

Summer 1 - Reflective Report

Let me take you on a guided journey through my Laidlaw experience to date. This reflective piece includes an insightful overview of my research project from start to finish and a short reflection about my leadership and development experience within the programme.

Structure and Methodology of Research Project

When deciding on a research topic I thought long and hard about the most impactful project I could compose within the scope of my ability as a second-year student. This led me to the area of women's health and later to the specific area of menopause. As a naturally occurring phenomenon with a vast array of symptoms that can greatly impact a women's quality of life, I thought there was no better topic to conduct research on. I then went about refining my research question which took several weeks, during which time I contacted my supervisor Dr Deirdre Daly to request her support with my application to Laidlaw. It was then that I decided on my research proposal with the title of '*assessing women's experiences of accessing healthcare services for perimenopause/menopause related health issues in Ireland*'.

Once I received confirmation that I was selected as a Laidlaw Scholar I got to planning my ethics application. This was by far the most challenging aspect of my project as it was completely new to me and there unfortunately was no clearcut guidelines set out for undergraduate students to follow. It took me over three months to gain ethics approval during which time there was lots of stress, mountains of paperwork and lots of back-and-forth communication between my supervisor, the college, and the Laidlaw team at Trinity. Although the project I had initially planned to undertake was only 6 weeks it took me an additional 3 months to even get the project off the ground.

As I shared in my research blog post doing my research remotely came with its fair share of challenges, but I still would not have changed that as I feel I developed my ability to work as an individual, while learning to accept support and help from others when needed and for that I would not have changed it for the world. I have a lot of experience working in teams with my peers or teammates in sport, so this was a new challenge that pushed me as an individual to see what I was capable of when I had to make decisions solely based off my own instincts.

Once ethics approval was granted, I was able to contact the women's health platforms that I intended sharing the survey link through. This was quite a daunting challenge as although I am a native English speaker the language used in formal forms of communication is a completely other language that I am only starting to learn. I was also fearful that I would breach some part of the agreement in my ethics contact as there was a lot of rules and regulations to ensure that the research was carried out within the guidelines set out by Trinity College Dublin's School of Nursing and Midwifery. As always there was a large number of organisations that did not respond when I made contact with them regarding recruiting them as gatekeepers for the project but fortunately three organisations responded and indicated their willingness to share the survey link on their platforms. At this time, I was also formatting my survey on Microsoft Forms in preparation for sending out through different social media platforms. Although I had originally planned to send out the survey link at the

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beginning of July this unfortunately didn't happen due to a number of delays with the ethics application. Finally, the survey was realised on the 1st of August and remained open until the 31st of August.

Once the survey had been launched, I was overwhelmed with the amount of interest it received. In my original research proposal, I had hoped to get approximately 100 responses but within 24 hrs the survey had already received 678 responses! This was met with feelings of both absolute disbelief and a large amount of angst as in my original proposal I had only assigned enough time to review 100 responses. With the survey launch being delayed and the number of responses being so high I feared I would never make the deadline for submission. Fortunately, the Laidlaw team in Trinity consisting of Joel McKeever and Orla Bannon were kind enough to extend the deadline by an additional week to ensure the project was complete to the highest possible standard.

The survey had received a total number of 1598 responses when it eventually closed on the 31st of August at which time, I began processing the data. The quantitative analyse was done using excel and word document to create graphical representations fit for use on my scientific poster while the qualitative data was much more challenging to process. After doing a lot of research into the different approaches used in research to analyse this type of data, I decided to use Braun and Clarkes 6 step thematic analyse systematic review technique. There were 747 qualitative responses in total to the final question on the survey, so this took the largest portion of time to analyse.

Finally, once all the data was collected and analysed, I began creating my poster. This also took significantly more time than previously expected as I couldn't decide on the layout or colour scheme for quite some time. Although these were tiny issues in the grand scheme of things, they still cost a significant amount of time as I wanted the poster to be perfect.

Results

The World Health Organization (WHO) defines menopause as the permanent cessation of menstruation resulting from loss of ovarian follicular function [1]. For most women, this is a naturally occurring process that can lead to a wide range of health-related complications when appropriate care and treatments are inaccessible. These include, but are not limited to, an increased risk of osteoarthritis, cardiovascular disease, and urinary incontinence [2]. Women spend, on average, up to 40% of their lifespan during and post-menopause [3], which means that services and treatment options should be a high priority of the Irish policy-makers when improving women's healthcare services [4]. However, very little is known about women's experiences of accessing services or treatments in Ireland.

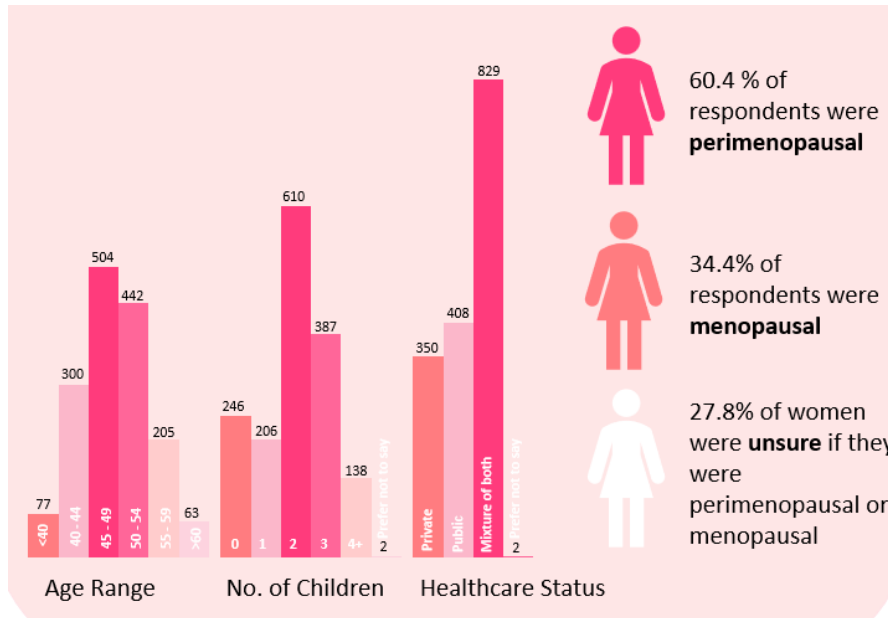
The aim of this research project was to identify women's experiences of accessing healthcare services and treatments for perimenopause/menopause-related health issues in Ireland.

In order to achieve this an anonymous semi-structured survey, based on a survey used in the United Kingdom, was modified for use in Ireland [5]. Three women's health platforms agreed to act as Gatekeepers to potential participants and share the study information (cover letter,

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participant information leaflet (PIL), consent form and link to the survey) with their users. The 20-question survey was administered via Microsoft Forms.

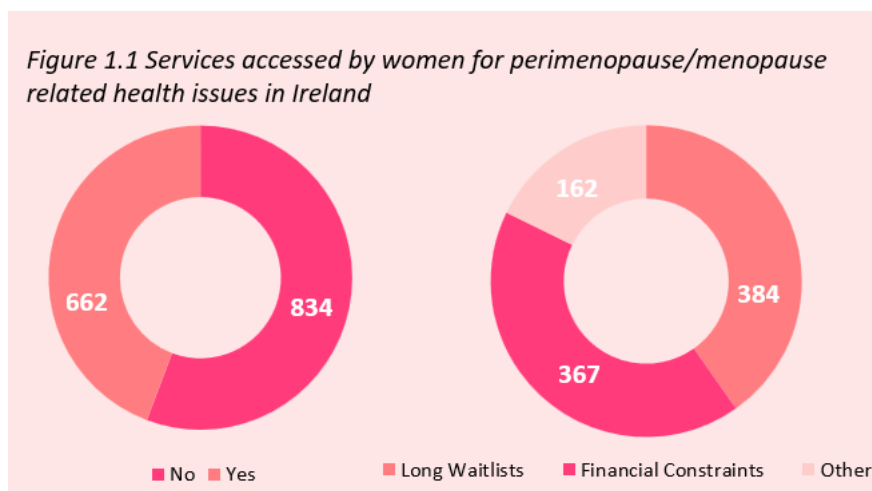
A total of 1,597 women responded to the survey. The quantitative data were analysed using descriptive statistics. The 747 qualitative responses to the final open-ended question were analysed using Braun and Clarkes (2021) six step thematic analyses.



Accessing services

78.5% (n=1250) of women accessed a General Practitioner (GP) for their perimenopause/menopause-related health issues. Only 3% (n=48) of women availed of the public menopause clinics set up by the Government in 2022. Of the 88.1% (n=1403) of women who accessed services for their perimenopause/menopause-related health issues, 44.3% (n=662) experienced some level of difficulty when trying to avail of these services.

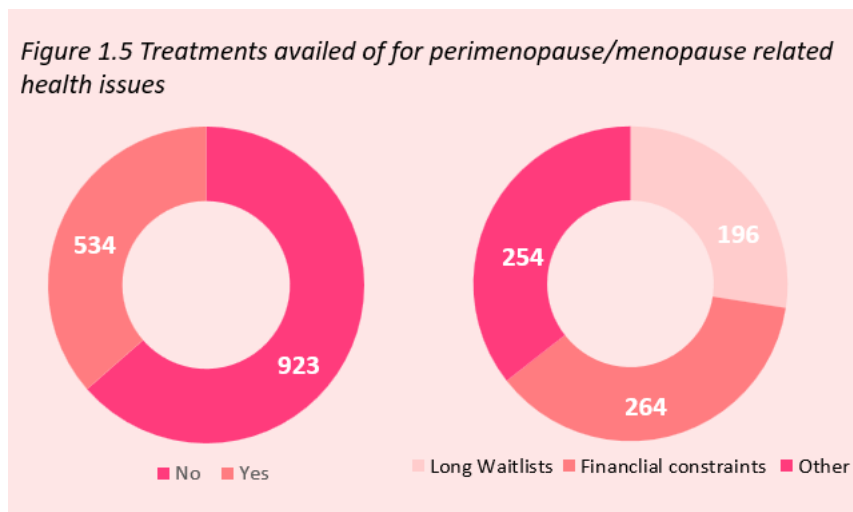
Figure 1.1 Services accessed by women for perimenopause/menopause related health issues in Ireland



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Accessing treatments

Over one-third of women (37%, n=534) experienced difficulty in accessing treatment(s). Of the women who sought services, 54.8% (n=873) were prescribed Hormone Replacement Therapy (HRT).



Qualitative Analyses

Having reviewed some of the qualitative data there were 4 major themes that became apparent.

1. General Practitioner lack of education
2. Lack of public information and awareness
3. Feeling dismissed by doctors
4. Lack of consistency in approach to care

This part of the analyses took a large amount of time to review and was emotionally taxing, as although the responses were completely anonymous, I knew that that they were real Irish women sharing their personal stories with me and the vast majority of women were suffering in silence. I now feel a large responsibility to provide them with a voice and advocate on their behalf for improving access to both services and treatment in Ireland.

Results Conclusion

The study revealed that there appears to be a lack of support available to women who are going through the menopause transition in Ireland. The results would indicate that GPs require additional education on menopausal health in order to improve women's overall experiences of accessing services. With regards to treatment(s), a model of care that enables women to access treatments, such as HRT, for free would eliminate some of the barriers currently encountered.

Plans for the future

Having just completed my research poster I plan to present that at the Laidlaw Scholars Conference - Toronto University in October. I have carefully selected three other conferences, mainly focusing on the medical field of research, which I further hope to attend and present at next year. I am also currently in the process of writing a scientific paper for publication with my Supervisor Dr Deirdre Daly. Having received such an excess number of

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responses to the survey than previously expected we are aiming to write 2 papers, so as to give the data the sufficient attention it deserves. I have also been contacted by Grainne Clancy who is an author hoping to write the first book about the people who were influencers on the Irish Government to have the first Menopause Awareness Campaign in the world. She has very kindly requested to include my research in her book. Finally, I hope to make contact with the Irish Government with regards the Women's health taskforce, to discuss the findings of my survey and aim to enable the policy makers to better target the needs of women in the future. There is so many exciting prospects with this research and I look forward to further developing it over the coming years.

Leadership Attributes and Personal Development

Although my initial attraction to the programme was the independent research project I was pleasantly surprised by the leadership and personal development aspects of the programme. When I initially thought of leadership workshops, I previously viewed them as more of a chore that needed to be done rather than a learning opportunity but at the Laidlaw leadership workshop days, I was challenged to think and engage with peers on a variety of matters. Although this workshop was only two days it impacted my view on leadership immensely and evolved my goals as an individual in both my professional career and my personal relationships.

In my original application to the Laidlaw programme, I had stated that I wished to become an ethical and more socially responsible leader. I do feel that although I could not say that I possess these leadership qualities fully, I can say that I feel I am getting ever closer by the day as I further develop my research project and engage with women who are suffering across the country.

I feel that with the skills that Laidlaw has provided me with I will be able to go on and put them into practice next summer during the Leadership in Action component of the programme.

Overall Conclusion

Overall, I feel that my research summer 1 has been immensely rewarding but also much more challenging than previously anticipated. Although my research project was executed as planned in my original research proposal there were aspects that I could have never planned for such as the ethics approval or the large volume of responses the survey received, but in the end the project was overall successful, and I look forward to carrying this research forward into the coming years.

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References

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