

## Working through menopausal transition: *A collaborative tool for line managers and employees*

This tool provides a framework to structure a workplace conversation between line managers and employees on supporting menopausal transition. The framework encourages a focus on specific work-related experiences of menopausal symptoms that are identified as significant for women, and

for managers and employees to work together on identifying an appropriate workplace adjustment or form of support. To make the responses as actionable and timely as possible, managers and employees should decide on the level of support required (e.g., does it require updates only, or changes to job role or

employment contract), and the urgency of the response. It is also important to identify other parties in the employee's working environment to consult with or notify of any proposed actions with the agreement of the employee.

### PROMPTS FOR DISCUSSION *(these are only suggestions)*

#### Type of symptom (voluntary)

Examples may include:

- Hot flushes or night sweats
- Sleep disturbance/tiredness or low energy
- Psychological that may be associated with menopause (e.g., anxiety, low mood, lack of confidence, difficult concentrating, forgetfulness/foggy-headedness)
- Cultural (e.g., menopause-related beliefs, attitudes and feelings such as shame and embarrassment); inhospitable social environment at work
- Physical symptoms that may be associated with menopause (e.g., heart beating quickly or strongly; sore joints and bones; heavy or unpredictable menstrual bleeding)
- Urological symptoms that may be associated with menopause (e.g., frequent need to urinate/use the bathroom)

#### Symptom/work relationship

Questions may include:

- Describe your experience of symptoms in your own words
- How do symptoms interfere with your work activities?
- How often does a symptom/s affect your work activities?

#### Area/s of work affected

Which areas of your work are most affected by the symptom/s?

Examples may include:

- Temperature/ventilation or comfort of your physical work environment, or shared work space?
- The physical demands of your job (e.g., lifting, sitting, standing)
- Going to formal meetings or presenting in public?
- Ability to concentrate on tasks, including learning new ones?
- Job stress? Sense of being in control of your work?
- Difficulty in talking to line manager or colleagues about symptoms and how they affect your work?
- Relations with co-workers (e.g., you fear being embarrassed or not being supported)?
- Your job satisfaction?
- Absenteeism or presenteeism e.g., taking days off, or coming to work even when you are not feeling well?

#### Adjustments or support proposed

Are there interpersonal, cultural, practical issues related to job role, where the employee is located, or working times that could be adjusted or supported?

#### Level of support

Examples may include:

- Informal periodic review (e.g., monthly check-in with line manager)
- Management-agreed changes to job activities
- Formally pursue organizational policy (e.g. leave; flexible working request)
- Change to employment contract?

#### Urgency of response

Examples may include:

- Critical (within 5 working days)
- Urgent (within 2 weeks)
- Significant (within 1 month)
- Strategic (within 6 months)

#### Collaborative parties to be consulted and/or notified as agreed by employee

Examples may include:

- Line manager
- Co-workers
- HR (Human resources)
- OHS (Occupational health & safety)
- Other (please provide name and area)

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Employee Name: \_\_\_\_\_

Employer Representative: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

## **SYMPTOMS** (Refer to prompts for discussion on page 1)

Type of Symptom

Symptom/Work  
Relationship

Area/s of Work Affected

**ADJUSTMENTS OR SUPPORT PROPOSED** *(Refer to prompts for discussion on page 1)*

Adjustment/Support 1

INCLUDE (if applicable):

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

Adjustment/Support 2

INCLUDE (if applicable):

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

Adjustment/Support 3

INCLUDE (if applicable):

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

**ADJUSTMENTS OR SUPPORT PROPOSED** (Refer to prompts for discussion on page 1)

**Adjustment/Support 4**

**INCLUDE (if applicable):**

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

**Adjustment/Support 5**

**INCLUDE (if applicable):**

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

**Adjustment/Support 6**

**INCLUDE (if applicable):**

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

Please use additional pages if required

# Working through menopausal transition: Example of Collaborative Tool in Action

**Employee Name:** Belinda Jones (a professional office worker in a shared workspace)

**Employer Representative:** Nicky Manden (Line Manager)

**Date of Meeting:** 18/10/19

<b>SYMPTOMS</b> (Refer to prompts for discussion on page 1)	
<b>Type of Symptom</b>	Heavy and unpredictable periods  Hot flushes
<b>Symptom/Work Relationship</b>	My periods are not regular, and I bleed a lot. It makes things difficult to manage.  Anxiety and potential embarrassment around colleagues.
<b>Area/s of Work Affected</b>	Need to go to the toilet a lot on some work days. On those days, it interferes with my work severely.  Awkwardness at team meetings sometimes, and a sense of discomfort at work.  I also feel anxious about what others are thinking and worry that I'm not doing my job as well as I know I can.

SAMPLE ONLY

## ADJUSTMENTS OR SUPPORT PROPOSED *(Refer to prompts for discussion on page 1)*

### Adjustment/Support 1

#### INCLUDE (if applicable):

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

#### **Enable easier access to clean bathroom facilities:**

- Belinda can move desks if she wishes to be closer to the bathroom
- If not, Nicky understands that Belinda may need to take frequent breaks/often be away from the desk on some days

Management agreement required for shifting work location. Otherwise, periodic review required.

Urgent (2 weeks)

Nicky (line manager) will liaise with occupational health to discuss and organize easier bathroom access, enhancements to bathroom facilities (e.g., provide a bin for used sanitary products), and identification of a potential rest/relaxation area.

### Adjustment/Support 2

#### INCLUDE (if applicable):

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

**Menopause information session** during next team meeting to cover symptoms, how they affect women at work, and how colleagues can be supportive and understanding

Significant (1 month)

Periodic review on how Belinda is going with her work colleagues.

Nicky (line manager) will liaise with Equity and Diversity in order to:

- Organize a menopause information session for next team meeting
- Raise awareness about menopause as an Equity and Diversity issue, and how it could be included in existing training and employee support/wellbeing activities and information

### Adjustment/Support 3

#### INCLUDE (if applicable):

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

#### **Flexible work arrangements:**

- Belinda can work from home on days when symptoms are particularly bad
- If at work, she may also go home early on such days
- Nicky will seek to identify a quiet/private temporary working space for occasional use when symptoms are severe and Belinda needs privacy/rest at work

Significant (1 month)

Management agreement to job activities required. Formal policy channels will need to be accessed.

Nicky will contact People & Culture to clarify and confirm how flexible work policies might be used in Belinda's case in relation to the recommended support discussed with Belinda, and to ask about other forms of reasonable adjustment to Belinda's work that could be made

**SAMPLE ONLY**

**ADJUSTMENTS OR SUPPORT PROPOSED** (Refer to prompts for discussion on page 1)

**Adjustment/Support 4**

**INCLUDE (if applicable):**

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

Belinda may consider accessing **sickness absence** for her symptoms

Formally pursue organizational policy on leave

Significant (1 month)

Belinda to organization's EAP (**Employee Assistance Program**) and to refresh her knowledge of sickness absence policy and procedure

**Adjustment/Support 5**

**INCLUDE (if applicable):**

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

To manage increased anxiety around meetings/formal group discussions, Belinda will have the freedom to **go to meetings early** to choose her seat. If she cannot attend the meeting in person, she will consult with Nicky to discuss a request to the meeting Chair to **join remotely** either by phone or videoconference

Management agreement required (specifically, meeting Chairs)

Significant (1 month)

**Adjustment/Support 6**

**INCLUDE (if applicable):**

- Level of support
- Urgency of response
- Collaborative parties to be consulted and/or notified as agreed by employee

To help support hot flushes, we will:

- Provide a **desk fan**
- Belinda will **talk with co-workers** about her symptoms, and an agreeable **temperature** for the shared workspace
- Ensure that **chilled water** is available and easy to access to clean bathroom facilities
- Encourage her to bring/wear multiple layers of **clothing**. Avoid nylon fabrics.
- **Flexibility** on days when temperature is due to go over 30 degrees (e.g., change working space, or work times)

FYI only

Strategic (6 months)

**SAMPLE ONLY**