

Menopause and the workplace guidance: what to consider

This factsheet provides a 'how-to' guide for employers and relevant staff within organisations that are considering writing their own guidance on the menopause.

Introduction

- In 2019, there are over 4.3 million employed women in the UK aged 45-60.1
- Given the average age of a women's menopause is 51 years², a significant number of employed women will be working through their menopausal transition.
- The experiences of the menopausal transition varies enormously between women. Some women will have no symptoms but most women will experience at least one symptom.² Up to a third of women will experience severe menopausal symptoms that can impact on their quality of life.^{3,4}
- It is the work context that women report greater difficulty in managing symptoms^{5,6} and can feel embarrassed and unable to disclose their menopausal status of difficulties⁷ fearing they may be stigmatised for being menopausal.^{8,9}
- The most commonly reported difficulties menopausal women report at work include having poor concentration, tiredness, poor memory, feeling low/depressed and lowered confidence.⁷
- Problematic hot flushes at work have also been linked to women having a higher intention to leave the workforce.¹⁰
- Employers are being encouraged to offer awareness and support to this population of employees and their experiences.¹¹ One way of doing this is to provide internal organisational guidance.

What should workplace guidance contain?

- A recent review¹² of UK guidance documentation on the menopause within the work context found several key areas and recommendations for future guidance development. As each organisation is different, guidance should be *tailored* to meet the needs and the resources available.
- One of the first key elements of guidance should be on *information* about the menopause itself and the symptoms and experiences that women may have across the different menopausal phases (periand post-menopause). This should also contain the difficulties at work, coping strategies, and an acknowledgement that women may not feel comfortable disclosing their menopause, particularly to a male and/or younger line manager.⁷
- There is also a need to provide information and to *raise awareness*, not just in *women* going through or about to go through their menopause, but for *all staff*, in particular, *line managers* who have responsibilities for the health and wellbeing of their team at work.
- Advice on how to have a *conversation* with a member of staff could also be addressed within guidance. Research^{8,9} conducted with working menopausal women has shown that some women would like to discuss their menopause and feel it is important for employers and line managers to be appropriately skilled to have these conversations in an appropriate manner. A *one-size fits all approach will not work*, so having discussions help identify what is best for each employee.
- Guidance frequently acknowledges the *legal issues* around the menopause and the duty of care that employers have to ensure the health, safety and wellbeing of their staff should be accommodated (e.g. Health and Safety at Work etc Act 1974, Management of Health and Safety at Work Regulations 1992, 1999), which should include the menopause as well. The Equality Act 2010 is also considered relevant around the protected characteristics of age, gender and disability as women of this age and should not be discriminated against due to their menopause, which can have significant effects on a women for more than 12 months.

Menopause and the workplace guidance: what to consider

- Having a menopause *policy or policies* that are accommodating for women going through the menopause is something else to consider. For example, does your workplace have policies that allow work adjustments such as flexible working, sickness absence procedures that allow women time off if needed for health appointments, or more breaks to help them during this temporary time of their menopausal transition? If no menopause-specific policy exists, having the word 'menopause' mentioned in existing wellbeing and health policies has also been regarded as useful and should be highlighted within guidance.
- The *availability of support* is another key aspect to address in guidance. Both formal and informal sources of support should be created and detailed in guidance. Who and where can women, or line managers, go when they need some additional help and advice. This could be a named person in HR or just the occupational health team. It will be different for each organisation. You may even have a named 'menopause champion'. Whoever it is, it should be clear in the guidance who and how they can be contacted.
- Menopausal women also report that the *physical work environment* can have an impact on their menopausal symptom experience. Addressing this issue and what can be done should also be addressed within guidance so all staff are aware of the policies and procedures to help support women who may be experiencing problems related to their physical working environment. For example, are staff allowed desk fans, can they move their work station to a window that can be opened, or closer to the toilet.

Keep up to date

- A *balanced, evidence-based approach* should be adopted when developing guidance. This helps avoid biased and poor quality information from being shared. Use research published in good quality academic, peer-reviewed journals.
- It is important that information and guidance is based on *good quality evidence that is up-to-date*. As more and more research is published in academic journals, it is important that workplaces access and share this knowledge. Use references to show this is being done.
- The BMS is a good resource for new evidence and insights when they are published. Other factsheets they have can also be used to help produce and update guidance.
- In the review of guidance, many documents did not cite current scientific evidence and literature and simply copied older documentation publicly available. Make sure yours is tailored for your organisation, up-to-date, and reviewed regularly.

References

- 1 Office for National Statistics. Labour Market Statistics. London: Office for National Statistics. Jan 2019. Available from: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/ employmentandemployeetypes
- 2 Hunter MS, Gentry-Maharaj A, Ryan A, Burnell M, Lanceley A, Fraser L, Jacobs I, Menon U. Prevalence, frequency and problem rating of hot flushes persist in older postmenopausal women: impact of age, body mass index, hysterectomy, hormone therapy use, lifestyle and mood in a cross-sectional cohort study of 10 418 British women aged 54–65. BJOG: An International Journal of Obstetrics & Gynaecology. 2012 Jan 1;119(1):40-50.
- 3 Avis NE, Colvin A, Bromberger JT, Hess R, Matthews KA, Ory M, et al. Change in health-related quality of life over the menopausal transition in a multiethnic cohort of middle-aged women: Study of Women's Health Across the Nation. Menopause 2009;16:860–9.
- 4 Ayers B, Hunter MS. Health-related quality of life of women with menopausal hot flushes and night sweats. Climacteric 2012;15:1–5.
- 5 Reynolds F. Distress and coping with hot flushes at work: implications for counsellors in occupational settings. Counselling Psychol Quarterly 1999;12(4):353–61.

Menopause and the workplace guidance: what to consider

- 6 Paul J. Health and safety and the menopause: working through the change. London: Trades Union Congress; 2003. Available from: http://www.tuc.org.uk/workplace/tuc-6316-f0.pdf
- 7 Griffiths A, MacLennan SJ, Hassard J. Menopause and work: an electronic survey of employees' attitudes in the UK. Maturitas. 2013 Oct 1;76(2):155-9.
- 8 Hardy C, Griffiths A, Hunter MS. What do working menopausal women want? A qualitative investigation into women's perspectives on employer and line manager support. Maturitas. 2017 Jul 1;101:37-41.
- 9 Hardy C, Griffiths A, Thorne E. & Hunter M, 2019. Tackling the taboo in the UK: talking about menopause-related problems at work. International Journal of Workplace Health Management. doi. org/10.1108/IJWHM-03-2018-0035.
- 10 Hardy C, Thorne E, Griffiths A, Hunter MS. Work outcomes in midlife women: the impact of menopause, work stress and working environment. Women's Midlife Health. 2018 Dec;4(1):3.
- 11 Altmann R. A new vision for older workers: retain, retrain, recruit. London: Department for Work and Pensions. 2015.
- 12 Hardy C, Hunter MS, Griffiths A. Menopause and work: an overview of UK guidance. Occupational Medicine. 2018 Dec 13;68(9):580-6.

Some useful resources:

Jack G, Riach K, Bariola E, Pitts M, Schapper J, Sarrel P. Menopause in the workplace: what employers should be doing. Maturitas. 2016 Mar 1;85:88-95.

Griffiths A, Ceausu I, Depypere H, Lambrinoudaki I, Mueck A, Pérez-López FR, Van Der Schouw YT, Senturk LM, Simoncini T, Stevenson JC, Stute P. EMAS recommendations for conditions in the workplace for menopausal women. Maturitas. 2016 Mar 1;85:79-81.

Faculty of Occupational Medicine of the Royal College of Physicians (FOM) Guidance on Menopause and the Workplace (2016). Available from: http://www.fom.ac.uk/wp-content/uploads/Guidance-on-menopause-and-the-workplace-v6.pdf

Author: Dr Claire Hardy, Lecturer in Organisational Health and Wellbeing, Faculty of Health and Medicine, Lancaster University, in collaboration with the medical advisory council of the British Menopause Society.

PUBLICATION DATE: FEBRUARY 2019 REVIEW DATE: FEBRUARY 2021



Reg Charity No: 279651

Company Reg No: 1432023

www.womens-health-concern.org

For further details – please visit

www.thebms.org.uk or telephone 01628 890 199



www.thebms.org.uk Reg Charity No: 1015144 Company Reg No: 02759439