Menopause at Work

An Evidence Review

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Tools: Work Ability Index (WAI), Anxiety Score, Depression Score, Vasomotor Score, Psychological Score, Somatic Score, Sexual dysfunction score, Greene Climacteric Scale (GCS), Montreal Cognitive Assessment, Subjective Work Characteristics Questionnaire

Introduction

Most women go through the menopause between 45 and 55 years of age, although 1 in 100 have a premature menopause before they are 40.

Menopause is not just a female issue; it's an organisational issue. 77% of the NHS workforce are female, and at East Cheshire NHS Trust they make up 83% of our workforce. With 30% of our female workforce between the ages of 46 and 55 years of age, over a quarter of our staff are potentially going through the menopause at any given time. Studies have shown that menopause symptoms can have a significant impact on attendance and performance in the workplace. Symptoms can have a dramatic effect on a person's ability to perform optimally in their job, and reasonable adjustments in the workplace can make a big difference to their working life. This can help us support and retain our workforce. All managers need to be aware of the menopause and how they can support their staff.

The aim of this evidence review is to highlight and put in context the latest evidence on:

- Workplace interventions
- Attitudes and awareness
- Staff retention
- Performance
- Sickness and Absence
- Working patterns

Workplace interventions

In this evidence heavy review article, (Jack *et al.*, 2016) "summarises existing research on the underexplored topic of menopause in the workplace, and synthesises recommendations for employers. Principal recommendations for employers to best support menopausal women as part of a holistic approach to employee health and well-being include; risk assessments to make suitable adjustments to the physical and psychosocial work environment, provision of information and support, and training for line managers."

(Cronin, Hungerford and Wilson, 2020) suggest using digital technologies to manage the psychosocial symptoms of menopause in the workplace. "Psychosocial symptoms of menopause can include loss of confidence, issues with self-identity and body image, inattention and loss of memory, increased levels of stress, and a higher risk of developing anxiety and depression… Digital health technologies, including virtual consultations, therapeutic interventions, and participation in online communities of support, provide an important means by which women can obtain information about menopause."

In the Netherlands (Verburgh *et al.*, 2020) note that "women in low paid jobs experience more occupational health problems than other groups of workers, they looked at a workplace health promotion called the work-life-program which initiated a process of mental empowerment that initiated positive changes in four domains: behavior, physical health, mental wellbeing, and in the workplace"

Claire Hardy, who is prolific in menopausal research has written (Hardy, 2020) a factsheet which provides a 'how-to' guide for employers who are considering writing their own guidance on the menopause. "As each organisation is different, guidance should be tailored to meet the needs and the resources available" but it highlights information, awareness, advice on how to have a conversation, legal issues and a duty of care, policies, availability of support and changes to the physical work environment among topics which guidance should contain. The overview of UK guidance (Hardy, Hunter and Griffiths, 2018) which presumably informed this factsheet identified five overarching themes: (i) legislation; (ii) policy; (iii) information and training needs; (iv) workplace support; and (v) the physical work environment.

(Griffiths *et al.*, 2016) writing for the journal *Maturitas* suggest that particular strategies might include: "fostering a culture whereby employees feel comfortable disclosing health problems, allowing flexible working, reducing sources of work-related stress, providing easy access to cold drinking water and toilets, and reviewing workplace temperature and ventilation". (Kopenhager and Guidozzi, 2015) say that "a number of plausible strategies have been proposed that can be realistically implemented in the workplace and which could certainly make a significant difference. Careful thought, planning, consideration and effort may be required but, if instituted, they will, in the final analysis, benefit both employer and employee."

(Hardy, Griffiths, *et al.*, 2018) conducted a study of which the aim was to "examine the efficacy of an unguided, self-help cognitive behavior therapy (SH-CBT) booklet on hot flush and night sweat (HFNS) problem rating, delivered in a work setting. It concluded that a brief, unguided SH-CBT booklet is a

potentially effective management option for working women experiencing problematic HFNS."

In the first study to explore how women would like to be treated (Hardy, Griffiths and Hunter, 2017) found that "three overarching themes emerged. Theme 1 related to employer/manager awareness, specifically to knowledge about the menopause and awareness of how the physical work environment might impact on menopausal women. Theme 2 related to employer/manager communication skills and behaviors, specifically those considered helpful and desired and those considered unhelpful and undesired. Theme 3 described employer actions, involving staff training and raising awareness, and supportive policies such as those relating to sickness absence and flexible working hours." (Converso *et al.*, 2019) conducted a study where "Ninety-four menopausal nurses completed a self-report questionnaire including scales aimed at measuring menopausal symptoms, burnout, social (i.e., support from superiors and colleagues) and personal (i.e., self-efficacy, resilience, and optimism) resources. It found that whereas menopausal symptoms were associated significantly with emotional exhaustion, no social or personal resources were found to moderate this relationship. Regarding depersonalization, our study indicated that it was affected by menopausal symptoms only among nurses who reported low social support (from superiors and colleagues), optimism, and resilience"

(Pettee Gabriel, Mason and Sternfeld, 2015) explored the associations between physical activity and menopausal symptoms in midlife women and found that "shifting the health promotion message from the long term benefits of physical activity to the more short-term, acute benefits may encourage midlife women to engage in more regular physical activity. Recent studies provide strong support for the absence of an effect of physical activity on vasomotor symptoms; evidence is still inconclusive regarding the role of physical activity on urogenital symptoms (vaginal dryness, urinary incontinence) and sleep, but consistently suggestive of a positive impact on mood and weight control."

Attitudes and awareness

In a recent survey (Beck, Brewis and Davies, 2020) found that "some progress has been made to raise awareness about menopause in the workplace but that substantial work remains to be done to ensure women transitioning through menopause are supported. Questions explored three key issues relating to menopause at work: respondents' own experiences of menopause transition; disclosure at work; and availability of information on menopause at work. The largest group (43.4%) of respondents were perimenopausal and 16.8% were postmenopausal; 12.3% indicated that they might be experiencing menopause but were not sure. Only 45.8% had disclosed their menopause status at work. Fewer than 20% were provided with information about menopause in their workplace but the majority would like such information to be available".

Similarly in a Dutch study, (Geukes *et al.*, 2020) found that over "56% of occupational physicians find it difficult to assess the relationship between menopausal symptoms and work ability" and in a recent BMA (British Medical Association) report (*Challenging the culture on menopause for working*

doctors report, 2020) (Mander, 2020) remarked that "the understated issue in view of the findings of the report is how can these doctors give advice to other women and their patients about menopause problems and consequently the appropriate management. The findings suggest a lack of knowledge and information relating to the modern management of the menopause and perhaps most importantly the risks and benefits of various forms of treatment. The BMA survey highlights that the medical profession needs more education so that they can advise their patients properly. Correct implementation of menopause therapies could have a major economic impact in healthcare economics, but more importantly could improve the happiness and well-being of millions of women in enjoying the fruits of disability-free enhanced life expectancy."

(Hardy, Griffiths and Hunter, 2019) sought to "develop and evaluate a 30-min online training for managers, in order to improve menopause-related knowledge, attitudes and confidence in having supportive discussions with women experiencing menopausal symptoms at work. They found that a brief menopause awareness training may be a feasible and effective way to help managers become more knowledgeable about menopause-related problems and more confident in discussing and exploring solutions with their staff."

Staff retention

Suzanne Banks, writing for the British Journal of Nursing (Banks, 2019) recognises that "many women enter the menopause at the peak of their productive lives and that these women have valuable skills, knowledge and experience that employers need to retain, so they should be developing resources to help navigate this normal and natural stage of the ageing process. There is evidence to show that some women choose to exit the workplace earlier than intended because of their experience of the menopause (Griffiths et al, 2010.) Within the author's Trust there are anecdotal reports to suggest this has happened and some older female staff have left due to difficulty dealing with menopausal symptoms at work. However, there is a lack of evidence through electronic staff records (ESR) or exit interviews to support this. In order to be in a position where accurate information can reflect the impact of menopause within the workplace, either through influencing a woman's decision to leave or taking time off sick, the inflexibility of the ESR system needs to be addressed nationally."

(Hardy, Thorne, *et al.*, 2018) question whether the menopause does impact upon mid-aged women's work outcomes. It concludes that menopausal status was not associated with work outcomes but having problematic hot flushes at work was associated with intention to stop working. These results challenge assumptions about the menopause transition by providing evidence that the menopause does not impact on women's self-reported work performance and absence.

Performance

In a survey of employee's attitudes in the UK (Griffiths, MacLennan and Hassard, 2013) found that the "most problematic symptoms were: poor concentration, tiredness, poor memory, feeling low/depressed and lowered confidence. Hot flushes were particularly difficult. Some women felt work performance had been negatively affected. The majority of women were unwilling to disclose menopause-related health problems to line managers, most of whom were men or younger than them."

Menopausal vasomotor symptoms (VMS) have also been associated with poor 'self-assessed' work ability. In this study for *Maturitas* (Gartoulla *et al.*, 2016) aimed to investigate the association between VMS and self-reported work ability. They found that of 2020 women who comprised the study sample, 1274 were in paid employment and 1263 completed the Work Ability Index. The WAI score was good-excellent for 81.5% of women and poor-moderate for 18.5%. After adjustment for socio-demographic characteristics, having any VMS was associated with greater likelihood of poor-moderate work ability [odds ratio (OR)=2.45, 95% CI 1.69-3.54]. Poorer work ability was significantly and independently associated with being un-partnered, obese or overweight, smoking, being carer and having insecure housing finance, but not with age. In a survey of Dutch women (Geukes *et al.*, 2016) found that "Symptomatic women had significantly higher total GCS scores (mean 26.7 vs 14.2, t=10.8, P<0.001) and significantly lower WAI scores (median 32.0 vs 40.0, U=2380, P<0.001) than the reference group. They were 8.4 times more likely to report low work ability than their healthy counterparts."

"Many women complain of forgetfulness during the menopausal transition, (Unkenstein *et al.*, 2016) aimed to examine women's subjective perception of memory and their objective memory performance across the menopausal transition. They found that "comprehensive neuropsychological assessment showed no difference between premenopausal (n = 36), perimenopausal (n = 54), and postmenopausal (n = 40) groups in performance on memory and executive tasks. Perimenopausal women, however, reported significantly more frequent forgetting ($\eta = 0.09$, $P < 0.01$) and less contentment with their memory ($\eta = 0.08$, $P < 0.01$) than pre- and postmenopausal women. Although no impairment was observed in neuropsychological performance, when compared with pre- and postmenopausal women, perimenopausal women were more likely to be dissatisfied with their memory. During the menopausal transition women with a more negative attitude to menopause and more intense depressive, anxiety, vasomotor, and sleep symptoms are more vulnerable to feeling less content with their memory. (Gujski *et al.*, 2017) found that after testing menopausal women using the Montreal Cognitive Assessment; computer tests of the CNS Vital Signs; the Subjective Work Characteristics Questionnaire, and a questionnaire designed by the author, cognitive functions of the examined women remained within the range of average evaluations, and were correlated with stress-inducing factors at the place of work.

Sickness and Absence

In the 2016 Dutch study (Geukes *et al.*, 2016) which looked at the impact of work ability in women with severe menopausal symptoms, they found that women may be at risk of prolonged sickness absence from work. In several studies, the Work Ability Index showed to predict future illness related absenteeism among women with lower work ability scores. A low work ability index score predicted long-term absenteeism. This relationship remained significant after adjustment for work related factors, family structure, lifestyle, living condition and behavioural characteristics. Furthermore a low work ability index score showed to be highly predictive for receiving a disability pension within two years from the baseline assessment. These data together with the present study indicate that over three quarters of the women who seek help for their menopausal symptoms might be at risk for developing future illness related absenteeism from work that might lead to discontinuation of active participation in labour." In their later 2020 (Geukes *et al.*, 2020) study which looked at the attitudes of Dutch occupational physicians (OPs) they reported that "most OPs do recognize a role for menopause in presenteeism and sickness absence. However, 48% stated that women with bothersome menopausal symptoms are 'not sick' and 'just experiencing symptoms of a normal physiological process'. Over 56% of OPs find it difficult to assess the relationship between menopausal symptoms and work ability, and 63% to report menopause as a diagnosis in the context of a sick leave certification.

Working patterns

In a study supported by the Center for Disease Control and Prevention and the National Institute of Health (Stock *et al.*, 2019) asked "How are rotating night shift schedules associated with age at menopause among a large, national cohort of shift working nurses? It is already known that younger age at menopause has been associated with increased risk of adverse health outcomes, particularly those linked to reproduction. Night work has been associated with reproductive dysfunction, including disruption of menstrual cycle patterns. Our findings suggest that working rotating night shifts with sufficient frequency may modestly accelerate reproductive senescence among women who may already be predisposed to earlier menopause".

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Please click the blue links to access the articles. If there is no blue link then please contact the Library for a copy.

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