



Draft Position Statement

Irish Nurses and Midwives Organisation

Menopause at Work

For Consultation, May 2019



Irish Nurses and Midwives Organisation
Working Together



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Introduction

The nursing and midwifery workforce in Ireland is predominately female. According to the Nursing & Midwifery Board of Ireland (NMBI) women represent 90% of all active registrants spanning the full working age range. There are almost 5000 members of the INMO over the age of 49 years. The Irish Nurses and Midwives Organisation (INMO) recognise the importance of supporting and advocacy for women. This position paper has been developed to highlight the issue and provide guidance for nurses and midwives experiencing the menopause.

There are nearly 300,000 women employed in Ireland aged 45-64 (CSO, 2016). The average age of a women's menopause is 51 years (Hunter et al 2012) so a significant number of women will be working throughout their menopause transition. Employers have a responsibility to raise awareness and provide support to women experiencing menopausal symptoms in the workplace (Altmann, 2015).

“8 out of 10 women experience symptoms leading up to menopause.”

The experiences of the menopause can vary significantly. The Health Service Executive (www.hse.ie) estimate that 8 out of 10 women experience symptoms leading up to the menopause. Of these, 45% find their symptoms difficult to deal with. Some women experience no symptoms or one symptom (Hunter et al 2012) while others experiencing severe symptoms that can impact on their quality of life (Avis et al 2009, Ayers & Hunter 2015).

Women at Work

The employment rate for women in Ireland rose from 59.1% in 2006 to 60.6% in 2007 before falling over the following five years to 55.2% in 2012. Since 2012, the employment rate for women has increased each year to 59.5% in 2016. The employment rate for women in the EU was about 58% between 2006 and 2013 and has increased slightly since then to stand at 61.4% in 2016 (CSO 2016).

Between 2006 and 2016 the employment rate for women aged 55-59 increased from 46.9% to 58.7% and the rate for women aged 60-64 increased from 30.8% to 37.4%. Over the same time period, the employment rate for men aged 55-59 dropped slightly from 73.9% to 73.6% while the rate for men aged 60-64 dropped from 57.1% to 56.9%. The combined effect of these changes means that the gap in employment rates for men and women aged 55-59 has nearly halved, from 27 percentage points in 2006 to 14.9 points in 2016(CSO 2016).

The gap in employment rates for men and women aged 60-64 decreased from 26.3 percentage points in 2006 to 19.5 points by 2016. The labour force participation rate for men in Ireland in 2016

was 67.8%, over 14 percentage points higher than the rate for females of 53.6%. The labour force participation rate for men was highest for the 35-44 age group at 91.8%. For women, the highest participation rate occurred in the 25-34 age group, with 77.8% of women in that age group in the labour force.

The participation rate for older women was much lower than that for men, with a rate of 39.5% for women aged 60-64 compared with 61.2% for men in this age group and just 5.8% for women in the 65 and over age group compared to 16.9% for men. Women represented 45.1% of the total labour force in 2016.

Irish Health Services

In 2013 four out of five (80.2%) employees in the Irish Health Service were women. Women were in the majority in all the grades shown in the table with the exception of Medical and Dental consultants where men accounted for 62.9% of the positions (Table 1.)

Women accounted for 92.1% of nurses, 85.2% of managers and administrators and 84.2% of other health care professionals (HSE 2018).

Table 1: Ireland: Health service personnel by grade category 2013

Grade category	Men	Women	Total	% women
Medical/Dental - Consultant	1,857	1,097	2,954	37.1
Medical/Dental - non-Consultant	2,814	3,450	6,264	55.1
Nursing	3,121	36,222	39,343	92.1
Health and social care professionals	2,834	15,067	17,901	84.2
General support staff	4,593	6,868	11,461	59.9
Other patient and client care	5,022	14,644	9,666	74.5
Management & administration	2,601	15,013	17,614	85.2
Total	22,842	92,361	115,203	80.2

Source: Health Service Executive, Service Personnel Census

“8 out of 10 women experience symptoms leading up to menopause.”

What is Menopause? Signs and symptoms

The menopause refers to the biological stage when periods stop and the ovaries lose their reproductive function. This usually occurs between the ages of 45 and 55, but in some cases, women may become menopausal in their 30s, or younger.

Every woman experiences the menopause differently. Symptoms can last from a few months to several years and up to 80% of women experience physical and/or emotional symptoms during this time.

These can include hot flushes and sweats, tiredness and sleep disturbance, joint and muscle ache, heart palpitations, mood swings, anxiety and depression, forgetfulness or lack of concentration, vaginal dryness, vulval irritation and discomfort, discomfort during sex, loss of libido and increased urinary frequency or urgency.

These symptoms can have a significant impact on their health and wellbeing as well as their work and relationships. The menopause affects women in 'mid-life' when they are often juggling demanding jobs, school-age children and elderly parents. This can have an impact on emotional wellbeing and lead to excessive levels of stress (Griffiths et al, 2009).

Most Common Symptoms

Hot flushes
Sleep disturbances
Urinary problems
Heavy periods
Vaginal symptoms

Hot flushes: can start in the face, neck or chest, before spreading upwards and downwards. At night they are felt as night sweats. Most flushes only last a few minutes and the woman may sweat and the face, neck and chest becomes red and patchy. The heart rate can also become quicker or stronger.

Sleep disturbance: can be caused by the night sweats, although it can also be caused by the anxiety women feel during the menopause. Sleep loss can cause irritability or lack of concentration at work. The menopause may also be linked to increased anxiety or depression.

Urinary problems: may also occur during the menopause, and many women have recurrent lower urinary tract infections, such as cystitis. It is common to have an urgent need to pass urine or a need to pass it more often than normal.

Heavy periods: and clots are common during the menopause and some periods may last longer. Most women will also experience irregular periods, which are harder to prepare for.

Vaginal symptoms: such as vaginal dryness, itching or discomforts are common. These happen not only during the menopause and shortly after but can occur in the in the period leading up to the change.

Women at work and Menopause

In the workplace, women have reported great difficulty in managing symptoms (Reynolds 1999, Paul 2003). They may be unable to disclose their menopausal difficulties due to fear of stigmatisation (Hardy et al 2017, Hardy et al 2019). In Northern Ireland, the Irish Congress of Trade Unions (ICTU, 2018) found that almost half of respondents said that the menopause had been treated as a joke in their workplace and 28% said that the menopause was treated negatively in their workplace. The menopausal difficulties experienced include poor concentration, tiredness and poor memory, feeling low/depressed and lowered confidence (Griffiths et al 2013). Problematic hot flushes at work have also been linked to women having a higher intention to leave the workforce (Hardy et al 2018).

With a predominately female workforce in nursing and midwifery, there are a significant number of INMO members who are experiencing menopausal transition. There are also approximately 1-10% of the population who experience early menopause or premature ovarian insufficiency. This group of women will have the same symptoms as the menopause (RCN, 2011).

For some, going through the menopause may be uneventful and may not impact on their working life but for others it may become increasingly difficult to function effectively at work and their working conditions may exacerbate their symptoms.

A study led by Professor Amanda Griffiths at the University of Nottingham into the menopause and work (Griffiths, 2010), reported that nearly half of the women surveyed found it somewhat or fairly difficult to cope with work during menopausal transition, whilst an equal proportion of women did not find it difficult at all. Five per cent reported it to be very or extremely difficult. However, it must be stressed that women can work during this phase of their lives.

The main difficulties identified for female workers are poor concentration, tiredness, poor memory, feeling low or depressed and lowered confidence. Hot flushes at work were a major source of distress for many women. Hot flushes were made more difficult when working in hot and poorly ventilated environments, in formal meetings and in high visibility work such as formal presentations (Griffiths 2010).

In 2011 the British Occupational Health Research Foundation published research that explored women's experience of working through the menopause.

This showed the following:

Many women found they were little prepared for the arrival of the menopause, and even less equipped to manage its symptoms at work. Over half had not disclosed their symptoms to their manager. The majority of women felt they needed further advice and support.

Workplaces and working practices are not designed with menopausal women in mind.

Heavy and painful periods, hot flushes, mood disturbance, fatigue, and poor concentration posed significant and embarrassing problems for some women, leaving them feeling less confident.

Women are not comfortable disclosing their difficulties to their managers, particularly if those managers are younger than them or are male.

Where women had taken time off work to deal with their symptoms, only half of them disclosed the real reason for absence to their line managers.

Some women said they worked extremely hard to overcome their perceived shortcomings.

Others considered working part-time, although they were concerned about the impact on their career if they did so, or had even thought about leaving the labour force altogether.

Over half of the sample reported they were

not able to negotiate flexible working hours or working practices as much as they needed to in order to deal with their symptoms.

Over half the women felt that it would be useful to have information or advice from their employer regarding the menopause and how to cope with their work.

Temperature in the workplace also appeared to be an issue for many women. Nearly half the sample reported not having temperature control in their usual working environment. Some could not open windows, or experienced interpersonal difficulties doing so in shared workspaces.

In 2003, the Trade Union Congress in UK (TUC) surveyed 500 safety representatives on the issue of menopause in the workplace. This survey found;

- 45 % of respondents said their managers didn't recognise problems associated with the menopause.
- Almost one in three respondents reported management criticism of menopause-related sick leave.
- Over a third cited embarrassment or difficulties in discussing the menopause with their employers. One in five spoke of criticism, ridicule and even harassment from their managers when the subject was broached.

Respondents to the TUC survey said that the symptoms of the menopause most likely to be made worse by work were:

- Hot flushes (53%)
- Headaches (46%)
- Tiredness and a lack of energy (45%)
- Sweating (39%)
- Anxiety attacks (33%)
- Aches and pains (30%)
- Dry skin and eyes (29%)

The survey identified the working environment as being responsible for making these symptoms worse. Two-thirds of the safety representatives reported that high workplace temperatures were causing problems for menopausal women, and over half blamed poor ventilation. Other complaints included poor or non-existent rest facilities or toilet facilities, or a lack of access to cold drinking water.

One of the biggest issues highlighted in the TUC report was the relationship between stress and increased symptoms, with 49 per cent of respondents mentioning this. Working hours were also cited as a problem for women working through the menopause.

Supporting Women in the Workplace

There is much that employers can do to support women going through the menopause, although evidence suggests that the menopause is still a taboo subject in the workplace. Attitudes to the menopause can range from empathetic and understanding to insensitive and jokey, to a complete lack of sympathy for employees who are experiencing this normal life event. In a recent report on supporting older workers, the UK Government's adviser on older people (Altmann, 2015) called on employers to recognise the symptoms of the menopause in their workforce, speak openly about it, and understand the great advantages a "mid aged" female workforce can contribute to any employment.

Menopause is an equality issue occupational health issue, where work factors have the potential to impact significantly on a women's experience of the menopause and covered under the Employment Equality Acts 1998-2015.

Women who are experiencing the menopause need support from line management. With any longstanding health-related condition this is crucial and can make a major difference. As

already stated, the workplace can affect women going through the menopause in various ways, especially if they cannot make healthy choices at work. It is also important to remember that every workplace is different but it can impact on women employees' management of her menopausal symptoms (RCN 2018).

The British Menopause Society (BMS 2019) suggested the following guidelines for workplace.

For example, does the workplace have policies that allow work adjustments such as flexible working, sickness absence procedures that allow women time off if needed for health appointments, or more breaks to help them during this temporary time of their menopausal transition? If no menopause-specific policy exists, having the word 'menopause' mentioned in existing wellbeing and health policies has also been regarded as useful and should be highlighted within guidance.

- Develop a Menopause policy that is accommodating for women going through the menopause.

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- The availability of support is another key aspect to address in guidance. Both formal and informal sources of support should be created and detailed. Who and where can women, or line managers, go when they need some additional help and advice. This could be a named person in HR or maybe the occupational health team. It will be different for each organisation. There could be a named 'menopause champion'. Whoever it is, it should be clear in the guidance policy who and how they can be contacted.
- Menopausal women also report that the physical work environment can have an impact on their menopausal symptom experience. Addressing this issue and what can be done should also be

addressed so **all** staff are aware of the policies and procedures to help support women who may be experiencing problems related to their physical working environment. For example, are staff allowed desk fans, can they move their work station to a window that can be opened, or closer to the toilet, and is there cool water available?

Union Role / INMO Role

Unions also have a role to play in challenging attitudes to the menopause, ensuring that their employer has procedures in place, and in offering support to women who are experiencing problems. Union representatives should raise the issue with their employer using the checklist above and ensure that the workplace meet the needs of menopausal women. Bear in mind that there may be specific requirements in your workplace (such as working at certain temperatures or adhering to a particular dress code) that make it even harder for women who are going through the menopause. It is therefore important that you tailor any response to the actual needs of your members. Raising women's health issues in the workplace will show that women can come to the union when they have difficulties. Some branches run women's health days that highlights a range of issues that can affect women in the workplace. You can also put up leaflets on the issue on union noticeboards. Having more women safety representatives or stewards also helps. Union safety representatives also have a role in ensuring that risk assessments take into account any potential health needs of women who are experiencing the menopause.

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Acknowledgement

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Thank you for reading this
Draft Position Statement.

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