

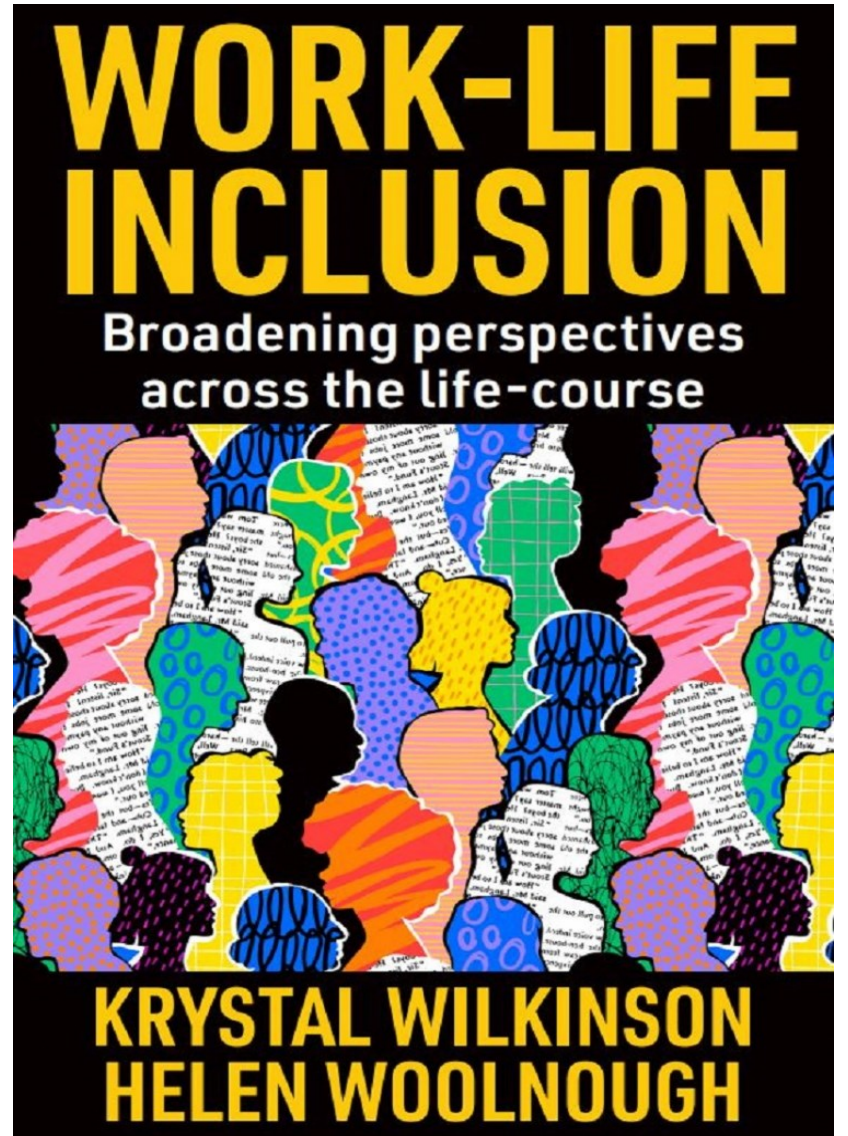
## ***Work-Life Inclusion***

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# Overview

- Brief intro
- ‘Work-life inclusion’
- Women’s reproductive health and the workplace
- Mental health matters
- Questions



# Brief intro

Work and employment scholar, with a background in operational Human Resource Management

- Research agenda on work-life interface, wellbeing at work and EDI
- Solo-living, childless staff ([Wilkinson, et al. 2017; 2018; 2023; Wilkinson & Rouse, 2023](#))
- Complex fertility journeys and employment ([Wilkinson, et al. 2023; Mumford et al, 2023; Wilkinson & Mumford, 2024](#))
- Perinatal mental health and employment ([Wilkinson, 2023](#))
- Perinatal mental health in policing ([Wilkinson et al, 2024](#))
- Women's reproductive health in the NHS (employees and managers)
- Maternity management in the NHS
- Women with experience of mental health issues in STEM

... Evolving notion of 'absent narratives' in policy and practice, which led to the idea of the book

# 'Work-life Inclusion'

- Narrow conceptualisation of both 'work' and 'life' in much scholarship and organisational practice on the work-life interface
- Work-life inclusion broadens the focus re. non-work and 'personal' issues and identities, and takes a life-course approach
- Brings together work-life interface, wellbeing at work, and EDI agendas
- Challenges normative assumptions, such as who flexible working is for, what we can talk about at work, and what people need from their employers.



# Chapters

Chapter 1. Introduction: Exploring the Under-Explored; *Krystal Wilkinson and Helen Woolnough*

Chapter 2. Work-Life Balance and Social Class; *Samantha Evans and Madeleine Wyatt*

Chapter 3. Parallel Lives: Exploring the Experiences of Students Who Work; *Marilena Antoniadou, Mark Crowder, and Eileen Cunningham*

Chapter 4. Empowering Generation Z: Achieving a Healthy Work-Life Interface; *Fabio Rizzi, Jérôme Chabanne-Rive, and Marc Valax*

Chapter 5. Questioning the Work-Life Challenges Faced by Solo-Living Women Academics: Can There Be a "Life" for Us?; *Grace Gao, Linna Sai, and Mengyi Xu*

Chapter 6. Navigating Fertility Treatment Alongside Work and Employment: The Work-Fertility Interface; *Krystal Wilkinson and Clare Mumford*

Chapter 7. The Intersect of Miscarriage and Work: Concealment, Minimisation and Discriminatory Practice; *Katy Schnitzler*

Chapter 8. Perinatal Mental Health and Employment: Exploring the Work-Illness Intersection in the Context of UK Policing; *Krystal Wilkinson, Sarah-Jane Lennie, and Keely Duddin*

Chapter 9. Are Training Opportunities Another Work-Life Challenge?: The Experiences of Combining Apprenticeship Training with Working Split Shifts in Hospitality Roles; *Gail Hebson and Clare Mumford*

Chapter 10. Managing Work and Life with an Unseen Chronic Illness; *Humera Manzoor*

Chapter 11. Muted Voices of Invisible Men: The Impact of Male Childlessness; *Robin A. Hadley*

Chapter 12. Menopause and Workplace Well-being; *Carol Atkinson, Fiona Carmichael, and Jo Duberley*

Chapter 13. Ageing and Work-Life Complexities in Retirement; *Katrina Pritchard, Rebecca Whiting, and Cara Reed*

Chapter 14. Ageing Migrants' Work-Life Interface across 'Transnational' Life-Courses; *Sajia Ferdous*

Chapter 15. Conclusion; *Helen Woolnough and Krystal Wilkinson*



# Reproductive health issues and the workplace

Prevalent issues in the working age population:

- 80% of the menstruating workforce will experience period pain at some stage, with PMS symptoms affecting around 75%
- 1 in 10 women have endometriosis, and this is just one of many possible period-related/ gynaecological conditions
- 1 in 6 affected by infertility
- 1 in 3 are currently planning a pregnancy at work
- 1 in 4 pregnancies end in Loss
- Up to 45% of mothers experience birth trauma
- 1 in 5 women affected by perinatal mental illness (also 1 in 10 men)
- 1 in 5 women are childless at mid-life, 90% not by choice
- Menopause will affect most women

Intersectionality matters!



# Reproductive health issues and the workplace

Some key themes from the research:

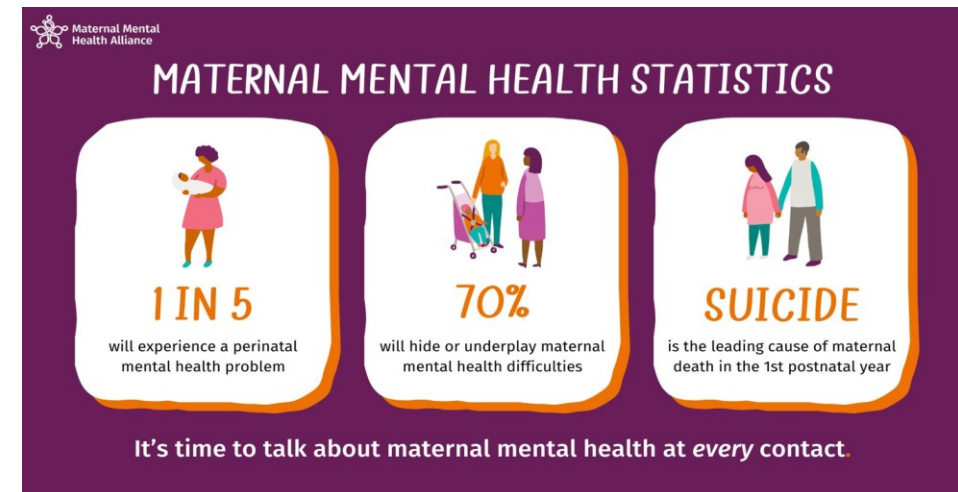
- Very individualised experiences and needs
- Secrecy, silence, stigma, taboo
- Individuals can lack understanding about their health issue/needs
- Issues in healthcare settings that exacerbate issues (access to care; gaslighting; diagnostic delay; treatment issues)
- Absent narratives in policy and practice – and intersectionality matters!
- Limited perceived legitimacy & sense of entitlement to support
- Line manager lottery
- Disadvantage and discrimination far too common
- Stoicism, presenteeism and supra-performance



# Mental health issues matter

Some key themes from the research:

- Anxiety, depression, PTSD, stress, grief, suicidal thoughts, intrusive thoughts...
- Mental health symptoms reported across all studies, and often the most problematic
- Bi-directional relationship with work
- Sense that MH is less catered for in the workplace 'women's health' agenda / policies
- Added layer of shame/stigma
- Lack of joined-up thinking (provisions)





# Insights for practitioners

- Look at the workforce and listen to them (what are their needs and concerns?)
- Consult line managers; staff networks and Occupational Health
- Raise awareness of issues that affect many and/or are 'absent narratives' in your workplace
- Lead by example in terms of openness and healthy work-life integration
- Review policies, frameworks and provisions for inclusion (and for cross-referencing/signposting)
- Line manager training and support (toolkits are great)
- Maximise flexible working arrangements & cultural support
- Signposting to bespoke provisions – internally and externally

# Any questions?



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