

HR Director Boardroom Summary

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Hosted by

E V E R S H E D S SUTHERLAND

Guest Speaker:



Jacqueline Jardine HR and Development Director Jardine-White Consulting Ltd

> Discussing the topic: "Andropause in the Workplace"

Our recent event was an informative discussion on the topic of "Andropause" - the media term used for the decrease in male testosterone and what people refer to as "male menopause. It was hosted by Jaqueline Jardine, HR and Development Director at Jardine-White Consulting Ltd and chaired by Mark Fletcher, Senior Partner at Eversheds Sutherland International LLP.

Jacqueline discussed the current knowledge and limitations surrounding andropause, highlighting the limited research conducted on the topic. She emphasised the importance of considering it within a work context. She stated that organisations might wish to stay ahead in understanding and supporting individuals on this journey. Jacqueline advised the group that whilst she has conducted as much detailed research as she can on this subject, she is not a medical practitioner. Through her investigations and interviews, she found that andropause remains unknown. While the NHS provides some information on the subject and a few scientific articles are available, the overall research could be more extensive. Jacqueline asked Mark to share the feedback he received from the GPs he contacted.



Conflicting views between GPs

Mark advised the group that when he was approached to chair the session, he had no knowledge of what andropause was. He had to conduct his own research in advance of the session. He mentioned that the term "male menopause" caught his attention due to him being a male of a certain age. Surprisingly, when Mark mentioned andropause to his peers, none had heard of it.

He reached out to GPs he knew, and their responses were interesting. One claimed that no GPs in their practice treated andropause specifically. However, they acknowledged the importance of middle-aged men's physical and mental health. They noted that unlike menopause, which is extensively addressed by GPs, andropause receives less attention. Another GP told Mark that it is an intriguing topic that is gaining relevance. They acknowledged that andropause is a medical condition, but limited information on the NHS website is available, and it is not widely taught or discussed. There are only a few specialists in this area. They mentioned that some individuals had recently conducted their own research and requested blood tests related to andropause. Its understanding is not nearly as well established as menopause.

Andropause within Policies

Jacqueline advised the group that she encountered a similar situation when she contacted specialists in menopause to enquire about their awareness of andropause. The responses she received were varied. However, they all concluded that insufficient evidence is available on the topic. Jacqueline then reached out to organisations within her network, specifically targeting those with a more male-oriented workforce, to see if they addressed andropause in their policies. Examples of such organisations include the East Midlands Ambulance Service, Metropolitan Police, Thames Valley Police, the Fire Service, and the Post Office. She discovered that the East Midlands Ambulance Service had acknowledged andropause as a standalone policy. Similarly, Thames Valley Police mentioned it in their wellbeing policy. However, the remaining organisations didn't cover the subject. Jacqueline believes that andropause is still in its early stages as a topic of discussion but emphasised the importance of raising awareness and cultivating a mindset that acknowledges its potential significance.

Andropause is not male menopause

Jacqueline provided information about andropause, characterised by a decrease in the male hormone, testosterone. She explained that the term "andropause" is derived from the Greek words "Andras" meaning human male, and "pause" meaning a cessation or decrease. Typically, and ropause occurs in men aged 40-60 in the UK, however men may experience it as early as their thirties. It is considered a medical condition. However, in the workplace, it may be challenging to notice symptoms because the decrease in testosterone levels due to ageing is gradual, at approximately 2 percent per year. Additionally, a smaller percentage of males experience and ropause than the significant number of females who enter menopause; with around 75% of females experiencing symptoms. Jacqueline explained that common symptoms of andropause include depression, hot flushes, sleep difficulties, lack of energy and enthusiasm, poor concentration, and memory, decreased libido, increased body fat, reduced exercise capacity, mood swings, and irritability. She emphasised that while some symptoms overlap with those experienced by women during menopause, andropause should not be referred to as 'male menopause' since it is a distinct medical condition. If andropause is suspected, Jacqueline advised individuals to seek advice from a GP, who may conduct blood tests to assess testosterone levels and rule out potential other factors. Treatment options may include lifestyle changes, such as diet and exercise, as well as prescriptions for skin patches, testosterone gel, or injections, depending on the individual's overall health and well-being. However, it would appear that very few GPs will medicate in this area. Jacqueline highlighted the relevance of andropause in the context of the ageing workforce, with both men and women living and working longer. She mentioned the government's efforts to reintegrate older individuals into the workplace, considering the significant impact of the COVID-19 pandemic on this demographic.

Recognition of Andropause

When Mark informed his predominantly female team about conducting the session on andropause, they were unfamiliar with the term and asked him to explain it. Some expressed their thoughts on the emergence of a similar condition for men. Mark wondered if there would be less empathy or sympathy towards the male experience. He wondered whether andropause would receive less workplace recognition than menopause.

Jacqueline shared that she encountered similar responses when reaching out to people regarding andropause. She mentioned that even when she presented the topic to her husband, he responded similarly, which she found interesting. However, she has been educating him about menopause and andropause, and he has become a champion of the topics in his workplace, which she finds fantastic.

Legalities behind Andropause

Mark explained that menopause has been determined to be a disability under the Equality Act in some employment tribunal decisions, although it is not currently recognised as a distinct protected characteristic. He expressed doubt that this categorisation would change in the future but acknowledged that it can still be deemed a disability based on the symptoms and impact on the individual. Mark highlighted that some individuals have successfully claimed disability and sex discrimination related to menopause. Drawing on an analogy, he suggested that andropause could one day also be classified as a disability. Mark does not believe menopause will become a protected characteristic on its own. Instead, he anticipated that individuals would continue to bring forth claims related to sex discrimination, age discrimination, and disability discrimination, often encompassing all three aspects. He emphasised that both menopause and andropause could intersect with all three strands of discrimination.

For a discrimination claim to succeed, Mark informed the group that a worker must show that the employer knew about the condition in question or should have known about it. He pointed out that, as things stand, it would be challenging for a male employee to establish this as awareness of the condition is still in its early stages. In contrast, menopause is widely recognised, and organisations are actively updating their policies to reflect this and provide education on the topic. He explained that and ropause issues typically arise when individuals exhibit different behaviour or experience performance decline. He emphasised that it will be interesting to see whether employers acknowledge this condition, include it in their policies, and educate their managers about it. Alternatively, employers may fail to address andropause, allowing it to manifest, and subsequently face potential discrimination cases when employees attribute underperformance to the condition. Mark also highlighted the possibility of a more focused approach, such as emphasising testosterone levels and encouraging employees to undergo blood tests. He expressed interest in observing how this aspect develops. The challenge lies in finding senior leaders in organisations who are willing to initiate discussions about andropause in their workplaces and raise awareness about it. It remains to be seen whether this will happen.

Establishing Trust and a Safe Space

Jacqueline suggested that organisations could consider implementing a comprehensive policy that encompasses both menopause and andropause, rather than having separate policies for each. This broader policy would prioritise employee well-being and health, addressing various aspects of their transition throughout their working lives. As she stressed, it is crucial to have people managers who are capable, confident, flexible, and sensitive to having discussions about these topics. Jacqueline stressed the significance of establishing trust between line managers and employees, creating a safe space for open discussions to take place.

Jacqueline provided some actionable steps organisations can consider. Firstly, she suggested reviewing data and well-being policies to include references to andropause. Rather than introducing it as a separate policy, she recommended integrating andropause awareness into existing policies. She also emphasised the importance of raising awareness about andropause and suggested the introduction of regular informal well-being conversations led by line managers for all employees. Jacqueline added businesses could seek support and assistance from occupational health advisors if available. Additionally, depending on the organisation's type, she proposed reviewing the working environment to make appropriate adjustments to support individuals experiencing andropause symptoms.



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