

# Why is the menopause relevant to our organisation and to me and my team?

## Awareness and training pack

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# What is the “Menopause”?

 **Menopause:** A biological stage in a woman’s life that occurs when she stops menstruating and reaches the end of her natural reproductive life. This happens because the ovaries stop maturing eggs and secreting oestrogen and progesterone.

 **The ‘menopause’ is literally the day when a woman has not had a period for 12 consecutive months** (for women reaching menopause naturally – menopause can be surgically induced and as a result may be at any time).

 **Before this day it is called the ‘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 typically when most will notice varied symptoms.

 **The day after menopause is called the ‘Postmenopause’;** This starts when a woman has not had a period for 12 consecutive months and one day.

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



# When does the menopause happen?

Menopause occurs when the ovaries stop maturing eggs and secreting oestrogen and progesterone. This is why it affects *anyone* born with ovaries not just those who identify as female.

The average is in the UK is 51 years although menopause can be triggered much earlier (under 40) as a result of surgery, illness or because of an issue with the function of the ovaries known as premature ovarian failure (POI). POI can sometimes run in families if relatives went through the menopause at a very young age (20s or 30s). Menopause is thus not just for 'older' women.

- Dr Louise Newson, a GP and Menopause Specialist advises that the average age is 51 years. But the average life-expectancy of the woman is in her eighties. This means that anyone affected could have 30 years of potentially having menopausal symptoms or being post-menopausal; Menopause doctor
- The British Menopause Society also confirms that the average age is around 51; the average age of menopause

<https://www.nhs.uk/conditions/early-menopause/>



# How many people are affected?

- The **female employment rate of 71.4%**; the highest since 1971.
- **Women outnumber men in 40-49 and 50-59 age groups.**
- In the NHS **nearly 50% of the working population are women** between 45 and 64 years old.
- Almost **one in four (24%) female workers also juggle caring** responsibilities
- There is **a need for older people to stay in the workforce longer**. People will need to ensure they have adequate funds to support their longer lives. There is also a **policy drive to increase employment among older people**, to help support the increased costs of providing health and social care services and State Pension provision that an ageing population brings.



# Why is this important for the NHS?

Because the affected cohort is *mainly* female, it will not reduce, diminish or change to any great extent in future years.

- Menopause affects the partners, colleagues and friends of anyone suffering with symptoms
- The NHS reports around 100,000 staff vacancies, approx 38,000 of which are nursing gaps.
- We have the complexities of leaving the EU and a changed immigration system
- We need to retain our talent, knowledge and experience.
- 79% of jobs in the health and social work sector are held by women.
- The issue crosses age and gender. Any of our colleagues who identify as male (but were born with ovaries) will experience a menopause. Support can be particularly difficult and challenging unless we advocate open conversations and where training and education is established.

(ONS. 2019)



# How can the organisation support?



- Supportive 'human' conversations make a huge difference; anyone struggling with symptoms cannot place them aside whilst they continue to work, so having a supportive conversation can make that easier
- Equipping line managers to have conversations with team members allows people experiencing menopause to feel supported in the workplace.
- Promoting a healthy environment and culture is better for everyone; an open, honest environment means we can all flourish at work.
- Enabling women to be their best at work; 1 in 4 report severe symptoms
- Awareness: wide-ranging physical and psychological symptoms can feel seriously inhibiting to anyone, especially if they have a senior role which presents multiple demands on concentration and a requirement to manage multiple priorities.
- In our organisation we have a trans inclusive culture, recognising that people of diverse gender expressions and identities experience menopause as well as those who identify as female.



# The legal framework

Menopause at work is covered by certain pieces of **legislation** to protect employees because **menopause spans 3 key areas**;

- Age
  - Gender
  - Health and Safety
- 
- Under the **Equality Act 2010**, menopause is largely covered under three protected characteristics: age, sex and disability discrimination.
  - The **Health and Safety at Work Act 1974** provides for safe working ,which extends to the working conditions when experiencing menopausal symptoms.
  - Acas has introduced **new codes of practice** surrounding flexible working.





# How does discrimination relate to menopause?



## Discrimination may be direct or indirect;

- **Direct discrimination;** an employee is treated less favourably because of a protected characteristic, so in the case of menopause, it could relate to gender or age.
- **Indirect discrimination** is where a provision, practice or criteria is discriminatory in relation to a protected characteristic. So, even if a neutral policy (for example, flexible working) is applied across the organisation, it may be considered to place some women at a particular disadvantage compared with men.

**Disability refers to;** A physical or mental impairment, which has a substantial and long-term adverse (12 months or more) effect on the ability to carry out normal day-to-day activities. In the case of menopause, we do not have a firm deadline for symptoms to decline or end. In this case menopause can easily fall within the disability definition.

<https://www.gov.uk/definition-of-disability-under-equality-act-2010>



# How is menopause understood?

**Without knowledge or training, menopause is usually assumed as follows;**

- Applies to mature/old ladies having 'hot flushes'
- Grumpiness
- Moodiness
- 'Change'

**It largely isn't well understood beyond the points above....**



# What are the **symptoms** – especially those that can **affect wellbeing at work**?

**There are around 34 symptoms that are most common;**

About 8 in every 10 women will have additional symptoms for some time. These can have a significant impact on daily life for some women. Some of the most common symptoms are outlined in the nhs website [here](#)

The top six symptoms affecting work are;

1. Fatigue
2. hot flushes
3. concentration problems
4. anxiety
5. insomnia
6. recall/memory

Dr Louise Newson, a menopause specialist GP discusses support for the most common symptoms [here](#)



# What can managers and colleagues do to offer support?



- Accept that this is a normal part of life; not a taboo – see the NHSE/I Menopause Policy
- Support an open culture and communication if this is acceptable for the member of your team; not everyone is comfortable with this topic and may prefer to identify another colleague for support.
- Understand the symptoms that may present specific challenges for working colleagues; flexibility can offer support
- Be aware that menopause impacts on all staff groups; partners of staff who are struggling with symptoms may also have disrupted sleep or want signposting to access more information
- Offer ongoing support – this doesn't have a firm 'end date'. Some individuals will continue to have symptoms for 4-12 years
- Capture and record menopause related sickness so that the organisation can gather specific data and analyse the impact
- Separate conversations about performance and menopause; this may be an issue, performance and support must be clarified separately (see NHSE/I menopause policy)
- Don't try to 'manage the menopause' manage the person



# Support Continued



Many interventions to support are FREE; such as training and awareness

- Champion to need for greater awareness, knowledge and open conversations
- Discuss work-life balance, flexible working and regular breaks
- Can colleagues access a quiet place to work if concentration is an issue
- Cold water can help manage temperature fluctuations
- Recommend a desk fan, encourage eating lunch away from the desk and outside

## **There is formal organisational support;**

- NHSE/I menopause policy
- Overview of our [Employee Assistance Programme \(EAP\) services](#)
- Occupational Health [here](#)
- Line manager 1:1 discussions
- Menopause Network offers education, advice and support, signposting [here](#)



# What does Hormone Replacement Therapy (HRT) do?



HRT is available to replace the two hormones lost during and after the menopause.

This may be either oestrogen (following a hysterectomy) or oestrogen and progestogen (if the uterus is still in place). HRT is normally sought by individuals who struggle with symptoms.

There are a number of benefits too - HRT is explored by the British Menopause Society further [here](#) by Kathy Abernethy.

Benefits and risks associated with taking HRT are often associated with an early study, underlining an increased proportion of breast cancer cases.

This research has since been significantly clarified and the risks **much reduced**, as outlined by NICE [here](#)



# APPENDIX 1: Symptoms list – Can be used to explore personal symptoms or as part of a 1:1 with your line manager to plan support



Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom						Adjustments you feel may assist (Examples included)	
	Home	Work	Mild	Mod	Intense	Severe	Less than monthly	Monthly	Weekly	Daily	Hourly	Constant		
Hot flushes														Fan/ extra uniform/ close to a window/ access to showers.
Night Sweats														Flexible shift times
Irregular Periods														Procedures allowing for staff to leave fixed positions
Loss of Libido														
Vaginal Dryness														
Mood Swings														Inform the rest of the shift to be mindful. Quiet/ Private breakout room.
Fatigue														Flexible shift times.
Hair Loss														Flexible uniform policy
Sleep Disorders														
Difficulty Concentrating														Flexibility in breaks.
Memory Lapses														Aide memoirs
Dizziness														Access to fresh drinking water and quiet areas
Weight Gain														Access to food preparation facilities to allow healthy eating options
Incontinence														Access to showers/extra uniform.
Bloating														
Allergies														
Brittle Nails														
Changes in Odour														Access to showers/lockers to store toiletries/extra uniform



## APPENDIX 1: Symptoms list (continued)



Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom						Adjustments you feel may assist. (Examples included)
	Home	Work	Mild	Moderate	Intense	Severe	Less than monthly	Monthly	weekly	Daily	Hourly	Constant	
Irregular Heartbeat													
Depression													
Anxiety													
Irritability													
Panic Disorder / Attacks													
Breast Pain													
Headache													Access to a private room
Joint Pain													
Burning Tongue													
Electric Shocks													
Digestive Problems													
Gum Problems													
Muscle Tension													
Itchy Skin													
Tingling Extremities													
Osteoporosis													

