

Challenging the culture on menopause for working doctors



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Introduction

Menopause is often described as a 'taboo' subject in the workplace. Many are suffering in silence because they are afraid of the reaction they will get from managers or colleagues if they mention their symptoms at work. Individual experiences of the menopause vary significantly, and there is no one-size-fits-all approach to providing support. Approaches need to begin with employers establishing a culture where those experiencing symptoms can speak openly and get access the particular support they need.

Clinical environments and the demands of medical careers are likely to bring up specific challenges for doctors working through menopause. To understand these better, the BMA circulated a survey to all our members in November and December 2019, which received 2,000 responses. Respondents were asked about the symptoms they were experiencing, how and to what extent they impacted on their working lives, and what support would make symptoms more manageable.

Respondents shared some upsetting stories of the struggles they were facing and the impact on their physical and mental health. The majority were not receiving any support from their employer to make their symptoms more manageable. Many shared that the culture that they were working in made them reluctant to speak about the menopause, describing experiences of sexism, ageism and working in an unforgiving environment. However, we can see from the respondents who shared positive stories, how much life can be improved by things like more flexible working and the introduction of workplace menopause policies that provide recognition, encourage conversations and signpost to support.

The majority of women experience menopause between the ages of 45 and 55, with symptoms lasting an average of four years. There are currently just over 30,000 women doctors in this age group on the GMC register (and in younger cohorts the number of women will be higher)¹. Our survey found that a significant number have reduced their hours, left management roles or intend to leave medicine altogether, despite enjoying their careers, because of the difficulties they faced when going through menopause. The health service is under immense pressure and we cannot afford to lose experienced doctors because of a lack of flexibility and support during a relatively short phase in life.

People who are non-binary, transgender or intersex may also experience symptoms as a result of menopause or treatment related to gender transition. We did not receive any information from our survey on their specific experiences or challenges. However, employers and managers need to be aware and remember that their experiences of menopause may be different, especially if their transgender status is not known, for example, or they have faced discrimination or prejudice in the past. Every individual who is affected by menopausal symptoms should be treated with sensitivity, dignity and respect and be able to access support if needed.

Some people may go through menopause at an earlier age than expected or have a sudden onset of symptoms as a result of surgical or medical treatment. Experiences of menopause may also vary for reasons related to other characteristics such as sexual orientation, religion or belief or disability.

The starting point is to breakdown the taboos about speaking about menopause at work, to be more understanding of how it can affect people's lives, and to be flexible in the support offered, usually for a temporary period, to ensure that we do not lose valuable skills and experience from the workforce.

¹ data.gmc-uk.org/gmcdata/home/#/reports/The%20Register/Stats/report

If you are experiencing challenges at work because of the menopause, please contact the BMA's employment advisors: bma.org.uk/about-us/contact-us/get-in-touch/bma-advisers

The BMA also has confidential 24/7 counselling and peer support services on **0330 123 1245**.

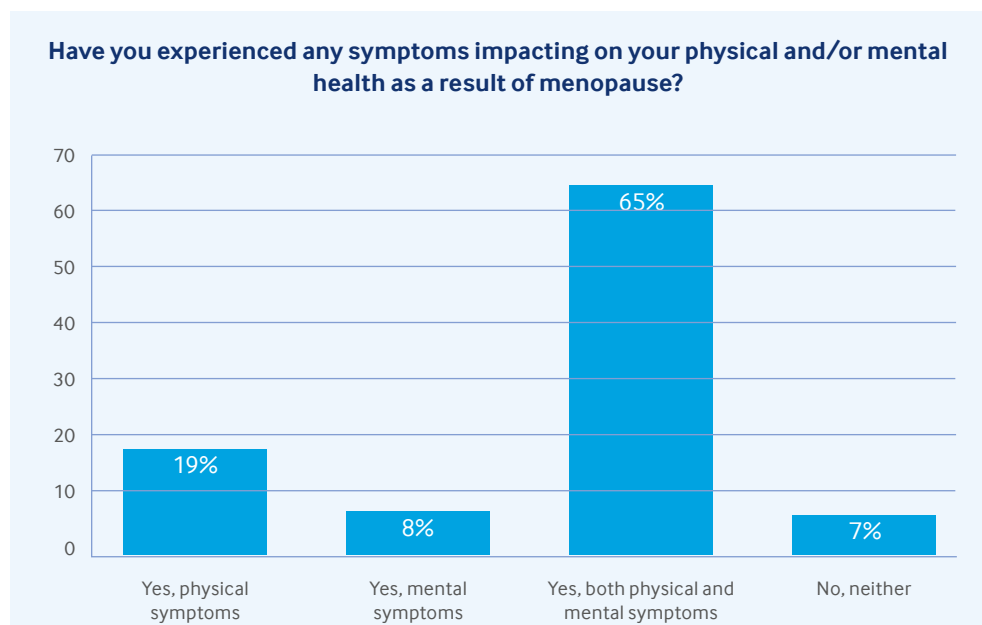
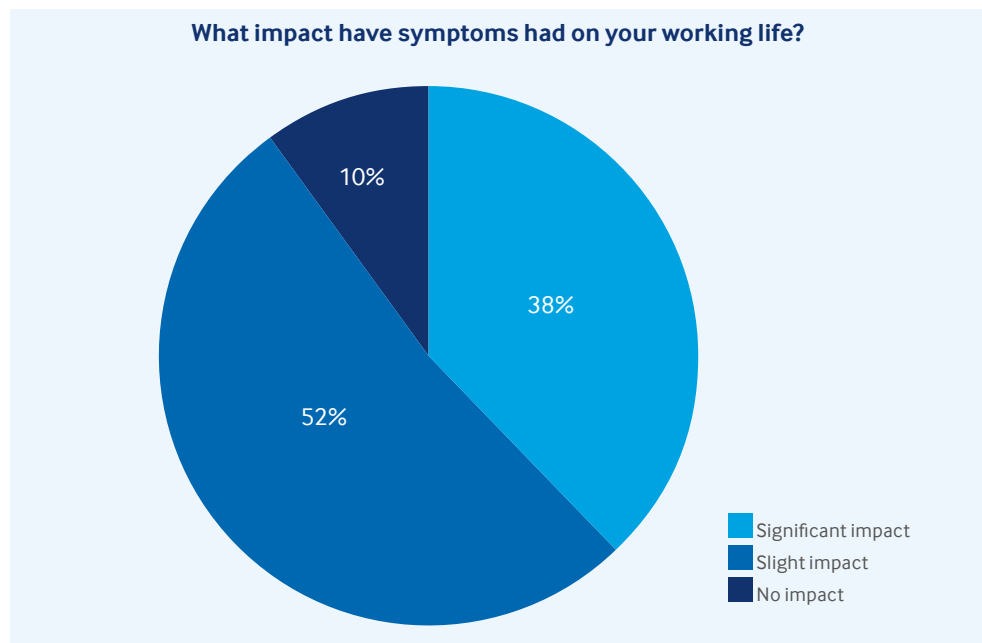
Areas of action to support doctors going through the menopause

1. Breaking the taboo – employers should take a pro-active approach to normalising the topic of menopause and spread awareness, particularly among managers, of the impact the symptoms can have on work.
2. Access to flexible working – enabling doctors to work flexibly will make their symptoms more manageable and improve morale. This should be made available across all specialities, and for those in, or applying for, senior roles.
3. Adjustments to the workplace – this could include improving room ventilation, easier access to toilet facilities, drinking water and rest breaks.
4. Support for mental health and wellbeing – menopause can impact your mental health as well as your physical health. Employers should sign-up to the standards in the [BMA's mental wellbeing charter](#) to effectively support staff's mental health.
5. Developing an inclusive culture – including actions to address sexist and ageist behaviours in the workplace that prevent women speaking about menopause and asking for support.

Key findings

- 93% of survey respondents had experienced symptoms as a result of the menopause, with 65% experiencing both physical and mental symptoms.
- 90% said that these symptoms had impacted their working lives, with 38% saying that the impact was significant.
- 36% of respondents had made changes to their working lives as a result of menopause and 9% intended to make changes.
- 38% wanted to make changes to their working lives as a result of menopause but said they were not able to.
- Only 16% had discussed their menopause symptoms with their manager and 47% wanted to but did not feel comfortable doing so.

How are menopausal symptoms impacting doctors?



Mental health and wellbeing

A key finding from the survey is the strong impact that menopause can have on mental health, confidence and self-worth. If organisations want to develop effective interventions to support employees going through the menopause, they must place an equal focus on supporting employees with the mental as well as the physical symptoms of menopause. There are clearly recognised symptoms that impact mental health, including anxiety and low moods. These can be magnified when working in high-pressure and stressful environments. Respondents citing these symptoms said they had left them feeling overwhelmed, exhausted and doubting their ability to effectively manage their workload.

I am quite happy to talk about my physical symptoms as my boss is a woman who has been through the menopause. My hormone-related mental health issues are more complex and, when I'm experiencing them, I don't feel able to talk to anyone, let alone ask for changes I feel I don't deserve as I appear to be doing my job so badly.

I suffer attacks of low confidence which makes me question my worth and ability to do my job. When coupled with the symptoms, I have often felt like giving up.

There are also indirect symptoms which result from coming to terms with changes that are happening. People who experience early menopause and intended to have children can find it particularly distressing. Early menopause is experienced by around 1 in 100 women.

I also struggled with the impact on my fertility and seeing pregnant patients and young children was incredibly difficult.

Physical health

Hot flushes are amongst the most well-known symptoms of menopause. They usually last a few minutes and can involve sweating, an increased heart rate and the face, neck and chest becoming red and patchy². Many respondents said the lack of temperature control and poor ventilation in hospitals and GP practices was challenging. Respondents said they did not have access to fans, cool drinking water or open windows which made their symptoms worse.

Menorrhagia becomes more common for some during menopause. Respondents who had experienced unpredictable and heavy bleeding said this was very difficult to manage while working in busy clinics without breaks and poor access to toilet facilities.

Working late due to excessive workload impacts on my ability to sleep which is affected by perimenopause already. Night sweats are worse when I'm stressed. Busy clinics mean I have not been able to manage menorrhagia properly which has resulted in some flooding episodes.

Other impacts on physical health included:

- Migraines – worsened by the glaring lights from outdated IT equipment and noisy work environments which do not have a quiet area.
- Joint pains – these can worsen when working without breaks and during long periods in theatre.

Fatigue and problems with concentration

A large number of respondents listed the impact that fatigue was having on their working lives. Difficulty sleeping and night sweats – common menopausal symptoms – together with anxiety, joint pains and problems with memory and concentration, all added to fatigue.

Respondents said fatigue made on-call work more challenging and they also found it harder to cope with the irregular sleep patterns that shift working demands.

Long hours and a lack of flexibility adds to tiredness and interrupted sleep. Pressure of continuous concentration and making quick decisions adds to the fatigue.

Raising awareness and enabling workplace conversations

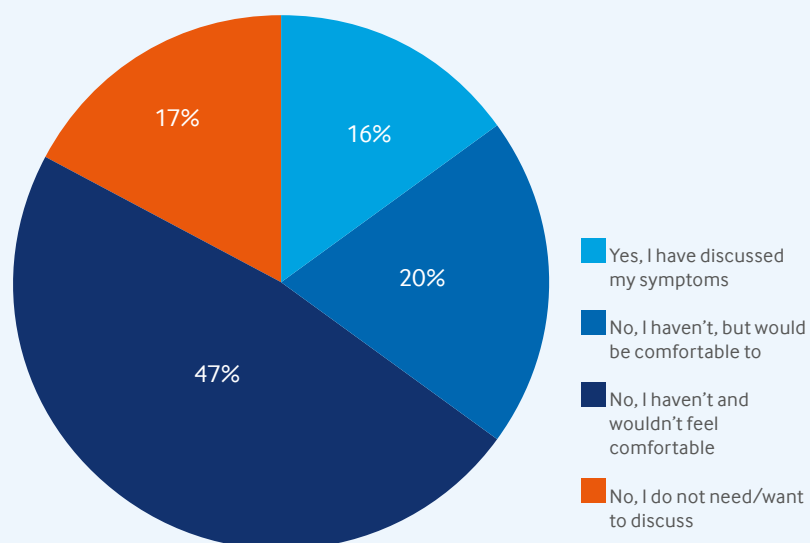
Almost half (48%) of respondents said they had not sought support and would not feel comfortable discussing their menopausal symptoms with their managers.

Respondents assumed that their managers would be uncomfortable and ill-prepared to support them. Many respondents pointed to the fact that their managers were men and they believed would not understand.

Raising the subject of menopause is taboo. I doubt it would lead to any tangible changes...raising a taboo subject is not worth it.

As with all health issues, these should be addressed professionally and with sensitivity on an individual basis. Not everyone needs support but raising awareness may empower those who do to seek help.

Have you, or would you consider, discussing your symptoms with your manager?



Unsupportive cultures

I feel there is still a stigma in medicine about admitting that you are struggling.

Medicine is a highly demanding profession, where doctors are frequently expected to go 'above and beyond' in order to provide the best care. However, this can make it hard for doctors to disclose when they are struggling and may need more support.

A repeated issue raised throughout the survey responses was that the unsupportive culture came not just from management, but from peers too. Some who had been open about their symptoms said they had not been believed by their colleagues, and many said they feared being looked down upon by peers if they did mention them.

There were multiple examples of doctors initially not realising that symptoms, such as poorer concentration and feeling more anxious, could be a result of their menopause. This led to them doubting themselves and feeling isolated. There were also examples of colleagues lacking awareness and reacting unkindly, accusing them of being 'lazy' or bad-tempered.

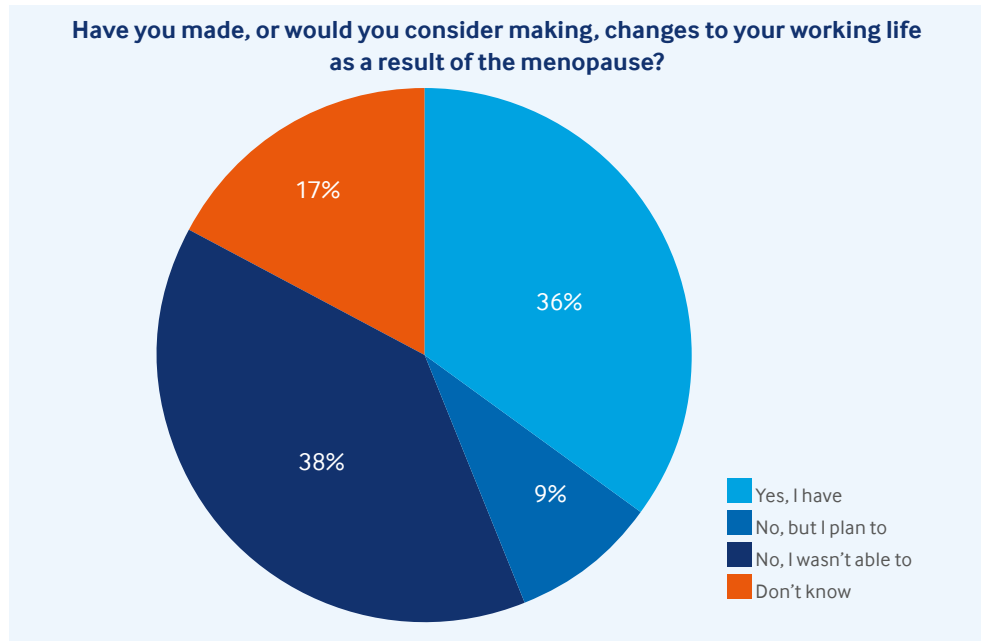
Sexist and ageist attitudes

The survey provided examples of sexist and ageist behaviours in the workplace, which led some to believe that they would be laughed at or ridiculed if they spoke about the menopause.

Some respondents who were in male-dominated specialties believed that raising the topic and asking for changes or adjustments to help them manage their symptoms would be viewed negatively and add to the gender bias they already experienced. There was concern that it would damage their career progression and they would be labelled as 'not up to the job' or that colleagues would think they were 'past it' and career opportunities would be taken away.

There are very few older women left at my senior level in my traditional profession. If I mentioned my perimenopausal symptoms, I would be stigmatised and disrespected as someone who was no longer rational or capable.

What changes have respondents made as a result of menopausal symptoms?



Survey respondents were asked about changes they had made or were considering making to their working lives. Two-fifths (38%) said they were unable to make changes they wanted. A significant number said they wanted to reduce their hours or retire early from medicine because of the difficulties they faced. It is likely that many managers and employers are unaware of this, given that almost half of respondents said they had not mentioned their menopausal symptoms at work.

Retire! I might do some locums after leaving but I plan to stop being a GP partner in the next 12 months as I can't sustain it.

Changes to working hours

The most common adjustment that respondents had made, wanted to make, or planned to make was a reduction in their working hours. Among those who wanted to work less but had not requested it, there was a strong theme of reluctance to ask because of understaffing.

I would like to work part time, which I think would help, but this would destabilise the department at a time where we are unable to recruit another consultant.

Many respondents wanted to end nights or on-call working because of fatigue and difficulty sleeping.

I had a new appraiser this time last year and I told him that I was planning on retiring in November 2019 as the effects on my health were too devastating. He suggested I ask for better hours as he and another male colleague of similar age had been offered that. I explained that I had asked and was told no. I kept saying that I wasn't lazy or uncommitted, I just couldn't function with no sleep. So, after him campaigning on my behalf, I now only work till 10pm in exchange for some weekend days and I feel excited about work again.

Changing career path or retiring early

There is a strong pattern of respondents making career changes, that involved them taking a step back in their career or moving to a lower paid role. There were multiple examples of respondents leaving partnerships and becoming salaried GPs or locums, or ending their positions as clinical leaders and directors.

I have considered leaving my role as a clinical leader and changing to a less responsible role or leaving altogether.

There was also a concerning number of respondents who said they had or intended to leave medicine early. A clear theme throughout these kinds of responses is that they still enjoyed their career but found they just couldn't manage their symptoms at work. As one doctor said, *'I left a job I loved.'*

It is extremely concerning to find that some women may be permanently stepping back from senior positions in medicine – a key cause of the gender pay gap – and the health service may be losing highly experienced staff because of inflexibility and a lack of support during a relatively short phase of life.

How can we improve workplace support during menopause?

We asked respondents how they could feel better supported at work and about changes they or their employer had made to reduce the impact that menopausal symptoms have on their working lives. The actions respondents wanted would likely be welcomed by all doctors as they are centred around having a more compassionate culture and a workplace that fosters equality, inclusivity and the health and wellbeing of their staff. Key themes mentioned by the respondents are outlined below.

Encourage doctors to have breaks throughout the day so that this is seen as normal like other disciplines. Encourage flexible working. Encourage a culture of support, which I think is generally lacking.

Introducing a menopause policy

Implementing a menopause policy that includes information on menopause, the support and adjustments available to support staff and a pro-active approach from management to provide tailored support to staff. NHS Wales has developed a comprehensive menopause policy.

An open and shared awareness of the potential for the menopause to impact on work and a willingness to listen, act and adapt.

Case Study: Sherwood Forest Hospitals Trust

In 2018, Sherwood Forest Hospital Trust launched a menopause strategy that aimed to support colleagues experiencing the menopause. The project was led by chief nurse Suzanne Banks and supported by the organisation [Henpicked](#).

There was a collaborative approach to developing the strategy, including representatives from different parts of the workforce and trade unions. The Trust launched a significant programme that has included two menopause conferences, awareness raising communications, alterations to include occupational referrals to include menopause and mental health, and training for line managers so they can be better at supporting their colleagues.

They have also made physical changes to the working environments such as fans, access to cool water and changing the uniforms to natural fibres to lessen the impact of hot flushes.

Please click [here](#) for more information.

Increasing access to flexible working

The most common request from respondents was to work more flexibly and those who had this made this change shared the significant impact that this had on making work and menopause more manageable. Flexible working must be available across all specialties and senior leadership roles should be available to those who need to work less than full time. Employer's flexible working policies should also be visible to employees.

I now have a work-life balance, I have the energy to see friends, feel safe and drive and feel 20 years younger. I am excited about work and passionate again about teaching, innovation and research and clinical work.

Adjust the workplace environment and greater access to facilities

Employers should review the working conditions and facilities to make menopausal symptoms more manageable in the workplace. This could include improving room ventilation, easy access to cool drinking water, toilet facilities and better rest facilities. The [BMA Fatigue and Facilities Charter](#), whilst developed to support trainees, could be looked at as guidance for the types of facilities those going through menopause would also benefit from.

Consider female needs: provide better changing room and toilet facilities. Provide access to sanitary products and start designing the workplace around women as well as men. Currently everything in medicine especially in theatres is designed to be used by men.

Support for mental health and wellbeing

Our survey findings demonstrate that menopause impacts mental health as much as physical health. Any effective menopause policy must raise awareness and provide support to those managing the mental health impact of menopause.

The BMA has developed a [charter for mental wellbeing](#) that we have asked employers to sign up to. The practical steps we want employers to take will be effective in addressing the support the respondents to this survey called for. The BMA also has wellbeing support services, offering counselling and peer support for doctors and medical students.

Developing a supportive culture and addressing unacceptable behaviour

A significant number of respondents said that more understanding and compassion from colleagues and managers would make them feel more supported. As mentioned, some respondents were uncomfortable coming forward with their symptoms as they found their work culture to be sexist and ageist.

The BMA has published recommendations to tackle bullying and harassment in the NHS and to create a positive working environment.

We would need a change in culture, not just in the NHS, but nationally, to support all working women during this time.

Useful resources to learn more about managing menopause at work

NHS Wales Menopause Policy: nhsconfed.org/-/media/Confederation/Files/Wales-Confed/Wales-Employers/FINAL-NHS-Wales-Menopause-Policy-19-Dec-18.pdf

Henpicked: henpicked.net/

TUC guidance: tuc.org.uk/menopause-work

NHS Employers: nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/taking-a-targeted-approach/taking-a-targeted-approach/menopause-in-the-workplace