

# Menopause and the NHS workforce

*November 2022*

# Foreword

When I was asked to sponsor this research my only appreciation of the effect of menopausal symptoms were as a result of the experiences of family members and the awareness campaigns in recent years.

When the rationale for the research was explained to me, I realised that the issues faced by women in relation to their employment would represent a challenge to employers. What I did not contemplate – yes, as a male employer – was the impact that menopausal symptoms have on women's careers and consequential impact on wellbeing in its widest sense.

The conclusions drawn from the research are far ranging, the recommendations that flow could have a dramatic effect on employee's wellbeing, workforce capacity and productivity, all of which would represent a notable return on investment for the NHS.

In commending this report to you, I would like to thank the members of the project team and those who shared their experiences with the team. Without this valuable input these very important messages for NHS employers would not be available today.

**Derek Kitchen**

**Managing Director**

**NHS Midlands and Lancashire Commissioning Support Unit**

# Project team

**This report and other outputs are the products of a passionate and talented female team** working across the Midlands and Lancashire Commissioning Support Unit (MLCSU):

- Project Director: Abeda Mulla
- Quantitative analyses: Justine Wiltshire and Sarah Lucas
- Qualitative case studies: Sandhya Duggal, Ellie Jones, Ellie Moore, Lydia Hextell, Marya Mobeen and Sheila Ali
- Economic modelling: Lisa Cummins, Ruth Green, Emma Davis and Heather Humphreys



# Acknowledgements

<b>Funding</b>	<p><b>This project was funded by MLCSU, the host organisation of the Strategy Unit, and the Health Economics Unit (HEU).</b></p> <p>We would like to thank Derek Kitchen, Managing Director, for acknowledging the need for this work and investing in it.</p>
<b>Participants</b>	<p>Special thanks to those who shared their views in confidence:</p> <ul style="list-style-type: none"><li>• 76 interviewees from across the six Midlands NHS organisations (case study sites)</li><li>• Four national experts who provided context for this work.</li></ul>
<b>Advisors</b>	<p>The project was supported by multidisciplinary advisors. Thanks to:</p> <ul style="list-style-type: none"><li>• Sarah Hillman and Louise Newson for their clinical advice and critical review of the project's activities</li><li>• Lucy Chatwin, Karen Bradley (MLCSU) and Susan Blakey (MLCSU) for their advice and support across the project's activities</li><li>• Steven Wyatt (MLCSU) and Peter Spilsbury (MLCSU) for their critical review of project outputs.</li></ul>
<b>External support</b>	<p>Many thanks also to:</p> <ul style="list-style-type: none"><li>• The Secondary Care Workforce Analysis Team at NHS Digital who shared the aggregated and anonymised NHS workforce data</li><li>• Anita Patel at Ipsos and William Palmer at Nuffield Trust who critically reviewed the economic modelling</li><li>• Matthew Cripps and Anthony Lawton at NHS England for sharing their economic analysis of menopause pathways.</li></ul>

# Executive Summary

## Background

- This work was undertaken by the NHS for the NHS. As NHS employees with specialist expertise in research, analysis and economic modelling, we aimed to shine a light on a hidden issue and lead change from within the NHS.
- Through this work we asked: who are the people assumed to have menopausal symptoms; what is it like to experience the menopause as a NHS employee; and at what cost to the NHS as an employer?

## Who are the people assumed to have menopausal symptoms?

- We found that a fifth of all NHS employees are women of menopausal age.
- The vast majority work in acute or mental health trusts. A third are employed as support staff and a further third are employed as nurses, health visitors or midwives.
- Of the female employees of menopausal age, a quarter identify as minority ethnic and over half earn less than £30,000.

## What is it like to experience menopause as a NHS employee?

- Many interview participants who experienced menopausal symptoms, described it to affect their ability to work.
- Commonly reported symptoms included brain fog or memory loss and some participants described a negative cycle of psychological symptoms worsening their physical symptoms and general health and wellbeing.
- Menopausal symptoms affect workforce participation: one in 85 employees may leave the NHS, one in 48 may reduce their hours based on the severity of their menopausal symptoms.
- Of those who leave, many voluntarily resign or retire for health and wellbeing reasons. Similarly, those that opt to continue to work part-time, do so to manage their health and wellbeing.

# Executive Summary

## **What is it like to experience the menopause as a NHS employee? (continued)**

- Of those who carry on working despite the severity of their symptoms, some women demote themselves or stop career advancement. These difficult choices are made as a crisis in confidence unfolds: women no longer feel they can carry out their roles to the same perceived competency as their former selves.
- Working from home as a result of the pandemic has provided more NHS employees with the benefit of flexibly managing their health and wellbeing, including those with menopausal symptoms.
- Of course, this is not an option for those NHS employees in medical, clinical or other roles that require physical presence at the workplace. For those on the front-line especially, the pressures of the role mean that aspects of menopausal feminine hygiene can often be compromised whilst working.
- Menopause-related sickness is likely to be under-reported as many choose not to disclose their symptoms to their line manager or their employer.
- The outcome of this hidden menopause status and inability to participate in the workforce differently results in widespread presenteeism among women with menopausal symptoms as they may come to work even when unwell.

## **What cost to the NHS as an employer?**

- Our economic analysis estimates the cost of menopausal symptoms to the NHS as an employer for the 'nurses, health visitors and midwives' may be between £89 million to £129 million.
- This is largely based on the available information and data relating to the nursing workforce. This employer cost does not take into account the cost of presenteeism, that is being at work but unable to work due to ill-health.



# Key findings and recommendations

## Finding



Severity of menopause related symptoms can affect how individuals participate in the NHS workforce. However, sickness absence, reduced hours or leaving the job are not options available to all.

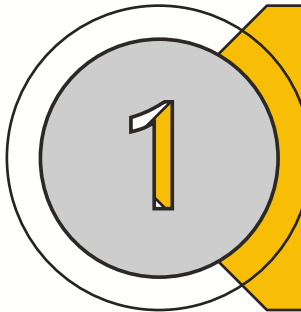


Managing menopausal symptoms at work is difficult. Working from home, for those that can, provides more flexibility to manage symptoms. However, it may allow some to hide their symptoms.

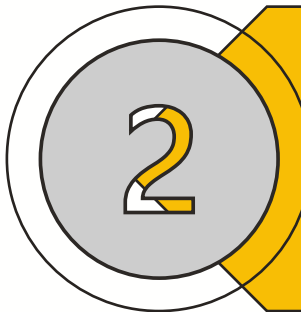


There is a significant financial cost associated with the menopause for the NHS as an employer of clinical and medical staff. In parallel, there are individual health and wellbeing costs for those in front-line roles navigating their symptoms.

## Recommendation



The NHS as an employer should place more emphasis on collecting, recording and analysing data (quantitative, qualitative, and economic) related to menopause in the workplace. This should inform national guidance and organisational policies related to menopause support in the workplace



The NHS as a health services provider should lead by example, initiatives to improve awareness of the menopause in the workplace. Medical and clinical expertise should be leveraged to provide educational materials to manage symptoms and seek treatment options



The NHS as an employer should address the skills and expertise drain associated with the menopause, examining both employer and personal costs. Within this, there should be consideration of staff group, salary and employee identities

**Report embargoed until 28/11/2022**

**The  
Strategy  
Unit.**

# **Introduction**



# What is the menopause?

'Women' or 'female' is used throughout this report. However, concepts herein apply to all people who undergo the menopause transition.

The different menopause phases are collectively referred to as the menopause in this report. Associated symptoms are collectively referred to as menopausal symptoms.

## **Menopause is a life stage for women; for most it's a biological transition as they age:**

- A woman is said to have reached menopause 12 months after her last period.
- In the UK, the average age for a woman to reach menopause is 51, but this can range from 45 to 55 years of age.
- Menopause occurs due to fluctuating and declining levels of the two main female sex hormones (oestrogen and progesterone) responsible for maintaining reproductive function. As a result, menstruation ceases.

## **Menopause can be broken down into different phases:**

- **Pre-menopause** refers to the years when there is a regular menstrual cycle.
- **Perimenopause** refers to the stage leading or transitioning to the menopause. It usually lasts between four and eight years.
- **Post-menopause** refers to the stage which begins after the last menstrual period.

## **The experience of menopause is not uniform:**

- There are differences in the expected changes of menstrual flow and regularity.
- There are differences in the manifestation and severity of recognised physical and psychological symptoms associated with the menopause.

## **There are variations in reporting symptoms, seeking support and prescribing treatments:**

- Women do not always report their symptoms, even to clinicians.
- When clinical support is sought, symptoms can often be misdiagnosed.
- The prescribing rate of Hormone Replacement Therapy (HRT) is not equitable.

There is a difference in the support and care that women receive for their symptoms.

# Why the menopause matters to the NHS as an employer

## The menopause has a broader social and economic cost

- Women experience symptoms which adversely affect the quality of their personal and working lives.
- Working women report lower productivity, reduced job satisfaction and problems with time management when experiencing menopausal symptoms.
- In the UK in 2019:
  - 72% of women were estimated to be in paid employment, making up 47% of the UK workforce<sup>1</sup>
  - The NHS accounted for 5% of all people in paid employment, of which 77% were women.<sup>2</sup>

## The NHS is the **biggest** employer in Europe<sup>3</sup>, predominantly of women

- The purpose of this study was to **evaluate the impact of the menopause on the NHS workforce**.
- Through this study we ask:
  - What are the **characteristics** of NHS women of menopausal age (45-54 years old)?
  - What is it like to **experience** the menopause as a NHS employee?
  - What does it **cost** the NHS as an employer?

## This work was undertaken by the NHS for the NHS

- The study was commissioned by the NHS Midlands and Lancashire Commissioning Support Unit (MLCSU).
- The authors of this report are NHS MLCSU employees with specialist expertise in research, analysis and economic modelling.
- This work and its reporting are efforts to lead change in women's health services from within the NHS.

1. Office of National Statistics (2020) 'Labour market overview, UK: February 2020.'

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/february2020>

2. NHS England (2019) 'The NHS Long Term Plan' Chapter 4, section 4.1.

<https://www.longtermplan.nhs.uk/online-version/chapter-4-nhs-staff-will-get-the-backing-they-need/>

3. The Nuffield Trust (2022) 'The NHS workforce in numbers.'

<https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#8-how-do-we-compare-to-other-countries>

# Strategy and policy direction

**There are a number of recent national initiatives that recognise the different health and wellbeing needs of women.**

Key publications which recognise the impact of the menopause in the workplace include:

- **Annual Report of the Chief Medical Officer: The Health of the 51%** Davies, S, (2015)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/595439/CMO\\_annual\\_report\\_2014.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/595439/CMO_annual_report_2014.pdf)
- Royal College of Obstetricians and Gynaecologists (2019) **Better for Women. Improving the health and wellbeing of girls and women** <https://www.rcog.org.uk/media/h3smwohw/better-for-women-full-report.pdf>
- [Women's Health Strategy \(DHSC 2022\)](#) which aims to 'reset the dial on women's health'.

**More recently specific guidance and training for NHS employees has become available:**

- McBurnie, J. (2022) **Why is the menopause relevant to our organisation and to me and my team?** Awareness and training pack <https://www.england.nhs.uk/midlands/wp-content/uploads/sites/46/2022/01/NHSEI-Menopause-Awareness-Training-Pack-v4-.pdf>
- NHS England (2022) **Supporting our NHS people through menopause: guidance for line managers and colleagues** <https://www.england.nhs.uk/publication/supporting-our-nhs-people-through-menopause-guidance-for-line-managers-and-colleagues/>
  - *Note that this is a very recent publication, 22<sup>nd</sup> of November 2022; content in this guidance document has not been considered in the current report.*

Report embargoed until 28/11/2022

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# Methods

# Qualitative



- **76 participants** were recruited **from six NHS organisations** (three provider, three non-provider).
- Participants self-identifying as experiencing menopause symptoms and male colleagues were invited to **volunteer** to be interviewed about their experiences, views and career aspirations.
- There were **focused efforts to recruit a more ethnically diverse sample of interview participants**, however our experience matched known issues in recruiting those identifying as minority ethnic to research studies.
- **Interviews took place via MS Teams or telephone** in August and September 2022.
- Qualitative data was **coded and analysed** to generate:
  - Thematic case studies for each participating organisation
  - Cross-cutting qualitative findings.
- **A Data Protection Impact Assessment (DPIA)** was completed and approved from the information governance team at MLCSU.
- Interviews were conducted on an **anonymous** basis and **consent** to take part, share demographic information and audio-record the interview for transcription purposes was sought from each participant.
- A full description of the analytical approach taken and more detailed findings will be published as a separate qualitative case studies report.

Participant (interviewees)		Number (total = 76)
Role	Strategic/managerial	41
	Frontline/clinical	14
	Estates/facilities	1
	Clerical/administrative	18
	Other	2
Gender	Female	71
	Male	5
Age	30-39 years old	2
	40-49 years old	24
	50-59 years old	48
	60-69 years old	1
	Not disclosed	1
Ethnicity	White British	57
	White Irish	4
	White other	4
	British Indian	7
	British Pakistani	1
	Other Asian	1
	Black Caribbean	1
	Not disclosed	1
Pay band	2	2
	3	2
	4	9
	5	5
	6	16
	7	13
	8a	9
	8b	5
	8c	5
	8d	4
	9	1
	Not disclosed	5

# Quantitative



**Aggregated and non-identifiable NHS workforce data** was received from the Workforce and Estates Analysis Team at NHS Digital:

- The source data is collected via the **Electronic Staff Record**
- NHS workforce data is for all **staff directly employed by the NHS**; it does not include agency or bank staff, those working in private practice or in primary care
- The data is a **one-off cross section of the NHS workforce** and does not include longitudinal data for the same cohort.

The data underpinning the quantitative analysis covers the **four years 2018 – 2021** and data was broken down by:

- Demographic characteristics (age, gender and ethnicity), leavers from the NHS, joiners to the NHS and sickness absences.

**Women** were deemed to be in the **menopausal group** when their age ranged between **45-54**, to account for the age when the majority of women are expected to experience menopausal symptoms. We recognise that:

- Not all women in this age group will be experiencing menopausal symptoms throughout and that only a certain proportion will be experiencing symptoms at any one point in time
- Menopause may be earlier for some women, or they may experience symptoms past the age of 54.

A full description of the analytical approach taken and more detailed findings will be published as a separate quantitative analytical report.

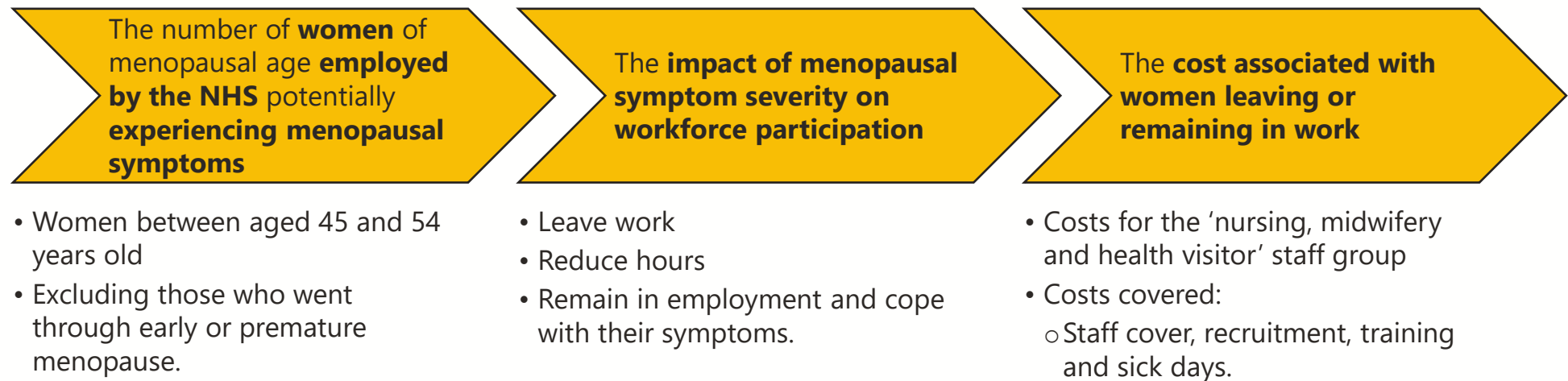


# Economic



The economic component focussed on **the impact of 'menopausal symptoms' on workforce participation among NHS staff and the associated costs from an NHS employer perspective.**

Our aims were to estimate:



We **used data and evidence from several sources**, including: NHS workforce data, published literature, publicly available information and expert advice.

**We were only able to estimate the cost impact for the 'nursing, midwifery and health visitor' staff group owing to a lack of data and evidence** on fill rates and temporary staff cover for other staff groups.

A full description of the analytical approach taken and methods used can be found in the economic report.

# Findings

## General characteristics

# Characteristics of NHS women, assumed to be menopausal

**Key finding 1:** There is limited recognition of how the sizeable health services workforce is affected by the menopause.

- A **fifth** of all English **NHS** employees and a **quarter** of **General Practice** employees are **women of menopausal age**.
- Of women who are NHS employees of menopausal age:
  - A **quarter identify as minority ethnic**
  - Over **half earn less than £30,000**, whereas one in 25 earn more than £90,000.



*"I don't know what the demographics are, but if you look at the numbers of females between 40 and 55, the chances are the majority of them are going through some sort of perimenopause or menopause. [...] I don't think everybody's clear about who it does affect [within the organisation] and at what stage of life typically, on average."*

**Case Study 2 Participant 10**

## NHS employee headcount and breakdown, 2021.

Metric	Headcount	% of NHS/GP workforce	% of female employees aged 45-54
<b>Total NHS employees</b>	1,375,148	100	
Female NHS employees (all age)	1,050,465	76	
Female NHS employees (aged 45-54)	261,748	19	
Female NHS employees (aged 45-54) who identify as White (British, Irish, Other)	199,000		76
Female NHS employees (aged 45-54) who earn less than £30,000*	138,608		53
Female NHS employees (aged 45-54) who earn more than £90,000*	10,273		4
<b>Total General Practice employees</b>	193,323	100	
Female General Practice employees (all ages)	161,637	84	
Female General Practice employees (aged 45-54)	41,968	22	

\*Pay information was not directly available. Therefore, the mid-point of the derived pay band is used to calculate earnings. Earnings are for full time equivalent with no adjustments.

# Findings

The impact of the menopause on working lives

# Sickness absence rates in menopausal aged employees

## Key finding 2:

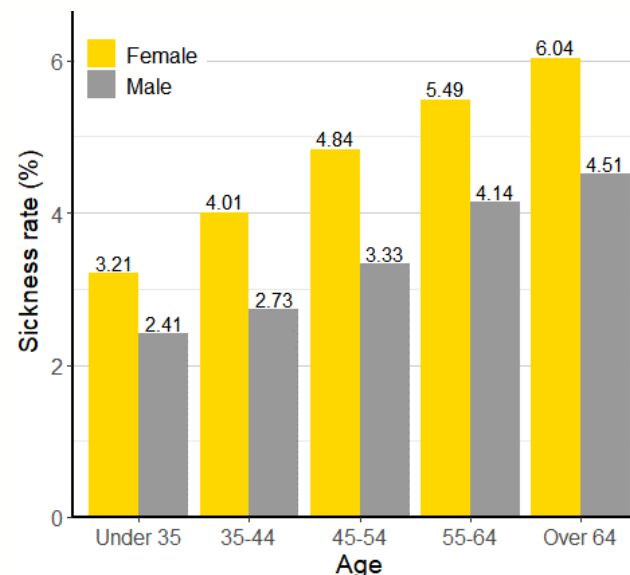
The sickness absence rate in female employees of menopausal age is affected by salary, type of organisation and staff group.

- **Women in all age groups have higher sickness rates than males.** Across all genders, sickness absence increases with age:
  - The **average sickness absence rate** in female NHS employees aged 45-54 is **4.8%**. **This is 45% higher than** the sickness absence rate for **males** of the same age.
- However, regression analysis shows that in the 45-54 year age group, rather than gender, **the significant factors driving sickness absences are:**
  - **Salary band:** the lower the band, the higher the sickness rate
  - **Organisation type:** higher at ambulance trusts, community provider trusts and mental health trusts compared to acute trusts
  - **Staff group:** lower for the doctors and managers and infrastructure support staff groups compared to nurses, health visitors and midwives.

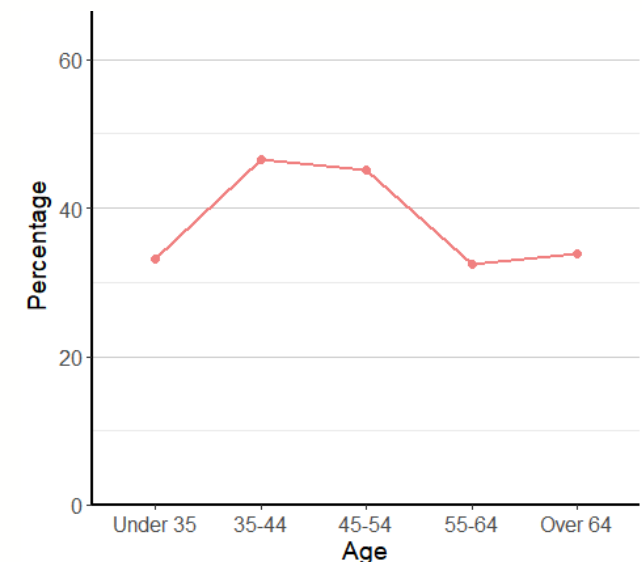


*"I'm really proud of my sickness record, and not having any time off. [...] So yes, I've just been in denial really, and just, yes, got on with work. "*

Case Study 6 Participant 14



**Sickness absence rate by age and gender, 2019.**



**Percentage difference in sickness rate between female and male employees.**

# Reasons for sickness absence in menopausal aged employees

## Key finding 3:

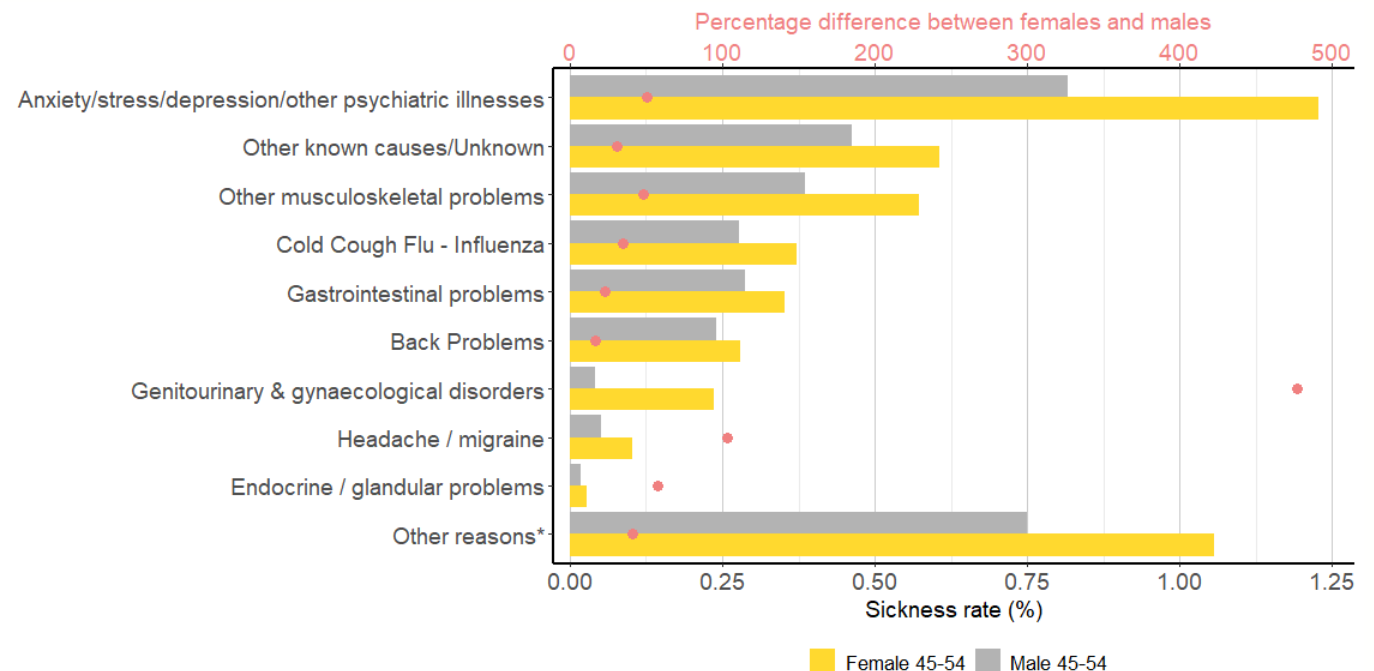
Menopause related sickness absence is under-reported. Some women are reluctant to report menopause as their real reason for sickness absence.

- **Sickness absence reasons more common cited by female employees of menopausal age compared to men of the same age** (such as genitourinary and gynaecological disorders, headache or migraine, endocrine or glandular problems, anxiety, stress, depression, other psychiatric illnesses) **are clinically related to the menopause.**
- **Recording of menopause** as a reason for sickness absence **is low**, despite it being included as a related reason since February 2020.
- **Some** interviewees reported that they **prefer not to reveal their real reasons** when they needed to take sickness absence due to menopausal symptoms.



*"I think twice I've called in sick, just for a day when my period pain has been that bad or my brain, because I get **brain fog** as well, **my brain just can't understand anything** [...] then the other time was, I'd literally got **no sleep and I just couldn't concentrate** on anything. [...] I think I **said, on both occasions, I'd got an upset stomach** rather than the specifics."*

Case Study 2 Participant 10



**Sickness rate by reason and % difference between female and male employees aged 45-54.**



# Impact of menopause symptoms on workforce participation

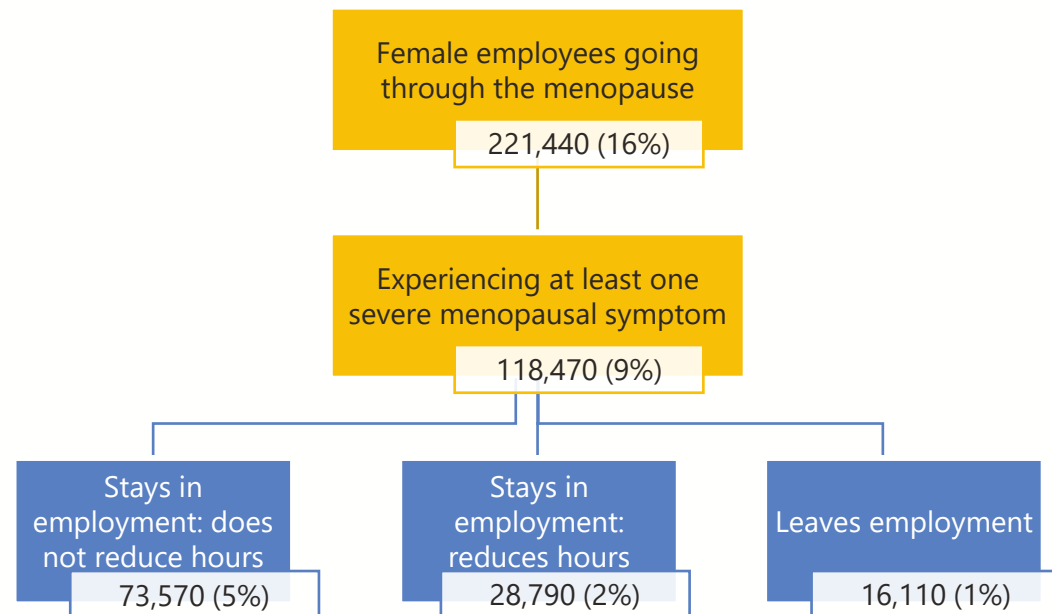
**Key finding 4:** Many female NHS staff are likely to be experiencing severe menopausal symptoms, some of whom may decide to leave work, reduce their hours, or remain in work and cope with their symptoms.

- In a given year, **one in six** NHS employees of menopausal age may be **experiencing menopausal symptoms** (excluding premature, early menopause and menopause due to medical reasons).
- **One in 12** NHS employees may be **experiencing severe menopausal symptoms** (estimated using evidence from the literature on self-reported symptoms [ref](#)).
- Severe menopausal symptoms may be responsible for:
  - **One in 85** NHS employees **leaving their roles**
  - **One in 48** NHS employees **reducing their working hours**
  - **One in 19** NHS employees **continuing to work as usual**.



*"Looking back, I think I should have taken time off and I didn't. I think [...] of my confidence that I had was being propped up by the bits of my job that I was able to do and that people recognised me as being a valuable part of-, and I felt that if I let those go, what else would I have? I also **felt a little bit that if I stepped away, I wasn't quite sure whether I'd make it back**. So, I purposefully chose not to take time off work."*

Case Study 1 Participant 10



**Estimated effect of menopausal symptoms on workforce participation in a given year – number (% of total workforce)**

# Reasons for presenteeism

## Key finding 5:

Presenteeism among NHS employees experiencing menopausal symptoms is linked to both personal attitudes and perceived sickness absence views of others.

- NHS staff that were interviewed described a number of reasons for not taking time off to manage their symptoms. These can be grouped as follows:
  - **Personal work ethic:** linking it to their career stage and self-worth.
  - **Perception of others' experience:** viewing symptoms as normal, perceiving everyone else to be coping.
  - **Workload and pressure:** anxiety that sick leave would increase workload pressures, for themselves and colleagues.
  - **Perception among colleagues:** anxiety that colleagues/teams/employer would view sick leave negatively.



*"I try and not take time off. I think in the last 12 months I've only had 3 days off. **Because I have it all the time. It's every month. I'm thinking I'd been off for a week every month if that was the case.** Most times I can work through it. [...] My work colleague is off on maternity leave. I'm like, I need to be in. **You fight through because you don't want to be one of these people that's off sick a lot because that's not my nature.**"*

Case Study 4 Participant 2

*"Because, [...] I'm a workaholic anyway so taking the time off is not happening. [...] the nature of my role is that I'm perpetually behind. That is management in the NHS, that you're never on top of everything and [...] you kind of get used to dealing with that. The difference with dealing with that and being on the perimenopause is it **makes you feel like you're not doing your job and it makes you feel incompetent**, so you feel like it's personal. There's something you're not doing right, and everyone is managing this so why can't you just do this."*

Case Study 5 Participant 25

# Working part-time with menopausal symptoms

**Key finding 6:** Some NHS employees experiencing menopausal symptoms do work part-time to manage their symptoms, however some do not consider this to be an option available to them.

- Across the age groups, **part-time working is three times more common among female** employees than males.
- Female employees of menopausal age have a significantly lower rate of part-time working compared to both younger and older females.
- Interview accounts reveal that **some employees are able to work part-time to manage their symptoms**.
- However, **for some, this is not an option** because of their perspective of their role, team/organisational culture, or a need to maximise their income and pension for financial security.

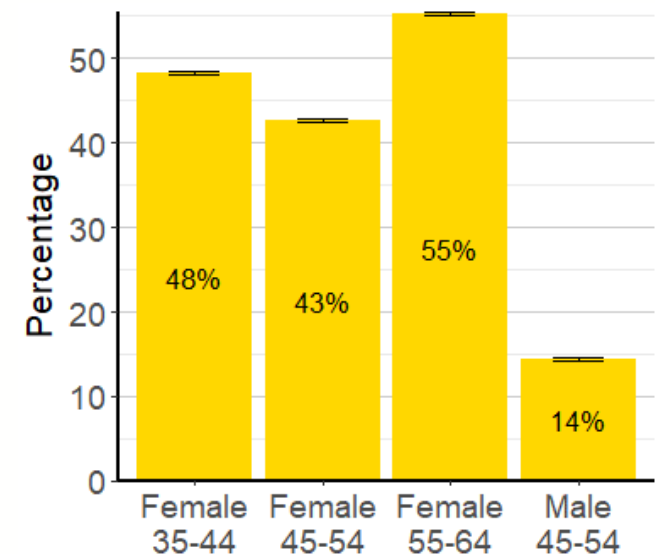


*"[...] I was looking for a position that was part-time, because in my head it was, 'If I become sick again, I can cope, because if I'm working part-time, I'll go home, I'll sit in a dark room, I'll sleep. Wouldn't be a great way [...] to live, and function, but I wouldn't be letting anybody down, I wouldn't be having any time off work sick.' So that was my rationale for coming into a role that was less stressful, and less hours."*

Case Study 5 Participant 12

*"No, initially I proposed to come back [part-time] and it was said, 'No, it's a full-time post. We can't afford to have you back on a part-time basis,' but my immediate line manager didn't particularly agree with that, and she didn't really want me to leave, so she pushed for them allowing me to come back on a part-time basis."*

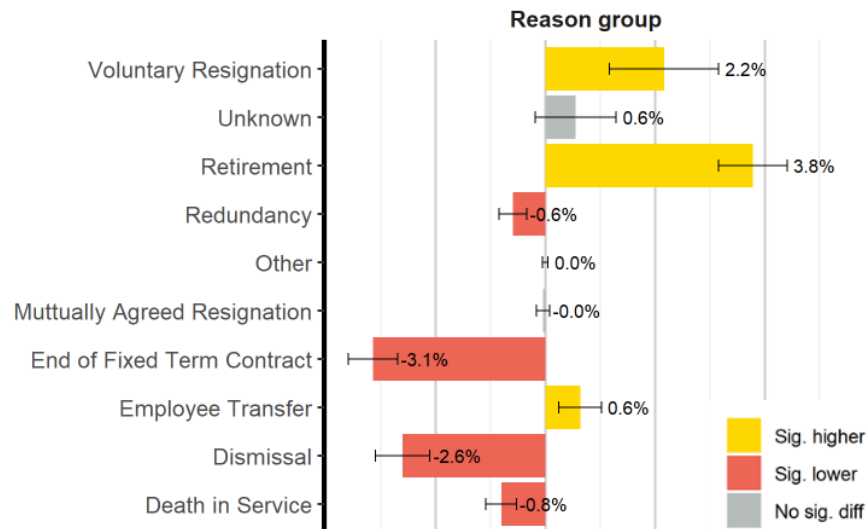
Case Study 2 Participant 1



% of people working part-time in 2021.

# Leaving NHS employment at menopausal age (1)

**Key finding 7:** Many female employees of menopausal age who leave the NHS, voluntarily resign with some citing health and wellbeing reasons.



*Percentage difference in reason for leaving between female and male employees aged 45-54, 2021.*

- Of the women aged 45-54 who leave the NHS, over half (54%) voluntarily resign, 17% do not provide a reason and 14% cite retirement.
- Of those with a detailed reason for voluntary resignation, 16% do not provide a reason, 13% state work life balance and 4% cite health reasons.
- **Compared to male employees** in the same age group, **females** are significantly:
  - **More likely** to leave due to **retirement even though they are not yet 55**
  - **Less likely** to leave due to **redundancy, end of fixed term contract, dismissal or death**
  - **Less likely** to resign for **relocation reasons** or a **better reward package**.
- Females who **voluntarily resign** are significantly more likely to cite reasons related to **work life balance and health, compared to male employees**.

# Leaving NHS employment at menopausal age (2)

**Key finding 8:** Some women experiencing menopausal symptoms at work choose not to leave. Others have no option but to stay in their role.

- Findings suggest that female employees of menopausal age who leave the NHS:
  - Do so to **better manage** their menopausal symptoms and wider health and wellbeing
  - Can **financially afford** the career break or retirement.
- Some do not contemplate leaving because **they find their careers fulfilling** and want to add value to their employer.



*"Why should I have to leave if this is a natural part of a woman's journey. [...] I'm doing everything I can to get my health back on top, [...] I've got 30 years of experience and skills formed in an environment that this organisation values?' So, I suppose, the rebellious part of my nature kicked in to say, 'Well, no. I'm not going to leave. I'm going to keep working because [...] I can add something to the organisation."*

Case Study 3 Participant 7

*"[...] I came to the pension pot later because I qualified later. My partner doesn't work, he has mental health problems, so **I'm the breadwinner, it's on me to make sure that I can secure our future**, and then our son, when I'm looking at retiring, he'll be looking at, he may possibly be at university..."*

Case Study 4  
Participant 9

*"I'd say **last year I was in a worse place** with flashes and sweats and it did make me leave a job. It did make me think, 'I'm **taking 6 months out. I can afford it. I'm not putting up with this pressure** and stress and rubbish and the rest of it.' It was an interim job that could've potentially gone longer."*

Case Study 3  
Participant 10

*"**I can't afford not to work** so I have me to rely on. So I clothe me, I feed me, I pay my bills so without me not being in work, it would drive me nuts as well, so I have to work, that's not an option."*

Case Study 5  
Participant 17

# Findings

Managing menopausal symptoms whilst working



## Menopausal symptoms reported by participants

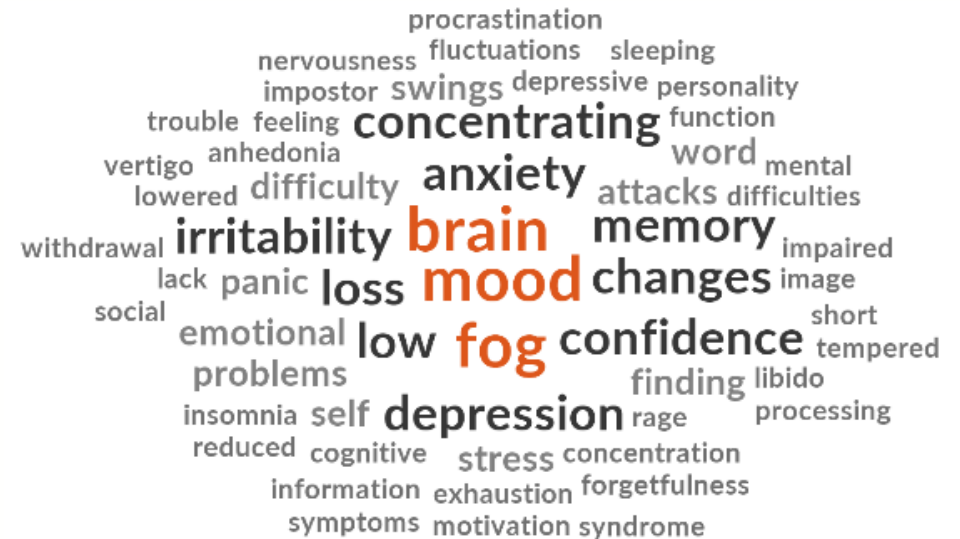
**Key finding 9:** A range of bothersome symptoms, related to the menopause, are experienced that impact on the working lives of NHS employees.

- Participants of the interview study reported a range of physical and psychological symptoms associated with their menopausal status.
- Physical, cognitive and psychological symptoms were reported to impact on working lives.
- The word clouds below highlight the most common symptoms cited.

## Physical symptoms



## Psychological symptoms



# Managing cognitive symptoms related to the menopause

## Key finding 10:

Cognitive symptoms associated with the menopause were commonly reported and were a source of frustration for those who experienced them.

- A commonly reported menopause symptom affecting participants ability to work was **brain fog or memory loss**. Many described the individual management strategies they had to use to compensate for this.
- Many of those affected by cognitive symptoms expressed **frustration when comparing to how they previously worked**.
- Some **queried their competency**, linking their 'imposter syndrome' to symptoms.
- Several participants described a **negative cycle of psychological symptoms worsening their physical symptoms and general health and wellbeing**.



"I've even got to the stage, [...], where I **felt like I'd got early onset dementia**, because I **couldn't remember anything**, you know, I've always had a really good memory, I've always been a brilliant quizzer, remembering odd facts. And I can't remember them."

Case Study 1 Participant 2

"I would say the first symptom I really noticed was my **loss of memory**, which I found **a real challenge** because I've always had a really good memory and suddenly about 18 months, 2 years ago I [...] became aware that I can't remember things that would have normally just been in my brain. I keep note books now [...] because I know [...] that I can't rely on my memory **I now write everything down which is quite time consuming and frustrating.**"

Case Study 6 Participant 1

"And then **psychological symptoms** are significant. I would find myself [...] **sat on the fence all the time, unable to bite the bullet and make plans when at work**. Particularly what I observed during my acute service provision [...] where the turnover of the patients is also quite fast and it's a very busy job with a fair few new admissions coming through the door, sometimes up to 25 and overnight."

Case Study 5 Participant 6

# Managing menopausal symptoms when working from home

## Key finding 11:

Working from home enables office-based employees to better manage their menopausal symptoms.

- **Of those that could work from home:**
  - **Many were positive**, stating that home-based working had allowed them to have more flexibility in managing their menopausal symptoms
  - There were a few **concerns that home-based working would be detrimental for menopause related wellbeing** as some would be able to hide their symptoms.



*"I think **working from home has helped** in that no-one can see you; so **no-one can see you cry.**"*

Case Study 5 Participant 25

*"Yes, 1000%, because if you get up in that zombie state and you're tired, it doesn't matter if you've done your hair or if you've done your make up, you can, as I say, look like a bag lady, working from home. **I actually work harder and better at home because I'm not anxious about the things I get anxious about in the office, I feel more relaxed.**"*

Case Study 1 Participant 4

*"I think **working from home is a blessing, because you hide behind the screen with your symptoms.** If I get tired, I'll have to have a quick nap at lunchtime sometimes, which is not good. But I'm just exhausted sometimes. And again, because I'm at home if I need to change my clothes or anything, it's so much easier. And yes, I just keep Post-it Notes everywhere, so I don't forget. I write things down and tick them off as I go along so I don't forget things. Even while doing presentations, I guess it's easier because I'm working from home and it's on Teams, because **I can put the presentation right in front of me and read from it, instead of memorising a lot of it, which we had to do before.**"*

Case Study 6 Participant 1

# Team culture and management of menopausal symptoms

**Key finding 12:** An empathetic team culture enables better management of menopause symptoms at work.

- A **good team culture**, which included a supportive line manager and colleagues, was often cited by those who chose to disclose their menopausal symptoms at work.
- Those that perceived that their colleagues:
  - Would have **empathy were able to share their experiences** with others and feel less isolated
  - Could not relate to their experience (either due to younger age or male gender) were less likely to seek support from their teams.



*"My immediate manager is aware, [...] if I message her and say, 'Look, I can't come in,' she's like, 'Yes, just go to bed.' [...] **Considering we [team] are 99% female, I don't think we ever sit and discuss it**, but I know I could go to people and go, 'Look, I'm really struggling today and I'm going to have to go home,' and the first thing they would be say is, 'What the hell are you doing in here in the first place?'"*

Case Study 4 Participant 2

*"Within the team I do. [...] You know, if I've got a bit of brain fog, I will say that I'm a woman of a certain age, and they all laugh because they're all younger, but they're all really good with things like that. Well, my current manager is actually off at the moment, poorly, so I have a male manager. That probably wouldn't be as comfortable. [...] **I think there is that belief that women understand the menopause, because obviously, they'll know somebody who's been through it.**"*

Case Study 1 Participant 11

*"It's not too bad in our team, [...] **A strong female influence. And there's a lot of us at my age.** But I think, because [...] we're all working remotely, you haven't got that natural progression to speak to somebody. Like, [...] if we were in the office, and I could see a colleague having a flush, I'd be like, 'Are you okay? Do you need anything? Do you want some water?' Whereas you haven't got that peer support [...] which we're very good in our team, when we're in the office."*

Case Study 5 Participant 6

# Managing careers with menopausal symptoms

**Key finding 13:** Some female employees experiencing menopausal symptoms demoted themselves. Some do not seek career advancement.

- NHS employees struggling with their menopausal symptoms who wanted or needed to continue working, **demoted themselves and took roles within the NHS with less responsibility and/or less pay**, or roles that allowed them to work from home.
- Of those who were able to manage their menopause symptoms at work:
  - Most were unclear or ambivalent of their next career stage
  - Some were not looking to advance any further in their careers
  - Some were keeping the option open of retiring early, even if their preference was not to.



*"I changed my job 18 months ago. I was a full-time, [...] I've come down 2 bands to an 8a and gone part-time and no on-call, because I just couldn't. It really impacted on my sleep and [...] general stress levels. [...] it was that or just finish working completely [...] I couldn't afford to do it and I didn't want to do it, because I've worked really hard to get to this point."*

Case Study 3 Participant 9

*"I think **emotionally this has really hurt me**. So yes, if I felt the same way as I did in my forties now, I **probably would not be even considering retiring for another ten or fifteen years because I like my job** [...]. But I just feel a bit more aware of how much older I am now to some of the other people [...] in my team and [...] in the [organisation] as well."*

*"And I have seen the way that menopause is mentioned and dealt with within organisations. [...] The men go 'well that is okay to say that then' and the women go 'well that is okay because that is what is going to happen', **it is just wrong because you might as well just put us in a corner and shoot us now. It feels very discriminatory.**"*

Case Study 1 Participant 3



# Findings

The impact of the menopause on the clinical workforce



# Management of menopausal symptoms in clinicians (1)

**Key finding 14:** Clinicians with menopausal symptoms may seek support from team members and adapt their tasks to manage their symptoms.

- **Nine of the ten** women who are NHS employees of menopausal age, **work in acute or mental health trusts.**
- **Three in ten women** who are NHS employees of menopausal age, **are nurses, health visitors and midwives.**

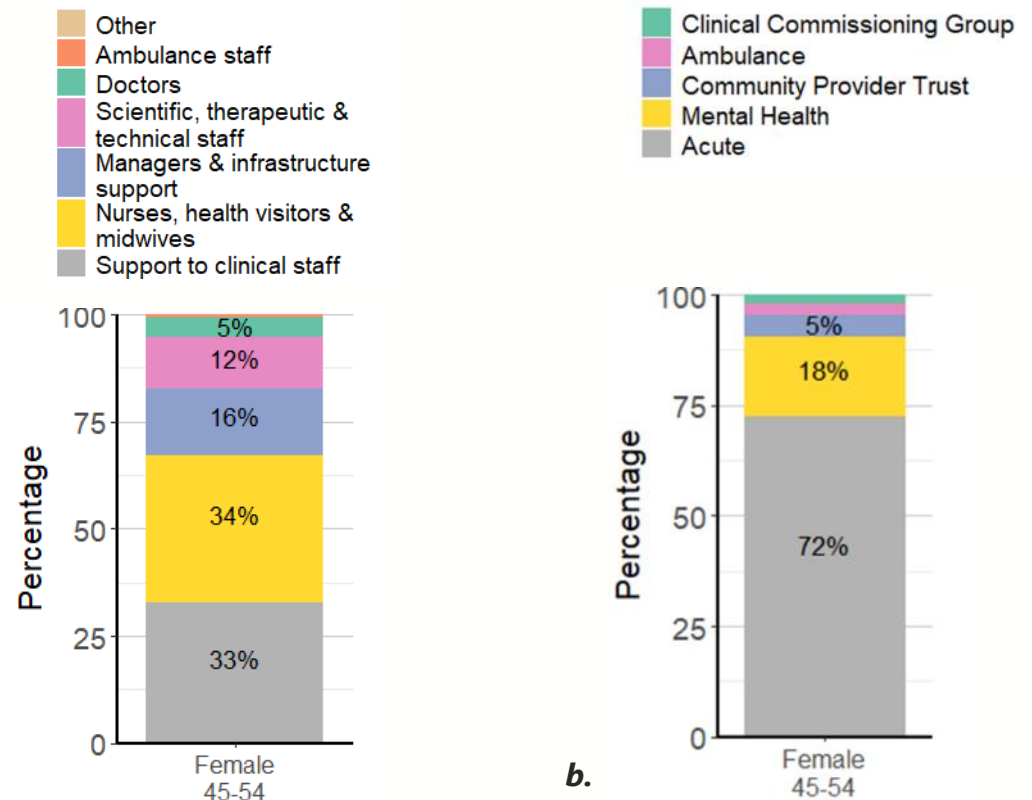


*"If I was asked to cannulate: 'I'm really sorry, I can't do it today, my hands just hurt too much'. And they were all absolutely lovely and really understanding. [...] The other way **I adapted to that was by asking for more help so somebody would actually hold the hand for me to a certain extent.** So that I didn't have to put so much pressure on my hand."*

Case Study 5 Participant 13

*"There's some points in the day where I can't do this anymore and I just have to, give me 5 minutes break...and that's been really useful... We tend to do the visits in the morning, because we can structure our day around how we're feeling."*

Case Study 4 Participant 9



% of women of menopausal age employed by a. NHS staff group and b. NHS organisation type.

# Management of menopausal symptoms in clinicians (2)

## Key finding 15:

Feminine hygiene and health may be compromised in some clinicians experiencing menopausal symptoms.

- **Nurses and other front-line clinicians faced specific challenges** with regards to:
  - Their **uniforms** worsening their symptoms. The material and thickness of uniforms make symptoms such as hot flushes more difficult to manage
  - **Using the toilet** when they need to. Clinicians are not always able to access a toilet in a timely way to attend to their personal needs. To manage their symptoms some reported they managed symptoms through 'back-up' strategies such as wearing period pants with heavy/unpredictable bleeding.



"We're **reliant on public toilets** in supermarkets, garden centres, and while that's okay, it's not ideal because you're in a public area, you're wearing your uniform, I personally don't like that. I don't like to see people in their uniforms in a public place. There's a cross-contamination from all aspects, me to them, them to me."

Case Study 4 Participant 8

"It is related to menopause, because my **periods**, although are the same, they **don't behave the same**. So they have been lasting longer, and sometimes they're a lot more heavy. [...] I've started to use period pants. Well, actually, as backup, and I never had used backup before, and I have to have backup, because I am on the floor a lot, and I am doing stuff, and I run a clinic. Therefore, I don't always get to go to the toilet when I want to go."

Case Study 4 Participant 1

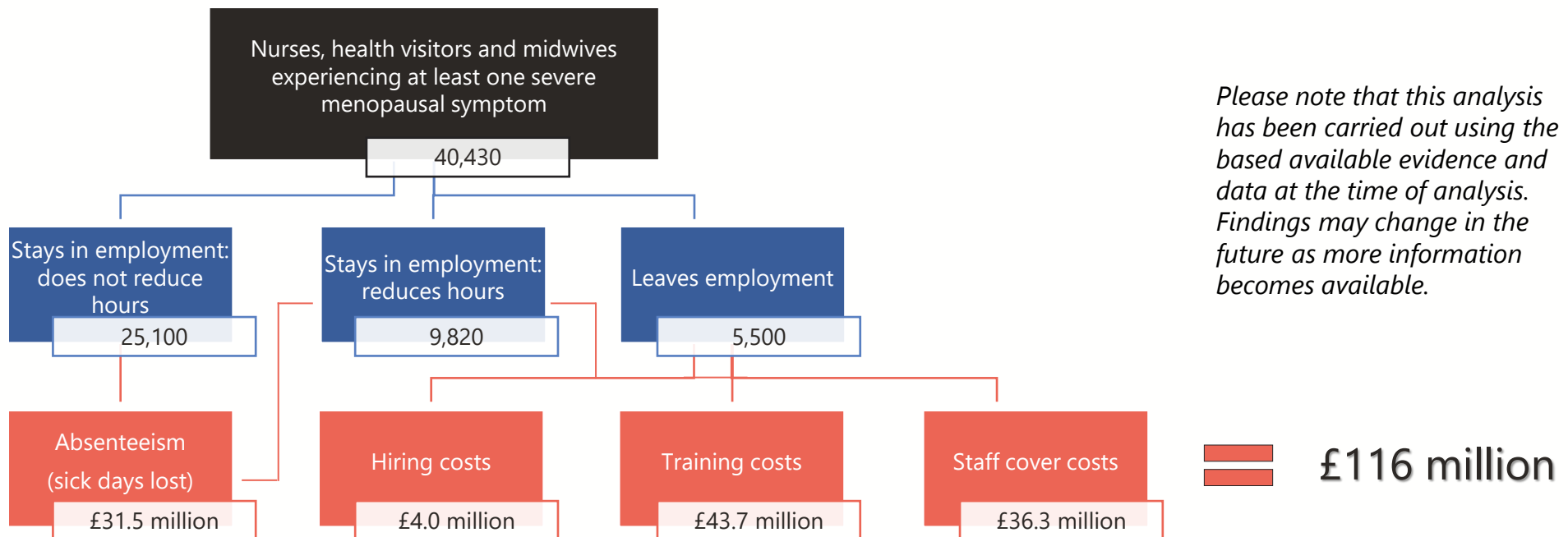
"I'm covered in sweat, I'm dripping sweat, touch, look, see, everywhere is soaked, **my clothes are soaked with sweat. That's not dignified**, I have no enjoyment in spending seven or eight hours of my working day every day being like that, you know? **It's horrible and it's uncomfortable** and it makes me feel, as a person, quite low doing it. The people need you to be in uniform and not in scrubs, because what?"

Case Study 5 Participant 17

# Potential cost of menopausal symptoms to the NHS

**Key finding 16:** The annual cost of menopausal symptoms to the NHS, as an employer, may be between £89-£129 million.

- Based on available evidence and modelling assumptions to populate the economic model, the **cost of menopausal symptoms to the NHS as an employer for the 'nurses, health visitors and midwives' group**:
  - Is estimated to range **between £89 million to £129 million** based on sensitivity analysis ( $\pm 10\%$ )
- Costs do not include the financial implications of presenteeism.



**Estimated impact and associated costs of menopausal symptoms on workforce participation among nurses, health visitors and midwives in a given year\***

\*Sum totals may not equal the sum of separate figures due to rounding.

# Conclusions

Findings and recommendations

# Improving awareness of the menopause in the NHS workplace

Key finding	Recommendation(s)
<p>There is limited recognition of how the sizeable health services workforce is affected by the menopause.</p>	<ul style="list-style-type: none"> <li>NHS organisations should <b>explore their workforce data in the context of these national findings to understand in more detail</b>, who is affected by menopausal symptoms and how this relates to rates of, and reasons for, sickness absence, part-time working, and leaving employment.</li> <li>Across the NHS workforce, activities to raise awareness of menopause health and wellbeing should be targeted and inclusive, with <b>more efforts made to reach employees who are more disadvantaged</b>, for example due to their identities, role or pay-grade.</li> </ul>
<p>Many women working in the NHS experience symptoms related to the menopause. For some women this can impact upon their working lives as NHS employees.</p>	<ul style="list-style-type: none"> <li>NHS provider organisations and their employees with <b>medical and clinical expertise in menopausal health and wellbeing should lead educational initiatives</b> across the NHS workforce.</li> <li>Across the NHS workforce, <b>educational materials relating to menopausal health, symptom management and treatment should be accessible to all employees</b>; those employees who make limited use of computers in their roles should not be forgotten.</li> <li><b>Employer-based NHS support (such as flexible working) and its communication should be targeted and tailored</b>, taking into account the type of NHS organisation, job role, pay-band and ethnicity (or cultural identity).</li> <li>NHS organisations should <b>enhance their offer of peer support</b>, including menopause networks or 1:1 support, and ensure that all those who wish to access this support have the opportunity to do so.</li> </ul>

# Characterising and recognising the experience of those affected by menopausal symptoms

Key finding	Recommendation(s)
Menopause-related sickness absence is under-reported.	• Workforce, people and information specialists in NHS organisations should work together to <b>improve recording of menopause-related sickness absence</b> in the Electronic Staff Record.
Sickness absence in female employees of menopausal age is affected by salary, type of organisation and staff group.	<ul style="list-style-type: none"><li>• NHS organisations should <b>provide reassurance that reporting and recording of menopause-related sickness absence will not negatively impact</b> individual employees.</li><li>• NHS organisational <b>policies to manage menopause-related sickness absence should be distinct from general sickness absence</b> and consider the range of symptoms experienced and their duration in individual employees.</li></ul>



# Management of menopausal symptoms

Key finding	Recommendation(s)
Cognitive symptoms associated with the menopause were commonly reported and were a source of frustration for those who experienced them.	<ul style="list-style-type: none"> <li>A multi-disciplinary NHS and research team (including clinical experts) should <b>investigate the extent to which cognitive symptoms related to the menopause, such as brain fog and memory loss, impact on working lives.</b> Findings from this investigation should then inform national guidance for managing cognitive symptoms of the menopause in the NHS workplace.</li> </ul>
Working from home provides those employees who can with more opportunity and flexibility to manage their individual menopausal symptoms.	<ul style="list-style-type: none"> <li>NHS organisations should <b>continue to offer flexible home working for employees that are able to (all or some of the time) and have a preference</b> to do so.</li> <li>NHS working from home policies should, however, provide guidance for regular wellbeing check-ins for those that are predominately home-based.</li> </ul>
Clinicians with menopausal symptoms may seek support from team members and adapt their tasks to manage their symptoms.	<ul style="list-style-type: none"> <li>NHS organisations should investigate how symptoms of the menopause affect clinical and medical staff in their front-line roles. Through organisational menopause policies <b>teams should be empowered to make adaptations as necessary to individual employees and their tasks.</b></li> </ul>
Feminine hygiene and health may be compromised in some clinicians experiencing menopausal symptoms.	<ul style="list-style-type: none"> <li>NHS organisations should <b>review their uniform policies and issue guidance in the flexibility of these</b> (until cooler lightweight material becomes available).</li> <li>NHS organisations, especially those who provide care in community settings, need to <b>ensure their front-line staff have convenient access to toilets in public spaces.</b></li> </ul>

# Impact of the menopause on NHS employees

Key finding	Recommendation(s)
The annual cost to the NHS as an employer (due to nurses, midwives and health visitors experiencing menopausal symptoms) may be between £89-£129 million.	<ul style="list-style-type: none"> <li>Across the NHS a <b>radical rethink of workforce retention</b> is required to ensure those afflicted by menopausal symptoms do not disengage or withdraw from workforce participation.</li> </ul>
Presenteeism in NHS employees experiencing menopausal symptoms is linked to both personal attitudes and perceived sickness absence views of others.	<ul style="list-style-type: none"> <li>NHS organisations efforts to improve the workplace culture and provide support to those experiencing menopausal symptoms should consider <b>evidence-based strategies to improve empathy in the workplace</b>. An empathetic team culture enables disclosure of menopause symptoms at work.</li> <li>Across the NHS, more visibility of menopause in the workplace champions, especially those that are senior leaders, will support efforts to <b>remove the stigma or taboo associated with discussing menopause in the workplace</b>.</li> </ul>
Some employees experiencing menopausal symptoms do not consider reduced working hours or leaving the NHS to be a viable option.	<ul style="list-style-type: none"> <li>NHS organisations should be <b>considerate of individual employee choices and constraints that affect decision-making for workforce participation</b>.</li> <li>Organisational menopausal policies should be reflective of these.</li> </ul>
Of the female employees of menopausal age who leave the NHS, many voluntarily resign with some citing health and wellbeing reasons.	<ul style="list-style-type: none"> <li>NHS organisations should <b>review all voluntary resignation and early retirement information</b> (for example through exit interviews) in this age group to determine whether additional support for menopausal health and wellbeing at work could lead to increased staff retention.</li> </ul>

# Impact of the menopause on NHS employees

Key finding	Recommendation(s)
Some employees experiencing menopausal symptoms demoted themselves. Some do not seek career advancement.	<ul style="list-style-type: none"><li>• Across the NHS there should be further exploration to <b>understand the reasons that lead employees to not seek career advancement or worse, demote themselves.</b></li><li>• This understanding should inform future national <b>workforce guidance that supports employees with menopause symptoms to continue to pursue their career goals.</b></li><li>• This guidance should include the <b>option to take a break from workforce participation for the period of time required to manage menopause symptoms.</b> The NHS's considerable experience of managing return to work after maternity leave should be used to develop workforce policies related to a menopause career break.</li></ul>



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