



Invited Editorial

Menopause and personal protective equipment: How does this meet acceptable working conditions?



ARTICLE INFO

Keywords

Menopause in the workplace
Health and social care staff
Personal protective equipment (PPE)
COVID-19

Menopause and the workplace has finally become a trending topic. Specific societies, agencies, charities and trade unions, such as the European Menopause and Andropause Society (EMAS), the British Menopause Society (BMS), the Chartered Institute of Personnel and Development (CIPD), the Daisy Network, the Trades Union Congress (TUC) and the Royal College of Nursing (RCN) have all pioneered women's rights concerning working during the menopause. The results have been slow in coming, but managing the menopause in the workplace is now visible in the Human Resource (HR) departments of many companies and organizations. EMAS has been a leading light on this issue, with a position statement in 2016 [1] and in 2021 with global consensus recommendations on menopause in the workplace [2]. This has been accompanied by: a Menopause Charter for Employers; a self-assessment tool for managers; and the launch of the first World Menopause and Work Day, on 7 September 2021 [3].

The health and social care sectors are challenging workplaces for women undergoing the menopause. This is because institutions such as hospitals and care homes are required to provide a warm environment for patients and clients, the staff are usually required to wear a uniform and access to cold drinking water and toilet facilities can be difficult when emergencies occur. In the United Kingdom (UK), the National Health Service (NHS) employer's website has guidance for HR departments to produce policies on menopause in the workplace [4]. However, little attention appears to have been paid to circumstances when staff have to wear protective clothing. In conditions demanding infection control, staff working with vulnerable populations and patients are required to wear Personal Protective Equipment (PPE) [5]. PPE can exacerbate heat stress [6] and thus worsen the vasomotor symptoms of menopause [7] (hot flushes, night sweats), sleep disturbance and menorrhagia, which may be severe enough to cause menstrual flooding [8].

The use of PPE has increased dramatically since March 2020 as the health and social care sector had to respond urgently to the COVID-19 pandemic. Many menopausal women suffer from anxiety [9] and this

will have been exacerbated by the general fear and anxiety among staff, patients, their relatives and the public, as health and social care organizations sought to control infection rates for both COVID-19 and non-COVID-19 patients [10]. Yet, one year on, there is a paucity of information concerning health and social care staff regarding the effect of wearing PPE on vasomotor symptoms. Several authors have addressed the issue and it is time to grow this body of literature [7,11–15].

This is because health and social care organizations remain in a state of emergency and the adverse effects of working in PPE for menopausal women cannot be ignored. The RCN has recommended that managers limit the amount of time that menopausal women have to wear PPE [16], but this guide is for RCN representatives and as yet is not an employer requirement. However, before addressing the issue of menopausal women in PPE, it is necessary to look at the unsuitability of PPE for women in general. PPE is used to minimize exposure to hazards that cause serious workplace injuries and illnesses, and is also worn by women in other occupations, such as firefighters, police and coastguards, to name but a few. Organizations are urged, but not legally required, to comply with standard 45,001 from the International Organization for Standardization (ISO) (2018), which addresses occupational health management. It states that organizations should provide a healthy and safe workplace, with attention to workers' wellness and well-being [17]. In 2018 the Institution of Occupational Safety and Health (IOSH) raised significant concerns about protective clothing for the female workforce. It stated that 'the provision of personal protective equipment (PPE) that genuinely takes into account the needs of the female workforce is still shockingly poor' and that 'women are not just small men' [18]. It concluded that PPE is usually of low priority to organizations and called for more women to be involved in designing PPE and in undertaking risk assessments. A survey of 2241 nurses in 2019 found that the majority of staff felt unsupported during the menopause and this adversely affected their working lives and decisions to stay in the workplace [19]. This report was pre-COVID, so it would be safe to assume that a large proportion of staff still feel the same way. There are

<https://doi.org/10.1016/j.crwh.2021.e00356>

Received 6 September 2021; Accepted 7 September 2021

Available online 9 September 2021

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just over 309,000 nurses and midwives (45% of the UK register) aged between 41 and 55 [20], which puts them in the age group for experiencing the wide range of symptoms related to perimenopause and menopause. It is surely the case, then, that the menopause and PPE is a topic that needs to be addressed urgently.

Contributors

Angela Kydd is the sole author of this editorial.

Conflict of Interest

The author has no conflict of interest regarding the publication of this editorial.

Funding

No funding from an external source supported the publication of this editorial.

Provenance and Peer Review

This editorial was commissioned and not externally peer reviewed.

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