The Strategy Unit.

Menopause and the NHS workforce

Qualitative Report

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Executive Summary

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 the hidden issue of menopause in the workplace and lead change from within the NHS.

Through this qualitative study we asked what is it like to experience the menopause as a NHS employee? A total of 76 people from six Midlands NHS organisations (three provider, three non-provider) took part in qualitative interviews. Participants, self-identifying as female with experience of menopause symptoms (n=71) or male with experience of managing people with menopause symptoms volunteered to be interviewed about their experiences, views and career aspirations.

This qualitative report synthesises the cross-cutting findings across the interviews and provides six individual case studies. The cross-cutting findings reveal that:

- 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 how participants deliver their roles, many participants reported a crisis in confidence: they no longer felt they could 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 .
- Working from home 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 absence is likely to be under-reported as many choose not to disclose their symptoms to their line manager or their employer even if they are willing or able to take time off for their sickness absence.
- 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.
- Of those who carry on working despite the severity of their symptoms, some women demote themselves or stop career advancement.

1. Introduction

Menopause is a life stage in females[1] and for most a biological transition as they age. It usually occurs between 45 and 55 years of age. The levels of the hormones responsible for maintaining reproductive function, oestrogen, progesterone and testosterone, fluctuate and then begin to decline. As a result, menstruation ceases. The experience of menopause[2] 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 to the menopause. It usually lasts between four and eight years
- The clinical definition of menopause limits it to a precise day: 12 months after the last menstrual period. In the UK, the average age to reach clinical menopause is 51.
- Post-menopause refers to the stage which begins after the last menstrual period.

The cessation of menstruation, specifically the decline of oestrogen, adversely effects other biological processes and gives rise to a range of symptoms. However, these symptoms can manifest differently across the menopausal period; the experience of the menopause is not uniform. In addition to changes of menstrual flow and regularity there is a range of physical and psychological symptoms such as: hot flushes, night sweats, joint pains, headaches, fatigue, low mood, anxiety, poor concentration, and brain fog.

There are also variations in the reporting of symptoms, even to clinicians. Often menopausal symptoms are misdiagnosed as fibromyalgia, migraines, depression, cystitis, irritable bowel syndrome and chronic fatigue. Unsurprisingly then, there is a difference in the support and care that women receive for their symptoms. For example, the prescribing rate of Hormone Replacement Therapy (HRT) is lower in areas of high deprivation (Hillman et al, 2020).

The menopause also has a broader social and economic cost. The Office of National Statistics estimates that 72.4% of women were in paid employment in 2019, making up 47.4% of the UK workforce (ONS 2020). A significant number of women experience symptoms which adversely

[1] We reference the biological sex that is female and male throughout the report. NHS workforce data is currently only collected according to these two binary categories. For consistency we use the same terms when reporting on the qualitative and economic findings, but concepts herein apply to people who undergo the menopause transition.

[2] For the purpose of this report, we refer to the different menopause phases collectively, as the menopause. Associated symptoms are referred collectively as menopausal symptoms.

affect their quality of personal and working lives (Hoga 2015). During this period, working women report lower productivity, reduced job satisfaction and problems with time management.

There have been a number of recent national initiatives that recognise the different health and wellbeing needs of females. Key publications include the *Health of the 51%: Women* (Davies, 2015) and *The Better for Women* (RCOG 2019), both highlighted the need to take a life-course approach to female health and brought a focus to preventing ill health, rather than treating established disease. They have resulted in the NHS focused *Women's Health Strategy* (DHSC 2022) which aims to 'reset the dial on women's health'. All three publications recognise the impact of the menopause on females in the workplace, with the *Women's Health Strategy* identifying menopause support in the workplace as one of six key action points of its long-term plan.

2. Methodology

- The purpose of this qualitative study was to provide an account of the experiences NHS employees who either self-identifying as having menopausal symptoms or worked with those who had.
- A Data Protection Impact Assessment (DPIA) was completed and approved via the Information Governance team at the host organisation (Midlands and Lancashire Commissioning Support Unit) for the project.
- Participants were recruited from six NHS organisations (three provider, three non-provider) located in the Midlands.
- Participants were recruited from six NHS organisations (three provider, three non-provider).
- Each participating organisation nominated a site lead to work alongside a member of the project team to coordinate the recruitment process. Site leads were closely linked to health and wellbeing and/or equality and diversity work within their roles and were therefore well placed to distribute recruitment information (e.g., participant information sheets and recruitment leaflets) via relevant channels.
- To ensure anonymity, participants who self-identified as experiencing menopause symptoms were invited to get in touch with a member of the project team directly to arrange an interview. Site leads were unaware of who had come forward to take part.
- Consent to take part and for the interview audio to be recorded (for transcription purposes), was sought from each participant at the beginning of the interview.
- Participants self-identified as female with experience of menopause symptoms (n=71) or male with experience of managing people with menopause symptoms (n=5) were interviewed about their experiences, views and career aspirations.
- The project team were committed to taking a representative and inclusive approach for the qualitative study and focused efforts to recruit a diverse sample of interview participants through the recruitment material, sampling, and liaising with case study site leads to highlight where sampling gaps began to emerge.
  - Table 1 provides a description of the interviewees. The majority were white female. Recruitment of male participants (n=5) was lower than planned (n=18). In the findings sections data from male participants is labelled as such.
  - Women with other protected characteristics (for example minority ethnic women) were also underrepresented, when compared to their workforce numbers in the NHS.

– Clinicians were more difficult to recruit as they were less likely to have the time to engage with recruitment material or participate in an interview

Table 1: Description of interview participants across case study sites

Participant information		Number
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
	Indian	7
	Pakistani	1
	Other Asian	1
	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

- Interviews took place via MS Teams or telephone in August and September 2022 and typically lasted between 40-60 minutes.
- Audio recordings of the interviews were securely uploaded to an approved transcription service by a member of the project team. Returned transcriptions were uploaded onto a qualitative data analysis computer software programme called NVivo.
- Transcriptions were coded against a coding framework developed from the interview topic guide. A thematic approach was used to analyse the dataset, using inductive techniques to identify patterns and themes from the data.
- This report presents:
  - An executive summary of the qualitative study (section 1)
  - An introduction of the context of menopause in the workplace, focusing on the NHS (section 2)
  - A thematic synthesis of the qualitative dataset summarising the main findings (section 3)
  - Six standalone case studies, one per participating organisation (section 4)
- Conclusions **are not** included in this report and have not been included here as they were previously triangulated with the quantitative, economic findings and published in November 2022 on the Strategy Unit's website.

3. Cross-cutting Findings

This section presents the synthesised findings across the six case study sites. Overall, the qualitative study revealed a mixed picture of managing menopause-related symptoms at work as well as seeking and receiving workplace support. Some of the variation could be linked to the individual and their awareness of their symptoms and the management or support options available to them, and the individual's support preferences. However, a main contributor of varied experiences in the workplace in our findings, stems from the limited knowledge within teams, organisations, and the NHS as an employer as to who is affected by the menopause, and how.

> *"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. [...] So, I think probably more needs to be shared around that as well, around the fact that, say for example, just within our organisation, women make up whatever percentage of the [organisation]. This percentage of them are aged between 40 and 55. Of that, it's anticipated that this many percent are going [through] the menopause or perimenopause. Just so we can see how big an impact it is. [...] I don't think everybody's clear about who it does affect and at what stage of life typically, on average."*
>
> **Participant 2-10**

Participants, including male interviewees reported that their own awareness of the impact of menopause at work was only raised after having lived experience in their personal lives.

> *"I'm aware of it because I've got lived personal experience, had I not had that experience I don't think I would know anything about it, genuinely, I just don't think. It's become more, it's been more in the media recently, but actually, I genuinely don't think I would know anything about the symptoms."*
>
> **Male Participant 6-24**

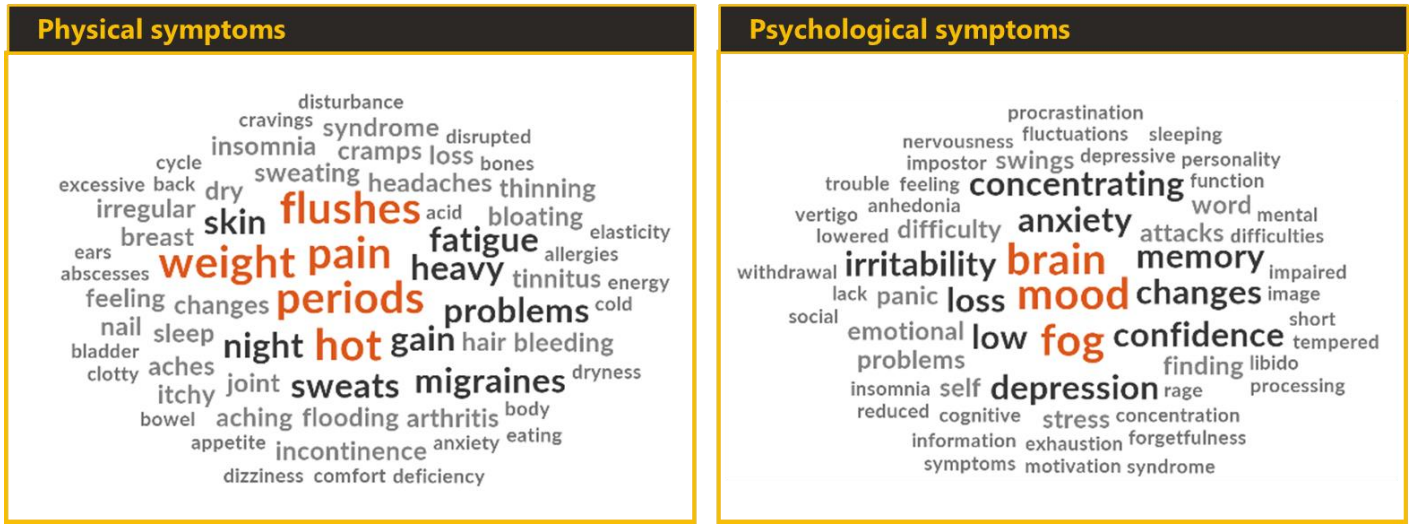
The sub-sections below provide a thematic synthesis of the five main cross-cutting themes that emerged from the findings (highlighted in bold): individual **symptoms** affecting work and the **management** of these; team or organisational menopause **culture** and **support** and **workforce participation**.

3.1 Symptoms at work

Across all six sites and the 71 female participants interviewed, a range of bothersome symptoms related to the menopause were described.

Figure 1 illustrates these symptoms as separate word clouds for the physical and psychological symptoms reported. These symptoms were challenging to manage, varied in severity, and in almost all cases negatively impacted participants' work life.

Figure 1: Word clouds to illustrate the menopausal symptoms described by participants across the case studies



The ability to hide menopausal symptoms at work was important to many participants. Of those experiencing physical symptoms, many described their symptoms of hot flushes and flooding as being deeply embarrassing.

> *"The symptoms were flooding, with your periods, and you can imagine, that happening in the middle of a board meeting, it's really embarrassing."*
>
> **Participant 6-9**

Management of physical symptoms was even more problematic for those in front-line roles such as clinicians, with some having to compromise their feminine hygiene on occasion. For example, when busy workloads did not allow for breaks to attend to their personal needs.

> *"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."*
>
> **Participant 4-1**

Access to toilets was even more problematic for those seeing patients in the community, who then relied on public toilets, such as those in supermarkets. Clinicians who wore uniforms as part of their role found uniforms to exacerbate their temperature dysregulation symptoms; a problem made worse when the enforcement of the rule to wear the right uniform superseded the participants' comfort and wellbeing.

> *"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?"*
>
> **Participant 5-17**

The onset of the menopause transition was almost universally linked to noticeable (at least to the individual) cognitive challenges at work. Symptoms of brain fog, memory loss and reduced concentration were often described alongside the management strategies individuals put into place to compensate for these symptoms.

> *"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 suddenly became aware that I can't remember things that I would have normally just been in my brain. I keep notebooks now and I just write everything down, so the way I manage it, because I know now that I can't rely on my memory, I now write everything down which is quite time consuming and frustrating because I can be in a meeting and I suddenly think 'I know we spoke about that but I can't remember'. I have to flick back through my notebooks to see what was said."*
>
> **Participant 6-1**

Many of those who described being afflicted by cognitive symptoms expressed frustration when comparing their current aptitude and how they worked with their former self. They described their initial confusion when these symptoms arose, in some cases self-diagnosing to be depressed or early onset dementia.

> *"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."*
>
> **Participant 1-2**

Some participants queried their own competency due to their cognitive symptoms, linking their 'imposter syndrome' to their menopause symptoms. A few participants experienced a negative cycle of anxiety and low confidence worsening their health and wellbeing even further. Those in pressured clinical or operational roles and suffering with psychological symptoms experienced procrastination and impaired decision-making.

> *"And then psychological symptoms are significant. I would find myself quite 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 is this quite decision-heavy environment, 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, so the next morning you're making decisions for 10 or 15 of them type thing."*
>
> **Participant 5-6**

Male participants described the main symptoms of the menopause to be hot flushes and brain fog, with the latter viewed as the most challenging symptom to manage at work, as it could go by un-noticed by others, but be debilitating to the individual.

> *"The big one is brain fog and invisibility [sic]. That is the one that I would say 100% of the females that I talk to, that is every one of them says that. Some of the other signs, the hot flushes, the sleepless nights, they are less of an issue, more in, probably, 10% to 25%."*
>
> **Male Participant 1-13**

3.2 Managing symptoms

Of those that could work from home there was a majority view that home-based working enabled better management of menopause-related health and wellbeing. Many participants were positive about this unintended pandemic consequence, stating that working from home had allowed them to have more flexibility in managing their menopause symptoms.

> *"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."*
>
> **Participant 1-4**

Many participants described the strategies they had employed to mitigate their symptoms, which included working flexible hours, for example starting late if they suffered from insomnia or taking

breaks for naps when fatigued. Working from home also enabled better management of individual thermoregulation, providing the opportunity to open windows, use fans, change clothes or take showers as necessary. Coping strategies when 'on camera' during meetings included constantly referring to notes and reading from presentations without colleagues noticing.

> *"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."*
>
> **Participant 6-16**

Whilst working from home provided some respite for many participants, a few expressed concerns that the greater ability to hide symptoms could be detrimental as colleagues would remain unaware of the difficulties faced.

> *"I think working from home has helped in that no-one can see you; so, no-one can see you cry."*
>
> **Participant 5-25**

Participants in clinical or operational roles described seeking support from colleagues and adapting relevant tasks, especially as a way to manage their physical symptoms.

> *"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."*
>
> **Participant 5-13**

Those participants who had colleagues with experience of menopausal symptoms reported that they could draw on peer-support and adapt their working practices though their shared experience.

> *"There are 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."*
>
> **Participant 4-9**

In contrast, where this shared experience was lacking, it could be more difficult to depend on, or provide, support in the workplace.

> *"During breaks, we support each other, so if I go on break, then whoever's in the next bed space looks after my patients for 20 minutes, half an hour, which is fine, because we tend to have breaks at specific times, so you could plan the work.[…] But, obviously if you suddenly need to take a break when we are in the middle of the day, then I have to delay what I'm doing to maybe support your patient, which is fine, because ultimately we're there for the patients, we have to do the job anyway, so we may as well do it, which then means that I have to delay what I'm doing for my patients, and I'll probably start doing my writing later, and I go home later."*
>
> **Participant 3-4**

3.3 Menopause culture

Many participants linked their ability to share information about their menopausal symptoms to the support they expected to receive from their immediate team, and this was often linked to the gender and/or age of their colleagues or line manager.

> *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."*
>
> **Participant 11-1**

Those who felt unable to speak openly about their symptoms at work attributed this to an overall team culture perceived to discourage transparent discussion or limited organisational awareness of menopause symptoms and their impact on working lives. On the other hand, participants who felt supported highlighted the empathy within their teams.

> *"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?"

Participant 4-2

Line managers were said to be supportive when they were open to discussions, made time to understand the impact of menopause symptoms on the individual, and allowed for flexible working to manage symptoms.

"I've got a really good line manager and she's aware that this is what I have to do and the organisation are very good at encouraging you to take screen breaks anyway regardless of whether, you know, you've got any form of health condition. Yes, sometimes I have to work a bit over if I haven't got things done but predominantly it's fine. I think it does help if you have got a supportive line manager."

Participant 2-14

In addition, there was a shared positive view amongst participants that societal awareness of the menopause had increased recently, and some suggested this higher awareness had impacted their workplace. In this context, menopause networks or champions that sat outside of their immediate teams and could be accessed for support were most frequently mentioned. Many of these participants also referenced the seniority of the menopause champions; leaders who shared their own experiences to encourage and support discussion of the menopause at work were viewed favourably.

"So, our senior, senior managers, so our Chief Executive and their sort of level, through the pandemic they've been very visible, at one point I think they were doing either weekly or two-weekly chief executive briefings. At the summertime they did a whole week's worth of activities that staff could drop into according to the demands of their role"

Participant 4-9

Male participants who managed staff with menopause symptoms described the raised societal awareness as a helpful prompt for themselves to learn more about how the menopause may affect their staff, supporting them to manage their team more appropriately and mindfully. These male participants voiced concern that the lack of awareness in their organisation or their teams meant that those affected by menopause symptoms were often incorrectly viewed as having performance issues.

"I've had to do most of my learning, because that's something which has affected some staff, and then again that stuff around the ability for recall and memory and those challenges. If you're not aware of, it's a performance issue. You're not concentrating,

you've made another mistake, and then they've had to think, 'Actually, how old are you again?' It's a challenging discussion and how do you broach that? So, that's why I've done a lot more research into this and being more mindful of that. I manage a couple of staff that fall into this, you know, bracket of menopausal symptoms are starting to appear, and talking that through one-to-one a bit more, and yes, just being more mindful of that. Actually, trying to help their own self-awareness of the menopause as well."

Male Participant 4-10

3.4 Menopause support

Outside of the menopause champions and forums designed to support conversations about the menopause between colleagues, awareness of any specific employer-based menopause policies, tools, or support to make reasonable adjustments at work, was low.

"So, we've got, well we've got a whole huge amount of stuff and we've got the menopause champion scheme, we've got the health and wellbeing meetings, we've got access to lots of wellbeing stuff. We've got, kind of, like equality and diversity elements of that are, I know it's not part of the Equality Act directly but because it's a woman's issue it is indirectly in there. So, I think that, you know, there's been a really big development in terms of supporting people to have access to support".

Participant 2-13

Some participants stated that they found it difficult to access their local menopause networks due to the time commitment required and their work schedules. For example, the timing of the drop-in sessions didn't work for them.

"We've had a number of groups that have tried to set up talking groups, if you like, but they haven't been successful I don't think. Because the time element isn't available unless it's your lunchtime."

Participant 2-1

In addition, those who were aware of menopause-related organisational information and support (for example, via intranet pages) described it to be hard for both themselves and line managers to locate and navigate the information on offer. This includes participants who identified the challenges line managers have in correctly signposting staff to relevant information and support. In response to these difficulties, participants called for line managers to receive training on how to support staff experiencing menopause symptoms.

> *"[Training] should be mandated for anyone who's even anywhere near being a line manager or wants to be or is… a basic level of understanding of things that might impact on your team's work performance."*
>
> **Participant 6-22**

However, a few participants voiced the concern that they would remain reluctant to access any type of menopause-related support, out of worry that this would identify them as experiencing menopause symptoms to colleagues.

> *"I guess you don't want people to think that you want any special treatment, or even to know that you're struggling. You don't really want to say, 'Oh, I'm struggling because I can't concentrate properly today, my brain fog's bad, I can't process that very well'."*
>
> **Participant 1-1**

Male participants were equally unaware of any additional employer support, although a few admitted they might have missed communication if it had been shared, due to not perceiving it to be targeted at them. Most male participants stated they would welcome training for line managers so they could support their staff better.

> *"I think what would be great is some advice and training for managers of all ages and genders about how to broach the discussion. If I broached this with a 40-year-old female, they might be deeply offended."*
>
> **Male Participant 4-10**

3.5 Workforce participation

Sickness absence

The qualitative data revealed a complex picture of whether participants took sickness absence for their symptoms or not, and whether they reported it as such. For some, taking sickness absence to manage their menopausal symptoms was a relatively straightforward process, usually facilitated by supportive line management. Some participants who took sickness leave for their menopause symptoms preferred not to reveal their actual symptoms and instead reported that they provided vague reasons to their line manager, if asked. Taken together the qualitative data suggests that menopause-related sickness absence is likely to be underreported.

"So, 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. So that was one time. And then the other time was, I'd literally got no sleep and I just couldn't concentrate on anything. [….] I'd just say sick leave. Well, I think I said, on both occasions, I'd got an upset stomach rather than the specifics. I'd said that to my line manager about an upset stomach and I think they just accepted that. I think if they'd have asked a bit more detail, if they said, 'Oh, no, what's up? Have you got diarrhoea and vomiting or whatever,' I probably would've gone into a little bit more detail, but I think because they didn't ask, I didn't volunteer the information."

Participant 2-10

Reduction in working hours

A few participants that reported working reduced hours to manage their menopause symptoms stated they had taken up their current role so they could work fewer hours in order to manage their work and the expectations of colleagues.

"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."

Participant 5-12

Some participants expressed their preference to work reduced hours to manage their menopausal symptoms, but they were unable to do so as their role demanded their full-time presence. It was only when the alternative was to leave their role altogether that, with line manager support, reduced hours working was made possible.

"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."

Participant 1-2

However, for some, a reduction in working hours was not an option as they needed to maximise their income and pension for financial security.

"So, that financial planning is it goes on your last how ever many years salary, so if I get that secured now, that pension will be in place. The other thing is 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."

Participant 4-9

Demotion

A few of the participants, mainly those in lower pay bands, revealed that they had only recently joined the NHS. They had been attracted to a role in the NHS as it allowed them to manage their menopausal symptoms whilst working from home and had chosen a role at a lower pay grade than previous roles, equating it to lower responsibility.

"So, I've taken a massive pay cut, and even now, I've gone backwards, even in the role I'm in now. I enjoy it a lot more because there's more variety and it's a lot more interesting, but it knocks your confidence so much that you don't feel that you can do the kind of jobs you were doing before."

Participant 1-1

Similarly, others who had built their careers in the NHS but found themselves struggling with their menopausal symptoms reported that they looked for other roles within the NHS with less responsibility, reasoning that this would allow them to manage their symptoms better. Less responsibility inevitably meant a less senior role and therefore many demoted themselves.

"I changed my job 18 months ago. I was a full-time, I was an 8C then and so 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 just my general stress levels. I just was really struggling to cope with that, and it was that or just finish working completely and I really didn't, well, 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."

Participant 3-9

Retire early/resign

The qualitative findings show that some women do leave their roles to better manage their symptoms and may rejoin the NHS workforce when symptoms ease. Some participants were keeping the option of retiring early open, even if they would prefer not to do this. Others revealed

that they had no option but to work through, in some cases debilitating, menopause symptoms as they could not financially afford to leave or take a career break.

> *"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 with me not being in work, it would drive me nuts as well, so I have to work, that's not an option."*
>
> **Participant 5-17**

Many of those who were not contemplating leaving their roles stated that they were not looking to advance their careers or look for alternative roles as they lacked the confidence to do so.

> *"If what I'm going through is the menopause, because I've been told it is, I believe in it. Yes, it does stop me applying. I'm not saying it's outside of the organisation, well, I applied for one, it was easy to apply but if you got shortlisted then I actually don't know whether I'd have the confidence now to go for the interview."*
>
> **Participant 2-14**

However, other participants were adamant that they would remain committed to their careers whilst managing their health; they found their careers fulfilling and felt they could still 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, why should I leave the workplace when 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, you know, I can add something to the organisation'."*
>
> **Participant 3-7**

For some participants, discussions around resigning, retiring early, or not seeking career advancement were linked to discrimination in the form of gendered ageism at work, including those who experienced this from younger female colleagues.

> *"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, I really do. But I just feel a bit more aware of how much older I am now to some of the other people that are in my team and how much older I am than a lot of people 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."

Participant 1-3

In contrast, most male participants did not perceive menopause symptoms as something that could get in the way of career aspirations for their female colleagues.

"No, I don't think it has because some people have moved up not long ago, 12 months ago."

Participant 2-8

Male participants did not lack confidence in their own career progression and their ability to direct it on the basis of their capability, interest and ambition. One male participant reflected that a senior position was inevitable for him.

"For my own role, probably staying as I am, and then at some point when my boss is approaching retirement I'll probably be forced to apply and attempt to take on that role as opposed to willingly do it, I should imagine."

Male Participant 4-10

Presenteeism

The sections above describe how participants experiencing bothersome menopausal symptoms managed their working lives through sickness absence, reducing their hours, taking a demotion, or resigning from their jobs. However, some participants reported that they did not take sickness absence nor change their working patterns even though their symptoms affected their work. Instead, they opted to work through them. Many of these participants feared that the absence of work would exacerbate their health and wellbeing challenges. This appeared to be most pronounced for those in more senior roles; the responsibility of their roles and their notions of self-worth linked to their career stage did not allow them to contemplate taking time off for their symptoms, even when advised to do so by others.

"Looking back, I think I should have taken time off and I didn't. I think because the bit 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 as me being a valuable part of [the team], 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. My GP asked me if I wanted time off and I was adamant that I wasn't. My boss told me to take

some time off and I was adamant that I wouldn't do it. But I said that if I'd work from home, just stay a little bit more in the background, keep doing things at a pace that I could manage, manage my self-care better."

Participant 1-10

The qualitative findings indicate that there was a high level of presenteeism among NHS employees experiencing menopausal symptoms, linked to both personal attitudes and the perceived views of others on sickness absence. Participants described a number of reasons, often intertwined, for not taking time off to manage their symptoms. This included their personal work ethic and, due to the frequency of experiencing symptoms, not being able to afford the time off as it would result in additional workload for their colleagues.

"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."

Participant 4-2

Many interviewees queried the legitimacy of taking sick leave for their menopausal symptoms, given it was a natural aspect of the life-course and they perceived their peers to be coping.

"Because, I guess, I'm a workaholic anyway so taking the time off is not happening. [...]. I guess 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 that's 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."

Participant 5-25

Some participants stated that any menopause related sickness absence would only increase workload pressures when they returned. A few participants stated that they avoided taking time off for fear of how it would be perceived by colleagues. This included concerns that menopause challenges were seen as just another excuse by those who had not, or would not, experience any menopause symptoms.

"But I also think we're in danger of using it as a kind of, 'Well, you know, that's a reason not to do that, that's a reason not to do this, that's a reason to just get fat and give up. That's a reason to go off sick from work and just take the pay, but go off sick,' you know? I know that's quite a bold thing to say, really, because I'm almost going against what, you know, I'm going through it, but I do worry when things like that happen because I kind of think you're opening the floodgates to the potential for people to say, 'Yes, do you know what? I feel really PMS (premenstrual syndrome) this week, I'm going to go off sick with the menopause.'"

Participant 4-7

Others stated that they had to be at work as their roles were demanding, with a few participants reporting that their colleagues viewed menopause-related sickness absence negatively and did not want to be stigmatised as being less resilient. One participant described their experience of being reprimanded for taking sickness absence for their menopause symptoms by their line manager who viewed it as a performance issue.

"I was struggling. And I didn't dare take any time off because he [line manager] kept threatening that, 'Well, if you take too much time off, you'll go on the something scale, and you'll have to have a review.' And I'm terrified to take time off."

Participant 6-18

A male participant who worked in a busy clinical area confirmed that when a colleague took what they suspected to be menopause sickness absence leave it meant that their workload increased.

"I'm assuming they took time off because of the menopause, because I'm not 100% sure they were taking it for the menopause, but I could imagine they were, but it means more frequent shifts, essentially, because if they cannot reallocate more staff, then they have to put you on more shifts."

Male Participant 4-3

4. Case Studies

Qualitative case study 1

Executive summary

This case study presents the findings from interviews with 11 staff (identifying as female) from a non-provider NHS organisation in the Midlands. Interviewees self-nominated themselves to share their experiences of managing their menopausal symptoms at work in the NHS. The key findings from this case study are summarised below alongside illustrative quotes.

- The menopause symptoms described were varied and severe. Many did not initially perceive their symptoms to be related to menopausal transition.

  "You just plod on in life, don't you, and then you suddenly realise you've got all these symptoms and you can't actually put your finger on why you're experiencing these symptoms."
  Participant 2 | Role: Strategic/managerial

- Symptoms impacted on perceived capability at work and working relationships. In particular, brain fog impacted on the processing of information and time management.

  "I can get in a panic because I can't process something how I used to and I think, 'Oh, I can't do that'."
  Participant 1 | Role: Clerical/administrative

- Most participants were able to discuss their symptoms with colleagues. However, this depended on the type of symptoms and the gender and age of colleagues.

  "Much more open about hot flushes in particular, you know, everybody talks about them all of the time, the psychological symptoms I think people are a bit more wary of being judged."
  Participant 10 | Role: Strategic/managerial

- Working from home and flexible work hours enabled better self-management of symptoms.

  "It is good that I have been working from home because there have been times where I have become very angry or upset and I have just put the 'do not disturb' on Teams."
  Participant 3 | Role: Strategic/managerial

- Participants received support from line managers but were not aware of other support available. Suggestions for support included support groups, training, signposting, flexible working policy and wider research into women's health.

  "A line manager should know what they can and should offer to staff and it should be a question for women of a certain age, that we can talk about, you know, 'Are you struggling with it?'"
  Participant 9 | Role: Strategic/managerial

- Lack of confidence prevented participants from progressing in their career.

> *"I read job descriptions and think, 'I wouldn't be able to do that.' When I know I probably could, but actually with this, I don't think I'd be able to sell myself to do that."*
> **Participant 7 | Role: Strategic/managerial**

Findings

The 13 participants interviewed for this case study site are employed at an NHS non-provider organisation. Due to the small number of male participants recruited, this case study will examine the perspectives of the female participants exclusively.

Table 2: Description of interview participants from case study site 1

Participant information		**Number of participants**
Role and place of work	Strategic/managerial Clerical/administrative	11 home and/or office-based 2 home and/or office-based
Gender	Female Male	11 2
Age	40-49 years old 50-59 years old	5 8
Ethnicity	White British White Irish	12 1
Pay band	4	2
	5	
	6	2
	7	1
	8a	1
	8b	3
	8c	1
	8d	1
	Not disclosed	2

Impact of symptoms at work

Participants at this case study site described the physical and psychological symptoms they had experienced related to their menopause transition (listed in Table 3) and the challenges associated with managing those symptoms at work. They reported that the psychological symptoms were the hardest manage both at work and in their personal lives.

Table 3: Physical and psychological symptoms identified by participants from case study site 1

Physical symptoms	Psychological symptoms
Joint pain, swelling, insomnia, aching bones, back pain, breast pain, oral problems (abscesses and bleeding gums, dry mouth), pelvic pain, clotty periods, stiffness, acid reflux, dry eyes, hot flushes, migraines, sweating, night sweats, vertigo, fatigue, intermittent pain, weight gain, restless legs, fluid in ears, Irritable Bowel Syndrome (IBS), heavy bleeding/ flooding, low energy.	Brain fog, lack of concentration, forgetfulness/ memory loss, mood swings, loss of confidence, anxiety, depression.

However, some participants (6) reported that they were not always aware that the symptoms they were experiencing were related to the menopause. Participants described only being aware of commonly known symptoms (such as hot flushes) and associated their other symptoms with other health condition (including early onset dementia) or with other life, both personal or work, circumstances including bereavements, career change, caring for elderly parents and the pandemic. For many of the participants (7), it was only when they went to see a GP, spoke to friends or family or saw menopause coverage in the media that they realised that these were menopausal symptoms.

All participants reported that their symptoms had a direct impact on how they were able to function at work. This included:

- **Capability** - many participants (8) felt that their symptoms had impacted on their capability to do their work in some way. In particular, brain fog at work was seen to impact how participants were able to process information, manage time, recall information and multi-task
- **Anxiety** - some participants (6) described feeling more anxious at work, especially in relation to being present in meetings and adapting to changes in their work. Brain fog was seen to instigate feelings of panic and being unable to do simple tasks. A few (2) participants felt that this had an impact on their work relationships. One described changing roles after a challenging relationship with their manager, which on reflection was exacerbated by their menopause symptoms
- **Confidence** - participants (7) reported that they had lost confidence in their ability to do their job since experiencing menopause symptoms. Participants also described the difficulty of learning new things and taking in information, particularly those who had changed jobs during menopausal transition.

Managing symptoms

The participants used both medical and non-medical interventions to manage or reduce their menopausal symptoms. This included:

- **Medical support** - almost all of the participants (10) used some form of hormone replacement therapy (HRT) to manage their symptoms. Participants reported that HRT was helpful for physical symptoms such as joint pain but did not always improve brain fog and other psychological symptoms. One participant reported that they were initially reluctant to try HRT as it was not viewed as natural. A few participants seeking medical support reported experiences where the medical professional was not knowledgeable about the menopause or able to discuss treatment options such as HRT. One participant was initially denied access to HRT due to being considered too young. Some participants were prescribed antidepressants or anxiety medication, either before or alongside HRT
- **Lifestyle changes** - one participant changed their diet, and three started exercising regularly to manage their symptoms
- **Alternative therapies** - participants (7) also tried alternative methods to manage symptoms, including herbal remedies, supplements, gong therapy, hypnosis, brain training, menopause skin creams and digital applications
- **Support from friends and family** - speaking to friends and family who have had similar experiences also helped some participants (4) to understand and manage their symptoms.

The participants described the ways in which they were able to manage, or not manage, their symptoms at work. This included:

- **Preparation time** - many participants (10) described how they put in extra time for preparation and checking for mistakes in their work; often working overtime to make up for feeling like they are working at a slower pace. Some participants (5) described their reliance on note taking to manage the symptom of memory loss
- **Being open with colleagues** - participants (7) reported that being open about their symptoms with colleagues was an effective way of managing their symptoms at work. It was felt that being open about menopausal symptoms can have a wider impact on the team and encourage others to discuss things they might be struggling with. However, it was also noted that it can be difficult to be open about symptoms which are considered more personal, such as anxiety, mood swings or flooding
- **Using humour to discuss symptoms** - a few participants (3) said that they discuss their symptoms in a humorous way which can reduce the seriousness of symptoms. One participant

reported that being in a senior position made it more challenging to talk about feeling overwhelmed and vulnerable with colleagues

- **Hybrid working** - since COVID-19, the organisation has operated a hybrid working policy, whereby staff work both remotely and in an office. Working from home was described as important for managing symptoms for all participants. Hybrid working enabled better self-management of symptoms, for example not going into the office during a heavy period, having control over the room temperature, and being able to turn the camera off during online meetings when feeling fatigued. However, working from home also created feelings of isolation and increased procrastination
- **Flexible hours** - some participants (4) worked flexible hours, which enabled them to work in the hours of the day when the felt most productive. This also enabled them to take breaks when necessary and manage their symptoms through fresh air and exercise, for example going for a walk.

Symptoms and the physical work environment

The offices of the organisation were described to be open plan with little privacy, which can cause difficulty concentrating for those experiencing menopause symptoms. Participants described the positive adjustments they had made to improve their physical environment, such as temperature control, fans and facing a window. One participant reported that their new office will have a wellness room, which may have benefits for staff experiencing menopause symptoms, for example going somewhere quiet when experiencing a hot flush or change in mood. Overall, participants reported that working from home enabled better individual management of symptoms.

Menopause symptoms and the pandemic

Isolation while working from home was the only challenge associated with working during the pandemic. One participant described a social group set up on MS Teams for coffee mornings which provided support during the pandemic. While this was not specifically for menopause support, it was viewed to be beneficial for colleagues who may be experiencing menopause symptoms alongside isolation.

Support at work

Participants described a variety of experiences when receiving and/or seeking support for their symptoms.

- **Team culture** - having supportive colleagues and talking openly about menopausal symptoms was viewed as beneficial. Furthermore, having a supportive line manager enabled some participants to work more flexibly to manage their symptoms. Many participants (9) identified that working alongside predominantly female colleagues enabled them to speak openly and

felt that it would be more difficult to discuss their symptoms with a male line manager. Two participants (both band four) were reluctant to speak to colleagues about their symptoms because they viewed their colleagues to not be able to relate to their experience

- **Training and local policies** - almost all the participants were unaware of specific training or policies related to menopause. A few participants had accessed Occupational Health for support with their symptoms. Many participants (11) felt that training would be important to raise awareness of the spectrum of symptoms people can experience, both to help staff recognise their symptoms and inform colleagues. Participants identified that training should include more information on the symptoms which are less known and the ways to manage symptoms at work
- **Health and wellbeing offer** - many participants (9) referred to the health and wellbeing support provided at the organisational level. This support was not specific to menopause but provided signposting to mental health helplines, well-being webinars and access to Care First. It was reported that information and support more specific to menopause would improve the health and wellbeing offer
- **Barriers and improving access to support** - a key barrier to accessing support was not knowing what support was available. Some participants felt that signposting to external menopause support would meet their needs more than the current health and wellbeing offer, as they would feel more comfortable accessing confidential support. Other improvements to support that were suggested included: 'menopause champions' who people can speak to about symptoms confidentially, an online forum where people can discuss useful ways to manage symptoms or a support group to share experiences with colleagues who understand.

Career

When asked to share their views on their future career trajectory, most felt as though their symptoms affected their future career pathway.

- **Not seeking promotion** - most participants (8) felt they were unable to progress further or did not want to. Participants discussed their lack of confidence and not feeling competent to go up a pay band
- **Stepping down** - some participants discussed wanting to reduce their workload and responsibilities due to menopause symptoms. One participant joined the organisation in a demoted administrative capacity, despite their managerial background, due to the severity of their symptoms in their previous role. Two participants discussed how their loss of confidence made them question whether they should be seeking a lower pay band or reduced hours. One participant was planning to retire soon and linked this to feeling exhausted from their

menopause symptoms. However, junior staff reported that they could not afford to reduce their hours or retire

- **Promotion** - two participants described their aspirations to progress but were concerned that their symptoms would have an impact. One participant felt that their career progression was dependant on how their symptoms presented day-to-day.

Qualitative case study 2

Executive summary

This case study presents the findings from interviews with 13 staff (identifying as female) from an NHS provider organisation in the Midlands. Interviewees self-nominated themselves to share their experiences of managing their menopausal symptoms at work in the NHS. The key findings from this case study are summarised below alongside illustrative quotes.

- The menopause transition was associated with a variety of symptoms, however not all participants were able to relate all their symptoms back to the menopause. Many described the impact of symptoms on their health and wellbeing, relationships and productivity.

"It's the mental health element of it. It's frightening, absolutely frightening. And the lack of drive and motivation in terms of work, holds you back."
Participant 1 | Role: Operational

- For some participants, their menopause symptoms affected their career aspirations.

"My kids, two of them are at uni[versity], one's just turned 18, so I'm at this point where I have some freedom to improve and explore my career, and it's just at the point where my body and brain are really letting me down. Who invented that?"
Participant 5 | Role: Strategic

- A variety of strategies were used for managing symptoms and these included exercise, medication and supplements. Working from home was key to managing symptoms during working hours.

"I've bought a little trampoline so that in between meetings I can have a three-minute bounce, and one of those hula hoop things. Whilst I'm working, I can't go to the gym for an hour, I can do three minutes while the kettle's boiling, in between meetings."
Participant 12 | Role: Strategic

- Participants discussed the ways in which 'on site' working could be improved (by introducing a cupboard of feminine products, ensuring good air conditioning/ventilation and private working spaces for those experiencing symptoms.

"A health cupboard for women that covers all issues. So it's got free sanitary towels in there, it's got hot water bottles, it might have some paracetamol and ibuprofen in there, back supports, handheld fans or desk fans in there."
Participant 4 | Role: Operational

- A variety of experiences was reported for accessing workplace support. These were a result of preferences of participants or related to team or organisational culture.

"I think it needs to be across the board. It needs to be fair. It can't just go on your localised area, or your localised team. I think to make it better, it needs to be across the board. It

should be for everybody, not just, as they call it, postcode lotteries."
Participant 6 | Role: Operational

- Participants highlighted the need to have different modes of offering support and the importance of user-led design within this.

"An initiative that doesn't really work for people isn't that helpful when you reflect on it. It's great having a menopause group, but if people can't access it or never go to it because they can't get time off work, then that's not very helpful. So, maybe it would be more about being designed by the user."
Participant 5 | Role: Strategic

Findings

The 14 participants interviewed for this case study site are employed at an NHS provider organisation. Due to the small number of male participants recruited, this case study will examine the perspectives of the female participants exclusively.

Table 4: Description of interview participants from case study site 2

Participant information		Number of participants
Role and place of work	Strategic/managerial Frontline/clinical Clerical/administrative	9 work from home and/or office 3 work from home and/or office 2 work from home and/or office
Gender	Female Male	13 1
Age	40-49 years old 50-59 years old Not disclosed	3 10 1
Ethnicity	White British Indian Pakistani Not disclosed	11 1 1 1
Pay band	4	1
	5	
	6	2
	7	3
	8a	2
	8b	
	8c	2
	8d	2
	Not disclosed	2

Impact of symptoms

Participants at this case study site reported experiencing a range of physical and psychological symptoms related to their menopause (listed in Table 5).

Table 5: Physical and psychological symptoms identified by participants from case study site 2

Physical symptoms	Psychological symptoms
Hot flushes, night sweats, changes in appetite, comfort eating, weight gain, sleep disturbance, heavy periods and flooding, irregular periods, fatigue, tinnitus, arthritis, pain, muscle aches, cramps, headaches, hair, skin and nail changes, nausea, allergies, palpitations.	Brain fog, emotional, anxiety, depressive symptoms, panic attacks, stress, mood swings (short-tempered), personality changes, low motivation, loss of libido, procrastination, reduced confidence, anhedonia.

Menopause symptoms impacted participants' ability to do their work in several ways. This included:

- **Energy levels** - fatigue, low mood and/or sleep deprivation were described by 11 participants. The severity of the symptoms were linked to exhaustion and poor focus at work
- **Brain fog** - ten participants reported brain fog and the effect it had on their work, comparing it with their previous level of functioning
- **Emotional stability** - ten participants described struggling with mood swings at work, noting that unexpected and strong emotions of despondency or anger were inappropriate in the workplace, particularly for those in leadership positions.

Managing symptoms

Participants reported using both medical and non-medical interventions to manage or reduce their menopause symptoms. This included:

- **Behavioural changes** - participants described adapting their behaviours to reduce the severity of symptoms. For example, to improve their sleep quality they avoided caffeine and alcohol in the afternoon, went to bed earlier, meditated before bed and avoided screens in the evening. Others described engaging in more physical activity to manage multiple symptoms, such as weight gain, joint pain and mood changes
- **Environmental adaptations** - five participants described changing their home environment to manage symptoms. For example, opening windows, using a desk fan, keeping a cool drink nearby and wearing loose clothing to manage hot flushes
- **Hormone replacement therapy (HRT)** - ten participants reported that they were using or considering HRT, such as oestrogen gel, tablets and patches. Many of the participants who

were using HRT noticed improvement in symptoms, particularly related to mood changes, joint pain, sleep and hot flushes

- **Supplements** - three participants used supplements, such as Evening Primrose. However, they described feeling concerned by the lack of evidence and safety of continued use.

Participants described the ways in which they were able to manage, or not manage, their symptoms at work. This included:

- **Sick leave** - three participants described taking sick leave, but recording their leave as being due to a generic symptom, such as a stomach illness, rather than menopause related This was due to feeling embarrassed; believing menopause was not a sickness and therefore did not warrant time off, or that taking time off for menopause symptoms would adversely affect how they were perceived by colleagues or their career progression
- **Coping** - four participants felt they needed to push through their symptoms as they were long term
- **Staying motivated** - three participants spoke about work being a motivator that provided a sense of purpose, as it involved meeting targets, progressing on tasks and personal development
- **Making adjustments at work** – participants described adjustments at work included using memory aids, such as notetaking to help with brain fog, working additional hours to make up for reduced ability to focus and time lost due to symptoms and the need to take breaks.

Symptoms and the physical work environment

- **Home environment** - working from home was described positively by eight participants, as it helped them manage their symptoms through easier control of their home environment. For example, participants could regulate the room temperature by using fans, turning off heating or opening windows. They could control sounds and lights, use the bathroom frequently and step outdoors for fresh air, without being questioned by colleagues. Flexible hours and no commute were further advantages reported in managing symptoms at home
- **Working on site/in the office** - five participants described how it was more difficult to manage and 'mask' symptoms in a typical shared office, compared to working from home. Working in an open plan office was described to be challenging with some symptoms in particular: hot flushes were exacerbated as temperature control could not be adjusted for the individual; strategies to manage brain fog were perceived to be obvious to others (for example copious note taking); and heavy periods were difficult to manage or hide. In addition, commuting between sites and locations was challenging as it often meant reduced access to toilets

- **Suggested improvements** - two participants suggested the availability of simple products (hot water bottles, desk fans, sanitary towels, tampons, pain-relief medication), which could be contained within a discrete, easily accessible cupboard.

Menopause symptoms and the pandemic

- **Additional burden** - three participants described their work life during the pandemic to be more challenged because of their symptoms. For example, menopauses anxiety issues were exacerbated with additional health anxieties related to COVID-19. Participants also reported being less comfortable sharing their difficulties with others and felt disconnected from colleagues whilst working from home.

Support at work

Participants described a variety of experiences when receiving and/or seeking support for their symptoms.

- **Team culture** - three participants described working within an open and supportive team, where they felt comfortable to talk about their symptoms. This was enabled by open conversations with colleagues who were also experiencing symptoms, which motivated participants to share openly with others. However, two participants who worked alongside younger or cis-male colleagues felt that speaking about menopause symptoms at their workplace was not acceptable and a further two participants identified a 'gossip' culture that existed within their teams, which affected their willingness to speak openly to others
- **Line manager** - there was a mix of views related to how supportive female line managers with no/mild symptoms and cis-male line managers were in relation to menopause support. For example, one participant stated that they did not feel comfortable mentioning symptoms to a cis-male line manager, due to feelings of embarrassment, while two others stated they had no issue doing so
- **Support from employer** - typically, participants were unaware of any specific menopause workplace policies. However, four were aware of support groups that focused specifically on women's health, where people could share experiences and gain information and advice. Information about workplace support was often communicated to participants through weekly newsletters. Participants spoke positively about workplace support, yet only two had accessed this support. One participant who accessed internal health and wellbeing services found it to be patronising and dismissive of their menopause symptoms
- **Barriers to accessing workplace support** - barriers included personal preferences to keep symptoms private to maintain professional identities. Other barriers included having the impact of symptoms 'minimised' by colleagues. Participants identifying as ethnic minority (2) were

especially affected by this, describing how they downplayed their symptoms and did not access support, due to their perceived multiple disadvantages (ethnicity, gender, age). Similarly, participants who experienced an early menopause described that they felt further discomfort when discussing symptoms and asking for support at work, as colleagues would inevitably comment on the premature aspect. Busy workloads also hindered access to support, as there was limited time to engage with support.

- **Enablers to support** - included meaningful communication with colleagues, advice on self-management of symptoms and anonymity whilst seeking support.

Career

- **No impact** - three participants reported that their symptoms had not affected how they thought about the future of their career or routes to progression, as they were already considering retirement
- **Negative impact** - six participants described how challenging menopausal symptoms (such as brain fog) had led to them feeling less confident within their roles, which in turn negatively influenced how they thought about the future of their career. This also included feelings of self-doubt and reduced motivational when considering taking on more demanding jobs.

Qualitative case study 3

Executive summary

This case study presents the findings from interviews with 12 staff (identifying as female) from a non-provider NHS organisation. Interviewees self-nominated themselves to share their experiences of managing their menopausal symptoms at work in the NHS. The key findings from this case study are summarised below alongside illustrative quotes.

- Participants described a wide range of menopause symptoms and severity. All felt their work life had been affected by their symptoms, citing impacts such as reduced confidence, motivation and performance.

  "I think combined with the menopause and the lack of confidence because you're tired, you've got brain fog, I definitely think it does have an impact."
  Participant 3 | Role: Strategic/managerial

- Those who could, used a variety of strategies to help manage their symptoms, such as working flexibly with support from their line manager and adapting their physical work environment.

  "I've learnt I need to rest a lot. So, once I've finished work, I'll sit down for a little while, if I get hot I've actually got a fan on my desk."
  Participant 5 | Role: Clerical/administrative

- Nearly all participants stated that their menopause transition had affected their view of their career, at least for as long as they continued to experience symptoms. Many had opted to stay in roles or to seek a step down rather than progress.

  "I know the talk about getting a lot more ladies at the exec levels or board levels, but I think it's hard because people have kids or menopause."
  Participant 10 | Role: Strategic/managerial

- There was a consensus that working from home enabled easier management of symptoms.

  "The fact I can work from home gives me that control to deal with my symptoms."
  Participant 10 | Role: Strategic/managerial

- Participants described a very open, supportive and authentic organisational culture.

  "I work in a fantastic organisation where we've got a leader who put the menopause at the top of the agenda…So, we've developed a culture now where we talk about it…"
  Participant 7 | Role: Strategic/managerial

- The organisational culture allowed many participants to seek support in the workplace, particularly through their line manager.

"My line manager's been fantastically supportive. Really focused on health and wellbeing…it was things like that for me, really, which really helped."
Participant 7 | Role: Strategic/managerial

- Most were aware of other menopause-specific support options, training and policies and suggested wider organisational promotion, access and application of these.

"The key, I personally think, is training for staff… I think for male managers, maybe it should be, like a bit of mandatory training, that it does form part of a looking after your staff."
Participant 3 | Role: Strategic/managerial

Findings

The 12 participants interviewed for this case study site are employed at an NHS non-provider organisation.

Table 6: Description of interview participants from case study site 3

Participant information		Number of participants
Role and place of work	Strategic/managerial Clerical/administrative	8 work from home and/or office 4 work from home and/or office
Gender	Female	12
Age	40-49 years old 50-59 years old	5 7
Ethnicity	White British British Indian White Irish	10 1 1
Pay band	4	3
	5	1
	6	2
	7	2
	8a	2
	8b	1

Impact of symptoms at work

Participants reported experiencing a range of physical and psychological symptoms related to menopause (listed in Table 7). Most participants described symptoms as challenging to experience and manage, impacting both their personal and professional lives. Some found it difficult to identify and distinguish their symptoms from other chronic illnesses or the mental health impact of

the COVID-19 pandemic, only recognising that they may be menopausal by hearing others describe similar experiences. Two participants with experience of a medically-induced menopause described the challenges of navigating their medical condition, treatment and associated menopause symptoms all at the same time.

Table 7: Physical and psychological symptoms identified by participants from case study site 3

Physical symptoms	Psychological symptoms
Feeling hot or cold; sweating; bladder problems including incontinence; gastrointestinal problems including bloating; heavy periods, painful periods and periods stopping; itchiness; migraines; loss of skin elasticity; disrupted sleep; tiredness and lethargy; weight gain; hair thinning; Raynaud's syndrome; pins and needles; tachycardia.	Low mood; low self-confidence; anxiety and stress; irritability; impaired cognitive function including brain fog, difficulty concentrating and word-finding; memory problems; social withdrawal; mental exhaustion.

All participants reported that menopause symptoms had impacted them at work. This included:

- **Performance** – many participants reported that symptoms such as cognitive difficulties and fatigue had affected their ability to focus, stay on top of work and complete the tasks required by their role
- **Confidence** - some participants described how their symptoms had affected their overall confidence and self-esteem, leading them to feel more anxious, self-conscious, and less self-sufficient at work
- **Motivation** - a few participants described how their overall levels of energy and motivation had declined, with a knock-on effect on their drive and enthusiasm for their work.

Managing symptoms

Participants managed their menopausal symptoms in a variety of ways. This included:

- **Medical support** - most participants had sought advice from their GP and a few had accessed a menopause specialist or private healthcare. A few participants were taking hormone replacement therapy (HRT), with one participant achieving good symptom control and others describing a trial-and-error approach to finding the right medication regime. Some participants had chosen not to take HRT due to its associated side effects and risks. Other treatments included antidepressants, migraine medication and hormonal intrauterine devices. Two participants described negative experiences with their GP, including misdiagnosis and reluctance to provide treatment

- **Non-medical** - some participants described using non-medical interventions such as dietary changes, taking supplements, exercising, and connecting with others who were going through similar experiences.

Participants managed their menopausal symptoms at work in several ways. This included:

- **Adaptations** - the majority of participants described adapting their ways of working to manage their symptoms. This included altering their work setup, for example using a standing desk or adjusting temperature and ventilation; working flexibly to enable them to take breaks or structure their work day around their symptoms; changing their working patterns to ensure a better work-life balance; and practical preparations such as planning their outfit and ensuring they have sanitary towels available. Many participants discussed how these adjustments had been either formally or informally agreed with their line manager, whose support and flexibility was a key enabler to managing their symptoms at work
- **Pushing through** - two participants discussed 'soldiering on' or pushing through symptoms. Reasons for this included not wishing to disclose symptoms, not wanting to draw attention to themselves, and workload and time pressures making it difficult to implement adjustments such as taking more breaks
- **Sick leave** - four participants had taken time off work because of their menopause symptoms. Two reported positive experiences due to specific workplace policies which recognised menopause-related absence and enabled an increase in their sick leave entitlement. Factors that prevented participants from taking sick leave included perceived stringent sick leave policies, a personal work ethic of 'just getting on with it', and embarrassment associated with being off sick.

Symptoms and the physical work environment

Participants working on-site, either in offices or other NHS buildings such as hospitals, described varied experiences of how well their work environment met their needs. Positive features included access to toilets, opportunities to socially interact with colleagues, and the ability to choose and reserve a suitable desk space in advance. Some participants described adequate ventilation and access to fans, whilst a few had worked in spaces with no or limited windows, fans or air conditioning. Suggestions for improvement included having warmer and cooler work zones to choose from, air conditioning, and a separate non-work space for staff to take time out from open plan offices.

All participants suggested that it was easier to manage menopause symptoms whilst working from home. Advantages of the home environment included privacy, access to toilets, control over temperature, less noise, no commute, and the ability to take time out in different spaces such as

the garden. Whilst most participants described maintaining a good level of contact with their colleagues when working from home, a few missed the impromptu support with symptom management offered by seeing colleagues face-to-face.

Menopausal symptoms and the pandemic

Although the introduction of home or hybrid working was described as beneficial, a few participants reported additional challenges associated with the pandemic. These included increased anxiety (2), personal protective equipment (PPE) exacerbating symptoms such as hot flushes when on site (2), and greater expectations around productivity and flexibility (3). Whilst one participant felt that working remotely had made their role less demanding, a few described increasing demands associated with the introduction of virtual working, such as the culture of instant responses, rapid turnarounds, and back-to-back meetings.

Support at work

- **Workplace culture** - all participants described a positive, open and supportive organisational culture around menopause. A few highlighted that senior leadership played an important role in this, by sharing their own experiences and signing the organisation up to a nationally-recognised pledge to support those experiencing menopause symptoms at work. Most participants said that menopause is openly discussed within their teams. However, a few felt that the demographics of teams can affect this, with many finding it easier to talk to colleagues who have experienced the menopause than to male colleagues. One participant highlighted that medically-induced and early menopause remain less well understood and openly discussed

- **Policies** - most participants were aware that the organisation had introduced a menopause-specific policy or 'toolkit', with some able to describe specific components of this such as an assessment form to assist with identification of reasonable adjustments, changes to how menopause-related absence is recorded, and the addition of guidance around medically-induced menopause. Participants were generally supportive of the policies and processes in place and the organisation's commitment to providing support, although one participant stated a preference for a less formal, intervention-focused and medicalised approach

- **Accessing support** - most participants described positive experiences of discussing symptoms with their line manager and agreeing reasonable adjustments. Most participants described awareness of various support options available to them including an intranet page for resources, counselling services and an employee assistance programme (EAP). Two participants who had accessed the EAP had found it helpful, but highlighted the limitations to only being able to access the support on a short-term, once a year basis. Two participants who had contacted Human Resources (HR) had found their support to be limited. Many participants

referenced and spoke positively about an internal online support network which provided educational webinars and opportunities for informal peer support

- **Training** - the majority of participants were aware of rolling menopause training sessions, tailored to different audiences such as managers and colleagues. Those who had attended described the training as helpful, practical, and well-attended, although predominantly by female colleagues. Training was felt to be important to ensure consistent provision of support and to take the onus off individuals experiencing symptoms to identify and navigate what is available

- **Barriers and suggestions for improvement** - a few participants described personal barriers to accessing support such their own discomfort around discussing menopause, and not wanting to draw attention to themselves, their age or performance. For a few participants, male and younger female managers were harder to approach due to their perceived lack of lived experience of menopause. Suggestions for improving access to support included facilitating longer-term or repeated access to the EAP, introducing mandatory training for line mangers, and embedding structured menopause conversations and signposting into induction, line management and appraisal processes. One participant highlighted the importance of recognising that some employees experiencing menopause would prefer not to discuss their experience nor receive any support.

Career

Nearly all participants reported that menopause symptoms had influenced how they thought about the future of their career.

- **Stability** - some participants discussed how their experience of the menopause had led them to seek stability over change, preferring to stay in their roles and 'stick with what they know'. For many (5), confidence was a key barrier to changing role, as well as uncertainty over whether they wanted to take on more responsibility (4), concerns about how their symptoms might impact their performance (3), reduced motivation (3) and fear that they wouldn't get the same level of support from a different manager (2). Two participants had actively chosen not to pursue opportunities for promotion, despite one feeling they had outgrown their position

- **Stepping down** - two participants had made the decision to leave more senior roles for a lower band role, to have a slower pace of work and lower levels of responsibility and pressure. Similarly, two participants discussed how experiencing ill health had prompted them to prioritise their wellbeing over their career. They therefore saw themselves slowing down rather than stepping up in the future

- **Promotion** - one participant had been promoted within their role, and one had sought and successfully secured a promotion once their symptoms had resolved. Another participant suggested that their attitude towards progression may change if their symptoms improved.

Qualitative case study 4

Executive summary

This case study presents the findings from interviews with 9 staff (identifying as female) from a provider NHS organisation in the Midlands. Interviewees self-nominated themselves to share their experiences of managing their menopausal symptoms at work in the NHS. The key findings from this case study are summarised below alongside illustrative quotes.

- Participants described a wide range of menopause symptoms and severity. Most reported that symptoms affected their performance, confidence or relationships at work.

"I'd think, 'They think I can't do my job properly anymore.' And that was distressing because I've always been…on top of my game."
Participant 4 | Role: Other desk-based

- Participants used a variety of strategies to manage their symptoms, including structuring their work around symptoms, using memory aids, and altering their work environment and uniform.

"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."
Participant 9 | Role: Frontline/clinical

- Menopause symptoms led many participants to not pursue career development or progression.

"At the moment, the thought of trying to change my career or progress, even just having an interview, I think I'd feel quite distressed."
Participant 4 | Role: Other desk-based

- Managing symptoms at work was most challenging for staff who conducted home visits. All participants agreed that working from home enabled better management of symptoms.

"You can always manage your symptoms so much better when you're at home."
Participant 1 | Role: Frontline/clinical

- Most participants described a positive organisational culture and a recent shift towards greater awareness and discussion of menopause in the workplace.

"I think the trust have been really good to have this [internal menopause support network] that you can frequent if you want to."
Participant 7 | Role: Strategic/managerial

- Most participants reported that they were able to discuss their symptoms with colleagues, especially their peers who were of a similar age.

"Yes, we're very supportive. As I say, we're all of a similar age…so we do talk about it. It's not something that's hidden under the table. "
Participant 9 | Role: Frontline/clinical

- Participants typically sought support via their line manager or a local online support network.

"I think the biggest thing for me is having a supportive boss and having an opening for that conversation at your monthly supervision."
Participant 7 | Role: Strategic/managerial

Findings

The 11 participants interviewed for this case study site are employed at an NHS provider organisation. Due to small numbers of male participants, this case study reports the perspectives of the female participants only.

Table 8: Description of interview participants from case study site 4

Participant information		Number of participants
Role and place of work	Strategic/managerial	3 work from home and/or office
	Frontline/clinical	4 work in community, at home and/or office
	Clerical/administrative	2 work from home and/or office
	Other	2 work from home only
Gender	Female	9
	Male	2
Age	30-39 years old	2
	40-49 years old	1
	50-59 years old	7
	60-69 years old	1
Ethnicity	White British	9
	White Other	2
Pay band	2	1
	3	2
	4	1
	5	
	6	3
	7	1
	8a	1
	8b	
	8c	1
	9	1

Impact of symptoms at work

Participants reported experiencing a range of physical and psychological symptoms related to menopause (listed in Table 9) which affected both their personal and professional lives. For some, symptoms were experienced on a consistent, long-term basis, whereas for others, symptoms and their impact fluctuated significantly over time. A few participants described initial challenges identifying that they were menopausal, attributing their symptoms to other conditions such as early onset dementia or attention deficit hyperactivity disorder (ADHD).

Table 9: Physical and psychological symptoms identified by participants from case study site 4

Physical symptoms	Psychological symptoms
Hot flushes, changes in menstrual cycle including heavy periods, aches and pains including joint and breast pain, bloating, body odour, fatigue, food cravings, headaches, itchy skin, migraines, night sweats, numbness and tingling in hands and feet, PMS symptoms, sleep problems, weight gain.	Brain fog, anxiety, depression, changes in self-image and confidence, fluctuations in mood including irritability, rage and feeling emotional, memory problems, difficulties concentrating, processing information and word-finding.

Most participants reported that menopause symptoms had impacted them at work. This included:

- **Perceived performance** - some (4) participants reported impacts on their performance and perceptions of their professional capability, including the pace with which they were able to process information and complete their work
- **Working relationships** - some (4) participants felt their symptoms had affected relationships with their colleagues and their sense of belonging within their team
- **Limited impact** - two participants did not feel that their work had been significantly impacted by their symptoms. One felt that working part-time reduced the impact of their symptoms on their work.

Managing symptoms

Participants managed their menopausal symptoms in a variety of ways. This included:

- **Medical support** - all participants had sought medical advice for their symptoms, either from their GP (8) or a private consultant (1). The majority had tried hormone replacement therapy (HRT), with mixed results, whilst others had chosen not to due to contraindications or personal preference. Both positive and negative experiences of seeking medical advice were reported and were attributed to professionals' level of knowledge and expertise in menopause

- **Lifestyle changes** - some participants described doing their own research into how they could self-manage symptoms through lifestyle changes. These included changing their diet, exercising, journalling, taking supplements, and increasing social or psychological support.

Participants managed their menopausal symptoms at work in several ways. This included:

- **Organisational strategies** - a few participants attempted to structure their day and week around their symptoms, for example by scheduling clinical work for mornings when they found it easiest to focus. Others discussed using memory aids such as paper diaries and notes, emailing rather than talking to colleagues to provide a written record of discussions, and identifying times in their diary to take breaks away from their screen
- **Physical adjustments** - many participants reported opening windows and going outside for short breaks to help regulate their temperature. Some clinical staff had adapted their uniforms, this included wearing a larger size, their own cotton clothing, or requesting lightweight garments. A few participants discussed strategies to manage heavy, unpredictable bleeding, such as wearing period pants as a backup measure, travelling to work by train to ensure access to a toilet, and working from home wherever possible
- **Pushing through** - a few participants described 'just ploughing on' despite their symptoms. Many highlighted workload, their physical work environment and the sometimes unpredictable nature of their role as barriers to making adjustments
- **Sick leave** - a few (3) participants had taken sick leave due to their symptoms. Two described being supported well during this time via regular check-ins, whilst another participant had a negative experience after being asked to provide proof of their sickness. Two participants said that they preferred not to take sick leave, due to their personal work ethic of 'fighting through' and concerns about how taking time off would be perceived by their colleagues.

Symptoms and the physical work environment

Nearly all participants interviewed for this case study worked in a 'blended' way across Trust sites, patient homes (clinical staff) and their own homes. Participants reported different advantages and disadvantages of these environments for managing their menopause symptoms.

- **Working from home** - there was a consensus that managing menopause symptoms was easier when working from home, due to greater comfort, privacy, control over temperature, access to toilets and fewer physical demands, such as those faced when commuting. However, a few participants felt more isolated and less connected to colleagues
- **Trust buildings** - for participants working on-site, the extent to which the environment met their needs was mixed. Access to toilets was reported to be adequate but one participant highlighted that the location of toilets can lack privacy. Two participants reported limited

access to non-working spaces when needing to take a break to manage their symptoms. Ventilation and the ability to control room temperature was variable, with a few participants identifying this as something that could be improved in some buildings

- **Patient homes** - participants working in patient homes highlighted lack of control over their working environment as a key challenge to managing their symptoms. For example, one participant described the competing demands of needing to drink more to cool down and stay hydrated whilst working in warm homes, but having to limit their liquid intake due to limited toilet access. Suggested improvements included developing NHS community stop-off points or a radar key style scheme for community workers to enable easier access to toilets
- **Uniforms** - clinical staff discussed how the material and weight of uniforms can make temperature regulation more difficult. Provision of lighter weight cotton uniforms was suggested.

Menopausal symptoms and the pandemic

Whilst the pandemic brought with it the advantages of working from home, some participants reported additional challenges to managing symptoms at work. These included:

- **Toilet access** - with many places closed and public toilets locked, timely access to toilets to manage symptoms such as bleeding became more challenging for community workers
- **Wearing personal protective equipment (PPE)** – participants reported that wearing PPE exacerbated difficulties with temperature regulation
- **Redeployment** - one participant described how being redeployed into a role involving home visits made it more difficult to manage unpredictable bleeding. Another described the significant anxiety associated with potentially being redeployed at short notice
- **Lack of face-to-face contact** - a few participants highlighted loss of support from colleagues with managing symptoms as a result of social distancing and reduced face-to-face contact.

Support at work

- **Workplace culture** - many participants described a positive organisational culture which actively promoted and supported staff wellbeing. Some recognised a recent cultural shift towards greater awareness and discussion of menopause. Most participants described having caring and supportive colleagues with whom they could discuss their experiences, however a few reported that more well-known symptoms such as hot flushes were easier to discuss than less visible, more intimate symptoms. Experiences were discussed more openly in smaller, female-dominated teams than in larger, male-dominated and corporate teams

- **Policies** - most participants were not aware of any dedicated menopause workplace policies, but some described changes to sickness reporting and management for those experiencing menopause-related symptoms. Whilst these changes were generally discussed positively, two participants expressed concern that this may encourage absence over seeking support to manage symptoms at work
- **Training** - awareness of training related to menopause was limited. Participants generally felt that training is important for enabling both managers and colleagues to provide consistent and effective support to staff experiencing menopause symptoms. Suggestions included developing training courses tailored to the needs of different audiences, which are delivered in an interactive and conversational format
- **Accessing support** - the majority of participants had discussed their symptoms with their line manager. Line managers were reported to be supportive, flexible and accommodating. Despite this, two participants reported feeling that they had overshared or had assumptions made about them when discussing their symptoms with male managers. A small number of participants described positive experiences of accessing counselling services (2) and practical support from occupational health (2)
- **Menopause network** - most participants discussed the organisation's internal online support network, which offers peer support, educational seminars and informational resources about the menopause. Participants had used the network in different ways to suit their individual needs and preferences, with very positive experiences overall
- **Barriers to support** - participants described several barriers to accessing support including lack of time and guilt about accessing resources during work hours, personal preferences to keep work and personal matters separate, and perceptions of the available support not meeting their needs such as being too medicalised and mainstream, or limited to providing basic advice.

Career

Most participants reported that their experience of menopause had influenced how they thought about their career.

- **Seeking stability over change** - many participants suggested that menopause had influenced them to stay in their roles rather than progress, at least for as long as they continued to experience symptoms. Key factors in this were reduced energy, confidence, and cognitive ability to pursue a new role, whilst two participants highlighted the demands of the interview process as a significant source of anxiety. Two had no desire to change or progress, instead looking to stay in their role until retirement

- **Potential to progress** - one participant did not feel that their confidence had been affected by their symptoms. Another was not actively looking for a new role but stated that their symptoms would not stop them from doing so.

Qualitative case study 5

Executive summary

This case study presents the findings from interviews with 13 staff (identifying as female) from a provider NHS organisation in the Midlands. Interviewees self-nominated themselves to share their experiences of managing their menopausal symptoms at work in the NHS. The key findings from this case study are summarised below alongside illustrative quotes.

- Participants described how their menopausal symptoms, including feelings of incompetency, increased stress and anxiety, and being unable to perform specific clinical tasks, negatively impacted their ability to function and perform at work.

> *"It [perimenopause] 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."*
> **Participant 25 | Role: Clinical**

- Participants managed their symptoms in a variety of ways at work, including: seeking support from colleagues, adapting ways of working and taking sick leave.

> *"The team are very, kind of, open really, so when we do see people face-to-face, I think people are very supportive."*
> **Participant 4 | Role: Clinical**

- For a few participants, their symptoms had affected how they perceived their future career, which included active avoidance of progression.

> *"I now have no ambition to progress any further, really….I'm really enthusiastic about my new role. But I don't ever want to get to a point where I was so stressed and unwell before."*
> **Participant 10 | Role: Clinical**

- Overall, the physical work environment met the needs of participants who worked on site, however clinical staff spoke about the challenges of wearing PPE during the pandemic.

> *"You're in full PPE, we're still masked up… that hasn't stopped. So, it's full PPE [which] is a nightmare and it's incredibly hot as it is, so you're just even more hotter."*
> **Participant 17 | Role: Estates/facilities**

- Not all participants sought support for their symptoms at work but those who did had a range of awareness of what was available to them.

> *"On our intranet, we've got a little hub for health and wellbeing, and you've got menopause support on there as well so you can contact a member of staff or one of the nurses, who you can have a chat with."*
> **Participant 11 | Role: Clerical/administrative**

"At the moment our organisation is mainly focused on inclusivity and civility. They haven't really extended any further. That's our latest drive training-wise. They haven't actually done anything else like [menopause training]."
Participant 22 | Role: Clinical

Findings

The 13 participants interviewed for this case study site are employed at an NHS provider organisation.

Table 10: Description of interview participants from case study site 5

Participant information		Number of participants
Role and place of work	Strategic/managerial	4 work from home and/or on site
	Frontline/clinical	6 work on site, 1 works from home
	Estates/facilities	1 works on site
	Clerical/administrative	1 works on site
Gender	Female	13
Age	40-49 years old	6
	50-59 years old	7
Ethnicity	White British	7
	Indian	3
	White Irish	2
	Caribbean	1
Pay band	2	1
	3	
	4	1
	5	1
	6	4
	7	3
	8a	3

Impact of symptoms at work

All the participants from this case study site spoke about the physical and psychological symptoms they had experienced related to their menopause transition (listed in Table 11).

Table 11: Physical and psychological symptoms identified by participants from case study site 4

Physical symptoms	Psychological symptoms
Night sweats, insomnia, arthritis, hot flushes, migraines, facial palsy, vertigo, tinnitus, rashes, weight fluctuations, urinary tract infections, fatigue, joint pain.	Anxiety, brain fog, mood changes, memory loss, depression, panic attacks.

For most of the participants, the symptoms associated with the menopause were challenging and difficult to manage, both at work and in their personal lives. For two participants, they had experienced initial confusion when they first received their diagnosis, as they had originally attributed their symptoms to other conditions such as early onset dementia and depression. One participant described how brain fog was a particularly challenging symptom compared to others, and two described their feelings of embarrassment and the stigma associated with hormonal changes behind the emotional reactions they had experienced whilst at work (e.g., sudden onset sadness and anger).

All participants reported that their symptoms had a direct impact on how they were able to function at work. This included:

- **Loss of confidence** - some participants (6) described feeling anxious within their roles, felt they could no longer perform their job to the best of their ability and experienced a loss of confidence and feelings of incompetency
- **Impact on mental health** - five participants reported that their symptoms had negatively impacted their mental health, particularly in relation to anxiety and increased feelings of stress at work, and as a result some felt overwhelmed by demands. One participant felt unable to support their colleagues sufficiently due to their own increasing mental health needs
- **Inability to perform specific tasks** - one participant in a clinical role could no longer complete specific clinical tasks (i.e., inserting cannulas) due to painful symptoms
- **Changes in motivation/energy** - one participant spoke about the overall decline in motivation and energy they experienced whilst at work due to challenging symptoms.

Managing symptoms

Participants used both medical and non-medical interventions to manage or reduce their menopause symptoms. This included:

- **Medical support via a GP** - most of the participants (10) managed their symptoms through the use of hormone replacement therapy (HRT) in different formulations, prescribed by their GP. However, the experience of seeking medical support from a GP differed. Those who had

positive experiences reported receiving a quick and accurate diagnosis and getting access to HRT early. Negative experiences reported by participants included: feeling dismissed by their GP; being misdiagnosed (i.e., depression); having to justify symptoms repeatedly and experiencing an overall lack of understanding from their GP about their symptoms

- **Lifestyle changes** - two participants described dietary and exercise changes they had implemented to manage their symptoms
- **Alternative therapies** - one participant took turmeric supplements to manage joint pain.

Participants also described the ways they manage their symptoms at work. This included:

- **Internalised resilience** - a few participants (3) spoke about continuing to work despite experiencing difficult symptoms. Reasons for this included not perceiving menopause symptoms as a 'legitimate' illness and seeing oneself as a 'workaholic', which meant they chose not to speak to colleagues about their symptoms
- **Sharing experiences with colleagues** - the majority of participants were able to discuss their menopause status with their colleagues and have honest and open conversations about their symptoms. This provided participants with a sense of team support, and they felt able to reach out to team members for help with work related tasks
- **Adapting ways of working** - for a few participants (3), managing symptoms (specifically brain fog/memory loss) meant introducing new or adapted ways of working, such as note taking or using post-it notes to remember important information. For another participant, this meant changing uniform so they felt more comfortable at work. One participant described how they often bring items into the office so they can manage their symptoms adequately (for example, a sick bag or fans)
- **Sick leave** - three participants spoke about taking sick leave due to their symptoms with varied experiences: one participant described how they did not realise their symptoms were menopause related at the time of their sick leave; another participant spoke about a lack of wellbeing checks during their period of leave, and another participant spoke about wanting to leave their role during their sick leave because of a lack of support. Two participants did not take sick leave due to not perceiving menopause as an 'illness' deemed serious enough to take sick leave for and self-determination to carry on despite challenging symptoms.

Symptoms and the physical work environment

Participants working on site described their work environment positively. Reasons for this included access to good facilities (i.e., kitchen, toilets, air conditioning and windows that open). One participant felt their needs were being met as they were able to request items to help with their

symptoms, such as a new office chair. Suggestions for improvements to the work environment included being able to control air conditioning temperature settings.

Participants who work from home found symptoms 'easier' to manage at home and this way of working allowed them to take frequent toilet breaks if needed. However, working from home was an isolating experience for one participant.

Menopausal symptoms and the pandemic

Almost half (6) of participants who were experiencing symptoms during the pandemic and working on site, discussed the challenges of wearing personal protective equipment (PPE). Wearing restrictive PPE exacerbated symptoms, such as hot flushes and dry eyes, for these participants.

Support at work

- **Team culture** - participants' descriptions of overall team culture were split between supportive (6) and unsupportive (7). For those who felt supported, contributing factors included having a supportive line manager and working with colleagues who supported them with their symptoms. For those who felt unsupported, contributing factors included working in teams that either did not talk about menopausal symptoms or the mixed age and gender of the team made participants reluctant to discuss their symptoms openly
- **Training and local policies** - almost all the participants were unaware of specific training related to managing menopause in the workplace, or local policies that promote support for staff members. However, one participant described being able to access information about a menopause support group via the staff intranet. One participant noted the inequity of support for menopausal symptoms compared to other more 'well known' conditions related to mental health (such as support for reducing stress and anxiety)
- **Barriers and improving access to support** - participants who accessed or attempted to access support at work described several barriers. For example, two participants in clinical roles found it challenging to find time to engage with help and support due to their demanding roles. Other barriers to accessing support included the associated stigma surrounding support seeking and one participant spoke about their reluctance to ask for help due to being in a new role. All the participants described ways access to support could be improved. Suggestions included the promotion of compassionate and open discussions at work with colleagues and within teams and increasing the awareness of existing support or training available.

Career

Participants reported a mix of feelings about their career trajectory, with some reporting their menopausal symptoms did affect how they envisaged their future career pathway, whilst others did not.

- **Promotion** - one participant described feeling hopeful about their future career following HRT, which alleviated their symptoms and gave them confidence to apply for a new promotion
- **Not looking for immediate changes** - whilst there was no specific mention of early retirement or leaving their role, two participants were clear about actively not wanting more responsibility or stress in the future in case their symptoms worsened. This included actively avoiding promotion for one participant
- **Gender disparity and progression** - one participant spoke about the comparative 'ease' of the promotional pathway for men of the same age who would not experience menopause related barriers.

Qualitative case study 6

Executive summary

This case study presents the findings from interviews with 12 staff (identifying as female) from a non-provider NHS organisation in the Midlands. Interviewees self-nominated themselves to share their experiences of managing their menopausal symptoms at work in the NHS. The key findings from this case study are summarised below alongside illustrative quotes.

- Various strategies were described to manage symptoms at work such as adapting ways of working and physical environment, working from home and building internal resilience.

  "I have to double check things, so obviously it takes longer. I don't want to be making mistakes unnecessarily, and I don't want to really be making them due to this perimenopause."
  Participant 19 | Role: Clerical/administrative

- Participants discussed how their menopausal symptoms, such as fatigue, brain fog and low confidence, detrimentally affected their working life and ability to do their roles.

  "Feeling a fraud, waiting to be found out that I'm rubbish, and waiting for somebody to say that to me, that constant worry all the time of not being good enough."
  Participant 14 | Role: Strategic/managerial

- Lower self-confidence was directly linked to the menopausal transition and this led to participants opting out of pursuing opportunities for promotion or career progression.

  "It's definitely had an impact on my confidence. I think I'm just starting to think now about a Band 6, but there's still the doubts in my mind of, 'Will there be any minute taking? Can I do it?'"
  Participant 3 | Role: Clerical/administrative

- Participants that were able to share their menopausal status with colleagues viewed their colleagues to be supportive.

  "[My team culture is] kind and supportive. I think that it's quite nice that we've got an older workforce and people are a lot more open these days, so I think very supportive in my area."
  Participant 8 | Role: Strategic/managerial

- Participants received support from line managers, an online hub and in particular, the menopause network and its events, which were found to be helpful.

  "It's so good to listen to other women, because then you realise that you're not the only one suffering with these symptoms."
  Participant 16 | Role: Clerical/administrative

- Most participants were unaware of specific menopause training and identified a need for training, in particular for line managers and male managers.

> *"[Training] should be mandated for anyone who's even anywhere near being a line manager or wants to be or is… a basic level of understanding of things that might impact on your team's work performance."*
> **Participant 22 | Role: Strategic/managerial**

Findings

The 13 participants interviewed for this case study site are employed at an NHS non-provider organisation. Due to the small number of male participants recruited, this case study will examine the perspectives of the female participants exclusively.

Table 12: Description of interview participants from case study site 6

Participant information		**Number of participants**
Role and place of work	Strategic/managerial Clerical/administrative	6 work from home and/or office 7 work from home and/or office
Gender	Female Male	12 1
Age	40-49 years old 50-59 years old	4 9
Ethnicity	White British Indian White and Asian White and Black African Any other Asian background	8 2 1 1 1
Pay band	4	1
	5	3
	6	3
	7	3
	8a	
	8b	1
	8c	
	8d	1
	Not disclosed	1

Impact of symptoms at work

Participants at this case study site reported experiencing a range of physical and psychological symptoms related to their menopause transition (listed in Table 13).

Table 13: Physical and psychological symptoms identified by participants from case study site 6

Physical symptoms	Psychological symptoms
Hot flushes, excessive sweating, night sweats, insomnia, exhaustion, irregular or missed periods, flooding and heavy periods, severe cramps, iron deficiency, weight gain, swollen or aching joints, itchy skin, headaches, hair or nail thinning, incontinence, vaginal dryness, tinnitus.	Brain fog, difficulty concentrating, mood changes, memory loss, depression, impostor syndrome, lowered confidence, irritability.

Some participants (5) reported that they had initially confused their symptoms as being related to other conditions such as dementia, depression or anxiety, chronic fatigue or diabetes, or discounted them as they assumed them to be related to aging.

All but one of the participants who experienced menopause symptoms reported some symptoms had a detrimental impact on their working lives. This included:

- **Brain fog** - many participants (8) reported that brain fog reduced their ability to: concentrate; carry-out previously straightforward tasks; learn new things; or, recall important information needed to do their role
- **Energy levels** - some participants (6) described how symptom related sleep disturbance or tiredness reduced their ability to focus and exacerbated brain fog symptoms at work
- **Motivation** - two participants described being less motivated in their roles since symptoms began
- **Confidence** - some participants (5) reported feeling less confident or 'not being good enough' in their roles as a result of their symptoms.

Managing symptoms

Participants managed their menopausal symptoms in a variety of ways. This included:

- **Hormone replacement therapy (HRT)** - most participants (8) at this case study site reported using HRT to manage their symptoms and, for the majority (7), it eased symptoms. However, two participants stated it did not work for them or stopped being effective. Two participants were concerned by the health risks associated with HRT. A further two described their anxiety related to the nationally reported HRT medication shortages, at the time of interviews. Some (5) participants described their challenges when seeking support or HRT from their GPs. This

included incidents where GPs were dismissive of menopausal symptoms, had poor knowledge of symptoms or were reluctant to give treatment

- **Medication or alternative remedies** - some participants (4) used medications such as antihistamines for itchiness, flower essences to aid sleep, anti-depressants and magnesium for insomnia, and medication for excessive sweating
- **Physical items** - four participants used items such as gel cooling mats, fans, and wet towels to help hot flushes and temperature regulation
- **Support from others** - three participants described receiving support from family or friends, especially those who had experienced menopausal symptoms, as a way to manage their symptoms
- **Accepting symptoms** - two participants discussed 'learning to live' with symptoms, seeing the menopause as something they had to accept.

Participants managed their menopausal symptoms at work in several ways. This included:

- **Working from home** - some participants (7) noted that working from home helped them manage symptoms. Reasons for this included the ability to shower or change clothes as necessary to manage hot flushes, itching and flooding, and opportunities to work flexibly, taking naps to cope with fatigue and tiredness
- **Adapting ways of working** - to manage forgetfulness and brain fog, some participants (6) adapted the way they delivered their tasks, such as: double checking their work; asking colleagues to check their work; writing to-do lists; and, using calendar reminders or post-it notes to aid recall
- **Physical environment** - two participants discussed how using fans and opening windows helped with temperature regulation. One participant also brought a change of clothes to work in case of flooding or excessive sweating
- **Resilience** - a few participants (3) discussed trying to carry on as normal despite their bothersome symptoms to minimise the impact of the menopause on their working lives
- **Sickness absence** - two participants discussed taking sickness absence because of their menopausal symptoms. However, most participants (7) hadn't formally taken time off work. There were a number of reasons for this, but many related to what others may think which resulted in participants adopting a 'push through the symptoms' attitude. One participant suggested their team was supportive but felt unsure how taking time off would impact on the workload of team members. Another discussed their concern around taking sick leave for their menopausal symptoms after a previous manager suggested they would be under review for

their sickness absence. A few participants (3) reported using their annual leave instead or taking time off informally, such as logging off early when they needed to.

Symptoms and the physical work environment

For those who were hybrid working, participants described the advantages of managing their symptoms at home compared to when they worked at an office. This included: going for walks, having naps; opening windows; easily accessing a toilet; wearing comfortable clothes, and having a shower. However, a number of disadvantages were also identified when working from home and managing menopausal symptoms. This included: lack of comfort breaks when attending back-to-back meetings (2); increased isolation (2) and less opportunity for informal conversations, and therefore support, from colleagues (3).

Participants who regularly attended the office reported most facilities, including air conditioning and access to toilets with sanitary bins, to be satisfactory for their menopausal symptoms (3). However, one participant reported that some toilets do not have sanitary product dispensaries and one participant suggested offices need to be better maintained by fixing broken lifts and air conditioning to support those with symptoms.

Menopausal symptoms and the pandemic

A few participants (2) discussed being unsure if their psychological symptoms were associated with COVID-19, lockdown, or the menopause. A few participants (3) associated lockdown with exacerbation of their menopausal symptoms, such as low moods. A few (3) reported that the pressured work periods during the pandemic (3) resulted in long periods of sitting at their desk which negatively influenced menopausal weight gain and swollen/aching joints.

Support at work

- **Team culture** - most participants (9) felt able to speak to colleagues about their menopausal status. This was enabled by teams that consisted of supportive managers and others with similar experiences. These informal conversations with colleagues were described to reassure participants; a supportive team was linked to better management of symptoms at work. However, some participants (4) indicated the menopause was not openly discussed within their teams

- **Line managers** - some participants (5) regarded their line manager to be supportive with regards to managing their symptoms at work. Others (5) hadn't spoken to their managers about their symptoms because the relationship between the two was not transparent enough to discuss or they perceived their managers to avoid the topic. Two participants felt it was more difficult to speak to male managers about symptoms, especially older males

- **Menopause network** - most participants (9) spoke about a menopause network available to them organised by staff members, which provides information events about the menopause and allows colleagues the opportunity to share their experiences or ask questions. These events were described as helpful, informative, and reassuring
- **Training and policies** - most participants (12) were unaware of any training or tools available to manage menopausal symptoms in the workplace. However, these participants raised the need for such training, arguing that it be available to all, with mandatory training for line managers, and male line managers in particular. Some participants (5) were aware of the NHS menopause policy. However, two participants reported more awareness is needed and one participant suggested there should be sickness policies related to the menopausal policies, similar to the COVID-19 sickness policy or bereavement leave
- **Private healthcare app** - three participants spoke about support from a menopause practitioner through a private health consultancy app provided by the organisation. This was reported to be helpful in learning about symptoms and treatments. However, due to limited licences, it was acknowledged that this app had not been available to everyone
- **Online resources** - four participants mentioned the organisations' intranet and online hub which has resources and support services such as the employee assistance programme. However, it was reported that the information is not always up to date, specific to the menopause and could be difficult to find
- **Barriers and improving access to support** - lack of awareness for the support available was highlighted as a key reason for not accessing support by some participants (6). One participant stated they were unable to get the equipment they needed to manage their brain fog. Other barriers to speaking out or accessing support included the perceived stigma of the menopause as well as time constraints for busy staff. Suggestions for improving access to support included better visibility of resources and support, training for line managers so they can signpost staff and education to encourage open conversations.

Career

The experience of menopause symptoms led participants to reflect on their future career progression with uncertainty.

- **Not seeking promotion** - most (9) participants stated that their symptoms had negatively impacted their aspirations for career progression. They described their menopause related low confidence, impostor syndrome, inability to learn new things alongside the demands of more senior roles; and concluded that they were not seeking career progression in the near future

The interview process, for a more senior role, was itself seen as a challenge by two participants due to the need to recall examples and act in a confident manner, when being interviewed

- **Changing roles** - a few participants (2) reported leaving roles or considering leaving due to their perceived inability to cope with their symptoms at work. Another participant described self-demoting, that is leaving a high band role due to brain fog and low confidence and re-entering on a lower band. Those who hadn't considered leaving reported that good support, flexible working, and job satisfaction prevented them from doing so
- **Other barriers** - one participant who identified as minority ethnic heritage felt 'triply disadvantaged' in relation to career progression as they felt they had to contend with racial discrimination, as well as being female and managing the menopausal symptoms.

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