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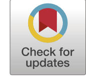

"I can't be dealing with this brain fog": A workplace focus group study investigating factors underpinning the menopausal experience for NHS staff

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ABSTRACT

Objectives: Multiple studies highlight that individuals undergoing menopause are not receiving sufficient support at work. An improved menopausal experience in the workplace has been found to be associated with increased job satisfaction, increased economic participation and reduced absenteeism. This work was undertaken to explore the impact of menopause on the working lives of NHS staff working in Wales, with specific emphasis on their experience of menopausal symptoms and management strategies in the workplace.
Study design: This was a qualitative study using semi-structured focus groups and thematic analysis. 14 women working in the NHS in Wales attended four focus groups, lasting up to 1.5 h. Stem questions focused on participants' positive and negative experiences in the workplace, and their receipt of support. Transcripts were analysed using the framework approach.
Results: Three major themes were identified: experiences of menopausal symptoms and symptom management, the impact of menopause on work and the impact of work on the menopause. Menopause symptom experience in the workplace was multifaceted and varied, depending on factors such as ongoing or past symptom experience, expectations, social support and effectiveness of management strategies. Inconsistent information was highlighted as a reason why some participants felt confused both about the symptoms that they could attribute to the menopause and the management strategies available to them. A variety of symptom management strategies had been used by participants, including hormone replacement therapy, flexible working hours, working from home, changes to uniform, peer support and lifestyle changes, with varying levels of success. Some women were reticent to ask for support at work even though they felt the workplace response was likely to be supportive. Almost all the women felt that they had to persuade their GP to prescribe HRT and felt that their doctors were too reticent in prescribing this treatment.
Conclusions: Employers have a key role in supporting their staff experiencing menopausal symptoms, and such support has the potential to reduce sickness absence and boost retention. Based on the findings we recommend creating an open culture to break down taboos; protected time for peer support around shared experiences and effective symptom management techniques; and maximising the impact of non-menopause-specific policies such as flexible working to help all staff manage fatigue and become more productive in their roles.

1. Introduction

Lack of support for individuals undergoing menopause has been identified as a major issue for employers [1]. Menopause represents a significant time of change in a woman's life. While the average age of menopause transition in the UK is 51 [2], symptoms can stretch up to a decade either side [3], resulting in women potentially spending a substantial proportion of their careers experiencing menopausal symptoms. Surveys suggest that nearly two thirds of women working while experiencing symptoms of the menopause are negatively affected at work [4], with symptoms including vasomotor symptoms [5], reduced concentration [6] and increased stress [7]. With the rising retirement age [8] and rising female participation in the workforce, the proportion of women negatively impacted will only increase without a change to working practices.

Studies designed to articulate menopausal workplace experiences have recently been conducted in the UK. A study of trade union and professional association for family court and probation staff [9] found

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three themes: the need for increased manager awareness of the impact of the menopause, the need for helpful and positive communication skills and behaviours in managers and employer actions, such as supportive policies around flexible working and sickness absence and staff training. A survey of UK ambulance workers [10] found that the majority did not feel they had adequate support at work, with no dedicated menopause policy, a lack of manager support and inadequate working environments. A study of police officers [11] found very similar results: the need for increased manager training and reasonable adjustments to the working environment and routine. The impact of a gendered agism penalty was highlighted in another study of police officers [12].

The majority of workplace support initiatives designed to support staff have not yet been evaluated. Therefore the support received by staff is inconsistent across organisations and varies in terms of quality [13]. A recent literature review found that there are currently no interventions which have been shown to improve the workability of women experiencing menopausal symptoms [14].

The NHS in the UK has recently put in place guidance designed to better support menopausal staff [15]. Despite this progress, female NHS clinicians report an unaccommodating workplace environment, which contributes to reduced staff retention rates [16]. Given the large numbers of menopausal and post-menopausal staff working in the NHS, and the current workforce crisis [17], improving the workplace environment is an urgent problem. To do this it is vital to understand how staff menopause experience can be better supported with an aim to improve staff satisfaction and workability. The present study was conceived as a service evaluation, designed to understand whether the current wellbeing service available for women working within Public Health Wales (PHW) was effective and supportive. The resulting conversations with service users were wide ranging and relevant not only to PHW, but to any employer hoping to improve staff experience.

2. Methodology

2.1. Setting and study context

All participants worked in NHS Wales, some within local health boards and the rest in Public Health Wales (PHW), in a mix of clinical and office-based roles. The impact of menopause in NHS workplaces was a live discussion at the time of the focus groups, after the recent publication of the NHS support policy [15].

2.2. Sample and recruitment

Participants were recruited according to defined inclusion and exclusion criteria (Table 1). The criteria placed the emphasis on menopausal status as reported by participants, rather than on specific symptoms.

Initial recruitment was via an open email invitation to members of the PHW Women's network. The network includes over 130 staff members covering a wide range of clinical and office-based roles. Furthermore, a degree of self-selected sampling was used as details of the focus groups were shared with local Health Board well-being advocates. The email called for volunteers to join focus groups to discuss their views on the menopause in the workplace, 'these discussions will help us to identify important menopausal issues in the workplace and will influence the improvement of menopausal support in the workplace'.

Women who were interested in participating were requested to email one of the authors (G.H.). Twenty-four women responded to the email and were contacted to arrange a suitable time and date for the focus group. In total eleven women recruited via the women's network, as thirteen were unable to make any suitable dates or chose not to proceed with the study. A small degree of snowball sampling took place when one respondent gave the contact details of three other women whom she thought would be interested in the study.

Table 1
Inclusion and exclusion criteria.

Inclusion criteria	Exclusion criteria
Symptomatic perimenopausal/ menopausal/post-menopausal	Pre-menopausal or post-menopausal without symptoms
Current NHS Wales staff member	Not a current member of NHS Wales staff
English-speaking	Non-English speaking

2.3. Data collection and analysis

To facilitate participation across the wide geography of Wales and limit the impact on professionals' time we conducted all focus groups online. The focus groups took place via Microsoft Teams at times convenient to the participants. Microsoft teams, an audio-visual conferencing platform, was chosen for its familiarity to NHS Wales staff, as well as its accessibility and flexibility. Participants were informed that they were free to withdraw from the study at any time and that, prior to anonymisation, they could have any quotes removed from the transcripts. No payment was made to participants for their time and, as the focus groups were held online, there were no travel expenses or costs reimbursed.

Interviews were audio-recorded and manually corrected to ensure they were transcribed verbatim. All the women gave informed consent to participate in the service improvement focus groups and for the use of their quotations in a subsequent publication. Informed consent was reiterated verbally by participants at the start of each focus group. Audio recordings were pseudonymised, stored on a secure network, and discarded once transcribed and checked. Transcripts were labelled with participant type and unique ID prior to analysis (ie, participant 1, participant 2).

Each focus group began with participants introducing themselves and their key experiences. Confidentiality was repeatedly emphasised. Subsequent discussions were then guided by a facilitator (N·D.), using a predetermined set of stem questions. These were:

- How did you realise you had started the *peri*/menopause?
- Did you work for the NHS when you started experiencing perimenopause/menopause symptoms?
- What has been your experience of working with menopausal symptoms?
- Have you talked about menopause at work, and if so how was this received?
- What do you find challenging around your menopause at work?
- What about work makes managing easier/harder?
- How do your symptoms impact your ability to do your job? What has helped? How has that changed as you have tried different things to manage symptoms?
- Has your employer done anything you found supportive (whether intended to be menopause support or not)?
- What would you like to see/what would help?

The moderator (G.H.) took field notes and recorded non-verbal gestures, group dynamics and any mood changes. At the end of each focus group dominant themes were highlighted by GH; participants were also asked to reflect whether themes raised resonated with their experiences and reflected their perception of the discussion. The summaries were noted and used as a form of respondent validation.

Data were analysed using the framework analysis approach [18] and was guided by Braun and Clarke's six-step methodology for qualitative data analysis [19] to ensure methodological rigour. The framework analysis approach was chosen as it provides a flexible yet structured method for analysing qualitative data by both case and theme. In stage 1, the authors (GH and ND) generated initial theme ideas after becoming

familiar with the transcripts. In stage 2, relevant interview content was coded and extracted using NVivo [20]. In stage three themes were identified from the wider set of interview codes to create an analytical framework. Stage four involved reviewing these themes with both the initial codes and anonymised transcripts to ensure they were a fair reflection of the interview content. In stage five themes were named and the narrative was built around the identified content. Finally at stage six the final review was undertaken, with further illustrative quotes extracted and the findings written up.

This approach was chosen as it allows themes to develop from the interaction and narratives of participants and from the study's research questions. Krueger and Casey's long-table approach was used to sort the data according to framework analysis guidelines [21] at stage 5 to organise the data into a matrix-style framework. Data were independently coded by two authors (N.D., G.H). Thematic interpretations were then discussed and verified.

3. Results

Fourteen women attended four focus groups were held between January and March 2023, lasting up to 1.5 h each. Saturation of data had occurred by the third focus group [22], with no further high-frequency codes identified. The participants were aged between 34 and 59 years. All participants worked within the Welsh NHS health services in a range of roles including hospital based clinical services (n = 4), peripatetic patient facing services (n = 2) and office/home working based roles (n = 8) (Table 2).

Most of the participants had children. Two of the focus groups contained participants who knew each other previously; this prior acquaintance did not appear to influence the discussions.

3.1. Identified themes

Themes identified from the focus groups will be presented according to the three themes below:

- Experiences of menopausal symptoms and symptom management. This theme encompassed three sub-themes: symptom experiences; disruptive impact of seeking healthcare; and negative impact on family and partners.
- Impact of menopause on work. This theme explored the impact of a number of specific symptoms: brain fog, sleep disruption and fatigue, anxiety and vasomotor symptoms.
- Impact of work on the menopause. This theme encompassed two sub-themes: support or lack of support from management and peer support.

3.2. Experiences of menopausal symptoms and symptom management

3.2.1. Symptom experiences

The most frequently discussed symptoms were memory lapses (brain fog), night sweats, difficulty concentrating, loss of confidence, and anxiety. All participants reported a mix of physical and psychological symptoms. Several women described being shocked by their symptoms, either because they had not expected menopausal symptoms at an early age or because they had not expected them to be so severe or prolonged:

> "Nobody tells you about the joint pain, the muscle ache, the low mood, losing your hair and chronic fatigue, low libido, wanted to throttle everybody in my sight, don't really know what's going on in my head with the brain fog."
>
> – Participant 9

Participants also described rapidly changing high and low moods, making it difficult to predict from hour-to-hour how capable they would be feeling. The variety and unpredictability of these added to the mental distress felt by some participants:

> "It's so bizarre. I'm laughing because I can be completely fine one minute and then a gibbering wreck the next and it's a bit. It feels to me like it's a guessing game"

Table 2
Characteristics of focus groups participants.

Participant ID	Age group	Role	Menopause status	Using HRT	F/T or P/T
1.	40–49	Office/home based professional	Peri-menopausal	Yes	P/T
2.	30–39	Hospital based patient facing medical professional	Peri-menopausal	Yes	P/T didn't reduce hrs for menopause
3.	50–59	Office/home based administration	Peri-menopausal	Yes	P/T did reduce hours for menopause. Changed jobs because of menopause
4.	50–59	Peripatetic patient facing clinical staff	Menopausal	Yes	P/T did reduce hours for menopause. Changed jobs because of menopause
5.	40–49	Peripatetic patient facing clinical staff	Peri-menopausal	Yes	P/T Reduced hours for menopause
6.	50–59	Office/home based administration	Peri-menopausal	Yes	P/T
7.	50–59	Office/home based administration	Menopausal	Yes	P/T Reduced and flexible hours for menopause
8.	50–59	Office/home based professionals	Menopausal	Yes	P/T
9.	40–49	Hospital based patient facing medical professional	Menopausal	Yes	P/T No change to hours, taking extra
10.	50–59	Hospital based patient facing medical professional	Menopausal	No	reduced hours to P/T Changed role to be less senior
11.	50–59	Hospital based patient facing medical professional	Menopausal	Yes	Already P/T No change to hours, would like to reduce further because of menopause
12.	50–59	Office/home based professional	Menopausal	No	Already P/T, would like to reduce further because of menopause
13.	50–59	Office/home based professional	Peri-menopausal	No	Already P/T did not change hours further
14.	50–59	Office/home based professional	Peri-menopausal	No	Full time, temporary contact so no flexibility to change hours

– Participant 5

3.2.2. Disruptive impact of seeking healthcare

Many participants described a prolonged journey to access appropriate healthcare and support, with highly variable experiences of GPs.

HRT was frequently mentioned. All participants had discussed using HRT with a GP, with ten choosing to use it. However, some women described interactions with GPs that initially put them off taking HRT due to side effects and misunderstandings around relative risks and benefits:

> "All she talked about was breast cancer and the risk of breast cancer. She mentioned it six times in a 10-minute conversation… she never once mentioned about the benefit of taking HRT"
>
> – Participant 3

This sometimes led to delays in effective treatment. All participants reported being offered antidepressants before HRT:

> "[My GP said] I think you're just depressed because you're not having hot flushes. So, we tried antidepressants. Every time I had my antidepressant review, I brought it up again… I would say, can I just stop you there? I don't think I have an issue [with depression]"
>
> – Participant 1

Importantly, these experiences were varied, with some participants reporting more positive experiences:

> "I saw a different doctor and she immediately prescribed the gel and tablets. And I've been on those ever since"
>
> – Participant 3

3.2.3. Negative impact on family and partners

Those with families described their menopause journey as having a profound impact on the people around them. Some concerns were lighthearted about keeping the thermostat low ("I think there are a lot of us with very cold spouses"), while others were described as distressing:

> "I feel like you become withdrawn from family members, friends, social life, and then there's a worry then, like obviously will people forget about you because you don't want to be this person"
>
> – Participant 9

Another participant spoke about their family's positive reaction to them starting HRT:

> "…I said, 'hopefully now I can start to get my mojo back' and he was just like 'I would love that'. And I thought, wow, that's when I realised how much it affected him"
>
> – Participant 4

The impact of balancing work, fatigue and family was described as being particularly difficult and compounded by caring responsibilities:

> "By the time I come home, I'm absolutely shattered. I don't feel as if I got any quality time then for myself or my family because I am basically having a shower, cook some food and then I'm just so shattered"
>
> – Participant 9

3.3. Impact of menopause on work

3.3.1. Managing symptoms in the workplace

The women described certain symptoms as being particularly difficult to manage in the workplace. These were brain fog, sleep deprivation, anxiety and hot flushes.

3.3.1.1. Brain fog. The impact of brain fog was profound on those experiencing it. One clinical member of staff described the way she struggles to remember patients between appointments:

> "It is just crap. Sometimes seeing the patients … I'm having to desperately scan through pages and pages of notes to remember who they are"
>
> – Participant 10

A non-clinical member of staff described her resignation to the challenges of brain fog:

> "frankly I've forgotten every colleague's name. Now I've got no idea what anyone's called. If we're not on teams and they don't have a label, I've got no chance"
>
> – Participant 12

Others described losing skills they had previously valued, such as being the "details person" on the team:

> "And now I kind of feel as though I've lost that niche little bit because on any given day, I might be paying attention to the detail, but actually I might not be"
>
> – Participant 13

When participants felt they could be open with their team about their challenges they regarded this as helpful in reducing the associated frustration:

> "It can be in the middle of a team meeting, or I'm chairing or something, and I'm just like "what word do I really, really want to say and I know what I was going to say and then it's just like oh my goodness… I will come out with it and say look, I'm really sorry it's a menopausal moment and I'll just change the word to something different but simple"
>
> – Participant 8

3.3.1.2. Sleep disruption and fatigue. The tiredness from sleep disruption was described as like jet lag, or the tiredness felt like a new parent:

> "I'm tired during the day and I go to bed tired and it's the kind of tightness that I liken to long haul flights. You know when you wake up in your eyes are gritty and you just want to, you know everything's blurry because you are just whacked, absolutely whacked."
>
> – Participant 7

For some the tiredness continued long term:

> "So I think it's been about a year, maybe coming up to a year and a half of really getting about sort of 2-3 maximum 4 hours sleep per night"
>
> – Participant 10

It remains unclear to what extent sleep disruption contributes to the brain fog described above, or becomes a separate symptom. Together the brain fog and sleep deprivation contributed to the mental wellbeing impacts of the menopause, particularly anxiety.

3.3.1.3. Anxiety. Anxiety in the workplace manifested for some women in the fear of making mistakes in their work:

> "I need to check I've typed it out correctly so it's just a constant worry and that that adds to my anxiety and my stress"
>
> – Participant 9

Women described anxiety about work performance causing them to lose confidence in themselves. Examples to this increase in anxiety included reducing working hours, taking a lower grade post with less

pressure and responsibilities or just feeling less confident to do the job:

> "I'll just say the feeling like a fraud thing is a really key theme"
> – Participant 4

3.3.1.4. Vasomotor symptoms. Those working in clinical settings reported finding hot flushes particularly difficult:

> "you take the apron off which has held the sweat in and you literally look like you've got some sort of like psychedelic pattern on you"
> – Participant 4

The impact of hot flushes were exacerbated by the use of PPE:

> "you can't take it off cause you've got your patient in front of you and I know in the first wave of lockdown we had to wear the full body suit with the visor and everything and I was with this chap once and the perspiration was just like dripping off me. It was in collecting my new gloves which was disgusting"
> – Participant 4

Lack of flexibility around uniform for clinical staff was described as a source of anxiety, particularly when there are upcoming discussions around changing it:

> "they're gonna be changing it soon and … It gives me anxiety. So we have a green bottle green polo shirt which you can imagine if you sweat in them. You can see the sweat patches... So I actually wear tunics now and just because you can't see the sweat patches"
> – Participant 5

However, post covid working from home had a positive impact:

> "you can adjust your own temperature at home… here I've got my window, which I can open. I've got a fan, I'm right next to the radiator also."
> – Participant 3

3.4. Impact of work on the menopause

3.4.1. Support or lack of support from management

High quality management allowed women to find the flexibility they needed to continue with their roles despite their symptoms and provided a valuable source of support:

> "I'm also extremely lucky to have the line manager and the team that I do…She's in her 30s so she doesn't have the menopause is not on her radar at the moment, but you know in terms of flexibility and if you're tired start later, finish later. You know, take a break, a longer break if you have to"
> – Participant 7

Flexible working was highly valued, with those who had more autonomy reporting a positive impact on their working lives, while others reported the opposite:

> "we are in a service that could be a little bit more flexible, but I just think that the NHS is so like archaic."
> – Participant 5

Six participants reported reducing working hours specifically in response to menopause symptoms. Reducing working hours was described either as a proactive coping mechanism for symptom management, or a response to being overwhelmed:

> "and I actually reduced my hours because… I just couldn't cope with life really anymore and I couldn't cope with a full-time job"
> – Participant 3

3.4.2. Peer support

Peer support, such as organised workplace support like menopause cafes and informal chats with colleagues was valued for sharing lived experience and knowledge:

> "You're never in a space where people ask you about your own experiences, so you know that in itself, its, I feel, emotional"
> – Participant 6

Multiple participants described the importance of being able to openly mention their "menopause moments" after forgetting words, and not being judged by their colleagues:

> "…and we talk about it and there's men in our team and there is no escape for them and we say 'look if I'm going through it you're gonna know about it'"
> – Participant 1

Having others in the team also going through the menopause and providing a sympathetic ear was seen as a huge source of support:

> "It's a very understanding team and there's a lot going through the same. So we're all yeah sympathising with each other"
> – Participant 1

People were thirsty for knowledge and keen to engage. However, staff were sometimes left disappointed when clinical duties prevented them attending cafes and seminars. The menopause cafes were highlighted as being particularly useful by a number of participants. Education sessions were highly valued:

> "the woman blew my mind on what she said about HRT and she could talk to me for a week and I would not have been fed up"
> – Participant 3

4. Discussion

Working in the NHS presents particular challenges for those working with menopause symptoms [23]: structured clinic hours, specific uniforms and a highly pressured environment among them. In an attempt to support staff, wellbeing policies have been put in place, including menopause cafes and learning events.

Participants recognised the key role employers have in supporting their staff experiencing menopausal symptoms. In line with previous research [10,14,24–26], participants felt that simple changes to the workplace environment would make a substantial improvement, such as well-designed uniforms and increased flexibility make a significant impact on women's experiences at work. The ability to work at home since the pandemic had a particularly positive impact on participants for whom this was possible. In line with broader workplace trends [27], many participants had chosen to reduce their working hours as a response to their menopause symptoms; greater and more effective workplace support may make it easier for women to stay in work by increasing flexibility going forward. This is particularly true when women do not necessarily feel supported outside work by healthcare professionals- peer support can empower women to push for effective healthcare, and therefore manage their symptoms, more quickly [28].

Particularly important to participants was protected opportunities to be open about their menopause experiences and seek peer support. It has previously been shown that social support and humour are effective menopause coping strategies [29] and increase life satisfaction [30]. This is particularly vital given research showing NHS staff sometimes struggle more than others in asking for support [31,32]. Providing these opportunities during the working day may help women to prioritise

their own wellbeing. Unfortunately, some participant noted that they would have liked to attend cafes and events but had not been able to free up space in their diaries. This highlights the importance of a supportive workplace and management culture, ensuring that women feel able to prioritise these sorts of events. Participants reported that line manager attitudes and understanding had a significant impact on their experiences at work.

4.1. Strengths and limitations

The participants were recruited from varying backgrounds and areas of work, ensuring wide-ranging applicability of findings. Nonetheless, the study did not explore the viewpoints of all stakeholders in the workplace menopausal experience, including human resources representatives or occupational health staff. In addition, those agreeing to participate are likely to have an underlying interest in the menopause in the workplace, therefore may not be representative of all perspectives.

Further research is needed into the effectiveness of interventions designed to support those experiencing menopause symptoms in the workplace [14]. These results highlight changes which can be made even in the most challenging workplaces: good management training and support, co-designed workwear, maximised flexibility wherever possible and protected time for peer support. Interventions which include these elements may be the most effective way to support staff.

5. Conclusions

Given the importance of work in the lives of many women, employers are well placed to support staff who are experiencing menopausal symptoms. As well as benefiting those women, this in turn has the potential to reduce sickness absence, improve productivity and boost retention. By promoting an open culture, working to reduce stigma and maximising opportunities for employees to engage in peer support, employers may help their workforce to better manage the symptoms of menopause. Policies which are not specific to the menopause, such as flexible working policies and paid sickness absence, also have the potential to support menopausal workers and reduce stigma around symptom experience.

Contributors

Gemma Hobson participated in data collection and drafting and editing of the paper.

Nicola Dennis participated in data collection and drafting and editing of the paper.

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Ethical approval

The Public Health Wales Research and Evaluation Team designated the work as service improvement and therefore not in need of ethical approval.

Provenance and peer review

This article was not commissioned and was externally peer reviewed.

Research data (data sharing and collaboration)

There are no linked research data sets for this paper. Data will be made available on request.

Declaration of competing interest

The authors declare that they have no competing interest.

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