



Constructing a survey to assess the menopause and its implications for the higher education workforce

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Abstract: Menopause, a natural biological transition, can significantly impact individuals' quality of life and workplace performance. Despite growing recognition of its effects, research on menopause within the Higher Education (HE) sector remains limited. With women over 50 forming the fastest-growing segment of the workforce and nearly half of HE academic staff identifying as female, there is an urgent need to address how menopause intersects with professional roles and impacts workplace inclusivity. This proposal outlines a co-production approach to raise awareness and explore barriers to support for HE staff navigating menopause. Two workshops engaged staff in identifying the key themes, which include stigma, reasonable adjustments, and the intersectionality of menopause with neurodiversity and caregiving roles. These insights informed the design of a survey aimed at capturing the perspectives of individuals experiencing menopause, as well as those of their colleagues and managers. The proposed research seeks to address gaps in policy and practice by exploring HE staff experiences and developing evidence-based strategies to improve workplace support, raise awareness, and foster a more inclusive workplace culture. By advancing understanding of menopause in HE, this work aims to contribute to the creation of more equitable and supportive working environments.

Keywords: Menopause; Research; Survey; Higher Education; Workplace; Co-production.

Word count: 4,350.

Introduction

Menopause, a natural biological process that marks the end of a woman's reproductive years, often brings about physical and psychological symptoms that can significantly impact the individual's quality of life (NHS, 2023). Although the typical age at menopause is around 50 years, Mishra et al. (2024) highlight that early menopause is common for 8% of women in high-income countries, who experience it between 40-44 years of age. They also identify that Menopause before age 40 years affects an additional 2-4% of women. While symptoms and their impact have traditionally been a private matter, recent years have seen a growing recognition of the impact of the menopause on women's experiences in the workplace (UK Parliament, 2022). While most personal experiences with menopause relate to cisgender women (those born female and identifying as female), transgender men and those who identify as neither men nor women, also experience menopause (WHO, 2024).

As of 2023, there is a workforce of 103,000 academic teaching/research staff in Higher Education (HE) in the United Kingdom (UK); 83% being full-time and 17% part-time (HESA, 2024). Almost half of the full-timers identify as female (49%), while close to two-thirds are part-timers (66%). Of that overall workforce, 240 identify as third-sex, including intersex, androgyne, intergender, ambigender, gender fluid, polygender and gender queer. The trend is that women stay in work longer than ever before, with women over the age of 50 being the fastest growing segment of the workforce. Therefore, most will go through the menopause transition during their HE working lives (WOW, 2024; APPG, 2022), with many having menopause symptoms for almost half their working life.

While progress has been made in recent years to address the challenges of menopause in the workplace (BMS, 2024), further research is essential to gain a deeper understanding of the experiences of menopausal women. The UK government has recognised the importance of the menopause and published guidance (Women and Equalities Committee, 2022). However, research on the impact of the menopause across HE, on staff and students, is in its infancy (Harper, 2023). Coping with menopause symptoms in HE, whether as a member of staff or a student, can be challenging, especially when there is a lack of clear policy and when it is a topic not talked about (Crawford, Waldman, and Cahn, 2022). Therefore, contemporary research within HE can potentially help raise the levels of workforce support and assist in the development of a more open, inclusive and supportive culture. This project aims to highlight ways to break down HE cultural barriers, raise awareness, and address the issue of reasonable adjustments.

Literature

An initial literature review has identified that, at mid-life (between 40-60 years of age), individuals can be considered to be at their peak performance (Lachman et al., 2015) and, as illustrated in Figure 1, the workforce in middle adulthood demonstrate the peak of knowledge, working memory, experience, and emotion regulation. At the same time, and midway through this age range, near enough half the population experience the menopause.

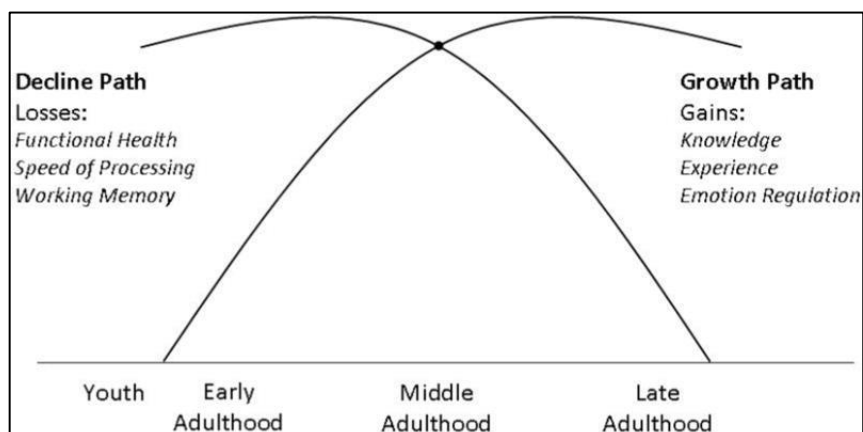


Figure 1: Intersection of Growth and Decline in Midlife (Lachman et al., 2015).

Menopause can lead to a range of symptoms, including hot flushes, night sweats, mood swings, fatigue, and difficulty concentrating (Gatenby and Simpson, 2023). These symptoms can negatively affect individuals’ ability to work effectively, potentially leading to decreased productivity, increased absenteeism, and early retirement (British Menopause Society, 2023), although specific data on HE is limited. In a wider study, commissioned for a television documentary and illustrated in Figure 2, data from the 3,277 respondents employed during the menopause indicates the impact of menopausal symptoms on their abilities to do their job, with 44% noting that it had an impact (Bazeley, Marren, and Shepherd, 2022) and a further 52% not knowing or preferring not to say.

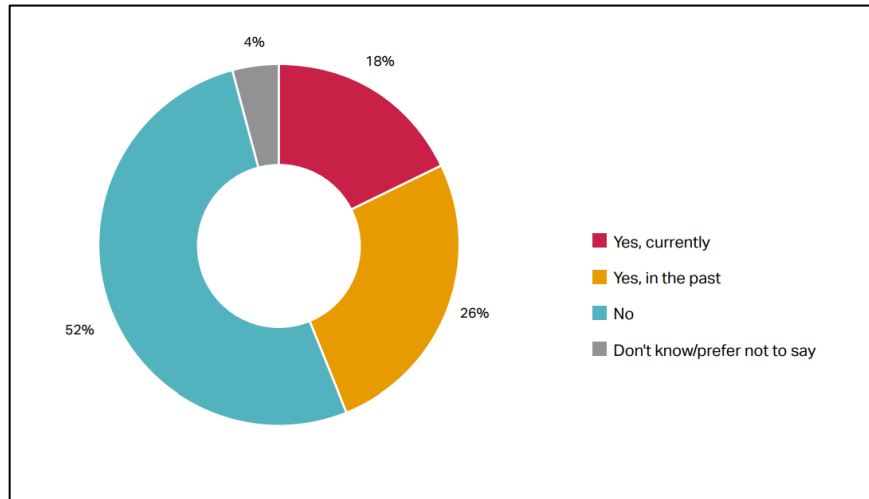


Figure 2: Survey responses to “Have menopause symptoms ever affected your ability to do your job, either now or in the past?” (Bazeley, Marren, and Shepherd, 2022).

Women are often reluctant to disclose menopause-related problems that may affect their working lives to line managers (Hardy, Griffiths, Thorne, and Hunter, 2018; Yoeli, Macnaughton, and McLusky 2021). There also needs to be further consideration for other factors that could impact on individual needs, such as neurodiversity (Brady et al., 2024).

The UK’s Equality Act (2010) protects people from discrimination, and Table 1 illustrates the relevant protected characteristics that could be applied to those undergoing the symptoms of the menopause. Within Section 14 of the Act, it states employees should be protected from intersectional discrimination across multiple protected characteristics. Alongside this, the Health and Safety at Work Act (HSE, 1974) secures the health, safety and welfare of persons at work, protecting people against risks to health or safety arising out of, or in connection with, the activities of persons at work. It highlights that employees have a responsibility to themselves and to colleagues, as well as the employer having a responsibility for its employees.

Age	Religion or belief
Disability	Sex
Gender reassignment	Sexual orientation
Race	

Table 1: The protected characteristics within the Equality Act (2010).

Case Law (Davies v Scottish Courts and Tribunals Service, 2018) has found that some people experiencing the menopause could be considered disabled persons for the purposes of the Equality Act. In such cases, the employer has a duty to provide reasonable adjustments. However, it is not clear if people experiencing the menopause are aware of this information or have an awareness of how the menopause fits with work-related policies. The Fawcett Society’s Menopause and the Workplace report (Bazeley, Marren, and Shepherd, 2022) found that just 22% of women and trans-men currently experiencing the menopause disclosed this at work, with half saying they were unlikely to apply for promotion and a quarter saying they might leave their roles before retirement. This data

therefore suggests that, not only an individual impact, but also a wider organisational impact could occur in HE.

Despite the fact that 51% of the population will experience the menopause, there appears to be a taboo around women's health issues. The All-Party Parliamentary Group (APPG) suggest at times this is underpinned by sexism and ageism, meaning that support for the 13 million women currently going through peri-menopause or menopause is inadequate (APPG, 2022). Research by the Chartered Institute of Personnel and Development (CIPD) found that two thirds (67%) of working women, between the ages of 40-60 and with experience of menopausal symptoms, indicated a mostly negative impact on them at work. Nordling (2022) found University workplaces are no exception, although some (for example, from findings in Birmingham and Leeds) hosted staff-led menopause cafés. Advance HE, the UK's leading HE professional membership body, published menopause guidance (Brewis, 2019), highlighting that the University of Leicester was the first to implement a menopause policy.

The role of employers in supporting menopausal women

Clearly, employers can play a crucial role in creating a supportive workplace for menopausal women, and good leadership is key, the benefits lying in staff retention, financial savings and reputational improvements (Beck et al., 2018). As outlined in Table 2, workplaces can help to reduce absence from work, improve productivity, and boost employee morale by implementing menopause-related supportive practices (ACAS, 2023).

Flexible Working Arrangements:	Offering flexible working hours, remote work options, and reduced hours can help women manage their symptoms and maintain a work-life balance.
Open Communication:	Creating a culture where employees feel comfortable discussing menopause-related issues with their managers and colleagues can reduce stigma and encourage seeking support.
Access to Healthcare:	Providing access to healthcare professionals, such as GPs and menopause specialists, can help women manage their symptoms effectively.
Workplace Adjustments:	Making simple adjustments to the workplace environment, such as improving ventilation or providing cooling fans, can alleviate symptoms and improve comfort.
Training for Managers:	Training managers to recognize the signs and symptoms of menopause and to respond empathetically can help to create a supportive work environment.

Table 2: Key strategies for productive workplaces (ACAS, 2023).

As highlighted, menopause in the workplace is starting to be recognised (ACAS, 2022; UK Parliament, 2022) and, with its high female staff population, it could be of particular benefit in HE. Advance HE suggest that implementing support is rooted in raising issue awareness (Brewis, 2019). However, while there are still many unknowns, research is required to gain a greater understanding of the challenges faced in the HE workplace to help identify suitable support practices.

Methodology and Findings

The aim of this study is to undertake background research and literature reviews to develop a plan of action to generate primary research data on this critical issue. It is considered likely that a series of surveys and in-depth focus groups could be undertaken across the University to generate data that will inform a journal submission and conference materials, as well as supporting Human Resources (HR) and the Equality, Diversity, and Inclusion (EDI) initiative. In the first instance, the team developed a research proposal.

Research Proposal

The initial aim is to develop a greater understanding of the relevant issues concerning the menopause in the HE workplace. An additional aim is to construct a suitable survey aimed at University staff to understand their experiences of the menopause, and the impact on their role at work, either directly

or indirectly. This could be from the viewpoint of the individual experiencing menopausal symptoms, as a colleague or manager. By identifying a variety of peoples' experiences, the project hopes to identify gaps between support provisions and work experiences as a means of facilitating service improvements.

Exploratory Workshops

To develop the research, and formulate suitable topic areas for inclusion, two events were held across the University campuses in 2024. The purpose of these events was to raise the profile of the menopause in the workplace and to commence co-production, with University staff, of an appropriate research methodology. Co-production is recognised as a form of participatory research (Kothari, McCutcheon, and Graham, 2017), as co-production is “a model of collaborative research, where researchers work in partnership with knowledge users” (comprising individuals such as patients, policy-makers, system leaders, and others) “who identify a problem and have the authority or ability to implement the research recommendations”. The University’s local guidance highlighted that a role of staff is to “Raise wider awareness and understanding among all colleagues about the menopause” and so the participants met the criteria for co-production. The co-productive approach was adopted as it offers the chance for the community and individuals to bring different forms of knowledge, experience and expertise (UK Research and Innovation, 2024).

Participants in the initial workshops highlighted many issues as outlined in Table 3, including a range of interpretations of what happens during the menopause itself, what the local guidance and support is, and what reasonable adjustments in the workplace means. The workshops highlighted the needs for more understanding of individuals knowledge, experiences and support within HE.

Support & Access	Communication	Knowledge	Feelings	Impact
Supporting colleagues & students	Encouraging communication on 1:1 basis and wider	Who does menopause affect?	Isolation & stigma	Brain fog/symptoms and impact on work
Reasonable adjustments	Use of language	Facilitative support	Embarrassment	Coping strategies
What does good practice look like? (Bathrooms clothing etc.)	Colleagues and confidence to communicate	Impact on career Human Resources data on impacts	Concerns about job role	Intersectionality and impact with other issues e.g. carer/parent achieving all roles
Human Resources/wellbeing support available	Normalising menopause	Menopause and neurodiversity		Wider impact and communication with students
	Management communication	Education & awareness		

Table 3: Themes identified in two menopause workshops with staff at the University.

Initial Survey

Based on the workshop outcomes, a short survey was developed to address the key themes that had been identified and this was further refined by taking into account previous workplace surveys and feedback (UK Parliament, 2022; Wales TUC, 2017). Attendance at a University and College Union (UCU) event, “Menopause in the Workplace”, was used to further reinforce the scope of survey questions (UCU, 2024). The outcomes were then shared with the co-production group to confirm all the key areas that were to be considered in a final survey.

Resultant Survey

The resultant survey is outlined below and detailed in the Appendix.

Participants: The participants would consist of a convenience purposive sample, as used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest (Palinkas et al 2015), of those working in the HE sector. It will be distributed to staff working at Canterbury Christ Church University.

Design: The survey will be open for a fixed time period and take the form of a questionnaire with 22 questions; 14 single-response questions in a closed-ended format, and 8 open-ended questions where respondents are invited to provide a narrative response if they wish. A principal aim was for the questionnaire is to reach as many respondents as possible. The questions were therefore designed to be direct and easy to understand and produce clear answers. From discussions and feedback at the initial workshop meetings, and further review by the co-production team, it was felt that simple questions, and not too many of them, would avoid respondents feeling overwhelmed and encourage engagement. The invitation to take part in the survey will be sent out with an explanatory note about the purpose and aims of the study, the respondents being assured of anonymity. Ethical approval will be sought for the final survey.

Conclusions

By carefully addressing the challenges of menopause in the workplace, employers can create a more supportive and inclusive environment for all employees. This research aims to provide a deeper understanding of the needs of menopausal women, and help establish evidence-based strategies to improve their well-being and productivity. Working using a co-production approach has enhanced the research and, as a result, a richer set of primary data is expected and therefore a deeper understanding of the issues faced in the HE sector.

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Appendix

This is the latest version of the survey developed. It may be further finessed during the upcoming Ethics approval process but it reflects the research prior to the generation of further primary data.

MENOPAUSE SURVEY, as of December 2024.

The survey is completely confidential. All information will be kept anonymous and any details collected that could identify individuals will be treated as confidential and securely stored.

SECTION I: DEMOGRAPHICS

What is your age group?

- 18 to 24 years old
- 25 to 34 years old
- 35 to 44 years old
- 45 to 54 years old
- 55 to 64 years old
- 65 years old or over

What is your ethnicity?

- Asian
- Black
- Mixed
- White
- Other

What is your University Role?

- Senior Management
- Faculty Level Management
- School Level Management
- Academic
- Professional Services

Which of the following statements is most true for you?

- I am perimenopausal
- I am menopausal (Natural)
- I am menopausal (Surgical)
- I am post-menopausal

SECTION 2: SYMPTOMS

Which of the following symptoms apply to you at this time if you are perimenopausal or menopausal, or if you are post-menopausal rate the severity of each symptom during your menopause.

Likert Scale: 1=None 2=Mild 3=Moderate 4=Severe 5=Very severe

- Hot flashes / Sweating (episodes of sweating)
- Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)
- Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)
- Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)
- Irritability (feeling nervous, inner tension, feeling aggressive)
- Anxiety (inner restlessness, feeling panicky)
- Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)
- Other Mood Changes
- Sexual problems (change in sexual desire, in sexual activity and satisfaction)
- Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence, urinary tract infections)
- Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)
- Breast Soreness (Pain / Tenderness in Breasts)
- Joint and muscular discomfort (pain in the joints, rheumatoid complaints)
- Headaches / Migraines / Tinnitus (ringing in ears)
- Problematic Periods (heavy periods, irregular periods, more painful periods)
- Memory / Concentration Changes (brain fog, dizziness, confusion, changes in ability to focus on tasks)
- Digestive System Changes (constipation / diarrhoea, stomach pain, sensitivities)
- Change in Physical Appearance (weight gain / loss, acne, brittle nails, thinning hair)

Please choose the symptoms that were most significant for you (up to 3) and describe how those symptoms impacted you in the workplace.

QUALITATIVE ANSWER – TEXT BOX

Indicate how the menopause impacted your performance in work using the following statements based on your current experience if you are perimenopausal or menopausal, and your experience during your menopause if you are post-menopausal.

Likert Scale: 1=Very negatively 2=Negatively 3=Not at all 4=Positively 5=Very positively

- My symptoms impacted my ability to focus and concentrate
- My symptoms impacted my ability to tolerate stress
- My symptoms impacted my ability to do the main functions of my job
- My symptoms impacted my ability to interact with colleagues
- My symptoms impacted my motivation and energy levels
- My symptoms impacted my confidence in my abilities
- My symptoms physically interfered with my daily activities in work, impacted my ability to carry out my duties, or I felt less physically able to do so

Please expand on your answers above by identifying the most significant statements (up to 3) and describe how those symptoms impacted you in the workplace.

QUALITATIVE ANSWER – TEXT BOX

Do you use any treatments to mediate the symptoms of menopause?

- Yes HRT prescribed by a Doctor
- Yes Natural Remedies
- No
- Other

SECTION 3: WORKPLACE SUPPORT

Have you informed anyone in the workplace to discuss the impact of the menopause on you, or if you are postmenopausal, did you approach anyone when you were experiencing the menopause?

- Yes - goes to next question
- No - goes to the questions further down the page

IF THE RESPONDANT REPLIES YES TO HAVE YOU SPOKEN TO SOMEONE IN WORK

Who Did you approach?

- My Line Manager
- Human Resources
- Occupational Health
- The Staff Wellbeing Lead
- A university network
- A colleague / friend in my team
- A colleague / friend outside of my team

What level of support did you receive from the person / people you approached?

Likert Scale: 1=Very unsupportive 2=Quite unsupportive 3=Neither supportive or unsupportive 4=Supportive 5=Very supportive

How informed was the person / people you approached on issues relating to the menopause?

Likert Scale: 1=Very uninformed 2=Quite uninformed 3=Neither informed or uninformed 4=Well informed 5=Very well Informed

Did the person / people you approached make you aware of the CCCU menopause guidance, occupational health services and reasonable adjustments?

- Yes
- No

Did you access the CCCU menopause guidance, occupational health services and have an assessment for reasonable adjustments for menopause symptoms?

- Yes
- No

If you did access the occupational health services for menopause symptoms, what was your experience of the assessment, reasonable adjustments offered and the impact of any reasonable adjustments you were given?

QUALITATIVE ANSWER – TEXT BOX

If you did not access these resources, what was the barrier to accessing them?

QUALITATIVE ANSWER – TEXT BOX

IF THE RESPONDANT REPLIES NO TO HAVE YOU SPOKEN TO SOMEONE IN WORK

Do you know who to approach to discuss your menopause symptoms at CCCU?

- Yes
- No

What has stopped you from approaching someone for support?

QUALITATIVE ANSWER SPACE

Are you aware of the CCCU menopause guidance, occupational health services and reasonable adjustments?

- Yes
- No

Do you believe it would be / have been useful to have an occupational health assessment with a view to consider what reasonable adjustments could be made for you while you are experiencing the menopause?

Likert Scale: 1=Very useless 2=Quite useless 3=Neither useful or not useful 4=Useful 5=Very useful

What reasonable adjustments do you think would be / have been helpful to support you while you experience menopause symptoms?

QUALITATIVE ANSWER - TEXT BOX

SECTION 4: FUTURE SUPPORT

Having experienced menopause symptoms, what would you like managers and colleagues at CCCU to know about the menopause?

QUALITATIVE ANSWER – TEXT BOX

What suggestion would you make to human resources at CCCU on supporting staff who are experiencing menopause symptoms?

QUALITATIVE ANSWER – TEXT BOX

Would you support the introduction of an awareness-raising campaign on the menopause at CCCU?

- Yes
- No

Would you be interested in a menopause support group at CCCU for staff and students experiencing the menopause?

- Yes
- No

Would you be interested in a menopause support group open to all staff/students at CCCU?

- Yes
- No

Would you be willing to be part of a focus group to inform these developments?

– This provides a link to a Teams form.

After the survey is completed, further information is provided on menopause policy, health support, and guidance on reasonable adjustments.