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Y Drindod Dewi Sant

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**Navigating Menopause in the Workplace: A Case Study exploring
Attitudes, Awareness, and Impact of Menopause on employees at
the Healthcare Management Trust**

Author: Grahame Chapman

Student No: 0750314

Supervisor: Rebecca Francis-Davies

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I. Abstract

With growing encouragement from professional bodies and an expanding legislative duty requiring UK employers to provide supportive environments to menopausal employees, this study qualitatively evaluates the attitudes, awareness, and impact of the menopause transition amongst staff at the Healthcare Management Trust (HMT).

Using an inductive approach to explore the subjective experiences and perceptions of respondents, a survey was distributed amongst women within HMT to obtain qualitative data. The responses received by 58 participants are thematically analysed with several interconnected themes surrounding the menopause experience identified. A perceived lack of menopausal knowledge, varying symptoms, and strategies of support available to respondents were key themes to emerge and subsequently analysed. The results provide an invaluable insight into the menopause experience of staff within HMT by establishing experiences that were previously lesser explored within wider research.

The findings established the deeply personal nature of the menopause transition given the vastly varying range and severity of symptoms which challenges the generalisability of existing research alone in developing an effective women's health strategy within HMT. The insights gained from the respondents within HMT subsequently offered a number of recommendations that offer a tailored and empathetic women's health strategy at HMT. The recommendations seek to offer practical support to HMT staff by improving policy provisions, targeted training, and appropriate support measures all identified as key areas for improvement to support employees through the menopause journey.

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V. Glossary

Early Menopause	When women stop getting their period for 12 consecutive months, usually between the ages of 40 and 45. (Let's Talk Menopause, 2024)
Menopause	The biological process when a woman has typically not has not menstruated for 12 consecutive months. (NAMS, 2020)
Menopause Transition	For the purpose of this study, the encompassing period from perimenopause to post menopause are collectively referred to as the menopause transition and is an umbrella term to encompass the biological, hormonal, and symptomatic changes experienced across these stages. (Duralde <i>et al.</i> , 2023)
Perimenopause	Is the transitional period leading up to the menopause, typically, a four-to-ten-year period before menopause begins when oestrogen and progesterone levels which are responsible for regulating a woman's reproductive cycle, start to fluctuate and ultimately decrease. (BUPA, 2023)
Post-Menopause	The stage after the final menstrual period in which a woman reaches menopause and is then considered postmenopausal. Whilst women will no longer have periods, some women will experience menopausal symptoms (NHS Inform, 2024)
Pre- Menopause	Beginning of a woman's reproductive life cycle which begins with their first period and ends with perimenopause. (Let's Talk Menopause, 2024)

1. Chapter One: Introduction

1.1 Background

In 2017, the Department for Education first released a research report highlighting the significant challenges women face in the workplace when experiencing menopausal symptoms (Brewis *et al.*, 2017). Although the empirical study of 104 publications demonstrated a link between menopause and the working environment, the research outlined inconsistencies in the effect of the menopause transition and offered limited evidence of a direct impact on women in the workplace.

Following its release, menopause awareness has become a key area of focus within wellbeing and inclusion agendas as at least 75% of women are expected to experience menopausal symptoms, with up to 25% of women experiencing severe or debilitating symptoms (British Medical Journal, 2023). With menopausal symptoms already evidenced to affect women's social, physical, and psychological wellbeing, notable gaps remain in understanding how these symptoms influence a women's experience in work (Safwan *et al.*, 2024).

Considering this, the UK government has declared the issue of women's health and the menopause, an essential factor in supporting the recruitment and retention of women in the workplace (DWP, 2024c). With the Employment Rights Bill offering significant reforms to UK employment rights, equality and employee wellbeing are being prioritised as a key imperative for organisations to uphold their increasing legislative duty to provide safe and supportive environments for menopausal employees (Garlick, 2025).

Coupled with growing encouragement from professional bodies such as the CIPD (2023b) and the British Menopause Society (BMS, 2023) to commit to actively supporting menopausal employees in the workplace, it identifies a compelling area of exploration within the context of an organisational setting.

1.2 The Organisational Setting – Case Study

To investigate this issue, this study used a single case study of the Healthcare Management Trust (HMT) to explore the workplace impact of the menopause transition. HMT is a registered charity delivering not for profit health and social care services across England and Wales through private hospitals and community care homes (HMT, 2024). Operating across eight sites across England and Wales, HMT employs approximately 775 staff across various professions and support services (HMT, 2025b).

As with many healthcare providers operating within a predominantly female led sector (Boniol *et al*, 2019; ONS, 2024), the study of HMT's female population provides an insightful opportunity to explore workplace experiences relating to the menopause with a significant proportion of their workforce being women, many of which are within the age range most impacted by menopausal symptoms. Of HMT's staff, 82% are female, and 55% of this female cohort are aged between 40 to 60 (HMT, 2025b). Given that menopause symptoms can persist for up to a decade either side of the typical onset age in the UK of 51 (Duralde, Sobel and Manson, 2023), HMT is uniquely positioned to explore the attitudes, awareness and impact of menopause of a proportionately applicable cohort of employees.

1.3 Rationale for the Study

It is recognised that we are in a rapidly changing business environment with organisations facing various external environmental factors that offer opportunities and challenges (Dumitru, 2023). The menopause transition can significantly impact HMT when considering various external factors, including social shifts, economic challenges, and political drivers. Understanding these multifaceted 'PESTLE' factors offers valuable insights into how the menopause both influences, and is shaped by the broader environmental context.

In analysing the UK labour market and employment-population demographics, there has been a steady increase in the number of women in employment across all age groups (ONS, 2023). This is underpinned by a generally ageing workforce whereby the average age of women existing the labour market is increasing (DWP, 2024b). Alongside this, a significant proportion of the healthcare sector could be directly impacted by the adverse effects of menopausal symptoms as over 30% of economic participants within the healthcare sector are women aged 50-64 years of age (DWP, 2023).

Whilst this highlights a growing portion of the healthcare workforce that is statistically likely to be impacted by menopausal symptoms, the UK government is also concerned by figures that show that 50–64-year-olds account for 68% of total economic inactivity (ONS, 2022). With this considered, the government has released a recent policy paper that proposes reforms to drive growth in employment within this demographic with a greater focus on working-age ill health for which menopause could be considered a key driver (DWP, 2024c).

These trends indicate that there is currently a growing number of women in the workplace that will experience menopausal and post-menopausal symptoms with increasing in life expectancy, retirement age, and cost of living are all factors suggested to contribute to increasing employment rate across age groups (Safwan *et al.*, 2024). It also demonstrates that with a significant pool of economically inactive women within the UK, there are potential opportunities to encourage workplace participation if better support strategies can be devised (Cholteeva, 2023).

It also demonstrates the ever-increasing role women have in driving workplace stability and underpins the need to identify and manage the potential impact women's health and menopausal symptoms could have on both employee experience and economic activity. Considering the high proportion of women employed at HMT, it heightens the importance of exploring the attitudes, awareness and impact of menopause in the workplace as there is a high proportion staff that could be negatively impacted by menopausal symptoms (NHS Confederation, 2024).

Considering to the roles in which women undertake demonstrates a growing number of females in high-skilled jobs that has increased by 38.5% since 2010, with the proportion of women in senior management roles increasing by almost 25% in the same period (DWP, 2022a). Comparably, 85% of senior management roles within HMT are led by women (HMT, 2025) further demonstrating the meaningful nature of the research in ensuring this large cohort are adequately supported and importantly, dissuaded from leaving HMT due to the impact of menopausal symptoms.

In further considering the importance of addressing the issue of menopause in the workplace, the theme of attrition is noted in various sources with 35% of staff surveyed by O'Neill, Jones, and Reid (2023) indicating that menopausal symptoms

impacted their career decisions. Concerningly for the UK healthcare sector and HMT, the NHS is facing a chronic workforce crisis (British Medical Association, 2024) with over 125,000 vacancies within health services in England alone directly affecting the quality and safety of care (Dixon-Woods, 2024).

It is anticipated that by 2030 there will be a global shortage of 18 million healthcare workers (Boniol *et al*, 2022) with a growing competition for skilled health and care workers globally (McNeil, 2023). This will drive an imminent need for organisations such as HMT to prioritise retention strategies that could potentially be underpinned by considering an effective women's health strategy that could be informed by the results of this research.,

Turning away from national considerations to the potential impact on HMT, despite a high proportion of female staff between symptomatic perimenopausal to post-menopausal age, there have been very few absences, concerns, or formal conversations linked to menopausal symptoms to date. Although evidence suggests menopausal symptoms can significantly impact on working experiences (D'Angelo *et al*, 2022; BMS, 2023; Suff, 2021), it is not currently an issue reported or raised by colleagues at HMT albeit that does not assume the issue does not exist as it may be reported under other broad sickness reasons.

The lack of evidenced support measures for menopausal employees at HMT highlights a critical gap, making it essential to explore the experiences of menopausal women within the organisation. Although the lack of menopausal coverage does align with a consensus that it remains a stigmatised and taboo topic (CIPD, 2023a), it underpins calls for organisations to explore the attitudes, awareness and impact of menopause of employees to understand the impact it has

on employees. It is therefore not just beneficial to HMT to establish an effective women's health strategy by achieving the objectives of the study but could also impact HMT's appeal as an employer of choice within a tight labour market.

With increasing research into the impact of menopause in the workplace, the Society for Women's Health Research (2024) argue that there remain gaps in effective workplace support, policies, and underexplored factors that impact the employee experience when experiencing menopausal symptoms. In the context of HMT, this research aims to ensure a thorough analysis of the impact of menopause in the workplace can inform effective recommendations to bridge this gap in effective support.

As seen across the healthcare sector where staff are prone to burnout and increases absences due to mental health, stress, and wellbeing (Sipos, Goyal and Zapata, 2024), HMT have witnessed increasing absence levels in relation to these factors since 2020 (HMT, 2025a). Critically, Concorso *et al.* (2019) highlights a gap in research in exploring the link between menopausal symptoms and increased levels of stress or burnout. Given the impact sickness can have on costs and effective service provisions (Palmer and Rolewicz, 2023), it would be useful to HMT to understand whether there is any link with absence and menopause as it may be an area of exploration that can seek to make effective recommendations to improve HMT's staffing provisions and overall employee wellbeing.

The proposed purpose of this study should help understand the current attitudes, awareness, and effectiveness of current workplace practices at HMT and identify potential areas of development to enhance the workplace experience of employees facing menopausal symptoms. The CIPD has challenged employers to break down

the stigma and create a menopause-friendly workplace (Suff, 2021). Exploring this subject area should demonstrate a commitment to creating open and honest conversations around the issue whilst seeking to enable HMT to create effective management strategies to support women in the workplace.

1.4 Research Question

Considering the broader issue of understanding the impact of the menopause transition in the workplace, the following question defines the focus of this study and underpins the research aim and objectives.

How do attitudes, awareness, and workplace policies within the Healthcare Management Trust impact the experiences of employees undergoing the menopause transition.

1.5 Research Aim

The aim of this study is to qualitatively evaluate the impact and workplace challenges faced by menopausal employees at the Healthcare Management Trust (HMT) to identify effective strategies that improve organisational support and enhance the employee experience during the menopause transition.

1.6 Research Objectives

In ensuring the research remains feasible, structured and well-defined, the following research objectives will be pursued to achieve the research aim.

1. Evaluate the attitudes and awareness of employees regarding the menopause and its impact on workplace performance and wellbeing.

2. Identify whether the experience of women within HMT is consistent with wider studies and the factors that impact that experience.
3. Analyse the effectiveness of support systems and policies available for menopausal employees at HMT.
4. Examine the impact of menopausal symptoms and determine to what extent there is any relationship with employee wellbeing and performance.
5. Determine whether a targeted women's health strategy could be effective in supporting menopausal symptoms at work and aid in the retention and recruitment of staff and offer recommendations to achieve this.

1.7 Overview of Chapters

To realise each objective, the research report is split into five distinct chapters. Each subsequent chapter aims to offer a coherent structure to deliver the research question and overall aim.

Chapter Two: Literature Review

The literature review critically explores and examines existing research into menopause in the workplace and subsequently identifies several underpinning issues and challenges faced by wider research. The chapter also sets out the influence it has in informing the theoretical framework and structure of this research and establishes the parameters for exploring menopausal employees experience at HMT.

Chapter Three: Methodology

Within the methodology chapter, the chosen research approach is clearly defined and underpinned by Saunders, Lewis, and Thornhill (2009) research onion

framework. The chapter offers a pathway through the design process and justification of the use of qualitative primary research and the research tools used to achieve this. The chapter also considered limitations, ethical concerns, and validity of the research project which are essential to ensuring the integrity, and credibility of the results achieved (Basu, 2023)

Chapter Four: Data Analysis & Discussion

As a qualitative case study, the data analysis chapter will set out the coding methods used to analyse the collated data and presents the findings from the information gathered. This section aims to present the key findings emerging from the survey results with a focus on insights relevant to the research objectives.

The discussion sets out a critical interpretation of the key findings in relation to existing literature and attitudes, awareness, and the impact of menopause at work. The chapter will offer a detailed transition between the data analysis and theoretical insights within the context of the main research question (Braun and Clarke, 2006).

Chapter Five: Conclusions and Recommendations

Based on the findings from the research, this chapter proposes to set out actionable recommendations for enhancing workplace support for menopausal employees in the context of the concluded summary of findings. The chapter also identifies areas for future research and themes for exploration in considering the aim of improving organisational support and enhancing the employee experience during the menopause transition.

2. Chapter Two: Literature Review

2.1 Introduction

This literature review aims to provide a comprehensive analysis of current and seminal literature through the evaluation of current journals, articles, authoritative sources, and exiting studies into menopause in the workplace. Providing a synthesis of current knowledge will seek to understand established themes on the impact of the menopause transition in the workplace that relate to the research objectives. It will also identify gaps in existing studies that will offer a rigorous framework in which to build a meaningful study.

The theme of women's health in the workplace is growing in coverage and academic research (Orgad and Rottenburg, 2023), however, research into menopause in the context of work and health has been historically scarce due to its taboo nature and therefore remained largely unrecognised and unaddressed within an organisational context until recent years (Verdonk, Bendien and Appelman, 2022). Whilst this underpins a need to explore the topic in more depth, growing pools of recent literature identify key thematic areas for consideration.

2.2 The Prevalence of Menopause in the Workplace

2.2.1 *Demographic of Menopausal Employees*

A literary exploration of the menopause transition immediately pulls into focus the breadth of challenges faced by employers and policy makers alike when trying to address the issue of menopausal support in the workplace (Hobson and Dennis, 2023).

In reviewing demographic studies, there are some commonly recognised groups of women affected however many sources fail to report on all women affected which can make it immediately challenging to determine appropriate support strategies. Public health and parliamentary reports generalise the menopause transition as a midlife change that occurs in women aged between the age of 45 and 55 years of age starting with perimenopause and ending at post menopause (NHS, 2022; DWP, 2024d). Critically however, many existing reports fail to report or validate the experience of women who experience medically induced or premature menopause with up to 9% of women experiencing menopause before the age of 45 and further 5% after the age of 55 (Duralde, Sobel and Mason, 2023). This hinders a holistic view of the menopause transition when significant groups are often omitted from studies or reports and limits the generalisability of existing studies (Swanner and Richmond, 2023).

There is also evidence to suggest that people with certain characteristics such as LGBTQ+, or younger and ethnic minority women in particular feel underrepresented in menopause reports as traditional menopause conversations focus on older heterosexual white women (Westwood, 2024b). This not only discourages the application of inclusive practices but is also suggested to lead to potentially discriminatory actions if marginalised groups are not provided the same opportunity of support by employers (Feinstein *et al.*, 2023).

Pools of research not only generalise the women affected but can also generalise the menopause experience and symptoms. This is partly because studies are seldom longitudinal, fail to compare experiences across sectors, and rarely consider the role of intersectionality in menopausal experiences (Gottardello and Steffan, 2024). Many sources focus on the biological transition but consequently rarely

consider further epidemiology with cultural, sociological, and ethnical factors reported to affect the incidence and severity of menopausal symptoms often underrepresented in studies (NICE, 2024). Whilst some recent data on epidemiological cross-cultural studies have shed some light on the issue, much of this research is restricted to one country and therefore studies tend to focus predominantly on the menopausal stages and overlook other factors that impact the menopause transition (Fang *et al.*, 2024).

Within the context of HMT, it could be assumed from established research that the menopause transition will only affect women of a particular age however in reality, there are wider groups that must be considered. In exploring the impact on those affected by the menopause transition, it is reported that approximately 73% of women will experience menopausal symptoms (CIPD, 2023b). Studies however report that as little as 10% of women seek medical care for symptoms due to misconception of symptoms and lack of education which is ultimately detrimental to treating symptoms (Ray, Maybin and Harper, 2023). There are also concerns that figures are inadequately captured as reported symptoms are not always recognised as menopause-related symptoms at the time (Duralde, Sobel and Manson, 2023).

2.2.2 Emerging Trends in Menopausal Cohorts

A review of literature reveals an expanding cohort of workers in the UK that are likely to be affected by the menopause transition due to an ageing workforce in the healthcare sector (TUC, 2022a). Simultaneously, it is being reported that workplace initiatives offer limited practical support to ageing women which is exacerbating the impact of the growing number of women affected and identifies a clear area that

requires exploration to ascertain who requires support and how that support is facilitated (Hobson and Dennis, 2024).

Analysing the proportion of female workers in the UK workforce identifies a striking trend with 38% of women working part-time in the UK compared to only 14% of men (Francis-Davine and Hutton, 2024). Within a pool of six million part-time female workers, there is little research to definitively establish a reason for the disparity between these figures. It is suggested, in part, that this may result from women often bearing disproportionate caregiving responsibilities and gender pay gap considerations leading to male full-time employment being prioritised (TUC, 2022b). This rationale however disregards a potential link to the contribution of the menopause to this figure with literary sources widely accepting flexible and part-time work is an option sought by women in the workplace because of menopausal symptoms (House of Commons, 2022).

There may therefore be an unexplored link between the menopause transition and benefit of part-time work that would give justification for more part-time opportunities to support women to remain at work in the future. This could be beneficial to explore to support the retention of skilled healthcare workers in a challenging and competitive healthcare labour market in the UK (McNeil, 2023).

Through an exploration of key symptoms and cohorts of employees affected by the menopause transition, there are clearly extensive considerations required by employers such as HMT to understand the prevalence of the issues faced by women and the potential impact to them in not just the workplace but in managing their own quality of life. Critically, misconceptions and lack of accurate reporting makes empirical data on the full range and impact of symptoms faced difficult to quantify as

many menopausal symptoms are categorised as stress, anxiety, or general fatigue (CQC, 2023).

2.3 Workplace Awareness: Lack of Knowledge or Stigma?

Throughout literary sources, there is an acknowledgement that until recent years, there has traditionally been a lack of focus or recognition on women's health issues in the workplace (Hickey *et al.*, 2022; Theis *et al.*, 2023). Although within the UK over the past five years women's health has been identified as a priority (Department of Health and Social Care, 2021), Gjellestad *et al.* (2024) suggests that an 'invisible barrier' remains that detrimentally impacts the development of effective women's health strategies in the workplace.

2.3.1 Stigma and Taboo

In exploring the reasons for this barrier, the CIPD (2023a) offers a generalisation that there is a stigma and taboo surrounding the discussion of menopause at work. This is a primary factor contributing to a lack of recognised supportive frameworks or even acknowledgement of menopause as a substantive issue within many organisations. This is supported by research by DWP (2022b) who reiterate there is a 'considerable' stigma, which discourages women from talking openly about their health and to seek wider support that could contribute to a better personal and work experience.

It appears that this stigmatisation is derived from several cultural and social influences, influences that each contribute to negative connotations around the menopause transition. The natural association with ageing, a reluctance to discuss the menopause experience openly, and a psychological impact that can lead to a

prevalent feeling of shame all contribute to a taboo nature (Brewis, Van Amsterdam and Wijntuin, 2025). Most significantly, recent studies by AlSwayied, Frost and Hamilton (2024) found that women from conservative societies are more likely to silently struggle due to cultural taboos and social stigma of the menopause which can contribute to a lower quality of life.

The impact of this is demonstrated through studies that conclude female workers fear speaking out on their experience due to ridicule, negative stereotypes and embarrassment (MacLellan *et al.*, 2023). The extensive risk to organisations who fail to acknowledge this stigma has been demonstrated through recent case law in '*Anderson v Thistle Marine Ltd and JD Clark*' (2023), whereby organisations and managers have made staff feel like 'pariahs' in their workplaces and been reprimanded with considerable employment tribunal awards successfully claimed (Rowsell, 2023).

Crucially, studies that do link this perceived stigma around the menopause discussion to its exclusion from workplace practices, often overlook the significant role the working environment itself plays in perpetuating this stigma (Tariq, *et al.*, 2023). With professional bodies such as the CIPD (2023a) calling for employers to help break the stigma and taboo surrounding the menopause at work, it is a pertinent theme to explore in this study to understand what can be done by employers to improve this.

Although studies primarily focus on women's experiences and the extent of stigmatisation across cultural variances, there is limited focus on how to break this stigma or taboo to foster open conversations and supportive environments. Existing studies also fail to consider the impact of approximately half the population and 25%

of the healthcare sector (Mallorie, 2024), by overlooking the male understanding and attitude towards the menopause. Through limited studies, Parish *et al* (2019) does critically indicate that whilst the male understanding of the menopause is limited and could be improved through education, they can provide a unique opportunity to disseminate and help break the stigma which would be an insightful area of future exploration within this case organisation.

2.3.2 *Lack of Knowledge*

With a clear stigma contributing to a lack of women's health strategy in the workplace, qualitative research by Wood *et al.* (2025) demonstrates contrasting perspectives and highlights that a lack of knowledge is equal to if not a greater barrier to supporting menopausal employees. This suggested gap in knowledge is supported by Patel, Ross, and Sydora (2023), who conclude that women typically have only a general baseline understanding of the menopause and its symptoms, largely due to a lack of education.

Published studies heavily support this notion with a study by Tariq *et al.* (2023) uncovering that up to 57% of women before the age of 40 felt completely uninformed about the menopause and as many of 80% of the same group had received no teaching or learning opportunities. The significance of figures such of these is not unnoticed throughout literature with a depth of sources identifying a distinct lack of education and exposure to menopause which contributes significantly to the negative experiences faced by women, especially in the workplace (Macpherson and Quinton, 2022; McFeeters *et al.*, 2024).

What these studies do however uncover, is that various educational programmes can significantly improve menopause knowledge through even basic methods of

delivery such as presentations, group discussions, brochures, and written information (McFeeters *et al.*, 2024). This is encouraging for public bodies and employers alike that educational methods report statistical improvement in the quality of life for women during the menopause which could enhance the employee experience if the same knowledge can be applied in the workplace (Keye, Varley and Patton, 2023).

Beyond formal educational programmes, studies have also focused on the importance of the growing media narrative surrounding the 'menopause revolution' and its ubiquitous role in educating the public, and in turn, promoting a wider awareness of the menopause (Jermyn, 2024). The popularly dubbed 'Davina effect' is largely credited for opening channels of communication between women, their employers and even medical professionals (Jermyn, 2024).

Whilst this can be assumed to be positive, there are studies that suggest these same campaigns increase marginalisation as they promote a transgressive image of menopausal women (De Vuyst and De Graeve, 2024). This is demonstrative of the challenges faced when opening to educate people on the topic as there are nuanced sensitivities and cultural factors that must be considered to ensure training does not negatively impact any groups in the workplace.

Further evidence exploring the lack of menopause education evidences a condemning lack of professional knowledge being a fundamental barrier to supporting menopausal symptoms. The House of Commons (2022) reports a significant proportion of women had to visit GP's on more than three occasions before menopausal symptoms were recognised. Studies also indicate that

menopausal symptoms can be misdiagnosed by healthcare professional as other conditions such as anxiety, chronic fatigue, fibromyalgia, and IBS (Ali *et al.*, 2023).

This contributes to inaccurate reporting of the prevalence of menopausal symptoms when categorised as other health conditions which provides a disparity in the severity of its impact and leads to ineffective treatments being prescribed which further exacerbates the menopausal symptoms (Hillman *et al.*, 2020). The issue is compounded by survey data that found that 77% of GPs in the UK felt their training on the menopause was insufficient, and over half felt underprepared to support women experiencing menopausal symptoms (Dintakurti, *et al.*, 2022).

In seeking to identify an effective women's health strategy as a research objective of this study, it is beneficial to be aware of both personal and organisational factors that can underpin its implementation. Despite evidence supporting the benefits of educational programmes, significant gaps clearly remain in its implementation and delivery.

2.4 Impact of Menopause in the Workplace

Whether it is due to stigma or lack of knowledge, a lack of support by most employers is a contributing factor to a growing portion of menopausal workers who have considered leaving their role due to a lack of support by employers (CIPD, 2023b). This not only impacts employees themselves, but employers and the wider healthcare sector with a subsequent detriment to the economic participation of women due to the severity of some symptoms (DWP, 2024c). Safwan *et al.* (2024) sets out the detrimental effect that menopausal symptoms can have directly on employees including loss of productivity, increased absenteeism, damages career prospectives and can lead to increased attrition or early retirement.

2.4.1 Range of Menopausal Symptoms

In understanding the challenges women undergoing the menopause transition face in the workplace, it is necessary to understand the symptoms that are associated with the change.

Sources describe various summaries of the menopause transition and encompassing physical and psychological symptoms that affect employee work experiences however, it is consistently noted that each women's experience of the menopause transition will be personal with symptoms varying in duration, severity, and impact (O'Neill, Jones, and Reid, 2023; NHS, 2022). The frequently reported hallmark symptoms associated with the menopause include vasomotor symptoms such as hot flashes and night sweats, alongside physical and psychological symptoms such as fatigue, sleep disturbances, difficulty concentrating or brain fog, weight gain, joint pain, memory loss, and general cognitive changes (Ali *et al.*, 2023).

Historically research has tended to focus on the predominant menopausal symptoms however recent studies have identified over 30 recognised symptoms, many of which will impact the working lives of women experiencing them (Age UK, 2024). Severe headaches, palpitations, panic, and urinary problems are often misdiagnosed but are now being more frequently identified as menopausal symptoms that are reported to create difficulties coping with work (D'Angelo *et al.*, 2022).

It is widely agreed upon that women's working experience are impacted due to their symptoms with one study reporting a third of employees experience severe difficulties in coping in work due to poor health, depression, adverse psychosocial factors, and the risk of financial deprivation (D'Angela *et al.*, 2022). Studies do acknowledge that some women view the menopause as unproblematic and even

liberating to be free from concerns about periods or pregnancies (Ray, Maybin and Harper, 2023). There is however no evidence to suggest whether this has a positive impact on their working experience in comparison to women who experience any symptoms.

The concern to employers and underpinning the importance of this study within HMT, is that these symptoms can be exacerbated by work particularly in demanding roles such as in the healthcare sector which can ultimately lead to a reported 45% of women experiencing a reduction in job satisfaction and motivation (Society for Women's Health Research, 2024).

2.4.2 Self-Management of Symptoms

Critically, research points to an individual's own roles in managing symptoms through proper nutrition, vitamin intake, and exercise which although cannot be controlled by an employer, can still be encouraged and facilitated where possible (Erdelvi *et al.*, 2023). Paradoxically, with evidence clearly demonstrating a lack of knowledge and education around the menopause transition, it would be a reasonable deduction that fewer women would be aware of these factors that could help manage their symptoms.

It does however contribute to the depth of considerations that need to be made when understanding the menopause transition and associated symptom management.

Whilst the research objectives focus on the impact on the workplace, an understanding of the effectiveness of symptom management techniques could enable its consideration within a broad women's health strategy.

2.4.3 Increased Absenteeism

In exploring a quantifiable impact, the CIPD (2023b) report that two-thirds of women aged 40-60 expressed a largely negative impact on their work with over half of employees unable to attend work on at least one occasion due to menopausal symptoms. Concerningly, the same CIPD report found that a third of those absences were not reported as related to menopause and more worryingly for employers one in six employees considered leaving work due to their menopause symptoms.

Severe menopausal symptoms are most likely to lead to adverse work outcomes compared to women experiencing fewer symptoms however workplace factors are evidenced to significantly impair women's work experiences (Daly and Hynes, 2025). High-stress jobs, inflexible working conditions, and lack of employer awareness are all suggested to exacerbate the severity of symptoms (Safwan *et al.*, 2024).

In analysing the impact on UK employers, the House of Commons (2022) estimates that the UK economy loses approximately 14 million working days annually as women try to manage their symptoms which only adds to the significant strain absences have in the healthcare sector (Palmer and Rolewicz, 2023). Compounding the concern is the estimated £10.5 billion annual cost of absenteeism and prevalent presenteeism due to menopause symptoms which again, is a cost many organisations can ill afford (Davies, 2024).

Considering this, it would be reasonable to suggest that employers recognise the significant economic costs and create menopause friendly workspaces to reduce the significant economic impact it can have.

2.4.4 Performance Concerns

It is broadly accepted that menopausal symptoms can impact on employee performance due to cognitive impairment, fatigue, discomfort from hot flushes and joint pain, and mood changes that can affect communication and interpersonal relationships (Safwan *et al.* (2024). Recent research from Atkinson, Carmichael and Duberley (2025) also evidences that job satisfaction is negatively impacted by menopausal symptoms which contributes to negative attitudes to work, and which can be linked to performance concerns.

Yoeli, Macnaughton, and McLusky (2021) argue however that an employee's role can affect the impact of menopause symptoms, with women in administrative managerial roles for example, experiencing less fatigue due to greater autonomy and flexibility in their work. Within a healthcare sector where staff are already prone to burnout and wellbeing-related absences (Sipos, Goyal and Zapata, 2024), it is key for HMT and this survey to understand the impact on the health workforce.

Cross-sectional studies have found that the emotionally demanding nature on healthcare workers is heightened during the menopause transition where cognitive function is affected by lower oestrogen levels (Adhikaree *et al.*, 2023). Recently published data has therefore uncovered women experience higher rates of emotional exhaustion during the menopause transition due to the demands of high workloads, exposure to risk, and physical tasks that are often more challenging to overcome with some menopausal symptoms (Terzic *et al.*, 2024).

Whilst similar themes are seen across sectors with vasomotor symptoms such as hot flushes significantly impacting up to 73% of women across sectors (Braithwaite, 2023), the clinical nature of the healthcare sector means the risks to lower

performance could be significant. Systematic reviews of the healthcare sector found that menopausal symptoms that impact emotional exhaustion and impaired cognitive ability can lead to a higher incident of clinical errors and mistakes in patient care (Khatatbeh *et al.*, 2022). This underlines the critical importance to HMT of addressing the risk within the healthcare sector to maintain patient safety and ensure high-quality care.

With increasing research into the subject, the British Medical Journal (2023) also links the menopause transition to decreasing motivation and commitment to work which is suggested to lead to lower performance and increased staff turnover. A small number of studies have however reported that women work harder to compensate for their lower performance which is contradictory to the wider assumptions that output is impacted (O'Neill, Jones, and Reid, 2023).

This principle initially set out by Beck, Brewis, and Davies (2021) calls into question the principle perception of performance and broad assumption that age naturally impacts performance with an argument that it could in fact improve skills and job knowledge coupled with improved self-awareness. The further argument is that as the menopause is a deeply personal experience, any control group to quantify performance amongst menopausal women is complexed and ultimately leads difficulties in establishing empirical evidence (Beck, Brewis, and Davies, 2021).

2.4.5 Influence of Managers

Within the business context, the role of managers is often an area of focus when considering workplace wellbeing and support with recent studies finding almost 70% of people has a significant impact on their mental wellbeing (UKG, 2023). However there appears to be a gap in studies exploring the role of managers in workplace

menopause support. A UK nationwide study found that over 60% of women do not feel comfortable discussing menopause with their line manager however no further discussion was added to the finding (Fertifa, 2023). Limited studies have highlighted that manager awareness is broadly one of the most important workplace supports available although these studies again fail to explore the matter further and would most certainly offer an area for further exploration in this study (O'Neill, Jones and Reid, 2023; Alzueta, E., *et al.* 2024).

Whilst there is a lack of direct evidence linking leadership frameworks to menopause support, it would be an important consideration to understand how different leadership styles can impact women in the workplace. Leadership models such as Kurt Lewins seminal leadership model characterises different leadership styles and traits that foster supportive environments such as democratic leadership which support inclusivity and open communication (Moosa and Faheem, 2023). With some studies suggesting menopause friendly workplace policies are largely dependent on managerial attitudes and awareness, it would be a reasonable consideration to review Lewin's leadership styles to underpin organisational women's health strategies to lessen the impact to women (Atkinson, *et al.*, 2020).

2.4.6 Discrimination and Legislative Reform

It is clear from recent research that although there are publicised performance and absenteeism concerns, there remains a largely hidden impact on women in the workplace as staff hide or downplay the impact of their symptoms to portray an image of an 'ideal' worker so not to diminish the perception of their health or productivity (Steffan and Loretto, 2025). This is suggested by Westwood (2024a) to lead to increased punitive actions and discrimination in the workplace as employers

fail to formally recognise or make generalised assumptions about the menopause transition that can lead to age, sex, or disability discrimination.

Alongside a socially responsible obligation from employers, rising tribunal awards in the UK have reached £65,000 for successful claims of discrimination which is a significant financial consideration for organisations to ensure they ensure adequate support is given to menopausal employees (Moss, 2024; Faragher, 2023).

Crucially in the case of '*Lynskey v Direct Line Insurance*' (2023), the claimant was successful in claiming their employer had breached the Equality Act 2010 as they failed to recognise or support her menopausal symptoms. Instead of providing reasonable adjustments, the employer punitively dealt with her performance which led to increasing sickness and ultimately, dismissal. This demonstrates that as well as the impact of symptoms on women, employers can without appropriate support strategies, further burden staff and contribute to poor attendance and perceived performance concerns which is a crucial area of exploration in this study.

Despite growing tribunal claims, it is suggested by the House of Commons (2022) that current legislative and legal parameters in the UK fails to offer appropriate support for menopausal employees under the Equality Act 2010. This has led to imminent calls for reform and mandatory menopause-specific regulations that would allow for intersectional claims on the combined grounds to more accurately and directly raise concerns of menopause discrimination.

The most pertinent example is the proposed Employment Rights Bill to amend the law to enhance employment rights and importantly, address gaps in current menopausal support and provisions (House of Commons, 2025). This provision will impact employers in increasing their responsibility to employee wellbeing, inclusivity,

and adjustments to practices and policies to support menopausal employees. With imminent reforms, it heightens the need for organisations and policymakers to fully understand the impact of the menopause transition in the workplace to ensure they adequately adhere to future legislative requirements.

2.5 Conclusion

Whilst literary sources often reflect on either the taboo nature, or education around the menopause as two distinct issues, it appears they are intrinsically linked themes with a lack of education and professional acknowledgement contributing to one of the many factors that exacerbate the feelings of stigma of the subject. From this evidence, it is a worthwhile consideration within this study to examine the extent of either stigma or lack of knowledge in managing menopause symptoms. This would help HMT best identify a strategy for supporting menopausal women in the workplace as either education or dialogue promotion may be an effective strategic tool.

The focus of many studies reveals a clear association between menopausal symptoms and an impact on a women's experience in work. Whilst clear evidence shows a link between menopause symptoms and increase absenteeism which is a concern for employers, the link between menopause symptoms and performance is less obvious.

What is apparent through the literature review is a need for research into the impact of the menopause in different sectors and roles as the nature of the transition affecting people differently will inevitably yield different results and support measures depending on the sector. With a call for improved women's health strategies to support women in the workplace, it underpins a clear need to understand the

experiences and attitudes of employees to the menopause transition within HMT as it is claimed that organisations that effectively address these issues can increase retention, improve work environments, and attract skilled workers which is a key strategic goal for many organisations (Society for Women's Health Research, 2024).

Overall, the literature review clearly demonstrates an increasing need to thoroughly investigate the menopause transition in the employment context and highlights some significant gaps in the acknowledgement of the diversity of staff groups impacted, and analysis of the effectiveness of support strategies that have been implemented. With this considered, it justifies the research question for this study, seeking to understand how attitudes, awareness, and workplace policies within HMT impact the employment experience of employees throughout the menopause transition.

3. Chapter Three: Methodology

To ensure the overall aim of the study was achieved, the methodology adopted aimed to appropriately facilitate the qualitative evaluation of the impact and workplace challenges faced by menopausal employees at HMT. An inappropriately designed or implemented methodology can compromise the validity, reliability, and ethical integrity which significantly for this research could lead to biases and invalid results (Kumar and Sharma, 2019; Pope and Mays, 2020). Therefore, a detailed methodology is set out to provide a systematic framework to ensure rigour, credibility, validity, and alignment of the achievable results to the primary research objectives (Basu, 2023).

3.1 Foundational Research Design

In seeking to obtain empirical evidence to support the research aim, Robson (2002) set out three foundational research designs based around exploratory, descriptive, and explanatory design models. The case for its consideration is based on the varying knowledge and outcomes that can be derived from each classification of design that will influence the design of this research (Saunders, Lewis, and Thornhill, 2019).

Exploratory research seeks to generate insights and understanding of a research problem based on observed behaviour. Primarily conducted when limited or no previous studies exist, exploratory research acts as a first step to better understand a phenomenon and to aid in the future design and development of subsequent studies (Sheppard, 2020).

Descriptive research alternatively focuses on a detailed systematic review of an issue or phenomena with the aim of defining a particular phenomenon or describe a pattern within the context of the subject area (Sreejesh, Mohapatra and Anusree, 2014).

Explanatory or casual research aims to explain why particular phenomena occur and determine a cause-and-effect relationship between the research and outcome (Kumary, 2019). Developed around “why” questions, it aims to purposely explore complex problems to understand the underlying behaviours and is often used during longitudinal study during which a hypothesis can be tested (Creswell, and Creswell, 2017).

Prominent research methodologists such as Yin (2018), have integrated these concepts into academic research design models to aid in social and business

research methodologies. Considering this study sought to gain insights from a literature review and qualitative survey, an exploratory approach was most appropriate as the research aimed to understand and identify themes, personal challenges, and gaps in awareness in the menopause transition. In achieving the research objectives, the exploratory approach was integrated with a descriptive approach to systematically document and define any key themes to the menopause transition in work as they arise.

3.2 Research Framework

Underpinning the methodology and design process for the collection of primary research is Saunders, Lewis, and Thornhill (2007) 'Research Onion' model to systematically develop an appropriate philosophy, approach, strategy, time horizon and data collection method.

Primary research refers to collection of original data from direct sources and directly correlates with an exploratory approach to produce new knowledge and answer the primary research question (Kumar, 2019). The principle application of primary research in this study helps understand how attitudes, awareness, and workplace policies within HMT impact the employment experience of employees throughout the menopause transition.

In support of the research aim and objectives, secondary research was analysed within the literature review chapter to determine and understand what existing studies have been undertaken to understand how peers have previously approached the issue (Bouchrika, 2024).

3.3 Philosophy and Theoretical Development

As the aim of the research was to explore and understand employees' personal subjective experiences and perceptions of menopause in the workplace, an interpretivist philosophy and inductive approach was most appropriate as it offered the opportunity to compare findings with existing literature. Given the assumption that people experience alternative realities, the observations required for the research aim cannot be simplified to a positivistic set of applicable laws (Saunders, Lewis, and Thornhill, 2019). An inductive approach is adopted by authors of previous studies exploring menopause in the workplace supporting the suitability of the approach in focusing on subjectivity and emergent understandings of human experiences, attitudes, and social contexts (Smartt-Gullion, 2024).

Consideration was given to the appropriateness of the well-established deductive approach to theory development (Bryman, 2021). There is however not currently enough comprehensively accepted theoretical frameworks in which to guide a deductive study and limits the ability to capture diverse and subjective personal experiences in comparison to the inductive approach chosen (Saunders, Lewis, and Thornhill, 2019).

3.4 Strategy of Inquiry

A case study strategy was commissioned to provide a detailed understanding of the attitudes, awareness and impact of the menopause transition at HMT that allow for a deep exploration of workplace experiences that can be compared with findings from existing literature (Pope and Mays, 2020). Considerate of the overall philosophy and theoretical approach, a case study allowed for the rich collection of subjective

experiences in a real world setting to gain insights (Hancock, Algozzine, and Lim, 2021; Stake, 1995).

Whilst HMT provided an attractive opportunity to explore a case-study, there are recognised limitations to the approach. Limited generalisability and bias from both researchers and participants are concerns put forward by Leavy (2020). It is however argued that the issue of subjectivity is inevitable to an extent in many qualitative methodologies and therefore, these disadvantages can be minimised through appropriate methodological planning and transparent analysis (Gray, 2022).

3.5 Methodological Approach

The study focuses on a Mono-Method survey to obtain qualitative data as a single primary data collection method. In the context of this research, just one survey instrument was selected to collect qualitative data to allow for the thematic analysis of data from one consistent source (Saunders, Lewis, and Thornhill, 2019). Bryman (2021) credits mono-method data collection as a simplistic method of focusing on a research question, however, does conclude that it can offer limited depth and breadth compared to mixed or multi-method approaches. Although mixed and multi-methods can provide rich insights, they are however more complexed, resource intensive, and can be hard to synthesise consistent results (Creswell and Poth, 2018).

Considering the utilisation of Quantitative and Qualitative approaches, each have different characteristics that can help achieve research objectives in different settings. Qualitative research was chosen as it provides the opportunity to build a complex holistic view of a social issue and understand the personal experiences of staff to achieve the research aim (Ilankoon, Samarasinghe, and Elgán, 2021).

Whilst quantitative research is used to statistically analyse a human issue using numerical data, it does not provide the same depth of personal insights as qualitative data and would therefore not be suitable for the study as it would not enable the review of the complex and personal nuances of people's individual experiences (Verdonk, Bendien, and Appelman, 2022)

A mixed methodology is utilised in some existing research to incorporate both methods either concurrently or sequentially however this was deemed unsuitable for this study due to insufficient time resource to integrate both methods (Pilcher and Cortazzi, 2024).

3.6 Time-Horizon

Although prolonged engagement during longitudinal studies is evidenced to bolster credibility (Lim, 2024), a cross-sectional approach was chosen to provide a snapshot of current data and was more appropriate considering the time available to conduct the research. Collecting data at a single point of time is commonly used to provide an immediate understanding of a current social phenomena that can also set the foundation for future longitudinal studies (Flick, 2018b).

3.7 Research Design - Data Collection

An online qualitative survey was used to obtain comprehensive data through open-ended questions. This method of data collection is advocated as a suitable method for addressing complex social phenomena and connecting research to real world issues to respond to social changes as would be required to navigate this study on the menopause (Lim, 2024; Santesso *et al.*, 2020).

Whilst online surveys are advantageous when considering time, cost, and cross-cultural geographically accessibility considerations, it was also selected to underpin the reliability and validity of the research (Creswell, 2009). Surveys are suggested to help mitigate the limitations of alternative methods by extending to a larger sample size to gain broader insights to participant perspectives and be less labour intensive to conduct (Santesso *et al.*, 2020); Braun *et al.*, 2021).

As there are recognised limitations to qualitative surveys with a potential to lack rich insights without a live forum to observe non-verbal cues or probe responses (Cohen, Manion, and Morrison, 2018), consideration was given to alternative methods such as focus groups or interviews. Whilst ethnographic observational methods are advocated as particularly useful in case studies, they can be resource intensive and can be costly to the host organisation in facilitating participation time to attend (Lim, 2024). Campbell, Taylor, and McGlade (2017) also share concerns that focus groups and interviews enhance personal biases that may lead people to be untruthful, provide erroneous opinions so not to diminish people's views of themselves, or if more introverted by nature, may not be forthcoming with their true feelings.

Flick (2018a) also argues that as focus groups and interviews generally involve small numbers of respondents, results may not be generalisable to a wider population in the same way that a survey would enable. Given a key objective of the research is to offer recommendations to enable a supportive women's health strategy, it is important that any proposals benefit the wider staffing population and not individuals selected for sampling.

3.8 Survey Construction and Design

In setting an appropriate survey design, the respondents were first required to acknowledge participation conditions and consent to ensure they are informed of their voluntary contribution, confidentiality, data protection, and their authorisation for the information to be utilised as part of the study (Bryman, 2021). The consent form is included in *Appendix A*.

Socio-demographic questions opened the survey questions to allow for detailed analysis of staff groups followed by thematic questions based on the main theories from a comprehensive literature review (Braun *et al.*, 2021). Open-ended questions are evidenced to be particularly beneficial when seeking to measure awareness and explore attitudes in line with the research aims of this study as they enable a holistic understanding of participant perspectives (Flick, 2018b). Open ended questions were therefore developed based on the insights and key themes identified through the literature review and aligned with the research objectives to cover the key themes set out in the literature review (Camargo-Borges and McNamee, 2022). The full survey questions are included in *Appendix B*.

To facilitate the collection of data for this qualitative survey, Microsoft Forms was selected as the preferred survey tool considering its cost efficiency, user-friendly interface, and ease of distribution to reach participants (Tsai, 2024).

3.9 Sampling Method

In exploring the menopause transition within the workplace, an appropriate sampling method ensures the findings are meaningful and representative of the organisation's

population (O'Donoghue, 2019). Considering the various sampling methods available, purposive sampling was selected to reach participants who are most likely to have insights into the menopause transition in the workplace (Ahmed, 2024).

With menopausal symptoms typically starting between 40-45 (Duralde, Sobel and Manson, 2023), female employees above the age of 40 at HMT were contacted to participate in the survey with a view of reaching women between peri to post-menopausal age as they are most influential in meeting the research objectives.

3.10 Sample Size

With approximately 300 potential respondents over the menopausal age range at HMT (HMT, 2025b), consideration was given to data saturation to ensure responses provided a comprehensive understanding of the study's aim, whilst balancing the resource required to thematically analyse responses (Braun and Clark, 2021). Whilst the survey was purposively sent to 300 potential respondents to reach a diverse staff group that would accurately enable the examination of the impact of menopause in the workplace, the responses were continually analysed to identify reoccurring themes and patterns that would indicate data saturation (Saunders *et al.*, 2023).

In exploring sample adequacy for the thematic saturation of qualitative data in surveys, it is proposed that 30-50 respondents would provide a moderate study when uncovering a wide range of perspectives with 50- 100 respondents offering increased validity within diverse environments (Vasileiou *et al.*, 2018).

3.11 Data Analysis and Evaluation

As a highly effective method of analysing qualitative survey data, a thematic analysis was undertaken to systematically identify patterns and themes from the open-ended

questions (Kiger and Varpio, 2020). With clear benefits of using a thematic analysis to enable a structured and accessible form of analysis, consideration was given to the proposed limitations of it in comparison with other qualitative analysis tools such as grounded theory, ethnography, and phenomenology (Nowell *et al.*, 2017).

Some of the fundamental critiques of qualitative research considers the volume of data, and underutilisation of effective evaluation tools which can contribute to ineffective coding, superficial analysis, and the potential for research bias which must be considered (Schaefer and Alvesson, 2020). To overcome this, the study considered recent calls to subject qualitative data to robust and systemic evaluation utilising software such as Microsoft Excel to sort and structure qualitative data from open ended questions (Ose, 2016; Williams, *et al.*, 2022).

Braun and Clark (2006) provide a powerful analytic method when seeking to explore experiences and thoughts through a data set with their widely adopted six-step thematic analysis model was utilised to code the results.

3.12 Bias, Reliability and Validity.

Within case studies, there is the potential that researcher relationship and rapport to the host organisation could be deemed exploitive or an oppressive imposition on participants which can affect the validity or results by influencing participant responses (Flick, 2018b). The use of a survey compared to other qualitative data collection methods such as interviews or focus groups aims to help reduce social pressure to respond favourably, support anonymity, and reduce bias in responses (Rowley, 2012).

When utilising qualitative research methods, there is also an inherent risk of researcher subjectivity when the researcher brings their own beliefs or dispositions to the research that can harm validity, even when taking an interpretivist approach (Flick, 2018b). Researcher reflexivity was therefore considered to maintain self-awareness and critical reflection as to how personal assumptions may influence the study (Creswell and Poth, 2018). Given the researcher has not personally experienced the menopause and had limited prior knowledge of its impact, it positionally ensured a degree of researcher neutrality reducing the risk of personal bias when shaping data interpretation. Regular academic supervisions throughout also acted as a form of peer debriefing to challenge the research process and help minimise bias assumptions (Yarborough, 2021).

Pope and Mays (2020) focus on ethical issues in qualitative research including the need for informed consent and assurances to confidentiality particularly given the sensitive nature of the topic. Both factors were considered in the management of the survey through Microsoft Forms to ensure anonymity and data security with the inclusion of a consent declaration at the start of the survey (Pilbeam *et al.*, 2022).

When undertaking a thematic analysis, reliability concerns are raised as there is a risk themes are inconsistently or misinterpreted especially when only one researcher is coding themes (Lim, 2024). The use of excel to underpin the coding and analysis is argued to improve consistency along with the application of a pilot study to refine questions and coding frameworks (Meyer and Avery, 2009). A pilot study was also conducted to test the survey clarity, accessibility, sensitivity, and to help ensure it was effective in capturing participant experiences (Malmqvist *et al.*, 2019). The pilot study was conducted by an academic supervisor, and two members of staff at HMT

with feedback from participants confirming its appropriateness and confirmation no refinements were required prior to distribution.

3.13 Research Limitations

Whilst there is a broader discussion around women's health in the workplace and a lesser explored topic of male andropause relevant to the proposed research topic, the scope of this research focuses on the impact and awareness of menopause specifically. This is to ensure adequate resources and time to focus on the key subject area without adding additional complexities which may diminish the relevance of the results if assessing broader themes (Mishra and Dey, 2022). As a case study approach is being taken, the research only looks at data from one organisation and therefore will have limited responses to provide generalisable outcomes across sectors (Dul and Hak, 2008).

An initial review of literature also highlighted a potential impact of menopause on attrition in the workplace however, the survey would not have the scope to reach leavers of HMT and therefore may not determine any potential link between menopause and attrition. It is also acknowledged that as the survey was conducted and distributed electronically via Microsoft Forms, it may have excluded individuals with limited digital access however this was an accepted limitation to ensure secure data storage and protect participant anonymity.

Considering the perspective sample size, the research achieved a total of 58 responses which although is only approximately 20% of the initial sample, was felt to be a sufficient sample given the valuable insights and the balance of feasibility in thematically analysing the results with the resource available. The results were also continuously monitored for data saturation which given the relatively homogeneous

sample with women from a similar age range and similar professional setting being surveyed, no new themes were seen to emerge after the 50th submission which suggests saturation was potentially met (Malcolm, 2024; Hennick and Kaiser, 2022).

Following review of participant responses, 54 of 58 respondents identified as white British leading to a limited representation of ethnic diversity which may limited the generalisability of the finding potentially impacting the overall validity (Smith, Flowers and Larkin, 2021).

3.14 Ethical Issues

Leavy (2020) comprehensively sets out the importance of ethical research considerations particularly when conducting qualitative research and sets out four key principles for consideration: Minimising harm, respecting people's autonomy, avoiding exploitation, and preserving privacy. In minimising harm to respondents given the sensitive nature of the subject area, participation was clearly set out as voluntary as seen in *Appendix C*, and the research signposted respondents to menopause awareness and support resources to offer follow-up support (NHS Employers, 2024). *Appendix D* provides details of the signposted support.

Confidentiality and data security were also prioritised and underpinned by the collection of anonymised data free of personal information and stored on a secure server site accessible only to the researcher as advocated by Woodfield (2018). Consideration was given to the sensitivity of the topic of menopause so respectful and inclusive language was considered throughout the survey to avoid bias and to use respectful terms throughout (Burbridge, 2023).

In respecting people's autonomy, respondents were clearly informed of the purpose, nature, use and freedom to participate and withdraw from the study at any point without any repercussions with consent obtained with each response (Flick, 2018a). A Data Protection Impact assessment was completed and approved as part of the UWTSD Research Ethics & Integrity Code of Practice (2022) to ensure honesty, rigour, openness, care and respect is adhered to throughout the study.

Throughout the study, Seedhouse (1992) seminal ethical framework was used to guide ethical decision making which is pertinent to a sensitive approach to social research that considers personal values, external obligations to HMT and UWTSD, moral principles, and the practical goal to focus on the best possible outcomes.

In the ethical context of researching sensitive topics such as menopause awareness, this approach aimed to minimise potential harm to respondents, balance the research objectives with professional responsibilities, and generate actionable insights of value to the wider body of literature for future researchers (Seedhouse, 2009).

4. Chapter Four: Data Analysis and Discussion

This chapter offers a presentation of results that focuses on the systematic examination and detailed synthesis of findings to provide a rigorous analysis of the findings to fulfil the overall aim of the research and answer the following research objectives:

1. Evaluate the attitudes and awareness of employees regarding the menopause and its impact on workplace performance and wellbeing.

2. Identify whether the experience of women within HMT is consistent with wider studies and the factors that impact that experience.
3. Analyse the effectiveness of support systems and policies available for menopausal employees at HMT.
4. Examine the impact of menopausal symptoms and determine to what extent there is any relationship with employee wellbeing and performance.

4.1 Data Analysis

Due to the nature of the results, a recursive approach to Braun and Clark (2006) six-step model allowed emerging themes to be fluidly reviewed (Byrne, 2022; Kiger and Varpio, 2020).

With the survey formatted to collect both objective sociodemographic results, and subjective qualitative data, refined themes were triangulated with the demographic data to consider whether different variables influence the menopausal experience and perspectives shared by participants (Coates, Jordan and Clarke, 2021).

Findings are underpinned with reference to survey excerpts to support the validity of the analysis (Eldh, Liselott and Carina, 2020). In adherence to the ethical principles of the survey to maintain confidentiality (Bryman, 2021), survey excerpts are identified by respondent 'R1' – 'R58'. Graphs are also used to illustrate themes and patterns to support the qualitative data visualisation (Nelson and Chatfield, 2022).

4.2 Sociodemographic Results

The survey was open to respondents for a three-week period during which a total of 58 responses were received. The sociodemographic results provide key contextual

information to understand the diversity of respondents that may influence experiences and perspectives as summarised in *Appendix E*.

4.2.1 Age Distribution

The age distribution of the survey respondents shown in Figure 5 was proportionate to the composition of the sample with 71% of respondents over the age of 50, comparable with 67% of the overall sample who were aged 50 plus demonstrating a representative return to the target population.

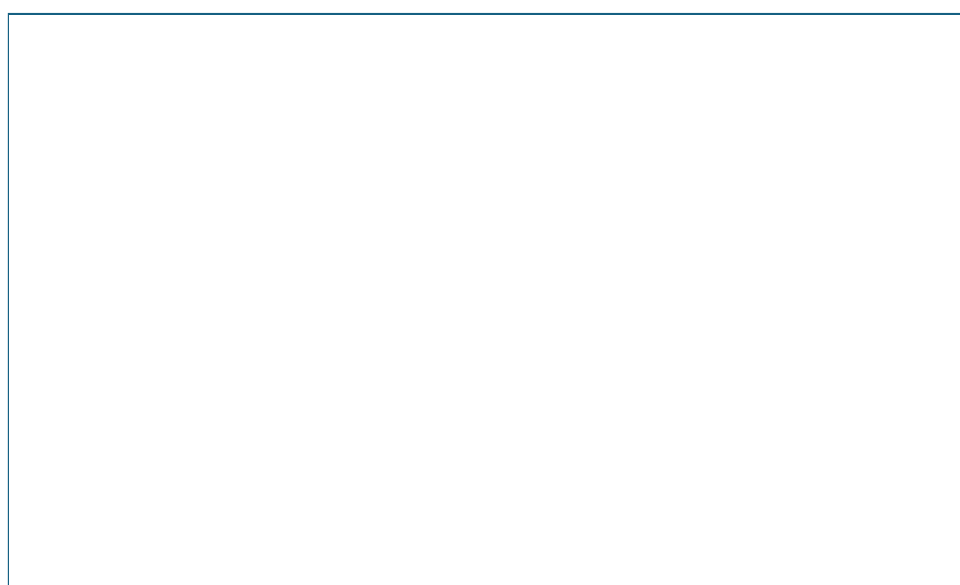


Figure 1: *Age distribution of survey respondents.*

4.2.2 Menopausal Stage

Unsurprisingly, due to the menopause occurring at an average age of 51, Figure 6 illustrates a clear progression as respondents go through the menopause transition and move from higher proportions of respondents pre-peri menopausal age 40-50, and then into post-menopausal age 55+. Three respondents did however report

being unsure of their menopause despite being statistically within the menopausal age.

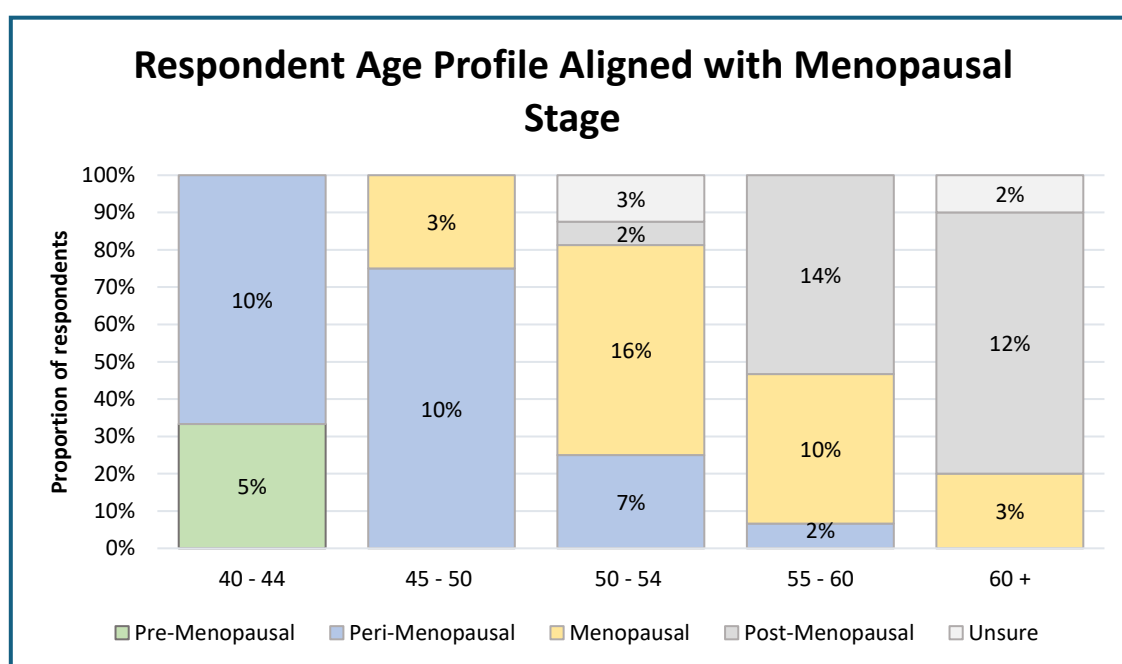


Figure 2: Respondent age profile aligned with menopausal stage.

4.2.3 Ethnicity

Although 80% of HMT's female staff identify as white ethnicity of varying background as seen in *Appendix F*, 93% (n=54) of survey respondents identified as any White background, with the remaining 7% (n=4) identifying as Black African/ Black Caribbean/ Black British. This discrepancy identifies a degree of under representation of staff from non-white groups which may impact the generalisability of findings as the experiences of minority groups and diverse perspectives will be underrepresented.

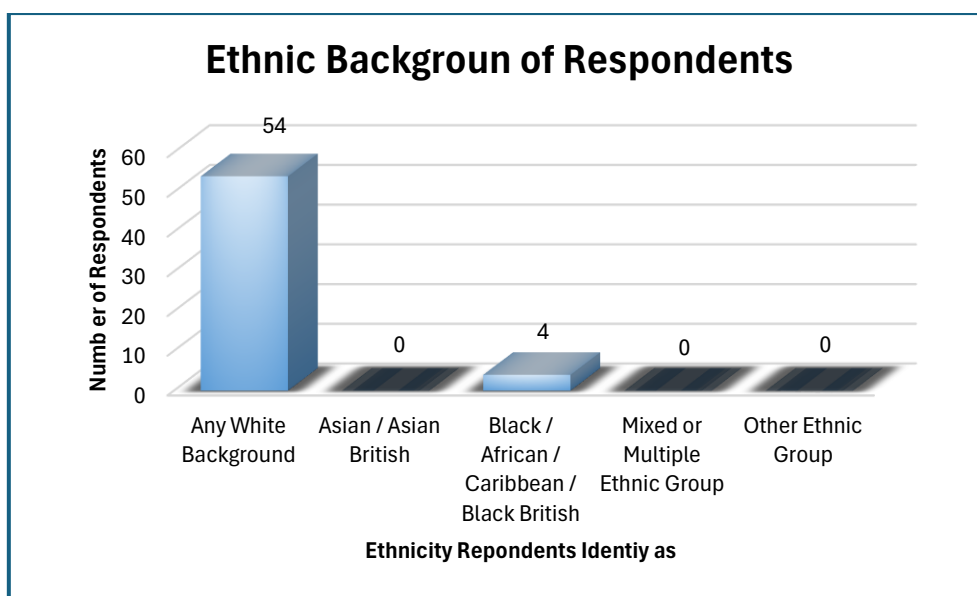


Figure 3: Ethnic background of respondents.

4.2.4 Job Role

To analyse the employee menopause experience across workgroups, it was important to understand the distribution of job roles amongst respondents to understand whether the menopause experience varies across roles. Proportionate the number of staff surveyed, there was an equal distribution of respondents by job role presented in Figure 8.

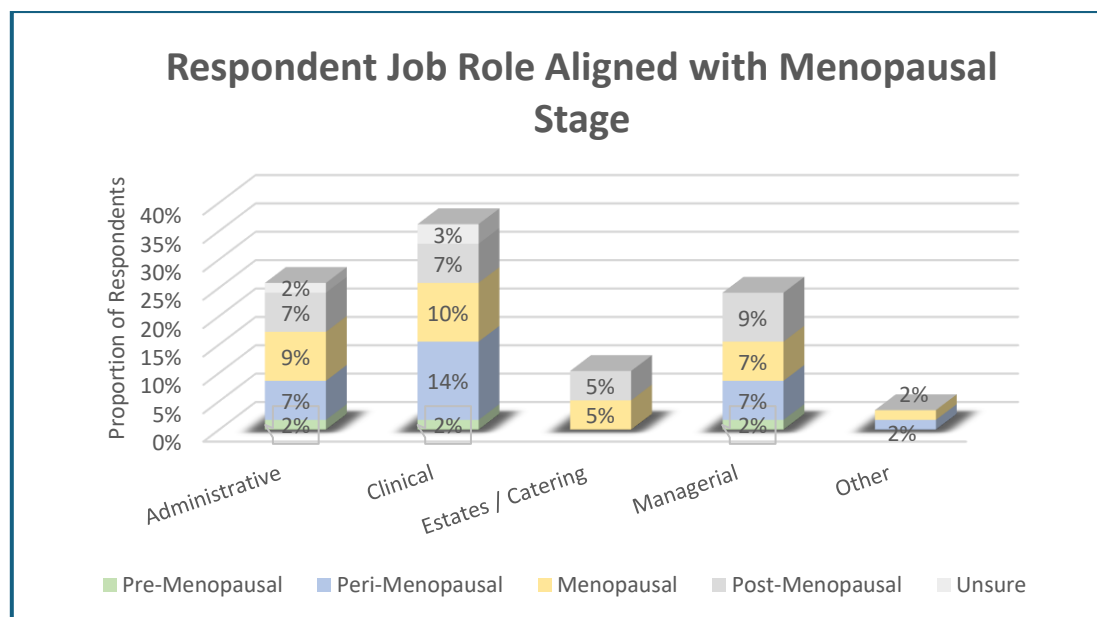


Figure 4: Respondent job role aligned with menopausal stage.

Comparable to the number of staff within the sample, Administrative and Managerial responses were slightly higher which would align to the regularity and accessibility to access emails and IT equipment as part of the natural course of their jobs. This was recognised within the methodology chapter as potential limitation offset by the risk to respondent anonymity and data security.

4.2.5 Education Level

In reviewing the Highest Education level of respondents, Figure 9 demonstrates most participants ($n=24$) hold a degree or higher which is synonymous with a healthcare sector in which many roles require a professional registration and necessitate a degree or higher qualification. The relatively low number of respondents with no formal qualifications does not however reflect the number of non-clinical roles that require no formal qualification to fulfil the role which does indicate a potential gap in representation within this group.

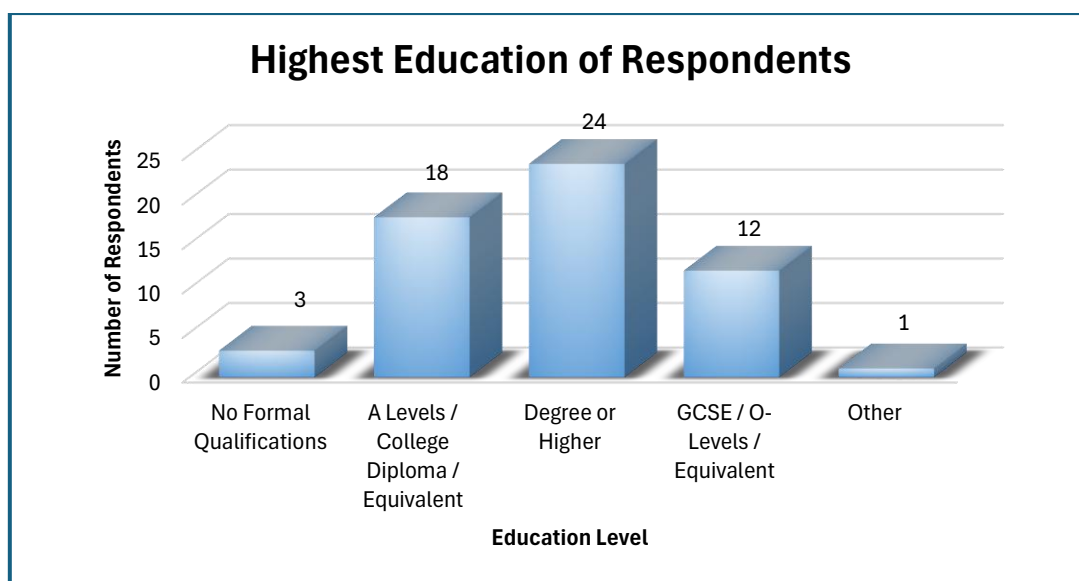


Figure 5: Highest education level of respondents.

4.3 Emerging Themes

In reviewing the subjective qualitative data, the first round of coding identified ten subthemes which were subsequently grouped to three overarching key themes following iterative reviews set out below in Table 1.

Table 1: Emerging Themes and Subthemes

Theme	Subtheme	Associated Codes
Limited Knowledge of the Menopause Transition	Lack of Knowledge prior to the menopause transition	Informed Not Informed Limited Information Limited Knowledge
	Misconceptions about the menopause.	Hot Flushes Misdiagnosis Misinterpreted

	Channels of menopause knowledge.	GP/ Health Professional Media Friends, Colleagues, Family Internet/ Google / online
Detrimental impact of symptoms	Range of symptoms experienced	Symptoms Experienced
	Impact of symptoms	Concentration Confidence Stress / Anxiety Embarrassment
	Impact on Sickness and Absence	Sickness Absence
Support Strategies	Supportive female line managers and colleagues	Supportive manager Colleague Support No Support Requested Male Colleagues
	Support Strategies	Meditative Techniques Medication Fresh Air Talking Therapies Vitamins Carrying on

	Suggested workplace support practices	Support Groups/Forum Policy Promotion Flexible Working More Information Additional Breaks Uniform
	Normalising the Menopause	Meetings Literature Reducing Stigma Training

4.4 Limited Knowledge of the Menopause Transition

The first theme identified gaps in respondent knowledge of the menopause transition and an insight as to how information is sourced and shared.

4.4.1 Pre-Menopause Knowledge

Respondents were asked in Question 7 'Before starting the menopause transition, describe how informed you felt you were about the menopause?'. Transposing the answers to a Likert scale in Table 2 allowed the analysis of how informed respondents felt they were with most respondents sharing comments relating to limited level of knowledge (58.5%). Adversely, only 15.5% of respondents felt well informed about the menopause transition.

Table 2: Transposed Likert scale assessing how informed women were of the menopause prior to transition

How Informed	Respondents	Representative Quotes
Not Informed	14.0%	"Not informed at all" (R8, R33, R55)
Not Very Informed	44.5%	"Not very well informed" (R9, R15, R17)
Moderately informed	22.5%	"Quite informed, as a female you generally are informed about these aspects of life." (R7)
Well Informed	15.5%	"Fully aware of possible effects" (R3)
No Clear response	3.5%	"Men especially do not understand it" (R44)

A review of these figures in correspondence with respondent education level offered no significant differences between varying qualification levels and pre-menopause knowledge. The only identifiable theme inferred that staff with no formal qualifications are less informed about the menopause transition with 100% (n=3) of respondents with no formal qualifications sharing little or no prior knowledge of the menopause transition illustrated in Figure 10. There was no intimation that knowledge improved as education level increased as less staff with degree or higher qualifications felt informed (26%), than 56% of respondents with A-Levels or equivalents.

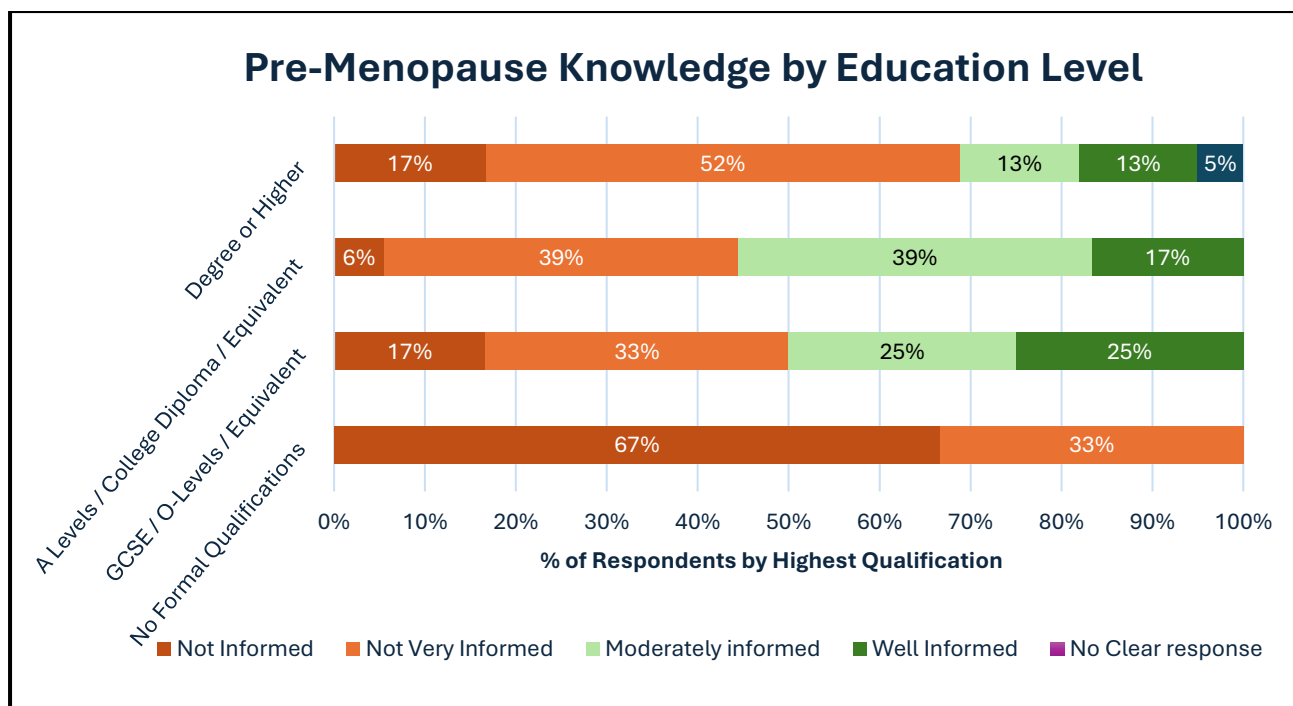


Figure 6: Pre-menopause knowledge of respondents by education level.

In analysing the level of knowledge against respondent job roles to identify whether certain jobs in the healthcare sector are more susceptible to menopause knowledge or education, Figure 11 shows higher proportion of respondents within estates and catering roles responding with a higher level of pre-menopause knowledge.

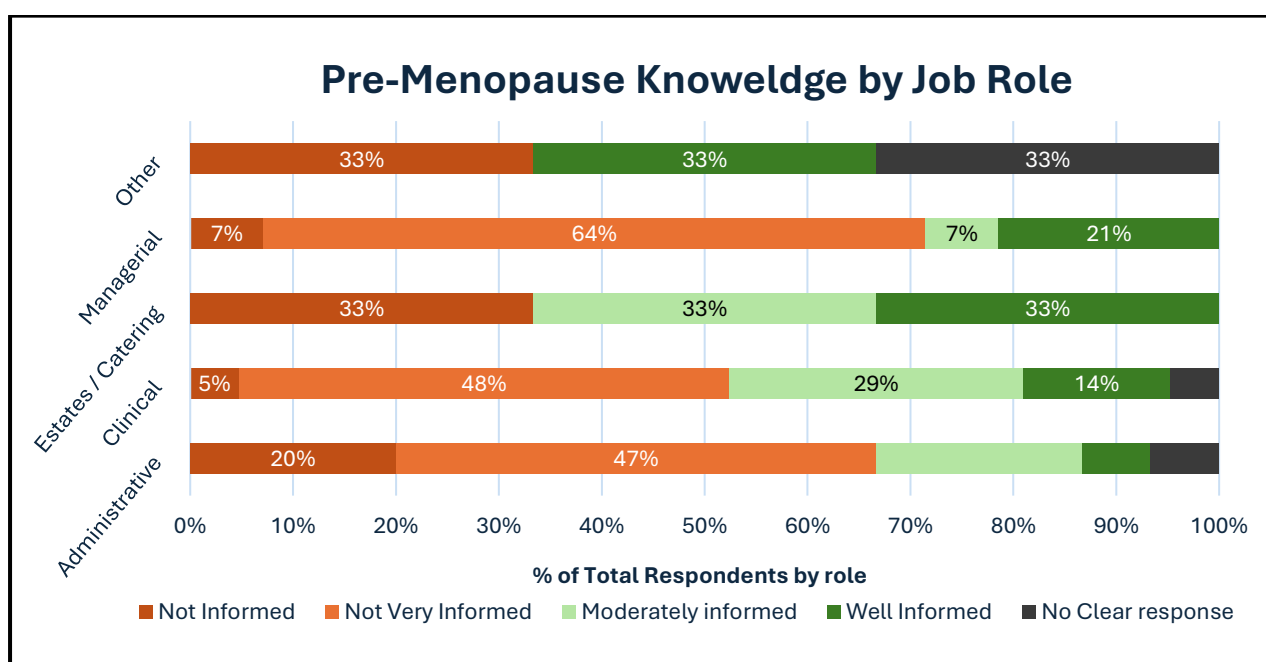


Figure 7: Pre-menopause knowledge of respondents by job role.

With respondents sharing limited menopause knowledge, three respondents aged 55+ were unsure of their menopause stage despite a definition accompanying each option. Although they may be experiencing a later menopause transition, the uncertainty as to their menopause status demonstrates a proportion of respondents lack the knowledge as to the stages of the menopause transition.

In response to question 8 when asked “How aware is your workplace of the menopause”, a small number of respondents (n=2) felt that young people in the workplace lack understanding of the impact of the menopause and the subsequent challenges this creates with one respondent stating, *“I work with younger ladies, and they cannot comprehend how I feel”* (R44).

4.4.2 Menopausal Misconceptions

Alongside a general gap in menopause knowledge being identified, the survey data also highlighted reoccurring misconceptions around respondents’ expectations of the menopause with several answers referring to hot flushes being the only anticipated symptom. One respondent summarised *“I knew about hot flushes as my mam had them but that was all”* (R19). This was further underpinned by respondents indicating confusion as to the nature of symptoms being linked to the menopause *“The symptoms are so wide-ranging, it’s easy to confuse the cause with other things”* (R5).

This was a common experience shared by several respondents whereby menopausal symptoms were misinterpreted or misdiagnosed. The most striking

result to emerge was numerous references (n=5) to discussions with medical practitioners in which symptoms were misdiagnosed and subsequently mismanaged:

I have had an extended period of sickness absence during which time I had an occupational health appointment where I was signposted to some mental health services, but menopause support was not suggested (R22).

Similar experiences of inadequate GP interventions were mentioned on four other occasions and commonly corresponded to uncertainty or misdiagnosis of symptoms:

I have been on HRT for some years, but this has been stopped and restarted by my GP many times due to poor understanding and advice. This has caused me severe anxiety and exacerbated symptoms that could have been avoided (R17).

4.4.3 Channels of Menopause Knowledge

There was an observed correlation between the method in which respondents gained knowledge through statements made in question 8. Interestingly, the commonly described channel of knowledge was through 'family', 'friends', and 'colleagues' (n=12) compared to only two respondents that credited their GP or healthcare practitioner with the source of their menopause knowledge. There was also a high degree of 'self-education' referenced by respondents who utilised online sources and search engines with one respondent commenting "*Didn't really have much information, only when I googled the symptoms did, I become more aware*" (R5).

Responses to survey Question 18 offered a correlation with this data when asking respondents, "How easy has it been for you to find advice and support regarding the

menopause”. Of the respondents that cited a source of menopause information and advice, 48% referenced the internet and online sources. Figure 12 presents the number of times each source of information was referenced in question 18 and demonstrates the prevalence of self-education through online sources(n=17). Although GP advice was mentioned on six occasions, only two respondents referenced positive interactions with their GP.

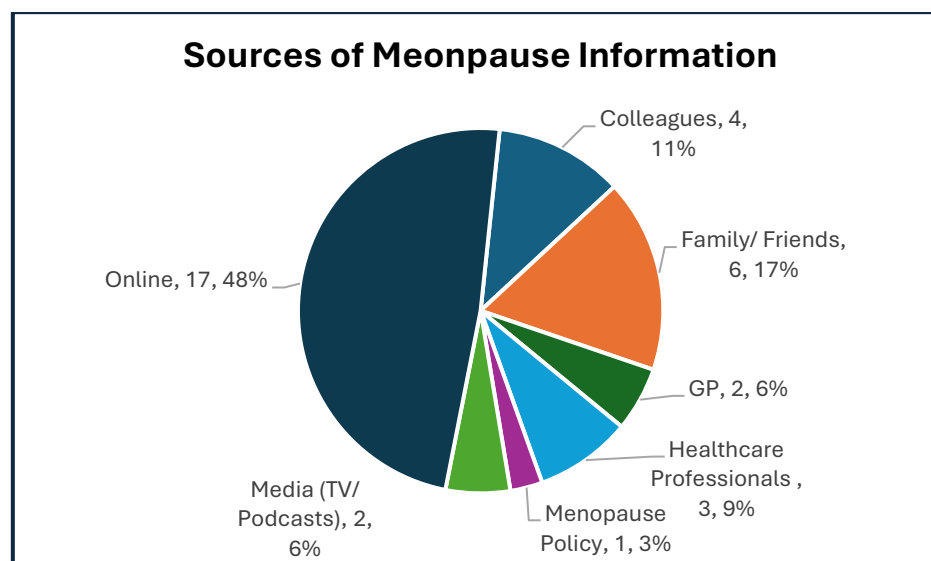


Figure 8: Sources of menopause information.

It was adversely recognised however that while the internet and online sources offer a depth of information, this is not perceived as a positive by all respondents with one sharing, “A lot of online information, though this can be vast and overwhelming” (R1).

4.5 Detrimental Impact of Symptoms

The menopause experiences shared by respondents varied significantly highlighting the diverse impact of menopause on individuals in the workplace as set out in Figure 13.

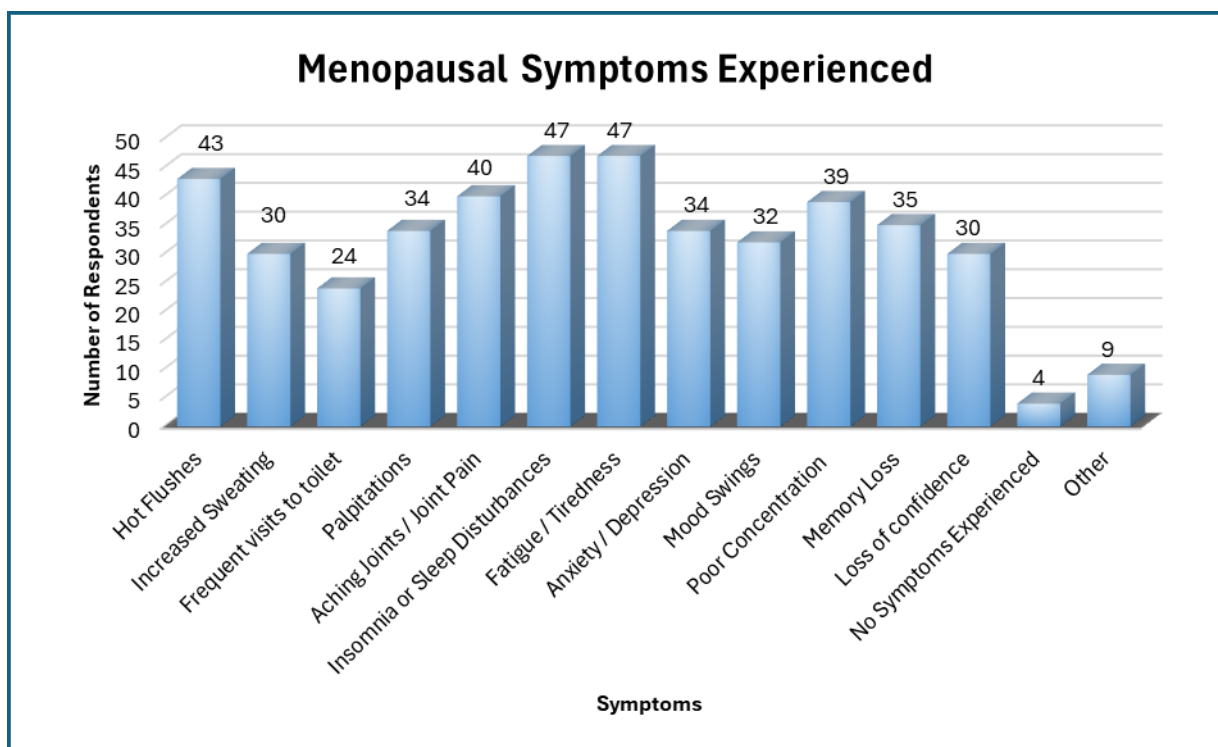


Figure 9: Menopausal Symptoms experienced by respondents.

4.5.1 Range of symptoms experienced

The data reveals a diverse range of symptoms experienced by respondents and due to the personal nature of the menopause, there was no pattern or correlation between any demographic factors and the range of symptoms experienced. Despite the common association between the menopause transition and hot flushes anticipated by some respondents, 'Fatigue/ Tiredness' and 'Insomnia or Sleep Disturbances' were both experienced by 81% of respondents with 74% of staff experiencing hot flushes being the third most common symptom. Respondents on average experienced 8 different symptoms with 58% of respondents experiencing over 10 symptoms through the menopause.

Four respondents did however experience no symptoms through the menopause transition evidencing the vast disparity in personal experiences and interestingly,

75% of those who experienced no symptoms were aged 60+. Whilst proportionately more respondents experienced a higher number of symptoms, only nine respondents experienced five or less symptoms indicating respondents were more like to experience multiple symptoms through the menopause.

Additional symptoms were also linked to the menopause experience ranging from 'bloating', 'low self-esteem', to 'itchy ears' as a symptom experienced and evidencing the vast range of symptoms that can impact respondents.

4.5.2 Impact of symptoms

Participants described exacerbated negative experiences in the workplace with a significant proportion of respondents (78%) describing negative workplace experiences due to their symptoms. In analysing the key themes that emerged from respondents describing their workplace experiences, Table 3 illustrates the common effects.

Table 3: Reported impact of symptoms in work

Menopause Symptom	Impact	Representative Quotes
Hot Flashes / Sweating	Embarrassing Discomfort	<i>"Sitting in meetings and having a hot flush is embarrassing, there is nothing you can do to stop it"</i> (R15)
Mood Swings	Difficult Patient & Colleague Interactions	<i>"I often felt like I was going to lose my temper and get in trouble"</i> (R22)

Insomnia/Sleep Disturbances	Exhaustion Fatigue Poor concentration	<i>“Suffer very badly with insomnia, exhausted and constantly battling fatigue” (R45)</i>
Memory Loss/Brain Fog	Ability to Focus Confidence in role	<i>“My memory is appalling, I had lost all confidence in my capabilities” (R52)</i>
Stress/ Anxiety	Confidence in Role Ability to fulfil role	<i>“I had felt like I was going to have to give up my job and find something else, the stress was unmanageable” (R22)</i>

Although many symptoms described were physical, respondents shared a deeply personal psychological impact of the symptoms and often linked to concerns in providing adequate care. *“Loss of memory is a big impact and stuttering when taking to taking to patients. Which makes me then have lack of confidence and anxiety” (R30).*

Comments regarding confidence, work ability, and capability were also observed in connection to comments regarding the impact of symptoms and extended beyond the workplace to respondent’s home lives as one respondent shared, *“I was not always kind and patient with my family when I got home after work, probably from holding myself together all day in work.” (R22).*

The frequency and impact appeared greater within respondents who fulfil clinical roles with 86% of respondents sharing negative workplace experiences, some of which were exacerbated by the nature of their roles:

My work is affected mostly by the hot flashes and sweetness as temperature is quite high in the building and especially in resident's bedrooms. Manual handling and assisting with personal care will affect further these symptoms. (R34)

Non-clinical respondents also reported symptoms being exacerbated by the work environment with uniform requirements worsening hot flushes, joint pain aggravated by sedentary roles, and anxiety increased by the work environment:

The work blouses exacerbate my symptoms as they are made of a material that sticks to you and is even worse when experiencing a hot flush. Work often makes me even more anxious, and I tend to overthink people's comments and behaviours. (R18)

4.5.3 Impact on Sickness Absence

A review of responses to Question 11 whereby respondents were asked "Have you ever had to take time off due to menopausal symptoms", 88% of respondents (n=51) confirmed that had not required time off:

Although most respondents had not required time off, two respondents alluded to limited sick pay as an underlying reason for this with one stating *"due to the limited/poor sickness support I feel that taking time off for symptoms of the menopause is not an option"* (R6).

There was also a suggestion that the limited knowledge of the menopause transition contributes to inaccurate recording of sickness data with one respondent indicating their sickness was documented under an alternative absence reason. *"For the six-week period I was off, I didn't know what was causing the symptoms"* (R22).

4.6 Strategies of Support

4.6.1 *Supportive female line managers and colleagues*

Within the broader theme of support strategies, a recurrent subtheme amongst respondents discussed the role of supportive female line managers (n=19). This support predominantly occurred whereby the manager themselves had been through the menopause:

I am fortunate that my direct line manager and overall manager are both female and we often have discussions around symptoms, remedies and how we are feeling generally (R20).

Further analysis shows support of female colleagues was also referenced positively with respondents working in predominantly female teams within clinical and administrative roles reported that local awareness of teams allowed colleagues to discuss the menopause openly. One respondent in an administrative role summarised:

As care is predominately female, we tend to be aware of the significant impact going through the menopause can have on colleagues and individuals (R41).

Counter to this, there were a small number of respondents who suggested male colleagues and line managers would not be as understanding which corresponded to feelings of an unsupportive work environment and discomfort in raising menopausal issues.

I think women find it hard to discuss these things with a man, so a female contact-representative that you could go to if your manager is male. (R4)

4.6.2 Workplace Support

When asked about working adjustments that have been sought, most participants (88%) had not requested any adjustments. Of the respondents that disclosed adjustments (n=7), five felt satisfied although these were predominantly informal adjustments.

A range of support and self-help strategies were mentioned by respondents with varying degrees of success demonstrated. Respondents cited 'taking breaks for fresh air', 'workload management', 'meditative techniques', 'vitamins', and 'talking with friends and colleagues' as techniques to help manage their symptoms within the workplace. The most reported support measure was the prescription of medication, namely HRT which was referenced by 22% (n=13) respondents as positively impacting them. *"Symptoms now controlled with HRT"* (R58).

Concerningly, there were a minority (n=4) of respondents who alluded to 'muddling through' or 'just carrying on' as a measure to get through their symptoms. These respondents worked within clinical and administrative roles which underlines the varying personal experiences of respondents compared to responses within the same roles who shared generally positive workplace support measures.

Due to the healthcare environment, there were adverse reports of respondents unable to utilise support techniques such as 'getting fresh air' or being able to 'open windows' due to the work environment which are aimed at patient or resident comfort as opposed to staff comfort as identified by one respondent:

I am always warm so windows being able to be open or heating turned down helps, but again not always possible as residents get cold easily. (R19)

4.6.3 Suggested workplace support practices

In response to Question 17 whereby respondents were asked “Is there anything that could be done differently at work that would make it easier”, a positive variety of suggestions were made to provide better work outcomes and experiences. The feedback obtained is presented in Table 4.

Table 4: Suggested workplace support measures

Support Measure	No. of occurrences
Air conditioning/ Temperature control	3
Menopause clinics / forums	3
Flexible Working	3
Improved Awareness and Understanding	6
Policy and Information Signposting	4
Talking / Discussion opportunities	3
Time off & Breaks	3
Training for colleagues	2
Breathable Uniform	2

What is interesting about the data in this table is that a proportion of suggested support measures include the opportunity to talk to peers about their experience. “A

menopause clinic or forum where questions could be asked in a confidential space would be beneficial to colleagues” (R24).

Subsequently, it was a clear priority for general awareness and understanding of the menopause to be promoted to aid respondents through the experience. This was predominantly requested within a request for ‘empathy’ and linked to respondents that’s shared a feeling of ‘embarrassment’ in response to earlier questions.

The data did suggest that some respondents were unaware of existing support strategies within HMT with (N=3) respondents seeking a menopause policy, and (N=4) respondents seemingly unaware of HMT’s flexible working policy.

4.6.4 Normalising the Menopause

Encouragingly, whilst two respondents referred to a social stigma around the menopause, this view was outweighed by 10 respondents who felt confident that the menopause was openly discussed and talked about within their teams. These respondents came from varying job roles and were not limited to specific sociodemographic areas with one respondent summarising:

In a predominantly female environment, I think this is probably undertaken quite well. There is lots of open and honest discussion during the day which then makes it easier to speak with line managers regarding specific issues.
(R46)

Respondents did offer recurring suggestions to improve the menopause discussion including ‘forums’, ‘team meetings’, and ‘menopause champions’ with an overall goal to ‘normalise the menopause with a pertinent response shared:

Keep promoting and normalising the menopause to set a culture that makes people aware of the challenges women experience with the menopause. (R13).

Many participants generally sought to promote awareness and understanding of the menopause experience of women and whilst it was broadly suggested to already be discussed within some teams, there was an overarching desire for acceptance as with other biological processes:

Better understanding and more support required. Women get support during pregnancy. There is no reason this couldn't be the same during another huge transition with often massive impacts to the person experiencing it. (R6)

5. Discussion

This discussion is structured around the key themes that emerged from the data analysis and contextualised within a review of the broader literature review conducted to critically interpret the findings of the study. It aims to identify any emerging patterns, highlight areas of alignment and divergence, and consider the significance of any findings (Haynes and Hunsley, 2021).

5.1 Sociodemographic Results

All respondents within the sample were given equal opportunity to engage in the research, however, there was a fundamental disparity in the ethnic background of respondents with only 7% of respondents identifying as non-white despite 12% of the sample identifying as non-white as seen in Appendix F. Although this identifies a limitation of the research, it aligns with the suggestion by AlSwayied, Frost and

Hamilton (2024) that cultural factors may contribute to the limited openness of individuals from some backgrounds to discuss their menopause experience.

Although the research provides limited information to definitively explain the lack of engagement from non-white ethnic backgrounds, the gap in responses reflects that, even within an inclusive research environment, underlying cultural taboos act as barriers to open discussion (Beck, Brewis and Davies, 2020). Critically, the limited engagement presents a potential limitation to the inclusivity of future women's health strategies as there is an inability to take a holistic view to consider the full impact of the menopause transition on all colleagues.

5.2 Limited knowledge of the menopause transition

A significant pattern that emerged within both the literature review and the data analysis chapter was a widespread lack of knowledge on the menopause transition. Respondents demonstrated a lack of pre-menopause knowledge, misconceptions of menopausal symptoms, and extended to shortcomings in medical practitioners' advice on menopausal symptoms which aligned to wider sector research by Tariq *et al.* (2023). Within their research, 57% of women felt completely uninformed about the menopause, a result comparable to the 58% of women in this survey who felt poorly informed. This suggests that this knowledge gap is not confined to specific sectors or roles however it may establish a broader issue if staff in healthcare roles, despite their exposure to a wide range of health concerns, still demonstrate gaps in knowledge.

This theme demonstrated the critical need for organisations such as HMT to not only educate their staff (Hillman *et al.*, 2020) but also ensure that awareness is promoted

to create an environment in which women experiencing menopausal symptoms can feel safe as opposed to isolated and unsupported (CIPD 2023b).

5.3 Stigma & Taboo

Whilst the limited awareness and education of the menopause was identified through both the data analysis and wider literature, the prominent theme of stigma and taboo widely evidenced (Brewis, Van Amsterdam and Wijntuin, 2025) was less apparent from this survey. While two respondents did highlight an ongoing stigma that prevents women openly discussing their experiences, this was outweighed by nearly 20% of respondents who felt confident that they could discuss the menopause within their teams and described the positive benefits of this.

Considering the survey was conducted in a predominantly female healthcare sector (ONS, 2024), this may indicate a variance from other sectors whereby the female composition of teams and their shared experiences plays a crucial role in creating open and supportive environments that reduce the stigma. As healthcare professionals by nature are more empathetic and understanding of health conditions (Moudatsou *et al.*, 2020) this may further contribute to an environment whereby open discussions can take place which contribute to staff at HMT feeling more supported.

Given the positive attitude towards supportive female managers, it would be reasonable to consider the leadership style that could be developed across organisations to provide support regardless of the gender of the manager. In assessing the various leadership styles, Kalbarczyk *et al.* (2025) suggests female line managers often demonstrate transformational leadership behaviours which are evidenced to build psychological safety, better culture and health outcomes. From

the results, it would be reasonable to suggest HMT managers typically take on this role that would be beneficial to promote further amongst all management roles.

5.4 Performance Metrics

Contrary to wider literature that intrinsically links the lack of menopause knowledge and education to an associated taboo and stigma (CIPD 2023a), a lack of education came through as the predominant theme within this research. Whilst both factors were raised as an issue, the experience of staff at HMT broadly aligned with existing studies such as the NHS (2022) when examining the range and impact of symptoms experience by respondents.

Where a variance did emerge was however in the adverse impact on absenteeism experienced in wider sectors whereby half of employee's experience absences due to their menopausal symptoms (CIPD 2023b). The data analysis provided contradictions with wider literature as only 12% of respondents in this study had been absent from work due to menopausal symptoms. Although it is accepted some absences are not recognised as menopausal due to the symptoms remaining unrecognised (O'Neill, Jones, and Reid, 2023), a crucial consideration was raised by two respondents who identified the lack of adequate sick pay as a deterrent from taking sick leave.

This is a concern for HMT as this may mean there is an underlying theme of presenteeism if some staff are coming in whilst they would have otherwise been unwell which could adversely impact performance. Critically, with reforms under the Employment Rights bill (DWP, 2025), the removal of the three-day waiting period for sick pay may enable these staff to take sickness absence without the same pay

penalties so it would be advised that HMT monitor their sickness absenteeism trends as the proposal becomes a statutory requirement.

Without the resource or scope to explore appraisal or performance review data to directly analyse the performance metrics of menopausal employees, the data analysis found evidence of performance concerns through respondents reflecting on their confidence and ability to fulfil the role given the impact of their symptoms. The concerns reflected an underlying issue of self-efficacy which were exacerbated by menopausal symptoms and are argued by Beck, Brewis and Davies (2020) to impact engagement and productivity which are often key performance metrics for organisations.

6. Chapter Five: Conclusion, Recommendations

This concluding chapter aims to draw together the key findings from the research in relation to the research aims and objectives whilst considering the limitations of the study, recommendations, and opportunities for future research based on the findings.

6.1 Conclusion

The findings of this study drew attention to a significant gap in menopause knowledge both prior to the start of the transition, and most concerningly, as women tackle the symptoms with often little support and or misguided advice from medical practitioners as to the nature of the symptoms. The results highlighted a stark disparity between the expectation of respondents prior to the menopause transition, and symptoms experienced which varied in both severity and impact on the workplace.

The findings indicate that limited knowledge and persistent misconceptions contribute to the difficulties that women face in the workplace. The range of symptoms experienced goes beyond the traditional publicised symptoms and contributes to challenges in reduced confidence, stress and anxiety, and embarrassment with worse cases leading staff to question their career in the healthcare sector.

Contrary to literature that described a significant stigma around the menopause discussion (Brewis, Van Amsterdam and Wijntuin, 2025), respondents within the case study described a general feeling of support within a predominantly female workforce and notably, shared high levels of support from female line managers.

Within the context of the research aim and objectives, a summary for each is provided to consider whether each has been achieved within the study.

1. Evaluate the attitudes and awareness of employees regarding the menopause and its impact on workplace performance and wellbeing.

Whilst there was insufficient data to directly assess the impact on performance, the responses clearly described an environment in which the range and severity of symptoms would often impact both the physical and mental aspect of their work. Although the extent to which this diminishes performance could not be determined, the experiences described such as an inability to focus, difficult patient and colleague interactions, and ability to fulfil their role would be expected to impact performance.

2. Identify whether the experience of women within HMT is consistent with wider studies and the factors that impact that experience.

The findings confidently found that there is very much a direct correlation between the experience staff at HMT and wider research. However, a predominantly female work environment positively impacts respondent confidence in discussing their experiences with colleagues and female line managers which was evidenced to provide a beneficial source of knowledge for respondents which was not demonstrated in wider studies.

3. Analyse the effectiveness of support systems and policies available for menopausal employees at HMT.

There was little reliance on formal support measures described by respondents and in circumstances where reasonable adjustments had been discussed, a positive outcome was generally described. There were however references of respondents unaware of HMT's menopause policy and flexible working policy which was compounded by limited sick pay detrimentally impacting staff taking time off when required. HMT's formal support measures and policies are therefore insufficient at present and are mitigated only by the informal practices and culture adopted by colleagues to provide support within their teams.

4. Examine the impact of menopausal symptoms and determine to what extent there is any relationship with employee wellbeing and performance.

The data analysis highlighted that the menopause transition is a deeply personal experience that affects women in different ways depending on the severity of symptoms, many of which impact on both their work and personal wellbeing. Contrary to wider literature that evidences a direct impact on sickness absence (Palmer and Rolewicz, 2023), responses suggested there was limited impact on

sickness absence however the lack of awareness demonstrated throughout would be expected to skew the accurate reporting of menopause absences.

5. Determine whether a targeted women's health strategy could be effective in supporting menopausal symptoms at work and aid in the retention and recruitment of staff and offer recommendations to achieve this.

The findings provided valuable information in relation to appropriate support strategies for employees that would suitably inform an impactful women's health strategy. Wider literature provides a comprehensive set of recommended workplace adaptations however the data analysed as part of this survey provides useful insights on supporting women in the healthcare sector specifically where challenges to basic provisions such as access to open windows or uniform requirements exacerbating symptoms. Whilst there was no clear data to link retention to the menopause experience at HMT, the recommendations set out a comprehensive plan to support a targeted women's health strategy that would be informed by the data collected within this study.

In considering the overall aim of the study to evaluate the impact and workplace challenges faced by menopausal employees at the Healthcare Management Trust (HMT), the data provided an indisputable link between the menopause transition and a detrimental impact on the experience of women in the workplace. Regardless of whether it is influenced by a continuous stigma, or concerning lack of education, the themes identified a compelling and urgent need for not just HMT, but organisations globally to address what remains a silent issue for many.

Although there is a growing advocacy from professional bodies to improve menopausal support from women in the workplace, significant legislative reform is

required to ensure the menopause transition is considered by employers to implement effective health strategies given the challenges it causes for women not only in the workplace, but within their daily lives.

6.2 Limitations

Although the survey received a modest response rate, the data collected offered valuable insights that ultimately allowed a thorough analysis of results. The relative homogeneous sample and signs of thematic saturation suggest the findings are meaningful although wider generalisability may be limited. Future research may benefit from a wider response rate to enhance validity and could be achieved through wider methods of publicising the survey such as posters and interactive QR codes for mobile accessibility and reduce reliance on email correspondence.

The limited ethnic diversity amongst participants may also affect generalisability of the findings and would directly contribute to the need to conduct future research from more ethnically diverse samples to capture a broader range of experiences and perspectives.

Whilst there is significant literature that indicates the menopause transition can have an impact on attrition (CIPD, 2023b), the limited scope of the data collected and inability to include leavers of HMT within the sample meant the study was unable to adequately assess whether the menopause transition has a direct impact on staff turnover.

6.3 Recommendations

Based on the findings of the research, the research has highlighted significant gaps in menopause knowledge, formal support strategies, and a desire for empathetic

menopause awareness. To ensure the findings contribute to a meaningful outcome, the following recommendations aim enable HMT to tailor a women's health strategy through simple innovations, whilst simultaneously preparing the organisation for future legal reforms and requirement for menopause supportive workplaces (Adelekan-Kamara *et al.*, 2023).

6.3.1 Improved Policy Provision

From the data analysis, there was a call for HMT to create an empathetic supportive culture, accompanied by the need for a suitable workplace policy given respondents were unaware of the current provision. Despite a menopause policy existing within HMT, it is outdated, vague, and based on the data analysis, ineffective. The first element of the promotion of an effective women's health strategy at HMT would be a revise HMT's induction, sickness, and menopause policy.

Although most respondents felt supported by colleagues, the need for a clear policy is grounded in the research findings whereby some respondents alluded to the need to 'just carry on' due to lack of support. This step would not only act as a key framework to highlight to menopausal colleagues the support measures available, but it will also act as clear form of communication to all staff groups an awareness of the menopause transition, and the importance of empathetic awareness in the workplace (Rees, *et al.*, 2021).

Embedding an updated policy to demonstrate HMT's commitment to support aligns to CIPD (2023a) guidance and reinforces to all colleagues that menopause is a workplace health and equality issue, and not a personal matter. Although a policy change alone is unlikely to change HMT's culture given the impact of its previous edition, a meaningful communication strategy led by the HR department alongside a

‘user-friendly guide’, is evidenced to help signpost staff and encourage open conversations (Future NHS, 2024). Updates to the induction policy would embed the principles for new starters, and a review of the sickness policy would consider menopausal symptoms and their impact on short-term absence triggers (House of Commons, 2022).

6.3.2 Improved Support Measures for Employees

Considering the practical measures suggested by respondents and wider sector calls for enhanced support (Adelekan-Kamara *et al.*, 2023), the second recommendation is to provide enhanced support for employees. In reviewing evidenced-based symptoms management strategies, NHS England (2022) advocate promoting flexible working hours, options of natural fibre uniforms, comfortable temperatures, and peer support which directly link to employees expressed requirements from the survey. In environments such as healthcare settings where it was evidenced temperature control can be restricted, efforts should be made to offer cooling aids such as fans or wipes and increase flexibility with breaks to accommodate practical adjustments.

Alongside these, it would be worthwhile to explore the appointment of menopause champions at each HMT site to help foster an inclusive culture and act as a point of contact for staff to support and signpost them. Although there are training costs and time constraints, recent literature has heavily promoted the positive impact on inclusivity by providing a safe space to speak to colleagues seeking to share experiences or seek advice (Chiren, 2024). Considering the frequency of calls for menopause clinics from the survey results, menopause champions could help facilitate local forums to give staff a safe space to discuss their shared experiences

and build on the valuable support measures already built into HMT's culture through peer support measures which were evidenced to be valuable sources of support.

6.3.3 *Staff and Manager Training*

The clear gap in knowledge not just amongst men and younger colleagues, but amongst women themselves experiencing the menopause demonstrates a significant gap in awareness still exists within organisations.

It is therefore proposed that information on the menopause transition is integrated into existing wellbeing service information, alongside workshops and literature promotion to educate colleagues on the menopause transition (CIPD, 2023a). With a wealth of online resources cited as onerous to navigate by some respondents, there are opportunities to signpost colleagues to credible sources of information, website, and posters to communicate knowledge. Although a clear stigma wasn't demonstrated within HMT, the promotion of educational material will aim to normalise the menopause conversation and empower staff to seek support where needed (House of Commons, 2022).

Where the findings concluded staff feel supported by female managers, HMT need to ensure a consistent experience is enabled with colleagues with male or pre-menopausal managers so specific manager training and transformational leadership promoted (Kalbarczyk *et al.*, 2025). Given managers were evidenced to play a pivotal role in supporting menopausal colleagues, practical guidance and training as a natural first point of contact for colleagues can help implement adjustments, support conversations, and help signpost to services through occupational health or HMT's employee assistance programme (Campbell, 2022).

All training measures should be frequently reviewed to consider its effectiveness, and regular updates should be considered to reflect any updates to legislation and best practices.

Importantly, the opportunity cost of not providing menopause training is significant as failing to act on the findings from this research risks staff being inappropriately supported and could lead to legal risk in the future (Garlick, 2025).

A key consideration amongst all recommendations is that all menopause support measures are promoted sensitively and to avoid any embarrassment, ensuring staff feel equally comfortable if they do not wish to discuss their symptoms openly (Cowell, Gilmour and Atkinson, 2024).

To ensure these recommendations are both actionable and achievable, a full implementation plan outlining timelines, responsibilities, and indicative costs are included in Appendix G.

6.4 Future Research

A key contribution of this research has been the focus on the practical insights of how the menopause transition affects employees within the healthcare sector.

Previously underrepresented themes were brought to focus in examining the impact within a predominantly female workforce and the contribution this can have on meaningful workplace conversations and a reduced stigma.

The study comprehensively explored the attitudes, awareness, and impact of the menopause transition within HMT; however, in doing so, it did bring to light further issues that would warrant exploration. Further exploration to understand the views of

underrepresented groups could build on this research to deepen the understanding and enhance the generalisability of the recommendations set out.

Given the lack of ethnic diversity, future research should aim to include a more diverse sample to ensure a more comprehensive understanding of how menopause is experienced across different workplace contexts.

Considering wider literature exposed a link between the menopause transition and staff turnover, further studies within HMT could explore attrition data to establish any links to enhanced turnover of female employees at menopausal age. Research could also extend to a longitudinal survey to conduct exit interviews with specific questions built into appropriate groups to explore whether any menopausal symptoms or lack of workplace support contributes to their decision to leave HMT which would offer more comprehensive data to analyse on this point.

Finally, consideration to the recommendations set out above, a longitudinal study to evaluate the impact of its implementation and long-term effectiveness could be beneficial in assessing the effectiveness of the strategy. The potential impact on workplace culture and any barriers to implementation could be used as a case-study for not just other healthcare organisations, but organisations across sectors seeking to implement a meaningful and impactful women's health strategy.

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