

# HR insights podcast

## Series 8 | Episode 7

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*PSA: This transcript has been written with assistance from AI.*

### **Losing your leaders without a menopause strategy**

[00:17.6]

Welcome to HR Insights, the podcast topical discussions with and for our global HR community. Hi, everyone. My name is Stuart Elliott and I will be your host today on our, podcast, HR Insights. Today I'm joined by an old guest, Fiona Mackay.

[00:32.9]

She is the CEO of the Menopause Maze. The Menopause Maze is a really interesting organization. It's one that's been going for about three years now, and they have offices on both sides of the Atlantic. You might have seen Fiona on the FT recently discussing governance and the great wealth transfer for women.

[00:50.6]

Today, she's bringing that lens to our podcast. We're really lucky to have her as a guest. And, her insights are really fascinating. If you have any questions on this, Fiona does leave her details at the end of the show. If you want to contact me instead, you can reach me on [sealscothr.com](https://sealscothr.com).

[01:09.2]

hope you enjoy the show.

[01:17.9]

Hi, Fiona. Welcome back to the show. Good to see you. How are you? I am very, very well, I have to say. Yeah, it's summer, and summer here has been absolutely amazing, isn't it? Oh, it's amazing. I mean, I came in the taxi here, this morning and past Buckingham palace, and everything is looking England is it at its best at the moment.

[01:36.4]

And London looks in bloom. Yeah, London is a very, very good place when summer's good. It's not so good when height of winter. But yes, we won't go there just yet. Let's not spoil that. But obviously you've been on the show before, and I was saying to you, obviously when you just arrived, actually, just now that we mentioned your name on a podcast that we were recording for benefits a few weeks back, and Ken keen to get you back on the show.

[01:58.3]

But for our audience and the people that don't know you, do you want to do a little intro into you and your business? Yeah, sure, I'd love to. So I'm Fiona and I'm the CEO of the Menopause Maze. We help the leadership layer in organizations aspiring and C suite women keep growing their careers and their companies with no pause through menopause.

[02:18.8]

And we equally work with workplaces to help them understand where the leadership layer can accelerate in their talent pipelines and progressions so they keep their most valuable women as they move through that leadership journey through menopause.

[02:35.2]

You said that so smoothly. I feel like you say this a lot. I think I might have been on a podcast or two before. It's very, very well rehearsed and, background. Just tell us a little bit about Your background as well? Sure. So the Menopause maze is part of the Light Bulb group of companies and Light Bulb has been trading for nearly 20 years now.

[02:55.6]

We're a value creation consultancy and we help leaders grow businesses, both portfolio companies, and work with their investment fund as well. So we, we really understand growth and growth particularly related to gender and gender acceleration.

[03:13.2]

I had a, total abdominal hysterectomy 10 years ago which put me as a CEO in immediate surgical menopause. And I went on a journey of exploration to find out what were the six key tools that women could have as, female leaders, female founders, entrepreneurs and aspiring C suite women to keep growing their careers and companies without pause.

[03:32.4]

So it's really been from a personal perspective that I sit here today as a CEO of a growing business. It's very much values based and it's very much experience based. So there's a lot of passion, there's a lot of research, a lot of data behind that that really comes across in all of our offerings and is still linked at the end of the day to value creation and EBITDA profitability returns.

[04:00.3]

Very cool. And business wise, I don't know, I can't remember now how long you've been going when we first met, but you, you've been over in the U.S. haven't You, I think on talks as well. So just talk to us about the business, how it's grown over the last year or so. So interestingly we, the business, the menopause maze, we are in our third year now and last year, so only just 18 months in.

[04:22.4]

We launched in the US in New York. And that has been a very exciting part of our growth. But it's very different because menopause particularly has in the U.S. i'd say they're probably about five, six years behind where we currently are in the UK in terms of conversation.

[04:45.7]

However, the difference with the U.S. versus the UK is that the women, those C suite leaders, are far more focused on their own personal development and investment. Whereas in the UK there's an expectation that will, it will come from employer rather than individual.

[05:06.8]

Completely different in the U.S. interesting. Yeah. But if you look at the U.S. and look at their structure, it's a self invested economy, right? Yep. You pay for your own healthcare, you pay for your own education, you basically paddle your own canoe. So it doesn't really come as any great surprise, does it, when you, you say it out loud? No way.

[05:26.6]

And now, and now you say, I'm thinking a little bit more culturally as well. I think the US people are better at championing their agenda. They're not afraid to sort of let people know how they're feeling. I feel like in the UK sometimes we're a little bit more reserved. So I don't know if I felt that wrong or not, but I feel like in the US people are, they're not afraid to speak up as much as we are here. No.

[05:44.3]

And also as well, it's, it's probably the most entrepreneurial country on earth. Right. Everyone's got a great idea, everyone wants to back entrepreneurialism. You know, you look at the very best of the best in business, in politics, in sport, they all have their own performance coaches by their side.

[06:02.6]

So to have your own performance coach as a C suite leader going through menopause, why wouldn't you? Yeah. Whereas here that happens. Yes, it does. We do good business here, but it's a longer leading period.

[06:17.8]

Whereas in the States, very different. Our business is led consumer predominantly in the States. Whereas here the traction is more from workplace than to consumer. Makes sense. And, and are you, are you a business that offers, is it advice for boards?

[06:36.4]

Is it more coaching? Talk us through the business model. Yeah, sure. So I'd love to do that. So when working directly with C suite founders, C suite executive executives, we work directly with them, coaching equally for workplaces.

[06:53.4]

We provide talent strategies to look at, where menopause is affecting growth, pipeline and progression. And then equally from a benefits perspective, we can provide C suite coaching for those women as part of the benefits package. Okay.

[07:09.8]

And this is great, you said education for women, but coaching for men as well on this. We do training for men and women, but we tend to find that the training that men want to really get under the bonnet of is more from the symptoms perspective.

[07:27.9]

And of course because of what they see day to day, what they see. And I think there's very much a, how can we solve it? How can we solve it? Such a man say, how can we solve it? Can we get more fans? Can we do more flexible working a band aid on it?

[07:45.9]

Will that fix it? And you know, I don't want to be stereotypical here, but and all of those things have real merit. Let's not discount or discard that. But we're not medics. We're here as value creation consultants and we're here to really understand and equip women with the tools that they need.

[08:08.1]

Of course that comes back to getting men to understand what that looks like as well. But fundamentally focusing, you know, we don't focus on symptoms, we focus on strategy. Right, okay. Which makes sense. And also people must get affected at very different stages of their life and careers as well.

[08:24.7]

You mentioned yourself as well as someone. Very different stage to somebody else, I'm assuming. So. And everyone, everyone's, you know, it sounds a bit cliched the word as well, that everyone's journey is different. Perimenopause is different to menopause, to post menopause.

[08:40.7]

How you are affected in relation to your culture as well has an impact. Women of color experience menopause differently. They go through menopause earlier where you are geographically in the world, socioeconomically as well.

[08:58.5]

So all of these things are multifaceted and complex. And it's, it's hard for employers, it's hard for women at times, and it's equally tough for men. So that wide conversation is really important, but it's not one size fits all.

[09:13.9]

And that is where the challenge comes in the leadership layer. Yeah, I can completely, completely understand that. And you mentioned obviously uk, us, any other countries that you go to on a regular basis, not at the moment, but Europe. We sort of, I say we trickle into there with clients that we have who are uk, predominantly based, but part of a global organization, often will do, keynote speeches or specific work for their EMEA colleagues.

[09:45.9]

But as it stands at the moment, there isn't any main focus to be taken over Asia, or the Pacific. But watch this space. You never know. You never know. Yeah, that's fair. Well, let's, let's sort of dive into some of the questions anyway and just go from there. So I suppose, first question in terms of at what point do companies start losing, I suppose, their most seasoned female talent and how can they shift the narrative before it's too late?

[10:10.3]

Well, they tend to lose their most seasoned, talent before they've realized they've lost them. Okay. So one of the things that menopause does do in the leadership layer particularly is it doesn't show up as symptoms. Right.

[10:27.0]

So let me unpack that for you. For example, deal dilemmas, decision fatigue, risk aversion. Okay. Impact and influence being compounded.

[10:44.3]

So where a, woman would specifically have been very, very present, she might start to withdraw and retract. Okay. And that's not being tracked. So as those things start to increase and compound, if that is showing up in a woman's leadership life, an organization isn't tracking that.

[11:09.1]

So they're already losing them at that stage. Right. And why are they retracting? Is there, is there a reason or is there some studies behind that at all? One of the impacts of menopause can be psychological and if you feel like a third rate version of your former self, one of the things that impacts is to try and withdraw and protect yourself.

[11:33.7]

Self preservation, which makes perfect sense. Confidence can dip, anxiety increases. So the outcomes of that are often the risk aversion, the deal dilemma, the standing back, not being as visible in an organization.

[11:50.7]

And if you are feeling, you know, coming back to symptoms, if you are feeling really sort of hot and sweaty and you're feeling as though you're floundering, working from home can be brilliant. It can be a really fantastic flexible tool. However, the downside of that is you're less visible.

[12:10.0]

Yeah, that's absolutely, yeah. You know, at C suite level, being visible in the organization is really important. So one of the things that we work really closely on is how can you increase visibility and still be in the workplace showing up, well, showing up as your best self without having to, you know.

[12:31.8]

And that means doing some real hard trade offs. Because the reality of the situation is organizations are expecting women when they're coming into perimenopause, menopause and post menopause to use an outdated toolbox of leadership tools.

[12:50.1]

The new time in your life. And yet women are saying to me all the time, I can't understand why I'm not getting the traction that I did previously. I'm doing all the things I used to do that brought me prior success and it's not working.

[13:05.2]

But it's a new time in your life and you're using old tools that are now defunct. So it isn't going to work, is it? It was naturally not going to work. Yeah, yeah. And. But organizations are still using that linear model of leadership development for men and for women.

[13:20.9]

Identical. Not flexing it and then wondering why. Yeah. And so, jumping around a little bit. But how do you show up then? You mentioned obviously showing up. I suppose while, while you're going through this. How do you, how do you do that if you're not as visible in person?

[13:40.3]

Well, first and foremost, you know, we do have to get back to the nitty gritty of if you are symptomatic, you need to find yourself a really good physician. Okay. You need to find yourself a good physician and explore what your treatment plan will be, what successful treatment looks like for you.

[14:00.0]

It Might be hormone replacement therapy, it might be alternative therapies, it might be sleep therapies, it might be talking therapies, but fundamentally, get yourself, yourself to your GP and start that, conversation and explore what that looks like first. Do you find a lot of women in denial about that potentially, or don't do that early enough?

[14:18.7]

Yeah, yeah, they do. And there are a number of reasons for that. They don't know what's happening to them. Yeah, in the first instance. Secondly, they think they'll, they'll just do what they've always done and that's be hard on themselves and work harder and be more stoic about this and actually, you know, and leave it just a little bit too late.

[14:46.3]

So I always say to women, how bad do the symptoms have to get before you actually are kind to yourself and say, I need some help here and I want to live a better life, I want to live a healthier life, I want to feel like myself again. Why would you deny yourself that?

[15:02.7]

And it doesn't have to be hormone replacement therapy. There are a variety of different tools and options on the market now that are accessible to you and, good gps will talk you through what that looks like. Because some women are not candidates for HRT because that is the natural.

[15:22.6]

Naturally people seem to think like that nowadays. That's almost the, the first thing people think about. And I take hrt, I am an avid advocate for it. I had to take it because I had all my reproductive system removed, went into immediate surgical menopause under the age of natural perimenopause.

[15:39.3]

So that hormone had, that oestrogen, had to be replaced in my body and I was a candidate for it. And it has been a fantastic crutch for me. It's not been the, you know, the absolute silver bullet of everything, but it's really helped me and I think if it's.

[15:55.4]

And modern forms of HRT have less risk around them. And I really do recommend that women, if you want to go down that route, if you want to go down that route, explore it. But if you feel quite strongly that you would like to perhaps look at more natural therapies, lifestyle changes, all of those things, go and explore them.

[16:18.5]

At the, the point where you're feeling that you, you know, something's off and you, you know, something isn't right, do it at that point. Don't wait for it to get worse. Yeah, you, you, you, you're pulling, you're trying to pull back years of your life then, yeah, literally years of your life.

[16:35.5]

You're behind the curve, aren't you? You lose lost years of your life and it doesn't just have an impact on your performance at work, it has an impact on all your life, all, all your relationships, home, work and the big relationship, the relationship with yourself, how you feel about yourself.

[16:52.9]

Because the reality is you can feel like a third rate version of your former self anyway. Why subject yourself to years of feeling like a failure? Yeah. And you said earlier on, go and find yourself a good position. Are you implying there as well that that might not be your current one or there might be someone that's better?

[17:11.2]

Oh, definitely. Okay. Definitely. Yeah. Not every GP's practice has a menopause practitioner. Okay. More and more do. And that's brilliant. There's people that specialize. Yeah. Specialist gps within a practice or a specialist menopause nurse.

[17:29.8]

If you can't, if your GP isn't listening or you're not being heard, explore whether there's a menopause nurse within your practice. They're often brilliant, really brilliant. And I would recommend that. And if all else fails and that isn't working, you can have a look within your own, primary care trust to see if there are Menopause Specialist GPs within your area and see if you can get in with one or worst case scenario, pay for it. Yeah.

[17:58.9]

And I suppose if you're, if you're seeing somebody, maybe struggle, if you're a work colleague, you'd encourage them to go to the doctor, I suppose, to get checked out and that, that's the start of the process if you want to help somebody as well. Of course it is. I mean, if you saw a colleague or a friend or a neighbour really unwell, you'd say to them, wouldn't you?

[18:17.9]

You need to go. You would, yeah. You would, come on, you know, do something about it. And, And why wouldn't you with menopause, but the stigma and shame associated to it and it's still a solo sport of silence. Yeah, that's, that's disappointing to, to hear that.

[18:34.1]

But yeah, it's all of that advice that I think is absolutely crucial. But I want to talk about a little bit about hr. What does, what does HR have to miss in the sort of the leadership layer gaps that you were talking about earlier? That the, that menopause shows up differently for women leaders and there is more professional penalty of fear of disclosure of menopause than there is in junior layers. Okay.

[19:01.2]

So the higher up you are, most, a lot of women were saying, want to Hide the fact that they're going through the menopause. Well, there's that. But also as well, let's think about this. If you are an executive on a PLC board. Yeah. And the big, the big focus for you as a leadership team is always increasing shareholder value, increasing the share price.

[19:24.8]

And you are the one woman potentially on that board. You were the, you know, you are a team of one, and you decide to disclose that to your CEO, your colleagues, and that becomes in the public domain, that can very well have an impact on your share price.

[19:42.4]

Now, that's very short term. But equally then, does that reputation follow you if you decide to move somewhere else? Is this person actually able to do their job? Questions start to be asked.

[19:58.2]

So if we've got to get really realistic, we would all love to live in a utopian world where that conversation doesn't have penalty, but it does at the top of the tree. So women naturally don't want to disclose that.

[20:15.6]

Yeah, they don't want to disclose it, especially if they are the only woman on the board. And that must happen a lot of the time. They must be. Yeah. Like they don't. And that's why they want to work with their own performance coaches, women like me, who they want to work alongside, work on the business strategy and, and, and, do that not necessarily in silence or in shame, but separately. Yep.

[20:39.8]

And I respect that. Yeah. And I think there's a real place for that. I absolutely think, think that there is. But it is interesting that the, the more senior a woman goes, the more they're impacted by this. And that's, and that's a really sad state of affairs as well.

[20:56.5]

And also, as well, stress has a huge part to play. Right. On how the body compensates and reacts to menopause. And we all know being at the boardroom table is a very stressful job for men and women.

[21:12.7]

So that in itself compounds, And to the question, what are HR missing? Yeah. The wellness app, the yoga sessions. These women may not turn up for that and accept that.

[21:29.9]

Right. They're looking for different things. Right. Because they can already through their own healthcare, insurance, because they'll be at the highest tier if you provide it, have access to really good medics. Anyway, they've probably already got. And my clients certainly have their own pts, their own sleep specialists, their own nutritionists.

[21:50.1]

They've optimized their own performance through their executive life. Anyway. Yeah. So what you're offering has no benefit to them often because they're already doing that externally, anyway. Yeah. How do you approach this subject with somebody though?

[22:07.0]

Because I'm assuming it can be quite a difficult topic to raise, especially if someone maybe hasn't acknowledged it or raised it. How do you, how do you go there with that? Well, I'm going to be quite controversial here and I'm going to share with you what senior C suite women say to me. Both sides of the Atlantic, a lot of the time.

[22:23.2]

The last place that I would share, the last function that I would share, that I am menopausal with is hr. Right. Okay. Why is that? They don't believe often it's a discrete function. Right. Wow. Okay.

[22:40.1]

So there's some learning for HR to do here by the sounds of things. Yeah. Yeah. That's again, that's a really sad state of affairs. It should be the one place you can go to. Yeah, they don't, Yeah. Wow. Have you started to see a change in that? No, no, still something that's, that's not acknowledged. No.

[22:59.2]

Women will keep senior women C suite women will not always. If there's another woman on the board, that can often change the dynamic quite differently. But if they are the one and only or if they are the CEO.

[23:16.8]

No, it's a standalone separate, investment conversation, set of development tools that is dealt with externally to any kind of, business sponsored initiatives. Right.

[23:34.9]

Wow. So it leads us really nicely onto the next question actually. So how can HR leaders start connecting the dots? How can between the menopause and the silent career derailments that we're talking about here, firstly understand that it doesn't show up as symptoms.

[23:51.2]

So start to look at your, your real talent pipeline and the ages of natural menopause. Now there are always going to be exceptions to that because it does. But the, it starts to really track at 42 to 55.

[24:11.5]

That's where I would start to put my, my lens on. I would be looking at really unpicking in exit interviews the reasons for those exits. Okay. And what they are often being described as.

[24:27.9]

So a new life challenge. I'm going off for a new life challenge. Was it a new life challenge? Right. Can we be a little more specific when we're asking those questions and starting to get very specific about connecting with women and asking them earlier in their careers what kind of menopause benefits they want to help them continue in their leadership lives early, earlier in that process.

[24:58.5]

So start that open communication now. Is it a menopause career coach that you want? Is it mentoring from another senior woman. What is it? Is it access to medics? Earlier in your journey, having these conversations and asking very specific questions of your emerging talent will start to give you an insight of what they need so you can prepare for that and start to look at the, the reality of what building equity looks like in your organization at the entry point and not the exit point.

[25:36.7]

Yeah, because building that preparation. Because actually when I think of more senior level roles, there's obviously more men in more senior level roles and boards that we're talking about. So we're already implying that a lot of women are lost way before they get to that stage. So to your point about preparation, the earlier we have that conversation and the more awareness we give to this, the more we can keep women within the workplace and hopefully at a board level. Yeah.

[26:02.9]

And separate it out. We will need a different approach for our women leaders because they will be dealing with different things and it will show up differently in their career journeys. So how do we do that? Number one.

[26:18.7]

And I had this conversation last week with a male CEO. They've got a 50, 50 representation board. Brilliant. I was gonna say that's, that's a start in itself, isn't it? Fantastic. And they've done super work about that. And, I looked at the age profile of those women and it was 47 to 59. Okay.

[26:39.9]

I said, okay, the stats tell us the average stats in the western world that 75% of women who go through the menopause will be symptomatic. 50% will. Of that, 75% will have symptoms. And the remaining 25%, their symptoms will be so bad, affects all of their life for the rest of their life.

[26:58.1]

So we're looking at 75% of your 50% women. If 75% of them all went off or started to step back, not be as impactful, as visible, as good in communication, as good in negotiation. Just the great team that you have there, if that's 75% or went around the same time and your pipeline is already affected, tell me what that's going to look like in terms of your EBITDA over the next five years.

[27:28.1]

I never even thought of it like that. I said, well, it's a risk, it's a governance risk, it's an equity risk and it has to be on the risk register. Yeah, I, I can completely agree. I want to touch on. You mentioned about the benefits.

[27:43.3]

Yeah, Talk to us about benefits on, private medical plans and even public, because from my understanding, and I said this at the beginning of the show this is part of the reason we've got you back, because the menopause doesn't show up on too many benefit plans, am I right? No, it doesn't. Private medical.

[28:01.1]

No, menopause is excluded. So if you want help, you're almost paying for it. You are paying for it separately. Yeah. I mean I can talk to you about my own personal experience from this. I had a total abdominal hysterectomy. I was covered by private healthcare insurance. The hysterectomy was covered because it was a major surgery.

[28:21.4]

But all of the follow on in terms of going to see an endocrinologist, you use the word menopause. Not covered. Not covered on our benefits. So reward and benefits professionals in organisations need to really be thinking about what kind of COVID that looks like.

[28:44.1]

Now there are specific healthcare benefits now which are in place to be able to access a menopause specialist for conversations. Companies are starting to offer this, they are starting to offer it, but in the wider offerings of benefits, healthcare benefits, it's a very, very, very grey area, it's a very grey area.

[29:09.2]

And benefits, the expectation of benefits is going to change significantly over the next generation. If we start to look at generation alpha, they are expecting a whole heap of benefits to be in place from their employer.

[29:26.6]

And now is the time to start factoring this in and moving around a little bit here. But actually your research suggests that the top Benefits show that 73% of women leaders said they wanted and would move to a competitor for this one benefit, correct? Yes.

[29:43.6]

And the benefit is this. So we did some research at the Menopause maze and we asked C suite women if their employer provided an external strategic menopause career coach, would you stay with that company?

[30:02.9]

And they said yes. But we conversely asked them, if your competitor provided it and your current employer didn't, would you leave your C suite role for that benefit? And they said yes. Repeating the stats, 73% said yes.

[30:18.9]

73% said yes. That's huge. It's phenomenal. It's breathtaking. You can hear jaws cracking, can't you? With your with your listeners listening to that.

[30:34.6]

And if that's not a wake up call for hr, I really don't know what is. You're just losing, you're losing amazing people for the sake of, I, suppose one benefit that would mean that they stay. And this is what I say, you know, when you say a strategic menopause career coach.

[30:53.0]

This is, they're looking for business executive leadership, not around particularly the management of symptoms. But how do I still show up and be the best leader that I can be as I'm going through this different time in my life? And, let's just take it back to basics.

[31:09.3]

You've always, I say you've always, if you've always provided executive coaching options in your organization, this is just another facet of it. It's an add on, isn't it? Yeah, that's another facet of it. So it's, it's almost 2.0. This is what women need at this time in their lives, no different to what they may need in an earlier part of their careers.

[31:31.7]

So don't over complicate it. Don't paralyze yourself with these words. If you, if you provide executive coaching as a benefit in the organization, it's just another facet of it. Yeah, keep it simple. Absolutely. Yeah. That makes, that makes so, so much sense. I'm going to move us on to another question because a bit of explanation I think here.

[31:50.0]

What does the great wealth transfer mean for workplaces? And I think you've, you've put this in, so it'd be good for you to sort of explain what that is. Okay. So over the next five to 25 years, hundreds of trillions of dollars is going for the first time ever to transfer from men into the hands of women.

[32:17.8]

So when parents die, they are leaving their estates to their daughters. Okay. Women are becoming inheritors when their husbands or their partners die. And 70, I mean, if you look at the stats, it's anything between 30 trillion up to 128 trillion.

[32:37.1]

Okay. And that wealth transfer, 70% of it is going to come into the hands of women. So what does that mean for hr? It means that women will be able to fund their exits even earlier and back themselves as entrepreneurs, which is amazing for our economies.

[32:58.7]

But be very aware of the fact that that's coming now. HSBC did a fantastic piece of research here in the UK and over 60% of midlife women, this was nothing to do with menopause, it was about midlife. Are starting businesses not because they've been forced to, because they were made redundant or because of family circumstances, but because they back themselves and they want to.

[33:25.3]

And the age, it's phenomenal. It's phenomenal. But more of that will happen. So if you haven't got the effective benefits in place to be able to support those women, to accelerate their careers, keep them well and keep them working, keep them leading, keep them living without limits, they may very well, say, well, I've got X amount coming to me.

[33:48.2]

I'm gonna go and do it for myself. Yeah, yeah. Which, which makes perfect sense. It's a, it's a huge amount of wealth. In terms of that transfer though, it's just eye watering, isn't it? Yeah. It's just eye watering. And hurrah. Hurrah for what? Women Are actually getting the, you know, the better side of financial outcomes. Yeah.

[34:09.8]

But it, but to your point, it means, it means that people have to be in workplaces, have to be aware of looking after women more. They have to be better at doing that. And especially they're getting to that age where they are maybe financially independent. And they need to be doing it earlier, Stuart.

[34:26.2]

Absolutely. They need to be doing it earlier because there are, there are two big things that affect a woman's career progression. Childbirth and menopause. It's biology. You can't run your business now without factoring biology in to the business model and expecting leadership development programs, initiatives, benefits to run on exactly parallel paths for men and women when we have different biology.

[34:59.9]

It's just ridiculous. You wouldn't do that in any other facet of your business, would you? Yeah, you'd say there's a different route there. Therefore we have to look at a different or flexible strategy. But yet here we are trying to do everything like, for, like.

[35:16.3]

I'm wondering why the outcomes are just so disproportionately different. Yeah. When you put it like that, it just seems a little bit crazy that we're looking at it like that. It's no brainer, isn't it, when you. Yeah, it is, it is a no brainer. But it's, it's amazing that we're still so far behind the times. Yeah. And far, behind accepting that these are not massive flex adjustments that we have to make.

[35:40.4]

It's thinking what those differences are connecting with women. Ask them, just ask them what would make this more attractive for you to stay, to be developed, to be the best that you can be.

[35:56.4]

And listen to. You've got all the answers to what you need, often by just having conversations. But you can only do that in trustful organizations where women feel that there's going to be no particular penalty for them to do it. Right, agreed. Yeah.

[36:12.8]

There needs to be, an open formula on that and people need to be, feel comfortable that they can talk openly, almost like a safe space as well. That they can. Yeah. Psychologically safe. Yeah, yeah, yeah, absolutely. And then lastly, I want to talk about what is the no pause workplace diagnostic. You mentioned it here.

[36:28.2]

Be great for you to sort of give us an introduction and tell us what that, what that actually is. You can see my body language. I was going to say I can see you literally pick up me like here we go. So we've built the world's only menopause diagnostic, actually diagnose with a data dashboard where menopause is impacting your career as a female leader and as a workplace.

[36:53.8]

It's taken us nearly 18 months to do. Okay, it takes just under five minutes. It's online and you get a dashboard in six key categories around influence and impact, strategy, communication, visibility for workplaces, policies, culture, leadership, pipelines.

[37:14.3]

And you get this phenomenal dashboard which tells you in each of those six categories whether you are plateauing, whether cracks are appearing or, or whether you're at tipping point. And then you get an overall score and that gives you the basis to say, right, okay, I have got the data now and particularly for women menopause, the natural symptoms of menopause can last anything between four to 10 years.

[37:37.8]

So what we say is, okay, so you've now know where it's affecting you. Are you going to leave it four to 10 years or actually are you going to act on that data now? You've got the information that you need to make informed decisions about what you want to put in place to change those figures on that dashboard, to change the outcome.

[37:57.2]

And for organizations they then have the definitive data to say right, we, we perceive this but the best way to do the no pause diagnostic is for the workplace to do it and the women at the same time and then look at the combined results.

[38:12.8]

It's phenomenal. Is this, this is like a survey that goes around to the organization? Yes. So it's a, it's an online quiz, if you want to call it that. It's not simply nothing to do with symptoms, everything to do with the impacts of menopause on women and workplaces. Right.

[38:30.3]

And who, who do you send it to then? So typically chros. So those at the top, anyone who's leading the menopause agenda within an organization. We've, we've been working often with menopause, networks.

[38:45.5]

So their network leads have taken it and then C level to C minus 2. Okay, so it's senior leadership diagnostic, ultimately. Senior leadership Diagnostic, yeah, yeah. Which makes perfect sense. And at the end of it do they get a nice little dashboard? Is that how it works? Lovely dashboard.

[39:00.7]

They get their own personalized report and Then they get the opportunity to work with us to look at what some of the products are that we can put in place from a coaching perspective, one to one, or from a talent perspective for workplaces to be able to change all of what we've discussed today and get those women staying leading and living without limits.

[39:18.0]

That's very cool. And you've been using this with companies already? We have, yeah. How's the that been going? It's been going great and it's, it's been a real. For some it's a confirmation. Yep. We sort of knew that. For others it's been, well, we've, we've got a menopause policy. Why? We're good. Right.

[39:36.7]

All the boxes are ticked, but what they've realized is they're actually on a passive route rather than a proactive one. So having a menopause policy is brilliant. You know, I totally endorse that for sure. But what they were realising was it was up to the women then to come back and say, I need to take something from that policy.

[39:56.1]

Whereas going down this route, it's much more proactive and they're finding that actually they can put the provisions and the benefits in place for those women now rather than when it really starts to show and bite, which makes, makes perfect sense. So, it's a great time, I think we're obviously coming to the end of the show, but I think it's a great time for a little plug for you on this.

[40:17.0]

If anyone wants to see this in. What do they do in terms of getting in touch with you? Well, this is so exciting. And for, leaders, listeners of the podcast who are leaders and also workplaces, it's really simple. You just go to our website, [themenopausemaze.com](http://themenopausemaze.com) and on our homepage there is a lovely banner that takes you to the scorecard.

[40:39.5]

Whether you are a C suite woman or an aspiring C suite woman or a workplace. And you just literally click on the link it takes you through and you start the online no pause diagnostic. It's as simple as that. Wow. That's super easy. Complimentary. Okay. And it's going to be complimentary until the 8th of September.

[40:57.6]

After that it will become chargeable. Okay. And then once it's done, do you have a conversation with them? Yeah. So we've got, a results read. Okay. And they can sit down and say, well, okay, you know, I've started to see cracks are appearing or I'm plateauing in certain ways. And then for women who are very you know, very, very focused on fixing what the, that diagnostic has shown.

[41:19.9]

We can offer them the one to one coaching and therefore workplaces. We can look at their talent, review strategy and then putting in place that coaching internally within the organization for those women who. And the nice part about that is you can put that in as an offering and then women can come to us directly and bypass the organization and say we have a, we have a relationship with the menopause maze.

[41:47.3]

We are offering X amount of sessions which we've agreed. You just go direct and you book them in and that takes out that issue that we talked about before of disclosure and fear of other departments not necessarily being at the level of discretion. Yeah.

[42:07.4]

Perceived or actual. Totally agree. And then, and then one last thing. If anybody maybe doesn't want to do this just yet, but maybe wants to have a conversation with you, is there an email address then get in touch with you? There is. And it's [fmckay@themenopausemays.com](mailto:fmckay@themenopausemays.com) perfect.

[42:23.5]

And I think that is a lovely place to sort of wrap up the show this week. Thank you so much for coming back. Really good. Yeah, it's been really good to have you back. And as you said, you've got the email address there, so any questions on this, please contact Fiona direct. Thanks so much. Thank you. Cheers.

[42:45.2]

Thank you so much for listening to the show. If you are interested in that no pause diagnostic that Fiona mentioned, do get in touch with her. If you if you haven't got her details or you want to get in touch with me direct, you can email me at [se@elliottscotthr.com](mailto:se@elliottscotthr.com) but I really hope you enjoyed listening to that.