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REVIEW ARTICLE

How are middle- and older-age women employees perceived and treated at work? A review and analysis

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Abstract

Building on the rich array of literatures that explore women's ageing and employment, we conduct a comprehensive review of research on middle- and older-age women and work (including menopause and post-menopause). In reviewing these studies, we blend our interdisciplinary discussions across several domains. We reflect on the question: *How are employed, middle- and older-age women treated in organizations, and what are employers' perceptions of these workers?* Through our analysis, we identify and critique two predominant, conflicting yet inter-related themes. These are, namely, notions of *constraint* (and women's supposed/perceived reduced competencies as they age) versus ideas of *flexibility* (foregrounding assumptions that employed women experience fewer limitations as they age). As a theoretical lens for theorizing the *constraints* theme, we draw upon the concept of abjection, highlighting how employer perceptions of women's health as supposedly diminishing can lead to discriminatory treatment at work. In analysing theoretical assumptions regarding apparently enhanced *flexibility* among middle- and older-age women, we note how women's differing circumstances and requirements might go unrecognized. We argue the need to deepen theoretical understandings about ideas of flexibility during women's middle and older age. Reflecting on the limitations of both themes, we consider the implications for future research agendas.

INTRODUCTION

Within studies on gender and career, explorations of the 'maternity stage' of women's working lives (Grandey et al., 2020: 14; Greenberg et al., 2021; Ladge & Greenberg, 2019) have been central to understanding women's organizational experience (Beck et al., 2022). Over decades, connections have been made between the 'maternal' (pregnant and post-birth) body (Gatrell, 2011; Haynes, 2008) and the unfair treatment of women at work (Greenhaus & Powell, 2017; Stumbitz & Jaga, 2020).

More recently, however, a fast-growing area of literature focuses specifically on women's employment during middle and older age—especially regarding menopause (Beck et al., 2022; Gatrell et al., 2017; Gordon & Whelan, 1998; Grandey et al., 2020; Steffan, 2021; Steffan & Potočnik, 2022; Trethewey, 2001; Whiston et al., 2015). This flourishing corpus of studies shows how ageism is especially harsh when directed towards employed women, partly due to organizational assumptions that women's competencies begin to deteriorate from middle age onwards (Martin, 1992; Trethewey, 2001). Such presumptions may be acute

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in relation to menopause, which affects most women for around 7 years (or more) and occurs usually between ages 45 and 55 (Atkinson, Beck et al., 2021, Atkinson, Carmichael et al., 2021; Beck et al., 2021, 2022; Brewis et al., 2017; Fineman, 2011; Gatrell et al., 2017; Grandey et al., 2020; Isopahkala-Bouret, 2017; Jack et al., 2014; Steffan & Potočnik, 2022; Trethewey, 2001).

The necessity of enhancing, within management studies, interdisciplinary understandings of how middle- and older-age women employees are perceived and treated at work is pressing. Organizational and state imperatives encourage growing numbers of women aged 45 and over into the labour force. In the United Kingdom, the average age of retirement for women is presently 64 years (with 3 in 10 of employed women aged 50–64 likely to be in part-time work; Department for Work and Pensions, 2023). Such government encouragement is due partly to the raising (from 2010 onwards) of women's state pensionable age from 60 to 66 years (Centre for Ageing Better, 2020). Yet within management studies, research on older women's working lives remains limited, a gap that is identified by Jack et al. (2014, 2016) as requiring further investigation; see also Atkinson, Beck et al. (2021), Atkinson, Carmichael et al. (2021), Ford et al. (2021), Gatrell et al. (2017) and Grandey et al. (2020).

Addressing the need to extend the research focus on middle- and older-age employed women, we undertake here a comprehensive review of literatures regarding this demographic. We note that Britannica (2023) defines middle age as starting at age 40, and the NHS similarly applies health check criteria for age-related disease from age 40 onwards (NHS, n.d.). However, for the purposes of this review, we assume middle age as beginning around 45: the average age when menopause starts (NIH, 2021). We include menopause and post-menopause in our analysis, placing particular emphasis on how women are perceived by employers in relation to menopause and how they are treated in organizations during this time and beyond. In so doing, we build on a wealth of important studies (both conceptual and empirical) that explore women's employment in relation to middle and older age, all indicating the need for additional and extended reflection (Beck et al., 2022; Gatrell et al., 2017; Grandey et al., 2020; Jack et al., 2014). Drawing upon guidance from Alegre et al. (2023), we blend our discussions across several domains (Breslin & Gatrell, 2020) as we analyse the question: *How are employed, middle- and older-age women treated in organizations, and what are employers' perceptions of these workers?*

In our analysis of literatures regarding women's employment through middle and older age, we contribute to theoretical understandings of women's work through identifying and critiquing two predominant themes: specifically the ideas that organizational scripts regarding middle- and older-age employed women focus either on notions of *constraint* (and women's supposed/perceived reduced competencies as they age) or, by contrast, on ideas of *flexibility* (foregrounding assumptions that employed women experience fewer limitations as they age). Our review and analysis demonstrate how these themes are both conflicting yet inter-related.

We begin by considering *constraints*: we suggest that employer understandings and organizational attitudes towards women's ageing are informed and influenced by powerful, bio-medical scripts that associate menopause and post-menopause with supposedly diminished capabilities, such as worsening cognition (Brewis et al., 2017; Gatrell, 2008; Gullette, 2004; Hodges, 2012). We posit that in identifying older women as experiencing compromised health, such bio-medical narratives constrain women's workplace opportunities due to negatively influencing employer perceptions of women's competencies (Atkinson, Beck et al., 2021; Atkinson, Carmichael et al., 2021; Ford et al., 2021; Grandey et al., 2020; Jack et al., 2014; Martin, 1992; Steffan, 2021). We connect employer perceptions of middle- and older-age women as normally unhealthy (Nettleton, 2006) with organizational tendencies to treat middle- and older-age women as socially 'abject' (Gatrell et al., 2017; Grandey et al., 2020).

We then consider how, conversely, contrasting perspectives on women's employment during middle and older age emphasize notions of *flexibility*, presuming (we suggest, sometimes incorrectly) that middle- and older-age women experience reductions in family care responsibilities (O'Neil & Bilimoria, 2005; Pringle & Dixon, 2003; Steffan, 2021), including often inaccurate assumptions about 'empty nests' (Gatrell, 2005; Mitchell & Lovegreen, 2009; Muhlbauer & Chrisler, 2012). We observe and critique narratives around women's life-course that homogenize women's individual experience and fail, for example, to acknowledge: non-motherhood; trends for delayed childbearing and women's increased responsibility, as they age, for elder care (Ford et al., 2021; Friese et al., 2008; Hourvitz et al., 2008; O'Brien et al., 2017; Pierce & Mocanu, 2018).

Through exploring the close yet complex relationships between these notions of constrained and flexible opportunities, we contribute to understanding of how middle- and older-age women are treated at work through the lens of abjection, observing how older employed women may be devalued and reviled (Quental et al., 2023; Tyler, 2013). We argue that women who are treated as abject are likely to experience constrained options, due not only to negative organizational views regarding their health status, but also because their own self-esteem is lowered in response to such harmful narratives about their competencies (Steffan, 2021). We further enhance knowledge of women's employment through identifying, as overly simplistic, notions that

middle- and older-age women workers experience greater flexibility than other workers. Our review enables us to explore the limitations of organizational understandings about women's ageing, and to reflect on future research agendas.

METHOD

Our literature review was conducted over a 4-year period (2019–2022) and takes an integrative approach; that is, it is theoretically driven and offers new conceptual understandings for the purpose of encouraging future research on the experiences of middle- and older-age women workers (Baumeister & Leary, 1997). We construe 'integrative' in accordance with Snyder's (2019) interpretation: we draw together, make sense of and critique existing literatures (here, across disciplines), in such a way that our review facilitates the development of new theoretical perspectives.

Our review was conducted using a combination of approaches. To some extent, it could be considered a narrative review, given that we already had prior knowledge of research on women, bodies and employment, including the situation of middle- and older-age women workers. However, to ensure that we embraced key areas of concern across disciplines, as well as in our own area of management studies, we integrated with our narrative approach elements of a more systematic and cross-disciplinary literature review. Specifically, we drew upon key databases including Web of Science, Business Source Complete (EBSCO) and Google Scholar. Having conducted our search and begun exploring relevant papers, we followed up on key references that cited papers and books as we progressed our reading. While our review focuses primarily on studies published in peer-reviewed journals, our further reading enabled us to explore books and some grey literatures. Our criteria for inclusion were broad (Fink, 2014): we did not want to exclude studies that could shed light on our topic area. We discovered that papers relating to our topic are located across disciplines requiring wide and in-depth manual searches, as well as the electronic database searches we conducted that included terms relating to *gender*, *older workers*, *middle age*, *menopause*, *post-menopause*, *caregiving*, *women in employment*, *women's health*, *gerontology stereotyping* and feminist readings and studies on *menopause*, *female embodiment* and *women's work*. Leading relevant academic journals across management and other relevant disciplines included *Academy of Management Review*, *International Journal of Management Review*, *British Journal of Management*, *Journal of Aging and Health*, *Psychology and Aging* and *Social Science and Medicine*, with critical backward and forward searches (Xiao & Watson, 2017) taking us to the heart of important debates.

Across all these literatures, we explored the intersection of age, gender and organizations. Some 690 items were considered at length and in depth. As we developed our review we continued to scan the literatures, in order that the paper would be up to date and enabling us to include new published material or indeed to follow up on relevant older materials that were new to us (e.g., Jaslow, 1976).

Having read the rich array of studies on women, ageing and employment, we undertook a thematic analysis, directing the focus of our critical reflections on women's work through middle and older age. Following Gatrell et al. (2022), who conducted their analysis based on Corley and Gioia's (2011) process for classifying topics, we first identified recurring themes and patterns that included (from a range of different perspectives) *menopause*, *physical and mental symptoms of ageing*, *'failing' bodies*, *the end of fertility*; *reduced sexual attractiveness*, *cognitive deterioration*, *brittle bones*, *medicalization and pathologization of women's ageing bodies*, *stigmatization*, *discrimination*; *life-span theory*; *narratives of care-work*; *emergent freedoms from care-work and menopause symptoms*; *post-menopause health*; *lowered and enhanced confidence*.

We synthesized these 'first-order' topics and found them to fall predominantly into two broad meta narratives or themes relating to how middle- and older-aged women experience employment, as well as how they are perceived and treated in organizations. These themes centred on theoretical and empirical conceptualizations regarding both the *constraints* encountered among employed women in middle and older age due to health status and employer perceptions and, by contrast, the supposedly increased *flexibility* that women experience as they get older. These themes are at the same time conflicting yet inter-related; they invite the further reflection and critique that we undertake below.

FINDINGS

Theme 1: Women's middle and older age perceived as a *constraint*

Meanings of age are gendered (Arber & Ginn, 1991; Gullette, 2004; Maguire, 2008; Wray, 2007) with medical, social and organizational agendas shaping the way that people (including women themselves) interpret ageing female bodies (Atkinson, Beck et al., 2021; Atkinson, Carmichael et al., 2021; Gatrell, 2008; McKinley, 2006; Steffan, 2021; Steffan & Potočnik, 2022; Twigg, 2013). It is argued by Haynes (2008: 345) that requirements to present an attractive appearance at work are applied

more stringently to (and are thus more constraining for) middle- and older-age women workers than for men: 'the ways in which women's and men's bodies are perceived, categorized and valued … legitimize and reproduce social inequalities'.

From varying perspectives, research shows how employers may associate women's ageing with embodied and cognitive degeneration, as well as with emotional instability and 'raging hormones' (Bates-Gaston, 1991: 67; see also Maguire, 2008; Yerkes, 2010; see also Martin, 1992; Steffan, 2021). Owing to organizational presumptions about the negative impact of women's ageing on their competencies, employed middle- and older-age women can find themselves facing contradictory constraints at work (Lewis & Simpson, 2010). They may, on the one hand, be treated as invisible and marginalized with regard to workplace opportunities (Arber & Ginn, 1991; Atkinson, Beck et al., 2021; Atkinson, Carmichael et al., 2021; Coffman & Neuenfeldt, 2014; Darnell & Gadiesh, 2013; Furman, 1997; Krekula, 2007; Maguire, 2008; Mühlbauer, 2007; Pompper, 2011; Trethewey, 2001; Wray, 2007). Yet, on the other hand, women report feeling sometimes uncomfortably visible, experiencing mistreatment at work should they find themselves unable to blend into masculinist workplaces due to exhibiting embodied menopausal symptoms such as hot flushes (that can extend into post-menopause; Beck et al., 2022; Martin, 1992). It is contended that both invisibility and visibility can induce employers to perceive middle- and older-age women workers as deteriorating in value, discounting women's experience; limiting their job opportunities through excluding them from new assignments and easing (or pressurizing) them towards retirement (Beck et al., 2022; Gatrell, 2008; Grandey et al., 2020; Martin, 1992).

Middle- and older-age women and bio-medicalization

Studies demonstrate consistently how employers perceive the bodily and cognitive proficiencies of middle- and older-age women workers as diminished (Gatrell et al., 2017; Grandey et al., 2020; Griffiths & Hunter, 2014; Martin, 1992; Trethewey, 2001). It is important to recognize how bio-medical accounts of women's health as failing in middle- and older-age influence employer perceptions of middle- and older-age women employees as experiencing (supposedly) reduced capabilities at work (Gatrell, 2008; Nettleton, 2006). Below, we show how the social context where older-age female bodies are bio-medicalized and pathologized for profit is 'used to legitimise' the unfair treatment of middle- and older-age women workers (Gatrell, 2008: 135; see also Annandale, 2009; Ehrenreich & English, 2010; Levine-Clark, 2004; Martin, 1992; Wolf, 1991).

We wish to state here that, in theorizing as 'constraining' the bio-medical narratives that position middle- and older-age women as normally unwell, our intention is *not* to minimize the situation of women who experience debilitating and distressing symptoms during peri-menopause, menopause and post-menopause (Atkinson, Beck et al., 2021; Atkinson, Carmichael et al., 2021; Beck et al., 2021; Brewis et al., 2017). Rather, our purpose aligns with Gatrell et al. (2017: 247) in questioning universalist organizational scripts that reflect 'deterministic medical narratives implying that all women, throughout their reproductive years and beyond, are normally sick – and … [experiencing] … reduced cognitive function'. Rather, we critique bio-medical portrayals of middle- and older-age women employees as often ill, showing how such perspectives facilitate negative, unevidenced employer presumptions regarding women's ability to do their jobs, leading to discriminatory treatments at work (Gatrell, 2008; Grandey et al., 2020; Hodges, 2012; Trethewey, 2001).

The medicalization of women's middle and older age is important to consider as part of this review because menopause and post-menopause act as key markers, separating women's biological and embodied experiences from that of employed men (Foxcroft, 2009). From a bio-medical perspective, male bodies have for centuries been considered the norm, with women treated as an inferior version of the human form and in need of clinical intervention (Annandale, 2009; Nettleton, 2006; Witz, 2000).

Western bio-medical views about female frailty have contributed to constraining organizational assumptions that characterize female ageing as synonymous with health maladies (physiological and emotional), which position women as unsuited to organizational life (Ehrenreich & English, 2010; Oakley, 2019). From the 1950s onwards, menopause and post-menopause have provided a growing focus for the pathologization and monetization of women's health in middle and older age (Watkins, 2007); pharmaceutical companies defining mature women as a 'targeted consumer group in the promotion of hormone drugs' (Nettleton, 2006; Palmlund, 1997; Watkins, 2007). Significantly in relation to employer and organizational attitudes towards middle- and older-age women, commercial marketing of medicines for middle- and older-age women is directed not only at doctors, but is 'intended' also 'to create a collective consciousness that women over 40 need medical and pharmacological treatment' (Palmlund, 1997: 158).

Such widespread and negative bio-medical narratives are ascribed culpability for influencing social and organizational definitions of women's ageing in terms of deficiency and disease (Bates-Gaston, 1991; Gatrell et al.,

2017; Meyer, 2003). The constraining impact of portraying middle- and older-age women as in a state of diminished health remains a site of intense investigation within health sociologies (Nettleton, 2006), newer treatments such as hormone replacement therapies (HRT) invoking fresh areas for debate and research (MacPherson, 1985; Meyer, 2003; Riach & Jack, 2023).

Regarding HRT (and in the context of women's well-being in middle and older age), it is important to acknowledge that HRT makes a significant difference for some women. Riach and Jack (2023) observe a fast-growing (30.5%) increase in the number of prescriptions for HRT in the United Kingdom. They suggest that this high demand reflects the paucity of provision for women experiencing menopause, observing how such treatments may be easier to access among socially and economically privileged women than for lower-income women. Further, while HRT is known to alleviate distressing symptoms associated with menopause, it might also invoke organizations to exert pressure on middle- and older-age women to seek prescriptions, in order to reduce sickness absence (Riach & Jack, 2023). HRT thus offers an important means among some women for managing menopausal symptoms—at the same time, it affords opportunities for profit among pharmaceutical companies and private health care providers (see MacPherson, 1985; Meyer, 2003; Riach & Jack, 2023).

Arguably, bio-medical narratives of women and their reproductive bodies as normally unwell have constrained and limited opportunities among employed women, disadvantaging them in the workplace. For example, the Chartered Institute of Professional Development (CIPD) describes the peri-menopause as a 'long term health condition', implying that women experiencing this life-stage may be unwell for a lengthy duration (2019: 19). Such acknowledgements may, on the one hand, be welcomed as a necessary recognition of women's potentially impaired health as they become older (Atkinson, Beck et al., 2021; Atkinson, Carmichael et al., 2021; Brewis et al., 2017). At the same time, however, narratives that position mature women as ailing are shown to constrain their organizational opportunities, fuelling employer perceptions about women's supposedly diminished competencies as they enter middle and older age (Atkinson, Beck et al., 2021; Atkinson, Carmichael et al., 2021; Beck et al., 2022; Griffiths & Hunter, 2014; Lynn, 2023; Riach & Jack, 2021; Steffan, 2021; Steffan & Potočnik, 2022). Some feminist and public-health studies argue that these bio-medical narratives of menopause as debilitating are more constraining of women's employment opportunities than are any specific 'symptoms' that occur in practice (Bates-Gaston, 1991; Gullette, 2004; Hunter & Rendall, 2007). As Furman (1997: 197) observes: 'inhabiting an older body—*being* an older body—robs a woman of respect and visibility' (see also reports from respondents in Atkinson, Beck et al.'s (2021) and Atkinson, Carmichael et al.'s (2021) study; Steffan & Potočnik, 2022).

We have explored how bio-medical narratives of women as normally unwell can influence and constrain how middle- and older-age women are perceived by employers. In order to facilitate further analysis and critique of how women are treated in organizations during menopause and post-menopause, we now examine how these life events are understood in the literatures.

Menopause, middle age and employment

Menopause and post-menopausal experience are regarded as health conditions that represent the end of both fertility and of well-being (menopause enduring for over a decade in the lives of some women: Atkinson, Beck et al., 2021; Atkinson, Carmichael et al., 2021). Clinically, 'menopause' is described as including several progressive stages towards the close of fertility. Medical research suggests that peri-menopause, the transitional stage before menopause that is often symptomatic and involves hormonal changes while oestrogen production is reduced, occurs usually between ages 45 and 55 (Jack et al., 2016; NIH, 2021). The duration of this peri-menopausal stage may last approximately 7 years; in some cases up to 14 years (NIH, 2021). This 'change' in life can involve women, to a greater or lesser extent, in experiencing hot flushes, heavy and irregular periods, night sweats, moodiness and irritability, depression or a combination of these symptoms (Atkinson, Beck et al., 2021; Atkinson, Carmichael et al., 2021; Lynn, 2023; Newson & Panany, 2018; NIH, 2021). The average age for menopause in the United Kingdom is 51 years, but for some women this may occur into their sixties (Gatrell, et al., 2017; Grandey et al., 2020; NIH, 2021). It is argued that such experience varies depending on geography (Baber, 2014), race (Pompper, 2011), employment status and income (Atkinson, Beck et al., 2021).

The description 'true' menopause is used to delineate the situation where 12 months have passed without menstruation, after which women enter the post-menopausal stage when bio-medical accounts highlight the likelihood of heart disease, weight gain and osteoporosis. See Figure 1 for a summary of the stages of menopause that many women share.

Studies on women employees in middle and older age observe the importance, for employers, of recognizing health challenges experienced among some women due to menopause (Atkinson, Beck et al., 2021; Atkinson, Carmichael et al., 2021; Brewis et al., 2017; Jack et al., 2016). Recommendations are made that menopause

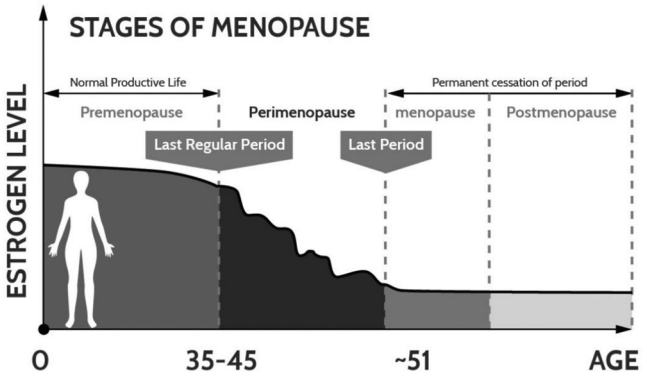


FIGURE 1 Stages of menopause and post-menopause.

should be openly discussed and that organizations should make reasonable adjustment for employees experiencing menopausal symptoms (Brewis et al., 2017; Ford et al., 2021; House of Commons, 2022; Jack et al., 2021; Steffan, 2021; Steffan & Potočnik, 2022). Gatrell et al. (2017) report how UK policy in 2015 identified the need for organizations to support menopausal women so as to reduce incidences of sick leave—noting at the same time, however, that such approaches might reproduce organizational assumptions that menopause is inevitably synonymous with ill health. Such presumptions inevitably limit the likelihood that employers will offer exciting and demanding new projects or training opportunities to middle- and older-age women (Gatrell, 2008; Moore, 2007).

Given the tendency for employers to presume compromised health during menopause, it is unsurprising that some employed middle- and older-age women avoid utilizing workplace policies for fear of stigmatization (that might in turn constrain their careers; Jack et al., 2016; Lynn, 2023; Steffan, 2021; Steffan & Potočnik, 2022). A 2010 research study revealed how 'nearly half of women going through menopause have difficulty coping with symptoms at work; yet two-thirds indicate they would not disclose their menopausal status to their bosses, male or female, for fear of being subject to ridicule and workplace discrimination' (Griffiths et al., 2010: 7; see also Beck et al., 2022; Griffiths & Hunter, 2014; Lynn, 2023). Yet, as noted by Atkinson, Beck et al. (2021) and Atkinson, Carmichael et al. (2021) in their study of women police officers in the United Kingdom, the preference not to disclose menopause may be easier to achieve among senior women with personal office space and autonomy over working schedules than is the case among older women in more junior roles. Those with limited workplace autonomy (and perhaps in uniform) might be more constrained: struggling to hide symptoms such as hot flushes or heavy menstrual flow when allocated jobs in the field and/or with limited possibilities for rest-room breaks (Jack et al., 2021).

Regardless of whether or not women experience acute symptoms during menopause (Gatrell et al., 2017; NIH, 2021), there exists a tendency among employers and within organizations (influenced by bio-medical accounts; Bates-Gaston, 1991; Gatrell, 2008; Nettleton, 2006) to emphasize physiological and intellectual deterioration as common among most middle- and older-age women (Lynn, 2023; Martin, 1992). Such organizational approaches fail to recognize the different experiences among and between menopausal women, and Riach and Jack (2021) emphasize the requirement for approaches to address the complexities of women's experience. They recommend that workforce policies should be supportive but not constraining.

The majority of menopausal studies are undertaken in high-income countries in the Global North (Cheer et al., 2022), alongside a still maturing range of cross-national studies offering divergent perspectives due to differing definitions of menopause and the influence of geographic and social factors (as well as differences regarding race, spiritual beliefs, cultural customs and language; Avis et al., 2018; Cheer et al., 2022; Griffiths & Hunter, 2014; Hammam et al., 2012; Obermeyer, 2000; Schoenaker et al., 2014; Tang et al., 2020). For example, a study of female medical teachers in Egypt, while noting the global mean age of menopause onset to be 51, observed how the average age of menopause among their sample occurred earlier—between ages 49 and 50 (Hammam et al., 2012). Despite international differences, it is argued clinically that globally, 'the type of menopausal symptoms and their prevalence may vary compared to the "Western" model but their existence … cannot be denied' (Baber, 2014: 27). Bio-medical narratives continue to constrain job opportunities among middle- and older-age women due to organizational stereotyping of these workers as, potentially, cognitively and physiologically incompetent, and in need of clinical treatments to manage the symptoms of menopause and older age (Gatrell et al., 2017; Grandey et al., 2020; Griffiths & Hunter, 2014; Hammam et al., 2012; Martin, 1992).

Within organizational contexts (regardless of whether debate around menopause is supportive or stigmatizing), bio-medical narratives are thus argued to influence employer perceptions of middle- and older-age women as unfit for the responsibilities of paid work. While employers may not themselves read medical journals, popular messages conveyed by, for example, the widely consulted medical website Web MD regarding women's supposed 'chamber of hormonal horrors' (Bouchez, 2008 cited in Gatrell et al., 2017: 246) are argued to consolidate employer presumptions about women's compromised health (Billett et al., 2011; Irving, 2018; Scales & Scase, 2000; Steffan, 2021; Steffan & Potočnik, 2022). As a result, employers tend to focus on (often unsubstantiated and generalized)

concerns about the potential costs of employing women who might struggle with issues such as unpredictable and heavy bleeding (Atkinson, Beck et al., 2021; Atkinson, Carmichael et al., 2021; Jack et al., 2019), tiredness (Griffiths et al., 2010) and depression/reduced concentration (Woods & Mitchell, 2011). Employers fear the burden of women's potential sickness absence due to menopausal symptoms (Brewis et al., 2017; Lynn, 2023).

Given such constraints on women's employment opportunities, many middle- and older-age women feel pressured to conceal menopause-related ill health due to fear of being seen as less competent than men or their younger female counterparts (as was the case among 73% of the female Egyptian medical teachers who took part in Hammam et al.'s (2012) study; see also Griffiths et al., 2010; Steffan, 2021; Steffan & Potočnik, 2022). Yet such concealment is troubling for women who are managing their paid work while experiencing symptoms characterized by 'distraction, disruption, discomfort and distress' (Gavranich, 2011: 166; see also Jack et al., 2019). Broken sleep, increased anxiety and mood swings may take their toll on women employees, with some fearing impaired ability to function at work (Lynn, 2023; Simon & Reape, 2009) yet perhaps reluctant to access organizational support due to fear of stigmatization and discriminatory treatments (Hammam et al., 2012; Lynn, 2023).

Post-menopause and older age

As noted above, menopause in the Global North is perceived within both clinical and organizational contexts as a medical issue invoking supposedly irrational behaviours combined with loss of cognitive skills. Once women enter post-menopause and older age, medical prognoses and popular narratives are even more grim and affect how older-age women are viewed and treated at work. In terms of health and strength, post-menopausal women have long been described as increasingly frail, with the spectres of cancer, osteoporosis and arthritis on the horizon (Lips & Hastings, 2012), as well as concomitant suggestions of weakness and fragility in relation to mental capacity (Velkoff & Kinsella, 1998). Such notions of deteriorating physical and cognitive health are compounded by dominant popular images of post-menopausal, older-age women as figures of shame, disgust and ridicule compared with younger, fertile women (Biggs, 2003; Gatrell et al., 2017; Young, 2005). Older-age women at work may feel subject to ageism and discrimination, perhaps feeling themselves under pressure to spend time and money in seeking to look younger than their age, for example, using hair colour to mask greyness and exercising to retain the impression of embodied health and youth, in order to circumvent unfair treatment (Solomon, 2020; Wolkowitz, 2006).

In summary, literatures on middle- and older-age women and work suggest that bio-medical characterizations of mature women as unhealthy spill over into employer evaluations of women's competencies. Irrespective of the actual health status of individual women, employers may perceive middle- and older-age women workers as enduringly deficient and unreliable, in contrast to the supposedly stable, bounded, male norm (Annandale & Clark, 1996; Evans, 2002; Gatrell, 2011; Grandey et al., 2020). Assumptions about women's organizational performance as diminished can lead to the constraining of workplace opportunities as middle- and older-age women are labelled 'incapacitated' (Annandale & Clark, 1996; Bates-Gaston, 1991: 69 Evans, 2002; Gatrell, 2011; Grandey et al., 2020; Nettleton, 2006; Witz, 2000).

Compromised self-esteem among middle- and older-age women

Research thus demonstrates how perceptions of frailty and emotional instability continue to permeate organizational attitudes towards middle- and older-age women (Bates-Gaston, 1991; Ford et al., 2021). Organizational scripts emphasizing women's declining health are embedded in women's social and working lives, such that middle- and older-age women report themselves experiencing fear and discomfort about getting older, as well as becoming anxious about the symptoms associated with women's ageing (Bates-Gaston, 1991; Furman, 1997; Martin, 1992; Steffan, 2021; Steffan & Potočnik, 2022; Young, 2005). In qualitative studies, middle- and older-age women refer to their own bodies as 'unattractive', 'asexual', 'yuck' and 'lazy' (Deeks & McCabe, 2001; Maguire, 2008), dwelling on the indignity of the mature body and its divergence from youthful ideals (Biggs, 2003; Twigg, 2013; Wolkowitz, 2006). In her interviews with women over age 50, Twigg (2013: 62) recalls being struck by the sense of regret that permeated interviewees' stories as they aligned their increasing age with a 'cultural exile from femininity', enhanced job opportunities being associated only with the presentation of a young and sexually attractive body (see also Haynes, 2012; Trethewey; 1999).

In such circumstances it is unsurprising that, as they grow older, employed women themselves experience lowered self-esteem regarding their physical and mental capacity to fully contribute in organizational settings (Furman, 1997; Martin, 1992; Steffan, 2021; Steffan & Potočnik, 2022; Twigg, 2013). One respondent in Ford et al.'s (2021) study observed: 'You don't want to look

like an old woman' (Ford et al., 2021: 89). Young (2005) observes how young women who seek to comport themselves in keeping with cultural narratives of femininity develop into older women who lack confidence in their bodies and their capabilities more broadly: '… the general lack of confidence that [women] have about our cognitive or leadership abilities is traceable in part to an original doubt of our body's capacity' (Young, 2005: 45; see also Wolkowitz, 2006). Among middle- and older-age women workers in lower-skilled occupations (e.g., cleaning staff or food service assistants), negative organizational attitudes are shown to invoke feelings of discouragement, disempowerment and demotivation at work (Verburgh et al., 2020). Within professional contexts, middle- and older-age women are constrained by a lack of training and mentoring compared to what is available to younger women (Moore, 2007) or men at the same career stage, due to unsubstantiated employer perceptions that mature women are less competent and less motivated than other workers (Acker, 1990; Brewis et al., 2017; Broadbridge & Simpson, 2011; Martin, 1992; Perrons, 2016; Singh & Vinnicombe, 2004; Vinnicombe & Singh, 2011). It is observed by Beck et al. (2021: 10) how middle- and older-age women employees are likely to experience limited and constrained job opportunities due to stereotypical organizational treatments based on: 'underlying gendered ageism [that] leads to older female workers being negatively assessed and, potentially, performance managed out of the workforce'. Women may be 'teased, harassed or bullied especially if they exhibit the symptoms of menopause and older age such as hot flushes, as well as threatened with negative ratings in performance review' (Beck et al., 2021: 13; see also Martin, 1992). Rather than finding their increased age and experience to be an opportunity for achieving job advancement, middle- and older-age women at varying levels in workplace hierarchies report perceiving how, in the eyes of others, they are expected to be 'on the wind down' (Ford et al., 2021: 90). It thus appears that middle- and older-age women, especially if they exhibit the embodied symptoms of peri-menopause such as hot flushes and perspiration (which may extend beyond menopause and into older age; Riach & Jack, 2023), are likely to experience constrained opportunities at work due to bio-medically driven organizational perceptions regarding women's supposedly deteriorating health. In addition, women's capacity to access supportive workplace initiatives is limited, and their confidence is dented. Essentially, bio-medical, organizational and popular narratives define women's ageing as synonymous with physical and cognitive degeneration: women's bodies (supposedly) increasingly lacking capacity for paid employment (Bartky, 2003; Bell, 1990).

Abjection

Assumptions that middle- and older-age women are physically and emotionally frail (and take more sick leave than other workers) are inherent within medical discourse and are unattractive to employers (Annandale & Clark, 1996; Ehrenreich & English, 2010; Fineman, 2011). Arguably, employed middle- and older-age women are treated as (and might perceive themselves to be) what we term 'abject' beings. In other words, such women may be characterized at work as abject: a source of 'revulsion, aversion and disgust' (Tyler, 2013: 28), a spectacle to be repulsed and marginalized as out of place in organizations (Beck et al., 2021; Biggs, 2003; Gatrell, 2017; Martin, 1992). Quental et al. (2023: 1816) observe how 'the ageing (female) body is frequently viewed as revolting, symbolizing an escalating loss of a precious, youthful asset, and representing the end of the beauty mandate … the media, literature, and art associate feelings of disgust with the aging body of a woman'.

Abjection is manifested through hostility shown by majority populations towards bodies that do not comply with popular notions of an 'appropriately' comported (Tyler, 2013; Young, 2005), 'clean and proper' self (Kristeva, 1982: 101). Owing to their fears of being treated as abject, middle- and older-age women may strive to avoid the stigmatization of growing older. At the same time, women who see themselves as abject and unattractive might experience lowered self-confidence and self-esteem in keeping with popular bio-medical narratives that characterize such women as diminished. In our discussion section we consider further the issue of abjection and women's compromised self-esteem.

Theme 2: Middle- and older-age employed women and perceptions of flexibility

In contrast to bio-medical and organizational representations of women's middle and older age as limiting and incapacitating, it is important to recognize how some research on this period in women's lives offers alternative perspectives, arguing that women's ageing correlates with positive experiences at work and raised self-esteem (Lee & Sasser-Coen, 1996; Martin, 1992). Such research (both clinical and organizational) acknowledges how, while some middle- and older-age women are unwell and require medical intervention, others experience (especially menopausal) symptoms differently, the inconvenience of such being balanced out by the eventual cessation of menstruation (Hvas, 2001; Martin, 1992).

Among some older-age, post-menopausal women, energy, ambition and self-esteem are characterized as improved (Lee & Sasser-Coen, 1996). Some women are shown to express relief that the 'blood years' are behind them and report their experience of menopause as less unpleasant than they had anticipated, compared with how they perceive menopause to be portrayed in popular social and bio-medical narratives (Griffiths & Hunter, 2014; Perz & Ussher, 2008).

In theorizing empowerment for women over 50, Denmark and Klara (2007: 182) describe middle and older age as offering flexibility for employed women to 'learn to redefine who we are and what we can do, to speak in our own voice, and to change the way we perceive our relationships to institutionalized power'. Effectively, these same scholars question notions of constrained opportunity in women's middle and older age, seeking to replace such narratives with an approach that embraces greater flexibility to be productive, increased competencies and a more fluid yet confident sense of identity as women worry less about the perceptions of others (Denmark & Klara, 2007). Exploring the situation of lower-paid middle- and older-age workers, Verburgh et al. (2020) observe how Dutch health initiatives have enabled such women to achieve more flexible work–life balance and a greater sense of confidence, resulting in enhanced mental and physical well-being that is described by one participant as having created 'a new spirit in me'. Questioning notions that women's middle and older age should be defined by 'static rigidity' (Gullette, 2004: 23; see also Vaillant, 2012), alternative research presents a sense of more accommodating and open creativity as opportunities emerge for cognitive, ethical and psychological development among middle- and older-age women (Staudinger & Bluck, 2001).

Conceptualizing middle and older age as a time when flexible and enticing possibilities arise (Wray, 2007), it is argued that traditional assumptions about deteriorating health fail to recognize how experiences among middle- and older-age women may be characterized more by heterogeneity and difference than by homogeneity—some women experiencing a sense of increased liberty as they age (Gullette, 2004; Trethewey, 2001). For example, while some employed women feel pressure to prioritize personal grooming to hide the impact of ageing in a youth-oriented society (Solomon, 2020; Wolkowitz, 2006), other women welcome what they see as flexibility in older age to cease cultivating the appearance of youth. Such women find instead increased comfort with, and confidence in, their looks as they grow older (Burns & Leonard, 2005; Chrisler, 2007; Deeks & McCabe, 2001; Perz & Ussher, 2008).

According to Greer (1991), far from regretting their (perceived) loss of looks or invisibility, some middle- and older-age women welcome a release from the constraints of trying to present, at work, the gendered and sexual selves they had previously spent much of their lives constructing. Such women embrace the flexibility of feeling less constrained by the 'unattainable ideals, constant surveillance and body work' expected of younger colleagues (Montemurro & Gillen, 2013: 26). Qualitative studies by Maguire (2008) and Pompper (2011) show how, among older women in leadership roles, the distancing from sexual objectification may be regarded as a bonus, reducing women's experience of harassment and enabling a greater focus on their work. Taking this one step further, Isopahkala-Bouret's (2017) research on middle-aged female managers reports how increased signs of ageing, coupled with the decrease in perceived sexuality, enabled the competencies of older women in her study to be more visible; authority and credibility being enhanced as a result of looking older. Further, Jaslow (1976) reported, in a quantitative study, how employed women over 65 experienced better morale than either women who had retired or who were classified as never having been in the labour force (the latter group experiencing the lowest morale in older age). Such findings should, though, be treated with caution: Oberg and Thornstam (1999) warn that freedom from negative self-evaluation does not reach its peak until after the age of 75, at which point many previously employed women would be in retirement.

Caring responsibilities in women's middle and older age

It has been observed how descriptions of flexibility and greater autonomy in the lives of older women tend to assume a 'freer lifestyle', which accompanies a 'diminishing role of mothering' (Mühlbauer, 2007: 97). Women are characterized within some research and policy perspectives as entering, in middle and older age, a stage of flexible and agentic independence—those with grown-up children supposedly anticipating 'new freedoms [and greater] autonomy with an increased focus on self rather than on primarily giving service to others' (O'Neil & Bilimoria, 2005; Pringle & Dixon, 2003: 297).

While this may be the case among some women, we put forward here a contrary view, suggesting that such assumptions about greater flexibility among middle- and older-age women with children (due to relief from caring responsibilities) may assume early childbearing and do not account for elder care. Statistics show that the average age of first childbearing (in the United Kingdom at least) has increased to age 30.9, this figure representing a 12-year run of consistent increases (Office for National Statistics, 2022a, b). Such an escalation means that many

employed women in middle and older age, during and beyond menopause, will be combining the parenting of teenage children with paid work. Later births in the United Kingdom are also becoming more common, with 2366 live births in 2018 to women over 40 (Mohdin, 2019), meaning 1 in 25 babies is born to women who are aged over 40, a fourfold increase over 30 years (British Pregnancy Advisory Service, 2015). A significant minority of employed middle- and older-age women could thus still be raising primary-age children as they approach middle and older age (as indeed appears to be the case among respondents in Ford et al.'s (2021) study; see also Coleman & Rowthorn, 2011; Gatrell, 2005). In such cases, the notion of increased flexibility in women's middle and older age may not be recognized.

Moreover, some research on women in middle and older age suggests the reverse of flexibility, depicting a sandwich generation of women whose flexibility of choice is constrained as they are combining, alongside paid work, caring roles for ageing parents and other relatives, teenage children, partners in ill health and/or grandchildren (Ackerman & Banks, 2007; Almeida & Horn, 2005; Ben-Galim & Silim, 2013; Coleman & Rowthorn, 2011; Finch & Mason, 1993; Ford et al., 2021; Jarvie et al., 2015). Owing to increased longevity, women in middle and older age can spend more years looking after older parents than they do caring for dependent children (Evandrou & Glaser, 2003; Marks et al., 2005; Phillips et al., 2002; Vickerstaff & White, 2007).

Drawing upon data from the MIDUS project (mid-life in the United States), a longitudinal study that focuses on age-related (40–59 years) variations in health, Marks et al. (2005) observe how one in three adults have at least one unhealthy parent, with middle- and older-age women more likely to carry this responsibility than equivalent men. Recognizing the smaller sample in Ford et al.'s (2021) qualitative study, it is notable that (while four women reported relative freedom from caring responsibilities) 16 out of 20 respondents experienced demanding elder-care responsibilities. Acknowledging that some women may be uninvolved in elder care, research suggests nevertheless that the gendered nature of elder care remains pervasive in the patterning of social responsibility (Ford et al., 2021; Rossi, 2005; Rossi & Rossi, 1990). A study of elder care in Europe (Lyon & Glucksmann, 2008: 104) showed how the bulk of such informal care is 'undertaken by middle-aged women', a model that is difficult for women to sustain given their increased labour market participation (see also Centre for Ageing Better, 2020; Leitner, 2003). Yet, family-friendly working policies may not sufficiently recognize the requirements of women caregivers in middle and older age. Bookman and Harrington's (2007) research suggests that older women caring for sick relatives remain under-supported and unseen at work, even though they are acting informally as clinical case managers and patient advocates. Such research findings indicate that older-age women might be tied to caring responsibilities, thus reducing their flexibility to focus on career and personal development.

Motivation and (in)flexible assumptions about women's life-course

Despite the burdens of family care experienced among some employed middle- and older-age women, the percentage of older women in the workforce is nevertheless increasing (Correll, 2017; McKinsey & Co, 2022). This raises questions as to what (other than raised pension age) motivates older-age women to pursue employment (Altmann, 2015; Fineman, 2011; Isopahkala-Bouret, 2017; Trethewey, 2001; Walter & Scheibe, 2013). Studies on middle- and older-age women's working lives often draw upon outdated models based on male career trajectories (Billett et al., 2011; Ford et al., 2021; Greller & Stroh, 2004; Peters et al., 2013; Strenger & Ruttenberg, 2008; Whiston et al., 2015). This is due in part to the profound effect of twentieth-century 'life-span' theories on corporate organizing (Erikson, 1959; Levinson, 1979; Sheehy, 1995; Vaillant, 1997, 2012).

Life-span theories tend to envision homogenous life trajectories among most women that encompass heterosexual relationships, childbearing, declining fertility and assumed empty-nesting, whereby children become adults and leave home, as a 'normative' part of middle age (Mitchell & Lovegreen, 2009): 'These models … have substantially impacted popular thinking about the nature and meaning of work, particularly with regard to changes in motivation for work and learning during the midlife period' (Kanfer & Ackerman, 2004: 445; see also Fineman, 2011). It is acknowledged that, in keeping with life-span theories, some women in middle and older age might experience relief from childcare responsibilities and gain greater flexibility to focus on personal development: among some (especially employed) women, 'life satisfaction increases once children leave home' (Mitchell & Lovegreen, 2009: 1654) because women are presumed to be freed up to pursue other interests (Aldwin & Levenson, 2001). It is also noted that a significant percentage of women may not have children (taking the United Kingdom as an example, 18% of women aged 45 years and born in 1975 were childless in 2020; Office for National Statistics, 2022a, b). Nevertheless, as noted earlier, a significant proportion of employed women will still be raising dependent school-age children during their forties and fifties (Gatrell, 2005; see also Ford et al., 2021): a woman whose first child

is born at the age of 30 will, at age 45, be parenting a 15-year-old plus any younger siblings, with the number of women aged 45 and over giving birth in the United Kingdom reaching the highest level since records began 80 years ago (Mohdin, 2019). This indicates a significant minority of women whose experience is excluded from classic life-span models because they are caring for school-age children well into their fifties (Dillaway, 2006). As Ford et al.'s (2021) study shows, it is possible that employed women in middle and older age may be combining, contemporaneously with their paid work, caring roles for ageing parents, teenage (or younger) children and/or grandchildren (see also Ackerman & Banks, 2007; Almeida & Horn, 2005; Centre for Ageing Better, 2020), indicating that women's flexibility is more limited than life-span theories suggest. Furthermore, the fluidity of contemporary family practices means that working women in middle and older age might be in blended families, taking care of stepchildren and integrating new family forms, as well as perhaps starting second-birth families (Morgan, 2011; Schaefer et al., 2020). The notion of 'empty nest' flexibility, even among women who have children, could therefore be seen as outdated and failing to reflect the extensive and changing commitments of middle- and older-age women, and perhaps lacking understanding that many older women workers need a greater range of options for flexible working, given that their own lives may be less flexible in middle and older age than life-span theories and organizational policies might assume (Ford et al., 2021).

A further, central tenet of life-span theory lies in 'Parsonian' presumptions (Gatrell, 2005) that working lives are linear and that motivation declines with age as 'growth' motivation (the desire to satisfy personal development needs outside of work) increases (Calo, 2008; Strenger & Ruttenberg, 2008; Vaillant, 2012). Such apparent decline of ambition is linked with 'looming demographic risk' (Strack et al., 2008: 119) as older workers are increasing in number (Department for Work and Pensions, 2023) yet are presumed to lose capacity to carry out their work effectively. Employers are shown to fear that ageing executives are more likely than younger staff to become ill, cognitively compromised (Charles, 2010; Labouvie-Vief, 2003) and unable to innovate or manage new technologies (Barker & Mueller, 2002; Karami et al., 2006; Strack et al., 2008; Yang et al., 2011). It is contended (by Strack et al., 2008) that an ageing workforce may threaten companies' viability. Such concerns are perhaps understandable given present-day options for employees to work past standard retirement ages (Gratton & Scott, 2016), though as noted earlier the average age for UK-based women to exit the workforce is 64 years (Department for Work and Pensions, 2022).

While studies on career and ageing are presented often as if gender-neutral, many research examples of populations, samples and theorists are focused on men (Stewart & Gold-Steinberg, 1990). As a result, 'women's different paths [have been] either ignored or treated as deviant' (Gersick & Kram, 2002: 109). Further, life-span theories that present life in middle and older age as predictable and sequential are seen by Kanfer and Ackerman (2004) to ignore the complexity and heterogeneity of workers' adult lives, bringing into question the notion of age-related changes to motivational variables.

Regarding job motivation, significant differences between older female and older male employees are observed, with some older men developing an 'exiting consciousness' as they contemplate retirement, whilst many women remain focused on their paid work (Karp, 1987). While older employed men might look forward to retirement, older-age women can experience a contrasting need for 'continued achievement, accomplishment and perceived value to the organization, relishing the challenge of work and needing the intellectual stimulation', perhaps because they are advancing their careers later in life (Gordon & Whelan, 1998: 12). Such 'unrecognized differences between mid-life women and men' have contributed to a lack of understanding about the needs of women workers who might seek flexible retirement plans, preferring to remain in the labour market at a stage when men, who might have experienced more linear careers, wish to leave (Gordon & Whelan, 1998: 10; see also Ford et al., 2021). Similarly, Gersick and Kram (2002: 109) observe how, at age 50, some women experience a transition, 'coming into one's own … gaining confidence in [their] abilities and developing ambition and purpose'. Research on middle- and older-age women portrays some female employees as experiencing enhanced personal empowerment as they age, perceiving themselves as intelligent, assertive and determined (Babladelis, 1999; Denmark & Klara, 2007), perhaps discovering greater psychological freedom to advocate for themselves. In other words, while older men might look forward to the freedom of retirement from paid work (in keeping with classic life-span theory), older women might prefer the flexibility of developing their experience within a workplace context.

Such motivation among middle- and older-age women might at face value be perceived as being reflected through the increase, within the United Kingdom at least, of the numbers of women with positions on corporate boards. In response to the Hampton–Alexander review that set ambitious targets for increasing the representation of women on boards and in senior leadership positions (Hampton, 2021), leading companies were challenged to gain more women directors on their boards. In 2022, the

percentage of women on FTSE 100 boards reached 40% and the related percentage for FTSE 250 boards was at 39%, meaning that FTSE 100 boards had already met the aim set for 2025, with FTSE 250 companies falling just below this target (Vinnicombe & Tessaro, 2022).

On the surface, these figures look promising—overall, across FTSE 100 companies, women hold 413 directorships—however, this number hides the discouraging fact that of these roles, only 36 are executive directorships. In FTSE 250 companies, the figure is similar: of 752 directorships, 705 are non-executive roles with limited influence, only 47 of these women holding executive director roles. Thus, with an average age of 58, most women on corporate boards in the United Kingdom are not part of the executive team, nor are they in the pipeline to be so, a statistic that is described as 'disheartening', falling 'woefully short' of the original intended aim to 'achieve true gender parity' at a corporate level (Vinnicombe & Tessaro, 2022: 5).

Flexibility as complex

In summary, notions of women experiencing flexibility in middle and older age are not straightforward. Traditional theories regarding life-span might thus apply among some women, but these do not take sufficient account of non-motherhood, delayed childbearing, parenthood in middle and older age, elder care or gendered differences in career trajectories (Hodges, 2012; Scales & Scase, 2000).

Consequently, should employers perceive middle- and older-age women workers as 'empty nesters' with reduced caring responsibilities, they might assume this age group to have less need for flexibility than other workers, a presumption which might not reflect the situation for all women. Further, should employers perceive women as seeking flexibility in middle and older age (as opposed to personal development at work), they might indeed perceive them as 'winding down'. Furthermore, apparently positive change can be misleading. While women might appear to be more prevalent within the highest echelons of corporate boards, their inclusion is in practice limited—as non-executive directors, women might be regarded as holding limited influence and with no obvious place in the career pipeline to executive roles.

Yet at the same time, research acknowledges how women do experience enhanced well-being and heightened motivation in middle and older age. This suggests that women at all levels in organizations would benefit from a flexible approach on the part of employers and in organizations, welcoming innovations that facilitate career development opportunities through middle and into older age.

DISCUSSION: THEORIZING NOTIONS OF CONSTRAINT AND FLEXIBILITY: IMPLICATIONS FOR THEORY AND PRACTICE

The purpose of this literature review has been to examine the situation of employed women in middle and older age. Specifically, we have explored the question: *How are employed, middle- and older-age women treated in organizations, and what are employer perceptions of these workers?*

Stemming from this review, we have identified two predominant themes that characterize the field and that offer opportunities for further reflection, namely the concepts of *constraint* and *flexibility*, which are closely interconnected and reflect the trajectories of research on women's experience of ageing in the context of employment and organization. Below, we consider the consequences of these themes for theory and practice, making recommendations for future research agendas.

Themes of ageing as a constraint invoking social abjection

Our literature review offers alternative perspectives on employer perceptions and organizational treatments of middle- and older-age women workers through exploring not only the body of literature within management studies but (in keeping with recommendations by Alegre et al., 2023) drawing also on research across domains. We offer new understandings of women's ageing through identifying two predominant and overlapping, yet sometimes conflicting, conceptual lenses offering a clear account and critique of these 'overlaps and contradictions' (Alegre et al., 2023) that underpin our recommendations for future research.

Specifically, we have identified two dominant strands of research (constraint and flexibility) that illuminate employer perceptions and organizational treatments of middle- and older-age women workers. The first theme, *constraint*, highlights how women's competencies may be limited due to unevidenced employer assumptions, in keeping with bio-medical narratives, about women's deteriorating health (Nettleton, 2006).

As a lens to conceptualize situations where middle- and older-age women employees are perceived to be incompetent and often unwell, we propose the concept of abjection (Ford et al., 2021; Fotaki, 2013; Gatrell, 2017; Höpfl, 2000; Höpfl & Hornby Atkinson, 2000; Tyler, 2013; Young, 2005). As noted above, the idea of abjection delineates the unkind and/or unfair treatment of individuals as objects of ridicule and disgust. Regarding middle- and older-age women, the

bio-medical and organizational scripts that characterize such workers as being in deteriorating physical and mental health serve to intensify characterizations of older women as abject.

It is argued that theories of abjection offer 'rich prospects for future debate and research' (Rizq, 2013: 1277). The application of abjection to the study of women's employment is powerful, illuminating inequities within organizations. As Gatrell (2017) observes (see also Fotaki, 2013; Höpfl, 2000), within organizational contexts, abjection may be understood not only as an abstract phenomenon but as a material practice that facilitates the rejection and exclusion of minority groups (here, older women) from the advantageous position of the comfortably situated majority (Beck et al., 2018; Rizq, 2013; Tyler, 2013). We now utilize the concept of abjection to illuminate how employer perceptions of middle- and older-age women as potentially in a state of ill health and decay constrain women's workplace opportunities and how being treated as abject impacts on women's own self-confidence (Ford et al., 2021; Gatrell et al., 2017; Martin, 1992).

Antecedents behind explorations of abjection in relation to women's work (Fotaki, 2013; Gatrell, 2017) may be found in the work of Julia Kristeva, in particular Kristeva's (1982) exploration of embodiment in contemporary society. It is not the intention here to critique the important legacies of Kristeva in relation to philosophy and organization. Rather, we draw upon the notion of abjection to conceptualize how middle- and older-age women employees may be perceived by employers, and treated in organizations, as abject beings of limited value (see also Tyler, 2013). Kristeva's work explores, from a philosophical perspective, how forms of embodied 'leakage' (in particular, the liquid markers associated with procreation: symptoms of menopause as well as menstruation, birth and breast milk; see also Shildrick, 1997) may be treated in society as unwelcome or impure. According to Kristeva, such perceptions emerge because, beyond a fear of the embodied 'leakage' associated with both procreation and the end of fertility, human subjects fear death. The 'repugnance [and] … defilement' (Kristeva, 1982: 2) that may be triggered by the liquid markers of procreation are exacerbated by the notion of death (whereby a decaying corpse indicates the ultimate lack of control of the flesh). We argue that it is the end of procreation—from peri-menopause onwards—that heralds the end of youth and is associated with human frailty and older age.

In the case of menopause, such gendered, liquid markers (including heavy periods or hot flushes) may be regarded in organizations as symbolizing supposedly a lack of embodied self-discipline. Research shows how menopause may be perceived at work as a source of revulsion; providing in organizational contexts a trigger for marginalizing middle- and older-age female workers (Gatrell, 2017; Quental et al., 2023). Older-age female bodies that are neither fertile nor youthful may be treated in organizations as a metaphor for decay, in a manner that applies less evidently to male workers. As one respondent from Ford et al.'s (2021) study observed: 'men are allowed to age without being criticized … it is different for women … there's a lot more pressure on women to try and look … younger and to not have the wrinkles'. We suggest that the end of fertility and women's older age may be associated with both the end of opportunities for creating new life and the potential for death: menopause and post-menopause represent dangerous symbols of life's ending.

The relevance of abjection to the study of middle- and older-age women within organizations is powerful. At both a literal and a metaphorical level, employer perceptions of middle- and older-age women as abject explain in part the reasons behind the unfair treatments of middle- and older-age women at work (Fotaki, 2013; Gatrell, 2017; Höpfl, 2000). As Garner (1999: 3) observes, society has 'systematically denigrated' women as they age, keeping them 'out of the mainstream of productivity, judg[ing] them primarily in terms of failing capacities and functions' and eventually perceiving them as 'pitiful'. Yet perhaps the most illuminating aspect of abjection regarding employment prospects among middle- and older-age women is in relation to how such women perceive themselves. The experience of being treated at work as abject has, in itself, a damaging impact on women's own self-esteem that in turn constrains their employment opportunities.

FUTURE RESEARCH

Abjection and self-esteem

Relating to our above observations, we thus now raise a further question: *How far is self-esteem affected among middle- and older-age women if they are perceived in organizations as abject beings?* It has been observed by Brewis et al. (2017: 45) that gendered ageism is 'coupled with women thinking they are invisible when it comes to promotion decisions, feeling devalued and believing they need … to present an "unproblematic body" at work' (see also Jack et al., 2014). In accordance with this view, abject treatment of women at work exacerbates their feelings of being abject: 'if the only language available for women to talk about themselves is negative about their own embodied self, then they are bound to express a negative, abject-self' (Fotaki, 2013: 1265). Arguably, if women experience alienation and marginalization at work, they may feel less valuable than younger workers (Griffiths et al., 2010; Quental et al., 2023), perhaps leaving the

workplace earlier than they might have chosen (Gergen, 2007; Trethewey, 2001). For example, Hodges (2012) observes how middle- and older-age women in her extensive study resigned their posts due to: 'being penalised because of their appearance and [declining] sexuality … they felt they were no longer acceptable to the organisation' (Hodges, 2012: 192). Such experiences echo research findings that emphasize how women's ageing bodies are treated as both unacceptable and problematic at work (e.g., Czarniawaska & Höpfl, 2002; Gatrell, 2011, 2013, 2017), with some female workers ashamed of admitting to ill health due to concerns that they may be 'judged' should they require to take sick leave (Beck et al., 2021: 9; House of Commons, 2022; see also Hammam et al., 2012). Even in cases where structured policies are put in place to support menopausal women, research has shown how older women workers still feel stigmatized and anxious that managers and colleagues assume their workplace performance to be deficient (Brewis et al., 2017; Lynn, 2023). Through feeling abject, middle- and older-age women may internalize perceptions that they are less valuable than other workers.

Such self-perceptions must inevitably constrain women's opportunities to develop their working lives. We recommend future research to explore further the issue of women's self-esteem, with a view to understanding better the relationships between women's confidence in their own abilities and negative bio-medical, organizational and employer narratives of middle- and older-age women.

Further, and in relation to the idea of self-esteem, we recommend more action-based research, building for example on the Dutch interventions observed by Verburgh et al. (2020), where pro-active interventions among middle- and older-age women in lower-paid jobs challenged scripts of abjection, resulting in enhanced self-confidence and improved health. Targeted workplace interventions that support women's well-being, presented in such a way that women feel comfortable about accessing them, could benefit organizational practice. Simultaneous research exploring the impact of such interventions has potential to shift the constraints—in relation to both organizational concepts of middle- and older-age women as abject, and women's own self-confidence—that compromise women's working lives.

Finally, we observe how employer assumptions about, and organizational treatments of, middle- and older-age women are influenced by bio-medical narratives that characterize notions of women's health as compromised. We call for further research that investigates how women manage paid work in relation to menopause and post-menopause. Among those who hold executive roles at work (while this group may be limited in number compared with men; Vinnicombe & Tessaro, 2022), further research could illuminate how they navigated career advancement in the face of employer perceptions about women's diminished competencies.

Future research and flexibility

Alongside the notion of women's ageing as a constraint, this review has identified also the theme, within studies on women's middle and older age, of apparently increased flexibility—such flexibility supposedly enhancing women's empowerment. As previously observed, some women do embrace the ageing process, enjoying greater flexibility (especially post-menopause) regarding how they present themselves at work and distancing themselves from social expectations that they should undertake the intense body work expected of younger women (Montemurro & Gillen, 2013). Additionally, as they become older and colleagues perceive women less as sexual beings than when they were younger, some women experience flexibility to adopt a more authoritative persona—personal confidence and workplace credibility apparently increasing with age (Isopahkala-Bouret, 2017).

However, we have observed also how social and organizational scripts about older women's careers are often based on outdated assumptions about women's life-course, which presuppose that later life will herald freedom from the care agendas associated with raising a family. Yet as we note, traditional 'life-span' frameworks may fail to take account of significant changes in family demography in the late twentieth and first quarter of the twenty-first century (Gatrell, 2005; Morgan, 2011). Family practices are more fluid than in the past, with blended families and delayed childbearing increasingly part of social lives and with longevity giving rise to more interdependency across the generations (Rossi & Rossi, 1990; Schaefer et al., 2020). As Marks et al. (2005: 514) indicate, 'the dynamism of family change currently in process has considerably altered expectations for these family roles and family-role enactments'. At odds with life-span theories, research studies also depict how an older generation of employed women may be caring simultaneously for ageing parents, dependent children, partners in ill health and/or grandchildren (Ackerman & Banks, 2007; Almeida & Horn, 2005; Ben-Galim & Silim, 2013; Coleman & Rowthorn, 2011; Jarvie et al., 2015). This situation gives rise to the possibility for female workers at midlife and beyond to experience role overload; that is, the opposite of flexibility as women experience too many role demands and have limited time to fulfil these (Barnett & Baruch, 1978; Coverman, 1989). Notions of women's increased flexibility require, therefore, ongoing and future explorations to understand the

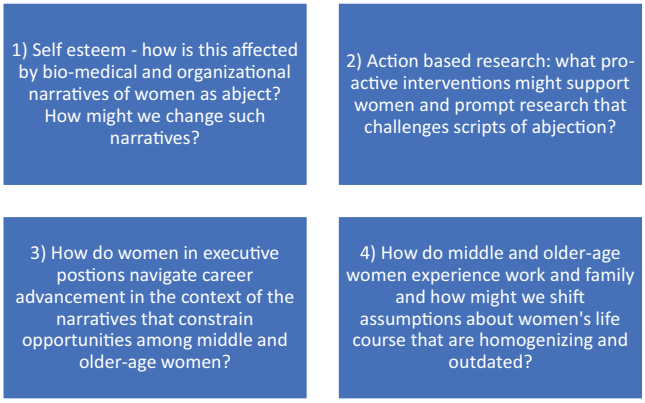


FIGURE 2 Future research agendas: four key questions. [Colour figure can be viewed at wileyonlinelibrary.com]

nature of women's responsibilities and ambitions as they age.

In practice, it will be key for new research to feed into government and organizational policy to enable more creative and responsive opportunities for flexibility among middle- and older-age women workers. It will also be important to question negative employer perceptions about women's health, competencies and workplace motivation as they age. Our recommendations for future research regarding both the notions of constraint and flexibility are summarized in the form of four key questions, shown in Figure 2.

CONCLUSIONS

In theory, given how the 'maternal' body—with its potential for procreation—is treated as problematic at work (Gatrell, 2013; see also Beck et al., 2022; Czarniawaska & Höpfl, 2002; Tyler, 2000), it might be supposed that the post-reproductive years, through menopause and older age, would be perceived among employers as welcome. Our paper contributes to the understanding of women's work by demonstrating that the reverse appears true. Literatures across management, sociology and health show how women's ageing bodies are portrayed consistently as deficient and deteriorating (Annandale, 2009; Biggs, 2003; Martin, 1992; Young, 2005): 'the female reproductive body is always constituted as a problem', even when it is no longer reproductive (Halford et al., 1997: 213).

Our review contributes to conceptual understandings of how employers perceive middle- and older-age women, as well as illuminating how such women are treated at work. Drawing upon notions of abjection, we have shown how bio-medical narratives of women as normally ill—and requiring clinical intervention—spill over into employer attitudes that characterize middle- and older-age women as diminished and often ailing, such negative employer mindsets contributing to women's lowered self-esteem at work.

Building on this key and growing field, further research is needed to explore the experiences of middle- and older-age employees. Such studies offer potential to reorientate employer perceptions about this group of workers, acknowledging both the actual and potential contribution that middle- and older-age women can make at work. Arguably, this situation is iterative—if employer and organizational perceptions about diminished competencies and health among middle- and older-age women workers are not questioned, then theoretical understandings of women's situations will remain unchanged. Conversely, if future research can open up new conversations, alternative and more positive views about middle- and older-age women workers can emerge, such positivity having the potential to enhance women's self-esteem.

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