

Women's health in the workplace: where has it all gone wrong?

The rejection of the Menopause Bill by UK parliament due to fears of discrimination against men has shone an important spotlight on women's health in the workplace. Whilst this is now gaining more mainstream recognition, for women this is nothing new.

Temps de lecture : minute

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Women have been suffering silently in work environments for decades, navigating conditions such as menopause and perimenopause, endometriosis, PCOS and the symptoms associated with periods.

All of these conditions can naturally have a significant impact on women's ability to work due to the impact on their physical and emotional wellbeing, just as the symptoms of any medical condition would. So when this is the case, why is it that we have seen such minimal formal protection for women's health at work?

There are three key areas that need to be addressed so organisations are better prepared to protect women's health at work: education on the impact of women's conditions, increasing psychological safety so those suffering feel comfortable speaking up, and a flexible, personalised policy framework that gives women accessible support.

A lack of psychological safety must be

addressed

When employees do not feel that they can speak openly with a manager or leadership team, the workplace environment is not providing psychological safety. Debilitating hormonal and gynaecological conditions are not new, yet only after media scrutiny have many women felt they can talk about experiences at work and be heard. The traditionally taboo nature of gynaecological health conditions that is rooted in centuries of misconceptions and misogyny have left a legacy of shame which prevents women speaking openly about their experiences.

A third of women asked in a *CIPD survey* said that menopause symptoms had caused them to take time off of work, however only 25% of these women felt comfortable telling their manager the reason for their absence. Of this 25%, 34% said that they felt too embarrassed to declare the real reason, and 32% said they could not disclose the information because of an unsupportive manager.

Of course leaders want all of their employees to feel they can be honest without fearing negative consequences, however not all have properly cultivated a culture which encourages psychological safety for all employees.

To tackle this, leaders must not only make themselves available in regular office hours, for employees to come and have conversations in private, but they need also to respond with curiosity and empathy in order to allow employees to feel safe about being open and heard. Leaders are not expected to know all the answers when it comes to health and wellbeing, but demonstrating care and signposting to available support is a fundamental duty.

Education needs to improve

Common misconceptions around women's health conditions and the lack of education around them has resulted in the perpetuation of those misconceptions and women's health challenges, which often involve chronic pain being simply ignored or dismissed.

The historical overrepresentation of men in leadership roles as in the UK has naturally contributed to the lack of awareness and interest in women's health precisely because they have been the minority. Still only 1 in 25 CEOs in the biggest companies are women, and a Green Park *study* found that between 2019 and 2021 the number of white men in leadership roles actually increased.

Whilst these conditions might physically impact only women, everyone in the workplace will benefit from being more informed about the impact they can have on their colleagues' wellbeing and wider organisation productivity. Education is crucial to ensure the lack of diversity at the top isn't impacting the shape of wellbeing policy in a way that will negatively impact women.

Leaders must challenge their own preconceptions and educate themselves further on the lesser-known impact of these conditions. Endometriosis, which affects 11% of women, is well-known for causing severe pain during menstruation, however other symptoms include chronic lower back and pelvic pain, stomach and digestive issues, intestine and bladder problems, and fatigue - these are much less documented but just as debilitating. These symptoms are often taken more seriously by leaders only when they are associated with other health conditions.

Education around the complex symptoms of these conditions will help leaders and team members empathise with those suffering and offer

appropriate support based on a deeper understanding of the physical and mental impact of the conditions. Similarly, if women feel that those around them have a greater understanding of the condition, it will increase their psychological safety and so help eliminate the feelings of embarrassment that may prevent them from accessing support.

A one size fits all framework is not fit for purpose

Traditionally health has often been viewed from quite a universalised perspective on what 'illness' and 'wellness' look like. Inevitably this is not granular enough to accommodate those conditions that specifically affect women and other traditionally underrepresented groups.

The failure to formally recognise the specific nature of many female health conditions in the UK was highlighted in the government's response to the rejected menopause bill. It argued that it could discriminate against men in allowing leave for those navigating menopausal symptoms. Regardless, for leaders, it simply does not make business sense to fail to specifically address health issues which will impact up to half the workforce.

A study by Endometriosis UK found that for some HR departments, the cyclical nature of endometriosis resulted in sufferers being penalised where HR policy is to regard shorter, more frequent absences as more damaging to the company than long absences. By this logic, conditions such as PCOS and severe period symptoms would also result in penalisation.

A less homogenised approach to short term sickness absence, linked to greater understanding of the moderating or amplifying effects of the special nature of many women's health conditions, is a key step in creating a truly inclusive wellbeing policy that addresses women's health

directly and properly reflects the diversity in the workforce.

Wellbeing at work must be examined on multiple levels to help leaders create real change in the support offered to women. Creating a safe space where management is more informed about specific aspects of women's gynaecological and hormonal health will go a long way to correct misconceptions and shift workplace culture. When these discussions are supported by a proactive framework of accessible policies, we will be on our way to taking women's health at work seriously.

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