



## Invited Editorial

## Opportunities for driving forward research, addressing older women's health needs, and supporting women's health in the workplace

## ARTICLE INFO

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The UK's Westminster Health Forum Policy Conference was held on 4 November 2021, titled the “*Priorities for women's health - tackling the gender health gap, recovering from COVID-19, promoting women's only health concerns, and opportunities for research*”. I was invited to speak and share my views on the opportunities we have for research to address women's health needs and supporting women at work. I proposed several key areas addressing promising approaches to research, key target groups and topics, as well as the role of funding and employers to help influence research and create a positive impact on older women's health.

The first opportunity presented was the potential to utilise and capitalise on technology and computing. Technology is a huge part of our lives. The internet, social media, smart phones, apps, healthcare providers all capture a wealth of data [1] that could be used to help us understand the experiences, perceptions, wants and needs of women across the world. Technology and computer science disciplines have the potential to capture and analyse this “big data” related to health and healthcare in cost-effective and efficient ways, rather than traditional human-based research. They could offer timely insights to help us understand the current climate of such health topics and, perhaps, where intervention may be needed. This can include within work contexts.

There are also the differential experiences of being “a woman” and of women's health issues that may require different approaches to research and policy [2]. Gender identity and being a menopausal “man”, for example, may have important differences that require tailored information and support. Other groups, such as ethnic minority populations and LGBTQ groups, are also important to research and represent, to be able to better support all groups and workforce populations. Those without problems associated with their women/female-related health are also a population we see few research studies investigating. Those who are able to manage their experiences without needing to see a general practitioner/ family doctor, use National Health services, medications, or have positive experiences would be valuable to understand.

They do exist but we often do not hear about them. They are not headline-grabbing. Yet, we have the potential to learn from these populations to understand what might be contributing to their “positive” experience that may help others experiencing difficulties or educate younger women to prepare for older age.

There are also key research opportunities, and needs, to understand the barriers to talking about women's health and how to reduce these barriers. Understanding the role of “others” in such communications is an important direction for research and attention to help us help people, managers, colleagues, and those not experiencing these issues directly (e.g. men) to have these conversations in a constructive way. Identifying the drivers and mechanisms to encourage these conversations and foster openness towards this issue are critically important, especially in the workplace [3]. What role does workplace culture play and how can we create these “women's health-friendly work cultures”? These are important questions to answer for addressing women's health and work.

Related to the above points are the importance of exploring the types of messaging being used to discuss women's health issues and the “accuracy” of information being shared. Are these “healthy” messages for women, workplaces, and society? I was very happy to hear an earlier speaker, Dr. John Ford, raise the importance of messages and the potential detrimental impact of focusing on the negatives. From a psychological perspective, the dangers of focusing on the worst-case scenarios can lead to difficult thought patterns, fear, which can lead to and/or influence the experiences of more physical and psychological problems. Workplaces and others in this field should be mindful about the accuracy of their information and messages they share with staff and colleagues. Research examining and learning from these can help us move away from potentially negative and/or unhealthy, maybe inaccurate messages about women's health. Correcting this could be a strong positive step towards promoting positivity, empowerment and inclusivity around women's health and supporting their needs, even potentially overcoming some of the barriers around talking on this issue.

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Central to all these opportunities is the need for a larger, robust evidence base. This includes more evaluations of the interventions and practices that are being used to address women's health issues. I am often asked about workplace "best practice". Without the evidence, we cannot say. Currently, we do not have the evidence. Everything we do should be informed by good-quality evidence and evaluations. We have made good progress in women's health and work, but more high-quality research is needed to continue this forward motion in the field. COVID-19 has changed our workplaces and practices, and with that our need to research and understand them [4], in particular, the impact on women, their health, and how workplaces can best support them considering these new ways of working. Evidence-based guidance and advice on the more "traditional" ways of working must be considered against their applicability in these new ways of working. Without it, our practice may not be evidence driven.

Most people in the UK are employed [5]. Workplaces are in a powerful position to be able to deliver important information and education about health to most of the public. I think workplaces offer an important vehicle for us to better inform and educate staff and others about women's health issues, help women understand their experiences, terminology and meanings about their health that could, for example, help improve the quality of conversations with others, such as GPs and health practitioners, and potentially help them receive support at the right time. It could also help dispel myths and misunderstandings that have come from exposure to inaccurate information on the internet, social media, and other non-experts on women's health topics.

All these ideas are not easy. But with active, ongoing commitment and collaborations between researchers, employers, health professionals, policy makers, and women, I believe we can overcome the problems women face now and have been facing for a long time. A lack of funding and resources directed into research in this field was raised in the session as a significant barrier to this progress. Having specific allocated funding streams to support the necessary research, partnerships, education, and resources to build our evidence base and drive practice and policy would help us achieve these goals. I am optimistic that this support will occur, and through the proposed avenues discussed, will help continue our progress on women's health for the UK and the world.

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## Conflict of interest statement

The author is owner and Managing Director of the company Hardy People Ltd.

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Claire Hardy  
 Division of Health Research, Faculty of Health and Medicine, Lancaster University, UK  
 E-mail address: [c.hardy1@lancaster.ac.uk](mailto:c.hardy1@lancaster.ac.uk).