

AdvanceHE



Menopause awareness and higher education

Guidance on menopause awareness in workplace settings, specifically higher education

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Professor Jo Brewis, Department of People and Organisations, The Open University Business School

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1. Background

The menopause represents the time in a woman's life when she stops menstruating for good. It occurs twelve months after her last period. Menopausal symptoms begin, on average, at age 48 – a stage known as perimenopause or menopause transition - and the average age at which women attain menopause is 51. Importantly, however, these *are* averages: they don't represent the wide variety of women's experiences. Indeed, one in a hundred women go through early menopause – ie before the age of 40. Others experience 'forced' or 'cliff edge' menopause because they undergo surgery like removal of the ovaries or medical interventions such as taking Tamoxifen for breast cancer. Equally, some trans men and gender non-conforming people go through menopause¹.

Menopausal symptoms can also continue, sometimes for several years, into post-menopause. Moreover, just as the age at which symptoms begin and age at actual menopause vary, so does each woman's experience of symptoms. In other words, although some quite literally sail through menopause and its aftermath, others do not. As an example, the National Institute for Health and Care Excellence (2015: 73) suggest 75% of post-menopausal women experience hot flushes, and a third of this group find this symptom very problematic.

Menopause is generally poorly understood, due in large part to gendered ageism in UK society and elsewhere (Jack *et al.*, 2014). Women often don't realise they are in menopause transition, and may worry that something much more sinister is afoot. There is also evidence that GPs are not necessarily very knowledgeable about this inevitable stage in women's reproductive lives either. Menopause, likewise, is something of a taboo in organisations, where employees are usually expected to conform to the masculine stereotype of the always available, always high performing, disembodied ideal worker.

And yet the wide range of menopausal symptoms, both physical and psychological, can have serious effects on the quality of women's working lives in HEIs. For instance, hot flushes might create embarrassment when interacting with colleagues, managers and students. Mood swings can hamper a woman's ability to maintain their professionalism at work – especially awkward in contexts like academia when they are very often in a student-facing role. Difficulties with memory or concentration may mean women find their focus on detail - which is so important in research, teaching and academic professional service work - declining. Equally, work can make symptoms worse: not being able to control the temperature in one's environment may well exacerbate hot flushes, say, or a noisy workplace – as in open plan offices, which are commonplace in UK HEIs – could worsen cognitive problems or increase fatigue.

¹ 'Women' and 'woman' are used as placeholders in this briefing, for reasons of space.

2. Why do HEIs need to be aware of the menopause?

There are four very strong cases for HEIs to take menopause seriously as a workplace issue. The first is demographic. Advance HE (2019) equality statistics tell us women outnumber men in the UK HEI workforce by 54.4% to 45.6%. 25.4% of this workforce are women aged between 46 and 55. In other words, there are some 59,260 women in this age range working in our sector. Data for the UK in general suggest this group is likely to continue to grow: it is the fastest growing segment in the workforce and has been for several decades. HEIs therefore cannot afford to overlook the fact that a significant proportion of their staff are likely to be experiencing menopausal symptoms, with potential knock on effects for their working lives.

Losing staff due to menopause symptoms, or having them request reduced hours to accommodate the relevant challenges, also costs employers a lot of money. According to a survey run by ITV and the charity Wellbeing of Women in November 2016, 25% of respondents had thought seriously about quitting their jobs because of the menopause. Replacing someone in part or in full has financial implications not only because of the direct costs of recruitment and selection but also indirectly due to lost expertise, any new recruit taking time to learn the organisational ropes – which of course vary from one HEI to another - and other colleagues having to pick up the slack in the mean-time. Oxford Economics (2014) data tell us the average cost to the employer all told, assuming that the person who leaves earns at least £25 000 a year, is £30,614. And Advance HE (2019) data establish that, where women academics are concerned at least, 98.4% earn £24,984 or more. In addition, research cited by Das (2019) estimates that women experiencing hot flushes and night sweats can lose as much as 60% more work productivity days compared to their asymptomatic colleagues. As such there is also a good business case for HEIs to be making provisions for their menopausal staff.

Discrimination on the basis of age, sex, disability and gender reassignment at work is, furthermore, against the law in the UK under the Equality Act (2010). Each of these protected characteristics may well be the basis for problematic treatment of menopausal staff. There have in fact been three successful employment tribunals focused on menopausal discrimination in the UK to date, all generating both financial and reputational damage for the relevant employers.

The first was *Merchant vs British Telecom* in 2012, when Ms Merchant claimed sex discrimination and unfair dismissal based on her menopausal symptoms. She had been sacked for under-performing despite supplying medical evidence that this was menopause-related. The second tribunal was *Davies v Scottish Courts and Tribunals Service* (2018), when Ms Davies claimed unfair dismissal but also disability discrimination because her symptoms met the definition of a disability under the Act. Again her employer was well

aware of her menopausal difficulties and had even made reasonable adjustments - as also required by law - to her working conditions.

Most recent was *A vs Bonmarché Ltd (in administration) (2019)*, where A claimed her manager had subjected her to age- and sex-related harassment because she was menopausal. She was forced to leave her job as a result. Again, HEIs need to be alert to the legislative risks entailed where menopausal women are not adequately supported at work.

The social responsibility case for attending to menopause as a workplace issue in HEIs is also very persuasive. It is well established that UK higher education has a glass ceiling, with Advance HE statistics showing that only 25.6% of our professoriate are women, or 5.6% of women in the sector overall. This is one element underlying the persistent gender pay gap in HEIs which at present stands at 16.7%. Considering this gap across the board is wider between men and women in their 50s than in other age groups, we can also begin to see how it feeds into the gender pension gap. For the UK as a whole, this is currently 39.9% (Prospect, 2019). We also know that mid-life women derive a good deal of social support and self-esteem from work (Griffiths et al., 2006; Sarrel, 2012), so it is important that they are able to continue in paid employment for as long as they wish to, unimpeded by menopausal symptoms.

3. What can HEIs do?

The good news is that HEIs can do a great deal on a practical level to provide formal and informal support for women experiencing problematic menopausal symptoms which are affecting the quality of their working lives. Indeed, following the implementation of the first UK HEI menopause policy in late 2017, at the University of Leicester, which was accompanied by awareness sessions and the introduction of menopause cafes, a growing number of HEIs have followed suit with their own interventions. These include Bedfordshire, Birmingham, Birmingham City, Bradford, Bournemouth, Cambridge, City, Cumbria, Hertfordshire, Leeds, Manchester, Northampton, The Open University, Plymouth, Salford, Sheffield and Warwick. But much more remains to be done in the sector.

Any such project needs to be rooted in awareness raising, with the intention that discussions of menopause become normalised at work in the same way that discussions of pregnancy and maternity are. This requires a degree of cultural change which can take time, so any efforts made to raise the profile of menopause must be ongoing to ensure shared norms and values adjust accordingly. Training is extremely important for line managers in particular, around appropriate adjustments and having what might be difficult conversations with their staff. There is evidence that online training packages work well in this respect (Hardy *et al.*, 2017, 2019a, 2019b).

HEIs also need to develop menopause support that sits comfortably within their organisational structure and culture, which will of course differ from place to place. A one size fits all approach is unlikely to be effective, or indeed sustainable. One decision might be

whether to have a menopause policy as part of the regulatory architecture of the institution, to develop less prescriptive guidance or to compile an informative fact sheet about menopause. Those HEIs which have acted so far are centring their efforts around variations on policy or a guidance document, as well as regular menopause awareness sessions and cascading communications.

In terms of specific provisions as part of policy or guidance, a cafeteria type approach is recommended, from which women can select options that work best for them. Of course, disclosure of menopause symptoms at work should *always* be a personal choice. But the cafeteria approach could include:

- + Occupational health and other specialist provision (eg an Employee Assistance Programme) to which women can self-refer for menopause advice.
- + Tailored absence policies so that short but repeated absences due to menopausal symptoms are badged as an ongoing health issue, not something that could trigger performance management processes.
- + Flexible working arrangements, which are something anyone who has worked for the same UK employer for 26 weeks has the legal right to request anyway, and can help if women need time off for medical appointments, to work from home, to move tasks around or to come in later on days when symptoms are at their worst.
- + Access to fans (eg USB desk fans), good ventilation, temperature control and cold drinking water.
- + Clean, comfortable, well-equipped toilets and shower provision.
- + The option of lighter, layered, non-synthetic uniforms or workwear.
- + Rest areas so women can go to decompress for short breaks at work.
- + Being able to work in an area with natural light.
- + Reduction of exposure to noise (Brewis *et al.*, 2017).

In fact, there is a case to be made for these options to be available for all employees, regardless of gender or age. For example, Dorset, Manchester, Lincolnshire, Thames Valley and West Yorkshire police services offer wicking uniform shirts to all police officers regardless of their gender. These are made of breathable fabric, assisting officers to cope with higher temperature environments, sweating due to physical activity and – of course – hot flushes.

Equally important is peer to peer support, like the menopause cafes which run at Leicester, City and Birmingham City or online discussions. These can be very beneficial in terms of making women feel less alone if they are suffering and allowing for tips and tricks to be shared around disclosing to one's line manager or coping with specific symptoms, say.

Something else to bear in mind is that HEI staff constituencies are very heterogeneous, and so menopause interventions should ideally be tailored accordingly. At Leicester, for example, a series of awareness roadshows followed the launch of the policy so that staff working at sites other than the main campus could be accommodated. At Bradford, similarly, a very early morning awareness session was held to allow members of their cleaning team to attend. Bradford have ensured that all such sessions are interpreted into various languages for maximum accessibility. Their initiative also began with training menopause advocates from their equality, diversity and inclusion, human resources and occupational health teams. At Warwick and Sheffield, menopause sessions held with staff have produced feedback for their Athena Swan teams to take on board. And, at Bedfordshire, the decision was taken to run two separate introductory sessions: one for managers and one for employees.

Relatedly, one of the questions which is often posed is how best to start the conversation about menopause at work. Experience suggests this needs to be done openly, without euphemisms or acronyms and with an emphasis on busting some of the myths about menopause. Women sharing their personal experiences can have a particularly powerful impact – indeed conversations in organisations of any type often begin because one or a group of female employees have had especially challenging experiences of this time of life, which motivates them to start speaking up about it at work. There is also something of a 'pushing at an open door' effect here, in that workplace events which focus on menopause are typically very well-subscribed. Inviting experts from outside the organisation to speak at such events can help to neutralise any embarrassment. Another way to open the discussion up is to take anonymously posted questions online, which can then be addressed at a more public event (Beck *et al.*, 2018; Brewis *et al.*, 2018).

3.1 Covid-19

The sector has been facing unprecedented challenges during the Covid-19 pandemic. Alongside workers across the world, UK HEI staff have been working from home much more since lockdown began in Spring 2020. In some ways, this may have made working life easier for female HEI staff with problematic menopause symptoms – for example, having more freedom with their work-wear or temperature control. At the same time, work-life balance, especially given the gendered division of child-care and other domestic labour, may have become even more challenging to try to achieve, likely heightening anxiety and stress levels for menopausal workers. The same is true of having to adapt to new online communication channels and perhaps also the increased isolation generated by home-working, amongst other things (Brewis, 2020; Yarrow and Davies, 2020).

Conclusion

To conclude, it is crucial that HEIs recognise that:

- a. some *but not all* women have difficult menopausal symptoms which can also affect them at work, or be affected by work
- b. menopause for most women is entirely natural
- c. menopause is a phase, and with the right support at work women can maintain high performance standards as well as continuing to enjoy their jobs.

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Contact us

General enquiries

+44 (0) 3300 416201
enquiries@advance-he.ac.uk
www.advance-he.ac.uk

Media enquiries

+44 (0) 1904 717500
communications@advance-he.ac.uk
www.advance-he.ac.uk/contact-us

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