

Open Research Online

The Open University's repository of research publications and other research outputs

Developing workplace menopause policies: four reasons why, and how

Journal Item

How to cite:

Beck, V.; Brewis, J.; Davies, A.; Fish, S. and Garlick, D. (2018). Developing workplace menopause policies: four reasons why, and how. *Occupational Health at Work*, 15(3) pp. 22–25.

For guidance on citations see [FAQs](#).

© [not recorded]



<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Version: Accepted Manuscript

Link(s) to article on publisher's website:

https://www.atworkpartnership.co.uk/journal/issue/15_3/contents/developing-workplace-menopause-policies

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's data [policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk

Developing workplace menopause policies: the why's and the how's

Vanessa Beck, Jo Brewis, Andrea Davies, Susannah Fish and Deborah 

MENOPAUSE – when a woman stops having periods for good – is currently receiving an increasing amount of attention. Celebrities including Kirsty Wark, Davina McCall, Gillian Anderson, Jenny Eclair, Meg Mathews, Carol Vorderman and Cynthia Nixon have shared their experiences of this natural, and yet often taboo, mid-life transition with the wider world. Also noticeable is a groundswell amongst employers across a variety of sectors who are acknowledging the significant effects menopause symptoms can have on mid-life women's quality of working life, and vice versa. As Amanda Griffiths¹ reported in a 2014 issue of this journal, fatigue, sleeplessness, hot flushes, feeling low or depressed, memory problems and difficulty concentrating – amongst many other symptoms – can create real challenges at work. Indeed a recent UK survey conducted by ITV in conjunction with Wellbeing of Women saw 50% of respondents reporting that their symptoms made their working lives more challenging. 25% had considered quitting altogether, whilst 85% thought 'there should be occupational health guidelines for menopausal workers'². Work can also, adds Griffiths¹, make symptoms worse. For example, hot offices, inadequate ventilation and the stress associated with giving formal presentations may all exacerbate hot flushes.

Our recent government report³ on this two-way connection has provided the basis for menopause policies and related initiatives at E.ON, Severn Trent Water and the

Environment Agency, amongst other organisations. Whilst Sue was Chief Constable of Nottinghamshire Police, she realised women were leaving the service because they found their symptoms impossible to manage. Nottinghamshire subsequently became the first police service in the UK to have a menopause policy, something we discuss in more detail towards the end of this article. Together with Nicola Junkin from Health and Wellbeing, Cathy Howells from Occupational Health and Leyla Okhai from the Equality, Diversity and Inclusion team at the University of Leicester, we also collaborated to develop and launch the first UK university policy in November 2017.

But why exactly are initiatives like these necessary? We outline the four cases for taking menopause in the workplace seriously below, before offering some guidelines as to how to go about this.

THE DEMOGRAPHIC CASE

UK demographic data show very clearly that our population is ageing. In the early years of the 20th century, women had an average life expectancy of 49 and their average age at menopause was 47^{4,5}. If we fast-forward to the 21st century, women now have a life expectancy of 83 and attain menopause at 51^{6,7}. So they now live something like 30 years post-menopause, as compared to 2 years in the early 1900s. Equally, the fastest growing group of workers in the UK by far are women over 50⁸. These women often broke through the barrier of pregnancy and maternity policy and practice in the workplace two or three decades ago, and now find themselves facing the barrier of menopause⁹. They are also

more likely to have senior roles at this stage in their careers. In addition, forecasts tell us that by 2022 there will be 14.5 million more jobs in the UK and yet only 7 million new entrants to the job market¹⁰, creating a shortfall of more than 7 million workers.

What all of this indicates is that employers need to retain their mid-life female employees to avoid what increasingly looks like another demographic time-bomb. This leads us neatly into the business case for organisational attention to the menopause.

THE BUSINESS CASE

Oxford Economics data suggest losing a single employee who earns £25 000 or more per annum costs their employer an average of £30 614¹¹. When we consider that the average full-time wage in the UK is £35 423¹², it is obvious that labour turnover costs employers a lot of money. The Oxford Economics figures include indirect costs like loss of expertise and productivity and the time needed for a replacement to get up to full speed, as well as the direct costs of recruiting and selecting this person. The case for retaining mid-life women by paying attention to the relationship between menopause and working life is further bolstered by these statistics.

THE LEGAL CASE

It is now six years since the first successful UK employment tribunal based on menopause.

In *Merchant v BT plc* (ET/1401305/11, 27 February 2012). Ms Merchant had been

dismissed for under-performance. This was despite her providing a medical note to suggest that going through menopause was affecting her ability to concentrate. Her dismissal also flew in the face of BT's own performance management policy. Ms Merchant sued for unfair dismissal and direct sex discrimination. In finding for her, the tribunal suggested that her manager would not have adopted this 'bizarre and irrational approach with other non-female-related conditions'¹³.

Importantly, discrimination cases like this used to cost claimants more because of the time needed to hear such cases and their complexity. But numbers of cases brought shot up by 66% between July 2017, when tribunal fees were abolished, and December 2017¹⁴. In other words, the likelihood of sex, age or disability discrimination cases being brought on the basis of menopause is rising. Simply defending a tribunal can cost an employer £8500¹⁵, excluding any awards or claimant legal fees if they lose. And this of course does not take into account possible reputational damage.

THE SOCIAL RESPONSIBILITY CASE

There is evidence that economic participation makes for good psychological health, improved self-esteem and better social support for older women¹⁶. Mid-life women should therefore be able to continue in paid employment as long as they wish, irrespective of their reproductive 'status'. Our own position on this is that making an organisation a supportive environment for women who may be menopausal is good leadership. Enabling the

retention of menopausal women in the workplace is good leadership. Lack of support for and failure to retain menopausal women, on the other hand, is bad leadership.

THE CAFETERIA APPROACH TO MENOPAUSE IN THE WORKPLACE

However, the experience of menopause transition is not uniform – every woman has a different combination of symptoms, including no symptoms at all. This makes a one size fits all approach to menopause transition in the workplace inappropriate. Instead we recommend a cafeteria approach where women can choose from a range of options to assist with their specific symptoms, depending on severity, regularity and duration. This approach is opt in. As such, it tackles the known reluctance of women to disclose menopause-related work problems because they fear the repercussions for job security or progression^{17,18}. Additional support for the cafeteria strategy comes from evidence that female employees who believe they have high levels of workplace control and autonomy report fewer menopause symptoms¹⁹.

Elements of a cafeteria could include specialist support from an occupational health team¹ or an employee assistance programme. Also useful are tailored absence policies, so menopause-related absence is classified as an ongoing health issue as opposed to a series of new instances. Shared annual leave banks - which involve workers having salary

¹ We have heard concerns that occupational health referrals may explode as a result, creating excessive additional workload for OH specialists. However this has certainly not been borne out at the University of Leicester after the menopause policy came into effect.

deducted for leave taken over their allowance, receiving additional salary where leave is not used up or donating unused annual leave to a pool which others can use – might be another option. Then there are flexible working patterns for mid-life women, such as flexible hours or permission to work from home. Indeed the right to request flexible working is already legally mandated in the UK for anyone who has worked for their employer for 26 weeks. Other provision could be informal support networks like menopause cafes; and environmental changes like USB fans, access to cold drinking water and natural light, free sanitary protection and uniforms made from breathable, natural fabrics.

Equality and diversity training around gender and age, for managers especially, provides a strong foundation for all of these options. This could cover menopause awareness, reasonable adjustments to account for menopause transition, sensitivity and listening skills and recognising unconscious bias. Women really value having empathetic colleagues and managers and support from others where they need to disclose their symptoms, so improving understanding of this period in women's lives and possible effects in the workplace is vital. Menopause is also not just a women's issue – it can affect their colleagues, managers, partners, children and friends. As such the larger the number of employees the training reaches, the better. And training can be a significant way to develop a supportive organisational culture - shared values, beliefs and norms - around menopause. Ultimately, it should be understood as normal, natural and inevitable, and catered for in the same way as pregnancy and maternity have been for many years in British workplaces.

Workplaces, of course, also vary in their norms, styles and conventions, and so tailored approaches to menopause are important. The University of Leicester, for example, has adopted a formal menopause policy. This ensures menopause is a high priority in the long list of issues competing for line manager attention, and fits the university's culture. Severn Trent on the other hand have launched a supportive guide, due to concerns that a policy might be seen as overly bureaucratic in this workplace context and a desire to maximise use of the advice provided. There is, relatedly, a general lack of evidence on the effects of different workplace interventions, a gap we highlight in our government report, and one which we hope can be addressed with more attention to menopause at work and sharing of research and insights via organisations like Henpicked.

Still, as we started this article by saying, menopause is largely a taboo subject. So what might the first steps be in addressing it at work?

HOW TO START THE CONVERSATION, AND KEEP IT GOING

The experience we've had of working with organisations is that the only way to start talking about menopause is – you guessed it - to talk about menopause. Removing the cloak of mystery from the word, being clear on the facts and debunking the myths. No acronyms, no embarrassment, no apologies. Just talking about it openly and with confidence. There is a nationwide lack of menopause education, along with many negative perceptions of this time in a woman's life. Women tell us they feel relieved to be able to learn about it and discuss it openly and line managers feel better equipped to start having informed

conversations that they may have previously shied away from. Sharing personal stories enables colleagues to understand how they can help, providing an important element of caring and, for many women, the sense of not being alone. Again this breaks down the communication barrier and makes menopause both personal and real. One key area of resistance can be the argument that talking about menopause perpetuates the stereotype that it is a form of female weakness. We hear this from men and women alike. But distinguishing between equality and biology – and myth-busting along the way – is crucial. And if men experienced a life transition with the same potential for disruption, we would certainly expect equivalent support to be put in place without discrimination or prejudice.

To illustrate how one organisational conversation started, persisted and bore fruit, at Nottinghamshire Police the women's support network began a campaign to have menopause in the workplace addressed through an increasingly open, values-driven culture and by establishing policy, practice and awareness raising. At the same time a number of highly experienced and skilled female officers were citing the menopause as a critical factor in why they were considering leaving policing. In a number of cases, these women actually left the service altogether. It became obvious there was little understanding across the workforce about the basics of the menopause – other than stereotypes around hot flushes - nor was there any organisational support or response. Menopause really was a taboo subject. The second step was an awareness session which featured a variety of experts who gave the facts about menopause. This was open to both men as well as women and was hugely over-subscribed, requiring several re-bookings in larger rooms. An additional session was held later due to the huge demand.

This commitment to act led to a [menopause policy](#) being developed and approved – the first for a UK police service. The policy gives a framework for managers and their staff to talk about menopause, to ensure women are supported through it and that reasonable adjustments are made at work where required. A challenge was set for all employees to mention menopause in their conversations at least three times a day. Using the intranet for awareness and supportive messages has been important, and publicity about Nottinghamshire Police’s groundbreaking work helps to keep people in the organisation and its stakeholders talking about menopause. In fact the work was so groundbreaking that Keeley Mansell, the Detective Constable who championed the organisational response to begin with whilst sharing her own experience, has now been [honoured nationally](#) for her inspirational leadership.

In conclusion, the organisations we have mentioned in this article are both public and private sector, and operate in a number of different fields – utilities, the police, government and higher education. Each is working to normalise menopause so that it becomes as unremarkable a topic of conversation as risk assessments during pregnancy or when a woman wants to take maternity leave. We hope that our four cases for why employers need to take menopause seriously, and the discussion of how this might work in practice, will inspire others to do the same.

Vanessa Beck is Senior Lecturer in Work and Organisation at the University of Bristol. Jo

Brewis is Professor of People and Organisations at the Open University. Andrea Davies is

Associate Professor in Marketing and Consumer Research at the University of Leicester. Sue Fish is Director at StarFish Consulting. Deborah Garlick is the founder of Henpicked.

Notes

1 Griffiths A. Menopause: an OH issue? Workplace health issues for women experiencing menopause. Occupational Health at Work 2014; 10(6): 15-17.

2 ITV News. Quarter of women going through menopause 'considered leaving work'. 23 November 2016. [Accessed 19/2/2018]. <http://www.itv.com/news/2016-11-23/quarter-of-women-going-through-menopause-considered-leaving-work/>

3 Brewis J, Beck V, et al. The effects of menopause transition on women's economic participation in the UK. DFE- RR704. London: Department for Education, 2017, available at gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation

4 Office for National Statistics. Expectation of life at birth: by gender, 1901-2021: Social Trends 32. 5 February 2002. [Accessed 18/2/2018]. <http://webarchive.nationalarchives.gov.uk/20040118031828/http://www.statistics.gov.uk/statbase/ssdataset.asp?vlnk=5214&More=Y>.

5 Hendrie CA, Brewer GA, et al. Contemporary and historical evidence to suggest that women's preference for age at birth of first child remains consistent across time. *Archives of Sexual Behavior* 2014; 43(7): 1373-1378. doi: 10.1007/s10508-014-0290-6.

6 Office for National Statistics. *Statistical bulletin - national life tables, UK: 2014 to 2016*. 27 September 2017 [Accessed 15/2/2018].

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2014to2016>.

7 McKinlay SM, Brambilla DJ, et al. The normal menopause transition. *Maturitas* 1992; 14(2): 103-115.

8 Office for National Statistics. *Participation rates in the UK labour market: 2014*. 19 March 2015 [Accessed 15/3/2016].

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/compendium/participationratesintheuklabourmarket/2015-03-19>

9 Atkinson C, Ford J, et al. The expectations and aspirations of a late-career professional woman. *Work, Employment and Society*, 2015; 29(6): 1019-1028. doi: 10.1177/0950017015581987.

10 Business in the Community. *Business champion for older workers: strategy and 2022 target*. [Accessed 18/3/2018]. <https://age.bitc.org.uk/BusinessChampion>.

11 *The cost of brain drain: understanding the financial impact of staff turnover*. Oxford: Oxford Economics, 2014, available at www.oxfordeconomics.com/my-oxford/projects/264283

12 Office for National Statistics. *All employees - ASHE: table 1*. 26 October 2017. [Accessed 15/2/2018].

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/allemployeesashtable1>

13 *Javaid M. Merchant v BT plc. Not investigating menopause symptoms made capability dismissal unfair and discriminatory*. *People Management*, 24 April 2012. [Accessed 1/3/2016].

14 Jackson G. *Employment tribunal cases rise sharply after fees are dropped*. *Financial Times*, 14 December 2017. [Accessed 20/2/2018]. <https://www.ft.com/content/19de1066-e0ef-11e7-8f9f-de1c2175f5ce>

15 British Chambers of Commerce. *Fees for accessing employment tribunal service will boost business confidence, says BCC*. 14 December 2011. [Accessed 20/3/2018]. <http://www.britishchambers.org.uk/press-office/press-releases/fees-for-accessing-employment-tribunal-service-will-boost-business-confidence,-says-bcc111214.html>

16 Sarrel P. Editorial. *Women, work, and menopause*. *Menopause*, 2012; 19(3): 250-252. doi: 10.1097/gme.0b013e3182434e0c.

17 Griffiths A and Hunter MS. *Psychosocial factors and the menopause: the impact of the menopause on personal and working life*. In: SC Davies, editor. *Annual Report of the Chief Medical Officer. The Health of the 51%: Women*. London: Department for Health, 2015; pp 109-120. <https://www.gov.uk/government/publications/chief-medical-officer-annual-report-2014-womens-health>

18 Jack G, Pitts, M et al. *Women, work and the menopause: releasing the potential of older professional women, Final project report: Melbourne: La Trobe University, 2014*.
<https://womenworkandthemenopause.com/final-project-pdf-download/>

19 Jack G, Riach K, et al. *Menopause in the workplace: what employers should be doing*. *Maturitas*, 2016; 85(March): 88-95. doi: 10.1016/j.maturitas.2015.12.006.