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
• An increasing number of women/females are engaging in employed work. By the end of 2021, there were just over 4.4 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.3 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 symptoms5,6 and can feel embarrassed and unable to disclose their menopausal status or 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 (peri- and 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. Research8,9 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.
• 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?

• Creating a workplace culture that is open and accepting to the menopause and other female-related health and reproductive health issues may help overcome their taboo, facilitate all staff to engage with the issue and support one another when at work. This may also help to positively influence the experience of the menopause and its symptoms in staff.

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 that undergo expert, peer reviews, it is important that workplaces access and share this knowledge to the workforce. Provide the references to show this is being done. In the review of UK guidance documents, many did not cite current scientific evidence and literature. Text was often copied from older documentation publicly available. Make sure yours is tailored for your organisation, up-to-date, and reviewed regularly.

• Currently we do not have a “best practice” model or approach for addressing menopause in the work context. There are very few robust research studies evaluating the practices and interventions being adopted. Like the menopause, a “one-size fits all” approach is unlikely to work. Research is currently underway to gather the necessary evidence to understand what is being done and to evaluate such practices (e.g. training, implementation of policies and guidance) to understand the extent to which they are making a difference to workplaces and their menopausal staff. With a recent poll found 33% of organisations in the UK considering introducing menopause-related work policies, more research into these and other key areas are still very much needed. Allocating funding and resources for such work is important to prioritise.

• 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. The European Menopause and Andropause Society (EMAS) have also produced global guidance on menopause and work from experts around the world. This includes free, easy to access infographics and their website.
References


Some useful resources:


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