

How to design menopause leave policies that really support women in the workplace

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Credit: AI-generated image ([disclaimer](#))

More than [15 million women](#) are in employment in the UK right now, which means menopause is undoubtedly a workplace issue.

And while there has been enormous progress made in the UK at workplace level in this area, many women still experience a [lack of](#)

[support](#) when trying to manage symptoms such as fatigue, hot flushes, loss of focus and concentration, anxiety and worry and insomnia at work.

We have already written about the government's woeful response to the Women and Equalities Committee's (WEC) hard-hitting and wide-ranging 2022 [report and recommendations](#) on [menopause](#) in the workplace.

Among these recommendations, the WEC said the government should pilot a menopause leave policy with a large public sector employer that has a strong public profile. After 12 months, the government could then evaluate the scheme and propose how to roll it out to other organizations.

Unfortunately, the government [rejected this recommendation](#). Women and Equalities Minister Kemi Badenoch has also said that [a government-backed menopause leave policy pilot](#) would be too expensive. The government would prefer to provide information on [best practices](#) and encourage employers to implement workplace menopause policies and other forms of support, such as flexible working.

But such an approach only individualizes responsibility. It makes employer action voluntary and probably also means that it will fall to [menopausal women](#) to ensure they have the support they need at work.

It is possible to design menopause leave that is both workable and effective, however. This would involve including menopause as a reason for taking sick leave and ensuring it is classified by HR as an ongoing health issue on this basis.

Redesigning policies around women's needs

Sally King, founder of information hub Menstrual Matters, has already pointed out some of the downsides of what might look like a similar

initiative—menstrual leave. She argues that this kind of approach "does not make it easier to manage your period at work because your employer doesn't have to change a thing. Instead you are encouraged to stay away from the workplace".

King also suggests menstrual leave may actually reinforce stigma around periods because it corrals them—and those who experience them—to the private realm of the home. The same could be said for menopause leave.

However, [our experience](#) working with employers that want to be recognized as "menopause friendly" shows that two small adjustments to existing workplace absence policies could make a huge difference to menopause-related—and indeed menstruation-related—absence.

The first and perhaps simplest adjustment is to include problematic [menopause symptoms](#) as a specific reason for absence.

Best estimates suggest [53.5% of cisgender women](#) experience such symptoms. So this will help to destigmatise using them as a valid explanation for staying away from work. And, as King also points out, it will address "presenteeism", which is when employees feel like they should still work even if feeling unwell.

Redefining how we think about absences

The second adjustment involves these symptoms being explicitly labeled as the result of a persistent health issue. This is because menopause symptoms are often erratic as well as short term—to borrow a phrase from [Open University Ph.D. student Vickie Williams' research](#), they are "regularly irregular".

Absences related to menopause are likewise usually erratic and short

term, perhaps lasting only a day or two at most, but can be fairly frequent. This is often seen in a more negative light by employers, even compared to longer periods of absence, when an employer uses a common tool to measure and compare employee absences, known as [the Bradford Factor](#). It supposes shorter but more frequent absences are in fact more disruptive at work than long-term sickness.

Bradford Factor measurements take the number of absences in a year and multiply these by the same number. The product is then multiplied by the total days of absence in the same year. As an example, compare two hypothetical employees' absences for the same year using Bradford Factor scoring.

- Taylor has had one period of sickness absence due to surgery which lasted 30 working days. Their Bradford Factor is therefore $1 \times 1 \times 30 = 30$.
- Grace has had five periods of sickness absence due to severe menopausal symptoms which lasted a total of 15 days. Her Bradford Factor is therefore $5 \times 5 \times 15 = 375$.

So, even though Grace was off for a significantly shorter period of time, her Bradford Factor is much higher than Taylor's. In fact, she could be subject to [performance management](#) in [many large UK organizations](#), including the NHS, local authorities and the Prison Service.

Changing how HR labels menopause-related absences would ensure a "sickness absence procedure will not be unnecessarily implemented" and will "provide peace of mind" to employees discussing health needs, according to Business in the Community's [Menopause in the Workplace](#) toolkit. The [Chartered Institute of Personnel and Development](#)—the UK body for HR professionals—agrees. It calls the Bradford Factor unfair to employees with health conditions.

Our suggested adjustments are also not costly—contrary to Badenoch's claim about the expense of menopause leave policies. They could be implemented alongside a range of other initiatives to accommodate workers experiencing challenging menopausal symptoms, including informal support groups like menopause cafes, menopause champions, breathable workwear and uniforms, and access to cold drinking water.

This would be an effective way to support staff and further normalize discussion of menopause in the workplace.

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