



**Evidence on the Provision and Effectiveness of Menopause Support Services Among
Women in the UK Health Care Settings**

Student's Name: Vannia Celia Delfino

ID: 2322920

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Lecture: Dr Itse Olaoye

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Introduction

Menopause is a significant transition in a woman's life that usually occurs between 45 and 55 years when the reproductive cycle stops for at least 12 months (NICE, 2024). This is a natural transition, but even in this case, physiological, psychological, and social changes may be profound. They may affect the quality of life, the volume of Work, and wellbeing (Verdonk, Bendien, and Appelman, 2022). As a result, menopause is now of particular interest as a health problem to the general populace, especially within health and social care populations, of which it forms such a large sector of workers and consumers. The last few years have seen the increasing awareness of menopause as a determinant that affects the involvement of women in the workforce and their access to equitable medical care (DePree and Lohrberg, 2024). Although this is the case, it has been indicated that inequalities in delivering menopause support services, such as unreliable access to specialist services, inadequate workplace policies, and ignorance by healthcare providers, persist (Maturitas, 2023). With these limitations in mind, this study aims to investigate menopause support services in UK health care, in terms of the provision and efficacy of this service, through a scoping review to generalise the existing literature and define ways to improve the effectiveness of this service.

Rationale

The notion of menopause is turning out to be a crucial factor of health and equality of women in the UK that influences their involvement in the labour force, physical and mental health, and social inclusion in general. It has almost 75 percent of female employees in the NHS, and most of them will experience menopause symptoms at some point in their employment. They include hot flushes, fatigue, sleeping difficulties, mood changes, as well as cognitive difficulties, which are damaging performance at the workplace, self-esteem, and relationships with other people.

A scoping review is, hence, suitable to chart and synthesize the existing evidence base, gaps in the provision, and the efficacy of the available interventions in health care settings (Campbell et al.,2023) The review aligns with the policy debate on the topic of the Menopause Workplace Pledge and the potential legislation to permit employers to adopt menopause-friendly policies. Knowledge of evidence-based practice will help inform policy, research, and practice by enlightening interventions that will help improve women's health, retention, and satisfaction in care settings.

Review Question

What is the literature regarding the supply and the efficacy of menopause support services in UK health and social care environments?

Objectives

1. To determine the scope of the menopause support services in UK health and social care environments (Simmons et al, 2025).
2. To investigate the obstacles and enablers to access menopause support.
3. To determine the efficiency of the interventions and policies to support women undergoing menopause (Rodrigo et al.,2023).

Background

The Health Care Context

Menopause is becoming a well-being concern and a factor of patient-centred care in the UK health care systems. The guidance on supporting staff with menopause by NHS England (2024) recommends leadership-based interventions to build inclusive work environments. Concerning access to clinical menopause care, the British Menopause Society (BMS) (2023) evidence suggests a significant difference between primary and secondary care. Menopausal symptoms remain unmanaged in the social care environment, where women constitute a high percentage of carers and support workers, related to a lack of awareness, flexible working schedules, and stigma attached to the condition.

Policy and Legislation

The policy changes in the UK have firmly put menopause on the national agenda (Orgad, S., & Rottenberg, 2024). England's Women's Health Strategy has promised to enhance education, clinical routes, and employer support for menopause. The Equality Act gives a legal framework within which any discrimination based on menopause can be contested, primarily based on sex, age, and disability. Moreover, the Health and Safety Executive (HSE) has also provided information on workplace risk assessment, which addresses the issue of menopausal symptoms as a health and safety concern. With all these policies, there are still gaps that exist between the intention of the policy and its implementation. Not many organisations have been able to implement intensive menopause policies that comprise managerial training, occupational health assistance, and flexible working arrangements. In this way, the efficacy of such interventions is not well known and is subject to systematic investigation with the help of the current review.

Limitations to Successful Support.

Recent studies have shown several obstacles to adequate menopause support (Barber, K., & Charles, 2023). These are a lack of knowledge among the healthcare providers, unavailability of specialist clinics, cultural stigma, and failure to appreciate menopause as an occupational health problem.

Enablers of Fiduciary Support.

Conversely, the literature lists several effective menopause support facilitators. These are leadership dedication, transparency of information, accessibility of evidence-based information, and incorporating menopause into occupational health and wellbeing structures. In fact, workplace cultures that openly discuss menopause have also been found to enhance women's self-confidence and attendance (Cowell et al., 2024). Moreover, interventions like medical, psychological, and occupational approaches have been described as a multidisciplinary model that has been found to manage symptoms and job satisfaction more effectively.

Conceptual and Theoretical Framework

This paper relies on the biopsychosocial model that recognizes that menopause is a combination of biological, psychological, and social aspects. This framework is quite appropriate in analyzing the support in menopause in health care since it can be studied at individual, organisational, and policy levels. It is also in line with feminist views that can place menopause in the broader context of gender equity and inclusion in the workplace.

Significance of Study

The study is significant for several reasons. First, it synthesizes evidence (2020-2025) in emerging public and policy concerns. Second, it adds to the knowledge of the functioning of menopause support in the specific framework of the UK health care systems, where most women are employed in the frontline. Third, it provides information on the efficiency of existing

interventions, guiding policy and organisational plans to enhance the health and equality of women in the workplace.

The results of this review may be used in designing inclusive health promotion programs, NHS workforce planning, and healthcare provider education. They will also be part of further discussions regarding including menopause in occupational health systems and models, decreasing stigma levels, and improving care quality for staff and patients.

Methods

The research method in this study was a scoping review, which sought to gather the existing evidence in the health care context of the United Kingdom on the provision and effectiveness of menopause support services. Scoping reviews are especially appropriate to the scope and depth of available literature in fields where studies are developing, multifaceted, or disjointed (Kouijzer et al., 2023). The approach permits the mapping of essential concepts, determining gaps in knowledge, and generalizing research results without the limiting scope of a systematic review. The approach is directly linked to the purpose of the present study, as it is necessary to give an overview of the support to menopause in the context of health care in the UK and identify the usefulness of the interventions offered.

The scoping review has been created based on the PRISMA-ScR guidelines version, Preferred Reporting Items Scoping Review. Compliance with this structure made the review transparent, reproducible and methodologically rigorous.

Synthesized Themes Across Studies

Main Theme	Supporting Studies	Summary of Evidence
1. Workplace and Organizational Support	Verdonk et al. (2022); Maturitas (2023)	Inclusive policies, managerial education, and open dialogue are needed to reduce stigma and improve retention.
2. Health Inequality and Access	DePree & Lohrberg (2024)	Socioeconomic and ethnic disparities affect awareness and access to menopause support.
3. Policy and Implementation Variability	NHS England (2024)	Differences in how organizations adopt menopause-friendly frameworks show a lack of standardized implementation.
4. Clinical and Psychosocial Interventions	NICE (2024)	Emphasizes the need for integrated care involving both medical and emotional support approaches.

Data Sources and Search Strategy

A comprehensive electronic search was conducted in four major scholarly databases, including PubMed, CINAHL, MEDLINE, and British Nursing Index, to choose the relevant literature. These databases were selected as they contained good coverage of nursing, medical, and allied health research, hence suited well to the exploration of menopause related research in the health care context. The search terms were created according to the research question, and the use of the keywords and Boolean operators was to include the following keywords and Boolean operators: menopause, perimenopause, support, care, health services in the United Kingdom.

Peer-reviewed primary and secondary studies published since January 2020 were searched due to the consideration of the inquiries and up-to-date research and policy on menopause support in the UK. During this period, menopause became a national concern and major policy initiatives such as the Women's Health Strategy in England were published. Articles published in English and those that contained the UK population were only considered.

Summary of Findings

In general, the review established that menopause awareness has grown significantly in the UK in the past few years; nevertheless, the delivery of systematic and equal care is uneven.

The effectiveness of menopause support is then determined by both systemic and individual factors. Sustainable change entails policies, resource allocation, and even a change in organizational culture. The discussion section will be based on the above findings and will critically interpret the implications for policy, practice, and future research.

Discussion

The results of this scoping review show that over the past few years, menopause support in health care environments in the UK has become much more developed. However, access to it, its implementation, and effectiveness remain unequal. This lack of consistency results from inconsistent implementation of policies, existing differences in awareness among healthcare workers, and structural disparities that influence women's access to healthcare. According to the review, despite the national policy, such as the Women's Health Strategy of England, creating awareness of menopause as a health problem among the population, the gap between the intentions of the policy and its actual application remains.

The results confirm that the inconsistency in service delivery is one of the most burning issues. Physicians in primary care usually attend to the patients first, but most of them are not

specifically trained to deal with menopause. The National Institute for Health and Care Excellence (NICE, 2024) states that many women are not diagnosed promptly or receive insufficient advice, which may aggravate their symptoms and decrease trust in the healthcare system. Such disparity in professionalism is also present in the social care settings, where the managers and staff often do not have the knowledge or resources to cater to menopausal staff effectively.

In addition, work-related aspects of menopause support have taken center stage. NHS and other organisational entities have initiated menopause-friendly programs, such as policy direction, flexibility in Work, and availability of occupational health advice. Although some examples of NHS Trusts and social care providers have progressed, others still use informal or ad hoc support systems. This variability is facilitated by the lack of standardised national models of menopause policies in the workplace (Howe et al.,2021).

The problem is also compounded by cultural and organizational stigma. This silence will not allow open-ended conversation, no one will seek help, and false beliefs will exist. Such stigma can demoralize and demotivate employees in a health care environment where women constitute the most significant portion of the labor force.

Another point in the review is the significance of education and training to both the medical personnel and the managers. Verdonk, Bendien, and Appelman note that most clinicians and supervisors do not think that they are prepared to discuss menopause with confidence, and thus, they are missing the chance to intervene at a young age. Furthermore, institute training will enable the line managers in healthcare settings to be sensitive to menopausal staff and instill a culture of empathy and inclusion. Policies will be shallow or staged without such education unless they are extensively practical to enhance results (Wilkins et al.,2021), realistically.

The other important discovery is associated with multidisciplinary efficacy. Clinical, psychological, and occupational interventions are always more effective than interventions that only manage symptoms. As an illustration, models that combine primary care physicians, occupational health specialists, and mental health practitioners are more holistic in responding to the biopsychosocial nature of menopause. Digital health innovation is an opportunity to provide more access to menopause support (Paripoorani et al.,2023).

Critical Evaluation of Evidence

The articles incorporated in this review present a reasonable basis for understanding menopause support in the UK. However, several methodological shortcomings will have to be recognized. The data used in many studies is self-reported, which may lead to bias or exaggeration of experiences. The field is predominantly characterized by cross-sectional designs, which restrict the capability to develop causal interventions and outcomes between the interventions and outcomes. The overlapping of the results between the various methods increases the validity of the conclusions. The focus on workplace interventions, professional training, and cultural awareness can be considered a changing acknowledgment of the multidimensional nature of menopause as an intersection of health, equality, and employment. The study also highlights the importance of qualitative investigation in the representation of the lived experience of menopausal women, a methodology that adds to the knowledge beyond clinical results.

Implications for Policy and Practice

These implications on policy and practice are critical. At a policy level, a response from the UK government towards enhancing women's health is a significant chance to systematize the idea of menopause in national strategies. The increase in menopause-specific services and

training programs should be included in the top priorities of the Women's Health Strategy and NHS workforce plans. In addition, a framework of national menopause policies would potentially establish uniformity between organizations and minimum support standards.

Organizations should implement broad and integrative policies that involve clinical, psychological, and social solutions to menopause (Atkinson et al.,2021). These involve providing multiple working hours, assessing uniforms and work conditions, and encouraging the open discussion of menopause.

The intersectionality of menopause involves applying special approaches to address diversity.

This can be done by cultural sensitivity training where community outreach programs are provided to ensure that every woman is provided with support (Camara et al.,021). In partnership with policymakers, professionals and employers should come up with sustainable models of care that will be able to deal with both individual and structural determinants of health.

Future Research Directions

This review, in its turn, summarizes the evidence available, but it also demonstrates significant gaps that must be addressed by additional research. The longitudinal studies are expected to be conducted in future research to define the long-term effects of menopause intervention application on health-related, employment-related, and life quality.

The other potential area of research in the future is digital health interventions. The effect, simplicity, and acceptability of digital platforms can also be assessed and used to inform hybrid care models consisting of both digital and personal support. Additionally, an analysis of the economic cost-benefit of treatment options for menopause, such as reduced absenteeism and improved workforce performance, can also help to increase the business case for investing in menopause-friendly policies.

Conclusion

This scoping review concludes that menopause support in UK health care sector establishments has improved in recent years due to increased policy attention, awareness, and new workplace interventions. However, the provision of the support is still unequal, and access, quality, and implementation loopholes are still there. Menopause support should be carried out by a multidisciplinary approach, leaders, and cultural change, including the destigmatization of menopause and encouraging free communication. In contrast, ignorance, deficiency of training, and structural inequalities continue to sabotage progress. Consequently, menopause should not be viewed as a biological phenomenon only, but as a significant factor of gender equity and labour sustainability in health care systems.

Lastly, the UK's emergence as the place where the problem of menopause has entered the list of fundamental aspects of female health is an important step in the right direction. However, research, policy, and caring practice should transform the system to achieve equitable, effective, and sustainable menopause support. By removing the existing gap in awareness to implementation, the health and social care sector can change the lives and wellbeing of millions of women in the country by delivering exceptional results.

Recommendations

The evidence reviewed reveals several recommendations to improve the menopause support services in the UK health care sector. First, we need a unified national model that will guarantee the uniformity of access to services related to menopause in the regional and care environment. To build confidence and sensitivity regarding handling of the affected workers and patients, organizations should incorporate menopause education and awareness training in the professional development programs, which should be provided to the medical workers and

managers. Staff should also institute inclusive policies within the workplace that will promote free flow of communication, flexible time and offering of occupational health facilities. Finally, a more equitable and sustainable model of menopause management should be finalized by adding the digital and community-based support models that would make it more accessible so that women and underserved areas could take benefits.

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