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RCN Position Statement: Menopause and you at work

POSITION STATEMENT





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RCN Position Statement – Menopause and You

The RCN believes that everyone has a right to access support at work, around the menopause, to enable them to continue in employment and ensure they maintain a healthy life, within any healthcare setting.

This position statement is for all nurses, midwives, nursing associates and nursing support worker working in any health and social care setting in any of the four countries in relation to menopause at work.

It is not a menopause treatment guide which can be found on the Women's health forum pages - [Women's Health Forum | Royal College of Nursing \(rcn.org.uk\)](#)

Introduction and background

The nursing workforce is predominantly female with a significant number in the age group 45-55 (Cronin et al 2023) and can therefore represent an employment issue around the menopause for staff turnover, performance and retention.

The menopause happens to all women and those assigned female at birth who do not identify as female or who are trans men, non-binary or gender fluid. The degree of impact on a woman's quality of life and the symptoms experienced are very individual. It is a complex process that marks the change in a women's reproductive life.

The symptoms can be physical and psychological, which can lead to vulnerability at work. It is important that all health care professionals understand the changes that women face at the time of their menopause and the issues related to improving health after menopause.

The working environment can also play a part in symptoms, sometimes having a negative effect on them and causing more distress. Employers have a duty of care to their employees, including increasing awareness and having robust menopause friendly policies that include reasonable adjustments when needed. As women are working longer, it is fundamental that good health is maintained for the workplace and for life in general.

This position statement is aimed at increasing awareness of menopause at work and can be used by all who work within healthcare as a resource to find help and support for themselves or colleagues. It is not a menopause guide but a summary of evidenced based resources that relate to work and working through the menopause.

Appendix 1 provides an overview of possible symptoms to be aware of.

The symptoms of menopause for some women can affect performance so it is crucial that women receive workplace support around this time if needed. This needs to be balanced as some women do not wish for or need help and worry that disclosing menopause may cause active discrimination, so the policies need to be sensitive to the needs of all.

The RCN Women's Health Forum has published resources around menopause, including clinical care, menopause and mental health and menopause in the work place which can be found here: rcn.org.uk/clinical-topics/Womens-health/Menopause.

Further sources of evidence can be found at the end of this publication.

Legislation and Policies

The table below is a summary of the current legislation from the four countries in relation to menopause and menopause at work policies. These can be useful when looking at developing strategies around menopause at work.

Table 1 Relevant legislation and policies across the UK.

Country	Relevant policy
England	<p>Menopause and the Workplace: How to enable fulfilling working lives: government response - GOV.UK (gov.uk)</p> <p>NHS England guidance NHS England Os07 cme1 (o)15.6 wNVrkng lenpaatrnp</p>

The Menopause and work

NICE defines menopause as:

Menopause is when a woman stops having periods as she reaches the end of her natural reproductive life. This is not usually abrupt, but a gradual process during which women experience peri-menopause before reaching post-menopause (NICE, 2019).

The transitional phase known as peri-menopause describes the time leading up to a woman's final menstruation, and the endocrinological, biological, and clinical features of the approaching menopause. The length of this transition is usually about four years, however, can be shorter in smokers compared to non-smokers (NICE 2019). 10% of women do not experience this phase and menses may stop abruptly. The median age for menopause is 51 years, in the UK, although this can vary in different ethnic groups (NICE 2019) over an age range of 39–59 years.

Perimenopause is the months or years either side of periods stopping and is the time when many people experience symptoms. Other terms commonly used now include:

- POI – premature ovarian insufficiency or premature menopause*
- natural menopause – occurs in the vast majority of women as physiological development
- induced menopause – menopause may be induced through medication or treatment
- surgical menopause – menopause that occurs earlier than expected when both ovaries are surgically removed or permanently damaged by treatments, usually for carcinogenic illness (pelvic radiation or chemotherapy).

* **Premature ovarian insufficiency** It is important to remember that not all women experience the menopause around the age of 51-52. There is a proportion of women (about 1% (European Society of Human Reproduction and Embryology (ESHRE) 2023) who will experience the menopause under the age of 40. This can be due to unknown reasons, genetics or as a side effect from cancer treatments. It is important that these women are included in any menopause policies.

Having a menopause before the age of 40 can have significant health issues such as increase in cardiovascular disease, decrease in bone density and significant psychological issues and brain health issues. Evidence suggests that there is an impact on Quality of Life and wellbeing over and above general menopause. The symptoms are the same as those outlined above but normally unless there are contraindications hormones need to be replaced. Further information is available at [Premature ovarian insufficiency - British Menopause Society \(thebms.org.uk\)](https://www.thebms.org.uk)



Accessing Help

Symptoms may build up gradually growing in severity and can be ignored until they become unbearable. The nursing workforce are incredibly good at addressing the care and wellbeing of others but frequently prioritise this over the wellbeing of themselves. Recognition is an important first step, and it can be helpful to explain what is happening to family and friends to access support. A comprehensive person-centred management plan should be put in place, and this may require a combination of approaches.

Symptoms, as well as personal circumstances, may change over time and adjustments or changes may need to be made, so it is important that the management plan is reviewed 3 months after any change and then on an annual basis.

Workplace

A lack of support and resources in the workplace can lead to issues at work that are not performance related but can be treated as this. Menopause needs to be a normal conversation within the workplace and how it can impact individuals and RCN members should be encouraged.

Employers have a duty of care to explore issues that can impact on individuals and work. Managers and teams should be familiar with where help can be accessed, including support offered by their own organisation and good resources, to recommend. They should be aware of local referral pathways including primary and secondary care clinicians, which can include nurse specialists in menopause* and time out for medical appointments, if needed.

[*Nurse Specialist in Menopause | Publications | Royal College of Nursing \(rcn.org.uk\)](#)

[Find a BMS-recognised Menopause Specialist - British Menopause Society \(thebms.org.uk\).](#)

If adjustments are needed then these can be put in place, and more information can be found at [The Menopause and Work | Royal College of Nursing \(rcn.org.uk\)](#).

Self-Care and Lifestyle management

Peri-menopause is a time of transition which can accompany other life changes such as caring responsibilities, personal relationships, financial circumstances, and professional roles. It can be useful to take time to think creatively about the opportunities for self-fulfilment in this next life chapter. Simple lifestyle changes can be effective in reducing

Nutrition and weight management

Vaso motor symptoms are frequently exacerbated by alcohol, caffeine, smoking, and spicy food, so eliminating or modifying these factors can be helpful. Help with smoking cessation can be accessed here: [NHS stop smoking services help you quit - NHS \(nhs.uk\)](#) and alcohol reduction here: [Drinkaware Home | Drinkaware](#)

Women with a higher BMI may experience greater severity of symptoms and weight management strategies, including formal weight management programmes can be helpful. The British Dietetic Society and British Menopause society both have practical resources:

[Top ten nutrition tips for the menopause | British Dietetic Association \(BDA\)](#)

[Menopause Wellness Hub - Women's Health Concern \(womens-health-concern.org\)](#)

Movement and Exercise

Increasing movement and exercise are a powerful tool to boost mood, ease joint aches, strengthen bone health, aid sleep, improve cardiovascular health and assist with weight management. Women should aim to achieve 10,000 steps a day and include 30 minutes of exercise that raises the heart rate at least 5 times a week. Further advice can be found here: [Get active - Better Health - NHS \(nhs.uk\)](#)

Yoga and Pilates have shown to be effective in keeping the menopausal body strong and supple and is useful in reducing anxiety and promoting mindfulness and calm.

A common barrier to exercise is urinary frequency or incontinence and including pelvic floor exercises can be effective, and referral to a women's health physiotherapist may be helpful.

The squeezey app is a useful tool to support self-management: [Squeezey on the App Store \(apple.com\)](#)

Psychological Support

Managing psychological difficulties such as stress and anxiety is a key component of menopause management and accessing talking therapy is a powerful tool. Many employers offer counselling and psychological support, and this can also be accessed through RCN Direct: [Get help and advice from the RCN | Royal College of Nursing](#) the Cavell Trust [What we do - Cavell \(cavellnursestrust.org\)](#) and Community Nurses, may access support through the Queens Nursing Institute: [Talk To Us © – The Queen's Nursing Institute \(qni.org.uk\)](#)

Cognitive Behavioural therapy (CBT) is a non- medical evidence based psychological strategy that can be extremely effective in managing a wide range of symptoms including anxiety, stress, mood swings, insomnia and hot flashes: [02-WHC-FACTSHEET-CBT-WOMEN-FEB-2023-A.pdf \(womens-health-concern.org\)](#)

Accessing Treatment Options

Hormone Replacement Therapy (HRT) is the first line treatment option for managing symptoms unless medically contraindicated, (NICE 15) and has the added advantage of reducing the risk of cardiovascular disease and protecting bone mineral density. Many women experience a dramatic relief of symptoms which can be life changing. There are a wide range of HRT options and women respond differently to them so it can take time to achieve optimal control. It can be helpful to read about options before attending an appointment to make the most out of the consultation: [27-WHC-FACTSHEET-HRT-Doses-NOV2022-A.pdf \(womens-health-concern.org\)](#)

Organisation and management role in creating the supportive environment

There is an expectation that the CEO/Board is committed to recognising that the menopause is a workplace health and wellbeing issue. They should create and develop an organisation that normalises menopause and allows for a supportive environment.

All managers should have an understanding and clear direction about what is expected of them by the organisation.

- » **N _ a s e : T e l _ a c e N _ a s . M e a s e H e a , c a e**
To ensure the retention of nursing professionals experiencing menopause, it is crucial to shift the culture in healthcare to normalise discussions about this natural phase of life. Despite some progress, many nurses still face shame and stigma surrounding menopause, hindering their ability to seek support and assistance in the op

» **Advising Managers on Reasonable Adjustments and Discouraging Absences**

In addition to flexible working arrangements, managers should explore what other reasonable adjustments may be required within the team. By making these adjustments, managers demonstrate that menopause is a priority in their workplace, strengthening the team's commitment and loyalty to the organisation.

Accurate documentation of menopause-related absences is essential for organizations to gain a better understanding of how menopause affects their employees, teams, and services. This information can inform decisions about additional support needed. It is crucial to document any disclosures made by employees and the reasonable adjustments offered to them.

As a professional body and trade union, we recommend that menopause related absence is taken out of sickness absence triggers, so that individuals are not taking down a formal capability management process. Outside of health and social care, Tesco's and USDAWed to tea nhang

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What good looks like:

These are some examples of what good looks like, they may not all be available in any one organisation.

- Awareness and support at work including Webinars discussing menopause – highlighting self-care selfcareforum.org/2022/11/20/new-menopause-resource/
- Staff menopause clinics
- [Sign the Menopause Workplace Pledge \(wellbeingofwomen.org.uk\)](https://wellbeingofwomen.org.uk)
- Facilitated or self-help CBT sessions
- Communications – raise awareness of how menopause may affect workers, better communication skills around menopause – online training tool for manager
- Education sessions for managers
- Menopause café
- Menopause policies that are supportive and include a health and wellbeing policy rather than just employment
- Library of resources including books for staff support.

The European Menopause and Andropause Society (EMAS) (2021) suggest that making health and wellbeing during the menopause a priority for the organisation, by ensuring a consistent and positive approach, including the following.

- Establish and promote a clear business case for ensuring that women with menopausal symptoms which impact on work are not stigmatised or discriminated against and that staff are retained.
- Have a zero-tolerance policy to bullying, harassment, victimisation or belittling of women with menopause symptoms.
- Undertake an assessment of how work patterns (e.g. night working, shift patterns) may impact symptoms and allow flexible working arrangements, including working from home, wherever possible.
- Ensure provision of training for managers and supervisors on how to have sensitive conversations at work.
- Develop an employment framework that recognizes the potential impact of the menopause and provides confidential sources of advice and counselling services.
- Ensure health and wellbeing policies supportive of menopause are incorporated in induction, training and development programs for all new and existing staff.
- Include explicit coverage of menopause in sickness and attendance management policies and ensure women can access workplace healthcare provision, where possible.

Conclusion

Menopause can be an individual and unique experience. It can be distressing, and the numerous symptoms can impact on both personal and working life. It is of paramount importance that women are supported to maintain and develop a healthy life for the menopause and beyond. The nursing workforce includes a large proportion of staff who will develop menopause symptoms that can have an impact on both quality of life and working life.

This position statement is aimed at staff, employers and managers to help individuals manage the symptoms of menopause and to encourage a healthy workplace discussion to normalise menopause and promote best practice around its management and support in the workplace wherever this may be.

Rees M, et al (2021) Global consensus recommendations on menopause in the workplace: A European Menopause and Andropause Society (EMAS) position statement., *Maturitas*, 151, pp. 55–62. pubmed.ncbi.nlm.nih.gov/34274202/

Rymer J, Holloway D, Bruce D and Bowen J (2022) Looking after our menopausal workforce: A model for NHS staff., *Post reproductive health*, 28(4), pp. 244–247. ncbi.nlm.nih.gov/pmc/articles/PMC9729959/

RCN (2020) Menopause: RCN Guidance for Nurses, Midwives and Health Visitors [Menopause guidance | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/clinical-topics/womens-health/menopause)

RCN (2020) The Menopause and Work: Guidance for RCN Representatives [rcn.org.uk/professional-development/publications/rcn-menopause-and-work-uk-pub-009327](https://www.rcn.org.uk/professional-development/publications/rcn-menopause-and-work-uk-pub-009327)

RCN (2022) Menopause and Mental Health [rcn.org.uk/Professional-Development/publications/menopause-and-mental-health-uk-pub-010-330](https://www.rcn.org.uk/Professional-Development/publications/menopause-and-mental-health-uk-pub-010-330)

RCN (2023) Women's health: Menopause [rcn.org.uk/clinical-topics/Womens-health/Menopause](https://www.rcn.org.uk/clinical-topics/Womens-health/Menopause)

RCN 2023 Menopause at work [rcn.org.uk/clinical-topics/Womens-health/Menopause/Menopause-at-work](https://www.rcn.org.uk/clinical-topics/Womens-health/Menopause/Menopause-at-work)

Womens Health Concerns (2023) Menopause in the Workplace [womens-health-concern.org/help-and-advice/menopause-in-the-workplace/](https://www.womens-health-concern.org/help-and-advice/menopause-in-the-workplace/)

Wellbeing of Women (2023) Sign the Menopause Workplace Pledge [wellbeingofwomen.org.uk](https://www.wellbeingofwomen.org.uk)

Vanderzalm, J et al (2023) Women's health nurse experience of menopause – lessons for leaders *Nursing Management* June 2023 pages 34-40 ncbi.nlm.nih.gov/pmc/articles/PMC10226387/pdf/numa-54-34.pdf

Resources for menopause and work

ACAS

Faculty of Occupational Medicine [Guidance-on-menopause-and-the-workplace.pdf](#)
([som.org.uk](#))

Faculty of Occupational Medicine resource [fom.ac.uk/wp-content/uploads/Guidance-on-menopause-and-the-workplace-v6.pdf](#)

Guidance from NHS Employers [nhsemployers.org/articles/menopause-and-workplace](#)

IOSH (Professional Body for Health and Safety Professionals) [Menopause in the workplace | IOSH](#)

[Menopause in the Workplace - Business in the Community \(bitc.org.uk\)](#)

[Menopause at work | TUC](#)

Menopause in the Workplace [menopauseintheworkplace.co.uk](#)

Menopause passport [First 'menopause passport' launched at NHS Trust which employs over 18,000 women \(uhb.nhs.uk\)](#)

NHS Staff Council Health, Safety and Wellbeing Group Principles Document [Guidance on menopause at work | NHS Employers](#)

NHSE publication to help NHS organisations and staff [england.nhs.uk/long-read/](#)

The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies

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