

## Menopause and the workplace

Case studies for line managers and colleagues experiencing menopause

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### Introduction

The following stories have been collected from across **the Civil Service, NHS England and NHS Improvement.**

Each story is real but has been depersonalised to protect people’s personal information.

Colleagues want to share their stories to help line managers and team mates learn more about what it feels like to experience menopause while at work. Gaps in support are evident, but there are also positive experiences to learn from.

Each story is followed by some questions to prompt consideration and discussion.

Information is also available on the [Menopause Network page](#) on the Hub where you can go for further advice and support.

## Case Study 1: “A mixed experience..”

As a younger Clinical Site Manager I can honestly say that I didn't understand how hard it was for staff working on the hot wards and on their feet all night. I used to see them sweating profusely and worry they might have something serious going on until one of them explained about hot flushes. I didn't know what I could do to help as this was about 10 years ago and it was never really talked about. I tried to support but had no idea whatsoever about how hard that must have been for them until I started going through it myself. I remember it clearly as I felt completely helpless.

When I started going through the peri-menopause I immediately recognised and suddenly understood the hot flushes – they were crippling and obvious to all with sweat dripping down my face in the middle of difficult meetings and literally wringing my nightclothes out into the bath in the morning!!

What I didn't understand or relate to the peri-menopause were the other symptoms – brain fog, hip pain, anxiety, mood swings, feeling low and inadequate, insomnia, headaches, and loss of libido – amongst many! I didn't speak to my manager, not because they weren't approachable, but because I couldn't understand it myself and didn't even go to a GP as it just seemed like a list of random symptoms.

If there had been more awareness and education in the workplace I wouldn't have suffered this for so long. In the end I went to the GP as the hot flushes were incompatible with normal life. She gave me HRT which helped with so many of the other issues, and antidepressants although she didn't explain that much of what I was feeling was down to the menopause.

I once had to ask for an internal interview to be relocated to a cooler room because I was worried I would faint in the middle of it. That was received sensitively and with compassion towards me, although perhaps not for the director who had air conditioning in his office and was therefore kicked out! Since then the manager who was so kind to me has started going through it herself and has been able to talk to me about how she is feeling. It's been good to be able to pay back for what she did for me.

I have started discussing/joking about my symptoms at work as a way of gently highlighting some of the other issues and I have been surprised at how many other people have opened up and come to speak to me as a result – some of whom are in a really bad place.

I now feel better equipped to help by sharing my own experiences and by empathising but I still am not sure about what I can offer practically as a representative of the organisation. This is why what you are doing in launching the menopause principles and toolkit is so important because it formalises the raising of awareness and forces the organisation to look at what it can offer as support and workplace adjustments.

### Questions for consideration

- What can line managers do to show they are approachable if someone they manage is experiencing challenges linked to menopause?
- How can teams and managers de-stigmatise menopause in the first place, to help people have more open conversations about it?
- What can teammates do to help make the workplace and work culture easier for a colleague who is experiencing menopause symptoms?

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### Case study 2: “Wishing I could walk away”

My menopause diagnosis came along with other medical issues. It was a relief there was nothing more serious underlying my health problems.

Dietary changes, HRT and getting myself fitter has helped enormously but nothing prepared me for the ongoing mental health issues - the panic attacks, inability to manage stress as effectively as before, mood swings, low confidence and more often depression.

Work is supportive to a point. The medical complaints are more easily understood, menopause far less so. I've been referred to EAP.

Work has become a struggle in what is a tough, demanding and competitive environment. Senior managers seem embarrassed and I sense they feel I'm making excuses for how it impacts at work and judge me and my abilities accordingly. Most days I wish I could simply walk away from it all, it would be easier.

### Questions for consideration

- Why are some health conditions harder to talk about at work, even very common ones that affect a significant number of staff?
- What are the risks of staying silent on a subject like menopause?
- What could a line manager do in this situation to help support and re-engage the individual affected?

### Case Study 3: “Scoffed at...”

I suffered the almost instantaneous switch into the menopause.

The hot flushes were debilitating and many throughout the day. I organised a fan, but other members of my team used it, leaving me to have to ask to use it. I was embarrassed at constantly having to request it, feeling stressed if it wasn't on hand as and when I needed it. This drew attention to me which was the last thing I wanted to do, making my hot flushes and menopause a 'topic'.

My line manager (female) has no interest in discussing the menopause and another colleague makes negative remarks. It is seen as a weakness and something that draws negative comments to be made.

This attitude is belittling and leads me and others to try to pretend we are not menopausal as it is seen as a negative condition; in fact, *scoffed at* is probably the best description.

After a lot of trial and error I have changed learned what changes I can make. The usual suspects of caffeine and sugar and alcohol make my flushes worse and keeping active makes things a lot better!

The insomnia is an ongoing problem. Working from home makes this more manageable.

#### Questions for consideration

- The law says if an employer knows a reasonable adjustment is needed to support a colleague managing a health condition or disability, the employer should not wait to be asked to provide it. How could a line manager in this situation be proactive and prevent the employee needing to re-request their adjustment (the fan)?
- How can a team leader help everyone understand the importance of adjustments (like a fan) for staff experiencing menopause symptoms at work, without sharing on private information?
- Flexible working can be considered a reasonable adjustment to help manage symptoms of a long-term condition like menopause. What different types of flexible working could you offer a colleague in this situation to help them fulfil their duties?

## Case Study 4: “Not getting support”

“I struggled with my symptoms for several months before I spoke to my line manager. She had no idea what peri-menopause was and had never heard of it. She had no idea of symptoms beyond having hot sweats. I felt as if she didn’t believe me. I had a few problems at work and as a result (of a few things that I had missed!), I mentioned whether she thought Occupational Health or the EAP would be useful. To this she replied that if I can’t do my job, then she thought I probably needed to. It felt like a judgement and knocked my confidence even more. At that point I thought it was a shame, but I would probably look for another job, which is a shame.”

### Questions for consideration

- As a line manager, what could you do in this situation to learn more about peri-menopause before making any decisions?
- Lack of support can affect any employee’s ability to do their job. In the case of colleagues managing health conditions, it is important for managers to help get reasonable adjustments in place if required.
- What help could Occupational Health or EAP be in this situation?

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## Case Study 5: “Sickness absence”

“My menopause symptoms have increased over the last year or so and I was pleased to have a manager that was supportive and understanding as she had experienced a bad time with it too a few years ago. However, my fatigue, insomnia, forgetfulness and ‘tears’ mean I end up taking leave or go off sick until I feel more resilient. As a result I am constantly under absence review and the breaks I really need are reduced by me managing my symptoms in this way. It worries me to have a sick record that doesn’t recognise that the menopause is a natural phase women go through and I am unhappy that it will just show on my record as generic sickness absence.”

### Questions for consideration

- Do you think the way absence is managed in this case is fair and reasonable?
  - In many situations, it could be considered a reasonable adjustment to allow staff time off work to manage their health conditions if disability-related. How confident are you in implementing your employer's absence policy?
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### Case Study 6: “Transported back to my schooldays...”

I was recently advised by Property Services in my office that the menopause was not a ‘recognised medical condition’ and therefore I could not have a desk fan, especially as there were lots of women going through the menopause, and if they all used a desk fan it would interfere with the air conditioning in the room.

If I provided a note from my manager, it would be allowed. I have done this but found it somewhat embarrassing trying to explain it to my male manager. I bought a smaller fan to try and not draw attention to myself (nigh on useless) so I now try and find the cold spot under the air con to hot desk.

I found myself transported back to my schooldays and providing a note why my homework had not been completed.

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### Case Study 7: “This is seen as just an excuse for poor performance, over sensitivity or poor organisational skills...”

Even though the majority of my colleagues are women and of a similar age to me there still seems to be a massive denial about this subject and a big reluctance to talk about it. Jokey comments with reference to ‘it’s my age’ are made if a mistake happens and laughed about but real and serious conversations about how the symptoms do affect us all individually and differently are avoided like the plague. It almost feels as though the serious conversation about how work is being affected is seen as just an excuse for poor performance/over sensitivity/poor organisational skills. It’s such a shame as a little support and understanding would make a massive difference.

## For more information

[CIPD Guidance for Managers on the menopause at work](#)

[Menopause Network page](#)

## Reasonable adjustments

We have a legal duty to provide adjustments on request for staff with long term conditions, impairments, disabilities and caring responsibilities. We know our staff thrive when they have the necessary support in place.

Guidance is available to help you ensure adjustments happen promptly when required. Guidance is available for [NHS Improvement colleagues](#), and for [NHS England colleagues](#). The process differs slightly depending on the arrangements of each employer, but overall the ethos is the same.

We need you to ensure there are no barriers in the way of colleagues carrying out their duties. Use your voice and influence to create a culture focused on the abilities of our staff.

## Workplace Adjustment Passport

Do you require support or adjustments to manage a long-term condition or impairment at work?

This [passport](#) is designed to help you capture a record of the adjustments you need and the agreements made with your line manager and other relevant parties. You can take this record with you as you move around the organisation. It's a confidential, optional record that you own. You can use it to keep all your information in one place. You can refer to it, or show it (or parts of it) to other parties if you wish, when explaining your support and access requirements.

[Easy Read version](#)