

Menopause at Work

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Introduction

Welcome to this 30-minute module on Menopause at Work. Whether you are experiencing menopause yourself, or supporting workers who are, this module will ensure everyone's contribution is maximised. It will enable you to:

- Increase your awareness and understanding of menopause.
- Encourage and enable positive conversations about menopause at work.
- Identify sources of information and support.

Who is this course for?

This module is for:

- Anyone interested in menopause from a personal perspective, whether as someone who has experienced, is experiencing, or expects to experience menopause, or is close to someone in this position.

- Line managers and leaders.
- Those with responsibility for organisational policy on menopause.
- All staff, for general understanding and awareness.

Please note: In this course, for ease of reference we sometimes use the term ‘menopause’ to collectively refer to all the stages, but we also provide information about the different stages.

Why it matters

Did you know there are around 4.4 million women aged 50-64 in work? All these women, and some trans and non-binary people, are directly affected by menopause - and yet menopause is still a taboo subject. In a recent study, 3/5 women said their symptoms had a negative impact at work; with many taking time off work ill, but not admitting it was due to menopause. In fact, an estimated 900,000 women have quit their job because of menopause. As you might expect, globally the productivity losses are huge, with employers facing

the threat of legal action and unfair dismissal claims if they get it wrong. Of course, we mustn't forget the personal impact on those who leave the workforce because of menopause. Change can't come soon enough. In this module, we will focus on four key areas – education & awareness, culture, environment and collaboration & conversation - to ensure better support for those personally affected by menopause, their line managers, and colleagues. We will also be looking at some of the practical measures that can help:

- Uniforms
- Equipment
- Refreshments
- Flexible working
- Time off for medical appointments

But obviously, these will only go so far. We will be relying on you to help us get it right. So make sure that you're familiar with the policy, practice, and initiatives where you work. Know your role in putting these into practice - by

creating a safe welcoming and inclusive environment, everyone has the chance to reach their potential.

What is menopause?

Menopause refers to the gradual transition that takes place, often over a long period of time as menstrual periods stop, and four stages can be identified. It marks the end of menstrual cycles - as the ovaries stop producing eggs and hormone levels decline.

For trans and non-binary people menopause symptoms and durations can fluctuate depending on hormone treatment and other individual circumstances.

Pre-menopause:

This describes the time before any peri- or menopausal symptoms appear. Periods may be regular and/or irregular, with the individual in their reproductive years. Changes in hormones may already be taking place but may not be noticeable.

Peri-menopause:

This means “around or near menopause”. Typically, this stage lasts around four years. Common symptoms are irregular periods, mood swings, hot flushes and night sweats, loss of sex drive, irritability, and weight gain. It is still possible to get pregnant.

Menopause:

Generally, this happens between the age of 45 and 55 years, but it may occur earlier (before 40) or later. The average age of menopause is 51 years. However, premature menopause occurs in 1 in 100 women (sometimes, in their teens or twenties). Early onset may also be caused by surgery (e.g. hysterectomy) or medical treatment (such as radiotherapy or hormone therapy).

A retrospective diagnosis is only given once periods have stopped for 12 consecutive months. Common symptoms include hot flushes, night sweats, loss of sex drive, vaginal dryness, skin irritation, fatigue, anxiety or depression, and headaches and can last up to four years.

Post-menopause:

This refers to the time after periods have stopped for 12 consecutive months. Essentially, it covers the time after menopause, for the rest of life. Hot flushes may subside but common symptoms include weight gain, insomnia, incontinence, and urinary tract infections. There may be an increased risk of osteoporosis, breast cancer, and high blood pressure.

What do you think?

Which of the following statements on symptoms are correct?

- Hot flushes, fatigue, anxiety and headaches are common symptoms of menopause
- Irregular periods, mood swings and weight gain are symptoms of peri-menopause
- Everyone experiencing menopause will have debilitating symptoms of some kind
- Post-menopause, symptoms may include insomnia, urinary tract infections

and a risk of osteoporosis

Because everyone is different, the exact symptoms can vary from stage to stage. But all symptoms are likely to impact a person's performance at work.

Recognising the symptoms

Mood swings, hot flushes and weight gain are just some of the symptoms of menopause. But what other physical or psychological symptoms might be experienced? Here are some examples.

Physical: hair loss, skin irritation, dry eyes, bloating, joint pain, dizziness, breast pain, palpitations, urinary problems, heavy or irregular periods (menopausal flooding).

Psychological: anxiety, depression, panic attacks or loss of confidence, memory lapses, poor attention or concentration, brain fog, fatigue.

Indeed, there are many other symptoms too. Everyone is different – the severity and frequency of symptoms can vary.

Understanding experiences

While symptoms can differ from one person to another, there are some which are common to everyone.

Maya – “My symptoms started early. The intense hot flashes and night sweats were the worst... and I felt clumsy all the time. I didn’t know it at the time but I’ve found out since that early menopause is common in a lot of women of colour. That wouldn’t be a bad thing for me but my doctor says the symptoms can last longer. It was something my mother never talked about which I find surprising now.”

Alex – “I’m a transgender man and started my transition at 25, which included beginning testosterone treatment. One of the aims of taking testosterone was to suppress menstruation. The side effects of that were similar to menopause, especially while I was waiting for my testosterone levels to rise. I experienced hot flashes, extreme exhaustion and low mood. It was harder to concentrate at work due to tiredness and the emotional ups and downs caused by changes in

hormones. These symptoms improved as my hormone levels stabilised, but this took around a year in all.”

Julie – “Mostly, I’ve experienced the same menopausal symptoms as friends and colleagues. However, because of my reduced mobility, I’m told that there may now be an increased risk of heart disease and accelerated bone loss. My doctor said HRT could be beneficial but I’d need to think about that and weigh up the risks.”

Sue – “Pre-menopause started at 52 with a traumatic change to my mind & body. Sweating day & night from neck upwards, feeling over-anxious & short tempered. At work feelings of isolation, vulnerability & anger with difficulty explaining what was happening without breaking down. I felt my mental health was in danger with mood swings, erratic behaviour and sudden outburst of retaliation which resulted in 6 months sick-leave due to an office melt-down when I totally lost control. Post-menopause now 62, working from home, no train journeys, office politics, desk interruptions or face-to-face meetings has left me feeling calmer and less stressed.”

Jyoti – “I’m in my 60s now and post-menopausal. I’ve been lucky in that my experience has been quite ‘straightforward’ in many ways. I had hot flushes and mood swings, a dip in confidence and some brain fog, but on the whole things have been manageable and I have come out the other side ok. But menopause has affected me quite significantly in an unexpected way. I have discovered that I have osteoporosis, most likely accelerated by hormone changes. Running has always been an important part of my life, so this is really bad news for me. I wish someone had talked me through how HRT might have been the right course of action for me at the time. I know it’s not for everyone, but I would have more seriously considered it had I been better informed.”

Jana – “I remember my Mum having a phase of deep anxiety, she thought my Dad (who spent two nights a week staying with me, for work), was having an affair, if he had after work drinks she got jealous. She also thought she was failing at work and home, she would ask my sister to come over and help with fairly simple tasks like changing the thermostat and ‘fixing’ the tv.... It wasn’t

until recently, more than 10 years after her menopause, that I learnt that anxiety and 'brain fog' are symptoms of being perimenopausal. I think when people talk about menopause, it's mostly about hot flashes, but the hormonal impact on your emotional wellbeing and the mental health symptoms don't really get acknowledged. So I didn't recognise it in my Mum, I was frustrated with her constant calls and didn't support her as well as I would have, or could have, if I'd been more informed."

Angela – "I am not sure if I am experiencing early stages of the menopause and need a blood test to confirm. I have been experiencing in the past few months night sweats, brain fog/memory, sleep problems, depression, stress and anxiety, and weight gain."

Obviously, these symptoms can be unsettling and have a negative impact on confidence, especially at work.

What do you think?

How might these symptoms impact someone at work who is personally

affected by menopause?

- They may struggle to focus and as a result have less confidence in their abilities
- They may quit their job due to mental health issues
- They may take time off to cover up any difficulties they are experiencing
- They may be affected by others' attitudes or worry about discrimination

Those at work who are experiencing menopausal symptoms may struggle to focus. They may try to hide any difficulties out of fear of being judged. They may even feel that they have no other choice but to quit their job if they don't get the support they need.

Addressing concerns

Many of us have questions and concerns about menopause. It is important to get advice to help understand the transition so informed choices can be made.

“My symptoms are exhausting. What can I do?” – There is a lot that you can do! It is important to get help and advice, including talking to friends and colleagues if you feel comfortable to do so. What is possible will depend on the exact symptoms you have, health risks and how you feel about different approaches. You might also look at lifestyle, exercise, sleep habits, food intake (e.g. caffeine and alcohol), and make adjustments.

“I feel awful. How long will this last?” – Tricky question, as symptoms are personal to you and depend on lots of things. Most symptoms get easier over time, but some don't. Generally, most symptoms get better from 55-60 years.

“I don't feel menopausal but I'm 51. Should I be worried?” – Not necessarily. If your periods have stopped, it is likely you are menopausal. Not everyone experiencing menopause will get any symptoms. It can depend on

different factors, including genetics.

“My partner is experiencing some menopause symptoms, and they are so angry all the time. Why?” – There may be a number of reasons for this. The most likely is fluctuating hormone levels, such as oestrogen that can affect mood, anxiety and confidence. Medical interventions like HRT can help but remember it can sometimes be made worse by lack of sleep, fatigue, and so on.

“Should I take HRT?” – It’s a personal decision and just one of several different ways of managing menopause. There are benefits and risks, as with all medication. It depends on your values, your medical background, and the symptoms you want to treat. Lifestyle changes can also be effective. Get advice so you can make an informed decision.

“My wife is emotionally distant which is unsettling. I can’t concentrate on my work. How can I help her?” – There may be different reasons for this. For example, it could be due to fluctuating hormone levels which affect mood.

Menopause can also trigger other psychological issues, such as anxiety and depression. Get more information about menopause so you understand what she is going through, and start a conversation. Let her know how you feel and show you care.

Tackling myths, stereotypes and assumptions

Attitudes to menopause at work can vary. While most people will be supportive, there can be some myths and stereotypes. And, it's not only men who get it wrong, as these examples show.

“Menopause? She’s far too young.” – Hold on! Early menopause can happen at any time after puberty and may be caused by:

- Chromosome abnormalities (e.g. Turner syndrome) or autoimmune diseases
- Medical treatments, such as radiotherapy, hormone therapy or chemotherapy

- Medical surgery, e.g. hysterectomy

Talk to your GP if you are experiencing irregular periods.

“I breezed through menopause. It wasn’t a problem for me!” – While some people never experience any symptoms, this is not the case for many.

In fact, a Chartered Institute of Personnel and Development survey found that 3 in 5 women experience symptoms that have a negative impact on their job.

“Menopause is a ‘personal/woman thing’. It doesn’t need to concern everyone.” – Wrong! It affects the families, partners, spouses and colleagues of those experiencing menopause.

It’s important to know that many trans people are also likely to experience some menopausal symptoms (for example trans men who are not taking hormones), as may non-binary or intersex employees.

Whether you’re transitioning yourself or sharing an office with someone who is, it affects you.

“If it’s that bad, you should take HRT or look for another job.” – Not so fast! The benefits and risks of hormone replacement therapy should be weighed up on an individual basis, with medical advice – it may not be right for everyone. Also, under the Health and Safety at Work Act and equality laws, companies need to ensure the health, safety and welfare of all workers and ensure they are treated fairly, including those experiencing menopause.

What stops people talking about menopause?

In a recent survey, we wanted to find out what stops people talking about menopause. Here’s what we found.

Line managers told us that they are:

- Concerned about getting things wrong
- Worried that they will get into trouble for being insensitive
- Unaware of how to practically help

- Unsure of language and terminology to use
- Poorly informed about support available

For those experiencing menopause, there are different barriers to talking about how this affects them at work, including:

- Fear of being stereotyped (being seen as old, absent-minded, lazy, disorganised, weak...)
- Fear that negative stereotypes and incorrect assumptions will adversely affect performance reviews
- Being embarrassed (being embarrassed themselves or causing embarrassment for others, including line managers)
- Having a line manager who is different from them (particularly in terms of gender or age) makes people reluctant to discuss menopause

Understanding the barriers

Let's look at what those experiencing menopause say about how they feel:

Ella - "There may be an assumption that I can't handle my job"

Valerie – "Older workers are not valued enough anyway without this"

Khady – "I'm a BAME woman so don't want to give people additional reasons to judge me. Yet, the research shows women of colour like me can experience menopause earlier and have worse symptoms."

Laura – "I'd worry about it being seen as an excuse or a sign of weakness"

Akiko – "I find it hard to talk about menopause at work. In western cultures, it's seen very negatively as a time of loss. But in Japan it's seen as a period of regeneration and renewal. I know that every culture is different."

Jasmine – "My boss might think I'm using it as an excuse for being lazy or for poor standards of work"

Izzy – “There are days when I can’t think straight and I already get jokes about being scatty. If I say anything, I could lose my job.”

Harley – “As someone who is trans, I already feel stigmatised. I’m in an impossible position. In order to discuss menopausal symptoms, I’ll need to explain some of the medical treatment I’ve received, and I’m just not ready for that.”

What does good look like?

Your colleagues are discussing their experiences of talking about menopause at work. Here’s what they say. Look at each example and how the situation could have been handled.

“I had to explain my problems in front of colleagues”

Provide safe spaces: consider privacy and confidentiality.

“I had terrible anxiety but a female manager said it was ‘no big deal’...”

Build supportive, respectful relationships: show empathy and listen to concerns

“After a hysterectomy, I had no confidence and my work suffered. I was disciplined for poor performance.”

Handle performance and people issues in a fair and consistent way

“I have night sweats and insomnia which make it impossible to concentrate the next day.”

Conduct risk assessments: find solutions for difficult days (e.g. short-notice time off)

“My manager was happy to talk to me about menopause, but she didn’t offer any solutions.”

Provide information, advice, and signpost to guidance and support

“The guys in the office teased me, joked that I was ‘past it’ and called me a dinosaur.”

Build supportive, respectful relationships: create a culture where inappropriate remarks are called out

By starting a supportive and constructive conversation early, in a confidential environment, and by providing resources, we can ensure those experiencing menopause feel valued and continue to reach their potential. Together, we can create a more inclusive environment.

Scenario

Anthony, a line manager, explains some of the challenges he faced.

“The problem is, there’s a lot of stigma and misunderstanding about menopause. So, I felt out of my depth when one of my team raised it with me. I feel more confident now but I still make mistakes.”

What advice would you give to Anthony and other managers like him?

- Be sensitive and constructive. Focus on what can be done instead of what can't.
- Look for quick wins. Adjustments to temperature, ventilation and breaks can make all the difference.
- Think about privacy. Nobody wants to discuss private matters in an open office.

As you'll see later, there are a number of changes you can make as a manager to help those experiencing menopause, including checking the environment, flexible working and so on.

What to say – helpful and problematic comments

Saying the wrong thing can often make matters worse. It can cause frustration and discomfort for those experiencing menopause and can make them feel isolated.

“People saying ‘It happens to everyone. You’re no different.’ That sort of thing makes me so annoyed. For me flexibility is important when you are not able to sleep at night and have to struggle in to work the next day. Managers have no idea what you are going through and need to be trained. The words ‘going through the change’ should never be used.”

“One of my bosses had no idea. He didn’t want to know. He just kept saying, are you STILL going through THAT? I left in the end. What else could I do?”

“Sometimes, female managers are the least supportive. We need to be kinder and take care of each other.”

“People may mean well but I hate all the advice. Suddenly everyone’s an expert... Haven’t you tried HRT/black cohosh/soya? And why are you still drinking coffee/wine?”

Top tips for managers

Follow this best practice guidance when discussing menopause at work with your team:

Do:

- Think privacy and confidentiality - nobody wants to discuss personal matters in an open office in front of their colleagues. Arrange for discussions to take place in a private office or area instead.
- Prioritise health, safety and wellbeing. Even minor adjustments (such as better ventilation, seating, uniforms, quiet areas, more breaks or easier access to drinking water, restrooms, sanitary products and washing facilities) can make a big difference.
- Show respect and listen. Work collaboratively, build supportive and respectful relationships, and find a solution that works for everyone. Make sure you show your team you care and let them know that your 'door is

always open'. In one-to-ones, use active listening skills and reflect back to avoid misunderstandings

- Educate yourself to increase your understanding of menopause, the symptoms and impact. Remember that how comfortable an employee feels about discussing menopause may be affected by their cultural background, and other factors. For some people, this is a taboo subject.
- Have information available and accessible to staff around menopause to help their understanding. Make it known that you are aware and open to discussion around this. This can help ease taboo and encourage people to open up.
- Carry out risk assessments and consider what adjustments can be made to support performance issues. This may include temporary or permanent adjustments (e.g. uniform, refreshments, breaks, Duvet days or short-notice time off for difficult days, flexible working such as late starts or early finishes for medical appointments, allowing menopause as a reason for

sickness absence, amended shift patterns, a role change, etc).

Don't:

Impose conditions that could be discriminatory or treat those experiencing menopause less favourably than others. You may face disciplinary or legal action.

Make assumptions about what team members need or the best way to support them. One size does not fit all.

Get out of your depth. You are part of a team so reach out to others for support and advice when you need to. This may include internal and external people - such as HR, a wellbeing or safety officer, union representatives, Menopause Champions or Advocates, non-profit organisations, and so on. This will ensure you make the right decisions. However, don't just pass the 'problem' on to someone else. As a line manager, you are responsible for every member of your team and for finding the best solution for them.

Allow situations to build up where they reach crisis point. By doing this, you may risk losing a valued team member. Arrange regular one-to-ones and informal conversations to build trust and encourage early conversations.

Ask someone outright if they think they may be menopausal even if you recognise the symptoms. They may not even realise they are themselves. Raising awareness and openness can help with this.

Breach confidentiality or the law. Remember, you may be dealing with sensitive matters, which affect different workers in different ways. There are specific obligations or implications under the Equality Act, the Health and Safety at Work Act, the Gender Recognition Act and GDPR. For more on the legal implications, visit: <https://www.acas.org.uk/menopause-at-work/menopause-and-the-law>

Scenario

Here's how Lena felt when, in her 30's, she confronted the prospect of early menopause. What do you think?

Lena – “I was worried about speaking out. But things got difficult. People started to notice... I was sweating so much. I took time off sick, but didn't tell anyone why. I was terrified of appearing unprofessional or incapable.”

- Its best to be honest as otherwise her employer may discipline her for performance matters.
- By speaking out, we can arrange extra support for Lena but if we don't know, we can't help.

There can be many reasons why Lena doesn't feel able to talk about this at work. Embarrassment, lack of support, fear of being judged or worry about losing her job. But speaking out is usually the best option. It enables us to arrange extra support and advice, make adjustments and ultimately ensure top

talent is retained in our business.

Personal stories

Your ability to cope can be determined by the severity of your symptoms and even the type of work you do. Spend some time examining these personal stories, before continuing.

“I work in a hot environment but it became unbearable for me, especially with all the protective equipment I wear. My manager agreed to let me switch roles for some of the week and work remotely. Without that, I would have left.”

“As a lecturer, I’m on my feet all day. It’s very difficult to take regular toilet breaks when I’m supervising students. But it’s become impossible due to menopausal flooding. I have no other option but to cut my hours but we are looking into whether I can deliver some classes virtually.”

“I am worried that age discrimination will happen as women may be turned away from key positions and projects due to the symptoms of the

menopause... some managers could take as them being unsuitable for a role.

I have yet to hold any discussion with my male line manager about this issue. He is a very nice person but I think this would make him feel very awkward and uncomfortable. There are also cultural aspects to recognise when holding discussions about the menopause and being mindful and respectful of cultural and religious customs with both parties. Not all women will feel comfortable about talking about something so personal to a male manager necessarily as some communities have female chaperones when seeing a GP for example. Would a member of staff be allowed to hold a discussion with a female only or having another female member of staff with them?

How will sickness be evaluated as women going through the menopause will be scrutinised even more as some women do suffer from debilitating effects, so for example the mental health aspect very important and sensitive.”

Our approach

At our organisation, we focus on four key areas to ensure there is better support for those experiencing menopause, their line managers and colleagues.

Education and awareness: We are committed to improving everyone's understanding of menopause at work, regardless of the role they are in or the work they do. Menopause is not simply a 'women-only' issue. It is a safety, wellbeing and equality issue for everyone.

Culture: We strive to create a supportive and inclusive environment for everyone. We promise to always treat you with respect, to be supportive and listen to your concerns.

Environment: We will consider the working environment, as well as your specific role, to identify any adjustments and improvements that could be made.

Collaboration and conversation: We will listen and work collaboratively with you to find solutions to the health and wellbeing issues you may be experiencing.

Further information and support

You can get more information and support by checking out these resources:

Key contacts – If you have any questions or concerns, talk to your manager in the first instance. You can also contact your HR Business Partner.

External resources and support –

- Your GP or healthcare professional
- NHS guidance - <https://www.nhs.uk/conditions/menopause/>
- Menopause Café - <https://www.menopausecafe.net/>
- Healthtalk - <https://healthtalk.org/menopause/support-networks-for-menopausal-women>

- CIPD guidance for line managers - <https://www.cipd.co.uk/knowledge/culture/well-being/menopause/people-manager-guidance>
- Daisy network for premature menopause - <https://www.daisynetwork.org/>
- Balance (Menopause library) - <https://www.balance-menopause.com/>
- ACAS guidance - <https://www.acas.org.uk/menopause-at-work>