

SCHOOL OF SOCIAL SCIENCES

UNDERSTANDING MENOPAUSE

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UNIVERSITY OF
WESTMINSTER 

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MENOPAUSE MARKS THE END OF MENSTRUATION FOR WOMEN AND MANY TRANS MEN, NON-BINARY AND INTERSEX PEOPLE, AS A RESULT OF CHANGING HORMONE LEVELS. THE PERIOD AROUND MENOPAUSE IS OFTEN ACCOMPANIED BY A RANGE OF PHYSICAL AND PSYCHOLOGICAL SYMPTOMS, WHICH CAN SIGNIFICANTLY IMPACT ALL AREAS OF LIFE. WORKING LIFE CAN BE PARTICULARLY AFFECTED, HOWEVER IMPACTS CAN BE MITIGATED WITH APPROPRIATE WORKPLACE SUPPORT.

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Acknowledgements

- The Women of Westminster (WOW) network for supporting the project from its initiation through to the delivery of the final report.
- Professor Peter Bonfield for supporting the study.
- The University of Westminster for funding the study.
- The Departments, Networks, Organisations and individuals who have supported the development of the study, recruitment and report recommendations.
- The HR Department, including Andy Norris, the University College Union, and the QPLUS, Disability, Faith and BME Networks.
- Dr Philippa Shaw for her initial work as a researcher on the project.
- London South Bank University for their page collating menopause resources, which we have drawn upon when sharing resources at the end of this report.
- The University of the Arts London, for discussing the development of their menopause guidance with us.

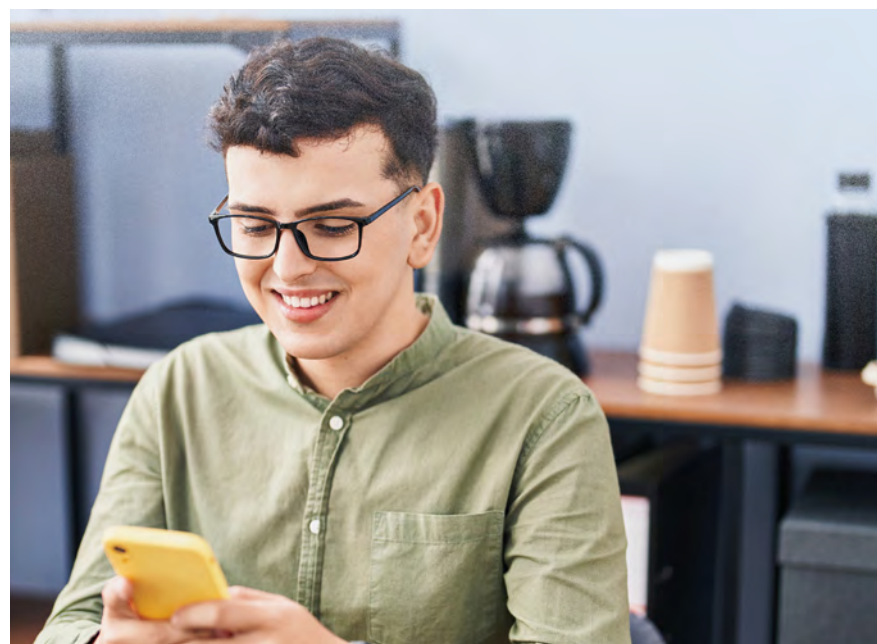
FOREWORD



MY CONGRATULATIONS TO DR ANNA CHESHIRE, DR TINA CARTWRIGHT AND DR PENNY CLARK ALONG WITH THE WOMEN OF WESTMINSTER COLLEAGUE NETWORK FOR THIS REPORT, AND THE RESEARCH THAT UNDERPINS IT, ON UNDERSTANDING THE IMPACT MENOPAUSE HAS WITHIN THE UNIVERSITY OF WESTMINSTER.

The work draws out perspectives from many people across our Westminster community and shows how menopause impacts numerous factors that present difficulties and challenges for those colleagues who experience its symptoms. A key finding and recommendation from this work has been the need to raise awareness of menopause and its impacts, so that all of us can play our part in creating an environment and culture where those colleagues who are experiencing it feel understood and supported. The publication of this report and its recommendations starts that process. The work represents another important step in our ongoing work to create a truly inclusive and compassionate culture and community. I endorse all the recommendations in the report and very much look forward to ensuring they are implemented, monitored and reviewed to establish continued best practice now and into the future. I would like to thank and commend the authors of this report, Women of Westminster and all those who participated in the research that has led to these recommendations.

Professor Peter Bonfield OBE FREng FIET
Vice-Chancellor and President



1 EXECUTIVE SUMMARY

THIS REPORT PRESENTS FINDINGS FROM RESEARCH WHICH AIMED TO UNDERSTAND ISSUES AROUND MENOPAUSE AT THE UNIVERSITY OF WESTMINSTER, IN ORDER TO BETTER TO SUPPORT STAFF AT THE UNIVERSITY GOING THROUGH MENOPAUSE. FROM JUNE – NOVEMBER 2022, A SURVEY (OPEN TO ALL STAFF), FOUR FOCUS GROUPS AND FIVE INTERVIEWS WERE CARRIED OUT AIMING TO UNDERSTAND KNOWLEDGE AND ATTITUDES, COMMUNICATION, SYMPTOMS, IMPACTS AND SUPPORT NEEDS RELATING TO MENOPAUSE AT THE UNIVERSITY. ALTOGETHER, 190 MEMBERS OF STAFF TOOK PART. THIS REPORT DETAILS THE FINDINGS AND RECOMMENDATIONS ARISING FROM THE RESEARCH.

KEY FINDINGS

MENOPAUSE SYMPTOMS AND IMPACT

- The most common menopause symptoms experienced by staff at the University of Westminster were physical and mental exhaustion, sleep problems, depressed mood, irritability and anxiety. Symptoms having the biggest impact on work were joint and muscle discomfort, anxiety and sleep problems.
- The impacts of symptoms on work included concerns about lowered productivity, impediments to career progression, and challenges handling certain work situations.

THE MANAGER'S ROLE

- Managers can play a key role in supporting staff through menopause. However, most participants had not disclosed their menopause symptoms to their manager, even when they reported that doing so could be useful.
- Factors influencing decisions to discuss symptoms with managers included gender of manager, gender of staff member (e.g. female vs non-binary), supportiveness of managers and work environment, availability of opportunities for discussion, and personal factors (e.g. willingness to discuss personal issues)
- The majority of managers also felt uncomfortable discussing menopause with staff, with increased confidence typically linked to personal experience of the menopause.



- Managers were keen to learn more about how they could better support staff, wanting to know what support was available for employees, what constituted reasonable adjustments, and how to have appropriate conversations about menopause.
- Official guidance on managing menopause at work, as well as training, were considered important to support managers to support staff.

KNOWLEDGE, AWARENESS AND COMMUNICATION AROUND MENOPAUSE AMONG STAFF

- Those who had not experienced menopause rated themselves as having little knowledge of the topic. Those experiencing menopause had concerns of being stigmatized or stereotyped, due to lack of awareness.
- Raising general awareness for all staff about the impacts of menopause was viewed positively.
- It was acknowledged that, broadly, the University has an open culture, which is, in part, is facilitated by top level management. However, findings did indicate that work culture, and attitudes, beliefs and experiences relating to talking about the menopause could differ between units and teams.
- Concerns were raised around that menopause was often perceived as something that is only experienced by older women. Younger women, non-binary, intersex and trans people can also experience menopause, therefore inclusive language when discussing menopause and awareness raising of the issue were felt to be important.
- The uncertainties around menopause (e.g. when it starts/ends, how often symptoms will be felt, and what symptoms can be attributed to menopause), can make it particularly difficult for workplaces to make accommodations, as well as being a source of stress for those experiencing symptoms.
- On-demand media and reading materials to increase knowledge about the menopause (e.g. video talks, podcasts, leaflets) were viewed particularly positively. There were also suggestions of a menopause network and champion, talks and events, and training being helpful for raising knowledge and awareness.

- HR and Occupational Health were believed to be the most responsible for raising awareness of menopause at work, it was considered appropriate for information to be cascaded through existing communications and management structures at the university via HR.
- Currently, there is very little awareness of what support is available at the University to those experiencing menopause symptoms, and a perception that there is little to no support.

THE PHYSICAL ENVIRONMENT AND TYPE OF WORK

- Aspects of the physical work environment identified as influencing menopause symptoms included ventilation, ability to adjust room temperature, and suitable toilet facilities.
- Heavy workload, as well as general work-related stressors, were some of the most frequently mentioned issues in exacerbating menopause symptoms, this included deadlines or high/unrealistic expectations and a lack of down time.
- In person work could sometimes create challenging situations, for example, when experiencing hot flushes, flooding or inability to move round.
- Flexible working arrangement (e.g. working from home, smart working), could relieve some of the key challenges related to menopause symptoms.

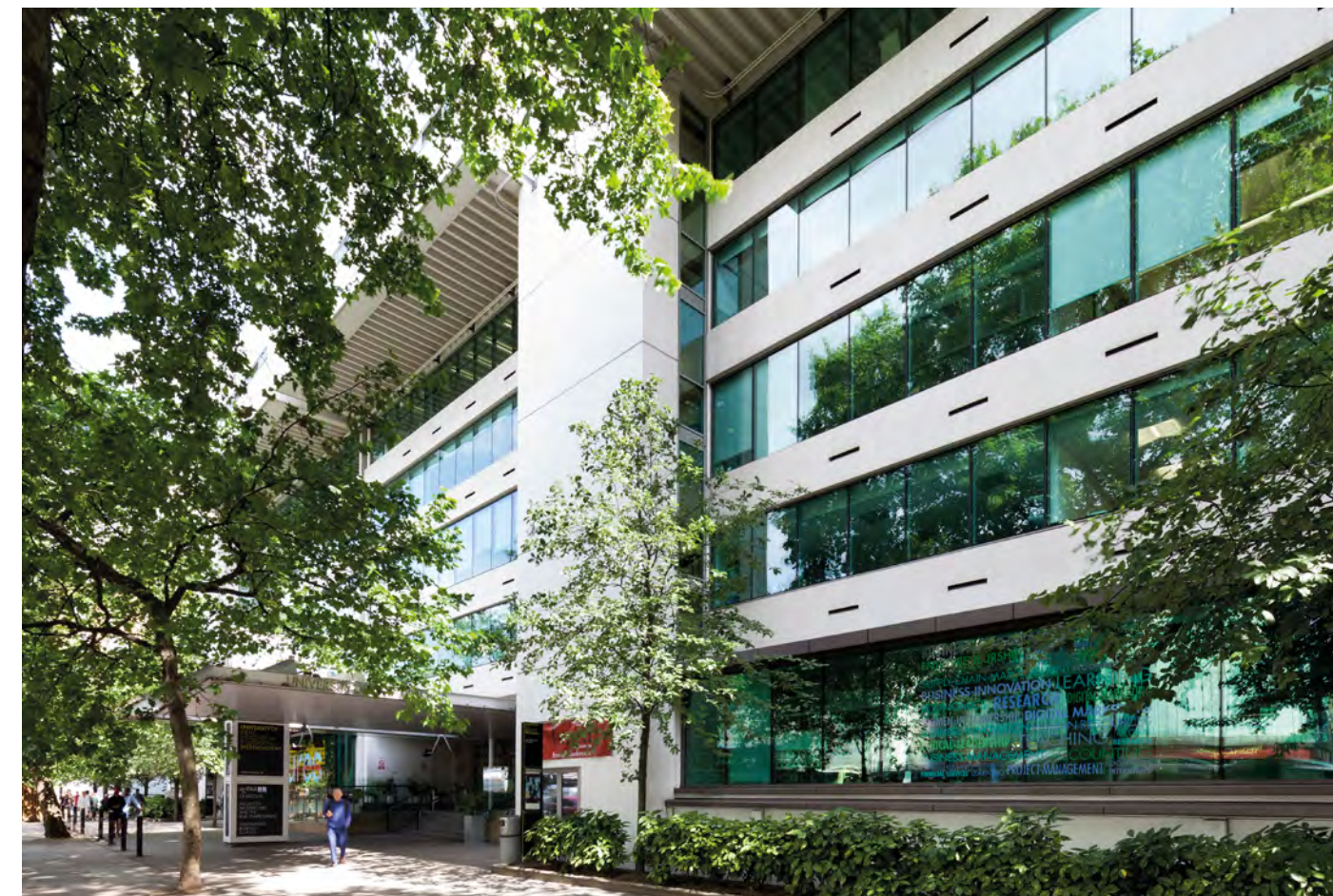
KEY RECOMMENDATIONS

FOR A FULL LIST OF RECOMMENDATIONS, PLEASE SEE SECTION 8.

- Raising general awareness about menopause amongst all staff (and students) is important for enabling more open communication.
- Offer more training opportunities for managers. Light-touch training should be incorporated into existing training and/or meetings, which should be supplemented by more extensive static training resources and information which managers can access if and when the need arises. Important topics to cover include guidance on how to support staff, resources and adjustments available, and effective communication on menopause.
- Provide formal guidance or a policy for both managers and those experiencing menopause, which includes information on support and resources.
- To support effective communication between managers and staff, provide a process by which staff experiencing menopause symptoms can raise the topic with their manager.
- Create a group of “menopause champions”, who can offer guidance, suggest useful resources, and be an advocate for those experiencing menopause.
- Create a peer support network (a “menopause network”) which allows people experiencing menopause to connect with one another, facilitating mutual support.
- Provide a list of reasonable work adjustments, and clearly signpost available relevant support (e.g. counselling), to help managers support staff.
- Consider how the built environment can be more supportive of those experiencing menopause symptoms. In particular, the ability to control ventilation, and provide accessible, clean and spacious toilets, and comfortable spaces for a quiet moment.
- All recommendations should be delivered in a manner inclusive of non-binary, trans, intersex and younger people.

2 INTRODUCTION

MENOPAUSE INDICATES THE END OF MENSTRUATION (12 MONTHS SINCE LAST PERIOD); IT IS CONSIDERED A MAJOR LIFE TRANSITION FOR WOMEN, AS WELL AS FOR MANY TRANS MEN, NON-BINARY PEOPLE, AND INTERSEX PEOPLE. IN THE UK, THE AVERAGE AGE OF MENOPAUSE IS 51 YEARS ALTHOUGH THERE IS CONSIDERABLE VARIATION IN AGE, DURATION AND SYMPTOMS OF MENOPAUSE.



Younger people can experience menopause as a result of other health conditions, medical inducement due to health reasons, or for unknown reasons. How each person experiences menopause is unique, however, 80-90% will encounter at least some symptoms and for many this can significantly impact on quality of life (Hamoda, 2021).

Common symptoms include vasomotor (hot flushes, night sweats), sleep disturbance, low energy, difficulties with concentration and memory, mood changes, anxiety and depressive mood, joint and muscle aches, urinary and sexual symptoms, headaches and migraines. Symptoms and impact can also vary according to stage of menopause. During the perimenopause (or menopausal transition), fluctuations in hormone levels can lead to a wide range of symptoms and periods may become irregular and heavy. Perimenopause can last for several years and some women may be unaware that their symptoms are a result of hormonal changes, with peri-menopause usually experienced between 45-55 years. This report uses the term “menopause” as a catch-all term for perimenopause, menopause and post-menopause, which is how the term is typically used colloquially.

Given that mid-life women and others going through menopause make up a substantial

proportion of the labour force, it is essential that the health and wellbeing of this group is supported in the workplace. There are several factors which make menopause a complex topic to navigate within a work context. Firstly, each person will experience menopause symptoms differently. Experiences and perceptions of the menopause may differ in relation to gender identity, disability, age, race, religion, sexual orientation or marital/civil partnership status (UCU, 2022). Secondly, it can be difficult to know for certain when menopause-related symptoms have begun, or how long symptoms will last. Thirdly, many people have limited knowledge about menopause, and for some, there is considerable embarrassment about openly discussing the topic, as well as fears of being stigmatized or stereotyped.

According to the British Menopause Society, 25% of people experiencing menopause describe their symptoms as ‘severe and debilitating’ (Hamoda, 2021). Indeed, a 2019 survey found that three out of five (59%) of working women between the ages of 45 and 55 who were experiencing menopause symptoms said it had a negative impact on them at work. There was also a reluctance to disclose the impact for fear of discrimination (CIPD, 2019). Whilst women use sick leave to manage menopause symptoms, many choose not to talk to their managers about

it (CIPD, 2019). Importantly, despite many mid-life women being at the peak of their careers and work performance, some end up leaving their jobs as a result of debilitating menopause symptoms and loss of confidence (Powell, 2021). Given these figures, and the impetus to attract and retain high quality staff, meet legal requirements (tribunal cases are now successfully being brought regarding menopause), and provide a socially responsible and inclusive work environment, providing a menopause-friendly workplace is highly important. There are a variety of policies, initiatives and best practice examples available to guide employers in supporting those going through menopause. However, there is debate regarding the effectiveness of blanket menopause policies in providing practical support, changing attitudes and reducing stigma (Carter et al., 2021). Therefore, in order to understand what is needed at the University of Westminster, it is key to first understand staff knowledge, attitudes and support needs relating to menopause.

This report explores experiences of menopause in the workplace, investigating perceptions of current support provision at the University, and identifying the needs of staff experiencing menopause and the managers supporting them. The report concludes with a set of recommendations on how to create a more menopause-friendly workplace.

3 METHODS AND RESEARCH PARTICIPANTS

ALL STAFF AT THE UNIVERSITY OF WESTMINSTER WERE INVITED TO TAKE PART IN AN ONLINE SURVEY, 169 RESPONDENTS COMPLETED THE SURVEY. THE SURVEY WAS FOLLOWED UP BY FOCUS GROUPS AND INTERVIEWS (N=21), TO EXPLORE EXPERIENCES OF STAFF GOING THROUGH MENOPAUSE (N=14) AND MANAGERS (N=7) IN GREATER DEPTH. SEE APPENDIX 1 FOR FULL METHODS.

Nearly half (49%) of survey respondents had or were currently experiencing menopause symptoms, and 21% were potentially experiencing menopause. The majority of respondents (70%) were close to someone who had experienced menopause, see Table 1. This data suggests that respondents had a personal stake or interest in menopause. The majority of survey participants were female, aged 46-55 years old, of White ethnicity and identified as heterosexual, Table 2 details the full demographic details of respondents. Men make up 44% of staff at the University as a whole, but were only 10%

of survey respondents, in addition, Westminster Business School (WBS), has 13% of total staff, but only 4% of respondents. The age category of 46-55 was 26% overrepresented when compared with the age spread of Westminster staff. White ethnicity respondents were overrepresented by 17%, and disabled respondents were overrepresented by 10%. The sexual orientation of survey respondents was reasonably representative of University of Westminster staff. Interview participants were purposely sampled to include a range of view and experiences.

TABLE 1: PERSONAL EXPERIENCE OF THE MENOPAUSE

	Category	Frequency	Percent
Personal experience of menopause	I am now postmenopausal	51	31
	I am currently experiencing perimenopause	32	19
	I might be experiencing menopause but I am not sure	22	13
	I am taking HRT, so I am unsure of my menopause status	14	8
	Menopause is something I will experience in the future	19	11
	None of the above	23	14
	I don't know	5	3
Close to someone who has experienced menopause	Close to someone who has experienced menopause	115	70
	Not close to anyone who has experienced menopause	32	20
	Unsure	17	10

TABLE 2: SURVEY SAMPLE

	Category	Survey	
		n	%
Employee group	Professional services	79	47
	Academic	75	44
	Researcher	7	4
	Technician	5	3
	Prefer not to say	3	2
University department	College of Design, Creative and Digital Industries	31	18
	College of Liberal Arts and Sciences	48	29
	Westminster Business School	7	4
	Professional Services	70	42
	Prefer not to say	8	5
	Other	4	2
Gender identity	Female	147	87
	Male	16	9
	Non-binary	5	3
	Prefer not to say	1	1
Age group	16-25	3	2
	26-35	14	9
	36-45	26	17
	46-55	84	53
	56-65	28	18
	66+	2	1
Ethnicity	Asian or Asian British	10	6
	Black, African, Caribbean, or Black British	5	3
	Mixed or Multiple Ethnic Groups	7	4
	White	139	82
	Other	3	2
	Prefer not to say	5	3
Disability	Yes	28	17
	No	132	78
	Prefer not to say	9	5
Sexual orientation	Heterosexual	129	77
	LGBTQIA+	16	9
	Prefer not to say	23	14

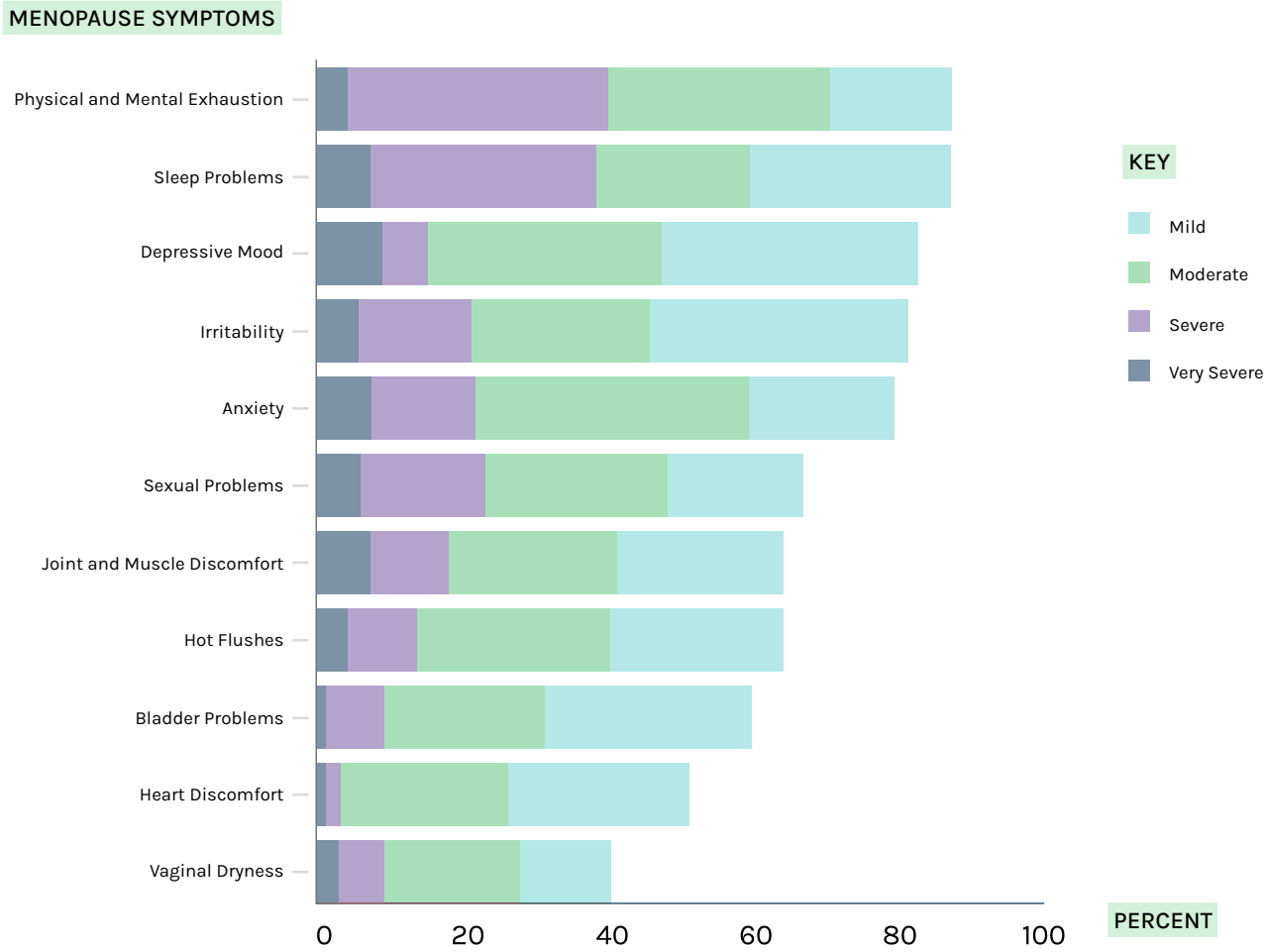
4 MENOPAUSE SYMPTOMS AND IMPACT AT WORK

SURVEY RESPONDENTS WHO HAD BEEN/WERE GOING THROUGH MENOPAUSE WERE ASKED TO RATE THE EXTENT TO WHICH MENOPAUSE HAD IMPACTED THEIR WORK ON A SCALE OF 0 (NOT AT ALL) TO 5 (VERY SEVERELY).

Mean rating was 2.75, 30% of respondents reported significant impacts from their symptoms, whilst 47% reported some impacts and 23% reported little or no impact. Key menopause symptoms (reported as 'moderate' to 'very severe') included physical and mental exhaustion (71%), sleep problems (60%), anxiety (58%), depression (48%), irritability (46%), hot flushes and sweating (41%), and joint and muscle discomfort (42%), see Figure 1 for all symptoms. Unsurprisingly, there was a significant relationship between the reported severity of respondents' symptoms and the perceived

impact symptoms had on work ($r=.537, p > .001$). A linear regression analysis found symptoms of anxiety and joint/muscle discomfort predicted perceived impact on work ($F(3, 56) = 11.512, p<.001$). There was also a trend to sleep problems predicting impact on work ($Beta=.224, p=.055$). This concurs with a large-scale survey in the US where anxiety and joint stiffness (along with depression) were most strongly associated with health outcomes (Whiteley et al., 2013). Thus, these analyses provide key areas to address in support provision in order to minimize impacts on work.

FIGURE 1: MENOPAUSE SYMPTOMS



INTERVIEWEES DISCUSSED HOW MENOPAUSE SYMPTOMS HAD IMPACTED THEIR WORK WITH KEY ISSUES SUMMARISED BELOW:

I) PRODUCTIVITY AND INADEQUACY

Interviewees reported concerns that symptoms could contribute to lowered productivity. This could involve less outputs during working hours and/or the need to take short breaks or sick leave, for example, one interviewee described having to take several months off from work due to depression. These perceived productivity issues were linked to a fear of being perceived as inadequate. This loss of confidence manifested as worries about judgement from colleagues and 'letting down' the University, as well as, on occasion, a fear of demotion, loss of job, or contemplating leaving their role. This fear was often contrasted with interviewee's frustration that menopausal symptoms were occurring at a point in their careers where they were highly experienced and had worked hard to reach.

'I'm not giving up because it took me so long to be here, and I fought so long for everything, and the family and jobs and studying and, but every morning I wake up, and I have to fight with myself not to give up, because part of me is saying, enough, enough, give up really, just surrender. But [...] I'm not yet doing it. Even though it's becoming more and more difficult.'
Participant Q, Interview

II) CAREER PROGRESSION

Some interviewees were concerned menopause had potential impacts on their career progression. This could be due to concerns regarding a lack of awareness and understanding within the organisation around the abilities of menopausal staff or, on a more personal level, a loss in confidence resulting in a decreased likelihood in taking advantage of career opportunities.

'I'm so scared of talking about it because again, I'm a new [detail redacted] and I don't want to talk about it to management [...] because I feel judged. I did once, to another colleague, and the answer was 'well, maybe this is not the position for you'. So I felt, oh, my God, I cannot talk about this at all because I want this position, and I'm doing my best and there are no issues really.'
Participant Q, Interview

'You can feel very ambivalent and ambiguous about who you are ... like, when we put calls out for things, how women often don't apply.'
Participant B, Interview

III) HANDLING WORK SITUATIONS

Irritability and mood swings were discussed by some interviewees as potentially causing difficulty in the workplace, as well as causing emotions such as distress, anger, frustration and regret. Hot flushes were reported as a source of embarrassment. Rarely, some interviewees indicated that menopausal symptoms of irritability may have contributed to conflict at work.

'[...] one email you get, and a few years ago I'd probably go, oh whatever, just go away. And now it would make me upset for hours or you take it really personally.' Participant T, interview

'I had big mood swings and I could be angry, which meant I would get into conflictual situations, which I then regretted.'
Participant B, Interview

“

I OFTEN FEEL LIKE I COULDN'T WORK AT THE SAME RATE OR LEVEL THAT I USED TO BE ABLE TO. AND THAT MAKES YOU FEEL QUITE INSECURE ABOUT YOUR JOB.

PARTICIPANT V, INTERVIEW



5 FACTORS IMPACTING MENOPAUSE SYMPTOMS AT WORK

FOUR KEY AREAS INFLUENCING MENOPAUSE SYMPTOMS AT WORK WERE IDENTIFIED AND ARE DISCUSSED IN THIS SECTION:

- 5.1 THE MANAGER’S ROLE
- 5.2 KNOWLEDGE, AWARENESS AND COMMUNICATION AROUND MENOPAUSE
- 5.3 THE PHYSICAL ENVIRONMENT
- 5.4 TYPE OF WORK

5.1 THE MANAGER’S ROLE

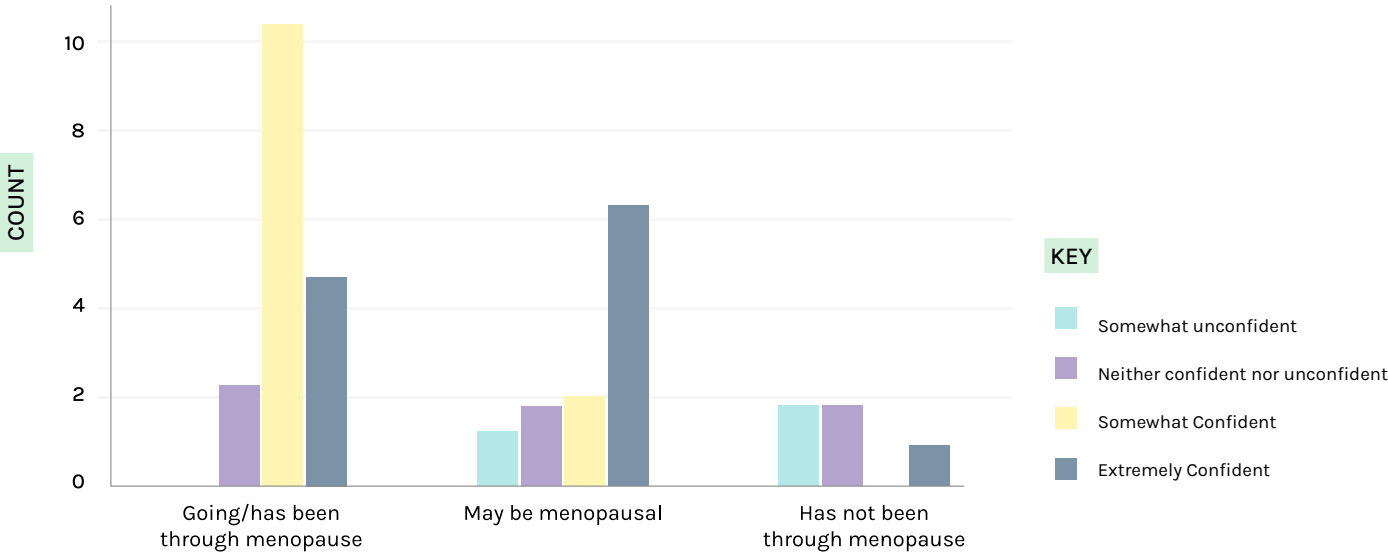
Survey and interview data identified the managers’ role as a key factor impacting staff experiences of menopause, in terms of access to help and support. However, when respondents who were peri- or post-menopausal were asked whether they had disclosed any menopause symptoms to their manager only 16% said yes, 50% said no, and 35% felt they did not need to. This data suggests that whilst staff would like to discuss menopause with managers, many do not. In fact, 71% of those who said that their work had been severely or very severely impacted by menopause, had not disclosed their symptoms to their managers, with only 9% reporting that it is because they did not need to. This indicates stigma or communication challenges occurring within some working relationships which may act as a barrier to accessing support.

Managers’ knowledge of menopause and confidence in providing support was linked to their personal experience of the menopause.

For example, in the survey, managers were asked how confident they felt in supporting staff who disclosed that they were experiencing menopause. Whilst the majority of respondents were ‘somewhat confident’, this confidence was positively related to managers’ own experiences of menopause.

Of the few participating managers who had not been through menopause, 80% were ‘somewhat unconfident’ or ‘neither confident nor unconfident’ (Figure 2). Managers were keen to learn more about how they could better support staff, wanting to know what support was available for employees, what constituted reasonable adjustments, and how to have appropriate conversations about the menopause (*‘my fear is causing offence, making assumptions, but also the reaction of the individual’*, Participant A, Interview.)

FIGURE 2: LEVEL OF CONFIDENCE IN SUPPORTING STAFF WHO DISCLOSE MENOPAUSE SYMPTOMS



Interviewees had a variety of experiences and opinions when it came to disclosing to their manager. Some were comfortable with communicating specific symptoms e.g. migraines, but not in sharing that the cause was likely to be menopause. In terms of staff barriers and facilitators, manager gender was often important, with interviewees feeling more comfortable discussing menopause with female managers, even if there was a good working relationship with male managers. Similarly, female managers who were older – the implication being that they were perceived as likely to have personal knowledge of menopause – were also regarded as easier to disclose to.

‘He is a good manager, he is, but I just feel [...] when we have one to ones, and [...] I felt probably I was lagging [...] behind [...] and I was getting stressed about it, but I couldn’t, I thought he was not going to understand. I felt really self-conscious talking to him about it.’ Participant M, Interview

For non-binary interviewees, gender was a particular issue when communicating about menopause. Participant D felt that as menopause is so often framed as a *‘woman’s issue’*, discussing menopause became *‘slightly uncomfortable’* because *‘it does womanise you in a sense, and that is difficult’* and this formed part of their anxiety around the menopause. Furthermore, as Participant O observed, it adds to the challenges of *‘trying to create a space where the institution can understand you as a non-binary person and engage with you’*.

Interviewees also mentioned supportive managers or work environments in relation to enabling openness about menopause. One interviewee shared that their (male) manager has *‘always been very supportive’* and is *‘just that kind of person who’s very aware generally of mental health issues [...] and understands all staff have different things to contend with’* Participant V, Interview.

Positive relationships were also developed through previous supportive discussions about other health issues, as well as over time.

‘I’ve known her a long time even before she was my line manager so I don’t know if that helps.’ Participant N, Interview.

However, despite good relationships, some interviewees had not disclosed issues around menopause with managers due to a lack of clear process. For example, one interviewee did not think that practical outcomes would arise from such a conversation:

‘my manager’s also in a bit of a tricky situation because, being new, she’s not really allowed to do much, [...] maybe in the future, she’ll have a bit more freedom in the sense of providing support.’ Participant H, Interview.

Others cited a lack of opportunity to have the kind of interpersonal discussion needed to raise the topic of menopause, which had contributed to them not raising it with their manager:

‘Every meeting is [...] online and because most meetings have been online, it’s really rushed. And it just doesn’t feel, you know sometimes when you’re sitting face to face, you can have different conversations to when somebody’s online, and, oh, they’ve got to go to another meeting or something? So I’ve, I felt a bit like that.’ Participant W, Interview

Individual factors like openness to discussing personal issues, were also important in decisions to discuss menopause with managers. Some staff had been happy to share and attributed this, in part, to their character: *‘I’m quite a sharer’* (Participant N, interview), *‘I just tell everyone I don’t care. Everyone knows everything’* (Participant I, interview). Whilst others were less inclined to these kinds of conversations: *‘My manager is very good, but I’ve never spoken to her about it. And I know she’d be fine if I did, but [...] I don’t feel like I want to have the conversation with her [...] it feels too personal’* Participant T, Interview.

The uncertainty surrounding the symptoms and duration of menopause was highlighted as a particular challenge. Interviewees could only speculate when (or if) their menopause had started and expressed their difficulty in attributing symptoms to menopause, or as a result of other life events or health conditions. Symptoms also fluctuated, with *‘ups and downs in the day’* (Participant M, interview) or over longer periods of time. Uncertainties around menopause duration was similarly expressed as a source of stress by some interviewees *‘that fear that maybe this is me forever’* (Participant Q, interview), as well as for managers when contemplating reasonable adjustments: *‘it’s the open ended-ness of it [...] we don’t have a never-ending stream of adjustments that are reasonable’* (Participant K, Interview).

5.2 KNOWLEDGE, AWARENESS AND COMMUNICATION AROUND MENOPAUSE AMONG STAFF

Awareness, knowledge and communication around menopause among staff were identified as factors influencing menopausal experience at work. For example, some interviewees pointed out that the sheer range of symptoms, including impacts on mental health, were not widely understood, exacerbating fears of being stigmatised or stereotyped. Interviewees believed greater awareness of menopause would support understanding of colleagues going through menopause, which could in turn help them to feel more able to share their experiences. Indeed, a number of respondents mentioned that colleagues had been a significant source of support, whether through demonstrating understanding or through informal conversations. Additionally, it was felt that improved awareness would facilitate a better environment for managers to support staff going through menopause. One interviewee discussed how such support reflected the ethos in their unit, which was also connected with openness about health, wellbeing and bodies:

‘I can have those conversations and they can say to me, like one of them came in and said, I’m really sorry, I got my period today and I have terrible cramps so my brain isn’t quite in action because I had to take some pain medication. And we’re like, oh OK, let’s work with that, but are you OK to be here? [...] there’s a desire to know those people and what’s going on for them.’ Participant O, Interview.

KNOWLEDGE AND AWARENESS

Survey participants were asked to rate their knowledge of menopause. The majority (90%) of those who were experiencing or had experienced menopause rated their knowledge as 3 out of 5 or higher. For those who indicated that they may be menopausal, only 32% rated their knowledge at this level. The relatively small sample of respondents (n=20) who had not experienced menopause rated their knowledge as fairly low, with 55% giving a rating of 1 or 2, see Figure 3. These figures suggests that resources to educate those with no experience of menopause are needed, but may also be helpful for those beginning their menopause journey, as one interviewee commented:

‘It would be very helpful for me just to have more knowledge, somebody telling me, don’t worry, this is menopause, these are the symptoms [...] knowledge also would empower us a little bit. [...] I think if the workplace had a good set of resources, just links to the British Menopause Society or to trustworthy sources, that would be super helpful.’ Participant Q, Interview.

Interviewees also raised the importance of taking an inclusive approach to menopause, not assuming that only ‘women of a certain age’ go through the menopause. Non-binary and trans people can experience menopause, and therefore, inclusive, non-gender specific language is important when discussing the menopause (e.g. people or staff going through menopause, or women and people going through menopause). Additionally, young people may experience menopause (e.g. medically induced, health complications or genetic predisposition). It was viewed as important that a general awareness

FIGURE 3: KNOWLEDGE OF MENOPAUSE, BY EXPERIENCE OF MENOPAUSE

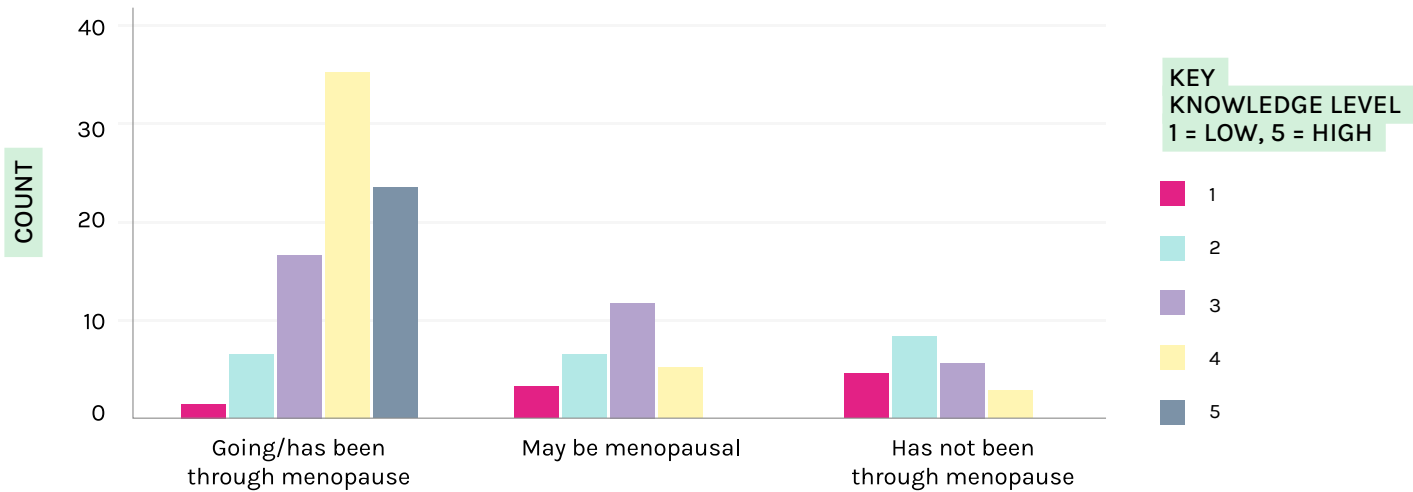
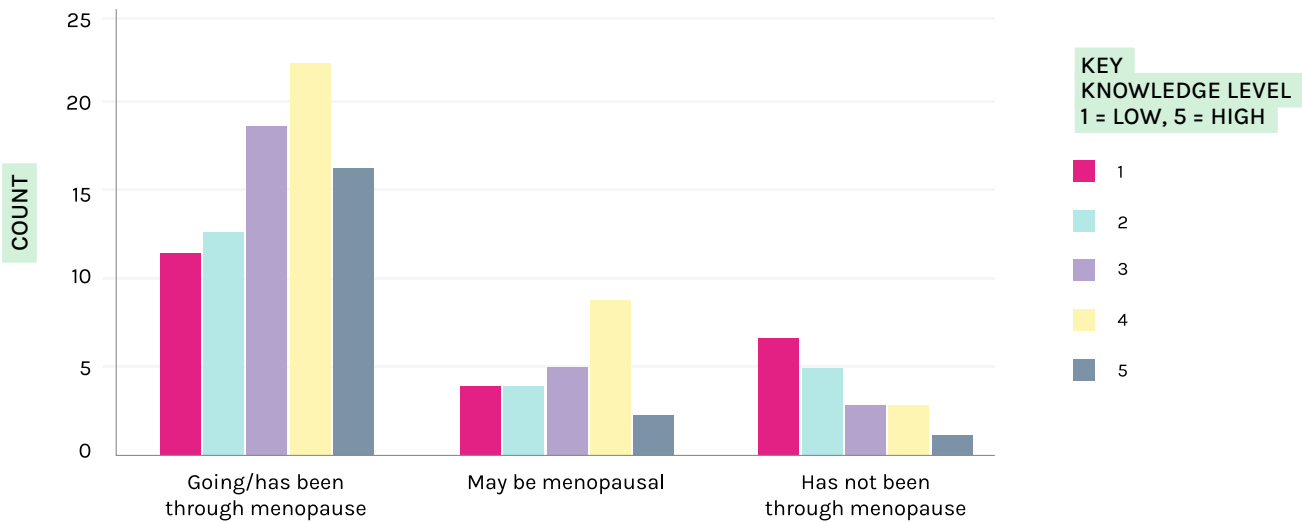


FIGURE 4: LEVEL OF COMFORT TALKING ABOUT MENOPAUSE WITH COLLEAGUES, BY EXPERIENCE OF MENOPAUSE



about menopause included an understanding that menopause can be experienced by a wide variety of people.

‘That is part of my anxiety around the menopause is that fact that everything about it is all women, women, women. [...] it’s so hard to find resources or talk about it that isn’t caged in those kinds of terms.’ Participant D, Interview.

‘I feel a bit like it’s really misunderstood still for people in my situation [medically induced menopause] and I’ve felt like it’s quite frustrating hearing all sorts of don’t be afraid of HRT and all of this sort of thing. It’s not something that’s available to me [...] there’s like a whole section of discussion, which is not applicable to me, which makes me feel a little bit alone.’ Participant N, Interview.

COMMUNICATION

Interviewees broadly felt that there was an open culture at Westminster for discussing topics relating to wellbeing, including menopause. Several interviewees attributed this, in part, to top management encouraging this openness. Yet, it was acknowledged that within any large organisation there would always be variations in work culture, attitudes, beliefs and experiences relating to talking about menopause.

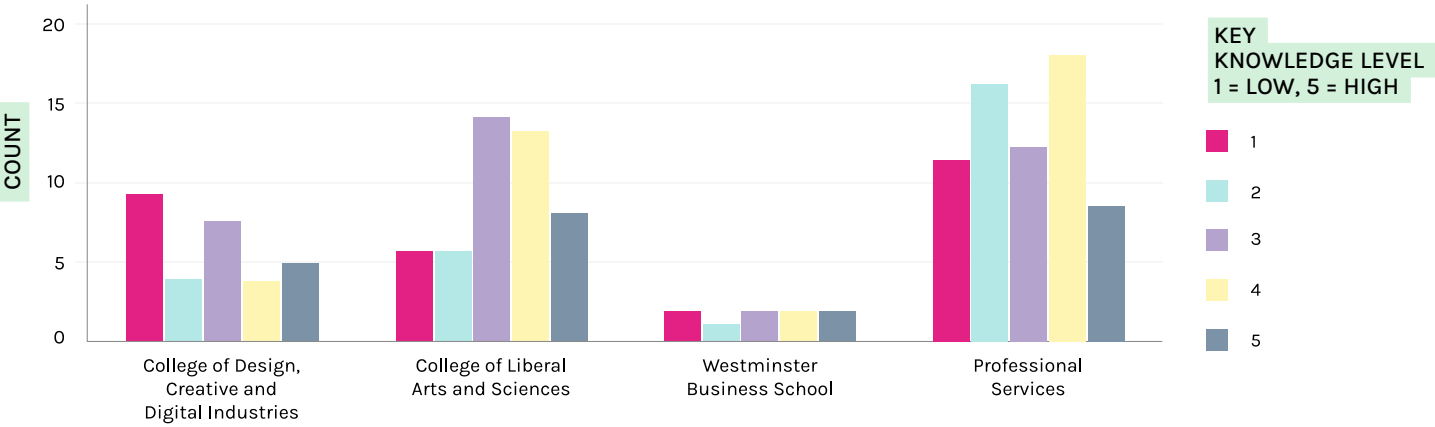
‘The culture generally at Westminster is a lot more open, supportive, and focused on wellbeing than it ever used to be. And culture starts from the top and trickles down, so the fact that Peter [Bonfield] is very supportive of wellbeing initiatives and inclusivity is really important.’ Participant U, Interview

Survey respondents were asked how comfortable they felt talking about menopause with colleagues, on a scale of 1 (low) to 5 (high). There was a wide range of responses, with a mean of 3.01 and a mode of 4. As would be expected, those who had or were currently experiencing menopause were the most comfortable in communicating with colleagues about it (Figure 4). Additionally, those more comfortable with the topic of menopause may have been more likely to complete the survey.

Comparing Colleges, DCDI tended to be less comfortable discussing menopause than those in LAS and Professional Services, despite a higher proportion of respondents from DCDI being peri- or post-menopausal (85%) than LAS and Professional Services (72% and 50% respectively), see Figure 5. Indeed, interviewees’ perceptions of their departments depicted differing levels of openness. One interviewee described their department as being ‘*masculine oriented*’ and a place where menopause would be seen as ‘*a sign of weakness*’ (Participant B, Interview). Whereas another interviewee described their department as one where people are ‘*comfortable talking about bodies and bodily experiences*’ and where there is an ‘*ethics of care for the people that they work with*’ (Participant O, Interview). These contrasting experiences draw attention to the importance of micro-cultures, and the impact they can have on staff experiencing menopause, or other health concerns.

All participants felt that University communication and resources around menopause could be improved to support staff knowledge and awareness. Survey participants typically rated the current University resources as 1 (out of 5) or indicated that they were unaware what resources were available.

FIGURE 5: LEVEL OF COMFORT TALKING ABOUT MENOPAUSE WITH COLLEAGUES, BY DEPARTMENT



5.3 THE PHYSICAL ENVIRONMENT

Several aspects of the physical work environment were identified as playing a role in menopause experience. For example, 16% of menopausal respondents mentioned the lack of air flow as exacerbating their symptoms. Issues included difficulty or an inability to adjust room temperature, and hot classrooms, offices or meeting rooms.

Issues relating to toilet facilities were raised by a small number of participants, including blocked toilets or only hot water being available. Interviewees raised issues with ‘cramped’ toilets that were not suitable for changing during unpredictable periods, blocked or unclean toilets, and broken door locks. Nicer toilets were inconvenient to reach if needed quickly. Three interviewees disliked having unisex toilets due to uncleanliness (urine on the floor) and/or female-only toilets representing a more comfortable space. However, a non-binary participant, shared how important it was to non-binary members of staff to have genderless toilets, both in general terms and specifically in the context of experiencing menopause symptoms.

‘It really helps to have female toilets. [...] there’s the toilet cubicles, and then there’s the bigger space. [...] there’s somewhere, just so you can phew, look in the mirror, calm yourself down. [...] it’s a space where you can take a breath or, if the situation’s getting out of control, because you might be leaking or something, you can just do a temporary, whatever, before going out.’ Participant B, Interview.

‘If you’re a non-binary person but there aren’t adequate toilet facilities for non-binary people in the institution. And so that then forces people to use a toilet they’re really uncomfortable with because if you urgently need a toilet in [detail redacted] building, you have to make it to [detail redacted] and hope that one of those five cubicles is available and that it’s one of the currently three that have a door that locks, because two of the five aren’t working. So you can see how like that sends the message that the University is neither thinking about you necessarily as a non-binary person, nor are they thinking about the urgent need for a bathroom facility.’ Participant O, Interview.

5.4 TYPE OF WORK

WORKLOAD

Heavy workload as well as general work-related stressors were some of the most frequently mentioned issues in exacerbating menopause symptoms (n=22 survey respondents), this included deadlines or high/unrealistic expectations and lack of down time. Others mentioned struggling to manage workloads along with other domestic and care-giving commitments. Given that women are more likely to take on the majority of housework (ONS, 2016) and 59% of carers are female (ONS, 2017), the impact of out-of-work caring responsibilities should be considered as part of the potential pressure on those experiencing menopause.

IN-PERSON WORK

Tasks such as teaching, in-person student interaction, presenting papers, and attending or chairing (long) meetings, could be particularly difficult when experiencing menopause symptoms like flooding and hot flushes. Words used by interviewees to describe these events included ‘embarrassment’, ‘challenging’ (Participant R), ‘self-conscious’ (Participant P), ‘horrible’ and ‘nightmare’ (Participant U). In addition, a few survey respondents noted that long periods of either sitting or standing could exacerbate symptoms such as joint pain or stiffness.

WORKING ARRANGEMENTS

The ability to have flexible working or working from home was found to positively influence experience of menopause. For example, working from home allowed some to sit and stand as needed, or visit the toilet more frequently with greater ease. Interviewee Participant L said that working from home enabled them to take a nap during their lunch break, which helped to manage the impact of menopause-related sleep problems. Having greater flexibility in hours could help when managing unpredictable symptoms and flare-ups e.g. disrupted sleep. One interviewee, who was suffering from sleep problems and consequently had trouble getting up in the mornings, shared that:

‘My boss is not very considerate of me being late. I’m happy to work at bit later, but that’s not good enough. It has to be 9am to 5pm [...] What I would like is a bit of flexibility in my start time would really help, and it would stop the stress of me trying to get in on time.’ Participant I, Interview.

One participant noted that the length of time it could take to approve a change in hours could be prohibitive, as due to the unpredictability and changing nature of menopause symptoms, circumstances may have changed again by the time a request has been processed. A small number of participants mentioned taking some form of leave, whether paid sick leave, annual leave, or being signed off for a period. For one interviewee their amount of sick leave, which they estimated to be at least one day a week, was proving to be an issue. They were currently undergoing a process with Occupational Health to try and find a solution, but they shared that: *‘I don’t think there’s an answer, really’ Participant I, Interview.*



As participation from WBS was low, they have not been included in this comparison.

6 SUPPORTING COLLEAGUES THROUGH MENOPAUSE

6.1 SUPPORTING MANAGERS TO SUPPORT STAFF

A MENOPAUSE POLICY OR GUIDANCE

Managers often prioritised having formal University guidance on how to support staff going through menopause. Information that managers said they would find useful included: how they could support staff (including reasonable adjustments), what University support was available, and provision of information and resources about menopause that staff could be signposted to.

Participants felt that having a policy/guidance in place would be helpful in setting up expectations for both employees and managers, and improving communication on the topic. Interview participant P felt that a policy would be **‘empowering’** in enabling them to ask for support, and Participant D (who was in the early stages of menopause) felt that a policy would reduce their worry, as it would show them what kind of support they might expect to need.

It was noted by interviewees that a policy/guidance should be inclusive of non-binary, trans, and young people as well as those experiencing medically induced menopause, both in its language and its considerations. For example, ensuring accessibility to suitable toilets and spaces, or acknowledging that those experiencing medically induced menopause may have to contend with side effects from medication. It was further noted that any process put in place had to have sufficient flexibility to accommodate the unique circumstances of each person’s experience of menopause.

TRAINING RESOURCES FOR MANAGERS

Training resources for managers were also considered key, and were welcomed by all managers interviewed. Training topics informing managers of resources, practical ways to support staff, as well as what reasonable adjustments could be made, were considered important. Type of training was discussed. Some felt mandatory training would facilitate communication - as knowledge that training had been undertaken would increase the confidence for both staff and managers to begin a conversation. There were also suggestions from two interviewees that a peer learning environment could be helpful, as this would create opportunities to engage in discussion and problem solving.

However, it was also felt that large amounts of time or long presentations would be a barrier to manager engagement, thus there were suggestions of incorporating training into existing training sessions (e.g. Introduction to Managers) or existing meetings. Others felt a static resource for managers to access when they needed it would be most efficient.

It is important to note that most of those who participated in this research are more likely to be engaged in this topic (e.g. 70% knew someone close who had been through it). As such, reaching those who are less engaged needs consideration, for example, incorporation into existing training and/or access to resource when required.

CREATE OPPORTUNITIES FOR SUPPORTIVE CONVERSATIONS BETWEEN STAFF AND MANAGERS

Managers and staff alike shared that they found broaching the topic of menopause challenging, and some interviewees felt that there wasn’t a context in which they could discuss their menopause symptoms and impacts. Whilst it was felt general knowledge and awareness raising could support discussions (discussed section

5.2), Participant M suggested having a section on the appraisals form where staff can list any topics they would like to raise, **‘so you’re not just having to come out with it out of nowhere’**. One manager suggested that having a mechanism to discuss issues outside of the appraisal process would also be helpful, this could ensure conversations were viewed as supportive rather than part of any review around performance.

SUPPORT MANAGERS IN FOSTERING AN ETHICS OF CARE

Several managers felt that to communicate well about the menopause, it was important to get to know staff. One manager felt that support in having conversations on health and wellbeing topics in general would be helpful. They made the point that by developing that ‘baseline’, you come to know and understand the individuals you are working with, and develop a level of trust which then facilitates an appropriate conversation, if and when the time arises. This view was echoed by another manager, who thought that **‘managers should be given the directive [...] to make sure [...] all of their staff are all right.’**

‘It is part of our job, being a manager [...] to be checking in regularly with our teams and just be asking them. [...] how you doing? Are you alright? And not as just a, I expect you to say yes, [...] you actually genuinely have to ask the question.’ Participant R, Interview.

6.2 KNOWLEDGE, AWARENESS AND COMMUNICATION AROUND MENOPAUSE FOR STAFF

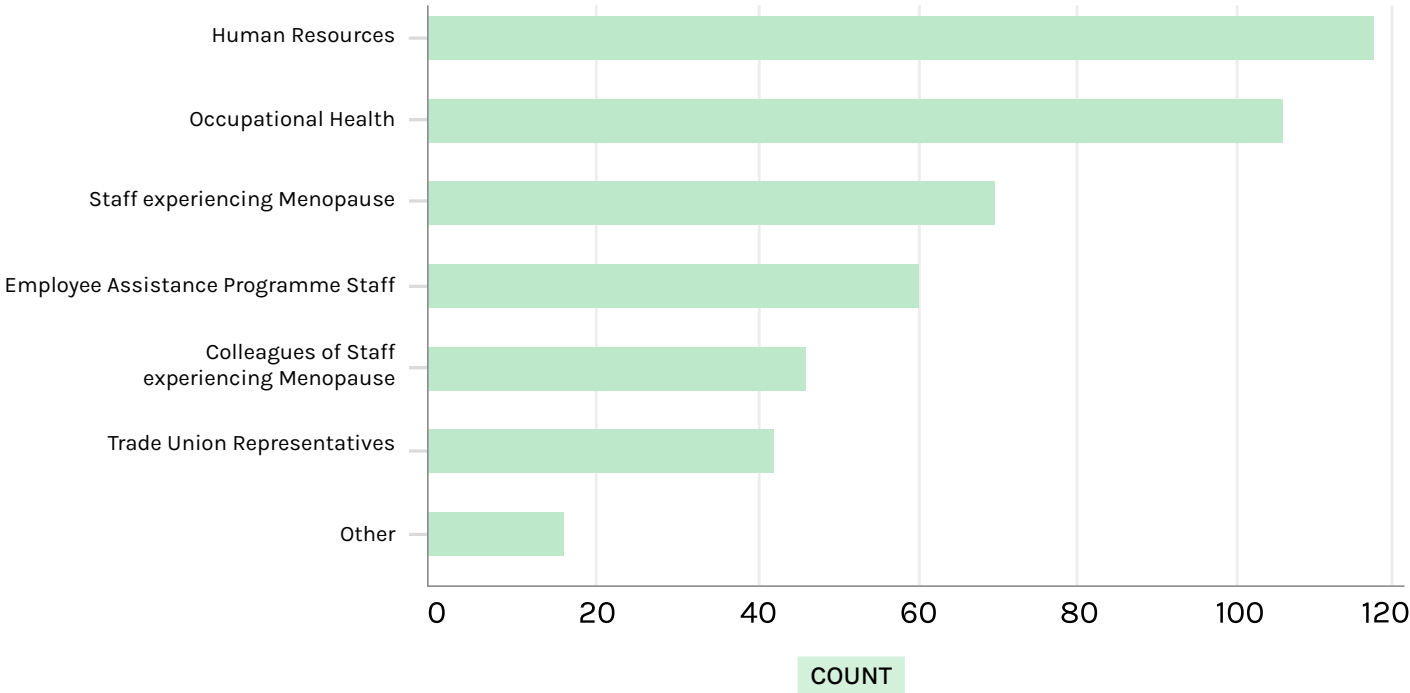
ON-DEMAND MEDIA AND READING MATERIALS

Survey participants responded positively to suggestions of on-demand media and reading materials, with 49 endorsing video talks, 39 podcasts and 34 leaflets. There was not a consensus on how to best deliver these materials, although online was very popular, indicating that widespread signposting could be helpful in ensuring that resources can be found. Suggestions included intranet, dedicated web pages/website, the Westminster Weekly newsletter, Sharepoint, Juice, Blackboard or a person. It was felt that most people would only engage with menopause-related resources when they were in need of them (i.e. in order to support or colleague or because they were experiencing menopause themselves). Therefore having static resources available was felt to be important for increasing knowledge and awareness. There were suggestions to signpost existing credible menopause resources. However, such signposting would need to be maintained and kept up-to-date, to ensure that information remained current. Therefore, it was felt important that resources were allocated for such maintenance.

MENOPAUSE NETWORK

There was a positive response to the suggestion of a menopause network among survey responders (n=47) and the topic was frequently raised during interviews. This suggestion was most popular with those who were currently going through, or had already experienced, menopause. During focus groups, it was common for participants to exchange knowledge and resources with one another, demonstrating the potential for networks to increase knowledge and awareness, as well as provide support and share experiences/emotions. Most interviewees preferred the idea of infrequent in-person meetings (taking place on a monthly, quarterly or bi-annual basis), supplemented by an online network using a platform such as Microsoft Teams, for ad hoc communication and support.

FIGURE 6: WHO SHOULD BE INVOLVED IN THE PROCESS OF RAISING AWARENESS ABOUT MENOPAUSE IN THE WORKPLACE?



TALKS AND EVENTS

Talks and/or events were mentioned by some survey respondents, all of whom who were going through or had experienced the menopause. One interviewee suggested that raising awareness and knowledge could be done at events covering a wider staff wellbeing agenda, thus incorporating into wider cultural shift for staff to prioritise wellbeing in the workplace and introducing the topic to non-menopausal staff.

‘So it becomes more of a mainstream, a more proactive approach to staff wellbeing [...] just to raise awareness and make people take time, actually. Also take time out to prioritise that as well in the workplace. So it’s becomes a normality’ Participant V, Interview

A “MENOPAUSE CHAMPION”

Some interviewees also liked the idea of a person who could advocate for staff experiencing menopause: a so-called “menopause champion”. Participant suggestions for the role of this champion included listening to staff, signposting to resources, knowledge of the University policy/guidance, being able to guide staff of what support might be available, supporting education of managers, and being an advocate for staff in meetings when discussing their menopause symptoms, impact on work and reasonable adjustments. One manager, whilst being generally supportive of a menopause champion being present in a meeting as an advocate, did question the tone it might set, as usually third parties were only present in meetings focused on complaints, disciplinarys and performance reviews.

MAKING USE OF RESOURCES AND SKILLS AT THE UNIVERSITY

Some interviewees pointed out that there were existing resources and skills at the University which could be utilized to support those experiencing menopause symptoms. One interviewee (Participant W) suggested The Polyclinic (which has previously conducted menopause research) could offer consultations, bespoke and group support, as well as courses and workshops. Another interviewee suggested that it was worth exploring what was being taught at the University e.g. health and wellbeing-related courses, to see if there was any potential for crossover.

A MENOPAUSE POLICY OR GUIDANCE

Guidance/policy is discussed in section 6.1 regarding support for managers. However, it was also felt this could improve knowledge and awareness more generally, as one interviewee pointed out **‘[having formal guidance would] help people be more aware that the University is thinking about people in that position’ Participant I, Interview.**

WHO SHOULD BE INVOLVED IN RAISING AWARENESS?

Survey respondents were asked who should be involved in the process of raising awareness about menopause at the University. The most popular answers were human resources (70%) and occupational health (64%), see Figure 6. Interview participants most often suggested that information could be cascaded through communications and management structures at the university via HR.

6.3 THE PHYSICAL ENVIRONMENT

PRIVATE SPACES FOR TAKING SHORT BREAKS

Interviewees talked about the need to sometimes access a private space in order to take a short break. This could be to recover from a hot flush, a racing heart, to have a quiet moment to sit calmly, or to take a short nap. One interviewee shared that:

'I am so tired that, if I close my eyes, I can just go. Actually it does happen [...] and you cannot control it [...] I'm pretty sure, like ten minutes of closing my eyes and maybe dozing a little bit would really help. I would feel so much better after and more concentrated.'
Participant Q, Interview.

Most interviewees did not have access to this type of space. Some mentioned that there was a lack of “comfy” chairs in communal staff rooms, which in any case were usually too full of people to have a quiet, private moment. One interviewee suggested that booth-like sofas (with high backs and sides) could create semi-private spaces e.g. the sofas on the ground floor of the Marylebone Campus building, see Figure 7.

FIGURE 7: THE SEMI-PRIVATE SEATING IN MARYLEBONE CAMPUS



VENTILATION AND ROOM TEMPERATURE

Hot flushes were experienced at least moderately by 40% of participants who been through/were going through menopause. Thus, ventilation was felt to be important, access could be via an open window, a fan, the ability to quickly adjust the room temperature or air conditioning. For some participants it was more about having the confidence to say that they needed to open a window, a point which links to the knowledge and awareness raising for wider University staff discussed in Section 5.2 and 6.2.

ACCESS TO GOOD TOILET FACILITIES

People experiencing flooding or hot flushes could need quick access to a toilet to change. Those experiencing symptoms such as a racing pulse or mood swings might also seek a toilet as a private space to have a moment of quiet. Interviewees ideally wanted spacious, clean toilets within easy reach of their work area, which offered adequate privacy (i.e. not stalls). To some interviewees, this wish had a gendered element, discussed in Section 5.3. Given the significance of having some genderless toilets to non-binary people, measures other than reverting to single-sex toilets that might offer women suitably safe and clean spaces (e.g. additional cleaning, or more cubicles, as opposed to stall, toilets) are likely to be more appropriate.

6.4 WORKING PRACTICES

Flexible working practices appeared to be important to support staff to manage their fluctuating symptoms, this included working from home, and smart working such as flexible start/finish times or the ability to take short breaks. For some this might even include taking time off (annual leave, sick leave) or reducing the number of days worked. Any changes in working arrangements may need to be approved in a timely manner due to the unpredictability and changing nature of menopause symptoms.

7 RECOMMENDATIONS

I) INCLUSIVITY

While menopause typically occurs between 45-55, younger women, those going through a medical intervention, non-binary, intersex, and trans people can also experience menopause. Subsequent recommendations should take this into account when being implemented, to ensure change is not solely focused on the needs of middle-aged/older women.

II) SUPPORT FOR MANAGERS

- Training for managers should cover information about menopause, what support is available for employees, what constitutes reasonable adjustments, and how to have an appropriate conversation about the menopause.
- Ideally, light-touch training should be incorporated into existing training and/or meetings. This should be supplemented by more extensive static training resources and information which managers can access if and when the need arises.
- Beyond specific training in supporting colleagues going through the menopause, broader training/support which helps managers to foster an ethic of care, and an environment in which colleagues can talk about their health and life events, will lay the groundwork for positive and open communication.
- There should be guidance or a policy in place which clearly states what support is available for people experiencing menopause, useful points of contact, as well as links to relevant resources. This guidance should be clearly signposted across different communications channels, and should be reviewed and updated annually.
- There should be a process in place which empowers staff to raise the topic of menopause with their managers in a supportive context i.e. not purely in the context of performance.

III) RAISING AWARENESS AND KNOWLEDGE

- General awareness-raising about the menopause and its impacts would be beneficial to those experiencing menopause in reducing stigma and stereotyping, and to everyone in creating a more open and inclusive work culture.
- Cascade awareness raising through existing communications and management structures via HR, OD, and/or the EDI committee.
- Communications should also link to online static resources to raise knowledge (e.g. Balance website, NHS page on menopause, see Appendix 1).

IV) MENOPAUSE CHAMPIONS

- The role of a “Menopause Champion” should be created. This could be a unique role, or could form part of the duties of, for example, EDI Champions. It could be one or multiple people.
- The role could include providing supportive listening, signposting to resources, being able to inform staff of what support is available, educating managers, and being an advocate for staff in meetings when discussing their menopause symptoms, impact on work, and reasonable adjustments.
- The contact details of Menopause Champions should be clearly visible on relevant platforms and within relevant documentation e.g. menopause guidance.

V) MENOPAUSE NETWORK

- A menopause peer support network should be created. This will create a space where people at any stage of menopause can share experiences and advice, support one another, and share challenging emotions.
- It is recommended that this network consists of infrequent in-person meetings (taking place on a monthly, quarterly or bi-annual basis), supplemented by an online network using a platform such as Microsoft Teams, for ad hoc communication and support. Facilitation of this network can be light-touch, with the focus on creating a space in which people can connect.

VI) WORK SUPPORT

- Where possible, those experiencing menopause symptoms should be able to agree a certain level of flexible working (e.g. working home or smart working), to accommodate the impacts of their symptoms.
- Colleagues experiencing symptoms such as fatigue, racing heart, hot flushes, or irritability should be empowered to take a break/rest in a private space during work hours, with the understanding that an ability to do this increases productivity.
- Awareness of counselling services for staff should be raised.
- Heavy workloads and work-related stress exacerbate symptoms. Therefore, reasonable adjustments to acknowledge impact of workload and stress on menopause should be considered.
- Exploring what resources and skills at the University can be utilized to support people experiencing the menopause (e.g. health and wellbeing-related courses, The Polyclinic).

VII) A SUPPORTIVE BUILT ENVIRONMENT

- Where possible, staff members should have easy access to toilets which are clean, spacious, and a cubicle (as opposed to part of a stall), with working locks. Ideally, these toilets should be large enough to comfortably change clothes in. Access to showers may also be helpful.
- Have spaces in which individuals can have a sense of privacy to take a short rest. These spaces could be rooms, or couches/chairs with screens.
- Create a map which shows the locations of cubicle toilets and private/quiet spaces, with comfortable seating. Enable users to add their own notes to this map.
- Enable greater control of ventilation in rooms.
- Empower those with joint/muscle discomfort, who usually sit to stand/move (either through short breaks, a convertible desk, or a desk converter) and enable those who usually stand to sit (through provision of seating where possible).

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APPENDIX 1: USEFUL RESOURCES

THOSE SEEKING FURTHER INFORMATION ON MENOPAUSE (THOSE GOING THROUGH MENOPAUSE, MANAGERS/EMPLOYERS, THOSE LOOKING TO SUPPORT LOVED ONES) MAY FIND THE BELOW SUGGESTIONS USEFUL (THIS NOT AN EXHAUSTIVE LIST):

GENERAL INFORMATION AND SUPPORT FOR THOSE GOING THROUGH MENOPAUSE

- Balance
- Henpicked
- Menopause Matters
- Manage My Menopause

SMARTPHONE APPS

- Balance
- Squeezy (pelvic floor)

CONNECTING WITH OTHERS

- Menopause Cafe
- Podcast: Menopause Unmuted

UNIVERSITY OF WESTMINSTER STAFF

- University of Westminster Polyclinic
Receive reduced priced acupuncture and herbal medicine treatments from supervised trainee students
- Employee Assistance Programme
The University provides a confidential external support helpline.
The service provides advice and support on all aspects of life, not just those which are work-related.

NHS/NICE GUIDELINES

- NHS Guidelines
- NICE Guidelines

RESOURCES FOR MANAGERS/EMPLOYERS

- CIPD Menopause Resources
- Menopause at Work
- Talking Menopause
- Menopause Support
- University College Union Menopause Model Policy

INFORMATION ON SPECIFIC ISSUES

- Daisy Network (gynaecological cancers)
- The Eve Appeal (premature ovarian insufficiency)
- Endometriosis UK
- You and Your Hormones

APPENDIX 2: RESEARCH METHODS

All staff at the University of Westminster were invited to take part in an online survey. Participants were asked questions about their knowledge and awareness about the menopause, their own experiences of menopause or managing colleagues with menopause symptoms, and what support would be helpful. The Menopause Rating Scale (Heinemann et al., 2004) was used to measure menopause symptoms, rating scales and open-ended questions based on those from similar surveys were used. The survey was open from June to September 2022, and was advertised widely across the University including Peter Bonfield's Blog to Colleagues, Westminster Weekly, School/College newsletter and via University Networks (e.g. Women of Westminster, Q+, BME, Disability, Faith and Spirituality). In total, the survey was completed by 169 respondents.

The survey was followed up by focus groups (n=16) and interviews (n=5) with 21 participants, to explore experiences in greater depth. These focused on a) experiences of menopause, discussing the impact of menopause on participants and their work, as well as communication, challenges and support (n=14); b) manager's experiences and needs when managing staff who were impacted by menopause symptoms (n=7). Initial recruitment was based on expression of interest in taking part via a question on the survey. Subsequently, specific participants were targeted in order to ensure a variety of voices were heard, specifically targeting male managers, managers from academic departments, LGBTQIA+, younger people experiencing menopause, and WBS participants. Whilst there was some success in recruiting a more diverse sample, underrepresentation from WBS, as well as managers from academic departments remained.

Focus groups lasted between one and a quarter to one and a half hours, and had between three and six participants. Interviews lasted between 30-45 minutes. Interview and qualitative survey data were analysed together, as well as separately for views of managers and staff, using thematic analysis.



