



Irish Nurses and Midwives Organisation

# Menopause @Work

## Position Statement and Guide



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**Ireland**

**October 2019**



Irish Nurses and Midwives Organisation

# Menopause @Work Position Statement

The Irish Nurses and Midwives Organisation (INMO) recognises the importance of supporting women in the workplace who are transitioning through menopause. This is an issue that is of particular importance to the INMO as its members are overwhelmingly women, some of whom are experiencing menopause. In addition, as caring professionals, nurses and midwives provide healthcare to menopausal women. The INMO believes that the core values of compassion, care and commitment that underpin nursing and midwifery practice extends to individual nurses, midwives and other healthcare employees – caring for the carers. This is centrally an individual issue, but by supporting nurses and midwives, employers are investing in their workforce. The INMO believes that the investment by healthcare employers in creating healthy workplaces that are menopause friendly will be a contributing factor in retaining nurses and midwives.

The INMO believes that the profile of menopause in the workplace needs to be acknowledged, recognised as an important occupational issue and for resources to be invested in supporting women. The INMO calls on the wider trade union movement to embrace and campaign for greater recognition and support on this issue. The INMO also calls upon all healthcare employers, in both the public and private sectors, to develop menopause friendly workplaces that recognise the importance of menopause. This includes the development of clear policies, training and dedicated resources to support women experiencing the menopause at work.



# Menopause @Work

## Guide

### Introduction

The nursing and midwifery workforce in Ireland is predominately female. According to the Nursing & Midwifery Board of Ireland (NMBI), women represent 90% of all active registrants spanning the full working age range. There are almost 5,000 members of the INMO over the age of 49 years. This position paper has been developed to highlight the issue and provide guidance for nurses and midwives experiencing the menopause.

There are nearly 350,000 women employed in Ireland aged 45-64 (CSO, 2016). The average age of a woman's menopause is 51 years (NICE, 2015), so a significant number of women will be working throughout their menopause transition. Employers have a responsibility to raise awareness and provide support to women experiencing menopausal symptoms in the workplace (Altmann, 2015).

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

The menopause is a significant topic that encompasses a wide variety of areas covering physiological, psychological, behavioural and social aspects. This document is not intended to be an all-inclusive guide to the menopause but focuses on issues that face nurses and midwives at work while transitioning through the menopause. For specific health advice, assessment and symptom management nurses and midwives are advised to consult with their general practitioner or other appropriate healthcare professional.

This position statement and guide provides information about:

1. Definition of terms
2. Women at work
3. Women in the Irish health service
4. Menopause – signs and symptoms
5. Women at work and menopause
6. Supporting women in the workplace
7. Union role / INMO role

### Definition of Terms

Perimenopause	The time in which a woman has irregular cycles of ovulation and menstruation leading up to menopause and continuing until 12 months after her final period. The perimenopause is also known as the menopausal transition or climacteric.
Menopause	A biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life. Usually, it is defined as having occurred when a woman has not had a period for 12 consecutive months (for women reaching menopause naturally). The changes associated with menopause occur when the ovaries stop maturing eggs and secreting oestrogen and progesterone.
Post menopause	The time after menopause has occurred, starting when a woman has not had a period for 12 consecutive months.
Menopausal women	This includes women in perimenopause and postmenopause

Menopause: diagnosis and management (NICE, 2015:19)

For the purpose of this position statement and guide the term menopause is used as a generic term to cover the transition through the perimenopause, menopause and postmenopause stages that menopausal women experience.

### Women at Work

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

Between 2006 and 2016, the employment rate for women aged 55-59 increased from 46.9% to 58.7% and the rate for women aged 60-64 increased from 30.8% to 37.4%. Over the same period, the employment rate for men aged 55-59 dropped slightly from 73.9% to 73.6% while the rate

for men aged 60-64 dropped from 57.1% to 56.9%. The combined effect of these changes means that the gap in employment rates for men and women aged 55-59 has nearly halved, from 27 percentage points in 2006 to 14.9 points in 2016 (CSO 2016).

The gap in employment rates for men and women aged 60-64 decreased from 26.3 percentage points in 2006 to 19.5 points by 2016. The labour force participation rate for men in Ireland in 2016 was 67.8%, over 14 percentage points higher than the rate for females of 53.6%. The labour force participation rate for men was highest for the 35-44 age group at 91.8%. For women, the highest participation rate occurred in the 25-34 age group, with 77.8% of women in that age group in the labour force.

The participation rate for older women was much lower than that for men, with a rate of 39.5% for women aged 60-

64 compared with 61.2% for men in this age group and just 5.8% for women in the 65 and over age group compared to 16.9% for men. Women represented 45.1% of the total labour force in 2016.

## Irish Health Services

In 2013 four out of five (80.2%) employees in the Irish health service were women. Women were in the majority in all the grades shown in the table except medical and dental consultants where men accounted for 62.9% of the positions (Table 1.)

Women accounted for 92.1% of nurses, 85.2% of managers and administrators and 84.2% of other health and social care professionals (www.cso.ie).

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

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

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

## Menopause - Signs and symptoms

The menopause refers to the biological stage when periods stop and the ovaries lose their reproductive function. The National Institute of Health and Care Excellence (NICE) highlight that menopause is ‘not usually abrupt, but a gradual process during which women experience perimenopause before reaching post-menopause. The average age of menopause in the UK is 51. However, this varies widely and 1 in 100 women experience premature ovarian insufficiency [menopause occurring before the age of 40 years]’ (Menopause: diagnosis and management, NICE, 2015).

Every woman experiences menopause differently. Symptoms can last from a few months to several years and up to 80% of women experience physical and/or emotional symptoms during this time. Avis et al., (2015) found that the duration of menopause vasomotor symptoms was a median total of 7.4 years and symptoms persisted for 4.5 years after the final menstrual period.

These can include hot flushes and sweats, tiredness and sleep disturbance, joint and muscle ache, heart palpitations, mood swings, anxiety and depression, forgetfulness or lack

of concentration, vaginal dryness, vulvar irritation and discomfort, discomfort during sex, loss of libido, increased urinary frequency or urgency and skin problems.

These symptoms can have a significant impact on a woman's health and wellbeing, as well as their work and relationships. Menopause affects women in ‘mid-life’ when they are often juggling demanding jobs, school-age children and elderly parents. This can have an impact on emotional wellbeing and lead to excessive levels of stress (Griffiths et al., 2010).

## Most Common Symptoms

**Hot flushes**

**Sleep disturbances**

**Urinary problems**

**Heavy periods**

**Vaginal symptoms**

**Emotions, mood swings and depression**

**Hot flushes:** can start in the face, neck or chest, before spreading upwards and downwards. At night they are felt as night sweats. Most flushes only last a few min-

utes. The woman may sweat and the face, neck and chest become red and patchy. The heart rate can also become quicker or stronger. During the consultation, one nurse described how her 'hot flushes' can go on all day... with sweat falling off her quite literally'. Another described feeling the need to have a shower to cool down.

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

**Urinary problems:** may also occur during the menopause, and many women have recurrent lower urinary tract infections, such as cystitis. It is common to have an urgent need to pass urine or a need to pass urine more often than normal. For some women, this can result in stress incontinence, particularly when coughing, sneezing or laughing.

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

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

**Emotions, mood swings and depression:** Some women experience emotional symptoms during the menopause, which can be frightening and surprising. These can range from anxiety, depression, mood swings panic attacks and can manifest themselves in a range of behaviours such as short temper, snappiness, irritation, and impatience. It is important to acknowledge that these symptoms vary significantly between women.

## Other considerations

**Weight gain:** Weight gain is experienced by many women during the menopause, but it is not inevitable that weight gain will occur. Weight gain can occur due to the combination of hormonal changes; resulting in a reduction in body mass and a slowdown in the basal metabolic rate, and a failure to reduce food and alcohol intake and lack of exercise (RCN, 2017a).

**Bone Health and risk of Osteoporosis:** The loss of oestrogen accelerates the loss of bone density in menopausal women and increases the risk of osteoporosis and bone fractures.

## Women at Work and Menopause

Many women are not prepared for the start of the menopause and find it difficult to manage symptoms at

work (Griffiths et al., 2010). In the workplace, women have reported great difficulty in managing symptoms (Reynolds 1999, Paul 2003). They may be unable to disclose their menopausal difficulties due to fear of stigmatisation (Hardy et al. 2017, Hardy et al. 2019). In Northern Ireland, the Irish Congress of Trade Unions (ICTU, 2018) found that almost half of respondents said that the menopause had been treated as a joke in their workplace and 28% said that the menopause was treated negatively in their workplace. The menopausal difficulties experienced include poor concentration, tiredness and poor memory, feeling low/ depressed and lowered confidence (Griffiths et al. 2013). Problematic hot flushes at work have also been linked to women having a higher intention to leave the workforce (Hardy et al. 2018). However, it should be noted that there can be significant variation between the experiences of women (Hickey et al., 2017).

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

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

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

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

This research showed the following:

- Many women found they were little prepared for the arrival of the menopause, and even less equipped to manage its symptoms at work. Over half had not disclosed their symptoms to their manager. The majority of women felt they needed further advice and support.
- 
- Workplaces and working practices are not designed with menopausal women in mind.
- 
- Heavy and painful periods, hot flushes, mood disturbance, fatigue, and poor concentration posed significant and embarrassing problems for some women,

leaving them feeling less confident.

- Women are not comfortable disclosing their difficulties to their managers, particularly if those managers are younger than them or are male. Where women had taken time off work to deal with their symptoms, only half of them disclosed the real reason for absence to their line managers.
- Some women said they worked extremely hard to overcome their perceived shortcomings.
- Others considered working part-time, although they were concerned about the impact on their career if they did so or had even thought about leaving the labour force altogether.
- Over half of the sample reported they were not able to negotiate flexible working hours or working practices as much as they needed to deal with their symptoms.
- Over half the women felt that it would be useful to have information or advice from their employer regarding the menopause and how to cope with their work.
- The temperature in the workplace also appeared to be an issue for many women. Nearly half the sample reported not having temperature control in their usual working environment. Some could not open windows, or experienced interpersonal difficulties doing so in shared workspaces.

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

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

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

**Hot flushes (53%)**

**Headaches (46%)**

**Tiredness and a lack of energy (45%)**

**Sweating (39%)**

**Anxiety attacks (33%)**

**Aches and pains (30%)**

**Dry skin and eyes (29%)**

The survey identified the working environment as being responsible for making these symptoms worse. Two-thirds

of the safety representatives reported that high workplace temperatures were causing problems for menopausal women, and over half blamed poor ventilation. Other complaints included poor or non-existent rest facilities or toilet facilities or a lack of access to cold drinking water.

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

Anxiety and related 'self-doubt' can be a symptom that undermines the self-confidence of some women during the menopause. Griffiths et al. (2010) found that a fifth of women believed that menopause was perceived by managers and colleagues to have a negative impact on competence. The social support of work colleagues and managers plays a fundamental supportive role during this time giving recognition to the personal and individual challenges of each woman.

Managing menopausal symptoms requires a combination of women drawing on their knowledge and coping skills and support from their social support network of family, friends and colleagues. Women can develop strategies to help cope with menopausal symptoms while at work. These can include;

- using a fan or opening windows
- adjusting their working hours or routine
- taking precautionary measures, such as wearing layers of clothing and having a change of clothes at work to help with hot flushes
- trying HRT – three-quarters of women who tried HRT reported that work was one of the main reasons they had decided to try it and 91% of these women said it had helped
- altering their diet (there is some useful advice on the Irish Nutrition & Dietetic Institute (INDI)
- <https://www.indi.ie/fact-sheets/fact-sheets-on-women-s-health/541-nutrition-and-the-menopause.html>
- trying to sleep for longer at weekends
- doing more exercise
- maintaining a sense of humour
- giving themselves time to concentrate on their appearance to improve their self-image.

RCM (2018)

## Supporting Women in the Workplace

There is much that employers can do to support women going through the menopause, although evidence suggests that the menopause is still a taboo subject in the workplace. Attitudes to the menopause can range from empathetic and understanding, to insensitive and jokey, to a complete lack of sympathy for employees who are experiencing this normal life event. Both employers and employee need to be mindful of the recent report on supporting older workers, the UK

Government's adviser on older people called on employers to recognise the symptoms of the menopause in their workforce, speak openly about it, and understand the great advantages a "mid-aged" female workforce can contribute to any employment (Altmann, 2015).

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

The challenges faced by nurses and midwives in the workplace who are transitioning through the menopause is intrinsically linked the difficulties experienced everyday for nurses working on wards and in the clinical environment. The Royal College of Nursing (2017) Rest, Rehydration and Refuel campaign highlights the need for nurses to assert their right to breaks. The RCN found that nearly two-thirds of nurses in the UK did not take sufficient breaks and a quarter stated they were not allowed to have water on the wards and that the pressure of work leads to the inability to drink, go to the toilet and eat. In this respect all nurses and midwives have a common cause to campaign for organisations and manager to ensure that they are able to take their at-

**work breaks to enable them rest, rehydrate and refuel.**

Women who are experiencing menopause need support from line management. As with any longstanding health-related condition, this is crucial and can make a major difference. As already stated, the workplace can affect women going through the menopause in various ways, especially if they cannot make healthy choices at work. It is also important to remember that every workplace is different, but it can impact on female employees' management of their menopausal symptoms (RCN 2018). As part of the development of any menopause workplace policies, employers need to raise awareness of the issue. Currently, training on equality and employees health should incorporate women's health issues, including the menopause and how to support women during this transition period.



The Royal College of Midwives (RCM) (2018) highlight five ways that women can be supported in the workplace

Training for line managers	Employers should make sure that all line managers have been trained to be aware of how the menopause can affect working women and what adjustments may be necessary to support them.
Highlight the menopause	Employers can make sure that, as part of a wider occupational health awareness campaign, issues such as the menopause are highlighted so all staff know that the employer has a positive attitude to the issue and that it is not something that women should feel embarrassed about. Guidance on how to deal with the menopause should be freely available in the workplace.
Another person to listen	Women may feel uncomfortable talking to their line manager about the menopause so other options should be available. This may be through human resources or a welfare officer. Many employers have employee assistance programmes that can act as a go-between.
Sickness absence policies	Sickness absence procedures should make it clear that they are flexible enough to cater for menopause-related sickness absence. Women should not be treated less favourably than others if they need time off during this time. Menopausal women may experience bouts of feeling unwell at work, so managers should take a flexible and sympathetic approach to requests for a break or even a return home.
Risk Assessment	Risk assessments should consider the specific needs of menopausal women and make sure that the working environment will not make their symptoms worse. Issues that need looking at include temperature and ventilation in the workplace. The assessments should also look at welfare issues such as toilet facilities and access to cold water.

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

For example, does the workplace have policies that allow work adjustments such as flexible working, sickness absence procedures that allow women time off if needed for health appointments, or more breaks to help them during this temporary time of their menopausal transition?

If no menopause-specific policy exists, having the word 'menopause' mentioned in existing wellbeing and health policies has also been regarded as useful.

Recognising the peri-menopause period as an occupational health issue for women will enable the issue to be discussed and for women transitioning through the menopause to be supported while at work.

Employers should consider providing work-related information on the menopause that is specific to different functions and jobs. For example, the potential risk for women with osteoporosis involved in any weight-bearing activity and the need to ensure compliance with safe patient handling and other manual handling activities. Other examples include the provision of practical advice about managing symptoms while working in the clinical environment, during meetings, when visiting patients and families in the community. As one respondent to the consultation wrote about the challenge of 'trying to act professional and feeling like you are going to pass out'. Creative solutions such as the introduction of workplace support networks, education or the provision of health coaching specific to menopause as part of employee assistance programmes must be considered. This will help women understand their own experience and to develop coping strategies that can assist them in seeking support from their employer and colleagues.

Work-related information and resources should be available online to ensure accessibility.

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

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

*The availability of support is another key aspect to address in guidance. Both formal and informal sources of support should be created and detailed. Who and where can women, or line managers, go when they need some additional help and advice. This could be a named person in HR or maybe the occupational health team. It will be different for each organisation. There could be a named 'menopause champion'. Whoever it is, it should be clear in the guidance policy who this person is and how they can be contacted.*

*Menopausal women also report that the physical work environment can have an impact on their menopausal symptom experience. Addressing this issue and what can be done should also be addressed so all staff are aware of the policies and*

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

## **Union Role / INMO Role**

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

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## **INMO Position Statement**

The INMO believes that the profile of menopause in the workplace needs to be acknowledged, recognised as an important occupational issue and for resources to be invested in supporting women. The INMO calls on the wider trade union movement to embrace and campaign for greater recognition and support on this issue. The INMO also calls upon all healthcare employers, in both the public and private sectors, to develop menopause friendly workplaces that recognise the importance of menopause. This includes the development of clear policies, training and dedicated resources to support women experiencing the menopause at work.



## Acknowledgement

The INMO are grateful to the significant contribution of Kathleen Kinsella in the development of this guide.

## Further Information and Resources

Health Service Executive	<a href="http://www.hse.ie">www.hse.ie</a>
HSE Health Promotion	<a href="http://www.healthpromotion.ie">www.healthpromotion.ie</a>
British Menopause Society	<a href="http://www.bms.co.uk">www.bms.co.uk</a>
Royal College of Midwives	<a href="https://www.rcm.org.uk/media/1892/equality_diversity_publication_working_with_menopause.pdf">https://www.rcm.org.uk/media/1892/equality_diversity_publication_working_with_menopause.pdf</a>
Royal College of Nursing	<a href="http://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2017/november/pub-006329.pdf">www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2017/november/pub-006329.pdf</a>
NICE	<a href="https://www.nice.org.uk/guidance/ng23">https://www.nice.org.uk/guidance/ng23</a> .

## References

Altmann, R. (2015) A new vision for older workers: retain, retrain, recruit. London: Department For Work Pensions access 02/10/2019 @ [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/411420/a-new-vision-for-older-workers.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/411420/a-new-vision-for-older-workers.pdf)

Avis, N. E., Colvin, A., Bromberger, J. T., Hess, R., Matthews, K. A., Ory, M., & Schocken, M. (2009). Change in health-related quality of life over the menopausal transition in a multiethnic cohort of middle-aged women: Study of Women's Health Across the Nation (SWAN). *Menopause* (New York, NY), 16(5), 860.

Avis N.E., Crawford S.L., Greendale G., et al. (2015) Duration of Menopausal Vasomotor Symptoms Over the Menopause Transition. *JAMA Intern Med.* 175(4):531–539.

Ayers, B., & Hunter, M. S. (2013). "Health-related quality of life of women with menopausal hot flushes and night sweats", *Climacteric*, 16(2), 235-239.

British Menopause Society (2019) Menopause and the workplace guidance: what to consider. London: BMS.

Griffiths, A, MaLenna, S & Vida Wong, Y (2010) Women's experience of working through the menopause, Institute of Work, health and Organisations, the University of Nottingham accessed 02/10/2019 @ [http://bohrf.org.uk/downloads/Womens\\_Experience\\_of\\_Working\\_through\\_the\\_Menopause-Dec\\_2010.pdf](http://bohrf.org.uk/downloads/Womens_Experience_of_Working_through_the_Menopause-Dec_2010.pdf)

Griffiths, A., MacLennan, S. J., & Hassard, J. (2013). Menopause and work: an electronic survey of employees' attitudes in the UK. *Maturitas*, 76(2), 155-159.

Hardy, C., Griffiths, A., & Hunter, M. S. (2017). What do working menopausal women want? A qualitative investigation into women's perspectives on employer and line manager support. *Maturitas*, 101, 37-41.

Hardy, C., Griffiths, A., Thorne, E., & Hunter, M. (2019). Tackling the taboo: talking menopause-related problems at work. *International Journal of Workplace Health Management*, 12(1), 28-38.

Hickey, M., Riach, K., Kachouie, R., & Jack, G. (2017). No sweat: managing menopausal symptoms at work. *Journal of Psychosomatic Obstetrics & Gynecology*, 38(3), 202-209.

Hunter, M. S., Gentry Maharaj, A., Ryan, A., Burnell, M., Lanceley, A., Fraser, L., ... & Menon, U. (2012). Prevalence, frequency and problem rating of hot flushes persist in older postmenopausal women: impact of age, body mass index, hysterectomy, hormone therapy use, lifestyle and mood in a cross sectional cohort study of 10 418 British women aged 54–65. *BJOG: An International Journal of Obstetrics & Gynaecology*, 119(1), 40-50.

ICTU (2018) How does the menopause affect Women in the Workplace? Results from an ICTU Survey. Belfast: Irish Congress of Trade Unions Northern Ireland Committee accessed on 02/10/2019 @ [https://www.ictuni.org/download/pdf/ictu\\_menopause\\_survey\\_results.pdf](https://www.ictuni.org/download/pdf/ictu_menopause_survey_results.pdf)

NICE (2015) Menopause: diagnosis and management. London: National Institute of Health and Care Excellence, accessed on 02/010/2019 @ <https://www.nice.org.uk/guidance/ng23>.

Paul, J. (2003) Health and safety and the menopause: working through the change. London: Trades Union Congress

RCM (2018) Working with the menopause. London: Royal College of Midwives accessed on the 02/10/2019 @ [https://www.rcm.org.uk/media/1892/equality\\_diversity\\_publication\\_working\\_with\\_menopause.pdf](https://www.rcm.org.uk/media/1892/equality_diversity_publication_working_with_menopause.pdf)

RCN (2017a) Menopause RCN guidance for nurses, midwives and health visitors. London: Royal College of Nursing accessed on 02/10/2019 @ <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2017/november/pub-006329.pdf>

RCN (2017b) The menopause and work: guidance for RCN representatives. London: Royal College of Nursing accessed on 02/010/2019 @ <https://www.rcn.org.uk/professional-development/publications/pub-005467>.

RCN (2018) Rest, Rehydrate, Refuel: A Resource to Improve the Working Environments for Nursing London: Royal College of Nursing accessed on 02/010/2019 @ <https://www.rcn.org.uk/professional-development/publications/pub-006702>

Reynolds F. (1999) Distress and coping with hot flushes at work: implications for counsellors in occupational settings. *Counselling Psychol Quarterly* 12(4):353–61.

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