopause symptoms impacting their work performance, (b) 20% left or considered leaving their jobs due to menopause symptoms, and (c) 18% did not pursue a promotional opportunity due to menopause symptoms. According to the Elektra Health study (2022), menopause symptoms and lack of employer support create an environment that neglects women experiencing menopause symptoms and can restrict career advancement.

Other studies have found similar relationships between menopause and work. A 2022 Mayo Clinic study of 4,400 participants found 13.4% of respondents reported having at least one adverse work outcome due to menopause symptoms, and 10.8% reported missing work due to menopause symptoms (Furst, 2023). A 2022 *Women in the Workplace* study surveyed over 1,000 working women between 50–65 and found 26% felt menopause symptoms negatively impacted their career, and 17% quit or considered quitting due to symptoms (Faubion et al., 2023). These studies all found some working women reported menopause symptoms having an adverse impact on their work and career.

Although recent studies have found menopause symptoms may negatively impact workplace performance, some studies have identified positive outcomes of the menopause transition for women. Each woman experiences menopause differently, and how women approach menopause is influenced by many factors, including personal, family, and sociocultural

background (Hoga et al., 2015). Hoga et al. (2015) found some women reported developing increased resilience and coping strategies during menopause. Avis and McKinlay (1991) found many women in their study described the end of menses and the experience of menopause with neutral feelings or a sense of relief.

Menopause symptoms are not the only health-related challenges women seeking college president positions may encounter. Both women and men face health risks due to the demands of executive level positions. Executive leaders often work many hours, travel frequently, struggle with work–life balance, spend much time sitting, and get less sleep than other professionals (Sparks, 2018). The demands of executive careers (e.g., college presidencies) can lead to sleep deprivation, heart disease, depression, stroke, or diabetes (Sparks, 2018). Managing stress is a challenge for community college leaders. Dawson (2004) found funding issues and personnel conflicts were reported as top sources of stress for presidents, with female presidents reporting higher stress levels than male presidents.

Research has emerged on the relationship between menopause transition symptoms and workplace experiences, but most workplaces, including community colleges, do not have support programs or services for menopausal employees. A survey of 2,000 professional women found 44% of respondents reported feeling they did not receive enough support from their employer for their menopausal symptoms (Elektra Health, 2022). As Crawford et al. (2022) reported, "If approximately half of the population may experience symptoms of menopause at some point, but the workplace is not designed with that in mind, treating all employees the same way will disadvantage those who experience symptoms that may affect work" (p. 1531).

Researchers have explored the relationship between menopause symptoms and women in leadership positions but have not studied how leaders in positions that lead to the college

presidency experience the menopause transition. According to Im (2007), "Very little is still known about the contextual factors influencing menopausal symptoms, and few studies have explored the meanings of menopausal symptoms while considering the contexts within which women are experiencing them" (p. S19). Jack et al. (2019) stated, "The lived experience of going through menopause in the workplace is underexplored in menopause research" (p. 125).

Purpose of the Study

The purpose of this phenomenological study was to gain insight into the lived experiences of female executive leaders in career pathways that lead to the college presidency regarding their menopause transition while working in the community college workplace.

Research Question

One research question guided this study: What are the lived experiences of female executive leaders who go through the menopause transition while working in a community college?

Theoretical and Conceptual Frameworks

"Theoretical frameworks serve as lenses in phenomenological studies," and the phenomenology of Husserl and Heidegger are the two main theoretical frameworks for phenomenological research (Peoples, 2021, p.9). Phenomenological studies use phenomenology as the theoretical framework, but studies using the interpretive hermeneutic phenomenological philosophy research method developed by Heidegger (2020) may include the use of secondary theoretical frameworks and conceptual frameworks (Peoples, 2021). The Husserl descriptive phenomenological philosophy requires the researcher to bracket their prior assumptions and suspend judgement when analyzing experiences, but the Heidegger interpretive hermeneutic philosophy allows researchers to use lenses when interpreting data (Peoples, 2021). This study

used the Heidegger interpretive hermeneutic method of phenomenology with feminist theory and gendered organization theory as conceptual frameworks.

Feminism and feminist theory evolved when women began to challenge traditional gender roles (e.g., the right to vote, women's liberation, and reproductive rights) in the late 19th century and early 20th centuries (Annadale & Clark, 1996; Arinder, 2020; hooks, 2014; Krishnamurthy, 2020). As a conceptual framework, feminist theory examines the social, institutional, and political factors around gender discrimination and the position of women in society (Grant & Osanloo, 2014). Feminist theory is built on the belief that systems of oppression exist that lead to discrimination or exclusion of individuals based on characteristics such as sex or gender and that acknowledging the oppression can lead to understanding and change (Arinder, 2020; hooks, 2014; Krishnamurthy, 2020). According to Arinder (2020):

> The purpose of using a feminist lens is to enable the discovery of how people interact within systems and possibly offer solutions to confront and eradicate oppressive systems and structures. Feminist theory considers the lived experience of any person/people, not just women, with an emphasis on oppression. (para. 2)

There is some disagreement among feminist theories about the relationship between sex and gender. This study used a feminist framework that espouses gender characteristics are socially constructed and separate from biological sex.

In addition to feminism, feminist gendered organization theory was used as a conceptual framework to guide this study. Gendered organization theory states that organizations can be gendered in processes and practices in ways that can be overt or hidden and be gender-explicit or gender-neutral (Acker, 2016). According to Acker (2016), the organization, processes, and decision-making processes may be based on dominant gender norms.

The researcher used the lenses of feminist theory and gendered organization theory for the literature review, interview questions, and analysis of the interview transcripts. The broader lens of feminist theory enabled the researcher to examine participant experiences for gender bias, sexism, oppression, and discrimination, while gendered organization theory was used to examine female executives' experiences in the work setting for inherent gender bias, sexism, oppression, and discrimination in the structure of the setting.

Methodology

This qualitative study used a phenomenological approach to gain an in-depth understanding of how female executive leaders experience the menopause transition in the community college workplace. The phenomenological approach gathers data from participants who have experienced the same phenomenon in a specific context (Creswell, 2016). This phenomenological study used Heidegger's (2020) interpretive hermeneutic phenomenological philosophy to study the lived experience of the menopause transition (i.e., the phenomenon) with the community college workplace as the setting. Semistructured interviews and participant responses to a writing prompt were used to gather information on each participant's lived experience of the menopause transition. Given each person experiences menopause symptoms differently, participants were asked to talk about their own menopause transition experience within the context of the community college workplace.

Alignment Table

Appendix A provides an alignment table that includes the literature findings, interview questions, research questions, conceptual frameworks, and methodology for this study.

Delimitations

This study was delimited to female executive leaders aged 45 and older in leadership positions in U.S. community colleges. Participants had experienced or were experiencing the menopause transition while working in a community college leadership position. The WHO (2022) identified the age range of 45–55 as the range that most women begin to experience the menopause transition. According to Melidona et al. (2023), most presidents come from a faculty or academic pathway. However, this study invited provost, vice president, dean, and comparable positions in all divisions of community college leadership to participate.

The menopause transition begins with a phase called perimenopause, which starts when symptoms are first noticed and ends after 1 year of no menstruation (WHO, 2022). Menopause symptoms can be experienced during perimenopause, menopause, and postmenopause, so the terminology of menopause transition includes all phases for this study. Menopause is a biological process unique to individuals born with female reproductive organs, but it is not limited to cisgender women. This study included only individuals who were born with female reproductive organs and identify as female. The study did not address male executives or the experience of andropause.

Assumptions

In hermeneutic phenomenology, researchers recognize that they cannot fully set aside their personal biases and assumptions, but must engage with their preconceptions in a reflective process, using them to interpret and deepen their understanding of participants' lived experiences (Peoples, 2021). The researcher noted personal biases and assumptions by journaling during data collection and data analysis.

The researcher assumes participants were truthful about (a) their status of menopause, (b) their experience of menopause transition symptoms, and (c) their experience of menopause transition symptoms in the community college workplace.

Significance of the Study

This study contributes to a developing body of research about the relationship between the menopause transition and workplace experiences. The focus on female executive leaders in community colleges further explores research findings that barriers exist that may prevent women from advancing to presidential positions. The study provides information for college wellness program coordinators, college leaders, and policymakers to use to develop supportive environments for employees experiencing the menopause transition.

Definition of Terms

For the purposes of this research, the following terms are defined for clarification.

Executive leader is a community college employee serving as dean, provost, or vice president, or comparable position.

Gender refers to the socially produced differences between female and male, feminine and masculine (Acker, 1992)

Menopause is a medical term defined by the WHO (2022) as "twelve consecutive months without menstruation for which there is no other obvious physiological or pathological case and in the absence of clinical intervention" (para. 3).

Menopause transition is a term describing the three states of menopause: perimenopause, menopause, and postmenopause. The transition from perimenopause to postmenopause can last 7 or more years (Ferris, 2023).

Perimenopause is a medical term for the period that starts when menopause symptoms are first noticed and ends after 1 year of no menstruation (WHO, 2022).

Chapter Summary

The chapter included (a) the problem the study addressed, (b) the purpose of the study, (c) the guiding research questions, (d) the significance of the study, (e) the methodology that was used, and (f) the delimitations and assumptions of the study and researcher. Feminist theory and gendered organization theory were identified as the conceptual frameworks guiding this study. Study-specific terminology was defined.

Organization of the Study

Chapter 1 of this dissertation describes the overview of the problem, the background and significance of the problem, and an overview of the study. Chapter 2 is a literature review of the community college presidency, gender roles and barriers in obtaining leadership positions, feminist theory, health issues of executive leaders, menopause symptoms in the workplace, and community college wellness programs. Chapter 3 describes the qualitative phenomenology approach used for this study. Chapter 4 discusses the study findings. Chapter 5 provides implications, recommendations, and future research opportunities.

Chapter 2 - Literature Review

Researchers have concluded community colleges need presidents who reflect the diversity of student enrollment (Dembicki, 2023; Herder, 2022; Melidona et al., 2023). The American Council on Education (ACE) has studied the role of the college president since 1986, and each version of the ACE report has noted college presidents were primarily White men (Melidona et al., 2023). Research has found female executive leaders in career pathways that lead to the college presidency may experience barriers that impact their career progression to the president position (Hannum et al., 2015; Ibarra et al., 2013). Furthermore, recent research has demonstrated a relationship between women's career progression and the experience of the menopause transition (Elektra Health, 2022; Faubion et al., 2023; Nordling, 2022).

This chapter discusses the literature search process and an analysis of the literature. The first section describes the literature search process. The second section reviews the theoretical and conceptual frameworks used for this study. It is followed by an overview of research on the community college presidency and studies examining the role of gender in leadership. Research on the impact of the menopause transition on working women is reviewed in the third section. The final section of this chapter reviews the literature on strategies for supporting menopausal employees, including workplace wellness programs.

The Literature Search

The information in this chapter was collected from various sources, with current and extant literature sources from 1970–2024. Literature sources included books, peer-reviewed journals, dissertations, reports, articles, electronically published documents, conference presentations, data sets, and websites. In addition to literature sources from the United States,

literature from the United Kingdom, Australia, and other English-speaking countries was used to ensure the most recent research was included.

Leadership Barriers for Women

The gender gap in executive leadership positions has been well documented. Women are less likely than men to be in leadership positions in both the public and the private sectors (Catalyst, 2003; Hill et al., 2016). The pattern of women not advancing into leadership positions has been called the glass ceiling (Cotter et al., 2001). The glass ceiling represents invisible barriers preventing women from achieving executive level positions. According to Oakley (2000), the glass ceiling results from recruitment, retention, promotion practices, stereotypes, preferred leadership styles, and structural and cultural barriers rooted in feminist theory. The glass ceiling is believed to result from gender role stereotypes originating from social structures and is not based on biological differences between men and women (Weyer, 2007).

Lueptow et al. (2001) found the social change in recent decades for women has not caused a change in gender stereotyping, which has continued to be pervasive and innate. Hill et al. (2016) stated, "Leadership is not inherently masculine. Because White men have led most leadership positions in society for so long, the concept of leadership has been infused with stereotypically masculine traits" (p. 5). Some literature has identified recent advancement of women into leadership positions; however, Kirkhope (2023) stated, "While the number of women in leadership positions in higher education continues to be on the rise, it's clear that women are still behind when it comes to breaking the glass ceiling of the academy" (para. 3).

According to Babic and Hansez (2021), although there are more women in the workforce, women have continued to be the minority in leadership and decision-making positions. In addition to the glass ceiling, the metaphor of career labyrinth has been used to describe the

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barriers women experience throughout their entire career and how "the repeated impediments of these barriers can accumulate over time in ways that greatly reduce their likelihood of reaching senior leadership positions" (Samuelson et al., 2019, pp. 1–2). Eagly and Carli (2007b) proposed the career labyrinth metaphor, stating:

> Passage through a labyrinth requires persistence, awareness of one's progress, and a careful analysis of the puzzles that lie ahead. Routes to the center exist but are full of twists and turns, both expected and unexpected. Vestiges of prejudice against women, issues of leadership style and authenticity, and family responsibilities are just a few of the challenges. (abstract)

A 2016 report published by the American Association of University Women (AAUW), titled *Barriers and Bias: The Status of Women in Leadership,* examined reasons for the gender gap in leadership (Hill et al., 2016). Hill et al. (2016) stated, "Women are not simply denied top leadership opportunities at the culmination of a long career. Rather, those opportunities disappear at various points along the way" (pp. 15–16). The AAUW report identified persistent sex discrimination, caregiving, family responsibilities, lack of networks and mentors, stereotypes, and bias as the primary causes of barriers, not a lack of educated and qualified women (Hill et al., 2016). Kellerman and Rhode (2014) supported the theory that challenges exist throughout the career advancement pipeline due to gender bias by stating increased numbers of women in lower-level positions will not lead to increased numbers of women in higher levels. Kellerman and Rhode (2014) stated, "Any serious commitment to expand women's leadership opportunities requires a similarly serious commitment to address work/family conflicts that stand in the way of advancement" (p. 33).

Balancing the demands of executive level work with family responsibilities can be challenging for women and men (Hill et al., 2016). However, the AAUW report stated women are usually the primary parent caring for children and other family members, which makes them more likely to work part time, spend time out of the workforce, and take time off for family commitments than male parents (Hill et al., 2016). Hill et al. (2016) also concluded gender stereotypes may cause women with young children to be excluded from leadership opportunities and may also prevent men from taking on a primary caretaking role.

A study by Samuelson et al. (2019) found women were more likely to take leave than men for caretaking, and the temporary absence from the workplace reduced their ability to remain competitive for promotions. The reality of women working full time and then having to perform unpaid work in the home was studied by Hochschild and Machung (2012); they called this phenomenon the second shift. Research by Hochschild and Machung (2012) found the combined paid and unpaid work performed by women was equivalent to an "extra month of twenty four hours days" (p. 4) each year.

Hochschild and Machung (2012) discussed solutions to the second shift problem in their book, stating, "What we really need to do is solve the original problem. And where in the design of our jobs, in the hierarchy of our values, in the policies of our government is the nurturing social state on which to do that?" (p. xxv). Some researchers have opposing views about family obligations and career progression. According to Eagly and Clark (2007a), women opt out of career progression because it conflicts with their desire to perform family obligations, not because family obligations create a barrier for them.

Family obligations are not limited to pregnancy and parenting but include caring for aging parents. More than 40 years ago, Miller (1981) discussed challenges faced by the

"sandwich generation," individuals between 45–65 years old who cared for their children and their elderly parents while also managing their careers, family, and personal relationships. Miller stated people are living longer due to improvements in medical care. However, a lack of affordable care services for the elderly has resulted in female family members taking on most of the care for aging parents. Kellerman and Rhode (2014) studied the higher education career pipeline and found women spend twice as much time on elder care than men, which makes it harder for women to attain academic leadership positions.

In 2004, Hewlett and Luce (2005) surveyed 2,443 career women with graduate or professional degrees and found 37% voluntarily left work—many to care for children or elderly family members—with the majority intending to return to work in the future. In addition to leaving work, 36% of respondents reported working part time, 16% reported declining a promotion, and 38% reported choosing a position with fewer responsibilities due to responsibilities at home. Hewlett and Luce (2005) found even short breaks in employment resulted in challenges in gaining future employment:

> Unfortunately, only 74% of off-ramped women who want to rejoin the ranks of the employed manage to do so, according to our survey. And among these, only 40% return to full-time, professional jobs. Many (24%) take part-time jobs, and some (9%) become self-employed. The implication is clear: Off-ramps are around every curve in the road, but once a woman has taken one, on-ramps are few and far between—and extremely costly. (The Penalties of Time Out section)

According to Hewlett and Luce (2005), work–life policies may not have been used in place of leaving employment due to stigmas attached to using the policies. Respondents to the survey reported cultural and attitudinal barriers around telecommuting, job sharing, flexible work

arrangements, and part-time work, with 21% reporting, "There is an unspoken rule at my workplace that people who use these options will not be promoted" (Hewlett & Luce, 2005, Remove the Stigma section).

Literature focusing on the higher education sector has also revealed caregiving and gender differences for leaders. Women in higher education leadership positions reported the challenges of (a) balancing personal and family obligations with work expectations, (b) providing care for children or aging parents, and (c) facing different expectations than their male counterparts (Melidona et al., 2023). Kellerman and Rhode (2014) examined the higher education career pipeline and concluded, "The time demands of running complex organizations, coupled with evening and weekend events, pose challenges for any woman with significant caretaking commitments" (p. 29).

According to Diehl et al. (2020), "Gender bias is a pervasive problem with significant negative outcomes for women leaders and organizations" (p. 249). Gender bias has been linked to organizational structures and cultures that constrain the ideas and actions of employees (Swidler, 1986). In addition to the organizational structures of organizations, gender bias has also been found to be a product of gender stereotypes (Eagly & Carli, 2007a; Madden, 2011). According to Heilman (2012), "Stereotypes are generalizations about groups that are applied to individual group members simply because they belong to that group, and gender stereotypes are generalizations about the attributes of men and women" (p. 114), and "gender stereotypes give rise to biased judgments and decisions, impeding women's advancement" (p. 113).

Gender attributes associated with women (e.g., being friendly, warm, and communal) have not been viewed historically as effective leadership traits, which has caused women leaders to struggle to get others to perceive them as effective leaders (Eagly & Carli, 2007a). A study of

women leaders in higher education by Hannum et al. (2015) found 60% of survey respondents mentioned different expectations for men and women as a barrier and cited discouragement and sabotage, lack of opportunities and support, and not having a leadership identity as other barriers to becoming senior leaders.

Feminist Theory

The menopause transition includes both physical and psychological symptoms. An essay by Kelly (2011) discussed menopause from both the medical and feminist perspectives. Kelly found a medical model views menopause symptoms as something to diagnose and treat, but a feminist perspective considers menopause as a natural and normal aging process that is not an illness or disorder. Kelly (2011) researched menopause experiences in four countries and found "menopausal symptoms vary among societies and cultures based on biological, cultural, and psychological processes that vary between cultures and may change over time" (p. 7). By examining the menopause experience across cultures, Kelly reinforced the need to research the menopause transition from a cultural or social perspective (e.g., feminist theory).

Annandale and Clark (1996) examined feminist theory, gender, and the sociology of human reproduction and concluded:

Basic and common to *all* feminisms is the understanding that patriarchy privileges men by taking the male body as the "standard" and fashioning upon it a range of valued characteristics (such as good health, master, reason and so on) and, through a comparison, viewing the female body as deficient, associated with illness, with lack of control and with intuitive rather than reasoned action. (p. 19)

According to Annandale and Clark (1996), human reproduction and feminist theory have been bound together throughout the history of feminism. However, the belief about the relationship

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between sex and gender differs with feminist perspectives. Control of the body is central to Marxist feminism; liberal feminists believe there is no intrinsic relationship between sex and gender; and radical feminists supports a strong connection between sex and gender (Annandale & Clark, 1996).

Feminist theory is a branch of sociology that highlights social issues experienced by women and focuses on discrimination based on sex and gender, inequalities, power, gender roles, and stereotypes (Guy-Evans, 2023). Feminism and feminist theory have a complex history that has evolved over time. Tong and Botts (2018) stated categorizing the diverse approaches, perspectives, and frameworks associated with feminism is very difficult and identified 12 different feminist perspectives in the book *Feminist Thought: A More Comprehensive Introduction*: (a) liberal, (b) radical, (c) Marxist/socialist, (d) psychoanalytic, (e) care-focused, (f) existentialist, (g) postmodern, (h) women of color, (i) global, (j) postcolonial, (k) transnational, and (l) ecofeminism. Some feminist literature categorized the different types, or perspectives of feminism, into historical waves (Finn & Brown, 2022; Krolokke & Sorenson 2006; see Figure 2.1).

Figure 2.1

Historical Waves of Feminism

First Wave	Second Wave	Third Wave	Fourth Wave
• Late 19th century-early 20th century • Focus on voting, property rights, representation	• 1960s-1980s • Focus on education, reproductive rights, family, workplace, equal pay	• Mid 1990's - 2000s • Focus on intersectionality, legal reform, gender	• 2008 - present • Focus on harrassment, violence, empowerment, media

Note. The dates of each wave vary according to source and overlap. Literature on feminist theory and feminism may use various definitions, timelines, and perspectives, but the differences between genders in society and inequities based on gender have been consistent throughout the history of feminism. According to Maynard (1995), "A final difficulty with the penchant for classifying feminist theories is that this tends to be presented as if the categories are unchanging, whereas, in fact, feminist thinking is continually developing" (p. 267).

In the 1980s, hooks (2015) discussed the intersection of race, class, and gender. According to hooks (2015), "The foundation of future feminist struggle most be solidly based on the recognition of the need to eradicate the underlying cultural basis and causes of sexism and other forms of group oppression" (p. 33). Although there had been a lot of discussion in feminist literature about the formation of gender, hooks argued the experiences of women also differ based on their race, class, location, and other personal characteristics. According to hooks (2015), "Sexism, racism, and classism divide women from one another" (p. 63). hooks believed women need to work together through understanding and solidarity to free themselves from sexist, patriarchal socialization. hooks also stated socialization of the patriarchy is not unique to women; men have also been socialized to accept and perpetuate sexist ideology, and men can

also be feminists. hooks not only discussed the need to look at sexist oppression alongside racism, classism, and gender bias, but also the need to acknowledge the systems of oppression, power, and sexism that exist and contribute to the oppression of women.

Acker (2016) also studied the idea that sexism is learned and present in all aspects of society. Acker (2016) defined gender as "patterned, socially produced, distinctions between female and male, feminine and masculine" (p. 420) and gendered processes as "advantage and disadvantage, exploitation and control, action and emotion, meaning and identity, patterned through and in term of a distinction between male and female, masculine and feminine" (p. 420). The term gendered institution was explained by Acker (1992): "Gender is present in the processes, practices, images and ideologies, and distributions of power in the various sectors of social life" (p. 567). Acker explained how organizations can be gendered in terms of processes and practices that can be overt or hidden and be gender-explicit or gender-neutral. According to Acker (2016), "Gender may be deeply hidden in the organizational processes and decisions that appear to have nothing to do with gender" (p. 421).

Acker's (1992) gendered organizational theory is based on four processes that occur within organizations:

- The production of gender divisions, such as gender patterning of jobs, salary, power, and hierarchy.
- The creation of symbols, images, and forms that reinforce and justify gender divisions.
- Interactions between people that enact dominance and subordination and create alliances and exclusions based on gender.
- The creation of internal mental paradigms of the organization based on gendered work behaviors and attitudes.

According to Acker (1992), it is problematic when individuals take a gender-neutral approach to leadership within an organization that was structured around gender. Failure to acknowledge the role of gender within an organization continues the pattern of creating gender structures and disadvantaging women (Acker, 1992; Belle et al., 1998). Belle et al. (1998) found organizations need to understand the "overt and subtle barriers to advancement faced by women" (p. 28) and develop strategies to overcome those barriers. According to Belle et al. (1998), a gender-blind approach to developing leadership does not take stereotypes or "the subtle, exclusionary nature of many organizational cultures" (p. 38) toward women and minorities into consideration.

Gender-neutral employment laws that do not include experiences such as menopause may cause employers to assume support for menopausal employees is special treatment (Crawford et al., 2022). According to Crawford et al. (2022), reviewing employment laws through a feminist lens "would reframe menopause at work as expected instead of exceptional, such that workplace policies would incorporate it" (p. 1577).

Most community college organizational structures are hierarchal, derived from long-standing gendered structures and stereotypes based on male leadership (Acker, 1998). Acker (1998) was not the first researcher to connect gender inequalities to the design of organizations. More than 40 years ago, Kanter (1977) proposed the structure of organizations was the cause of gender inequalities, not the individual characteristics of men and women. According to Kanter, organizations were structured to keep women in lower-level positions with only a few women achieving higher positions.

Eslen-Ziya and Yildirim (2022) found, when women perceived a hierarchy to be in place at their institution of higher education, they were more likely to believe their career was limited.

Schneider et al. (2011) examined gender disparities in higher education and identified "pull" and "push" factors for why the gender gap has continued and why women leave academia. Schneider et al. concluded personal circumstances associated with being a mother, spouse, and caregiver are considered factors that pull on women and may cause them to leave their careers. Push factors are a combination of institutional policies and perceptions that push women out of their jobs (e.g., discrimination, stereotyping, and the work environment).

According to Schneider et al. (2011):

> Although results support the contention that a clear gender gap exists throughout areas of academia, it is still not definitive whether this gap exists from design or from other factors arising from negative attitudes and values that can be difficult to control. Design issues themselves can be difficult to address, arising as they do from the cultural paradigms of academia in general, and institutions in particular. Deep-seated norms that drive the development of current systems of recognition and advancement are at the heart of these systems; any attempts to address design changes must also address the underlying norms that place a priority on male models of thought. (p. 13)

Gender inequity is not limited to community colleges in the field of higher education. A 2019 University of California system study found gender inequity was an issue in terms of gender representation, compensation, and career progression for female academics (Cañas et al., 2019). A study by Lennon (2012) at the University of Denver found women were among the highest grant-earning performers at top-ranked universities but were not equally represented in leadership roles in those universities.

The *Benchmarking Women's Leadership in the United States 2013* report researched female leaders across 14 employment sectors, including education, and found women were

disproportionately underrepresented in leadership roles in all 14 sectors (Gangone & Lennon, 2014). The benchmarking study also found, although women were underrepresented in leadership positions, women comprised most of the employees in the leadership pipeline (Lennon, 2013). Gangone and Lennon (2014) identified inherent biases against women as leaders as a reason for the lack of women in leadership roles. Reis and Grady (2019) studied women in university president positions and stated:

> Leadership for women is complicated. Perceptions of leadership, and how leaders are expected to behave, are informed by gender. The majority male presence in the university presidency means that women are advancing to a position with a historical male context. (p. 58)

Hartsock (1983) discussed feminist standpoint theory about 40 years ago. Instead of looking at society from the Marxist viewpoint of social class, Hartsock's feminist standpoint theory focused on gender differences in social situations. According to Hartsock (1983), "The position of women is structurally different from that of men, and . . . the lived realities of women's lives are profoundly different from those of men." (p. 284). Most feminist literature identifying gender as socially constructed also discusses the intersection of gender with other societal structures (Acker, 1998; hooks, 2015; Kelly, 2011). For these reasons feminist theory has been used as a conceptual framework when studying the lived experience of females.

The Community College Presidency

The need for community colleges to develop a pipeline of qualified candidates for the president position has been well-documented (Kerr & Gade, 1984; Mizak, 2008; Nevarez & Santamaria, 2010; Shults, 2001; Strom et al., 2011). Kerr and Gade (1984) found a 30% turnover of community college presidents every 2 years. According to Mizak (2008), "In the next five

years, it is expected that 80% of sitting presidents will retire" (p. 124), and many chief academic officers will also retire without pursing the college presidency. According to Shults (2001), the planned retirements of community college presidents and leaders in the traditional president pipeline are critical challenges facing community colleges. Strom et al. (2021) found the awarding of advanced degrees focused on community college leadership has declined, while, at the same time, the mission of community colleges is expanding, thus making the role of a community college president more complex and demanding.

Those two findings and the pending retirement of sitting presidents reinforce the need to develop leaders for the community college presidency. According to Nevarez and Santamaria (2010), "As retirements loom among executive-level administrators, there is a critical need to develop the next generation of leaders who are prepared to assume the dynamic, complex, and challenging roles that their positions demand" (p. 252). According to the 2023 ACE study, 55% of college presidents serving in 2022 indicated they planned to leave their president position in the next 5 years (Melidona et al., 2023).

ACE has studied the role of the college president since 1986 (Green, 1988). ACE studies collect and analyze information about the college president (e.g., president demographics, challenges of the position, and current trends in the leadership role) that provide a holistic view of the president position (Melidona et al., 2023). The first ACE study was conducted in 1986 and included information on 2,105 U.S. college presidents (Green, 1988). Green (1988) said, in 1986, "The 'typical' college president is white, male, married, and 53 years old," (p. 44) with 93% of respondents identifying as White and 90% of respondents identifying as male. Thirty-six years after the first ACE study of the college president role, most presidents were still White men. The ninth version of the ACE study was completed in 2022, and 66.9% of college presidents

identified as male (Melidona et al., 2023). There has been an increase in the number of female presidents; however, male presidents have continued to outnumber female presidents by a ratio of 2:1 (see Figure 2.2; Melidona et al., 2023).

Figure 2.2

Distribution of Presidencies Held by Women: Selected Years, 1986–2022
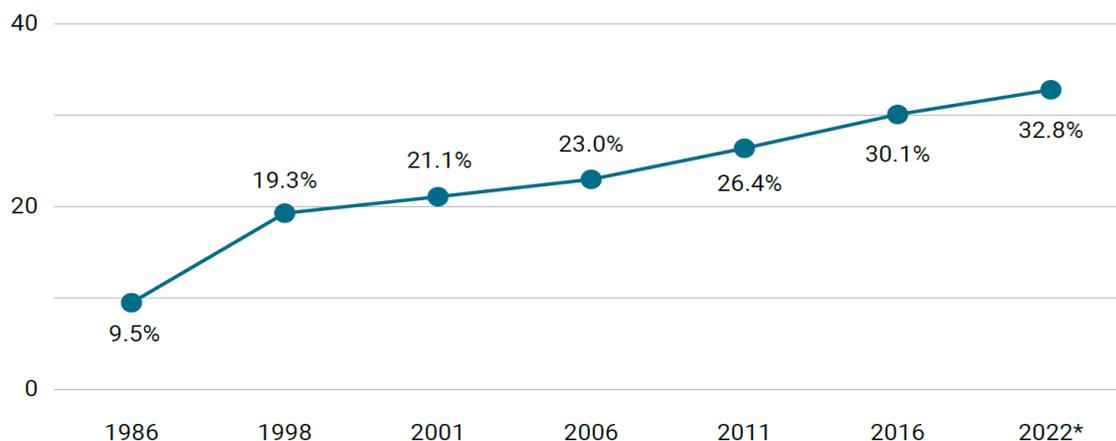
*The reported percentage is calculated from the results collected by the web scraper, which more accurately captured the population of women in the college presidency (see the methodology in chapter one for further details).

Note. From *The American College President*, by D. Melidona, B. G. Cecil, A. C. Cecil, & H. M. Chessman, 2023, American Council on Education (https://www.acenet.edu/Documents/American-College-President-IX-2023.pdf). Copyright 2023 by the American Council on Education.

According to the National Student Clearinghouse Research Center, 58.4% of all undergraduate college students identified as women in 2023 (Berg et al., 2023). The percentage was the same for 2-year colleges, with 58% of students identifying as women (Berg et al., 2023). The trend was also the same for graduate programs, with women enrolling and completing at higher rates than men (Welding, 2023). Although most college students are women, women have

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remained underrepresented in faculty and college president positions (Melidona et al., 2023; Welding, 2023).

The pathway to the college presidency has mostly stayed the same over time. Over 80% of college presidents come from higher education backgrounds (Melidona et al., 2023). In 2001, Kabula and Bailey (2001) found 56.4% of community college presidents had an academic or instructional background. Twenty years later, Melidona et al. (2023) found, in 2021, over 50% of college presidents had a faculty or academic background. McFarlin et al. (1999) studied the background factors of outstanding community college presidents and found 84.1% of successful community college presidents identified as "community college insiders" (p. 25) having worked in a community college before being appointed president. According to Melidona et al. (2023), most women presidents followed the traditional academic or faculty pathway to becoming a president.

George B. Vaughan published *Pathway to the Presidency: Community College Deans of Instruction* in 1990. Vaughan (1990) researched the role of the dean of instruction, which included the titles of chief academic officers and academic vice president positions, and found they were held primarily by White men. Vaughan (1990) recommended community colleges leaders "should continue and increase . . . efforts to move women into the chief academic officer's position, thereby assuring that in the future the supply of potential women presidents is adequate to meet the needs of the future" (p. 186).

The gender gap among presidents can also be found among college faculty. In 2020, male college professors outnumbered women by a 2:1 ratio (Welding, 2023). According to Johnson (2017), "The higher the academic rank, from other faculty (service or research only) to tenured full profession, the fewer women one finds" (p. 5). The number of women serving as college

faculty and leadership positions is not due to a lack of qualified candidates. According to Johnson (2017), there are "more than enough qualified women to fill available leadership positions" (pp. 2–3), with women earning more than half of doctoral degrees granted since 2006. The gender gap in higher education leadership is not limited to the United States and has also been identified in the United Kingdom, Australia, and South Africa (Kiamba, 2009).

The Menopause Transition and Work

Women in professional careers often transition into leadership positions with increased responsibility around the same age they begin to experience menopause symptoms (Mikhail, 2023). *The American College President: 2023 Edition* report by Melidona et al. (2023) for ACE collected data on the average age college presidents first aspired, applied, and were appointed to the college president role. The report found women aspired to the role of president at the average age of 46.9, applied at the average age of 51.3, and were appointed to their first president position at 52.8 (Melidona et al., 2023). According to the World Health Organization (WHO, 2022), "Most women experience menopause between the ages of 45 and 55 as a natural part of biological aging" (Key Facts section).

The WHO (2022) website defines menopause as "12 consecutive months without menstruation for which there is no other obvious physiological or pathological case and in the absence of clinical intervention" (How Menopause Occurs section, para. 3.) According to the WHO (2022):

> The hormonal changes associated with menopause can affect physical, emotional, mental, and social well-being. The symptoms experienced during and following the menopausal transition vary substantially from person to person. Some have few if any symptoms. For

others, symptoms can be severe and affect daily activities and quality of life. Some can

experience symptoms for several years. (para. 8)

The transition period before menopause is known as perimenopause. According to the National

Institute on Aging (n.d.), changes in estrogen and progesterone cause perimenopause. The

associated physical and psychological menopause symptoms, which usually begin around age

45, can last an average of 7 years (National Institute on Aging, n.d.).

The menopause transition includes higher stress levels for some women. However, it is

unclear to some researchers if the menopause transition causes the increase in stress or if the

stress is caused by other life events that correspond with that period of a woman's life (Simpson,

2016). Managing stress has been identified as a challenge for community college leaders

(Dawson, 2004; Nelson & Burke, 2000). Nelson and Burke (2000) found differences between the

impact of stress on men and women, with women reporting higher levels of stress and nonfatal

symptoms and men reporting more severe health issues (e.g., cardiovascular disease). Dawson

(2004) found female presidents reported higher stress levels than male presidents.

Stress in the workplace, or occupational stress, has been described as a "psycho-

physiological phenomenon that arises from an individual's perception of the balance between

environmental demands and response capabilities" (Baker, 1985, p. 367). According to Baker

(1985), researchers disagree on whether the "etiologic dynamics of stress are to be found within

the workplace or the worker" (p. 367). Baker also stated the consequences of stress include

physical, emotional, and behavioral changes based on the individual perceptions of each person.

There are many symptoms of stress. According to Sutter Health (n.d.), it could be difficult for

women to know if their symptoms are caused by stress or other causes (e.g., menopause). Many

of the symptoms of menopause transition are the same as some of the symptoms of stress (see Table 1).

Table 1

Symptoms of Stress and Menopause

Symptoms of stress[a]	Symptoms of menopause[b]
Anxiety	Anxiety
Headache	Headache
Muscle tension or pain	Joint and muscle aches
Chest pain	Irregular heartbeat
Fatigue	Fatigue
Change in sex drive	Changes in sexual desire
Sleep problems	Trouble with sleep
Sadness or depression	Depression
Irritability or anger	Irritability
Lack of motivation or focus	Trouble concentrating
Emotional outbursts	Mood changes
Weight gain or loss	Weight gain
Stomach upset	Memory lapses
Restlessness	Night sweats
Feeling overwhelmed	Hot flashes
Overeating or undereating	Vaginal dryness
Drug or alcohol misuse	Heavy sweating
Social withdrawal	Having to pee often
Exercising less often	Dizzy spells
	Allergies
	Irregular period

Note. [a] https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress-symptoms/art-20050987. [b] https://www.hopkinsmedicine.org/health/conditions-and-diseases/perimenopause.

A study by Jack et al. (2019) of Australian women working in universities found "work was central to the menopausal experience; it generated, exacerbated and even relieved self-identified symptoms" (p. 129). Recent studies in the United States have examined the relationship between the menopause transition and employment. Elektra Health's (2022) *Menopause in the Workplace Report 2022* included findings of a study of 2,000 professional

women aged 40–55 in the United States. The Elektra report found (a) 1 in 3 women in the study reported menopause impacting their work performance, (b) 20% left or considered leaving their jobs due to menopause symptoms, and (c) 18% did not pursue a promotional opportunity due to menopause symptoms. Elektra Health (2022) also found menopause symptoms and lack of employer support created environments that neglect women experiencing menopause symptoms and can restrict career advancement.

A 2022 Mayo Clinic study of 4,400 participants found 13.4% of respondents reported having at least one adverse work outcome due to menopause symptoms, and 10.8% reported missing work due to menopause symptoms (Furst, 2023). A 2022 *Women in the Workplace* study surveyed over 1,000 working women between 50–65 and found 26% felt menopause symptoms negatively impacted their career; 17% quit or considered quitting due to symptoms (Faubion et al., 2023).

The symptoms of menopause affect mental and physical health. However, due to the lack of awareness about the menopause transition, women may experience a lack of confidence and blame themselves for any challenges they may experience at work (Avis & McKinlay, 1991). A study of 961 National Association of Female Executives members found 95% of survey respondents reported physical symptoms, 79% reported emotional symptoms, and 40% reported symptoms were problematic in at least one area of their lives (Simon & Reape, 2009). The National Education Union (2019), representing teachers in the United Kingdom, identified menopause as an occupational health issue and an equality issue, given most teachers in the United Kingdom are women.

According to Harper et al. (2022), people are not well educated about the menopause experience, and media representation of menopause is often negative. Harper et al. surveyed over

3,000 women in the United Kingdom and found the lack of formal education around menopause, specifically perimenopause, has left women unprepared to manage their symptoms, which can cause a loss of confidence and fear of disclosing their experience to others. Over 90% of respondents had not been taught about menopause in school, and more than 60% did not feel informed about menopause (Harper et al., 2022).

Respondents in the Harper et al. (2022) study reported the lack of perimenopause awareness in others negatively affected their experience. Respondents in Harper et al.'s (2022) study reported feeling "misunderstood and unsupported during their suffering at work" (Perimenopause: The Hidden Phenomenon section), and they felt an expectation not to speak about their menopause issues or it would be seen as a sign of weakness. Many participants reported to Harper et al. they felt their competence was negatively impacted due to the lack of support, with some participants reporting they left their jobs or did not accept challenging positions during the menopause transition.

Recent studies have found menopause symptoms are costly for businesses. However, as Kleinman et al. (2013) concluded, "Because menopause is considered a normal aspect of aging, menopausal and perimenopause symptoms are under recognized as a disruptive health condition" (p. 465). Unaddressed menopause symptoms can lead to (a) lost work productivity, (b) increased use of sick days, and (c) increased use of healthcare benefits (Kleinman et al., 2013; Sarrel et al., 2015; Whiteley et al., 2013).

The Mayo Clinic conducted a study of 4,440 participants in 2021 and found a negative impact of menopause symptoms on work outcomes and estimated the cost of lost work productivity due to menopause symptoms was approximately $1.8 billion annually in the United States (Faubion et al., 2021). A study in the United Kingdom estimated companies lose $9.5

million annually from missed workdays due to menopause symptoms (Hassan, 2019). Additional loss of productivity occurs when women experiencing menopause symptoms leave the workforce, causing employers to face the cost of hiring and training new employees (Hassan, 2019). A survey of 2,000 professional women found 44% of respondents reported feeling they did not receive enough support from their employer for their menopausal symptoms (Elektra Health, 2022).

Many menopause transition symptoms are invisible, but the vasomotor symptoms of hot flashes and night sweats can cause overheating, flushing, and perspiration. Grandey (2022) studied hot flashes in the workplace and found women experiencing menopause were considered less confident and less emotionally stable than women not exhibiting menopause transition symptoms. According to Grandey et al. (2020), female-specific body experiences such as menstruation, maternity, and menopause have been considered socially taboo, negatively portrayed in the media, and not openly discussed in workplaces. Grandey et al. theorized the taboo nature of these topics might constrain women's careers, primarily because work organizations are traditionally based on male norms. Participants in the study by Jack et al. (2019) stated that managing vasomotor symptoms and major bleeding due to perimenopause menstruation "could be difficult to negotiate if women's working days involved back-to-back meetings or teaching activities scheduled months in advance" (p. 133).

Griffiths et al. (2013) found women in the United Kingdom were aware that menopause is viewed negatively by society, which resulted in women not talking about it to their employers due to embarrassment and fear. Researchers in the United Kingdom have conducted significant research on menopause, and the House of Commons Women and Equalities Committee issued workplace guidelines for the government and employers. The U.K. Parliament (2022) reported

the key findings from the House of Commons Women and Equalities Committee survey included the following:

- More than one third of respondents took time off work due to menopause symptoms;

- Fewer than a third of respondents told anyone at work;

- Fewer than 11% requested adjustments in the workplace due to their symptoms;

- More than 26% cited being worried about the reaction of others as a reason for not requesting adjustments; and

- One in five respondents did not know whom to speak to request adjustments.

A survey of 5,399 women in the United Kingdom by Beck et al. (2020) examined women's experiences, attitudes, and knowledge about menopause in the workplace. Beck et al. found fatigue, hot flashes, difficulty concentrating, anxiety, and insomnia were the symptoms most reported directly affecting participants' ability to perform their work. Beck et al. (2020) also found more than half of respondents had not disclosed their menopause status at work because they "see menopause as a private issue that they did not want to talk about at work (19.0%); thought they would be perceived negatively if they disclosed (16.8%); or were concerned that their abilities would be questioned (15.8%)" (p. 161).

Some research has found women's perceived impact of menopause symptoms on their careers resulted from societal biases (Grandey et al., 2020). As Grandey et al. (2020) reported, "In other words, there is little evidence that the stage itself and its accompanying hormonal changes explain work outcomes, and what evidence does exist is often self-reported, which may be influenced by societal biases" (Subjective Versus Objective Explanations section). A study of over 7,000 women in Europe and Australia found women who did not feel supported during their

menopause transition reported more symptoms and more negative impacts from menopause

symptoms (Panay et al., 2021). A respondent in Beck et al.'s (2020) study stated:

> Menopause is an experience that I have questioned for some time. I have always
> wondered if it will affect me the way [it's] socially constructed to. My mother described
> it as the best thing that could happen and I'm aiming for a more positive life stage too. I
> don't feel it has to be negative. (p. 163)

According to Beck et al., their research confirmed menopause is still considered a taboo topic in

many workplaces, but there is a desire by women for workplace programs that provide

information and awareness for all employees.

A review of current U.S. law found no employment laws specific to the menopause

transition. Crawford et al. (2022) examined the intersection of current U.S. law and menopause

and concluded, "Menopause raises critical issues at the insertion of gender equity, disability,

aging, transgender rights, and reproductive justice" (p. 1531) but is not explicitly addressed by

U.S. law. Crawford et al. compared existing U.S. law to the approach the United Kingdom is

taking to address menopause-related inequities in the workplace. According to Crawford et al.

(2022), "Current U.S. antidiscrimination law still requires the disaggregation of claims while the

U.K. Equality Act points the way toward a more intersectional approach" (p. 1585). Crawford et

al. (2022) stated:

> Menopause equity, as we have articulated it, contemplates continued employment
> opportunities for *all* employees who experience menopausal symptoms that interfere with
> work, if they can do the job either with reasonable accommodations or, even better,
> adjusted workplace policies that provide more flexibility for all. Moreover, by linking the
> need for workplace changes to biological functions, without regard to gender identity,

menopause equity also bridges the gap within feminist legal theory and among feminist,

queer, and trans theories to level the playing field for all employees. (p. 1587)

Workplace Menopause Programs

Jack et al. (2016) recommended employers provide health promotion programs,

information, and support and raise overall awareness of menopause in the workplace to create a

positive environment for menopausal women. According to the U.S. Department of Health and

Human Services (1992), employee wellness programs increase productivity, reduce absenteeism,

improve employee health, and reduce healthcare costs for employers. Thornton and Johnson

(2010) stated, "Higher education's emphasis upon wellness programs needs to improve to reach

more of its employees in the workplace to increase the quality and years of healthy life and

eliminate health disparities" (p. 972). According to Thornton and Johnson, improving employee

wellness supports higher education institutions' goal of improving the public good. Thornton and

Johnson also recommended employee wellness programs in community colleges should have

offerings for intellectual, emotional, occupational, and spiritual health, in addition to physical

health.

According to Carnethon et al. (2023), effective workplace wellness programs need to

address the needs of all employees and be targeted to vulnerable employee populations.

According to Carnethon et al. (2023), "Women in the workplace are often overlooked as a

vulnerable population despite unique challenges posed by pregnancy, family responsibilities, and

menopause" (pp. 1735–1736). In a study by Harper et al. (2022), participants suggested

education programs for employers and colleagues, open discussions, well-being initiatives, and

policies would help them do their work without fearing judgement from others. Jack et al. (2016)

recommended employers provide health promotion programs, information, and support and raise

overall awareness of menopause in the workplace to create a positive environment for menopausal women.

The European Menopause and Andropause Society identified the following recommendations for employers to support menopausal employees (Griffiths, 2010; Griffiths et al., 2016):

- Raise awareness

- Allow disclosure of troublesome symptoms

- Review control over workplace temperatures and ventilation

- Reduce work-related stress

- Allow flexible working arrangements

- Provide access to cold drinking water

- Ensure access to toilets

Griffiths et al. (2013) recommended employers increase manager awareness about menopause, provide flexible working hours, ensure access to information at work, and give employees the ability to control workplace temperature.

According to Shore et al. (2011), recognizing menopause as a natural experience can help organizations be more inclusive by supporting and valuing women's needs rather than stigmatizing biological experiences. Joshi et al. (2015) found educating managers about menopause and menopause stereotypes could positively impact gender disparities in pay and promotions for women. Participants in Hardy et al.'s (2018) study recommended employers should not consider menopause an adverse condition or generalize or make assumptions that any behaviors are attributed to menopause. According to Hardy et al. (2017), "Women wanted employers and managers to have more knowledge and awareness about menopause, to be better

able to communicate with women about it, and to be able to agree on appropriate adjustments, to provide staff training and develop supportive policies" (p. 40).

Hardy et al. (2017) recommended training include the development of knowledge and attitudes and being respectful and sensitive about the topic to avoid increasing embarrassment and reinforcing stigma. Crawford et al. (2022) summarized the need for menopause awareness in the workplace by stating:

> If approximately half of the population may experience symptoms of menopause at some point but the workplace is not designed with that in mind, treating all employees the same way will disadvantage those who experience symptoms that may affect work. (p. 1587)

Summary

According to Eagly and Carli (2007a), "Answering the question of why women have been excluded from leadership is a complex undertaking that cuts across many disciplines" (p. ix). The literature has cited many possible reasons for the disproportionate number of women in executive leadership positions, with gender stereotypes as one possible reason noted by researchers (Hill et al., 2016; Lueptow et al., 2001; Weyer, 2007). The menopause transition is a biological process with invisible and visible symptoms that affect most women and impacts over 50% of the workforce (Mikhail, 2023). Emerging research has demonstrated a relationship between the menopause transition and women's career experiences (deCosta DiBonaventura et al., 2012; Elektra Health, 2022; Faubion et al., 2023; Furst, 2023; Griffiths et al., 2016).

According to Evandrou et al. (2021), menopause symptoms can hinder some women from continuing full-time work. Mikhail (2023) stated the menopause transition occurs for most women at the same time in their career they are likely to pursue leadership positions. *The American College President: 2023 Edition* found women aspired to be president at the average

age of 46.9, applied at 51.3, and were appointed to their first president position at 52.8 (Melidona et al., 2023). The age range for women to aspire to the college presidency overlaps with the age range when most women experience menopause.

According to the literature, talking about menopause is considered taboo, and the menopause transition is not discussed in most workplaces (Elektra Health, 2022; Faubion et al., 2023; Samuelson et al., 2019). Women have continued to be underrepresented in the role of college president, even though more than half of college students identify as women (Berg et al., 2023; Melidona et al., 2023). Research and literature have explored the relationship between menopause symptoms and women in leadership positions, but researchers have not explored how leaders in positions that lead to the college presidency experience menopause symptoms in the community college setting.

Chapter 3 - Methodology

Chapter 3 provides a review of the purpose of the study, the research questions, and the theoretical and conceptual frameworks guiding this study. The methodology and rationale for its selection are discussed, along with the research design, study setting, participants, and instrumentation. In addition, the researcher reviews data collection, data sources, and data analysis. An alignment table, ethical considerations, a reflexivity statement, study limitations, and study quality are all included in the chapter.

Purpose of the Study and Research Questions

The purpose of this phenomenological study was to gain insight into the lived experiences of female executive leaders in career pathways that lead to the college presidency regarding their menopause transition while working in the community college workplace. One research question guided this study: What are the lived experiences of female executive leaders who go through the menopause transition while working in a community college?

Theoretical and Conceptual Frameworks

Phenomenology is a qualitative research approach focused on exploring and describing individuals' lived experiences, aiming to uncover the essence of phenomena as they are directly perceived and understood by those experiencing them (Peoples, 2021). The Heidegger hermeneutic phenomenology philosophy includes the belief that the researcher cannot separate themselves from the being present and cannot suspend prior knowledge and understanding (Peoples, 2021). The researcher's interpretation is grounded in a) fore-having: knowledge the researcher has on the topic, b) fore-sight: the point of view the researcher uses to make an interpretation, and c) fore-conception: expectations the researcher has about what they might learn (Heidegger, 2020; Plager, 1994).

The researcher cannot separate themselves from the data in hermeneutic phenomenology and the researcher's understanding is expanded, modified, and renewed through the hermeneutic circle (Peoples, 2021). The hermeneutic circle is an iterative process in which the researcher gains deeper insights by continuously re-evaluating how each part of a participant's experience contributes to the overall understanding of the phenomenon and how the overall understanding contributes to each part. It is a circular, or spiral, process of going back and forth between the whole of a phenomenon and its parts. "The parts inform the whole and the whole informs the parts" (Peoples, 2021, p.57).

Heidegger's hermeneutic phenomenology focuses on the lived experiences of individuals and how those experiences are understood within a historical, social, and cultural context (Peoples, 2021). The use of conceptual lenses in hermeneutic phenomenology is appropriate because Heidegger's philosophy believed that there was no way for the researcher to separate themself from being present during the research (Peoples, 2021). In addition to hermeneutic phenomenology, feminist theory and gendered organization theory were used as conceptual frameworks to guide this study. Arinder (2020) stated that using feminist theory enables the study of how people interact in systems and considers the lived experience of people, and McLewis et al. (2023) stated:

> Critical social and feminist theories account for how epistemology and ontology provide
> a world view that informs the research process, including the framing of research
> questions, the data collection process, the intentionality in data analysis and
> dissemination, and the justification and contributions for the inquiry . . . [and that] critical
> and feminist approaches to qualitative research contend knowledge is socially constructed
> and dependent on the perspectives that are being privileged. (pp. 58–60)

The conceptual frameworks of feminist theory and gendered organization theory informed the literature review, interview questions, and the coding and analysis of participant responses. Feminist theory helps explain unequal and oppressive gender situations to promote equality and more opportunities for women (Guy-Evans, 2023). According to Butler (1988):

> Feminist theory has sought to understand the way in which systemic or pervasive political and cultural structures are enacted and reproduced through individual acts and practices, and how the analysis of ostensibly personal situations is clarified through situating the issues in a broader and shared cultural context. (p. 522)

Given each woman experiences the menopause transition differently, feminist theory as a framework not only acknowledges gender-based inequities in the workplace but also considers the viewpoint of each woman and their unique experiences.

According to Acker's (1992) gendered organization theory, gender is present in all processes, practices, and power distribution, and organizations can be gendered in overt or hidden processes and practices. A woman's experience during the menopause transition is influenced by their menopause symptoms, social and cultural beliefs, support systems, and home and work environments. Supporting the use of feminist theory and gendered organization theory as conceptual frameworks, a phenomenological study by Oikelome (2017) found women presidents reported encountering challenges based on both their identity and the organizational structures on their pathway to the presidency.

Research Design

This qualitative study used the hermeneutic phenomenological philosophy research method developed by Heidegger (2020). The study was designed to gain insight into the phenomenon of experiencing the menopause transition while working in executive leadership

positions that lead to the community college presidency. Qualitative research explores how multiple individuals experience the same phenomenon to develop a universal understanding of the phenomenon (Lochmiller & Lester, 2017). According to Creswell and Poth (2017), phenomenological researchers "focus on describing what all participants have in common as they experience a phenomenon" (p. 75). A phenomenological approach is selected by researchers when the purpose of a study is to gain a deep understanding of a phenomenon as experienced by several individuals to develop an essence of the phenomenon that can be used for greater understanding and the development of policies or practices (Creswell & Poth, 2017). According to Solomon (2001), phenomenology focuses on the reality of the experience of the object by the subject, not the reality of the object itself. This approach works well with the phenomenon of the menopause transition because it focuses on participants' shared experiences and not the question of whether symptoms are specifically due to menopause or other factors (e.g., stress).

The aim of this study was to explore participants' experiences in their own words, so a qualitative approach was selected. The structure, policies, and procedural artifacts at the colleges where participants work would not be studied, so a case study approach was inappropriate for this research. Phenomenology was selected instead of narrative inquiry because narrative inquiry explores the life of participants but does not seek to understand the essence of a specific phenomenon (Creswell & Poth, 2017). Figure 3.1 demonstrates how a qualitative phenomenology design and semistructured interviews align with the research questions for this study.

Figure 3.1

Alignment of Research Questions and Methodology

Research Question
What are the lived experiences of female executive leaders who go through the menopause transition while working in a community college?

⬇

Methodology
Qualitative Research: "focuses on the human experience as it occurs in social life"[a]
Phenomenology: "describes one or more individuals' experience of a phenomenon"[b]

⬇

Apply Feminist and Gendering Organization Theories	➡	Conduct semi-structured interviews	➡	Gain insight into the experience of the menopause transition experience	➡	Develop the essence of the phenomenon for a greater understanding

Note. [a]Lochmiller & Lester, 2015, p. 93. [b]Lochmiller & Lester, 2015, p. 103.

Study Setting

This study focused on female executive leaders working in community colleges in the United States. Other countries were not included because some countries have laws or regulations for menopausal employees.

Study Participants

Menopause occurs in people born with female reproductive organs, including transgender men or individuals who do not identify as male or female. This study focused on individuals born with female reproductive organs who identify as female. The World Health Organization (WHO, 2022) reported most women experience menopause between ages 45–55. Female community college executives aged 45 and over who experienced or are currently experiencing

the menopause transition were invited to participate in this study. Twelve participants were interviewed for the study. According to Creswell (2005), 3–15 participants would generally provide saturation in qualitative research. Participants were current employees at U.S. community colleges. Executive positions were defined in this study as provost, vice president, dean, and comparable titles because most community college presidents worked in community college leadership positions before becoming president (McFarlin et al., 1999; Melidona et al., 2023). Selecting participants based on specific criteria is the practice of purposeful sampling, which can provide rich understanding of a small group (Creswell, 2005). In addition to purposeful sampling, snowball sampling was used to recruit additional participants. According to Peoples (2021), "Purposeful and snowball sampling are great to use together since students may receive referrals from participants about other potentially interested participants" (pp. 48–49).

A call for participants went out to the researcher's professional network, professional organizations, community college leadership programs, and social media groups for women in higher education (see Appendix B). The call for participants was sent in January of 2024. An email was sent to the Aspen Rising Presidents program director asking to share the study information. A call for participants was posted on LinkedIn. An email was sent to the distribution list of National Community College Hispanic Council Fellows. A total of 37 perspective participants filled out the online interest form. The researcher reviewed the submissions and determined that 25 of the prospective participants did not meet the study requirements. Twelve qualified participants completed the writing prompt and the semistructured interview. Participants were assigned a number to protect their identity and maintain confidentiality.

Interested participants were provided with a secure link to an online study information and informed consent document that included (a) a letter of introduction about the study, (b) qualifications for participation, (c) length of time for the interviews, and (d) risks and benefits of participation (see Appendix C). The consent form was developed using the Kansas State University sample informed consent form. After reading and completing the informed consent document, participants completed Part 2 of the online form, which collected participant demographics and had them respond to a writing prompt (see Appendix D). When the participants submitted the online form, they were automatically emailed a link to schedule an interview with the researcher via Koalender, an online scheduling tool. Interviews were scheduled for 45 minutes with participants receiving a secure Zoom link the day before the interview. A new Zoom link was generated for each interview, and the waiting room feature was used to ensure privacy during the Zoom interviews.

Protection of Human Subjects

Institutional review board (IRB) approval was obtained before starting the study. To protect and care for the human subjects in this study, the researcher obtained all required approval from the Kansas State University IRB. The researcher provided information in writing and verbally about the voluntary nature of the study and participants' freedom to pause or stop the interview at any time. Participant identities were kept confidential, and any identifying characteristics of individual participants (e.g., place of employment) were not disclosed in the study.

Participants were given contact information for the researcher in case they had any questions or wanted to follow up after the interview. A transparent process was used, and the researcher was not deceptive about any aspect of the study. All study and participant

information, forms, researcher notes, and recordings will be stored on a secure external drive and locked in a file cabinet at the researcher's home during the study and for 5 years after the study. All electronic files are password protected with a password only known by the researcher. A reflexivity statement about the researcher was included to document potential researcher bias and preconceived ideas. Lochmiller and Lester (2016) recommended qualitative researchers include a reflexivity statement because when "the researcher is the research instrument, his or her choices, assumptions, and biases are thought to shape how the research is carried out" (p. 95).

Pilot Study

The interview protocol and interview questions were reviewed by peers and revised based on peer feedback. Peer reviewers were two doctoral students and a current community college leader with an earned doctorate. The peer reviewers received a copy of the interview protocol and questions via email and were asked to provide feedback on the protocol and questions. The researcher modified the protocol and updated the questions based on the peer feedback. A pilot of the interview process was also completed with a peer researcher to ensure the electronic documents and Zoom technology worked before interviewing study participants.

Data Collection

Data were collected through written responses to a writing prompt and semistructured interviews. Lochmiller and Lester (2015) stated, "A semi-structured interview protocol is often incredibly useful for the purposes of eliciting in-depth understanding of a phenomenon of interest" (p. 151). Lochmiller and Lester explained semistructured interviews allow the researcher to ask additional and clarifying questions, allowing unexpected understandings to emerge during the interview. The writing prompt allowed participants to share an experience without the researcher or video technology present. By triangulating two data sources,

researchers may be able to gain deeper understanding of a phenomenon (Peoples, 2021). The

semistructured interviews consisted of questions based on the research question and conceptual

framework (see Appendix D). Interviews were scheduled for 45 minutes and conducted virtually

using Zoom software. With participant permission, interviews were recorded and transcribed

using features within Zoom. Eight open-ended questions guided the interviews with the

researcher asking for clarification or additional information when appropriate. The researcher

journaled throughout the data collection process to document the researcher's initial

understanding of the participants' experiences and identify researcher biases. The writing prompt

and interviews produced data to answer the research question.

Member checking was not used in this study because the researcher wanted to gain an

understanding of participants' experiences as remembered at the time of the writing response and

during the interviews. The experience of being interviewed provided participants with additional

information about the menopause transition experience, which could possibly change their recall

of their experience and result in editing their initial responses.

Data Analysis

Heidegger's (2020) interpretive hermeneutics uses the hermeneutic circle for data

analysis (Peoples, 2021). With the hermeneutic circle, "There is continual review and analysis

between the parts and the whole of the text. The basic tenet of the hermeneutic interpretive

school of thought is that researchers cannot remove themselves from the meanings extracted

from the text" (Reiners, 2012, p. 2). The researcher begins the analysis with fore-conceptions, or

preconceived knowledge and biases, and the researcher's understanding of the phenomenon is

revised each time they gain additional understanding through the analysis process (Peoples,

2021). Instead of bracketing researcher biases and understanding in the Husserl methods, the

Heidegger hermeneutic circle creates new understanding for the researcher based on their fore-conceptions each time the transcript is reviewed (Peoples, 2021). In this study, the researcher's preunderstanding, feminist theory, and gendered organizational theory each served as lenses from which a new and deeper understanding of the phenomenon emerged as the transcripts were reviewed in whole and in part.

QDA Miner Lite, a qualitative data analysis software, was used after initial meaning units were identified by the researcher. Coding software was used for rigor, quality and credibility purposes as recommended by Tracy's (2010) eight key markers of quality in qualitative research. Each interview was reviewed until no new themes were emerging for the researcher. The researcher maintained a journal that documented the process and the expansion of the researcher's understanding of the participants' experiences throughout the hermeneutic circle.

Given the "goal of phenomenological research is to illuminate the lived experience of a phenomenon, the method of analyzing data is emergent. What this means is that data emerge and change during analysis" (Peoples, 2021, p. 58). Smith et. al (1999) discussed Interpretive Phenomenological Analysis (IPA) as a qualitative research approach that explores the participant's view of an experience and focuses on the individual participant's personal perceptions. Researchers use IPA to understand the participants' experiences from the participants' perspectives while also interpreting those experiences through conceptual lenses and the researcher's own preconceived knowledge. IPA works well for phenomenological studies with a small sample size so the researcher can maintain "an overall mental picture of each individual case and the location of themes within them" (Smith et.al., 1999, p.225). IPA and the hermeneutic circle require the researcher to continually review the parts and the whole of each

participant's data for meaning units and common themes across all participants. To provide

structure to the interpretive analysis and hermeneutic circle, the following process was used:

1. Read transcripts and made notes

2. Identified preliminary meaning units

3. Clustered meaning units into categories

4. Compared and contrasted participant experiences by categories

5. Identified emergent themes

Step 1: Read Transcripts and Made Notes

After interviews were completed, individual transcripts were downloaded from Zoom and

saved as individual Microsoft Word documents that included participant demographic

information and responses to the writing prompt. Participants' names were replaced with

numbers to ensure privacy and confidentiality. Transcripts were read in their entirety by the

researcher, and the text was edited to remove (a) unnecessary language (e.g., "um," "like," "you

know"); (b) names of people, places, or other possible identifying information; (c) time stamps,

and (d) spaces between responses. The researcher read the transcripts multiple times, listened to

the recordings, and noted initial observations in the researcher's journal. This repeated review of

the transcripts immersed the researcher in the participant's stories.

Step 2: Identified Preliminary Meaning Units

Using the hermeneutic circle, the researcher alternated between reading each transcript as

a whole and reading participant responses to each question. With each reading, the researcher

made notes and highlighted words and phrases that were potentially meaningful in relation to the

phenomenon. These meaning units and the researcher's understanding of participants' responses

were documented in the researcher's journal. The process was repeated over three weeks until no

new meaning units emerged when comparing the participants' experiences. After hand-coding, the interview transcripts and meaning units were uploaded to QDA Minor Lite.

Step 3: Clustered Meaning Units into Categories

The meaning units were clustered into categories. Through the hermeneutic circle, the researcher reviewed the meaning units through the participant experiences, the researcher's assumptions, and the conceptual frameworks. When clustering meaning units, the researcher took frequent breaks from data analysis. Peoples (2021) recommended taking breaks from data analysis to gain insights that might be missed with immersion in the data. Time away from the data allowed the researcher to think about what they read across all transcripts to gain a deeper understanding of what the participants experienced and identify common experiences. After multiple readings of all transcripts, the researcher combined meaning units that reflected common experiences and/or meaning into categories (see Figure 3.2).

Figure 3.2

Meaning Units Clustered into Categories

Step 4: Compared and Contrasted Participant Experiences by Categories

The researcher then reviewed each participant's transcript for experiences that reflected the categories. The participant experiences were identified in QDA Minor Lite. The personal experiences of the participants are shared in Chapter 4 as paraphrases and direct quotes from the interviews. The researcher continued to journal during this phase to reflect and document the researcher's learning and revision of prior conceptions and biases. The final meaning units, categories, and number of participant cases can be found in Appendix F.

Step 5: Identified Emergent Themes

To identify emergent themes, the researcher reflected and journaled on the meaning units, categories, and what the researcher had learned from the shared experiences of the participants. The final themes represent the essence of the lived experiences of the participants who experienced the phenomenon of the menopause transition experience as a female executive community college leader in career pathways that lead to the college presidency

Instrumentation

Interview questions and a writing prompt were developed that contextualized and clarified the phenomenon as recommended by Bevan (2014). Bevan built upon Husserl's (1970) phenomenological theory to develop an approach that includes contextualizing, apprehending, and clarifying questions about the phenomenon. Bevan's approach includes questions that use imaginative variation. According to Turley et al. (2016), imaginative variation occurs when "features of the experience are imaginatively altered to view the phenomenon under investigation from varying perspectives" (p. 1). The three question types and interview questions used to answer the research questions are described in Appendix D. A secure Google Form (see

Appendix E) was used to collect responses to the writing prompt. The researcher served as the primary instrument to collect data during the study.

Alignment Table

An alignment table can be found in Appendix A that demonstrates the alignment of the literature findings to the research questions, conceptual frameworks, methodology, and interview questions.

Limitations

Limitations of this study include the participant response to the request to participate, the recruitment method, and the use of technology for interviews. The use of Zoom to perform research interviews increases convenience. However, according to Oliffe et al. (2021), Zoom has been identified as having limitations out of the researcher's control (e.g., technology disruptions, audio-visual feed interruptions, reduced eye contact, and the inability to view body language). Due to the taboo nature of menopause, women may not have felt comfortable volunteering for the study (Beck et al., 2020).

In addition, women who experienced severe menopause transition symptoms may have already left the workforce and may not have received invitations to participate in the study. Transferability of the findings is limited due to the nature of phenomenological research, the small sample size, and the different experiences of each woman with the menopause transition. According to Dukes (1984), phenomenological research is limited because it seeks to understand but cannot make factual statements or causality. However, according to Creswell (2007), "Phenomenologists focus on describing what all participants have in common as they experience a phenomenon" (pp. 57–58). Therefore, participants' shared experiences can provide recommendations that may transfer to similar settings.

Reflexivity Statement

I became interested in studying the menopause transition when I read a 2022 article titled *Why Menopause Matters in the Academic Workplace* by Linda Nordling of the United Kingdom. Nordling (2022) discussed how the United Kingdom is a leader in menopause awareness and workplace support. Nordling also stated many women in higher education experience disruption due to the menopause transition. I found articles about the relationship between the menopause transition and women's careers in the United Kingdom, Australia, and other European countries. However, there was little current literature about the subject in the United States.

In April 2023, the Mayo Clinic published a study titled *Impact of Menopause Symptoms on Women in the Workplace* (Faubion et al., 2023). The Mayo Clinic study resulted in articles about the findings and the subsequent need for discussion in the United States about the relationship between menopause transition symptoms and work outcomes. Having recently read an article about the average age at which women pursue the college presidency position and the low numbers of women college presidents, I searched but did not find any literature about the experience of the menopause transition for female community college executive leaders. Learning the average age of the menopause transition overlaps with the average age women aspire to and apply to the presidency position motivated me to conduct this study.

I have worked in higher education since 1996 in the Southwest region of the United States. I have spent my career working in student affairs, and my most recent position was at a large, urban community college. I first noticed perimenopausal symptoms at 48 and officially entered menopause at 50. My experience with the menopausal transition while working in a community college setting provides me with personal insight and experience I had to be aware of when conducting this research.

The Heidegger (2020) hermeneutic philosophy states the researcher cannot separate themselves, or bracket their personal experiences, from the world they are researching, and they are always *Dasein*, or present in the world (Peoples, 2021). Given I experienced the menopause transition while working as an executive leader in a community college and I have researched the relationship between the menopause transition and work, I have both fore-conceptions and personal biases. My role as the research instrument was to ask questions and gather accurate information during interviews without empathizing, leading the conversation, or sharing my personal experiences. When analyzing the data, I remained aware of my biases and fore-conceptions and documented how they changed as I gained understanding from participant responses.

Study Quality

This study used Tracy's (2010) eight "big-tent" criteria for quality in qualitative research. Tracy identified the eight criteria of quality as (a) worthy topic, (b) rich rigor, (c) sincerity, (d) credibility, (e) resonance, (f) significant contribution, (g) ethics, and (h) meaningful coherence. Thus, the researcher adhered to Tracy's eight "big tent" criteria in the study's design, implementation, evaluation, and reporting described in Table 2.

Table 2

Applying Tracy's Eight "Big-Tent" Criteria for Excellent Qualitative Research

"Big-Tent" criteria	How it was achieved in this study
Worthy topic	The topic was: • Relevant: 2022 research on the college presidency identified that there might be barriers preventing women from reaching the college presidency, and future research could help identify those barriers (Melidona et al., 2023) • Timely: Mayo Clinic conducted a 2023 study of 4,440 participants to evaluate the impact of menopause symptoms on work outcomes (Faubion et al., 2023) • Significance: severe menopause symptoms strongly predicted adverse work outcomes and could cost the United States $1.8 billion in lost productivity each year (Faubion et al., 2023) • Interesting: the experience of the menopause transition has not been studied for females aspiring to the college president position
Rich rigor	The researcher: • Piloted interview questions and procedure • Interviewed 12 participants • Spent appropriate time reviewing and understanding data • Maintained a journal of understanding and notes • Utilized Interpretive Phenomenological Analysis and hermeneutic circle
Sincerity	The researcher: • Wrote a reflexology statement • Was transparent about methods and results
Credibility	The researcher: • Accurately reported the participants' responses • Reviewed all transcripts multiple times through the hermeneutic circle • Used two data collection methods for triangulation
Resonance	The researcher: • Presented the results accurately in an intellectually interesting manner • Provided recommendations that are useful and may be transferred to other settings
Significant contribution	The research provided a significant contribution by: • Increased knowledge of the menopause transition of executive leaders in community college settings • Provided recommendations to improve the experience of executive employees experiencing the menopause transition
Ethical	The researcher adhered to: • IRB and human subject ethics • Transparency in data collection and reporting • Privacy and confidentiality of participants • Data security and retention for 5 years
Meaningful coherence	The study: • Achieved the stated purpose • Used appropriate methods and procedures • Meaningfully connected literature and frameworks to the research, findings, and interpretations

Summary

The purpose of this study was to gain insight into the lived experiences of female executive leaders in career pathways that lead to the college presidency regarding their menopause transition while working in the community college workplace. This chapter contains a review of the study's theoretical and conceptual frameworks, research design and the study setting, participants, instrumentation, data collection, and data analysis. The chapter also includes an alignment table, study limitations, ethical considerations, a researcher reflexivity statement, and study quality.

Chapter 4 - Presentation and Analysis of Findings

Chapter 4 presents a discussion of the meaning units and themes that emerged from the writing prompts and semistructured interviews. The chapter includes a review of the research questions and participant demographics. The researcher's understanding of the participants' experiences is shared along with relevant participant quotes, followed by three themes that emerged from the data. The meaning units and themes answered the research question.

Research Question

The purpose of this study was to gain insight into the lived experiences of female executive leaders in career pathways that lead to the college presidency regarding their menopause transition while working in the community college workplace. One research question guided this study: What are the lived experiences of female executive leaders who go through the menopause transition while working in a community college?

Participant Demographics

Participants were all born with female reproductive organs and self-identified as female, were over the age of 45, were employed as a U.S. community college executive leader at the time of the study, and were experiencing perimenopause at the time of the study or had experienced the menopause transition while working in the community college setting.

Participants ranged in age from 49–63 years of age, with the average age being 53 years of age. The participants were all employed in community college executive leadership roles (e.g., dean, vice president, or provost) at community colleges in the United States. The titles of each participant are not disclosed, given some community colleges have unique titles that might identify the participant. Two participants self-identified as currently experiencing perimenopause, nine self-identified as having experienced menopause, and one participant self-

identified as unsure if they were in perimenopause or menopause. The age that participants self-reported first noticing perimenopause symptoms ranged from 40–52 years of age, with the average age being 46 years of age.

Four participants self-reported they were still employed in the same position at the time of the study that they held when they first noticed perimenopause symptoms. Eight of the participants self-reported they were employed in a higher-level position at the time of the study than the position they held when they first noticed perimenopause symptoms. Two participants responded they aspired to become a college president, two responded they were unsure if they aspired to become a college president, and eight responded they did not aspire to become a college president.

Participants were asked to self-identify the racial or ethnic group that best described them. Six participants self-identified as White; four self-identified as Hispanic, Latina, or Mexican American; and two identified as African American. Participants worked at eight different community colleges in Arizona, California, New Mexico, Ohio, and Texas (see Table 3).

Table 3

Participant Demographics

Participant	Age	Race or ethnic group	Menopause status	Aspire to become a college president
1	49	Hispanic	Menopause	Yes
2	51	White	Perimenopause	No
3	54	African American	Perimenopause	No
4	48	White	Unsure	No
5	63	White	Menopause	No
6	53	Hispanic	Menopause	No
7	51	Hispanic	Menopause	No
8	62	White	Menopause	No
9	62	Hispanic	Menopause	Yes
10	52	African American	Menopause	Unsure
11	51	White	Menopause	No
12	51	White	Menopause	Unsure

The Menopause Transition Experience

The meaning units that emerged for the researcher from the analysis of the interview transcripts were clustered into categories and are discussed in this section, along with relevant participant quotes. Participants were asked contextualizing, apprehending, and clarifying questions about their menopause transition experience in the community college workplace. Imaginative variation was also used to ask participants to describe what they think a supportive menopausal workplace environment would look like based on their experience.

Symptoms in the Workplace

Participants were asked to tell the researcher about their perimenopause experience and to think of times that they experienced menopause symptoms in the workplace and describe those experiences. All participants began by recalling their symptoms. Participants mentioned a total of 28 different symptoms, including physical and emotional symptoms(see Table 4). Symptoms that were experienced by three or more of the participants are discussed in in this section.

Table 4

Participant Menopause Transition Symptoms

Menopause transition symptom	Count	Codes (%)	Cases (*n*)	Cases (%)
hot flashes	35	8.50	12	100.00
slow recall/ memory issues	13	3.10	7	58.30
anxiety	12	2.90	6	50.00
irregular/no menses	7	1.70	6	50.00
stress	11	2.70	5	41.70
tired	8	1.90	4	33.30
night sweats	8	1.90	4	33.30
lack of focus	7	1.70	4	33.30
self-doubt, lack of confidence	6	1.40	4	33.30
embarrassed	4	1.00	4	33.30
brain fog	6	1.40	3	25.00
mood swings	5	1.20	3	25.00
emotional	4	1.00	3	25.00
insomnia, interrupted sleep	4	1.00	3	25.00
heavy menses	4	1.00	2	16.70
migraines	3	0.70	2	16.70
impatient	3	0.70	2	16.70
not keeping up with work	3	0.70	2	16.70
crying	2	0.50	2	16.70
hair loss	2	0.50	2	16.70
weight gain	2	0.50	2	16.70
hypertension/high blood pressure	3	0.70	1	8.30
don't want to do anything	2	0.50	1	8.30
sore breasts	1	0.20	1	8.30
pre-menstrual symptoms	1	0.20	1	8.30
short of breath	1	0.20	1	8.30
sensitive to heat/temp	1	0.20	1	8.30
heavy periods	1	0.20	1	8.30
acne	1	0.20	1	8.30
joint pain	1	0.20	1	8.30

Hot Flashes

All 12 participants recalled and shared the experience of having hot flashes in the workplace (see Table 4). Hot flashes are a visible symptom one participant described as, "Generally very uncomfortable, and make [them] very aware of how [their] face is changing and how uncomfortable [they are]." One participant in perimenopause wrote about experiencing a

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hot flash in her written response, "I'm embarrassed if I have to pull out a fan, but, most of the time, I still do it because I am ridiculously hot." Another participant who talked about carrying a fan also shared she thought more about her clothing choices; she said, "I carry a folding hand fan in my bag and I have an electric fan in my office. I also thought more about what I wore so I could take something off if I had a bad hot flash". Another participant stated:

> Experiencing a hot flash is short-lived but feels like forever, and it takes a lot of energy to stay in the moment, connected to whatever work thing I'm doing . . . . Dealing with the heat can be difficult because I just want to take my clothes off, which would be a terrible HR [human resources] situation.

One participant recalled, "I remember at work being in meetings and experiencing a hot flash that made it difficult for me to concentrate or participate in the discussion at hand." A participant who recalled having multiple hot flashes per day stated, "I would get cherry red in my face and in my chest area, and it would come on with no emotional connection, no situational connection, no weather connection. When it happened, it was gonna happen." Another participant, who shared that she experienced frequent hot flashes, said, "I've been perceived as being angry when I'm not" because of a red face caused by hot flashes.

Memory Issues

More than half of the participants also recalled having memory issues at work during their menopause transition experiences. A participant who was in perimenopause at the time of the study shared, "I don't recall things as quickly as I used to, and, at first, that was kind of scary because I've always been pretty quick." She went on to say, "In the last couple of months, what I've noticed is that things just don't come as easy, like as quick, anymore. I have to think harder about a name." The participant referred to this as "meno-brain" and stated, "I don't think anyone

else notices it. . . . I don't think it impacts my performance." She further explained, "It takes a minute to kind of go through that filing cabinet in my head to find what I'm looking for."

Other participants used the term "brain fog" to describe experiences such as forgetting a person's name or phone number and not remembering things if they did not make notes and keep lists. One participant described her memory issues as being worse after a night of insomnia, as she said:

It was as if my brain was on a slight tape delay, a few seconds more than usual to answer, process, etc. Thankfully, I do not believe that this impacted my work product, but it certainly took more energy and time on my end.

Difficulty focusing was recalled by one participant as her biggest issue during the menopause transition and that she would sometimes adjust her work hours to include short breaks which would help her focus. Another participant recalled having a hard time staying focused when her other menopause transition symptoms were occurring.

Emotional Symptoms

Many participants recalled experiencing emotional symptoms at work during the menopause transition, including anxiety, stress, self-doubt, and embarrassment. Experiencing mood swings and feeling emotional were also mentioned by three participants. One participant shared "quick onset anxiety" as the primary menopause symptom she experienced in the workplace. Another participant also recalled experiencing moments of anxiety and having anxiety attacks during presentations. Several participants mentioned anxiety as a secondary symptom caused by hot flashes. For example, a participant described how they would get anxious by stating:

[I have] anxiety about people seeing me have a hot flash. I don't want to appear to be

nervous or sweating for some reason other than the temperature of the room or a hot

flash; I don't want it to be seen as a sign of weakness.

This same sentiment about how flashes cause anxiety was shared by another participant, who said:

In meetings, I will often have to fan myself when I have a hot flash. I get anxious about

what people are thinking or that I will appear sweaty and nervous, but I have to fan

myself. I also have to concentrate on what is happening and not focus on how I am

feeling.

Stress

Five participants identified increased stress as something they experienced in the workplace during their menopause transition. The relationship between stress and menopause transition symptoms was shared by multiple participants, with three specifically recalling that it was a stressful time at work when they went through the menopause transition. One participant recalled:

I think I had a lot of symptoms that I didn't know were because of menopause, like

anxiety and anxiousness. I was having a very stressful time at work and just attributed my

issues to work. I still don't know what was stress and what was menopause, or what was

stress caused by menopause.

Another participant said, "It's stressful to go through that," when referring to the menopause transition. One participant remembered attributing her symptoms to stress because she thought she was too young to be experiencing menopause. Another participant recalled going through the menopause transition at the same time she had a large project at work. She said, "I

was so stressed that I even had maybe the size of a quarter bald spots on the back of my head. And I didn't know if it was stress. I didn't know what it was." The relationship between stress and the menopause transition was described by a participant this way:

> I don't have any scientific data to support it. But I don't know if it's just the stress, and the stress and the pressure of work, if that helps to contribute to perpetuating some of these symptoms in the workplace. But you know, during times of high anxiety or in the middle of a stressful situation, I feel like sometimes my symptoms rise to the surface.

Tired and Interrupted Sleep

Four participants recalled feeling tired during their menopause transition, with several other participants recalling night sweats and insomnia. One participant shared she had " a lot of days that I just really struggled with tiredness", and another remembered "being tired all the time". A participant shared that when she had difficulty sleeping, it made her other symptoms worse the next day.

Knowledge of Menopause Transition

A lack of knowledge about perimenopause, the menopause transition, and menopause symptoms was specifically recalled by six participants. Participants told the researcher stories about how they found out they were in perimenopause and how they did not know what was happening when they first started to experience menopause transition symptoms. Four participants thought they were too young, with one stating, "I was too young at 48 for menopause. I thought it was for 60-year-old women." Three participants remembered going to their doctor because of their symptoms. One told the story about how she thought she might be pregnant and her doctor was not helpful, which left her feeling like she "was navigating on her own" and feeling shame because she did not know what was happening to her.

Two participants remembered figuring out they were in perimenopause after talking with other women at work. One shared, "It only occurred to me because I was working with two other women who were going through menopause, and so they would talk about hot flashes. And I remember asking them, 'What is that like?'" Many of the symptoms of menopause and stress overlap, so some participants were not initially sure if their experience and some of their symptoms were due to the menopause transition or caused by the stress of work.

Workplace Policies, Benefits, and Programs

Most study participants initially recalled that they did not use any college policies or services to manage their menopause transition experience, and none of the participants recalled any employee programs or education about menopause being available at their college of employment. After further reflection, participants talked about remote work, paid sick leave, flexible schedules, and the medical insurance benefits provided by their community college. Participants talked about the ability to work remotely and flex their schedules as a benefit they used to manage their symptoms. For example, a participant wrote, "Thankfully, my role at the time required a flexible schedule to accommodate weekend and evening events so I was able to flex as needed," when she responded to the writing prompt. Flexibility was mentioned by another participant, both in terms of her work schedule and her office culture, when she talked about her ability to manage her own calendar and "get up and move as needed." Flexibility with work hours and hybrid work was shared by another participant who talked about her ability to modify her schedule; she said:

> There's a little bit of flexibility with being able to be hybrid if necessary. This flexibility
> with being able to start my day from home, to give the extra couple of hours in the

morning to just kinda adjust. So you know, it's just the day-to-day, physically, not

knowing how you're gonna feel.

This same approach was used by another participant who initially responded she did not use any

polices, but then stated:

Nothing other than just being flexible. So if I am out in the morning due to a migraine,

I'll pick up extra hours, or I'll take sick time. I love the ability to flex my schedule, so

that I can manage all aspects of life, including a fair amount of symptoms.

Five participants recalled medical benefits as something they used to manage their

menopause transition symptoms. A participant shared "taking advantage of medical benefits"

was helpful when she had to find a doctor who was knowledgeable about perimenopause, stating,

"I do feel fortunate that I've got good coverage where I had access to a broader, I guess breadth

of practitioners where I could pick and choose."

Impact on Performance

Participants were asked to remember if they experienced any times that their menopause

transition symptoms had impacted their work performance and to tell the researcher about those

experiences. Three participants recalled being misunderstood at work because of having hot

flashes. A participant in perimenopause described how she experienced anxiety about having hot

flashes in the workplace, stating, "I don't want it to be seen as a sign of weakness." Another

participant who experienced a lot of hot flashes in the workplace stated, "It has definitely

impacted my career" due to the college president, colleagues, students, and their parents thinking

her red face was due to anger or frustration instead of hot flashes.

Participants recalled memory issues as having an impact on work performance. One participant explained, "I think the only thing where I feel like I'm impacted in work is I don't recall things as quickly as I used to." Another participant recalled:

Days after an episode of insomnia, I would be at my desk feeling foggy. It was if my brain was on a slight tape delay, a few seconds more than usual to answer, process, etc. Thankfully, I do not believe that this impacted my work product but it certainly took more energy and time on my end.

A third participant stated, "I think the brain fog is probably something that I was more frustrated with like, 'Why can't I remember this?' I used to be able to remember these things, and I got more diligent about keeping lists and notes." One participant, who had severe menopause transition symptoms for an extended period, reported they felt their menopause transition experience had a negative impact on their career.

Several participants stated they did not know if the menopause transition had an impact on their work or career because of their workload and due to symptoms overlapping with other causes (e.g., stress). For example, a participant stated:

I don't really remember it affecting my work. There might have been some moodiness or memory kind of things. But I also was in a peak time with planning for a major thing, so it gets hard to separate. If that was just a lot of the plates between the workload and managing my personal life with teenage children at home at that time and menopausal symptoms.

Similarly, another participant explained:

I know what I'm feeling, right? I know the anxiety, the stress. The uncertainty that you may have and so do you contribute it to the menopause and symptoms? Do you

contribute it to just not knowing and being unsure? So, I don't know if I've been as open

and honest around my physical symptoms and how they contribute or may impact my

work.

The uncertainty about impact on career was also shared by a participant who said, "I have never

really talked to anyone about this. I don't think it hurt my career, but it definitely didn't make

things easy for me for a few years."

In addition to talking about physical and emotional symptoms, several participants shared

how their menopause transition experience led them to take better care of their physical and

emotional health. A participant shared that perimenopause "made [her] more mindful of aging in

general, so [she was] also trying hard not to take [her] health for granted." She went on to talk

about exercising, eating healthy, and not sitting for long hours at her computer. One participant

talked about how managing her menopause symptoms taught her to "slow down and breathe"

when she would feel stressed or like she was "starting to spiral." A participant talked about how

she learned to better prioritize her time so she can leave work on time to spend time with her

family. Two participants talked about how they felt being in menopause had positive aspects

(e.g., it being "freeing" and causing them to "stress less about small things"). In addition, one

participant shared she learned some ways to lower her stress during her menopause transition

that she still used to manage her stress.

Disclosure to Supervisor or Coworkers

Almost all participants shared an experience in which they talked about their menopause

transition experience with female coworkers in the workplace. The conversations were usually

connected to experiencing a symptom in the workplace. Two participants shared they reached

out to other women in their workplace to ask them questions and get information about menopause.

When participants were asked if they shared their menopause transition status with their supervisor, seven remembered talking to their direct supervisor about their menopause symptoms. Four of the participants who did not share their menopause status had male supervisors, and three of the four said they would not have been comfortable talking with their male supervisor about menopause. A participant explained:

> I think that there's a level of comfort among females. I would never have a conversation about being menopausal, perimenopausal, anything like that with my current boss, who is a man. So I'm not comfortable talking about anything like that, or even putting it out there as a something that I'm going through with any male coworkers, supervisors, direct reports not gonna happen.

One participant with a female supervisor stated she would not have been comfortable talking with her female supervisor about menopause. Another shared, "I did share with my supervisor once. She didn't really acknowledge what I was saying, and I felt the conversation made her uncomfortable."

Multiple Identities

When talking about their menopause transition experience within the context of their workplace, participants spoke about how their experience was impacted by age, culture, and gender role stereotypes. A participant talked about how the menopause transition had her thinking about being a "woman of this age" with graying hair and wondering what it meant to be a mature woman in the workplace. She stated:

There are so many awards now, like 40 under 40, and things that really celebrate, I think, usefulness in our profession. And, I think for me being at this age has also been about how do I reclaim this time in life. Right? So maybe I'm not under 40. But you know it doesn't mean I'm at the end of a career.

She went on to share being in menopause made her realize "there are some things that [women] have to navigate as older women at work." Another participant discussed how her menopause transition symptoms had gone away, but she still had anxiety about "feeling old and worrying that people would think [she is] not as competent because [she is] getting older."

Several participants mentioned gender roles and gender stereotypes when they were talking about their experience sharing, or not sharing, their perimenopause status with their supervisor or coworkers. A participant who did not share her perimenopause status with her male supervisor stated:

It's not shame. I think it's just gender roles. They don't get it, and I don't want them to think differently of me, either that I'm really tough because I'm powering through, or poor little thing is going through that. I want to say that it's taboo, but taboo makes it feel like there's some shame associated with it, and I'm not embarrassed at all about being where I am. I just feel like they can't connect.

One participant who talked about gender roles and the menopause transition shared she did not hear negative things about women leaders in her workplace like she heard when she was younger, specifically women are too emotional to be leaders. She shared she believed the work her college was doing with diversity, equity, inclusion, and belonging helped create a safe space for women who were experiencing issues related to menopause. However, the same participant stated:

Sometimes I imagine what it's like to live the life of a stereotypical White man. To just

walk through life with ease and joy and power. Power that comes from within and can't

be tampered by anyone. And not ugly power, like heartwarming, soul-touching, universe

expanding power. A feminine power.

Multiple participants mentioned their culture as a reason they did not have a lot of

knowledge about the menopause transition or were not comfortable talking about it in the

workplace. Two participants who self-identified as Hispanic and Mexican both shared they never

talked about menopause with their mothers due to their culture. One participant, who said she

would not discuss her menopause status or symptoms in the workplace, stated, "Between being a

woman, an African American, and almost 50, I have to always show up the best that I can to

avoid people making assumptions about me."

Supportive Workplace Recommendations

When asked what a supportive menopausal environment would look like, one participant

said with a laugh, "Air conditioning and lots of fans." Having access to fans was mentioned by

seven other participants as their first response. After fans, the desire to normalize menopause and

provide menopause information and support were the most common suggestions. Other

suggestions included a quiet/relaxation room where people can take short breaks, support groups,

remote work, and the ability to adjust the room temperature. One participant made this

suggestion: "I could see, like yoga classes or stress classes or nutrition things that could help."

None of the participants shared experiences of working in an unsupportive environment, but they

all had recommendations for how community colleges could be more supportive of menopausal

employees.

Five participants mentioned normalizing menopause would create a supportive environment for women going through the menopause transition. One compared it to the way paternity leave is offered, and another stated it will be normalized when people feel comfortable talking about it at work. Five participants said colleges should provide menopause information and support, with one participant saying:

> I think it would need to start with education. Just to really understand what it looks and feels like, because I don't think everyone understands what that looks and feels like, because there's physical implications and there are emotional implications to being in this space. So how can an employer be a little more understanding and supportive.

Many participants specifically mentioned their role at the college and that they had a private office they could go to when they needed time alone. One participant shared:

> I think I was just fortunate that I was in the kind of office where I could make adjustments as needed. Whether it was temperature, whether it was breaks. I would sometimes, if I felt like something was coming on, I would go to the ladies room and just run cold water on my wrists.

Another participant with a private office shared, "Privately, I would go to my office and just break down in tears, and just, you know, lose it, and then I'd have to come out and be the brave person for the campus."

One participant said a supportive menopausal environment would recognize the menopause transition is a normal process and that each woman has a different experience. Similarly, another participant shared that making people aware of the menopause transition would be part of a supportive menopausal workplace, so it would be seen as something normal

and not something to be ashamed of. One participant recalled an experience where she learned one of her direct reports was experiencing menopause transition symptoms and. She said:

I can do for her what my boss did for me and normalize it. I didn't get embarrassed. I wasn't embarrassed by her talking about it. I didn't brush it off. I acknowledged it and then I shared. "Yeah, it's tough to experience those things while you're working," and I could see in her face that she was kind of like, "Oh, this is something we can talk about." And I think this is the idea of normalizing. I think it made us both feel better to know we were both going through it, and it's a normal thing.

The same participant went on to tell the researcher how humans go through developmental stages, and this was just another stage people should talk about and be educated about—like puberty and pregnancy. One participant shared she did not mind when her coworkers see her experience a hot flash "because this is normal, and [people] have work to do to make it normal." She went on to say, "I want to normalize this for men and women." Another participant stated, when talking about the menopause transition, "I guess it would be nice if everyone understood it more, so it wouldn't feel so negative and like something women have to hide."

Emergent Themes

Clustering the meaning units and reflecting on the participants' experiences during the data analysis led the researcher to identify common themes across all participants' experiences. The themes and their supporting clusters of meaning units are identified below and will be further discussed in chapter 5.

There was a desire to normalize the menopause transition.

Participants experienced embarrassment and anxiety when they would experience symptoms in the workplace. Five participants specifically mentioned the idea of normalizing

menopause in the workplace, and the researcher identified it as a theme for all participants' experiences. The categories that support this theme are (a) symptoms in the workplace, (b) knowledge of menopause transition, (c) workplace policies, benefits, and programs, (d) disclosure to supervisor or coworkers, and (e) workplace recommendations.

The community college executive position characteristics supported the management of menopause transition symptoms.

Participants shared that the flexibility and independence of the executive-level community college positions supported the successful management of menopause transition symptoms. This theme came through in the following categories: (a) impact on performance, (b) workplace policies, benefits, and programs, and (c) supportive workplace recommendations.

There was gender bias and stereotypes present in the participants' workplaces.

Most participants shared experiences where they recalled their actions were influenced by gender, gender bias, or gender stereotypes. This theme was presented across all categories of meaning units.

Chapter Summary

This chapter included a summary of the research questions and participant demographics. Participant interview transcripts were analyzed through interpretive phenomenological analysis and the hermeneutic circle to identify meaning units. The meaning units were organized into the categories described in this chapter. Themes were then identified which provided insight into the lived experiences of the participants. Chapter 5 will present an overview of the study, a discussion of the findings, implications for practice, and recommendations for future research.

Chapter 5 - Conclusions and Recommendations

This chapter provides a review of the purpose of the study, the research question, and the theoretical and conceptual frameworks. An overview of the findings is discussed within the context of past research and the conceptual frameworks, followed by implications and recommendations for future research.

Study Overview

Women have been underrepresented in the role of community college president (Hannum et al., 2015), and studies have found women report experiencing barriers that impact their career progression (Cotter et al., 2001; Hill et al., 2016; Kirkhope, 2023; Melidona et al., 2023). Recent research has demonstrated a relationship between women leaving the workplace and the challenges of managing the menopause transition in the workplace (Elektra Health, 2022; Faubion et al., 2023; Nordling, 2022). Research has explored the relationship between menopause symptoms and women's leadership progression but has not studied how leaders in positions that lead to the college presidency experience the menopause transition. Jack et al. (2019) stated, "The lived experience of going through menopause in the workplace is underexplored in menopause research" (p. 125). This study was designed to gain insight into the lived experiences of female executive leaders in career pathways that lead to the college presidency regarding their menopause transition while working in the community college workplace. Twelve female community college executives who were experiencing or had experienced the menopause transition while working in a community college were interviewed. One research question guided this study: What are the lived experiences of female executive leaders who go through the menopause transition while working in a community college?

Discussion of Findings

The participants in this study were not well-informed about the menopause transition before starting perimenopause and did not receive menopause transition support in their workplace. This finding supports Harper et al.'s (2022) statement that people have not been well educated about the menopause transition experience or prepared to manage symptoms they experience at work. Participants indicated they were not sure what was happening to them when they first started experiencing symptoms, and they had to seek out information from their doctors or other women in the workplace. Several participants recalled experiencing their first perimenopause symptom while at work and feeling a lot of anxiety and concern because they did not know what was happening to them. Like some of the respondents in Harper et al.'s study, some participants in this study recalled feeling a loss of confidence, feeling misunderstood, and being concerned that their menopause symptoms could be seen as weakness.

All participants shared experiences of having a hot flash in the workplace. Participant experiences with hot flashes ranged from mild to severe, with one participant experiencing and feeling supported by coworkers who were present. Participants' experiences with their symptoms, particularly hot flashes, supported Acker's (1992) gendered organization theory. According to Acker, the interactions between people create alliances and exclusions based on gender. The researcher identified gendered organization theory (Acker, 1992) when participants would talk about making fun or making light of their symptoms, particularly when male coworkers were present because the participants did not want to be seen as weak or different than male coworkers due to menopause.

Most participants said they were comfortable talking about their menopause experience or asking questions with female supervisors and other female coworkers. One participant

referred to gender rules when talking about why she would not talk to her male supervisor about her menopause symptoms. Other participants also indicated a hesitancy to talk to male coworkers about menopause. This could reflect the feminist theory tenet that the male body is the standard and that characteristics of the female body are deficient by comparison (Annadale & Clark, 1996).

Some participants expressed concern about how they would be perceived when they had a hot flash or if they talked about their menopause symptoms. This could reflect a gendered organization theory as described by Acker (1992) where employees have internal mental paradigms about the organization that are based on gendered work behaviors or attitudes. The lack of awareness about menopause and the lack of information available in the community college workplace for the participants supports Grandey et al.'s (2020) findings that female body experiences (e.g., menopause) have been (a) considered socially taboo, (b) negatively portrayed in the media, and (c) not openly discussed in workplaces, primarily because work organizations are traditionally based on male norms.

Every woman's menopause transition experience is unique, with each woman having different symptoms and different perspectives about the experience (Frey, 1982; George, 2002; Hoga et al., 2015). Although some of the symptoms were the same and common themes were present, the experiences shared by participants in this study were all different. According to feminist bell hooks (2015), the experiences of women differ based on race, class, location, and other personal characteristics. When discussing their menopause transition experience, participants spoke about their multiple identities, such as race, age, and parental duties.

Several participants reflected that their lack of knowledge about perimenopause or their hesitancy to talk about menopause in the workplace reflected their culture and childhood

experiences where things like menopause were not talked about in the home. Participants also shared concerns about their menopause symptoms reflecting negatively on them in conjunction with their age, gender, and race. The intersection of the participants' multiple identities and the presence of gender stereotypes impacted how a participant experienced the menopause transition in several participant experiences. Specifically, one participant shared that she worries about how people view her competence due to her age, race, and menopause status.

Emergent Themes

This study identified three themes that were common across the lived experiences of the participants during their menopause transition experience. The themes and their alignment with literature and the conceptual frameworks are discussed below.

There was a desire to normalize the menopause transition.

The participants in this study expressed a desire to normalize the menopause experience in the workplace, supporting Beck et al.'s (2020) research, which confirmed menopause has continued to be considered a taboo topic in many workplaces, but there is a desire by women for workplace programs that provide information and awareness for all employees. Beck et al. (2020) found respondents did not disclose their menopause status at work because they viewed menopause as a private issue, were concerned about being perceived negatively, or were concerned their professional abilities would be questioned. Participants of this study gave these same reasons for not sharing their menopause status with their supervisors. The sentiment expressed in participants' experiences supported gendered organization theory in that gender divisions exist in the community college leadership spaces where the participants worked, and the women in this study did not want their female-specific experience of the menopause transition to cause them to be viewed differently by their male counterparts. The researcher also

felt participants' desire for the menopause transition to be seen as a normal experience in the workplace reinforces the perception that it is an abnormal or negative experience. None of the participants could recall any menopause support, training, or employee services at their community college beyond medical insurance. Feminist theorists have concluded the failure to acknowledge gender within organizations continues patterns of gender structures that disadvantage women (Acker, 1992; Belle et al., 1998).

The community college executive position characteristics supported the management of menopause transition symptoms.

Participants in this study were in community college executive leadership positions, which included dean, associate vice president, vice president, and provost positions. These positions traditionally lead to the college presidency position (McFarlin et al., 1999; Melidona et al., 2023; Vaugh, 1990). However, only two participants stated they had the goal of becoming a community college president, which was an unexpected finding.

Recent studies have reported symptoms associated with the menopause transition (a) impact work performance, (b) can cause women to leave or consider leaving their jobs, or (c) result in women not pursuing promotional opportunities (Elektra Health, 2022; Furst, 2023). One participant in this study said she felt her menopause symptoms negatively impacted her career, with another saying it was part of the reason she took some time off from work which supports the Elektra Health, Mayo Clinic, and Women in the Workplace findings (Elektra Health, 2022; Faubion et al., 2023; Furst, 2023). Other participants reflected that their menopause symptoms may have impacted their career, but they could not separate their menopause symptoms from other symptoms caused by stress, aging, and the increased

responsibilities of their professional and personal lives. This could be due to the lack of knowledge most participants had about the menopause transition and related symptoms.

When participants were asked to recall their menopause transition experience, several remembered it was a very stressful time due to projects and increased responsibility at work. This supports research findings that women in professional careers often transition into leadership positions with increased responsibility around the same age they begin to experience menopause symptoms (Mikhail, 2023). The overlap between symptoms of stress and menopause are similar, which might cause some women to underestimate the impact of menopause on their career (Baker, 1985). These participants' experiences with stress and menopause symptoms mirrors the findings of a study by Safwan et al. (2024) that found high-stress jobs can increase the severity of menopause transition symptoms with a participant stating that stress seemed to make her menopause transition symptoms occur. The overlap of symptoms and the lack of knowledge about the menopause transition made it difficult for some participants to determine the impact of their menopause transition on their career progression.

Although participant experiences led the researcher to identify gendered organization theory present in their community college workplaces and gender roles and stereotypes grounded in feminist theory, the characteristics of the executive community college positions provided the participants the flexibility to manage their symptoms. Participants mentioned using their ability to flex their workdays, take breaks when needed, and use remote work to manage their symptoms. The autonomy to adjust their schedules to manage their symptoms is reflective of executive-level positions in community colleges, and several participants noted that other women in lower-level or student-serving community college positions might not have that same level of flexibility. Several participants also mentioned the COVID-19 global pandemic in 2020, which

introduced the ability to work remotely, a benefit they used to manage their menopause transition symptoms. While the participants' workplaces did not have programs specific to menopause, some of the participants' workplace experiences included recommendations made by the European Menopause and Andropause Society such as control over temperature, flexible schedule, and access to cold water (Griffiths et al., 2016)

Some participants shared they began taking better care of their physical and mental health because of their menopause transition experience and learned techniques to manage stress. The increased ability to manage stress may help them as future presidents, given managing stress has been identified as a challenge for community college leaders (Dawson, 2004; Nelson & Burke, 2000).

There was gender bias and stereotypes present in the participants' workplaces.

When viewing the participants' menopause transition experience through the conceptual frameworks of feminist theory and gendered organization theory, the researcher found gender roles and gender stereotypes were present in the community college environments where participants worked. Acker's theory of gendered institutions states that: "Gender is present in the processes, practices, images and ideologies, and distributions of power in the various sectors of social life" (1992, p. 567). Acker believed that organizations can be gendered in terms of processes and practices in ways that are overt and hidden, including interactions between people that include dominance and subordination based on gender (1992).

The researcher found examples of gendered organization theory and feminist theory when participants would talk about hiding, minimizing, or joking about their menopause transition symptoms in the presence of male employees. Participants said they would never have conversations about the menopause transition with men in their workplaces, with one specifically

saying she did not want her male coworkers to think of her differently. However, only one participant talked about gender roles when sharing her experiences and reflecting on why she did not talk about the menopause transition when male coworkers were present. A participant who was experiencing peri-menopause at the time of the interview talked about how she did not hear negative things about women as leaders in her workplace but also stated that sometimes she imagines what it is like to "live the life of a stereotypical white man."

The researcher felt that the experiences many participants shared reflected an acceptance that female body functions should not be discussed in the workplace. Annandale and Clark (1996) examined feminist theory, gender, and the sociology of human reproduction and stated that the male body is viewed as the standard of health and, therefore, the female body and female body functions are viewed as deficient and associated with illness. bell Hooks (2015) stated that both women and men have been socialized to accept and perpetuate sexist ideology and gender bias. When viewed through a feminist lens, many of the experiences that participants talked about included examples of gender bias and gender stereotypes.

Implications for Practice

While the menopause transition experience of each female is different, there were common themes present in the menopause transition experiences of this study's participants. Participants of this study did not recall any programs or services available at their colleges specific to the menopause transition. This finding suggests community colleges could benefit from educating all employees about female-specific experiences (e.g., the menopause transition experience). This could start with programs that educate all employees about how the menopause transition is a normal part of human development. Failure to acknowledge the role of gender within an organization continues the pattern of creating gender structures and disadvantaging

women (Acker, 1992; Belle et al., 1998). A study participant shared that her college was doing a lot of work with diversity, equity, inclusion, and belonging, and talking about menopause would expand the definition of inclusion.

According to study participants, some community colleges have programs or practices in place that inadvertently support the menopause transition, but they can do more. Most participants mentioned good medical insurance and health benefits. Participants spoke positively about existing employee wellness programs, exercise facilities, quiet/reflection rooms, and remote work policies. These programs can be expanded to include the topic of the menopause transition without requiring a lot of additional resources. Recommendations from participants included (a) providing menopause awareness and information training in the workplace, (b) creating support groups, (c) allowing fans in workspaces, (d) creating relaxation spaces, (e) giving employees the ability to take short breaks when needed, and (f) providing flexibility with work schedules. Given the relationship between stress and menopause symptoms, programs and services focused on stress reduction and stress management may also help support community college employees experiencing menopause transition symptoms. Participants' suggestions for creating environments that support employees during the menopause transition experience align with the recommendations from research conducted by Griffiths et al. (2016) and Jack et al. (2016).

Although these recommendations may help support female community college employees experiencing the menopause transition, the current study showed there is continued work to be done to eliminate gender bias and gender stereotypes in the community college settings where participants worked.

Recommendations for Future Research

This phenomenological study was designed to gain an understanding of the menopause transition experience of female community college executive leaders. This study expands on research findings that menopause transition symptoms can impact women's career progression. Although most participants of this study did not explicitly say their menopause transition experiences impacted their work or career, they did remember feeling concerned about how they were perceived as leaders when experiencing menopause transition symptoms. To gain insight into the impact of the menopause transition on female executive leaders' path to the community college presidency, additional research could include interviewing female college presidents or a qualitative survey of a larger pool of women in executive community college positions about their menopause transition experience and their career progression.

An unexpected finding of this study was only 2 of the 12 participants indicated they had the goal of becoming a college president. Given that these positions are considered pipeline positions for future presidents, additional research is recommended on why female executives choose to pursue or not pursue the college presidency.

The researcher only interviewed community college executive leaders currently employed as executive leaders at a community college. It is possible expanding the participant pool to include women who left their executive community college positions during the menopause transition could provide additional insight into the phenomenon. Expanding research to include women at all position levels within the community college is another area of future research that may lead to further understanding of the menopause transition experience and the relationship between the menopause transition and career progression.

Chapter Summary

The menopause transition experience is a complex experience of physical and emotional symptoms that are influenced by a woman's environment, age, culture, gender roles, and individual circumstances. Although no two women have identical menopause transition experiences, this study found common themes among women who experience the menopause transition while working as an executive leader in a community college setting. There is an overall lack of awareness and knowledge about perimenopause and the menopause transition experience in the community college setting. Most of the female leaders interviewed for this study did not feel their menopause transition symptoms negatively impacted their work or career progression, but they still experienced anxiety, stress, and embarrassment when they experienced symptoms in the workplace.

Participants' experiences included examples of gender norms and gender stereotypes in the workplace impacting their menopause experience. This came through in the stories participants shared about minimizing or making light of their public hot flash experiences and not feeling comfortable talking about menopause in the workplace for fear of being seen as weak or different from their male counterparts. The desire of participants to make menopause something normal and talked about in the workplace reinforces findings in the literature, feminist theory, and gendered organization theory that barriers exist within the community college workplace for women based on negative female gender stereotypes.

The women in this study experienced the menopause transition while working in executive leadership positions. Overall, the researcher found participants' experiences as an executive leader in a community college setting allowed participants to successfully manage their menopause transition symptoms, with eight participants moving into higher-level positions

during or after the menopause transition. However, based on participants' experiences, there is still work to be completed in terms of removing barriers women face in the community college workplace related to gender norms and gender stereotypes, especially as related to the menopause transition experience. As long as the female-specific menopause transition experience is considered taboo or abnormal to talk about in the workplace, women may continue to experience stress and anxiety about their menopause symptoms in the workplace, leave the workplace, or not pursue promotional opportunities.

In addition to recent studies about the menopause experience and the creation of workplace guidelines for menopause in the United Kingdom, menopause and the menopause transition are receiving attention in the United States. U.S. congressional leaders proposed a bill to provide $275,000 in federal funding to increase research, doctor training, and awareness about menopause in May of 2024, and mainstream media and celebrities are talking about menopause in the United States (Diamond, 2024). Community colleges are an integral part of society with a history of innovation (Hall, 2024), and now is the time for community colleges to lead the way by providing menopause transition information and support to employees and students.

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Appendix A. Alignment Table

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Literature, Research Questions, Frameworks, and Methodology Alignment Table

Literature findings	Research question	Conceptual frameworks	Methodology	Interview questions and writing prompt
The menopause transition and the relationship between menopause transition and work (Elektra Health, 2022; Faubion et al., 2023; Furst, 2023;Jack et al., 2019; Mikhail, 2023)	What are the lived experiences of female executive leaders who go through the menopause transition while working in a community college?	Feminist theory (Hartsock, hooks, Smith) Gendered organization theory (Acker)	Qualitative: Interpretive hermeneutic phenomenology Writing prompt and semistructured interviews	Feminist theory: Questions 1–8, writing prompt Gendered organization theory: Questions 4, 5, 6, 7, 8, writing prompt

Appendix B. Invitation to Prospective Participants

Email

Subject Line: Research Participants Needed - Menopause and Working Study

Hello, and Happy New Year!

I hope you are doing well. I have advanced to doctoral candidacy with Kansas State University, and I am studying the menopause transition of female executive community college leaders for my dissertation.

I am looking for participants who are:
- **Female,**
- **45 or older,**
- **a community college Dean, VP, Provost, or other similar role that traditionally leads to the college president position, and**
- **are experiencing perimenopause OR experienced perimenopause while working in one of the above leadership positions (doesn't have to be the same position they are currently in)**

The study will take about an hour to complete. The first part is completing an information form and responding to a writing prompt, which will take about 15 minutes.

The second part is a 45-minute Zoom interview that will take place between now and the end of February.

Participants will contribute to an emerging research field about the menopause transition and work.

Participants will receive a $10 Starbucks gift card after completing the interview. All participant information will be kept private and confidential.

For more information and to participate in the study, click this link: https://forms.gle/pbuGkeB2uZD3RBR17

[Study Information and Informed Consent](#)

forms.gle
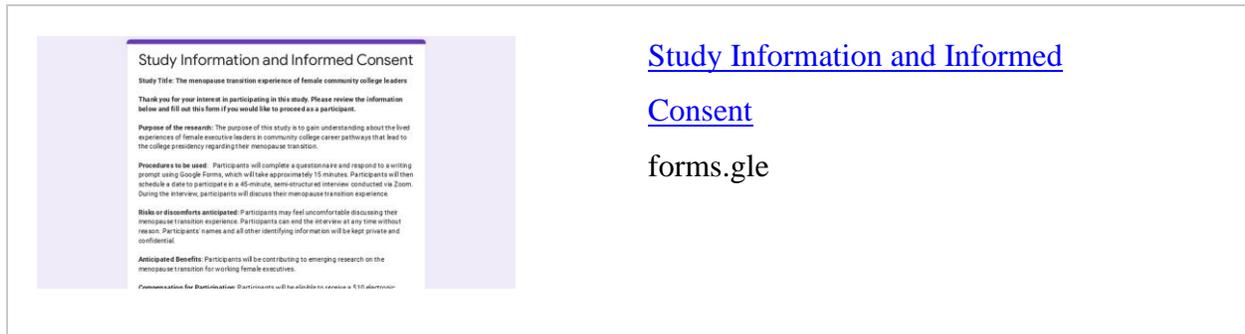
Please feel free to share this email with individuals who may be interested in participating in this research study.

Thank you so much!

Carmen Prado Newland
K-State Doctoral Candidate

This study is being conducted by Carmen Prado Newland, Kansas State University Doctoral student under the direction of Dr. Sandy Robinson.

Contact xxxxxxxxxxxxxxx@xxxxxxx.xxx or xxxxxxx@xxx.xxx for questions.

Social Media Post on LinkedIn

Doctoral Research Study Participants Needed:

- Female Community College Executives (dean, vice president, provost, or similar role that traditionally leads to the college president position) who are:
- working at a community college within the United States,
- Age 45 and over,
- Currently experiencing any phase of the menopause transition (perimenopause, menopause, or postmenopause), and
- Working at least 50% of the time at a physical campus location.

If you are interested in participating in a 45-minute Zoom interview about your menopause transition experience, please fill out this **Google Form**

Google Form Fields:
First Name*
Last Name*
Community College Name*
Job Title
Email Address
Phone Number
US Time Zone
Best Time of Day for 45-minute interview
Best Day of Week for 45-minute interview
Confirm that you meet all study requirements:

- Female Community College Executives (dean, vice president, provost, or similar role that traditionally leads to the college president position)
- working at a community college within the United States
- Age 45 and over
- Currently experiencing any phase of the menopause transition (perimenopause, menopause, or postmenopause)
- Working at least 50% of the time at a physical campus location.

*You will be assigned a participant number that will be used on all the notes and in the dissertation. The participant names, college name, and assigned numbers will not be disclosed and will be kept in separate, secure locations to protect all participant identities.

Appendix C. Informed Consent Form

Study Information and Informed Consent

Study Title: The menopause transition experience of female community college leaders

Thank you for your interest in participating in this study. Please review the information below and fill out this form if you would like to proceed as a participant.

Purpose of the research: The purpose of this study is to gain understanding about the lived experiences of female executive leaders in community college career pathways that lead to the college presidency regarding their menopause transition.

Procedures to be used: Participants will complete a questionnaire and respond to a writing prompt using Google Forms, which will take approximately 15 minutes. Participants will then schedule a date to participate in a 45-minute, semi-structured interview conducted via Zoom. During the interview, participants will discuss their menopause transition experience.

Risks or discomforts anticipated: Participants may feel uncomfortable discussing their menopause transition experience. Participants can end the interview at any time without reason. Participants' names and all other identifying information will be kept private and confidential.

Anticipated Benefits: Participants will be contributing to emerging research on the menopause transition for working female executives.

Compensation for Participation: Participants will be eligible to receive a $10 electronic Starbucks gift card after completion of the interview.

Extent of Confidentiality: All information collected from participants in this research will not be shared with the public or other investigators. Care will be taken to ensure privacy and confidentiality of participants' identities and responses by assigning a number to each participant. The participant number will be used on all the notes and in the dissertation. The participant names, college names, and assigned numbers will not be disclosed and will be kept in separate, secure locations to protect all participant identities. Individual participant responses may be quoted in the final dissertation when they add context to the themes that are identified. No personal identifying information will be included in those quotes. All data and participant information will be stored on an external hard drive, password protected, and maintained for 5 years in a safe at the researcher's home.

IRB Chair Contact Information: Lisa Rubin, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506,

Project Approval Date: 12/20/2023
Project Expiration Date: 12/19/2026
Length of Study: 3 years
Principle Investigator: Dr. Sandy Robinson, Professor of Practice, Kansas State University
Contact for problems or questions: Dr. Sandy Robinson: ▬▬▬▬▬▬▬▬

No compensation or medical treatment is available if injury occurs.
This consent form was created and collected by Carmen Prado Newland, a doctoral candidate at Kansas State University.

*Indicates required question

1. Email *

_____

2. **Participant Eligibility**   *
   Participants must meet all of the criteria below:

   •Females: born and identifying as female
   •Executives in dean, vice president, provost positions, or comparable positions titles working at least 50% in person/on campus at a US community college
   •Ages 45 and older and experiencing/ed the menopause transition

   The menopause transition starts with peri-menopause, which is when menopause symptoms are first noticed, and ends after one year of no menstruation, which is when menopause begins.

   Check each box to confirm you meet participant requirements.

   If you do not meet all 4 of the participant eligibility criteria, you are not eligible to participate in this study and can exit the form now. Thank you for your interest.

   Check all that apply.

   ☐ I was born female and currently identify as a female
   ☐ I currently work in a US community college in an executive position such as Dean, Vice President, Provost, or other leadership position
   ☐ I am age 45 or older
   ☐ I am experiencing the menopause transition or experienced the menopause transition while working as an executive in a community college

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3. **Terms of Participation:** I understand this study is research, and that my   *
   participation is voluntary. I also understand that if I decide to participate in this
   study, I may withdraw my consent at any time and stop participating without
   explanation, penalty, or loss of benefits, or academic standing to which I may
   otherwise be entitled.

   I verify that my acknowledgement below indicates that I have read and understand
   this consent form and willingly agree to participate in this study under the terms
   described, and that my signature acknowledges that I will receive a signed and
   dated copy of this consent form.

   Mark only one oval.

   ◯ I have read the Terms of Participation and I accept the terms.

4. First Name (Serves as Participant Signature) *

   _____

5. Last Name (Serves as Participant Signature) *

   _____

6. Email Address (personal/non-work email is recommended) *

   _____

7. Phone Number *

   _____

111

8. Preferred Contact Method *

Mark only one oval.

⬭ Email

⬭ Phone

Thank you for your interest in this study. You can now proceed to the first phase of the study, which will take approximately 15 minutes to complete.

Click the NEXT button below to proceed.

Thank you for your time and participation in this study. Please answer the following questions to the best of your ability. There are no right or wrong answers.

9. What is your current age? *

_____

10. What racial or ethnic group best describes you? *

_____

11. What is your current job title? *

_____

12. What is the name of the community college where you work? *

_____

13.   What month/year did you start your current job? *

_____

14.   What is your current menopause transition phase? *

Mark only one oval.

( ) Perimenopause - starts when menopause symptoms are first noticed and ends
after 1 year of no menstruation

( ) Menopause - 12 or more consecutive months with no menstruation

( ) Unsure

15.   At what age did you first notice perimenopause symptoms? *

_____

16.   What was your job title when you first noticed perimenopause symptoms? *

_____

17.   Do you aspire to become a college president? *

Mark only one oval.

( ) Yes

( ) No

( ) Unsure

18. Think of a time that you experienced a menopause symptom in the workplace   *
and write about that experience in as much detail as possible using these
guidelines.

1. Think about the event chronologically. (What were you doing, and what was the
sequence of events)
2. Describe what you felt, what you thought, what was said, what you heard, and
how you felt about what you thought.
3. Try to describe the experience like you are watching it on film.
4. Describe the experience as you lived it. Try to avoid causal explanations (this
happened
because…), generalizations, or abstract interpretations (I wonder if…).
6. If you interacted with other people during the experience, please assign
pseudonyms to the persons or only use job titles.

_____

_____

_____

_____

_____

*Thank you for participating in this study. When you click submit, you will receive an email
copy of this form for your records.*

Use this link to schedule a Zoom interview. During the 45 minute interview, you will share
more information with the researcher about your experience with the menopause
transition: https://koalendar.com/e/research-interview-koam7Zjd

Participant and Researcher Copy of Study Information and Informed Consent Form

Thanks for filling out Study Information and Informed Consent

Here's what was received.

Study Information and Informed Consent

Study Title: The menopause transition experience of female community college leaders

Thank you for your interest in participating in this study. Please review the information below and fill out this form if you would like to proceed as a participant.

Purpose of the research: The purpose of this study is to gain understanding about the lived experiences of female executive leaders in community college career pathways that lead to the college presidency regarding their menopause transition.

Procedures to be used: Participants will complete a questionnaire and respond to a writing prompt using Google Forms, which will take approximately 15 minutes. Participants will then schedule a date to participate in a 45-minute, semi-structured interview conducted via Zoom. During the interview, participants will discuss their menopause transition experience.

Risks or discomforts anticipated: Participants may feel uncomfortable discussing their menopause transition experience. Participants can end the interview at any time without reason. Participants' names and all other identifying information will be kept private and confidential.

Anticipated Benefits: Participants will be contributing to emerging research on the menopause transition for working female executives.

Compensation for Participation: Participants will be eligible to receive a $10 electronic Starbucks gift card after completion of the interview.

Extent of Confidentiality: All information collected from participants in this research will not be shared with the public or other investigators. Care will be taken to ensure privacy and confidentiality of participants' identities and responses by assigning a number to each participant. The participant number will be used on all the notes and in the dissertation. The participant names, college names, and assigned numbers will not be disclosed and will be kept in separate, secure locations to protect all participant identities. Individual participant responses may be quoted in the final dissertation when they add context to the themes that are identified. No personal identifying information will be included in those quotes. All data and participant information will be stored on an external hard drive, password protected, and maintained for 5 years in a safe at the researcher's home.

IRB Chair Contact Information: Lisa Rubin, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224

Project Approval Date: 12/20/2023
Project Expiration Date: 12/19/2026
Length of Study: 3 years
Principle Investigator: Dr. Sandy Robinson, Professor of Practice, Kansas State University
Contact for problems or questions: Dr. Sandy Robinson▮▮▮▮▮▮▮▮▮▮▮▮▮▮

No compensation or medical treatment is available if injury occurs.
This consent form was created and collected by Carmen Prado Newland, a doctoral candidate at Kansas State University.

Email *

▮▮▮▮▮▮▮▮▮▮▮

Participant Eligibility
Participants must meet all of the criteria below:

•Females: born and identifying as female

•Executives in dean, vice president, provost positions, or comparable positions titles working at least 50% in person/on campus at a US community college
•Ages 45 and older and experiencing/ed the menopause transition

The menopause transition starts with peri-menopause, which is when menopause symptoms are first noticed, and ends after one year of no menstruation, which is when menopause begins.

Check each box to confirm you meet participant requirements.

If you do not meet all 4 of the participant eligibility criteria, you are not eligible to participate in this study and can exit the form now. Thank you for your interest.
*

☑ I was born female and currently identify as a female

☑ I currently work in a US community college in an executive position such as Dean, Vice President, Provost, or other leadership position

☑ I am age 45 or older

☑ I am experiencing the menopause transition or experienced the menopause transition while working as an executive in a community college

Terms of Participation: I understand this study is research, and that my participation is voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time and stop participating without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my acknowledgement below indicates that I have read and understand this consent form and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I will receive a signed and dated copy of this consent form.

◉ I have read the Terms of Participation and I accept the terms.

First Name (Serves as Participant Signature) *

Carmen

Last Name (Serves as Participant Signature) *

Newland

Email Address (personal/non-work email is recommended) *

[REDACTED]

Phone Number *

[REDACTED]

Preferred Contact Method *

Email ▾

Received by Project Staff: Carmen Prado Newland *

MM   DD   YYYY
08 / 15 / 2024

Thank you for your time and participation in this study. Please answer the following questions to the best of your ability. There are no right or wrong answers.

What is your current age? *

x

What racial or ethnic group best describes you? *

x

What is your current job title? *

x
....

What is the name of the community college where you work? *

x
....

What month/year did you start your current job? *

x
....

What is your current menopause transition phase? *

○ Perimenopause - starts when menopause symptoms are first noticed and ends after 1
    year of no menstruation

◉ Menopause - 12 or more consecutive months with no menstruation

○ Unsure

At what age did you first notice perimenopause symptoms? *

x
....

What was your job title when you first noticed perimenopause symptoms?
*

x
....

Do you aspire to become a college president? *

○ Yes

◉ No

○ Unsure

Think of a time that you experienced a menopause symptom in the workplace and write about that experience in as much detail as possible using these guidelines.

1. Think about the event chronologically. (What were you doing, and what was the sequence of events)
2. Describe what you felt, what you thought, what was said, what you heard, and how you felt about what you thought.
3. Try to describe the experience like you are watching it on film.

4. Describe the experience as you lived it. Try to avoid causal explanations (this happened
because…), generalizations, or abstract interpretations (I wonder if…).
6. If you interacted with other people during the experience, please assign pseudonyms to the persons or only use job titles.

*

x
....

Thank you for participating in this study. When you click submit, you will receive an email copy of this form for your records.

Use this link to schedule a Zoom interview. During the 45 minute interview, you will share more information with the researcher about your experience with the menopause transition: https://koalendar.com/e/research-interview-koam7Zjd

Appendix D. Interview Questions

Examples of Contextualizing, Apprehending, and Clarifying Interview Questions

Question type	Purpose	Interview question
Contextualizing	Enable participant to reconstruct and describe their experience	Question 1. Can you please tell me about your perimenopause experience? Question 8. Is there anything else about your menopause transition experience in your workplace that you would like to share with me?
Apprehending	Focus the participant on the experience being studied	Question 2: Think of times that you experienced menopause symptoms in the workplace and describe those experiences. Question 3. If there were times that your symptoms had an impact on your work performance, please tell me about those experiences. Question 4: If you made any changes in the workplace or to your work due to your menopause symptoms, tell me about the changes and those experiences. Question 5. If you used any college policies or services to manage your symptoms, please describe that experience. Question 6. If you shared your menopause symptoms with your supervisor or coworkers at your workplace, tell me about those experiences.
Clarifying	Use imaginative variation to further explore the phenomenon	Question 7. Some countries are implementing guidelines for employers to use to create supportive environments for menopausal employees. Thinking about your experience and your workplace, what would a supportive menopausal environment look like?

Appendix E. Interview Protocol and Script

The following steps outline the process the researcher followed to conduct the participant semistructured interviews.

1. An invitation to participate in the interview will be sent via email to the study participants after they complete the informed consent form.

2. Participants will be able to select an available day and time on the researcher's calendar for the interview. Once selected, the researcher will send a Kansas State University Zoom link to the participant's preferred email address. The anticipated interview length is 45 minutes.

3. The interviews will be video and audio recorded using the record tool within Zoom. Immediately upon joining the Zoom meeting, the researcher will confirm the participant's name and remind the participant of the recording and the study's voluntary nature.

4. Prior to the interview, participants will have completed an online questionnaire using Google forms that will gather demographic information, work history, and include a 10-minute writing prompt:

   a. What is your current age?
   b. What racial or ethnic group best describes you?
   c. What is your current job title?
   d. What is the name of the community college where you work?
   e. What month/year did you start your current job?
   f. What is your current menopause transition phase?
      i. Perimenopause - starts when menopause symptoms are first noticed and ends after 1year of no menstruation
      ii. Menopause - 12 or more consecutive months with no menstruation
      iii. Unsure
   g. At what age did you first notice perimenopause symptoms? What was your job title when you first noticed perimenopause symptoms?
   h. Do you aspire to become a college president?

   Think of a time that you experienced a menopause symptom in the workplace and write about that experience in as much detail as possible using these guidelines.

   1. Think about the event chronologically. (What were you doing, and what was the sequence of events)
   2. Describe what you felt, what you thought, what was said, what you heard, and how you felt about what you thought.
   3. Try to describe the experience like you are watching it on film.
   4. Describe the experience as you lived it. Try to avoid causal explanations (this happened because…), generalizations, or abstract interpretations (I wonder if…).
   5. If you interacted with other people during the experience, please assign pseudonyms to the persons or only use job titles.

Interview Script and Interview Questions

Good morning/afternoon, my name is Carmen Prado Newland. I am a doctoral student at Kansas State University. Thank you for agreeing to participate in my research study. The purpose of this study is to gain insight into the lived experiences of female executive leaders in career pathways that lead to the college presidency regarding their menopause transition while working in the community college workplace.

With your permission, I will record this Zoom interview and take notes during the interview, both of which will be used for transcription purposes only. Once transcribed, the recording will be deleted. If you choose not to be recorded, I will take notes instead. If you agree to be recorded but feel uncomfortable or change your mind for any reason during the interview, I can turn it off at your request. You can opt to have your video on or off during this interview. Your participation is voluntary, so you can stop anytime if you do not wish to continue with the interview.

Once I have transcribed the interview, I will provide you with an opportunity to review the transcriptions for accuracy. When the research is completed, I will delete the recorded interviews and save the transcriptions and other study data for five years in a secure location. You will be assigned a participant number that will be used on all the notes. The participants' names and assigned numbers will be kept in separate, secure locations to protect all participants' identities. Without the names of participants, information may be used for future research studies or distributed to another investigator for future research studies without additional informed consent.

Do I have your permission to record this interview?
Do you have any questions about what I have explained?
May we begin the interview?

Interview Questions

1. Can you please tell me about your perimenopause experience?
2. Think of times that you experienced menopause symptoms in the workplace and describe those experiences.
3. If there were times that your symptoms had an impact on your work performance, please tell me about those experiences.
4. If you made any changes in the workplace or to your work due to your menopause symptoms, tell me about the changes and those experiences.
5. If you used any college policies or services to manage your symptoms, please describe that experience.
6. If you shared your menopause symptoms with your supervisor or coworkers at your workplace, tell me about those experiences.

7. Some countries are implementing guidelines for employers to use to create supportive environments for menopausal employees. Thinking about your experience and your workplace, what would a supportive menopausal environment look like?
8. Is there anything else about your menopause transition experience in your workplace that you would like to share with me?

Debrief

Thank you for participating in this study. All the information collected in today's interview will be confidential, and there will be no way of identifying your responses in the data archive or final dissertation. As a researcher, I am looking for themes that emerge from all the interviews, not individual responses. Individual responses may be quoted in the final dissertation when they add context to the themes that are identified. No personal identifying information will be included in those quotes. A copy of the final dissertation will be made available to you.

If you have any questions regarding this study, please feel free to contact me via email at xxxxxxxxxxxxxx@xxx.xxx or by phone at (xxx)xxx-xxxx.

You may also contact the Kansas State University Research Compliance Office: Lisa Rubin, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (xxx)xxx-xxxx.

Appendix F: Meaning Unit Table

Category	Meaning Unit	Count	% codes	Cases	% cases
Symptoms at Work	hot flashes	35	8.50	12	100.00
Symptoms at Work	slow recall/ memory issues	13	3.10	7	58.30
Symptoms at Work	anxiety	12	2.90	6	50.00
Symptoms at Work	irregular/no menses	7	1.70	6	50.00
Symptoms at Work	stress	11	2.70	5	41.70
Symptoms at Work	tired	8	1.90	4	33.30
Symptoms at Work	night sweats	8	1.90	4	33.30
Symptoms at Work	lack of focus	7	1.70	4	33.30
Symptoms at Work	self-doubt, lack of confidence	6	1.40	4	33.30
Symptoms at Work	embarrassed	4	1.00	4	33.30
Symptoms at Work	brain fog	6	1.40	3	25.00
Symptoms at Work	mood swings	5	1.20	3	25.00
Symptoms at Work	emotional	4	1.00	3	25.00
Symptoms at Work	insomnia, interrupted sleep	4	1.00	3	25.00
Symptoms at Work	heavy menses	4	1.00	2	16.70
Symptoms at Work	migraines	3	0.70	2	16.70
Symptoms at Work	impatient	3	0.70	2	16.70
Symptoms at Work	not keeping up with work	3	0.70	2	16.70
Symptoms at Work	crying	2	0.50	2	16.70
Symptoms at Work	hair loss	2	0.50	2	16.70
Symptoms at Work	weight gain	2	0.50	2	16.70
Knowledge/Awareness	what is meno vs what is just work and life	10	2.40	6	50.00
Knowledge/Awareness	couldn't let people know	9	2.20	6	50.00
Knowledge/Awareness	didn't know what was happening	15	3.60	5	41.70
Knowledge/Awareness	culture -didn't talk about	6	1.40	5	41.70
Knowledge/Awareness	thought I was too young	5	1.20	5	41.70
Knowledge/Awareness	asked other women	8	1.90	4	33.30
Knowledge/Awareness	different experience than others	5	1.20	3	25.00
Knowledge/Awareness	asked doctor	4	1.00	3	25.00
Knowledge/Awareness	shame for not knowing about meno	1	0.20	1	8.30
Knowledge/Awareness	symptom of old age	1	0.20	1	8.30
Work policies, benefits, programs	remote work	10	2.40	8	66.70
Work policies, benefits, programs	paid leave/sick leave	8	1.90	7	58.30
Work policies, benefits, programs	flexible schedule	7	1.70	7	58.30
Work policies, benefits, programs	medical insurance/benefits	7	1.70	5	41.70
Work policies, benefits, programs	didn't use any	2	0.50	1	8.30
Workplace Recommendations	fans	10	2.40	8	66.70
Workplace Recommendations	normalize menopause	11	2.70	5	41.70
Workplace Recommendations	provide meno wellness info and support	5	1.20	5	41.70
Workplace Recommendations	quiet, relaxation room/space	6	1.40	4	33.30
Workplace Recommendations	short break when needed	5	1.20	4	33.30
Workplace Recommendations	support groups	4	1.00	4	33.30

Category	Meaning Unit	Count	% codes	Cases	% cases
Workplace Recommendations	adjustable thermostat	4	1.00	3	25.00
Workplace Recommendations	flexibility with work and deadlines	3	0.70	2	16.70
Workplace Recommendations	exercise space	2	0.50	2	16.70
Workplace Recommendations	cold water	2	0.50	1	8.30
Workplace Recommendations	mental health support	1	0.20	1	8.30
Workplace Recommendations	medical benefits	1	0.20	1	8.30
Workplace Recommendations	meditation	1	0.20	1	8.30
Workplace Recommendations	place to nap	1	0.20	1	8.30
Workplace Recommendations	allow people to show emotions	1	0.20	1	8.30
Workplace Recommendations	insurance coverage for HRT	1	0.20	1	8.30
Workplace Recommendations	drinks and snacks	1	0.20	1	8.30
Workplace Recommendations	different for each woman	1	0.20	1	8.30
Workplace Recommendations	free feminine products	1	0.20	1	8.30
Disclose to Supervisor	comfortable sharing	8	1.90	6	50.00
Disclose to Supervisor	male boss	5	1.20	5	41.70
Disclose to Supervisor	female boss	5	1.20	5	41.70
Disclose to Supervisor	not comfortable sharing	4	1.00	3	25.00
Disclose to Supervisor	sign of weakness	2	0.50	2	16.70
Disclose to Supervisor	boss not comfortable talking about	2	0.50	1	8.30
Impact on Work	misunderstood due to hot flashes	11	2.70	3	25.00
Impact on Work	taking more notes	4	1.00	3	25.00
Impact on Work	memory/difficult concentrating	4	1.00	2	16.70
Impact on Work	different wardrobe	2	0.50	2	16.70
Impact on Work	yes, has impacted career	2	0.50	1	8.30
Impact on Work	leave work/stay home	1	0.20	1	8.30
Impact on Work	No Changes	1	0.20	1	8.30
Impact on Work	No impact	1	0.20	1	8.30
Multiple Identities	gender roles and being a woman	8	1.90	4	33.30
Multiple Identities	age- getting older	8	1.90	2	16.70
Multiple Identities	caring for parents	2	0.50	2	16.70
Multiple Identities	race	2	0.50	2	16.70
Multiple Identities	hard of hearing	3	0.70	1	8.30
Multiple Identities	parenting teenage children	1	0.20	1	8.30