



Research Proposal

Menopause and decision-making in policing:
A lived experience study.

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Background & Context
Menopause is an inherent component of a woman's aging process (UCDavis Health, 2025); it is not an ailment nor is it a syndrome, but it is commonly expressed, or identified through a diverse range of symptoms that denote this transitional stage (Cooke, 2026., Hamoda, 2021). Menopause is a major life event that impacts almost all working women of the appropriate age (Griffiths <i>et al</i>, 2006). Within the UK, menopause generally occurs within women between the ages of 45 and 55 years, with the average age being 51 years (Cooke, 2026; Hamoda, 2021;). For some women it can occur earlier or later than this (Menopause Support, 2025). As more women experience menopause and its symptoms whilst in employment, understanding its impact within the workplace has become vital (Tawmley et al, 2025). Current acknowledgement of the developing importance of this area is evidenced by the growth of available guidance for employers, and more recently the introduction of UK Government policy (Tawmley et al, 2025). This year, 2026, has seen the introduction of the Employment Rights Bill which now legislates organisations employing 250 or more people to produce Menopause Action Plans outlining how they will support employees through menopause. A 2025 review of UK literature (between 2016-2024) regarding menopause and the workplace highlighted that 70% of the publications were primarily related to the workplace impact of menopause; how symptoms were dealt with and how menopause was viewed (Tawmley et al, 2025). Most drew on samples of women working fulltime in professional settings (i.e., offices) with very few focused on the experiences of women in particular occupational frontline positions such as the police service (Tawmley et al, 2025). Laverick <i>et al</i> (2019, p.61) highlight that a third of UK women police officers are now 45years or more and, with evidenced progress towards achieving gender parity within policing, and a visible trend towards an older workforce demographic, the menopause is becoming an increasingly important contemporary occupational health issue with the needs of older women in policing requiring particular attention (Police Federation of England & Wales, 2024). Previous research within menopause and policing, has expressed concern regarding its impact on job performance, with some participants detailing experiences of disciplinary action resulting from behaviour, or poor performance, influenced by the menopause transition (Laverick <i>et al</i>, 2019 p68 cites Griffiths, 2010). A survey conducted by the Police Federation of England and Wales (2024) regarding menopause in the workplace highlighted that having to make difficult decisions made coping with menopause symptoms moderately or extremely difficult for 40% of its participants.

Decision-making in policing is ‘inherently complex’ (Boulton, 2025, p1) and insight into the ‘process’ is limited (Feys *et al*, 2022, p2). Yet, it is an integral part of policing and the ‘process’ that officers adopt to make decisions is argued as just one consideration alongside other equally important factors that influence their reasoning. Such factors identified include ‘time’, ‘the person’, ‘the problem’ and ‘the social context’ (Halford, 2024, p3); with ‘The person’ factor including cognitive ability, personality, experience, and the individuals emotional state of mind (Halford, 2024, p6). Stenshol *et al* (2023, p404) supports this adding that a number of cognitive, personality and reflective factors may be relevant to police decision-making. Furthermore, others assert that personal characteristics such as gender, mood and values also have an impact (Feys *et al*, 2022, p6). During menopause women often describe changes to their ability to think clearly, make decisions and function well mentally (Phelps, 2021), with much evidence supporting the reality that some women experience menopause symptoms that impair their ability to undertake their role effectively (Tawmley *et al*, 2025).

There is a visible absence of research that explores menopause and decision-making *per se*, with no known research specifically focused on the impact of the menopause on decision-making by women police officers or their lived experiences. Access to women’s lived experiences offers researchers a powerful tool for gaining deeper insight into the meaning of the experience (Anto *et al*, 2025), therefore understanding if, and how, menopause affects police decision-making would allow officers and their organisation to raise awareness, provide a supportive workplace, and maintain operational safety and performance. It is against this backdrop, and with a growing appetite to enhance knowledge of the impact of menopause in the many facets of the workplace, specifically within policing, that this research is positioned.

Aims & Objectives

The aim of this study is to develop an understanding of the impact of menopause transition on women police officers’ decision-making through the exploration of lived experiences, taking cognisance of the ‘tools’, frameworks, or personal strategies that women officers use to positively support their decision-making process, or to mitigate any negative effects of menopause symptoms when making decisions.

To realise the above research aims, the objectives of this research are to:

- Identify and critically review the academic and professional literature regarding work and health issues within policing with a specific focus on the menopause and its effect on cognitive issues (decision-making) and abilities.
- Explore the lived experiences of women police officers transitioning through menopause, focussing particularly on the impact that the menopause has on their decision-making, and to identify any risks to the individual and the organisation.
- Establish, and validate, the tools, frameworks, or personal strategies that women officers may call upon to positively support or mitigate any negative effects of menopause symptoms upon their decision-making.

- Utilise the findings of this research to develop an awareness resource for women officers, and the wider policing community, of the effects of menopause symptoms on decision-making.
- Propose future areas of relevant research linked to policing and the menopause.

Indicative Review of Literature

‘Menopause’ is a universal term used to denote the stage in a woman’s life when she may experience symptoms related to fluctuating and reducing hormone levels where her monthly menstruation will eventually cease (Menopause Support, 2025). This transitional period can be divided into three defined stages – Perimenopause, menopause and postmenopause – where symptoms experienced can be diverse, can vary overtime and can present as physical, psychological, or emotional in their disposition. At perimenopause a woman can experience diverse symptoms for several months or several years (Cleveland Clinic, 2024, Cooke, 2026) before reaching the defined stage of menopause, thereafter she will remain in postmenopause for the rest of her life (Cleveland Clinic, 2024; Cooke, 2026).

Research claims that as each woman’s menopause transition is unique to the individual and can be influenced by a number of personal factors (Cooke, 2026) it can be difficult to predict when or if a woman will encounter any symptom, or a range of symptoms (Menopause Support, 2025) or their severity.

Menopause, previously deemed a taboo subject, has arguably become the subject of much contemporary dialogue and a visible cultural shift, resulting in the promotion of awareness and policy changes within the workplace. According to Brewis *et al* (2017) ‘menopausal women are the fastest growing workforce demographic’ in the UK. Whilst there has been increased recognition of the menopause in the workplace, academia and professional groups have arguably tried to gain better understanding of the paradigm by addressing the diverse issues facing women employees and their employers, with some referring to it as an ‘occupational health issue’ and one of ‘growing importance’ (Police Federation of Northern Ireland, 2018). Despite this enthusiasm to gain knowledge and understanding, there does appear to be a lack of research that explicitly examines the lived experiences of women at work (Atkinson *et al*, 2021) and even more so women within frontline occupations such as policing (Twamley *et al*, 2025; Griffiths *et al*, 2006)

Women police officers are a unique research group in terms of their working environment, the physical and psychological demands of their role, and the pressure of public service, accountability, and responsibility (Police Federation of Northern Ireland, 2018, Griffiths *et al*, 2006), yet underneath their professional persona they remain women who will transition through menopause and experience its symptoms. Despite some available research, it is argued that the topic of menopause within policing remains misunderstood and under-researched (Griffiths *et al*, 2006; Police Federation of Northern Ireland, 2018).

Early research highlights that the police workforce reflects trends elsewhere in the UK where the number of women falling into the menopause age range has been steadily increasing and expected to continue to rise as the profession achieves greater gender parity (Laverick *et al*, 2019). This therefore arguably calls for the need to have better awareness and understanding of the menopause and its impact on the diverse aspects of policing. In support of this, the results of a survey undertaken by the Police Federation of England & Wales (PFEW) (2024) regarding menopause in the workplace highlighted that 65% of participants felt that their job performance had been negatively affected by the menopause, with some disclosing disciplinary action resulting from behaviour or poor performance as a direct influence of the menopause. Furthermore, 40% of police officers surveyed revealed that having to make difficult decisions made coping with menopause symptoms moderately or extremely difficult. The survey's findings have set a firm foundation for further research into policing and the menopause; however, a weakness of the survey is the absence of lived experiences, and detailed explanations.

Boulton (2025) asserts that decision-making in policing is innately multifaceted and dynamic, yet it is arguably a fundamental element of policing. Decisions are often required under circumstances that involve 'threat, risk, high stakes, information overload or lack of, uncertainty and time pressure' (Boulton, 2025), and in some circumstances need to be 'made quickly, under pressure and often in isolation' (Browning, 2020) with sound judgement and reasoning remaining a constant element. Securing the correct decision 'is of paramount importance to the overall professional competence' of the officer (Marie *et al*, 2022, p13), and the requirement for police officers to make responsible and appropriate decisions is becoming increasingly significant, as beyond the 'ethical responsibility to do so, recent changes in accountability threatens their ability' to remain in their role (Treholm, 2018, p.5). Policing has seen a vast increase in the transparency of decision making and the requirement to justify, record and explain their decisions (Roycroft, 2021), which often comes under increased internal and external scrutiny.

Halford (2024, p.3) argues that the theoretical understanding of police decision making rests within 'the realm of bounded rationality, shifting along a cognitive continuum between heuristic, naturalistic and rational decision making', adding that these theories are influenced by factors such as 'the problem's characteristics', 'the social context' and 'the personal attributes of the officer' (2024, p.3). Bounded rationality however recognises the limitations of a person's reasoning and understanding in processing information and making decisions (2024, p.3), and suggests that 'individuals make decisions within limits imposed by their cognitive ability' and a finite timeframe (2024, p.3). Interestingly Halford (2024, p.8-10) offers ten typologies of police decision-making arguing that they are, in the context of factors influencing decision-making, of equal importance to the others.

The 'person' as an influencing factor in decision making 'includes cognitive ability, personality, knowledge, experience and the emotional state of mind of the individual' (Halford, 2024, p.6). When acknowledging how the menopause transition manifests for some women – for example memory lapses, memory

recall, anxiety, and problems with making decisions – there is a growing need to understand how, and to what extent, the cognitive symptoms of menopause influence police decision-making per se and possibly within its typologies. This is supported by Browning (2020) and Feys (2022), who highlight that previous research has explored specific decisions rather than decision-making in general, or considered specific influencers such as stress and fear, with no research that considers a link between menopause and decisions. The charity 'Mind' suggests that menopause doesn't happen in isolation and that whilst experiencing menopause a woman may also be coping with other life matters (2024), which can lead to decisions driven by emotional volatility rather than logic, and even avoidance of making decisions altogether.

Phelps (2021) throws an element of caution to future research in the arena, supporting the above, by suggesting that any symptoms related to menopause including the effect on cognitive ability should be considered in context of everything else going on in the woman's life and supports this by claiming that there is a lot of speculation around why some women experience more cognitive issues during menopause than others. Historic research, arguably considered controversial now in light of increased contemporary knowledge, even suggests that 'many of the problems traditionally identified with menopause transition may not be the result of hormonal imbalance but rather some are the consequences of aging, and other psychological factors and life patterns (Griffiths *et al*, 2006, p.11).

During perimenopause and the early stages of menopause, it's suggested that women experience undesirable changes in their ability to think clearly; make decisions; assimilate, and make use of new information, and function well mentally (Phelps, 2021). These changes are subtle and possibly temporary for some women (Gurvich *et al*, 2021); whilst for others these difficulties can have negative consequences on their work productivity (Gurvich *et al*, 2021) and performance. Many women refer to these cognitive symptoms collectively as 'brain fog'. 'Brain fog' is not a medical or psychological term, but an adopted 'lay term' that fittingly describes the 'fogginess' in cognitive functioning that many women experience in menopause (Gurvich *et al*, 2021). The causes of 'brain fog' are not completely clear (UCLA Health, 2021). There is growing evidence claiming that cognitive changes have been reported as 'somewhat' or 'extremely' difficult to manage within some studies and are related to the effect of fluctuating hormone levels on the female brain. Furthermore, it is claimed that cognitive symptoms and changes are limited to perimenopause (Maki & Jaff, 2022) and are worst in the first year of menopause transition (Phelps, 2021). Other menopause symptoms may also make cognitive symptoms worse (Gurvich *et al*, 2021), however it is reported that memory and learning abilities generally return to normal when a woman enters postmenopause (Phelps, 2021; University of Colorado, 2024). Gurvich *et al* (2021) claim that despite visible progress in understanding the medical aspects of menopause, society and arguably the workplace is 'only beginning to recognise the experience and impact of cognitive changes during menopause'.

Generic information concerning strategies for managing menopause related symptoms in the workplace are freely available and easily accessed, and suggest a combination of personal and lifestyle strategies, open communication with employers to maintain performance, and environmental adjustments as being

beneficial and empowering (Yazdkhasti et al, 2015). There is however no specific guidance available to women as to how to manage cognitive difficulties associated with menopause, especially decision-making, thereby leaving women to develop and adopt their own strategies which are arguably not always effective, have little foundation or validity and with specific reference to policing do not compliment the workplace culture.

Policing employs a number of decision-making frameworks that provide structured processes for officers to make, record and review decisions ethically and lawfully, with the National Decision Model (NDM) being the primary model used. Boulton (2025) suggests that whilst the model's ethical framework has received some academic attention, its effectiveness in supporting and improving decision-making across varied policing roles is unexplored. It is argued that the model is not without its limitations (Boulton, 2025) and does not accommodate the factors that Halford (2024) and others highlight as influencing a person's decision-making process and rational – e.g., gender, mood, emotional state of mind at the time and personality. However, The Police Federation of England & Wales (2025) suggests that although the model was not designed to mitigate menopause related issues its structure can support better decision making if applied alongside specific national menopause guidance – however, this is yet to be evidenced as no research exists in the area to support or challenge this claim.

Policing in England and Wales has arguably acknowledged that menopause is a workplace issue that deserves recognition and sustained support for its female workforce. Locally and nationally, policies have been developed and implemented, awareness and training have been delivered and some generalised quantitative research has been undertaken nationally to support initiatives and national guidance and to begin dialogue. However, as women gain gender parity within policing and are now visible within all policing roles, within all ranks, hold equal levels of responsibility and accountability as their male colleagues, whilst transitioning through menopause; there appears to be a significant opportunity to explore the vast area of policing with regards to the menopause and its impact through targeted research and interventions.

Proposed methodology

Methodology

The researcher proposes to undertake a phenomenological study.

Phenomenology as a research methodology has many advantages – it can offer real, rich, and original accounts of complex matters, and it is respectful of its participants and the experiences shared by them (Ayton, 2023). Relative to this proposed research, phenomenology can arguably be seen as a process of exploration that allows individuals to gain insight and interpretation from within themselves rather than attempting to seek external answers or explanations of their actions.

Critics of phenomenology claim that due to the individuality of results it makes them non-generalisable, too subjective (Ayton, 2023), difficult to validate and doesn't take cognisance of the social and cultural contexts of the experiences.

The researcher asserts that a phenomenological approach to the research is suitable as its primary aim is to develop and understand women's lived experiences of the subject, and how they as individuals make sense of it (i.e., the impact of menopause on decision making); for the researcher, it therefore offers an opportunity to comprehend the shared core issues of the experience being researched. Menopause and police decision-making is an area of study not previously explored; therefore, an objective of the research is to use the findings of this study as a foundation to enhance and propose further research in the area.

The researcher will further argue that as the sample group are from a distinctive professional group, are exposed to unique professional and social environments and have their own culture, and with every woman's experience of menopause being unique to the individual, the above criticisms of the phenomenological research approach can be mitigated.

Participants:

Identification of participants will be achieved as follows:

Step 1 – Direct approach to the Chief Constable of a Police Force with invitation to take part in the research.

Step 2 – Upon agreement, internal email communication distributed to female workforce outlining research and inviting participation via electronic link.

Step 3 – Positive responses to the invitation will then be sent 'an information sheet' and a short survey regarding menopause symptoms created from recognised checklists (MENQOL & Menopause Charity Symptom Checklist). Upon completion these will be returned to the researcher and a copy retained by the participant for use in next stage.

Step 4 – Participants will then be invited to a 1/1 semi-structured interview with the researcher (on police premises) where more in-depth information can be elicited through questioning. The questions will be provided to the participant in written form to assist during the interview, and the interview audio recorded. The interview should last no longer than 1 hour.

Phenomenology does not impose an exact number of participants but rather advocates that the sample size should be influenced by the study's aim (Cooke, 2026). For this study a maximum sample size of 15-20 participants will be recruited.

Data collection

Interviews are the common and leading data collection method for phenomenology studies (Cooke, 2026, p.11) and is proposed for this study; with semi-structured interviews offering flexibility and adaptability to probe deeper on pre-agreed issues, providing freedom for the participant but focus on the study and its objectives for the researcher (Cooke, 2026, p.11).

Analysis:

Analysis of the data will be undertaken primarily by way of thematic analysis, but with scope to introduce some phenomenological infusion. Utilising both will allow an initial framework for identifying, analysing, and interpreting themes (thematic analysis) alongside the analysis of understanding how participants comprehend their experiences (phenomenological analysis). The focus of both, however, will be to elicit meaning, perspective and interpretation (Ahmed *et al*, 2025; Cooke 2026).

Analysis will be undertaken by adopting and adapting Clarke & Braun's (2016) phased framework:

Step 1 – Familiarisation - The researcher will familiarise themselves with the data by revisiting all questionnaires and audio recordings. Transcripts will then be prepared and checked for accuracy.

Step 2 – Data cleansing – the researcher will undertake a cleansing exercise of the transcripts in order to remove any bias, information regarding identity of the participant or others, any sensitive information, and any filler words.

Step 3 – The researcher will revisit the cleansed transcripts in order to identify any key words and highlight any significant statements made.

Step 4 – Coding – basic coding techniques will then be used to identify emerging key concepts which can then be refined into broader categories as participants experiences are clustered together.

Step 5 – Themes – The predominant themes will then be used as the foundation for discussion (Clarke & Braun, 2016, Cooke, 2026).

Ethical considerations

The following ethical matters have been considered and mitigation provided below where relevant:

The research will be undertaken within one territorial Police Force in Wales following consent being granted by its Chief Constable. An outline of the research purpose, its aims and objectives and the ethical considerations upon which approval for this research has been granted will be provided to secure that consent:

- *Transparency* – The purpose of the research, and how it will be conducted, and how their contribution will be used will be clearly outlined to each participant by way of an 'Information document' provided to them upon agreement that they wish to be recruited for the research. This will be available electronically or hard copy in English and Welsh.
- *Confidentiality* – The document will outline how the participants identity will remain anonymous and confidential throughout, and that any information within their contribution to the study that identifies them will be omitted unless written consent is obtained from the participant. Any information provided that identifies another person will be omitted.

As policing has a strict code of conduct, the participant will be informed that any information that discloses a serious breach of this code or the commission of a crime will be reported.

- *Voluntary* – Participants will be informed, via the document, that their contribution to the study is strictly on a voluntary basis, that they can withdraw from the research at any time, and that their contribution (data) will also be removed from the study at their request. Participants will be invited to sign a consent form to take part in the research, with additional verbal consent being requested and detailed within any recorded interviews.
- *Do no harm* – The research does not put the participants or the researcher at risk of any physical harm. The subject of the research is however emotive, sensitive and may cause some psychological discomfort to participants whose menopause experience is challenging or troublesome. To mitigate any discomfort or distress, participants will be provided with a list of contact details of Menopause support groups, Policing Health support groups, and their Organisations Occupational Health Units. In addition, the researcher will ensure that participants who take part in interviews are offered a safe and comfortable space in which to talk, offer appropriate breaks during the interview, and reasonable time to disclose their experiences.
- *Impartiality* – The researcher confirms that her status within this research is that of an ‘Insider Researcher’ having completed 30 years as a police officer, and experienced perimenopause whilst a serving officer, and is now post -menopause. She is aware of the impact of bias as a result and will mitigate this by practising reflexivity, ensure the inclusion of a range of perspectives, triangulation of data, present transparent research strategies, openly highlight any limitations and use peer support or supervision sessions effectively to highlight any perceived bias (Zahle, 2024).

Other considerations:

- *Research Data* – No special category data will be required, however there is a possibility that participants may refer voluntarily to health data during interviews – in such circumstances health details will be omitted during data cleansing. All data obtained will be held securely and comply with UWTSD Research Data Management and Data Protection policies.
- *Risk Assessment* – not required.

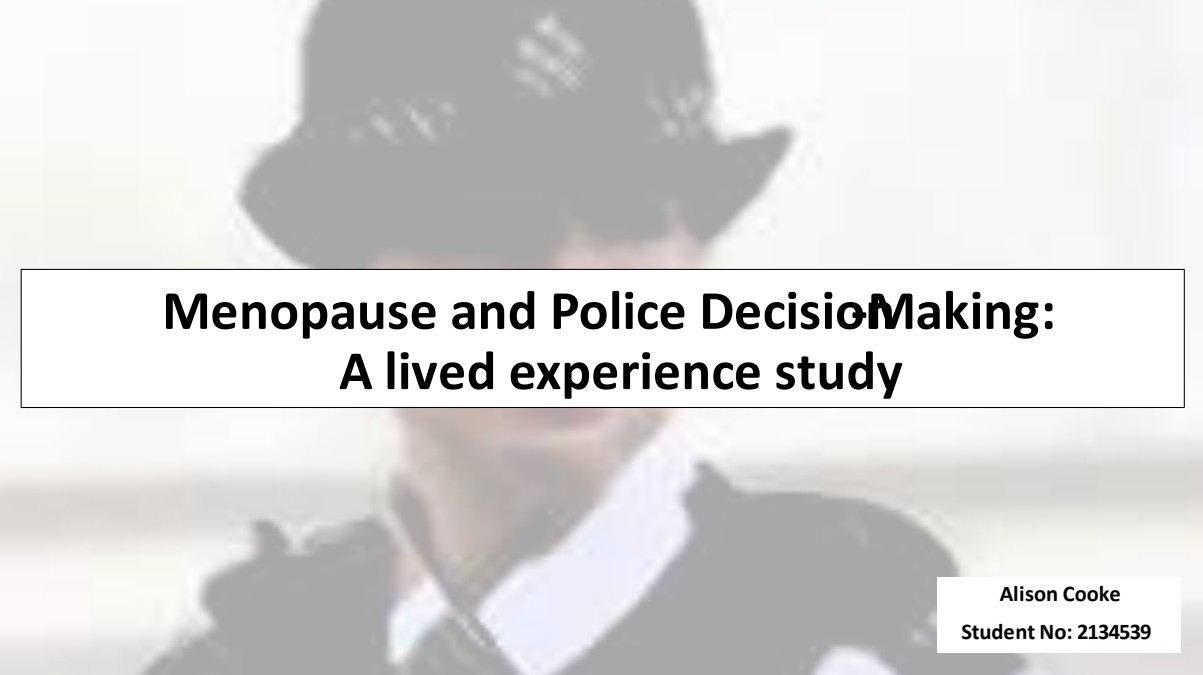
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Proposal Presentation.



Menopause and Police Decision Making: A lived experience study

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Literature review & research context

1. Menopause and policing

- Menopause is an inherent component of a woman's aging process (UC Davies Health, 2025)
- Menopause is a major life event that impacts almost all working women of the appropriate age - average age 51yrs (Hamoda, 2025; Cooke 2026)
- Understanding menopause impact in workplace vital (Tawmley *et al*, 2025)
- A 2025 review of literature regarding menopause and workplace highlighted a gap where little research undertaken in particular occupational frontline positions such as policing (Tawmley *et al*, 2025)
- 1/3 of UK women police officers are over 45yrs- menopause now increasingly important occupational health issue (Laverick *et al*, 2019)
- 2024 survey by Police Federation of England & Wales highlighted that having to make difficult decisions made coping with menopause symptoms 'moderately or extremely difficult for 40% of its participants

2. Police decision-making

- Decision making in policing is 'inherently complex' (Boulton, 2025) ; Often made in circumstances of risk, threat, high stakes, uncertainty and time pressure. Need to be made quickly, under pressure and in isolation (Browning, 2023) sound judgement and reasoning remain as a constant element
- Insight into 'process' is limited (Feyset *et al*, 2022)
- 'The Process' is one consideration alongside other factors that influence their reasoning time, person, cognitive ability, personality, gender, mood, emotional state of mind etc. (Halford, 2024; Stenshol *et al*, 2023; Feyset *et al*, 2022)
- Theoretical understanding is also influenced by personal attributes of officer, with bounded rationality recognising limitations of individual to understand and process information in making decisions– as a result individuals make decisions within limits posed by their cognitive ability and a finite timeframe (Halford, 2024).

3. Police decision-making and menopause – a call for more research

- Menopause transition manifests for some as memory lapses, memory recall, anxiety and problems with making decisions– growing need to understand how and to what extent cognitive symptoms of menopause influence police decision making.
- Previous research only considered specific decision making, or specific influencers
- Menopause doesn't happen in isolation, other factors in woman's life at the time can influence decisions being driven by emotional volatility rather than logic, and even decision making avoidance (Mind, 2024, Phelps, 2021)
- Controversial– historic research suggests menopause problems may be consequences of aging, psychological factors and life patterns (Griffith *et al*, 2006)

4. Decision making frameworks and strategies

- Generic information suggest combination of personal and lifestyle strategies, open communication with employers and environmental adjustments – beneficial and empowering (Yazdkhasti et al, 2015)
- No guidance as to how to deal with menopause difficulties with decision making
- Women left to develop own strategies – not effective, little foundation, lacks validity, not compatible with workplace culture.
- Policing decision-making framework – nationally utilised model
- Effectiveness in supporting/improving decision making is unexplored (Boulton, 2025). Model doesn't accommodate the personal factors referred to earlier
- Police Federation of England & Wales suggests model not designed to mitigate menopause issues its structure can support better decision-making if applied alongside national menopause guidance – NO research exists to support/challenge

Why this proposed research?

- Visible absence of research that explores menopause and decision making per se
- No known research specifically focused on police decision-making and menopause or lived experiences
- Better knowledge and understanding would raise awareness, provide supportive workplace, maintain operational safety and performance for women officers.
- Against this backdrop that this research is proposed

Research Aims & Objectives

Aims

To develop an understanding of the impact of the menopause transition on women police officers' decision making through the exploration of their lived experiences, taking cognisance of the tools, frameworks or personal strategies that women officers use to positively support their decision - making process or to mitigate any negative effects of menopause symptoms when making decision.

Objectives

Identify and critically review academic and professional literature

Explore the lived experiences of women officers transitioning through menopause – focus on decision making and risks.

Establish and validate tools. Frameworks and strategies used to support or mitigate effects

Utilise findings to develop awareness resource

Propose further future areas of relevant research linked to menopause and policing

Research Methodology

A phenomenological approach to the research is proposed (Ayton, 2023)



Advantages :

Offers rich, real, respectful, original accounts

Process of exploration – allows insight and interpretation from within self



Disadvantages:

Due to individuality results can be: non-generalisable, too subjective, difficult to validate, ignores social and cultural contexts.

Researchers rationale for approach

Phenomenological approach is suitable because:

- Participants
 - Every woman's experience of menopause is unique to the individual
 - Approach allows women to share and make sense of their experience of the topic from within themselves rather than external answers or explanations for their experiences.
- For researcher –
 - offers opportunity to comprehend core issues of experience.
 - Sample are a distinctive group, exposed to unique professional and social environments, have own culture

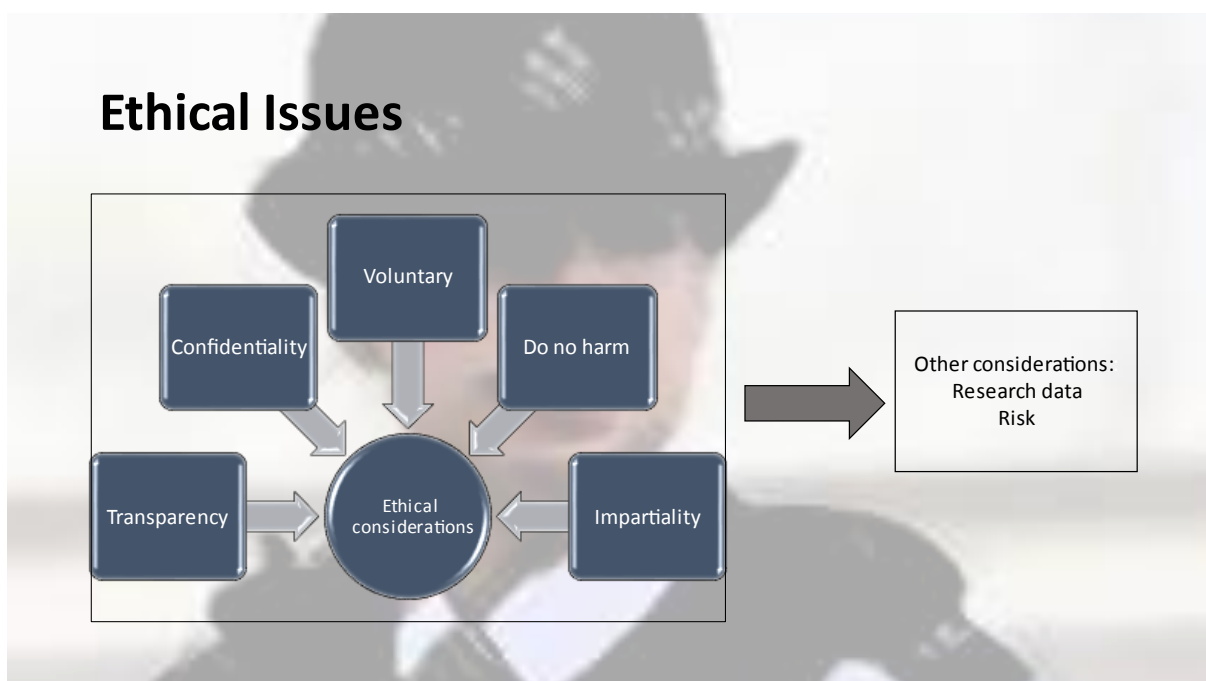
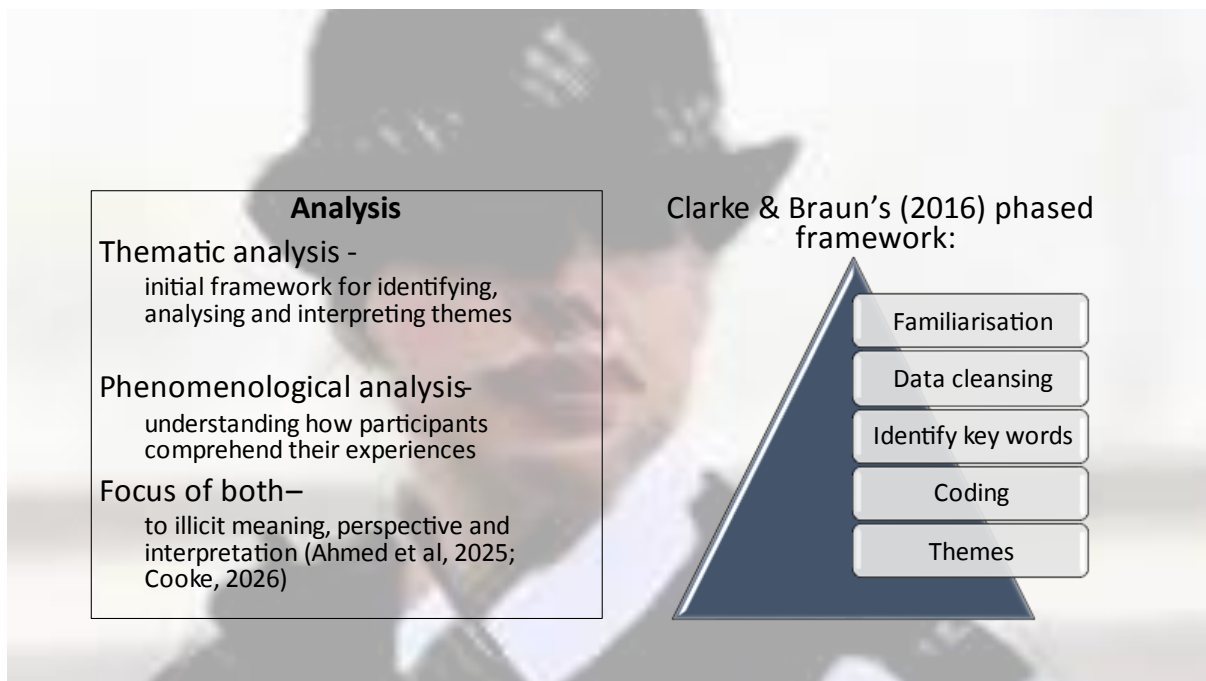
Research methodology

Participants

- Sample size 15 -20
- One police force in Wales
- Police officers (no specific rank, role or length of service)
- Transitioning through natural (menopause perimenopause, menopause and post - menopause) or forced.

Data Collection

- Short questionnaire regarding symptoms and eligibility (MENQOL & Menopause Charity Symptom Checklist)
- Interviews – common and leading method (Cooke, 2026, p.11)
- Semi structured 1/1– offers flexibility adaptability to probe deeper on preagreed issues
 - Freedom for participants
 - Focus on study and objectives for researcher (Cooke, 2026, p.11)
 - Audio recorded
- Other methods considered
focus groups, surveys, observations.



Research dilemmas

- Does the title adequately direct the research issue and entice initial interest?
- Menopause effect on decisionmaking or decision-making effect on symptoms?
- Decision making– 10 typologies– all or just one? Future research?
- Parameters for controlling amount of medical and psychology related information– can distract from actual issue; not qualified, not confident
- Participants numbers– too small? Other professional survey's have gone nationally– although quantitative only in nature
- Focus groups v interviews ?

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