

# The menopause and work: guidance for RCN representatives



Healthy workplace, healthy you

# Acknowledgements

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## What is the menopause?

The menopause is a natural physiological event that happens to all women. The average age for menopause is 51 years in the UK, over an age range of 39–59 years. It is difficult to predict how long or how many years symptoms will last. Not all women will have symptoms and those that do can vary in the type, amount and severity. Not all women will seek help for the menopause

and may try self-help measures and alternative therapies to cope with the symptoms.

Menopause that occurs before the age of 40 is called premature ovarian insufficiency, and this group of women need to have medical intervention.



## Self-help and seeking help

It is important to recognise that the menopause can cause some discomforts and greater challenges to daily living, some of these can be relieved by simple self-help measures and others may require help from health care practitioners and managers.



## Why is the menopause a workplace issue?

With a predominately female workforce in health and social care, many of whom are in their late 40s to mid-50s, there will be a significant number of RCN members who are perimenopausal. In addition to this there is approximately 1-10% of the population who experience an early menopause or premature ovarian insufficiency. This group of women will have the same symptoms as the menopause and in addition will become infertile.

For some, going through the menopause may be uneventful and may not impact on their working life but for others it may become increasingly difficult to function effectively at work and their working conditions may exacerbate their symptoms.

A study into the menopause and work, led by Professor Amanda Griffiths at the University of Nottingham (2010), reported that nearly half of the women surveyed found it somewhat or fairly difficult to cope with work during menopausal transition, whilst an equal proportion of women did not find it difficult at all. However, five per cent reported it to be very or extremely difficult. This is not to say women cannot work during this phase of their lives.

The same study identified the main difficulties for female workers as poor concentration, tiredness, poor memory, feeling low or depressed and lowered confidence. Hot flushes at work were a major source of distress for many women. Things that made hot flushes more difficult to cope

with were working in hot and poorly ventilated environments, formal meetings, and high visibility work such as formal presentations.

For many women, the menopausal transition also comes at a time of competing demands on their time and energy such as the need to care for elderly parents or relatives and often taking on the greater share of domestic responsibilities. This can have an impact on emotional wellbeing and lead to excessive levels of stress (Griffiths et al, 2009).



## How employers can help

There is much that employers can do to support women going through the menopause, although evidence suggests that the menopause is still a taboo subject in the workplace. Attitudes to the menopause can range from empathetic and understanding to insensitive and jokey, to a complete lack of sympathy for employees who are experiencing this normal life event.

In a recent report on supporting older workers, the Government's adviser on older people (Altmann, 2015) called on employers to recognise the symptoms of the menopause in their workforce, speak openly about it, and understand the great advantages an older female workforce can contribute to any employment.

The RCN would like to see health and social care employers taking the issue seriously and recognising it as an equality and occupational health issue, where work factors have the potential to impact significantly on a women's experience of the menopause.

A workplace wellbeing policy which recognises the menopause is a good starting point along with raising managers' and colleagues' awareness of the menopause and its interface with work. This should also include providing information for the woman on how they can

alleviate their symptoms themselves. Visit the [British Menopause Society](#) for further information and support.

Policies on flexible working and sickness absence should also recognise and support female employees going through the menopause, for example by considering temporary changes in work/shift patterns or recognising that sickness absence may be more frequent as employees struggle with symptoms such as excessive bleeding or sleep deprivation.

There are a number of practical steps an employer can do to support staff in alleviating the symptoms of the menopause and the table on the next page gives examples of common symptoms, the relationship with work and suggested adjustments. It may also help with creating a conversation around menopause, however it is important to recognise that the symptoms may be related to other conditions, and medical help should be sought if symptoms persist or are causing more serious problems.

In addition, the women should be advised to seek help in the form of self-help management or medical help to manage the symptoms, especially if younger.



### *Annual Report of the Chief Medical Officer, 2014 The Health of the 51%: Women*

This report by the CMO recognises the menopause as a workplace issue and recommends that employers follow advice advocated by the British Occupational Health Research Foundation including:

- greater awareness of managers about the menopause as a possible occupational health issue
- flexibility of working hours and working arrangement
- better access to informal and formal sources of support
- improvements in workplace temperature and ventilation.

Department of Health (2015)

Symptom	Examples of potential interface with work	Suggested adjustments	Notes
Daytime sweats and flushes	Less tolerant of workplace temperatures; workwear/ uniform may become uncomfortable; personal protective equipment (PPE), for example, face masks/ visors and lead aprons may be uncomfortable if worn for long periods.	<ul style="list-style-type: none"> <li>• Ensure easy access to supply of cold drinking water.</li> <li>• Ensure easy access to washroom facilities.</li> <li>• Avoid nylon or close-fitting uniforms.</li> <li>• Look at ways to cool the working environment for staff affected, for example fans at workstations; move desks to near windows/open windows and adjust air conditioning.</li> <li>• Take account of peripatetic workers schedules and allow them to access facilities during their working day.</li> <li>• Limit the time wearing PPE.</li> </ul>	
Night time sweats and flushes	Fatigue at work due to lack of sleep.	<ul style="list-style-type: none"> <li>• Provide support and advice on sleep hygiene.</li> <li>• Consider temporary adjustment of shift patterns to accommodate any difficulties.</li> <li>• Allow for flexible working.</li> <li>• Recognise potential need for sickness absence.</li> </ul>	
Unable to sleep	Fatigue at work due to lack of sleep (maybe compounded if shift work is carried out).	<ul style="list-style-type: none"> <li>• Consider temporary adjustment of shift patterns to accommodate any difficulties.</li> <li>• Allow for flexible working.</li> <li>• Recognise potential problem of increased absence in sickness absence policy.</li> </ul>	

Symptom	Examples of potential interface with work	Suggested adjustments	Notes
Urogenital problems, for example increased frequency, urgency	Need to access toilet facilities more frequently; may need to drink more fluids.	<ul style="list-style-type: none"> <li>• Ensure easy access to toilet and washroom facilities.</li> <li>• Allow for more frequent breaks in work to go to toilet.</li> <li>• Ensure easy access to supply of cold drinking water.</li> <li>• Take account of peripatetic workers schedules and allow them to access facilities during their working day.</li> </ul>	
Irregular periods	Need to access toilet and washroom facilities more frequently.	<ul style="list-style-type: none"> <li>• Ensure easy access to toilet and washroom facilities.</li> <li>• Allow for more frequent breaks in work to go to the toilet.</li> <li>• Take account of peripatetic workers schedules and allow them to access facilities during their working day.</li> </ul>	
Psychological problems, for example: loss of confidence; forgetfulness/ memory loss; difficulty concentrating; change in mood	Certain tasks may become more difficult to carry out temporarily for example learning new skills (may be compounded by lack of sleep and fatigue); performance may be affected; work-related stress may exacerbate these symptoms.	<ul style="list-style-type: none"> <li>• Encourage employee to discuss concerns openly at one-to-one meetings with manager or occupational health and negotiate possible adjustments.</li> <li>• Provide access to counselling services.</li> <li>• Address work related stress through risk assessment and implementation of the HSE's management standards</li> </ul>	

Symptom	Examples of potential interface with work	Suggested adjustments	Notes
General itchiness and formication	Uniforms may become uncomfortable.	<ul style="list-style-type: none"> <li>• Avoid nylon uniforms.</li> <li>• Comfortable working temperatures.</li> </ul>	
Muscular aches and bone and joint pain	Moving and handling or adopting static postures may be more uncomfortable.	<ul style="list-style-type: none"> <li>• Make any necessary temporary adjustments through review of risk assessments and work schedules.</li> </ul>	
Weight gain	Uniform may become uncomfortable; difficulties with mobility.	<ul style="list-style-type: none"> <li>• Promote physical wellbeing at work, for example through implementation of NICE workplace guidelines or other wellbeing initiatives.</li> </ul>	
Psychosocial and social impact	May feel isolated from work colleagues.	<ul style="list-style-type: none"> <li>• Promote physical and mental wellbeing at work.</li> <li>• Provide access to counselling.</li> <li>• Provide ability to network with colleagues experiencing similar issues.</li> </ul>	

# Checklist for RCN Representatives

## Organisational level

- Press for the recognition of the menopause as a workplace equality and occupational health issue and ask for it to be included in any wellbeing policies or strategies to support older workers.
- Work in partnership with your occupational health provider and human resources to develop a culture which recognises the menopause and allows staff to speak openly about it without fear or prejudice.
- Ask your employer to introduce awareness raising for managers and staff on the menopause and work.
- Negotiate sickness absence policies that account for and do not penalise menopause related absence.
- Negotiate and raise awareness of flexible working policies for employees going through the menopause, for example temporary changes to shift patterns.
- Negotiate adequate toilet/restroom facilities, easy access to cold drinking water and toilet breaks.
- Press for additional workplace adjustments to be put in place for employees going through the menopause (table on pages 6-9).

## Individual level

- Encourage member to consider self-help strategies to alleviate symptoms, this will have an added benefit of overall wellbeing, not just at work.
- Encourage members to report concerns relating to the menopause and work to their line manager and/or occupational health.
- Signpost members to sources of further information and support (on page 10).
- Encourage members to be aware of their professional responsibilities and accountabilities whilst reassuring them of the support available to them from their employer.
- Encourage members to seek medical advice from their GP if their symptoms are having a significant adverse effect on their health and wellbeing.

# Further information and support

## Peer support for the menopause

In response to member requests, the RCN now has a peer support service for those experiencing the menopause. This group is facilitated by Member Support Services and puts members in touch with each other by email. Peer support is an opportunity to give and receive support based on an individual's own knowledge and experiences. RCN members often find that speaking with other health care professionals about issues is particularly helpful, due to the specialist nature and environment they have in common.

You can signpost members interested in joining the group, including completion of a consent form, online here [www.rcn.org.uk/membership/member-support-services/peer-support-services](http://www.rcn.org.uk/membership/member-support-services/peer-support-services)

## RCN Direct

[www.rcn.org.uk/direct](http://www.rcn.org.uk/direct)

tel. 0345 772 6100

## Member Support Services

RCN members can get free, confidential help and advice on a range of issues that affect them at home and at work. Call 0345 772 6100, 8.30am–8.30pm, seven days a week.

## RCN's Healthy workplace, healthy you

For information on working conditions and support with self-care, please visit: [www.rcn.org.uk/healthyworkplace](http://www.rcn.org.uk/healthyworkplace)

## Useful web contacts for further information include

The British Menopause Society  
[www.thebms.org.uk](http://www.thebms.org.uk)

The Daisy Network  
[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

Menopause Matters  
[www.menopausematters.co.uk/forum](http://www.menopausematters.co.uk/forum)

National Institute for Health and Care Excellence (NICE)  
[www.nice.org.uk](http://www.nice.org.uk)

Simply Hormones  
[www.simplyhormones.com](http://www.simplyhormones.com)

Women's Health Concern  
[www.womens-health-concern.org](http://www.womens-health-concern.org)

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