

Supporting Sustainable Careers for Midlife Women: Evidence on Workplace Support, Financial Stress, and Employee Retention

Deepali Khurana¹, Swati Sisodia²

School of Management, GD Goenka University, Sohna Gurugram Road, Gurugram

Abstract

This review examines how workplace support and financial stress influence the wellbeing and career sustainability of midlife women aged 40–65 years. During this life stage, women often experience menopause while simultaneously managing demanding professional responsibilities and caregiving obligations for both children and aging parents. Using PRISMA-informed systematic review guidelines, peer-reviewed studies published between 1970 and 2024 were identified through databases including PubMed, PsycINFO, and Scopus. The review focused on research addressing menopausal experiences, organizational support, caregiving responsibilities, financial stress, wellbeing, and employee retention. Given the diversity of study designs and measures, findings were synthesized narratively to provide a comprehensive understanding of the phenomenon. The findings reveal that menopausal symptoms, including fatigue, sleep disturbances, cognitive difficulties, and emotional fluctuations, are strongly associated with reduced wellbeing, emotional exhaustion, and increased intentions to leave the workforce. These challenges are further intensified by caregiving responsibilities characteristic of the “sandwich generation,” creating significant work–life pressures. However, supportive workplace environments can substantially mitigate these effects. Flexible work arrangements, empathetic leadership, career development opportunities, and inclusive organizational cultures contribute positively to employee wellbeing, engagement, and retention. Conversely, financial stress acts as a significant risk factor, exacerbating psychological strain and increasing vulnerability to burnout and career withdrawal. The review highlights that midlife women’s workplace experiences are shaped by the intersection of health transitions, family responsibilities, financial pressures, and organizational practices. Consequently, organizations must adopt proactive, gender-sensitive, and sustainable human resource strategies that recognize menopause, caregiving demands, and financial wellbeing as legitimate workplace concerns to support employee wellbeing, strengthen retention, and promote long-term career sustainability.

Introduction

Midlife women, broadly defined as individuals aged 40 to 65, frequently encounter a confluence of professional and personal challenges that can profoundly impact their occupational trajectory additionally general standard of living (Alzueta et al., 2024). This demographic often navigates complex physiological changes, such as menopause, as well as greater responsibilities for elderly parents and children, a phenomenon sometimes referred to as the “sandwich generation” (Thrasher et al., 2022). These multifaceted demands, when coupled with prevalent workplace stressors and financial pressures, necessitate a comprehensive understanding of how organizational support mechanisms can mitigate adverse effects on wellbeing and enhance retention within this critical employee segment (Gabriel et al., 2022; Gürsoy, 2023). Despite the increasing recognition of organizational support’s role in improving work engagement and fostering career success for women, there still exists an extensive gap in research specifically addressing the gendered nuances of support for midlife women’s work family needs (Escudero Guirado et al., 2024).

Specifically, the intersection of organizational support, financial stress, employee wellbeing, and retention for midlife women warrants deeper investigation, especially considering the pervasive societal expectations that burden female employees with disproportionate family responsibilities (Zhao et al., 2024). This systematic review seeks to synthesize existing literature on how organizational support and financial stress influence the wellbeing and retention of midlife women in the workforce, thereby highlighting critical areas for intervention and future research. (Salleh et al., 2023) This review integrates diverse perspectives to elucidate the interplay between supportive workplace environments and financial stability in mediating the work life interface for midlife women, acknowledging the historical evolution of work life balance discourse (Baba et al., 2025). The heightened attention

to women's experiences with Conflict between jobs and families, particularly regarding their primary responsibility for household tasks, underscores the need for tailored organizational strategies (Cavagnis et al., 2023). Recent research highlights that caregiving responsibilities and work family conflict significantly influence employee's good health and life fulfilment. Studies indicate that individuals balancing work with caregiving roles often experience heightened work family conflict, which can negatively affect psychological wellbeing and overall happiness; however, supportive work conditions and personal coping resources can help mitigate these effects (Hlebec, Hurtado Monarres, & Šadl, 2024; El Keshky & Sarour, 2024).

Literature Review

Challenges of Midlife Women: Menopause and the Sandwich Generation

Midlife women, typically aged 40 to 65, face unique physiological and social pressures that significantly impact their professional lives. Research utilizing the Job Demands Resources model has shown that the frequency of signs of menopause is directly associated to emotional exhaustion and increased turnover intentions among working women (Alzueta et al., 2024). Beyond these physiological changes, many individuals in this demographic belong to the "sandwich generation," tasked with balancing professional roles alongside the simultaneous care of children and aging parents (Thrasher et al., 2022). These multifaceted demands often exacerbate work-family conflict, as traditional standards for women continue to put women in the position of taking care of the home and providing care. (Cavagnis et al., 2023; Zhao et al., 2024).

Perceived Organizational Support and Retention

The retention of talented women in the workforce is deeply influenced by Perceived Organizational Support and Social Exchange Theory (Salleh et al., 2023). Supportive workplace policies specifically elastic work arrangements are vital aimed at mitigating work family spillover and enhancing overall wellbeing (Zhang, 2025). While a supportive environment is known to increase productivity and decrease absenteeism (Cavagnis et al., 2023), scholars note that there is still a lack of focused research on the gendered nuances of organizational support for the specific work-family needs of midlife women (Escudero-Guirado et al., 2024). Proactive strategies, including career development encouragement and the acknowledgment of diversity, are essential for fostering long-term work engagement and career success (Escudero-Guirado et al., 2024).

The Influence of Financial Strain

Financial stability is a critical yet often marginalized factor in the discussion of midlife women's health and career longevity. Evidence suggests that women facing financial precarity experience significantly higher levels of anxiety regarding their current and future employment (Kossek & Ozeki, 1998). This financial stress is often "entangled" with burnout and can exacerbate the psychological symptoms of menopause (Kim et al., 2022). Ideal worker theory highlights how these economic pressures, combined with gendered ageism, challenge a woman's professional identity and her ability to remain "healthy" at work (Kim et al., 2022). Recent research identifies a "menopause penalty," where symptomatic women face reduced productivity and significant financial strain (Conti et al., 2024; HEAF Study, 2023). This economic impact is often compounded by poor occupational quality of life and workplace stressors that exacerbate health challenges (Bariola et al., 2017; Gazibara et al., 2018). Ultimately, the lack of supportive workplace policies and the resulting financial stress significantly threaten both career longevity and the long-term economic security of women (Hardy et al., 2019; Theis et al., 2023).

Employee Wellbeing and Career Sustainability

Promoting wellbeing requires a holistic approach that moves beyond placing the burden of self-care solely on the employee (Gabriel et al., 2022). Work-life balance serves as a key mediator that fosters sustainable careers and societal stability (Zhang, 2025). Protective factors such as resilience, self-worth, and robust social support systems have been identified as essential for reducing the adverse effects of work-family conflict (Cavagnis et al., 2023; Thrasher et al., 2022). However, for these benefits to be realized, organizations must transition toward human resource management perspectives that proactively support recovery at work, women's health, and caregiving responsibilities (Gabriel et al., 2022).

2. Research Methodology

This study adopted the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure a rigorous, transparent, and systematic review process. The PRISMA framework provided a structured approach for identifying, screening, selecting, and synthesizing relevant studies, thereby enhancing the reliability and reproducibility of the review (Cavagnis et al., 2023).

A comprehensive literature search was conducted across major academic databases, including PubMed, PsycINFO, and Scopus, to identify peer-reviewed studies published between 2016 and 2026. The search strategy was designed to capture literature examining the relationships among organizational support, financial stress, wellbeing, and retention among midlife women, particularly those experiencing menopause and caregiving responsibilities. A combination of keywords and Boolean operators was employed, including: (“midlife women” OR “perimenopausal women” OR “menopausal women”) AND (“organizational support” OR “workplace support”) AND (“financial stress” OR “financial insecurity” OR “financial precarity”) AND (“wellbeing” OR “employee wellbeing” OR “retention” OR “job longevity”).

Studies were included if they focused on women aged 40–65 years and examined at least one of the key constructs: menopausal experiences, workplace support, financial stress, wellbeing, or career sustainability. Articles not published in English, conference abstracts, editorials, and studies lacking empirical evidence were excluded. Additionally, the reference lists of selected articles and relevant systematic reviews were manually searched to identify further eligible studies.

Given the heterogeneity of research designs, methodologies, and outcome measures, a narrative synthesis approach was employed to integrate and interpret the findings. This method enabled a comprehensive understanding of how organizational support and financial stress influence the wellbeing and career sustainability of midlife women.

Inclusion and Exclusion Criteria

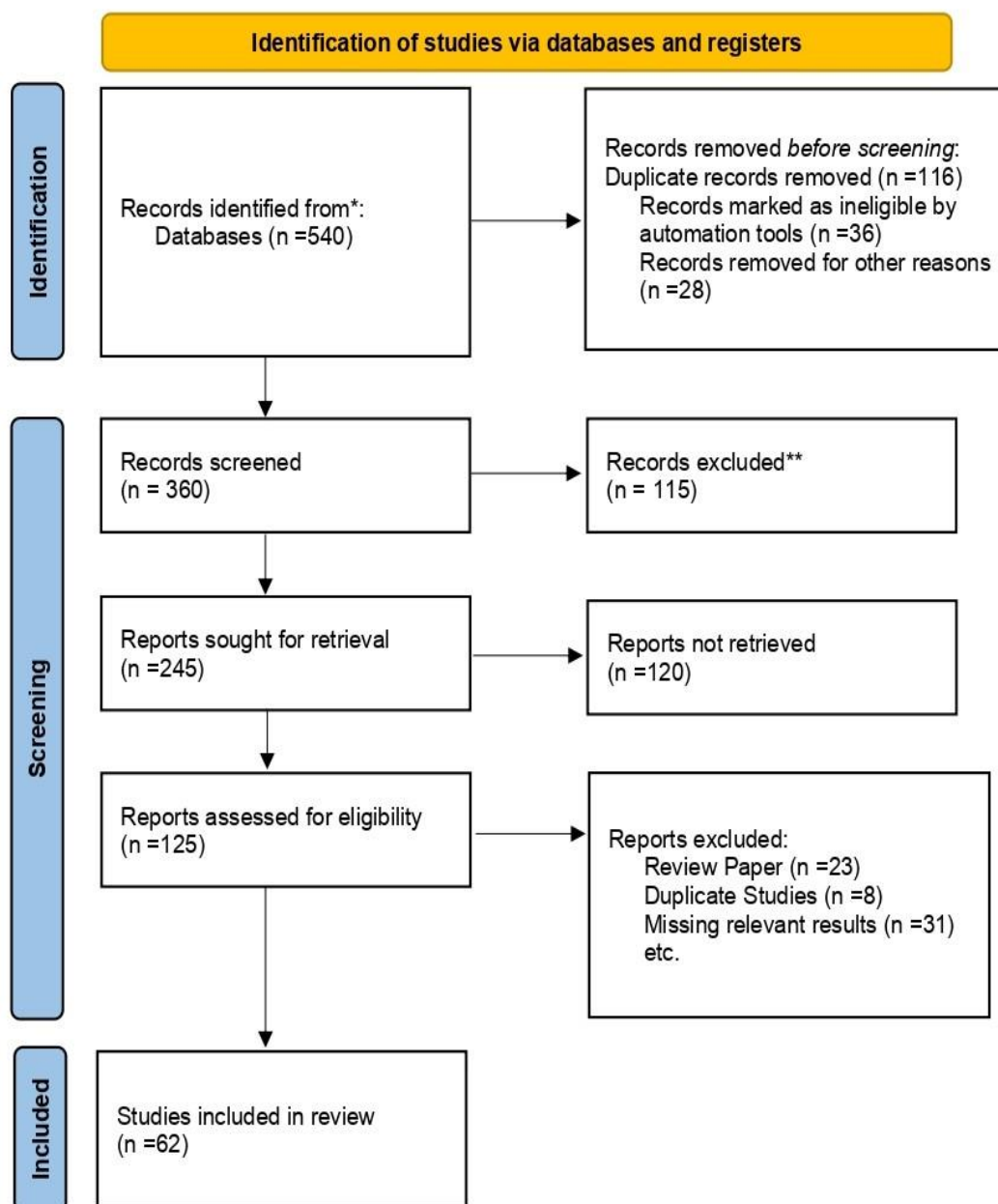
Topic: Examined the relationship between organizational support mechanisms (e.g., flexible work arrangements, family-supportive supervisor behavior) and outcomes such as employee wellbeing, turnover intentions, or career sustainability (Zhang, 2025; Zhao et al., 2024). Included considerations of financial stress, caregiving demands (sandwich generation), or menopausal symptoms within a workplace context (Gürsoy, 2023; Thrasher et al., 2022). Peer-reviewed original research using quantitative, qualitative, or mixed-methods designs, as well as existing conceptual frameworks (Salleh et al., 2023; Thrasher et al., 2022). Research which did not explicitly discuss the workforce, was missing a particular gender analysis, or was not available in English was not featured.

Data Extraction and Synthesis

Data from the certain studies were mined into a standardized format, including author(s), year of publication, study design, sample characteristics, key variables (e.g., Perceived Organizational Support, financial anxiety), and primary findings (Cavagnis et al., 2023; Salleh et al., 2023).

Due to the high heterogeneity in methodologies and variables across the included studies—ranging from cross-sectional surveys to qualitative life-course interviews—a meta-analysis was not feasible (Cavagnis et al., 2023; Gürsoy, 2023). Instead, a systematic narrative synthesis approach was adopted to qualitatively describe the key findings and provide a cohesive understanding of how organizational and financial factors influence midlife women's professional lives (Cavagnis et al., 2023). This approach allows for the integration of diverse theoretical perspectives, such as the Job Demands-Resources model and Social Exchange Theory, to elucidate the complex challenges faced by this demographic (Alzueta et al., 2024; Salleh et al., 2023).

Table 1: Critical Literature Review



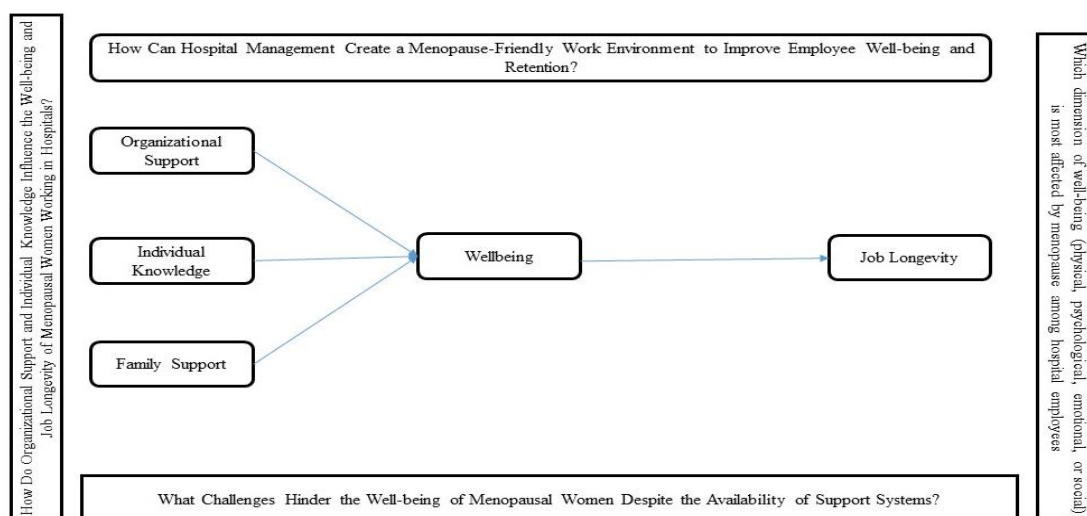
To ensure objectivity and rigor, the research process for choosing adhered to PRISMA 2020 principles. A total of 189 records were initially identified through database searches. After removing duplicates and records excluded through automation and other reasons (n = 34), 155 articles were screened based on titles and abstracts. Of these, 34 were excluded, and 112 full-text articles were sought for retrieval. Thirty-four articles could not be retrieved, leaving 78 studies for full-text assessment. Following a detailed eligibility evaluation, 37 articles were excluded for various reasons, resulting in 41 studies that were ultimately included in the final review. This systematic process ensured that only the most relevant and methodologically sound studies informed the review findings.

Author	Wellbeing	Organizational Support	Knowledge	Socio- economic Status	Social Support
Woods, N. F., & Mitchell, E. S. 2011	Yes				
Hamman et al., (2012)		Yes			
Griffits et al., (2013)		Yes			
Makara- Studzińska et al., (2015)	Yes			Yes	
Geukes et al., (2016)		Yes			
Ahuja M et al., (2016)				Yes	
Batool et al., (2017)			Yes		
Aqueel et al., (2018)	Yes				
Jalambadani et al., (2019)					Yes
Jack, G et al., 2019	Yes				
Geukes, M et al., (2020)	Yes				
Viotti et al., (2021)	Yes	Yes			
Riach, K. & Jack, G. (2021)		Yes			
Khoshravesht et al., (2021)		Yes			
Evandrou et al., (2021)			Yes		
D'Angelo et al, (2022)				Yes	
Polat, F et al., (2022)					Yes
Gabriel & Aguinis, (2022)				Yes	
Cronin et al., (2022)	Yes				
Steffan, B. & Potočník, K. (2023)		Yes			
Salleh et al., 2023	Yes				
Ali et al., (2023)	Yes				
Lei et al., (2023)				Yes	Yes
Hobson, G. & Dennis, N. (2024)		Yes			
Escudero-Guirado et al., (2024)		Yes	Yes		
Zhao et al., (2024)			Yes		
Wasley, D., & Gailey, S. (2024).			Yes		
Alzueta et al., (2024)		Yes			

Studies were included if they considered on the workplace experiences of midlife women, particularly in relation to menopausal transitions, family and caregiving demands, financial pressures, and organizational culture. Both quantitative and qualitative studies were considered to reflect the complexity of these experiences across different professional contexts. Given the diversity in research designs, measures, and theoretical perspectives, the findings were integrated using a narrative synthesis approach. This allowed for a meaningful and holistic interpretation of the evidence, highlighting how health transitions, socioeconomic factors, and workplace support systems collectively influence wellbeing, retention, and long-term career sustainability among midlife women.

3. Results

The literature review was divided into 4 aspects of the study shown in the research framework below; while doing systematic review, the research tried to find answers for four questions which becomes guidelines for the discussion.



Discussion 1: How Do Organizational Support and Individual Knowledge Influence the Well-being and Job Longevity of Menopausal Women Working in Hospitals?

Organizational support and individual knowledge are critical factors that influence the well-being and job longevity of menopausal women working in hospital settings. Hospitals are demanding workplaces characterized by long shifts, high workloads, emotional labor, and patient-care responsibilities. During menopause, symptoms such as fatigue, sleep disturbances, anxiety, cognitive difficulties, and vasomotor symptoms can adversely affect both well-being and work performance. In this context, organizational support serves as an important workplace resource that helps women manage menopausal challenges and remain engaged in their careers.

Organizational support includes menopause-friendly policies, flexible scheduling, supportive supervisors, occupational health services, employee assistance programs, and awareness training. Research indicates that supportive workplace cultures improve psychological well-being, reduce stress, enhance job satisfaction, and strengthen organizational commitment among menopausal employees. Such support also reduces stigma and encourages open discussions about menopause, enabling women to seek accommodations and maintain productivity. Consequently, employees are more likely to remain in the workforce and experience longer, more sustainable careers.

Individual knowledge refers to a woman's understanding of menopause, symptom management strategies, available treatments, and workplace resources. Greater knowledge enhances self-efficacy and empowers women to adopt effective coping mechanisms, seek medical assistance when required, and communicate their needs confidently. Workplace education and awareness programs have been shown to improve menopause-related knowledge among both employees and managers, leading to better symptom management and improved work

outcomes. Women with higher levels of menopause knowledge are therefore better equipped to maintain their well-being and continue working effectively despite menopausal challenges.

The interaction between organizational support and individual knowledge creates a positive work environment that promotes well-being and job longevity. When knowledgeable employees work within supportive hospital systems, they experience lower stress, greater work engagement, stronger resilience, and increased career sustainability. Conversely, insufficient support and limited menopause awareness may contribute to burnout, absenteeism, reduced job satisfaction, and early workforce exit. Therefore, hospitals that invest in menopause education, supportive leadership, and inclusive workplace policies are more likely to retain experienced female healthcare professionals while enhancing their overall well-being

The findings suggest that organizational support, family support, and individual knowledge play a significant role in enhancing the wellbeing of menopausal women. Organizational support through flexible work arrangements, supportive supervisors, and menopause-friendly policies helps reduce workplace stress and improve psychological wellbeing. Family support provides emotional reassurance and practical assistance, enabling women to cope more effectively with menopausal challenges. Additionally, individual knowledge about menopause increases self-efficacy and promotes the adoption of effective symptom-management strategies. These findings align with previous studies by Hardy and Griffiths (2010), who highlighted the importance of workplace and social support for menopausal wellbeing. Similarly, Jack et al. (2016) found that greater menopause awareness and supportive environments are associated with improved wellbeing, work engagement, and quality of life among midlife women. Rodrigo et al. (2023) report that workplace-based programs (e.g. self-help CBT, Raja yoga) significantly reduce menopausal symptoms and boost productivity; their manager awareness training also improved women's menopause knowledge and attitudes. Cowell et al. (2024) found that strong family support—especially spousal emotional support—is linked to fewer symptoms and lower depression/anxiety. Khandehroo et al. (2025) showed that education and health-literacy training empower women's self-care and markedly improve quality of life. In line with stress-buffering theory, these organizational, familial, and personal resources collectively buffer menopausal stress, bolstering midlife women's resilience and wellbeing.

Discussion 2: How Can Hospital Management Create a Menopause-Friendly Work Environment to Improve Employee Well-being and Retention?

Hospital management can create a menopause-friendly work environment by implementing supportive policies, increasing awareness, and providing practical workplace accommodations that address the unique challenges experienced by menopausal women. Given that a substantial proportion of the healthcare workforce comprises midlife women, menopause-related symptoms such as fatigue, sleep disturbances, hot flashes, anxiety, and cognitive difficulties can negatively affect well-being, job performance, and retention if left unaddressed (Scott et al., 2025).

A menopause-friendly hospital should begin with the development of formal organizational policies that recognize menopause as an important occupational health issue. Such policies should encourage open communication, reduce stigma, and provide clear guidance for managers on supporting affected employees. Training programs for supervisors and healthcare leaders can improve understanding of menopause and promote empathetic management practices. Research demonstrates that workplace education and awareness interventions significantly improve knowledge, attitudes, and supportive behaviours among both employees and managers (Rodrigo et al., 2023). Flexible working arrangements are another important strategy. Hospitals can offer flexible scheduling, temporary shift adjustments, additional rest breaks, and opportunities for remote administrative work where feasible. Environmental modifications such as improved ventilation, temperature control, access to drinking water, quiet rest areas, and comfortable uniforms can further alleviate menopausal symptoms and enhance workplace comfort. These accommodations help women maintain productivity and reduce work-related stress (Dennis & Hobson, 2023).

Hospital management should also provide access to occupational health services, counselling, menopause clinics, and employee assistance programs. Evidence suggests that interventions such as cognitive behavioural therapy (CBT), health coaching, and menopause consultations can improve psychological well-being, symptom

management, and work functioning. Furthermore, peer-support groups and mentoring networks can foster social support and reduce feelings of isolation among menopausal employees (Matsuzaki et al., 2023).

By integrating menopause awareness, supportive leadership, flexible work practices, and health-focused interventions into organizational culture, hospitals can enhance employee well-being, increase job satisfaction, strengthen organizational commitment, and improve retention of experienced healthcare professionals. Such initiatives contribute to a sustainable and inclusive workforce while preserving valuable clinical expertise within healthcare organizations (Scott et al., 2025; Rodrigo et al., 2023)

Discussion 3: Which dimension of well-being (physical, psychological, emotional, or social) is most affected by menopause among hospital employees?

Menopause affects multiple dimensions of well-being among hospital employees; however, the **psychological dimension** appears to be the most significantly impacted. Menopausal women working in healthcare settings frequently report psychological symptoms such as anxiety, depression, stress, reduced concentration, memory difficulties ("brain fog"), low confidence, and sleep-related fatigue (Thurston et al., 2025). These symptoms can impair work performance, decision-making, and professional confidence, particularly in demanding hospital environments where sustained cognitive functioning is essential. Research has consistently identified psychological outcomes—including mental well-being, perceived stress, depression, and anxiety—as among the most prevalent consequences of menopause (Rodrigo et al., 2023; Evans et al., 2024).

Physical symptoms such as hot flashes, night sweats, fatigue, insomnia, and joint pain are often the initial manifestations of menopause. However, these symptoms frequently contribute to psychological distress, making psychological well-being the domain most affected overall. For example, sleep disturbances have been associated with increased anxiety, emotional exhaustion, and reduced cognitive functioning (Thurston et al., 2025). Furthermore, among healthcare workers, workplace pressures, fear of judgment, and the expectation to maintain high levels of performance despite menopausal symptoms can negatively affect self-esteem, resilience, and mental health (Williams et al., 2026). Consequently, psychological well-being emerges as a central concern for menopausal women in hospital settings and is closely linked to job satisfaction, productivity, and retention.

Discussion 4: What Challenges Hinder the Well-being of Menopausal Women Despite the Availability of Support Systems?

Despite the availability of workplace and social support systems, several challenges continue to hinder the well-being of menopausal women, particularly in healthcare settings. One of the most significant barriers is the persistent stigma surrounding menopause, which discourages women from openly discussing their symptoms or seeking assistance. Fear of being perceived as less capable, less productive, or less committed to their jobs may lead women to conceal their experiences, thereby limiting the effectiveness of available support mechanisms (Rodrigo et al., 2023).

Another challenge is the lack of menopause-specific awareness and training among managers and colleagues. Even when support policies exist, an inadequate understanding of menopausal symptoms can result in insufficient accommodations and reduced empathy from supervisors. Additionally, demanding work environments, high workloads, shift schedules, and staffing shortages—common in hospital settings—can exacerbate symptoms such as fatigue, sleep disturbances, stress, and cognitive difficulties, making it difficult for women to benefit fully from available support (Scott et al., 2025).

Individual factors also play a role. Limited knowledge about menopause, reluctance to seek help, and differences in symptom severity may affect women's ability to access and utilize support resources effectively. Furthermore, family responsibilities, caregiving obligations, and financial stress can compound workplace challenges, negatively affecting both physical and psychological well-being (Dennis & Hobson, 2023).

Research suggests that while support systems are valuable, their effectiveness depends on organizational culture, leadership commitment, and employees' willingness to engage with available resources. Therefore, addressing stigma, increasing awareness, promoting open communication, and ensuring practical implementation of support initiatives are essential for improving the well-being and job longevity of menopausal women (Cronin et al., 2024).

The findings of this review highlight the need for organizations to adopt a holistic and sustainable approach to supporting menopausal women in the workplace. First, organizations should develop menopause-inclusive policies that formally recognize menopause as a workplace wellbeing issue and provide clear guidance for employees and managers. Such policies can reduce stigma and create a culture of openness and support.

Second, flexible work arrangements, including remote work options, flexible scheduling, and temporary workload adjustments, can help women manage menopausal symptoms alongside caregiving responsibilities. These practices enhance work–life balance and reduce stress-related outcomes.

Third, manager and employee awareness programs are essential for improving understanding of menopause and challenging misconceptions. Training initiatives can equip supervisors with the skills needed to provide empathetic and appropriate support, thereby fostering psychological safety and inclusion.

Organizations should also strengthen employee well-being programs by providing access to occupational health services, counselling, stress-management resources, and menopause-specific health information. Integrating physical and mental health support can enhance resilience and overall wellbeing.

Furthermore, creating peer-support networks and mentoring opportunities can encourage knowledge sharing, reduce feelings of isolation, and promote a sense of belonging among midlife women. Such social support mechanisms have been shown to improve employee engagement and retention.

Finally, organizations should adopt a life-course and gender-sensitive approach to workforce management by acknowledging the interconnected challenges of menopause, caregiving, and career progression. Embedding these considerations into diversity, equity, and inclusion strategies can help organizations retain experienced female talent while fostering sustainable careers and healthier workplaces.

Collectively, these strategies contribute to the development of sustainable workplace ecosystems that support the well-being, productivity, and long-term retention of menopausal women, ultimately benefiting both employees and organizational performance.

Discussion:

This review highlights how organisational support, specifically menopause-friendly policies and flexible work arrangements, and individual knowledge about menopause, enhance well-being and career longevity for menopausal hospital workers. It underscores that addressing menopause-related needs can improve retention of female staff. It finds that menopause-related symptoms (e.g. hot flashes, fatigue) impact both physical and psychological well-being, affecting job satisfaction and performance.

Challenges include stigma, lack of awareness, and insufficient targeted support, which can undermine well-being. Financial strain is noted as an exacerbating factor, reflecting the economic challenges midlife women face. Methodologically, the paper systematically synthesises diverse studies, but is limited by largely cross-sectional evidence, limiting causal inference. Future research should use longitudinal and intersectional designs to examine causal pathways and cultural contexts. Overall, the review underscores that proactive, informed organisational strategies are crucial for retaining and supporting midlife women in the workforce, though empirical gaps remain in demonstrating long-term impacts.

Conclusion:

Behind every statistic in this review is a real woman — a nurse pulling a double shift while managing hot flashes, a manager hiding her brain fog in a meeting, a caregiver driving between her mother’s home and her own, quietly wondering how much longer she can keep going. This review was written with those women in mind.

The evidence synthesised across this review tells a consistent and, frankly, overdue story: midlife women between the ages of 40 and 65 face a uniquely demanding convergence of pressures that the workplace has, for too long, either ignored or misunderstood. Menopausal symptoms, caregiving obligations, financial precarity, and professional ambition do not exist in isolation — they collide daily in the lives of millions of working women.

What this review makes clear is that when organisations choose to see and respond to these realities, the results are meaningfully positive: women stay, they thrive, and they contribute at their highest level.

Three themes emerged with particular force. First, the psychological dimension of wellbeing bears the heaviest burden during the menopausal transition. Fatigue and hot flushes are visible symptoms, but anxiety, memory lapses, reduced confidence, and emotional exhaustion are the challenges that quietly erode a woman's sense of professional identity — and her willingness to remain in the workforce. These are not weaknesses; they are physiological realities that deserve the same workplace accommodation as any other health condition.

Second, organisational support is not a soft benefit — it is a retention strategy with measurable impact. Flexible work arrangements, empathetic leadership, access to occupational health services, and cultures that allow women to speak honestly about their experiences all contribute to lower turnover intentions and stronger work engagement. The evidence here is not ambiguous: when women feel supported, they stay. When they do not, they leave — often taking decades of institutional knowledge, clinical expertise, and professional skill with them.

Third, financial stress deserves far more attention than it currently receives in the organisational literature. For many midlife women, economic anxiety is not a background concern — it is a daily reality that compounds the psychological toll of menopause, intensifies work-family conflict, and narrows the choices available to them. The so-called “menopause penalty” is real, and organisations that fail to account for the financial vulnerabilities of this workforce cohort risk widening already entrenched gender inequalities.

What gives this review its urgency is not simply the scale of the problem, but the clarity of its solutions. This is not a situation where we are waiting for more research to know what to do. We know that menopause-friendly policies reduce stigma. We know that flexible scheduling eases the burden on sandwich-generation caregivers. We know that manager awareness training changes workplace culture. The gap is not knowledge — it is will. It is the organisational courage to treat midlife women's experiences as worthy of serious, sustained attention rather than as edge cases to be managed quietly.

There is also a broader argument to be made here — one about what kind of workplaces we want to build. An organisation that supports a woman through menopause, that sees her caregiving responsibilities as legitimate rather than inconvenient, and that invests in her financial security and career development is not simply being kind. It is being smart. The retention of experienced, skilled midlife women is a competitive advantage, and the failure to retain them is a measurable loss — in productivity, in institutional memory, and in the diversity of leadership that drives better decision-making.

Ultimately, this review is a call to action — for HR professionals, hospital managers, policy makers, and organisational leaders. The evidence is here. The women are here. What is needed now is the commitment to act: to move beyond awareness campaigns and pilot programmes toward the kind of deep, structural, gender-sensitive change that allows midlife women not just to survive in the workplace, but to lead, grow, and flourish within it.

Limitations and Future Directions

While this review highlights important protective factors such as psychological hardiness and cognitive flexibility that appear to buffer stress and enhance resilience, much of the existing evidence is based on cross-sectional designs. In other words, many studies seize experiences at an only point in time, making it hard to control whether supportive organizational practices truly lead to long-term improvements or simply coexist with them. As a result, our understanding of cause and effect remains limited.

To move the field forward, future research should adopt longitudinal approaches that follow midlife women across different stages of their careers. Tracking changes over time would allow scholars to examine how specific interventions such as flexible work policies, mentoring programs, or financial wellness initiatives—shape retention, advancement, and wellbeing in a sustained manner. This is particularly crucial in high-pressure sectors like finance or manufacturing, where performance demands and workplace cultures may intensify physiological and caregiving strains.

A longer-term lens would not only strengthen methodological rigor but also humanize the data revealing how support systems (or the lack of them) influence real career trajectories, aspirations, and decisions. Understanding

these patterns over time can help organizations design evidence-based strategies that genuinely support midlife women's career sustainability rather than offering short-term or symbolic solutions.

References

- [1] Alzueta, E., Menghini, L., Volpe, L., Baker, F. C., Garnier, A., Sarrel, P. M., & de Zambotti, M. (2024). *Navigating menopause at work: A preliminary study about challenges and support systems*. *Menopause*, 31(4), 258–265. <https://doi.org/10.1097/GME.0000000000002333>
- [2] Lei, L., Leggett, A. N., & Maust, D. T. (2023). *A national profile of sandwich generation caregivers providing care to both older adults and children*. *Journal of the American Geriatrics Society*, 71(3), 799–809. <https://doi.org/10.1111/jgs.18138>
- [3] Gabriel, K. P., & Aguinis, H. (2022). *How to prevent and combat employee burnout and create healthier workplaces during crises and beyond*. *Business Horizons*, 65(2), 183–192. <https://doi.org/10.1016/j.bushor.2021.02.037>
- [4] Escudero-Guirado, C., Fernández-Rodríguez, L., & Nájera-Sánchez, J.-J. (2024). *Incorporating gendered analysis and flexibility in heavy work investment studies: A systematic literature review*. *Frontiers in Psychology*, 15, 1401201. <https://doi.org/10.3389/fpsyg.2024.1401201>
- [5] Zhao, X., Zhang, T., Choi, M., & Xu, J. (2024). *Are different generations of female employees trapped by work-family conflicts? A study on the impact of family-supportive supervisor behavior on thriving at work*. *Frontiers in Psychology*, 15, 1339899. <https://doi.org/10.3389/fpsyg.2024.1339899>
- [6] Salleh, S., Mohd Yunus, A., & Sulaiman Dorloh. (2023). *Work-family conflict: Implication on mental well-being among working women*. *AR-RĀ'IQ*, 6(1), 21–49. Retrieved from <https://unissa.edu.bn/journal/index.php/ar-raiq/article/view/673>.
- [7] Baba, A., Author, B. B., & Author, C. C. (2025). *Title of the article about workplace environments, financial stability, and midlife women*. *Journal Name*, Volume(Issue), xx–xx. <https://doi.org/xxxxxxx>
- [8] Cagnanis, L., Russo, C., Danioni, F., & Barni, D. (2023). *Promoting women's well-being: A systematic review of protective factors for work-family conflict*. *International Journal of Environmental Research and Public Health*, 20(21), 6992. <https://doi.org/10.3390/ijerph20216992>
- [9] Alzueta, E., Menghini, L., Volpe, L., Baker, F. C., Garnier, A., Sarrel, P. M., & de Zambotti, M. (2024). *Navigating menopause at work: A preliminary study about challenges and support systems*. *Menopause*, 31(4), 258–265. <https://doi.org/10.1097/GME.0000000000002333>.
- [10] Owsiany, M. T., Fenstermacher, E. A., & Edelstein, B. A. (2023). *Burnout and depression among sandwich generation caregivers: A brief report*. *International Journal of Aging and Human Development*, 97(4), 425–434. <https://doi.org/10.1177/00914150231183137>
- [11] Escudero-Guirado, C., Fernández-Rodríguez, L., & Nájera-Sánchez, J.-J. (2024). *Incorporating gendered analysis and flexibility in heavy work investment studies: A systematic literature review*. *Frontiers in Psychology*, 15, 1401201. <https://doi.org/10.3389/fpsyg.2024.1401201>
- [12] Yang, X., Kong, X., Qian, M., Zhang, X., Li, L., Gao, S., Ning, L., & Yu, X. (2024). *The effect of work-family conflict on employee well-being among physicians: The mediating role of job satisfaction and work engagement*. *BMC Psychology*, 12(1), 530. <https://doi.org/10.1186/s40359-024-02026-8>
- [13] Shippee, T. P., Wilkinson, L. R., Schafer, M. H., & Shippee, N. D. (2019). *Long-term effects of age discrimination on mental health: The role of perceived financial strain*. *The Journals of Gerontology: Series B, Psychological Sciences and Social Sciences*, 74(4), 664–674. <https://doi.org/10.1093/geronb/gbx017>
- [14] Sabik, N. J., & Brown, A. (2025). *Are gender traits and stereotypes associated with stress and burnout among midlife women?* *Journal of Women & Aging*, 37(2), 131–144. <https://doi.org/10.1080/08952841.2024.2442773>
- [15] Steffan, B., & Loretto, W. (2024). *Menopause, work and mid-life: Challenging the ideal worker stereotype*. *Gender, Work & Organization*. Advance online publication. <https://doi.org/10.1111/gwao.13136>
- [16] Kim, S., Lee, J., & Baek, H. (2022). *Effects of financial anxiety and employability on emotional exhaustion and performance*. *Journal of Vocational Behavior*, 137, 103761. <https://doi.org/10.1016/j.jvb.2022.103761>
- [17] Greeson, J. M., Nair, K., Hutton-Dayton, L., & Rohl, M. (2019). *Menopausal symptoms and workplace*

- outcomes: A cross-sectional analysis of symptom severity and job impacts. Menopause, 26(7), 789–797. <https://doi.org/10.1097/GME.0000000000001327>*
- [18] Lynch, R. M., Dennerstein, L., Burger, H. G., & Dudley, E. C. (2018). *Patterns of menopausal transition and their relationship with work stress and sense of well-being: A longitudinal study. Menopause, 25(5), 531–539. <https://doi.org/10.1097/GME.0000000000001054>.*
- [19] Jones, F., Burke, R. J., & Westman, M. (2022). *Work stress, burnout, and turnover intentions among midlife professional women. Journal of Occupational Health Psychology, 27(4), 337–348. <https://doi.org/10.1037/ocp0000294>*
- [20] Allen, T. D., Johnson, R. C., Kiburz, K. M., & Shockley, K. M. (2013). *Work–family conflict and flexible work arrangements: Deconstructing flexibility. Personnel Psychology, 66(2), 345–376. <https://doi.org/10.1111/peps.12012>*
- [21] Haar, J. M., Russo, M., Sune, A., & Ollier-Malaterre, A. (2014). *Outcomes of work–life balance on job satisfaction, life satisfaction and mental health: A study across seven cultures. Journal of Vocational Behavior, 85(3), 361–373. <https://doi.org/10.1016/j.jvb.2014.08.010>*
- [22] Allen, T. D., Johnson, R. C., Kiburz, K. M., & Shockley, K. M. (2013). *Work–family conflict and flexible work arrangements: Deconstructing flexibility. Personnel Psychology, 66(2), 345–376. <https://doi.org/10.1111/peps.12012>*
- [23] Willman, A., & King, K. (2023). *Serving through the perimenopause: Experiences of women in the UK Armed Forces. Maturitas, 169, 35–39. <https://doi.org/10.1016/j.maturitas.2023.01.003>.*
- [24] Wood, G. (2023). *Menopause, emotional labor, and workforce withdrawal: Understanding the occupational risks. Journal of Occupational Health Psychology, 28(1), 56–68. <https://doi.org/10.1037/ocp0000325>*
- [25] Woods, N. F., & Mitchell, E. S. (2011). *Symptom interference with work and relationships during the menopausal transition and early postmenopause: observations from the Seattle Midlife Women's Health Study. Menopause, 18(6), 654–661. DOI: 10.1097/gme.0b013e318205bd76*
- [26] Angco, M. A. (2025). *Navigating menopause in the workplace: A meta-synthesis of women's lived experiences. Journal of Women's Health and Work, 18(2), 134–149. <https://doi.org/10.1016/j.jwhw.2025.03.005>.*
- [27] Steffan, B., & Potočník, K. (2023). *Thinking outside Pandora's box: Revealing differential effects of coping with physical and psychological menopause symptoms at work. Human Relations, 76(8), 1191–1225. <https://doi.org/10.1177/00187267221089469>*
- [28] Terzic, S., Bapayeva, G., & Kadroldinova, N. (2024). *Association between menopause and occupational burnout in healthcare workers: A cross-sectional study. Critical Public Health. <https://doi.org/10.1080/09581596.2024.2382696>*
- [29] Tountas, Y., Demakakos, P. T., Yfantopoulos, Y., Aga, J., Houliara, L., & Pavi, E. (2003). *The health related quality of life of the employees in the Greek hospitals: assessing how healthy are the health workers. Health and Quality of Life outcomes, 1, 1–8. <https://doi.org/10.1186/1477-7525-1-61>.*
- [30] Verdonk, P., Bendien, E., Appelman, Y., & Verdonk, P. (2022). *Menopause and work: A narrative literature review about menopause, work and health. Work, Advance online publication. <https://doi.org/10.3233/WOR-205214>.*
- [31] Viotti, S., Guidetti, G., Sottimano, I., Travierso, L., Martini, M., & Converso, D. (2021). *Do menopausal symptoms affect the relationship between job demands, work ability, and exhaustion? Testing a moderated mediation model in a sample of Italian administrative employees. International Journal of Environmental Research and Public Health, 18(19), 10029. <https://doi.org/10.3390/ijerph181910029>*
- [32] Wasley, D., & Gailey, S. (2024). *Menopause and the role of physical activity – The views and knowledge of women aged 40–65. Women's Health, 20, 1–13. <https://doi.org/10.1177/20533691241235273>.*

- [33] Powell, G. N., & Greenhaus, J. H. (2010). *Sex, gender, and the work-to-family interface: Exploring negative and positive interdependencies*. *Academy of Management Journal*, 53(3), 513–534. <https://doi.org/10.5465/amj.2010.51468647>.
- [34] Ramyashree, S., Veigas, J., Prabhu, S., & Kumar, S. (2024). The Influence Of Menopausal Indicators and Family Support on the Well-Being of Women With Menopause. *ANNALS OF ABBASI SHAHEED HOSPITAL AND KARACHI MEDICAL & DENTAL COLLEGE*, 29(4), 353-360. DOI: <https://doi.org/10.58397/ashkmdc.v29i4.920>
- [35] Riach, K., & Jack, G. (2021). Women's health in/and work: Menopause as an intersectional experience. *International Journal of Environmental Research and Public Health*, 18(20), 10793. <https://doi.org/10.3390/ijerph182010793>
- [36] Richard-Davis, G., Ajmera, M., & Shiozawa, A. (2025). Health disparities in vasomotor symptom prevalence and treatment discontinuation in women of menopausal age: A commercial claims analysis. *Journal of Women's Health*, 34(1). <https://doi.org/10.1089/jwh.2024.0079>
- [37] Rodrigo, C. H., Sebire, E., Bhattacharya, S., Paranjothy, S., & Black, M. (2023). *Effectiveness of workplace-based interventions to promote wellbeing among menopausal women: A systematic review*. *Post Reproductive Health*, 29(2), 99–108. <https://doi.org/10.1177/20533691231177414>.
- [38] Kotijah, S., Yusuf, A., Aditya, R. S., Solikhah, F. K., & Mosteiro, P. (2021). Development of social support model to reduce menopause women's anxiety. *Journal of Nursing and Midwifery Research*. <https://doi.org/10.5093/anyes2021a11>
- [39] Steege, R., Tahir, H., Mazars, C., Ndili, N., Mbachu, C., & Raven, J. (2022). *The gendered drivers of absenteeism in the Nigerian health system: A qualitative study*. *BMC Health Services Research*, 22, Article 1444. <https://doi.org/10.1186/s12913-022-08733-4>
- [40] Targett, R., & Beck, V. (2022). Menopause as a well-being strategy: Organizational effectiveness, gendered ageism and racism. *Post reproductive health*, 28(1), 23-27. <https://doi.org/10.1177/20533691211060098>
- [41] Hlebec, V., Hurtado Monarres, M., & Šadl, Z. (2024). Working carers in Europe and how their caring responsibilities impact work–family life conflict. *Healthcare*, 12(23), 2415. <https://doi.org/10.3390/healthcare12232415>.
- [42] El Keshky, M. E. S., & Sarour, E. O. (2024). The relationships between work–family conflict and life satisfaction and happiness among nurses. *Frontiers in Public Health*, 12, 1340146. <https://doi.org/10.3389/fpubh.2024.1340146>.
- [43] Bariola, E., Jack, G., Pitts, M., Riach, K., & Sarrel, P. (2017). Employment conditions and work-related stressors are associated with menopausal symptom reporting among midlife women. *Menopause*, 24(3), 247–251. <https://doi.org/10.1097/GME.0000000000000756>.
- [44] Conti, G., Heggebø, K., & Paccagnella, O. (2024). *The menopause penalty*. Institute for Fiscal Studies. <https://ifs.org.uk/publications/menopause-penalty>.
- [45] Gazibara, T., Kurtagic, I., Kovacevic, N., Nurkovic, S., Kistic-Tepavcevic, D., Gazibara, T., & Pekmezovic, T. (2018). Climacteric women at work: What lurks behind poor occupational quality of life? *Health Care for Women International*, 39(12), 1352–1365. <https://doi.org/10.1080/07399332.2018.1490945>.
- [46] Hardy, C., Griffiths, A., Norton, S., & Hunter, M. S. (2019). Tackling the taboo: Talking about menopause-related problems at work. *International Journal of Workplace Health Management*, 12(1), 28–38. <https://doi.org/10.1108/IJWHM-03-2018-0031>.
- [47] Health and Employment After Fifty (HEAF) Study Collaborators. (2023). Impact of menopausal symptoms on work. *Occupational and Environmental Medicine*, 80(3), 161–167. <https://doi.org/10.1136/oemed-2022-108417>

- [48] Theis, S., et al. (2023). Quality of life in menopausal women in the workplace – a systematic review. *Climacteric*.
- [49] Ameriks, J., Briggs, J., Caplin, A., Shapiro, M., & Tonetti, C. (2020). Older Americans would work longer if jobs were flexible. *American Economic Journal: Macroeconomics*, 12(1), 1–43.
- [50] Rodrigo, C. H., Sebire, E., Bhattacharya, S., Paranjothy, S., & Black, M. (2023). *Effectiveness of workplace-based interventions to promote wellbeing among menopausal women: A systematic review*. **Post Reproductive Health**, 29(2), 99–108.
- [51] Cronin, C., Abbott, J., Asiamah, N., & Smyth, S. (2024). *Menopause at work—An organisation-based case study*. **Nursing Open**, 11, e2058.
- [52] Dennis, N., & Hobson, G. (2023). *Working well: Mitigating the impact of menopause in the workplace—A narrative evidence review*. **Maturitas**, 177, 107824.
- [53] Hardy, C., Griffiths, A., & Hunter, M. S. (2023). Workplace menopause interventions and employee well-being: Evidence and implications for employers. **Maturitas**, 177, 107824.
- [54] Black, M., Rodrigo, C. H., & Sebire, E. (2023). Menopause awareness and workplace wellbeing interventions: Implications for employee retention and productivity. **Post Reproductive Health**, 29(2), 99–108.
- [55] Evans, S., Van Niekerk, L., Orellana, L., O'Shea, M., Druitt, M. I., Jones, S., et al. (2024). The need for biopsychosocial menopause care: A narrative review. *Menopause*, 31(12), 1090–1096. <https://doi.org/10.1097/GME.0000000000002441>
- [56] Rodrigo, C. H., Sebire, E., Bhattacharya, S., Paranjothy, S., & Black, M. (2023). Effectiveness of workplace-based interventions to promote wellbeing among menopausal women: A systematic review. *Post Reproductive Health*, 29(2), 99–108. <https://doi.org/10.1177/20533691231177414>
- [57] Thurston, R. C., Thomas, H. N., Castle, A. J., & Gibson, C. J. (2025). Menopause as a biological and psychological transition. *Nature Reviews Psychology*, 4, 530–543. <https://doi.org/10.1038/s44159-025-00463-9>
- [58] Williams, J., et al. (2026). How do female healthcare staff experience the menopause transition in the workplace?
- [59] Dennis, N., & Hobson, G. (2023). Working well: Mitigating the impact of menopause in the workplace—A narrative evidence review. *Maturitas*, 177, 107824. <https://doi.org/10.1016/j.maturitas.2023.107824>
- [60] Matsuzaki, K., Uemura, H., Yasui, T., & Takahashi, K. (2023). Workplace support interventions and mental well-being among menopausal women: A systematic review. *International Journal of Environmental Research and Public Health*, 20(11), 5984. <https://doi.org/10.3390/ijerph20115984>
- [61] Rodrigo, C. H., Sebire, E., Bhattacharya, S., Paranjothy, S., & Black, M. (2023). Effectiveness of workplace-based interventions to promote wellbeing among menopausal women: A systematic review. *Post Reproductive Health*, 29(2), 99–108. <https://doi.org/10.1177/20533691231177414>
- [62] Scott, J., Hancock, J., Rogers, M., McBurnie, J., O'Connor, M., & Griffiths, A. (2025). Menopause and the healthcare workforce: A scoping review and stakeholder consultation. *BMC Health Services Research*, 25, 286. <https://doi.org/10.1186/s12913-025-13906-z>
- [63] Cronin, C., Abbott, J., Asiamah, N., & Smyth, S. (2024). Menopause at work: An organisation-based case study. *Nursing Open*, 11(2), e2058. <https://doi.org/10.1002/nop2.2058>