Menopause in the workplace

Employee experiences in 2023
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Report

Menopause in the workplace: Employee experiences in 2023

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Acknowledgements
The CIPD is grateful to the organisations and individuals who gave their time and expertise to review our survey. This includes representatives from the APPG on Menopause and the Women and Equalities Select Committee.

Publication information
When citing this report, please use the following citation:

Introduction

Our research explores employees’ experiences of menopause at work. Our latest survey explores the experiences of over 2,000 women, aged 40–60, who are currently employed and could be experiencing menopause transition, with boosted representation around several protected characteristics including race, disability and sexual orientation.

In this survey we look at the type of menopause symptoms being experienced and their impact at work. We explore the difference workplace support can make and the importance of creating a healthy workplace culture. We look at the types of adjustments that are seen to be most helpful when managing symptoms at work, such as flexible working and ability to control temperature. We also explore the impact of menopause symptoms on employees’ ability to stay in and progress at work.

We last surveyed on this issue in 2019, and while progress has been made, further work is needed to ensure that women experiencing menopause transition are properly supported, treated fairly and able to thrive at work.

While we predominantly talk about women in relation to the menopause, we recognise that it can impact some transgender and non-binary people who will require support and flexibility relevant to their needs.
Experience and impact of menopause symptoms

Most working women and others experiencing menopause transition (aged 40–60) have experienced symptoms related to menopause transition

Seventy-three per cent of employees surveyed have experienced symptoms related to menopause transition. Over half (57%) of these are currently experiencing them, and a further 16% have experienced symptoms but they have now stopped. Less than one in five UK working women aged 40–60 (18%) say they haven’t experienced any symptoms related to menopause transition (Figure 1).

Younger women (aged 40–50) are more likely to say they haven’t experienced any menopausal symptoms, while older women (aged 51–60) are more likely to say they have experienced symptoms but they have now stopped.

Individuals who identify as from an ethnic minority background are more likely to say they haven’t experienced any symptoms relating to the menopause transition compared with those who identify as white (23% vs 17%). There’s no statistically significant difference in terms of someone having a disability or long-term health condition.
“At first you don’t understand what’s happening to yourself, the subtle everyday changes, then you become a different person that you hardly recognise. Your employer wants you as you were before, working your guts out, and it’s hard when going through menopause to keep going with no sleep, anxiety.”

Survey respondent

Types of symptoms
People with menopausal symptoms report experiencing a wide range of physical and psychological symptoms (Figure 2). The most common ones are psychological, such as mood disturbances, anxiety, depression, memory loss, panic attacks, loss of confidence and reduced concentration. These are reported by two-thirds (67%).

However, the prevalence of psychological symptoms is very closely followed by physical symptoms, such as hot flushes (66%) and muscle and joint problems (64%) as well as sleep disturbance (66%) and weight gain (58%).

Individuals in the younger age bracket (40–50) who experience symptoms are significantly more likely to experience irregular periods (58% compared with 39% of those in the 51–60 age range) and headaches (44% vs 35%). However, women in the older age bracket (51–60) who experience symptoms are significantly more likely to experience half of the listed symptoms:

- hot flushes
- muscle and joint problems
- night sweats
- heart palpitations
- weight gain
- reduced sex drive
- urinary tract infections.

People with a disability or long-term health condition are also more likely to experience half of the listed symptoms:

- psychological issues
- hot flushes
- muscle and joint problems
- urinary tract infections
- headaches
- skin changes.
Impact of symptoms at work

"Due to forgetfulness and not being as sharp with my recall as usual, I am often considered less able to present to important stakeholders, which is a huge shift for me as I was considered one of the most valued team members."

Survey respondent

Two-thirds (67%) of women (aged 40–60 in employment) with experience of menopausal symptoms say they have had a mostly negative effect on them at work. Only 28% report no impact (Figure 3).
Figure 3: Thinking specifically about when you are at work, have these symptoms had a mostly positive or negative effect on you, or have they had no effect at work at all? (%)

<table>
<thead>
<tr>
<th>Effect at Work</th>
<th>All</th>
<th>Disability or long-term health condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mostly had a negative effect on me at work</td>
<td>67</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>71</td>
<td>No</td>
</tr>
<tr>
<td>Mostly had no effect at work</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>Mostly had a positive effect on me at work</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Don't know, can't recall</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Base: all UK working women aged 40–60 who have experienced menopause symptoms (total: n=1,593; with a disability or long-term health condition: n=365; without a disability or long-term health condition: n=1,033).

There’s no statistically significant difference in relation to impact as to whether people are in the younger or older age bracket (aged 40–50 or 51–60). There’s also no statistically significant difference in impact of symptoms at work according to whether people are part-time or full-time, or identify as white or ethnic minority, or as LGBT+ or not.

However, individuals with experience of menopausal symptoms who also have a disability or long-term health condition are significantly more likely to say their symptoms have had a mostly negative effect on them at work (71% vs 64% of people without a long-term health condition or disability).

Those individuals who have been negatively affected at work due to their menopausal symptoms report a wide range of impacts. Feeling less able to concentrate and an increased amount of stress are by far the most common (79% and 68% of people who have been negatively affected at work due to menopause symptoms – see Figure 4). The only difference in impact according to age range is that people aged 51–60 feel less physically able to carry out work tasks compared with those aged 40–50.

People with a disability or long-term health condition are understandably more negatively impacted at work in two areas compared with their colleagues who don’t have a disability or health condition. They report having felt less physically able to carry out work tasks (59% compared with 43% of people without a disability or health condition) and are twice as likely to have had to take time off as sick leave (22% vs 11%).
Experience and impact of menopause symptoms

Menopause in the workplace: Employee experiences in 2023

Over half have been unable to go into work at some point due to menopause symptoms

Over half of respondents (53%) were able to think of a time when they were unable to go into work due to their menopause symptoms. The highest proportion (18%) said they did not tell their manager anything about their menopause or symptoms. Eleven per cent only mentioned their symptoms and not menopause, while a further 11% told their manager about their menopause and symptoms.

If we compare this with a similar CIPD survey from 2019, a comparable (51%) proportion could think of a time when they were unable to go into work due to their menopause symptoms and 14% did not tell their manager anything about their menopause or symptoms, with 9% mentioning their symptoms and not menopause and just 7% telling their manager about their menopause and symptoms.

Those with a disability or long-term health condition from the 2023 survey were more likely than those without to say they either told their manager about their menopause and symptoms (16% vs 9%) or that they mentioned their symptoms and not their menopause (19% vs 8%).

Figure 4: In which, if any, of the following ways have you been negatively affected at work specifically due to symptoms of the menopause? (%)

Figure 5: Experience of those feeling unable to go into work due to menopause symptoms (%)

Base: all UK working women aged 40–60 who have been negatively affected at work due to menopause symptoms (total: n=1,072).

Base: all UK working women aged 40–60 who have experienced menopause symptoms (n=1,579).
Almost half who had not shared this information prefer to keep the cause of their absence private from their manager

Almost half (46%) of those who hadn’t told their manager that the menopause was the cause of them not being able to come into work said the reason was that they preferred to keep that private from their manager. Around two-fifths (41%) were worried that people would presume their performance would be affected and a third felt (34%) that their manager wouldn’t be supportive.

Those from the LGBT+ community were significantly more likely to say they felt their manager wouldn’t be supportive (47% vs 31%). Three in 10 (31%) in the overall sample hadn’t told their manager because they felt embarrassed to share this information. Those from an ethnic minority background were significantly more likely to say they felt embarrassed to share this information (42% vs 31%).

Workplace support makes a considerable difference

The workplace support someone receives makes a considerable difference to the impact of symptoms at work:

- **Support at work from employer**: 84% of people who are unsupported say their menopause symptoms have a mostly negative effect on them at work, compared with 71% who are supported; 13% of people who are unsupported say their menopause symptoms have no effect on them at work, compared with 25% who are supported.
- **Support at work from manager**: 84% of people who are unsupported say their menopause symptoms have a mostly negative effect on them at work, compared with 71% who are supported; 14% of people who are unsupported say their menopause symptoms have no effect on them at work, compared with 26% who are supported.
- **Support at work from colleagues**: 82% of people who are unsupported say their menopause symptoms have a mostly negative effect on them at work, compared with 72% who are supported; 15% of people who are unsupported say their menopause symptoms have no effect on them at work, compared with 25% who are supported.

The support people receive from their employer, manager and colleagues also makes a significant difference to how negatively people feel impacted at work across a number of areas (Figures 6, 7 and 8). Individuals who feel unsupported by their employer, manager and colleagues are significantly more likely to report having felt:

- an increased amount of pressure
- an increased amount of stress.
Experience and impact of menopause symptoms

Menopause in the workplace: Employee experiences in 2023

Figure 6: Differences in negative effect at work between those who are supported by their employer and those who are not (%)

Base: all UK working women aged 40–60 who have been negatively affected at work due to menopause symptoms, according to feeling supported (n=388) or unsupported (n=371) at work by their employer.

Figure 7: Differences in negative effect at work between those who are supported by their manager and those who are not (%)

Base: all UK working women aged 40–60 who have been negatively affected at work due to menopause symptoms, according to feeling supported (n=419) or unsupported (n=327) at work by their manager.
Individuals feel more supported by their colleagues than their employer and manager

Individuals feel most supported by their colleagues with regards to their menopause. Half say they feel supported, with just 16% saying they feel unsupported. Thirty-seven per cent say they feel supported by their manager, while almost a quarter feel unsupported. Support is seen as lowest from their employer, with just over a third (34%) feeling supported and 28% feeling unsupported (Figure 9).

Figure 8: Differences in negative effect at work between those who are supported by their colleagues and those who are not (%)

<table>
<thead>
<tr>
<th>Experience of Menopause Symptoms</th>
<th>Supported</th>
<th>Unsupported</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have felt less able to concentrate</td>
<td>61%</td>
<td>82%</td>
</tr>
<tr>
<td>I have felt an increased amount of stress</td>
<td>67%</td>
<td>79%</td>
</tr>
<tr>
<td>I have felt less patient with colleagues and/or clients</td>
<td>51%</td>
<td>60%</td>
</tr>
<tr>
<td>I have felt less physically able to carry out work tasks</td>
<td>46%</td>
<td>50%</td>
</tr>
<tr>
<td>I have felt an increased amount of pressure</td>
<td>45%</td>
<td>56%</td>
</tr>
<tr>
<td>I have made more mistakes in my work</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>I have had to take time off as sick leave</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Support from colleagues: Supported: 82%, Unsupported: 79%

Base: all UK working women aged 40–60 who have been negatively affected at work due to menopause symptoms, according to feeling supported (n=572) or unsupported (n=213) at work by their colleagues.

Figure 9: To what extent, if at all, do you feel supported or unsupported by your employer, manager or colleagues with regards to the menopause? (%)

<table>
<thead>
<tr>
<th>My employer</th>
<th>My manager</th>
<th>My colleagues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported</td>
<td>34%</td>
<td>37%</td>
</tr>
<tr>
<td>Unsupported</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>Don't know</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Base: all UK working women aged 40–60 who have experienced menopause symptoms (n=1,593).
If we compare this with a similar CIPD survey from 2019, this suggests there have been improvements in perceived support across all three areas (employer: 24% supported, 27% unsupported; manager: 32% supported, 23% unsupported; colleagues: 48% supported, 16% unsupported).

Having a disability or long-term health condition makes a difference to those that feel unsupported by their manager in the 2023 survey (29% vs 23%) and their colleagues (22% vs 15%).

**A healthy workplace culture helps employees feel supported**

We asked respondents who felt very supported at work to explain why this is the case. As Figure 10 and the respondent quotes below show, people talked about having a healthy workplace culture (38%), working with female colleagues of a similar age/experiencing menopause symptoms (26%), awareness-raising (16%), having understanding colleagues (15%) and management support (13%) as their reasons for feeling supported.

**Figure 10: Reasons why people felt very supported at work with regard to the menopause (%)**

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy workplace culture</td>
<td>38</td>
</tr>
<tr>
<td>Work with female colleagues (similar age/experiencing menopause symptoms)</td>
<td>26</td>
</tr>
<tr>
<td>Awareness through sessions/training/counselling</td>
<td>16</td>
</tr>
<tr>
<td>Understanding colleagues</td>
<td>15</td>
</tr>
<tr>
<td>Management support</td>
<td>13</td>
</tr>
<tr>
<td>Menopause policy</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>Don’t know</td>
<td>12</td>
</tr>
</tbody>
</table>

Base: all UK working women aged 40–60 who feel very supported at work (n=449).

"We recently had a whole-staff training session with an expert who specialises in the menopause; it was really useful."

"My employers have a menopause policy in place and are very understanding."

"My manager has talked to me and asked if there are any changes I need to my working day."

"I work in the community as an outreach worker. My manager facilitated the setting-up of a menopause cafe, which I run. The organisation I work for recognised this as a need to support women as there is very little help out there."

"We’re able to talk about it openly and there’s good recognition of the issues around it. We had an all-company workshop about the menopause as well, which all staff attended."

**Survey respondents**
But only a quarter say their organisation has a menopause policy or other support

Around a quarter (24%) say their organisation has a stated menopause policy or other support measures in place. This leaves a substantial 43% that don’t and a third that don’t know. Respondents from Yorkshire and the Humber (33%) and Wales (32%) are most likely to say their organisation has this in place.

These findings chime with the 2023 CIPD/Simplyhealth *Health and wellbeing at work survey* of people professionals, which found that nearly a quarter (24%) of organisations have a stand-alone menopause policy and 16% include provision as part of a wider policy. A further 29% plan to introduce one.

**Figure 11: Organisations that have a stated menopause policy or other support measures (%)**

Written policies and support networks are the most common forms of workplace support

When it comes to menopause support, those working in organisations that have support are most likely to have written policies (47%) and menopause support networks (46%). Other support options include:

- access to drinking water to help manage menopause symptoms (37%)
- training for employees (37%)
- easily accessible advice (eg posters, intranet) on managing menopause symptoms (37%).

Three in 10 (32%) provide specified support through an occupational health offering, such as free or subsidised counselling. Fewer provide planned flexible working (26%), ability to control local temperature (25%) and last-minute or unplanned late starts after sleep disturbances (10%) – this is particularly important because these are the three forms of support seen to be most helpful in managing menopause symptoms at work (as shown in Figure 12).
Flexible working and ability to control temperature help manage menopause symptoms at work

Planned flexible working (48%), ability to control local temperature (46%) and last-minute or unplanned late starts after sleep disturbances (36%) were mentioned the most as being helpful when managing menopause symptoms at work (Figure 13).

Increasing breaks when needed (34%), specialist support through occupational health (34%) and adjustments to work responsibilities/workload (31%) were also seen to be helpful.

Those with a disability or long-term health condition are significantly more likely than those without to say that all of the provisions listed would be helpful in managing their menopause symptoms.

It’s worth noting that 14% of respondents overall felt that nothing would help to manage their menopause symptoms at work.
It’s encouraging that organisations are prioritising the kind of support that employees would most value, according to our 2023 CIPD/Simplyhealth *Health and wellbeing at work survey*. The seven most common types of support offered for menopause transition are shown in Figure 14.
Increased home and hybrid working makes dealing with menopause symptoms easier

A high proportion (67%) feel that the move to more organisations supporting home and hybrid working will make dealing with menopause symptoms easier; just 4% say it will be more challenging in this context.

Figure 15: Employee views on whether home and hybrid working will make dealing with menopause symptoms easier (%)

![Circle chart showing employee views on dealing with menopause symptoms in home and hybrid working settings]

Base: all UK working women aged 40–60 (n=2,185).

Wider impact of menopause at work

“I was overlooked for a position I feel two years ago I would have easily walked into. Now with the brain fog and mood changes it went to a much younger colleague. Maybe this is just my lack of confidence and self-loathing!”

“I have been unable to continue a career which I had developed over a period of 25-plus years due to being unsupported with symptoms of brain fog/extreme fatigue/mood swings/stress and this has led to me having to take part-time, low-paid work.”

Survey respondents
More than a quarter say the menopause has had a negative impact on their career progression

The majority of working women aged 40–60 who have experienced menopause symptoms say they have had no impact on their career progression, but one in five (19%) say they have had a quite negative impact and 8% say the impact has been very negative (Figure 16). There’s no significant variation in impact according to age range. Whether or not there is a menopause policy in place in the organisation also makes no difference.

“It feels really difficult to explain to my 30-year-old manager why I feel the way I do. My much younger colleague seems to be taking over my responsibilities; I understand her need for progression but not at my expense.”

Survey respondent

However, whether or not someone has a disability or long-term health condition, or identifies as white or ethnic minority, does make a significant difference:

- 36% of women with a disability or long-term health condition say their symptoms have had a quite or very negative impact on their career progression, compared with 24% who don’t have one.
- 38% of women who identify as ethnic minority say their symptoms have had a quite or very negative impact on their career progression, compared with 25% who are white.

Figure 16: Impact of menopause symptoms on career progression (%)

Base: all UK working women aged 40–60 who have experienced menopause symptoms (total: n=1,578; with a disability or long-term health condition: n=365; without a disability or long-term health condition: n=1,024; white: n=1,373; ethnic minority: n=188).
Workplace support can alleviate the adverse impact on career progression

The workplace support someone receives makes a considerable difference in terms of the impact their menopause symptoms have on progressing their career (Figures 17, 18 and 19). Where people feel unsupported by their manager and colleagues, they are more than twice as likely to say that their symptoms have had a negative impact on their career.

Feeling unsupported by their employer also makes a significant difference – 44% of those who feel unsupported say that their symptoms have had a negative impact on their career, compared with 23% who feel supported.

Figure 17: Differences in impact on career progression between those who feel supported by their employer and those who do not (%)

Base: all UK working women aged 40–60 who have been negatively affected at work due to menopause symptoms according to feeling supported (n=540) or unsupported (n=440) at work by their employer.

Figure 18: Differences in impact on career progression between those who feel supported by their manager and those who do not (%)

Base: all UK working women aged 40–60 who have been negatively affected at work due to menopause symptoms, according to feeling supported (n=580) or unsupported (n=389) at work by their manager.
Employers are losing around one in six people due to a lack of support

Around one in six people (17%) have considered leaving work due to a lack of support in relation to their menopause symptoms, and a further 6% have left work (Table 1).

Having a disability or long-term health condition makes a significant difference, with around one in 12 (8%) women in this situation having left work and a further one in four (24%) considering it (compared with 5% and 14%, respectively, of those without a disability or long-term health condition).

Table 1: Those leaving or considering leaving work (%)

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Disability or long-term health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes, I have left work</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Yes, I have considered leaving work</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>No, I have not left or considered leaving work</td>
<td>74</td>
<td>66</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Base: all UK working women aged 40–60 who have experienced menopause symptoms (total: n=1,531; with a disability or long-term health condition: n=353; without a disability or long-term health condition: n=990).

Whether or not someone feels supported by their employer, line manager and colleagues makes a considerable difference as to whether or not they have left work or considered it (Figures 20, 21 and 22). For example, people are more than twice as likely to have considered quitting if they feel unsupported by their employer or manager. The impact is even more marked in the case of people leaving work, with individuals around five times more likely to have left work if they don’t have support from either source.
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Figure 20: Differences in numbers leaving or considering leaving work between those who feel supported by their employer and those who do not (%)

Base: all UK working women aged 40–60 who have experienced menopause symptoms, according to feeling supported (n=525) or unsupported (n=420) at work by their employer.

Figure 21: Differences in numbers leaving or considering leaving work between those who feel supported by their manager and those who do not (%)

Base: all UK working women aged 40–60 who have been negatively affected at work due to menopause symptoms, according to feeling supported (n=565) or unsupported (n=370) at work by their manager.

Figure 22: Differences in numbers leaving or considering leaving work between those who feel supported by their colleagues and those who do not (%)

Base: all UK working women aged 40–60 who have been negatively affected at work due to menopause symptoms, according to feeling supported (n=765) or unsupported (n=245) at work by their colleagues.
One in 10 people have had the impact of their symptoms lead to disciplinary action
The majority of people (86%) with experience of menopausal symptoms say their symptoms haven’t impacted them at work in a way – such as absence, lateness, distraction, drop in performance – that led to disciplinary action, but one in 10 (9%) report that they have. This is significantly more likely to be the case if someone has a protected characteristic in terms of:

• a disability or long-term health condition: 16% of people compared with 7% of those without
• identifying as LGBT+: 16% compared with 8% who don’t identify as LGBT+.

Women identifying as ethnic minority are less likely to say their menopause symptoms haven’t impacted on them in a way which specifically led to disciplinary action (76% compared with 87% of those who identify as white).

Figure 23: Impact of menopause symptoms has led to disciplinary action (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, they have</td>
<td>9</td>
</tr>
<tr>
<td>No, they have not</td>
<td>86</td>
</tr>
<tr>
<td>Don’t know, can’t recall</td>
<td>4</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1</td>
</tr>
</tbody>
</table>

Base: all UK working women aged 40–60 who have experienced menopause symptoms (total: n=1,593).

“It’s also an ageism problem. Once employers know a woman is of a certain age, they think you are or will be going through the menopause. I have recently had an employer call me up for a quick chat only to subtly try to find out my age. Once I told him I never heard back.”

“In a former job, I was suffering sleep disturbance and dissociation episodes that I brought to the attention of management, who did nothing in way of offering support and tried to dismiss me under gross misconduct. I took to a tribunal to clear my name and records of conversations were helpful there.”

Survey respondents
More than 10% of people feel discriminated against because of their menopausal symptoms

The majority of people (75%) say they haven’t ever been discriminated against because of their menopausal symptoms, but 12% say they have (Figure 24).

This is significantly more likely to be the case if someone has a disability or long-term health condition: 20% of people, compared with 9% of those without. People who identify as ethnic minority are not more likely to say they have been discriminated against, but they are significantly less likely to say they haven’t been: 68%, compared with 76% of those who identify as white.

Figure 24: Those who feel they have been discriminated against because of their symptoms (%)

By far the main way that people report feeling they have been discriminated against in relation to their menopausal symptoms is through a lack of support from managers, or a lack of understanding, or having no help (46% of working women aged 40–60 who have been discriminated against) (Figure 25). This is the only area where working women in the older age range (51–60) are more likely to feel they have been discriminated against compared with those in the younger age range (40–50). Interestingly, those in the older age range don’t report feeling significantly more discriminated against in relation to being labelled as old or younger colleagues making jokes about older people.
4

Implications and recommendations

For organisations

1 Open up the culture and encourage conversations about menopause – provide information for people to help break down the taboo. Ensure that you involve all employees and managers in these conversations and use inclusive language so that everyone knows how to access any support they might need.

2 Develop a supportive framework – this could include a specific menopause policy or guidance or support for those experiencing menopause transition. Organisations should make clear what practical support is available, such as adjustments to working pattern and temperature, and regularly communicate this and link to any related relevant areas like equality, diversity and inclusion, flexible working, reasonable adjustments, and health and wellbeing provisions.

3 Create a strong and supportive culture around flexible working – this is considered to be most helpful in managing menopause symptoms at work. Use the tagline ‘happy to talk flexible working’ in recruitment and promotion opportunities and consider a broad range of flexible working arrangements to suit a variety of roles.

4 Manage health and sickness absence – make sure that absence management policies are fair and flexible so that they don’t unfairly penalise someone experiencing ongoing menopause symptoms.

Figure 25: Ways in which people feel discriminated against because of their symptoms (%)
5 Educate and train line managers – this is a crucial part of managing menopause effectively, fostering a supportive culture and making sure employees are supported practically. Line managers should be educated about and made aware of menopause symptoms, as well as organisational support. They should be trained in how to be approachable and to have sensitive one-to-one conversations.

For policy-makers
1 Reference all stages of menopause transition as a priority issue in the UK Government’s public policy agenda on work, equality, diversity and inclusion.

2 Develop a methodology to quantify the cost of menopause on the individual, businesses and the UK economy.

3 Launch a collaborative and government-backed employer-led campaign to raise awareness of the importance of menopause as a workplace issue, working in conjunction with the Menopause Employment Champion.

Background to the surveys

2019 survey
This survey was conducted using an online interview administered to members of the YouGov Plc UK panel of 800,000+ individuals who have agreed to take part in surveys. Total sample size was 2,010 working women aged between 45 and 55. Fieldwork was undertaken between 8 and 19 March 2019. The survey was carried out online. All figures, unless otherwise stated, are from YouGov Plc.

2023 survey
The total sample size was 2,185 women aged 40–60 in employment, controlling for the distribution by age, working status and region. Fieldwork was undertaken between 2 May and 5 June 2023. The survey was carried out online. All figures, unless otherwise stated, are from YouGov Plc.

Changes to the method for the surveys year on year means that direct comparisons can’t be made; however, broad changes/trends have been analysed.