

Menopause support: What can we do in the workplace to support colleagues and what can we learn from lived experience?

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Menopause definition



Menopause: A biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life. Usually it is defined as having occurred when a woman has not had a period for 12 consecutive months (for women reaching menopause naturally). The changes associated with menopause occur when the ovaries stop maturing eggs and secreting oestrogen and progesterone.

Perimenopause The time in which a woman has irregular cycles of ovulation and menstruation leading up to menopause and continuing until 12 months after her final period. The perimenopause is also known as the menopausal transition or climacteric.

Postmenopause The time after menopause has occurred, starting when a woman has not had a period for 12 consecutive months.

For the reasons above, we need to underline that menopause is NOT an age and/or gender specific issue. Not only does this affect our colleagues born with ovaries who do not all recognise as a woman, it also affects those staff who live and work alongside a person who experiences bothersome and potentially debilitating symptoms.

<https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#diagnosis-of-perimenopause-and-menopause>

Why is this relevant at work?



What have I heard?

- Cold water
- Sickness reporting facility
- Occupational Health



Feedback from participants



- 31 staff members reported that symptoms of the menopause had **NEGATIVELY affected them at work (only those working at home said symptoms management was “ok” as a result)**
- ALL staff had tried to contact their GP; some had several **wasted appointments**; some had been trying to engage their GP re symptoms management for over 1 year
- ALL staff wanted more **info to manage symptoms** as well as broader lifestyle and wellbeing advice
- ALL staff wanted **time to ask questions**; something they could not do in their GP appt because of the time limit for an appt
- Approx 40% had taken **time off sick due to menopausal symptoms**; if they'd experienced insensitive comments about menopause from a manager – staff would not disclose this as menopause related
- Many asked for workplace support and more awareness for managers

1. Themes: Primary Care

- **Primary Care response**

- I. Limited knowledge and confidence and/or knowledge not up to date. Colleagues consistently report denial of HRT when this is not clinically appropriate. There are still offers of anti depressants and sleeping pills, numerous wasted appointments prior to achieving a discussion around HRT. This has been reported even when respondents attended appts with the 'menopause nurse' in their GP surgery.
- II. Ability to access HRT (prior to the annual HRT certificate cost was also prohibitive)

Staff reported;

- Primary Care is hard to access
- Varied levels of knowledge, awareness, being out of date, confidence in symptoms management
- Challenges to access confidently trained GPs and nurses
- Incorrect information given; despite being challenged by informed staff, prevented access to treatments
- Reviews difficult to access; especially critical after starting HRT and when symptoms change and tweaks to treatment are needed
- Knowledge and confidence with testosterone is limited, despite NICE guideline in place for its clinical indication

2. Themes: Workplace support



• Support in the workplace

- I. Menopause often not recognised by line managers who also determine OH referral, flexible working, accommodation of changes and adhering to phased return (especially an issue for clinically based staff)
- II. Lack of redress if wellbeing is conflated with performance issues
- III. OH services focussed on return to work which is short-med term; menopause has no end date
- IV. No ability or culture to report menopause related sickness
- V. The exacerbation effect of lack of retention; impacting on those who are also struggling further

Staff reported;

- Lack of support, lack of flexibility, lack of adhering to supportive approaches – even phased return and flexibilities re long shifts and/or shift patterns
- Exacerbation effect of staffing gaps; pressure to pick up and report that they have picked up extra shifts, guilt re sickness periods or the need to go off sick, unable to self care
- Unable or guilt to complete or undertake training, even where this adds to self care
- Insensitive comments said by managers directly relating to menopause and/or the flexibilities requested
- Cramped estates; lack of access to appropriate ventilation or to change workspaces

**Oh no, I've got another
'one' here.....**

**Comments like that
make sure I won't
record my sickness as
menopause related**

Some symptoms exacerbate the issues



The “squeezed middle”

A number of symptoms exacerbate those affecting the workplace performance. These are often the very symptoms that prevent staff from prioritising self care and/or taking some time away from operational duties.

- Psychological symptoms; loss of confidence, lack of concentration, reduced work performance, perception of reduced abilities, less able to delegate, poor memory recall, losing words mid sentence, imposter syndrome
- Underpinned by poor sleep

These specific symptoms can be **the very reasons why this cohort of staff are under greater personal pressure to take up more** operational duties, inability to say no, inability to prioritise self care, feeling guilty, feeling pressured from insensitive comments in the workplace, doesn't want to 'let down' colleagues or a short staffed team, letting themselves down.

This exacerbates a negative cycle and adds to the psychological symptoms experienced, often making the situation much worse.

3. Themes: Where can I find support

- **Lack of access to support**; peer to peer and clinically based is an essential mix as menopause is linear and as a result needs review and ongoing oversight to ensure wellbeing is maximised throughout.

Staff reported;

- They welcome and very much value the informal approaches to talk about menopause, what it means for them and to recognise they are not alone, not going mad and they can share their concerns and get informal peer to peer support
- They were talking and sharing with friends beyond any awareness sessions
- Some staff were not keen to raise some symptoms with their GP – vaginal issues was a huge topic!
- Some hadn't anywhere else to ask; GP wasn't up to date, hadn't given options or wasn't able to discuss specific advice. Some GPs had asked the patients what they wanted
- They felt there was a huge disconnected between the strategic management aims and operational reality – **they described it as feeling broken**

British Standards Institute BSI report 2023: Lifting the Second Glass Ceiling



Key recommendations of the Second Glass Ceiling insight report

- **Recognize the benefits of lifting the Second Glass Ceiling**
Individuals, organizations, and society **all stand to gain from tackling the departure of women**. Ultimately, it is an opportunity to boost growth and innovation and accelerate progress towards a sustainable world.
- **Open the dialogue**
Ask women what they want – and act on it. Looking at what is driving women to leave the workforce early can help to uncover solutions that can reverse the trends and enable more women to thrive. Ensure support is available and accessible. Women can only access support around menopause or any other factor if it is first available and they are aware of what is on offer. Employers can partner with employees to embed a supportive culture.

[Lifting the second glass ceiling - global research report | BSI \(bsigroup.com\)](https://www.bsigroup.com)

What does good support look like?

Invest in your *human capital*

Key themes;

1. Social, moral
2. Demographic
3. Good business sense
4. Legal

What support is out there?

- Symptoms range from physical and mental health issues; there is a list of what we identify as the 34 most common – although, everyone has their own, subjective menopause that is different from person to person, do you have flexibility and/or a menopause passport?
- There is a wealth of clinical and nutritional expertise; this is helpful as not everyone has physical symptoms and some people feel that an improved diet can actually help with some aspects such as poor sleep
- Diet and lifestyle changes really can help; keeping a varied diet, exercise and stretching, relaxation therapies can all support
- [Early Menopause and POI \[Video\] | Menopause Doctor](#)
- Workplace; Henpicked support and resources
- The British menopause Society has a patient facing and a clinical platform, both offer leading research based advice, guidance and education in various formats; [British Menopause Society - Women's Health Concern \(womens-health-concern.org\)](#) TV: [BMS TV | British Menopause Society \(thebms.org.uk\)](#)
- The Balance website was established by Dr Louise Newson, a GP specialist and leading menopause campaigner; [Balance - Homepage \(balance-menopause.com\)](#)
- Dietary changes or nutritional needs can be accessed here; [Menopause and diet | British Dietetic Association \(BDA\)](#)
- Stories to share experiences; [Menopause - Overview \(healthtalk.org\)](#)

There are a number of celebrity hosted webpages or Instagram accounts re menopause you can find easily via searches depending on your preference; Meg Matthews, Davina McCall, Gabby Logan, Lorraine Kelly, Mariella Frostrup, Lisa Snowden, Penny Lancaster