# **Empirical Article**

# What drives people to work in retirement? The role of work–family trajectories, finances, health, and welfare state generosity in bridge employment across Europe

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#### Abstract

Bridge employment—retirees performing paid work before permanently retiring—is becoming increasingly common. However, it remains unclear how bridge employment is shaped by people's work–family trajectories across different welfare states. Using the Survey of Health, Ageing and Retirement in Europe and estimating 3-level linear probability models, results show that—compared to continuously full-time employed persons in nuclear families—those who remain single or childless are more likely to have a bridge job out of financial comfort and are less likely to be bridge-employed because of poorer health. Poorer health also prevented mostly nonemployed partnered parents from bridge employment, while financial hardship is a barrier for people who experienced divorce and those who were predominantly part-time, non-, or self-employed. Finances generally suppressed the relationship between work–family trajectories and bridge employment, reflecting the importance of alternative mechanisms, such as social and psychological motivations. Further, the association between people's finances and bridge employment is weaker if governments spend more on pensions, but only among people aged 65+. This hints at generous state pensions being able to close the gap in bridge employment between people with different work–family trajectories. Higher healthcare expenditures increase bridge employment, especially for healthier retirees. Generally, our findings support theories on cumulative (dis)advantage and the welfare state, indicating that work–family trajectories for older adults.

Keywords: work-family, life course, retirement, bridge employment, welfare state

When thinking of retirement, it is common to imagine a stage of life that is free from work. Retirement is often seen as a time to enjoy the freedom of pursuing interests without having work obligations. However, with ongoing pension reforms, especially in the rapidly aging Western world, this traditional view of retirement should be nuanced (Lassen & Vrangbæk, 2021). Nowadays, many people perform paid work in retirement, a phenomenon called bridge employment.

Bridge employment is a distinct concept in the retirement literature (Wang & Huang, 2024). It is a hybrid situation of work and retirement, generally defined as having gainful employment while receiving any type of pension (Beehr & Bennett, 2015). It is usually seen as a temporary and transitional phase between active employment and permanent retirement, where individuals engage in reduced or modified work arrangements, either due to partial retirement options, changing health needs, or shifting financial demands (Galkuté & Herrera, 2020). As such, bridge employment reflects a unique blend of continuity and change in later life, shedding light on the diverse ways older adults adjust to retirement.

Research has shown that typically social groups in advantageous positions engage in bridge jobs, including retirees who are male, younger, and higher educated (Sullivan & Al Ariss, 2019). What seems to matter most for bridge employment is the financial and health situation of retirees (Birkett et al., 2017). While some studies found no or even a negative effect of financial resources, most of the literature suggests that people with more finances are more likely to work in retirement (Platts & Glaser, 2025). Research on the role that health plays seems more consistent, with better health predicting a higher likelihood of having a bridge job (Carlstedt et al., 2018). This implies that bridge employment is more common among those who tend to earn higher salaries, accumulate wealth, and preserve physical or mental fitness. However, individuals in more disadvantageous positions might also take bridge jobs. Some retirees face financial hardship because of lower pension entitlements or insufficient household income as a result of interrupted work careers and family instabilities over the life course (Möhring, 2021). Consequently, they may return to work or stay employed after retirement (Kolev & Pascal, 2002). Other retirees, particularly those who left the workforce because of illness or disability, may struggle to reenter employment due to ongoing health issues that accumulated over the life course (Dingemans et al., 2016). This means that although bridge employment is well-predicted by better finances and good health, our understanding of bridge employment remains incomplete without considering how

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people's previous life courses shaped their current financial and health situation.

We therefore propose a life course perspective to study this phenomenon. The life course perspective argues that life course transitions, particularly complex ones like bridge employment, are best understood when studied as part of a person's complete trajectory (Elder et al., 2003). This is because such transitions are the outcome of accumulating experiences in earlier life, rather than of single and isolated events (Dannefer, 2003). As such, the life course perspective emphasizes a longitudinal approach while accounting for the interdependence between trajectories across different life spheres, especially the domains of work and family (Krüger et al., 2001). Work and family are deeply intertwined domains, connected through social expectations, economic dependencies, and time commitments (Han & Mortimer, 2023). Their interplay influences opportunities and constraints over the life course, making their joint examination useful for explaining later-life outcomes (Machů et al., 2022). Given this interplay, work-family trajectories provide a holistic lens to capture how barriers and facilitators of bridge employment, including finances and health, are shaped by people's life course trajectories before bridge employment (Piccarreta & Studer, 2019).

Only a few studies took a life course perspective on bridge employment, yet focusing solely on work trajectories. Burkert and Hochfellner (2017) found that German retirees with more unemployment and sickness over their careers were more likely to work in retirement. Brydsten and colleagues (2025) showed that Swedish workers with unstable trajectories characterized by frequent transitions between low-paying jobs had a higher likelihood of working in retirement. Across 13 European countries, Dingemans and Möhring (2019) demonstrated that people who spent more time in part-time and self-employment across their lives were more likely to enter bridge employment. In contrast, those with a history of mainly full-time work were less inclined to do so. Going beyond work trajectories, Madero-Cabib and Biehl (2021) examined work-family trajectories, albeit in a small sample from a single city in Chile, limiting the external validity. Their findings showed that full-time working divorced parents and part-time working married parents were more often bridge-employed. However, parents who were not employed, whether married or divorced, had a lower chance of being bridge-employed.

These prior studies highlight that individuals with disadvantageous or nonstandard trajectories, who are more susceptible to financial strain and poor health (Comolli et al., 2021), are more likely to work in retirement. This challenges the finding that bridge employment is exclusively for those in advantageous positions, pointing at the possibility that people in disadvantageous positions might also take bridge jobs. Yet, these studies did not properly address this possibility for three reasons. First, they primarily considered work trajectories, not accounting for the interplay with family trajectories. This overlooks critical factors, such as marriage stability, union dissolution, and parenthood, which can reinforce or offset the advantages and disadvantages of work trajectories. Second, they assessed the relationship between life course trajectories and bridge employment without scrutinizing the role of finances and health as potential underlying mechanisms explaining this relationship. Third, these studies were conducted in single-country contexts. The one study comparing multiple countries did so without incorporating country-level characteristics that can mitigate or exacerbate financial and health disparities in bridge employment. Hence, our understanding of what drives people to work in retirement remains incomplete.

In this study, we aim to provide a more complete understanding with three major contributions. First, using nationally representative large samples, we examine work-family trajectories to present more holistic and generalizable findings on whether individuals with unique biographies differ in entering bridge employment. Our study aims to capture how work-family trajectories collectively inform the retirement transition, as opposed to pinpointing a specific factor within each trajectory, such as whether it is a divorce or unemployment episode that drives bridge employment. Second, we decompose the relationship between work-family trajectories and bridge employment, focusing on a person's finances and health. By considering these factors, we disentangle how bridge employment is the result of accumulated advantages and disadvantages over the life course. Third, we theorize and empirically test how the country context may offset the accumulation of (dis) advantages resulting from work-family trajectories and reshape bridge employment decisions. Specifically, we examine a country's pension and healthcare expenditures, which are two pillars of the welfare state that influence older adults' financial and health prospects (Gallet & Doucouliagos, 2017; Kuitto et al., 2023).

In making these contributions, we exploit rich and detailed longitudinal data at both the individual and country level to answer three research questions. First, we establish the total effects of work–family trajectories, asking: To what extent are work–family trajectories associated with bridge employment? Second, we examine the indirect effects through finances and health: To what extent do finances and health explain the relationship between work–family trajectories and bridge employment? Third and finally, we study cross-level interaction effects: To what extent does the role of finances and health in bridge employment depend on the generosity of a county's pension and healthcare system? We also explore empirically whether the answers to these questions differ for men and women.

We draw individual-level data from the Survey of Health, Ageing and Retirement in Europe (SHARE) and use six types of work–family trajectories from age 15 to 49, previously identified by Firat et al. (2023), who provide the most elaborate cross-national measurement of work–family trajectories to date. For finances and health from age 50+, we include people's ability to make ends meet and the perception of their general health, while assessing bridge employment by any combination of paid work and pension income. To answer the third research question, we integrate country-level timeseries data from Eurostat, involving expenditures on pensions and healthcare across 28 countries over two decades, corresponding and matching to the period in which our sample retired.

# Theory and hypotheses

The life course perspective frames human life as an age-graded process that unfolds continuously and where transitions from

one state to another do not happen in a vacuum. More specifically, transitions follow previous transitions and have implications for experiences in later stages of life. This series of experiences spanning various developmental phases, such as from early adulthood to midlife, shape the life course trajectories of individuals, which differ from one another based on when, how long, and in what order events occur. Trajectories develop not just over various phases of life, but also across different life spheres, as seen in Krüger et al.'s (2001) hypothesis of master status and Elder's (1985) idea of the differentiated life course, both of which suggest that life courses primarily intersect through roles surrounding work and family.

Researchers have increasingly examined the development of work-family trajectories throughout the earlier life course and their implications for later-life events, including retirement. This has sparked an extensive inquiry into describing typical work-family trajectories, as summarized in recent reviews (Han & Mortimer, 2023; Machů et al., 2022). However, prior studies often suffered from a limited scope, such as focusing solely on men or women, a restricted number of countries, short periods of the lifespan, or narrow measurements of work and family states. Tackling these gaps, Firat et al. (2023) conducted a large empirical study using the SHARE data and covering about 80,000 people in 28 European countries. As detailed in Table 1, the authors identified six common trajectories spanning ages 15-49, which we consider in this study.

The most common trajectory identified by Firat et al. (2023) is (1) an uninterrupted career of full-time employment and a lifelong marriage including children. The other trajectories deviated from this customary one in the work and/or family domain. Those differing in the family domain were again characterized by continuous full-time

| Table | 1. Six | types | of wor | ′k–family | / trajec | tories | from | age      | 15 t | to 4 | 49 |
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employment, but featured a (2) divorce and a long-term history of (3) singlehood or childlessness. Those differing in the work domain involved predominantly (4) parttime employment, (5) nonemployment, and (6) selfemployment, all alongside stable relationships and having children. While a seventh trajectory that brings together nontraditional forms of work and family (e.g., divorced and part-time employed over the life course) is theoretically possible, it was not found to be a common configuration in Firat et al.'s (2023) study. This configuration is also mentioned rarely in the literature (Han & Mortimer, 2023; Machů et al., 2022), so we do not consider it henceforth.

In deriving our hypotheses, we adopt an institutional life course approach (Mayer, 2005) by combining the cumulative (dis)advantage theory (Dannefer, 2003) with theories on the welfare state (Esping-Andersen, 1999). This approach helps us elucidate bridge employment at the nexus of individuals' work-family trajectories, resources, and countries' institutional characteristics.

## Individual level: cumulative (dis)advantage

Cumulative (dis)advantage theory posits that advantages in earlier life lead to advantages in later life, and so do disadvantages (Dannefer, 2003). Called path dependency, this process operates through resources gained from lived experiences. While some people experience favorable events, others face adversities. Differences between people intensify over time, producing disparities in possessing resources to exert agency in future transitions. Applying this theory to the relationship between work–family trajectories and bridge employment, we argue that distinct types of work–family trajectories confer varying levels of finances and health, which in turn shape bridge employment decisions.

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| Label   | Description   | Gender                   |
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| Full-time worker,<br>partnered parent         | Individuals who have a continuous full-time employment career and a stable relationship with children over their life course. Full-time employment becomes dominant after age 20 and partnership with parenthood becomes dominant from age 30 onwards. On average, they spend about 29 years in full-time employment and 23 years in a relationship involving children. | Female: 45%<br>Male: 55% |
| Full-time worker,<br>unpartnered parent       | Individuals who have a continuous full-time employment career, with an average of 28 years in full-time employment, and experience a family dissolution (mostly divorce) involving children. The divorce takes place from the mid-30s onwards, meaning that they stay divorced for nearly 13 years.   | Female: 71%<br>Male: 29% |
| Full-time worker, single/<br>childless couple | Individuals who have a continuous full-time employment career as of age 20, with an average of 29 years in full-time employment. They do not form a traditional family over their life course. They either stay single from age 15 to 49 or remain childless when they have a partner in their 30s.   | Female: 46%<br>Male: 54% |
| Part-time worker,<br>partnered parent         | Individuals who usually work part-time for an average of 23 years and have a stable relationship with children over their life course. They often work full-time until their early 30s and switch to part-time employment after family formation from thereafter. Family formation occurs later compared to nonemployed partnered parents by approximately 2 years.     | Female: 89%<br>Male: 11% |
| Nonworker, partnered<br>parent                | Individuals who do not work for most of their lives (for about 26 years in nonemployment) and have a stable relationship of roughly 23 years including children. Some individuals work full-time before age 30, but they exit the workforce after marriage and/or childbirth from age 30 onwards.   | Female: 95%<br>Male: 5%  |
| Self-employed, partnered parent               | Individuals who are self-employed for a large part of their lives (about 28 years) from age 15 to 49 and have a stable relationship and children. Family formation happens at older ages than the previous types of work–family trajectories by roughly 2 years.  | Female: 40%<br>Male: 60% |

Source. Firat et al. (2023).

As mentioned, we consider six types of work-family trajectories. First, the trajectory that combines continuous full-time employment with a stable partnership involving children (a trajectory more common among men) may pose challenges, such as a sense of conflict between work and family roles and stress associated with work and family obligations. Nevertheless, it is fairly advantageous when it comes to resource accumulation. Consistent full-time employment generally yields decent earnings and regular pension contributions, ensuring greater pension benefits, household income, and wealth in the future, particularly if couples are dual-earners (Halpern-Manners et al., 2015). Concerning health, this trajectory usually promotes well-being, since people in this trajectory often work under more favorable conditions and sustain multiple social roles as workers, partners, and parents, which protect against (mental) illness (Lacey et al., 2016; Machů et al., 2022).

Second, full-time workers who are divorced and do not repartner for most of their earlier lives, which is a pattern predominantly seen among women, meet constraints in later life despite their advantageous work trajectory characterized by strong labor market attachment. When people separate, they normally divide finances, possibly endure social stigma, and sometimes pursue unhealthy habits, including excessive alcohol consumption and smoking (Barban, 2013). Consequently, they perceive reductions in household income and wealth, feel financial strain, and become more susceptible to illnesses (Barban, 2013; Kapelle & Baxter, 2021; Möhring, 2021).

Third, individuals-usually men-experiencing a trajectory of working full-time while being single or childless can similarly enjoy advantages in their professional lives. Yet, financially, being a single wage-earner could pose challenges in securing mortgages, and childless people might not benefit from tax credits and allowances available to families with children (Xiao & Yao, 2020). These circumstances restrict their ability to accumulate wealth compared to fulltime workers in traditional families, although they may have greater comfort in their spending and savings, as they do not incur the costs associated with raising children. Regarding health, studies suggest that single or childless persons may be more prone to certain illnesses, potentially because they have less access to social contacts, support, and role attainment acquired through partnership and parenthood, albeit they can find fulfillment through other means, such as friends and hobbies (Rendall et al., 2011).

Fourth, part-timers, who are typically women and live with their partner and children throughout their lives, may benefit from a stable family structure when they approach retirement. They can also find it beneficial to work part-time, as it can offer greater flexibility and work-life balance, especially if working part-time is a desired choice. However, part-time employment is often characterized by interrupted careers, temporary contracts, and lower wages, which might lead to reduced household income, pension benefits, and wealth in later life (Madero-Cabib & Fasang, 2016; Möhring, 2021). These financial challenges could contribute to feelings of economic precarity, potentially increasing the risk of diseases and affecting life satisfaction at older ages (Baumann et al., 2022; Comolli et al., 2021).

Fifth, individuals who have been primarily nonemployed in their earlier life while being married with children usually face unique disadvantages in later life. To a great extent, these are women dedicating their time to childcare and housework, which may provide a stable family life and strong familial bonds. Yet, prolonged disengagement from the labor market results in a minimal employment history, lower pension entitlements, and limited access to social security benefits, creating financial vulnerability (Halpern-Manners et al., 2015). Moreover, the physical demands of unpaid domestic work combined with restricted access to employer-sponsored health insurance or potential healthpromoting environments in workplaces can exacerbate health disparities, reducing the quality of life in old age (Comolli et al., 2021).

Sixth, parents with a lifelong partner and a career of self-employment may benefit from long-term family stability. This is a trajectory most frequently followed by men, who undergo the precariousness of self-employment throughout their working lives. In most countries, self-employed people need to self-insure against unemployment and sickness and set up a private plan for retirement since they are not well-covered in insurance programs that are mandatory for employees, and they are excluded from occupational pensions, which can result in lower pension benefits and higher risks of poverty in old age (Höppner, 2021; Sevä & Larsson, 2015). While owning a business may increase wealth, self-employed individuals also often encounter liquidity problems and borrowing constraints, leading to financial distress (Cagetti & De Nardi, 2006). Despite enjoying greater work autonomy and flexibility, the self-employed usually bear high job demands, which might contribute to occupational stress and health issues (Rietveld et al., 2015).

Ultimately, financial and health conditions resulting from these work-family trajectories guide bridge employment decisions. Although working in retirement is not solely an individual's decision but rather a household decision, involving the needs of partners, children, or other family members (Galkutė & Herrera, 2020), fulltime workers with a partner and children generally are most empowered to make their own decisions. They receive steady incomes from pensions and possess assets, savings, or investments while maintaining good health, all of which enable a decent standard of living in retirement (Comolli et al., 2021). Despite these advantages, they can still choose to work in retirement, as their better financial situation reflects their position as qualified and in-demand workers, and their general better health gives them the capacity to work.

Individuals who have not followed the trajectory of fulltime employment with a partner and children are more restricted in making their own decisions. They accumulate fewer pension benefits, household income, and wealth over the earlier life course, which results in financial insecurity at older ages (Halpern-Manners et al., 2015; Madero-Cabib & Fasang, 2016; Möhring, 2021). To make ends meet, they might need to work in retirement. Beyond material constraints, financial insecurity is often tied to broader disadvantages, such as lower occupational prestige, less autonomy, and a lack of recognition or appreciation during one's career (Western et al., 2012; El Khawli et al., 2025). As a result, bridge employment may not only be an economic necessity for these individuals but also a way to regain social status or fulfill psychological needs provided by work (Abeyta et al., 2017; Damman et al., 2015). However, due to work-family adversities, they suffer more from physical complaints and mental issues as they get older, rendering it unfeasible to work (Di Gessa et al., 2020; Machů et al., 2022; O'Flaherty et al., 2016). This leads us to expect that:

Compared to people working full-time over the life course while having a partner and children, people with trajectories that combine

- a) full-time employment with divorce involving children
- b) full-time employment with singlehood/childlessness
- c) part-time employment with a partner and children
- d) nonemployment with a partner and children

e) self-employment with a partner and children

are more likely to be bridge-employed because of lower finances (H1), but less likely to be bridged-employed because of poorer health (H2).

Note, however, that people in full-time employment with singlehood or childlessness may also experience less financial hardship than those with a family. While they rely on a single household income or lack child-related benefits, they avoid the costs of raising children, including childcare and educational expenses. This yields greater disposable income, facilitating sayings, investments, or retirement plans, which enhances financial security in later life. Additionally, having fewer family obligations gives them greater flexibility for career advancement, such as pursuing further training or relocating for job opportunities, making them "the ideal worker" with commitment and competence (Leslie et al., 2016). This can motivate them to work in retirement as long as their health permits. Therefore, the opposite of H1b might also hold, meaning that full-time employed singles or childless couples are more likely to be bridge-employed than their counterparts with a partner and children because they have more financial resources. For reasons of consistency, we used the financial necessity argument to formulate H1b.

#### Country level: welfare state

Cumulative (dis)advantage theory is useful in unraveling how individual work–family trajectories influence bridge employment decisions through the accumulation of finances and health over the life course. Yet, it is not sufficient on its own to explain interactions between life course trajectories and the broader country (policy) context in which decisions on bridge employment are taken. To substantiate such cross-level interactions, it is necessary to integrate cumulative (dis)advantage theory with frameworks that specifically address country-level influences. Therefore, we combine cumulative (dis)advantage theory and welfare state theory to argue that, after accounting for work– family trajectories, the impact of finances and health on bridge employment differs across countries.

Welfare state theory states that the level of decommodification and defamilization in a country defines social inequalities in that country (Esping-Andersen, 1999). Decommodification and defamilization indicate how much a country reduces its residents' dependency on market forces and family structures. Countries with a generous social welfare system give people the chance to live a more decent life through the implementation of social policies. Social policies enhance the welfare of people who face disadvantages during their life course, such as unemployment, poverty, and disability (Leisering, 2003). This is achieved through the provision of rights and services, and thereby the state becomes an important factor in alleviating possible negative effects of experienced individual disadvantages (Sieber et al., 2020). Even if one does not personally experience disadvantages, it remains beneficial for everyone that the state lends support for those in need, as it serves as a safety net, improving the overall standard of living and buffering social inequalities in the country (Diewald, 2016).

We here focus on two main pillars of the social welfare system that are directly relevant to the finances and health of retirees: pension and healthcare expenditure. Countries that spend more on pensions provide more financial support for retirees, ensuring financial security and preventing poverty in old age (Kuitto et al., 2023). This financial support includes not only old-age pensions that are given to everyone upon retiring or reaching a certain age. It also includes pensions for disability, widowhood, and unemployment. It means that countries investing more in pensions are doing more to help people make ends meet in retirement, even if they encounter disadvantages at older ages. Therefore, in such countries, the personal financial situation of individuals is likely less important when it comes to bridge employment decisions, as generous pension systems are expected to reduce the gap between financially secure and insecure retirees to access bridge jobs (Dingemans et al., 2017). This brings us to the following expectation:

H3: The higher the pension expenditure in a country, the weaker the (negative) relationship between finances and bridge employment.

Likewise, in countries where healthcare spending is higher, the health of individuals may play less of a determining role in bridge employment. When a country invests more in healthcare, it generally ensures universal access to medical goods and services during illness while also implementing widespread preventive measures that help combat the emergence of diseases. Hence, older adults tend to be healthier in such countries, as evidenced by higher life expectancy and lower mortality rates (Gallet & Doucouliagos, 2017). This is because more spending usually means that people have easier access to quality healthcare. As a result, retirees facing health problems in these countries have more structural opportunities to recover. This likely improves their agency over working in retirement, as it compensates for health disadvantages and reduces the disparity in bridge employment engagement between healthy and unhealthy people (Madero-Cabib et al., 2020). This leads to the next hypothesis:

H4: The higher the healthcare expenditure in a country, the weaker the (positive) relationship between health and bridge employment.

Our conceptual framework, including the hypotheses, is illustrated in Figure 1.



Figure 1. Conceptual framework.

# Methods

#### Data

To test our expectations, we used data from SHARE (Börsch-Supan et al., 2013). SHARE provides longitudinal data on the past and current lives of individuals aged 50+. SHARE data are representative of the European older population because of probabilistic sampling methods and are gathered with computer-aided face-to-face personal interviews. So far, SHARE has collected nine waves of data. Waves 1, 2, 4, 5, 6, 8, and 9 were designed as prospective surveys concerning current life circumstances. Wave 3 was a retrospective survey enabling the collection of accurate details about past life events through a life history calendar technique (Schröder, 2011). This retrospective survey, known as SHARELIFE, was also administered in Wave 7, which also had a prospective part.

In this study, we combined data from the retrospective and prospective surveys of SHARE. The data on the work–family trajectories were accessible only in the retrospective surveys (Waves 3 and 7). Accordingly, we first selected respondents who participated in a retrospective survey and for whom a work–family trajectory was previously established (Firat et al., 2023). Among these respondents, we selected those who also took part in a prospective SHARE survey because the data on finances, health, and bridge employment were available only in prospective surveys. Since our work–family trajectories covered the preretirement lifespan from the age of 15–49, people had to be at least 50 years old, experienced retirement, and

retired after the age of 50 in the prospective surveys to be included in the analysis. This enabled a comprehensive analysis of bridge employment as a flexible phase, also capturing early retirees who might reenter work or continue working for various reasons.<sup>1</sup> Applying these criteria resulted in an analytical sample of 58,644 individuals from 28 European countries.

#### Measurement

#### Dependent variable

Consistent with the literature, we operationalized bridge employment as the simultaneous receipt of income from any type of employment and any type of pension remuneration (Beehr & Bennett, 2015). Accordingly, we determined the employment and retirement status of respondents based on the incomes and pensions they received, rather than using self-reported employment status. Given the nature of our data, with individuals observed across multiple waves, we tracked people across all prospective waves in which they participated and assessed the employment and retirement status at each wave. If people

<sup>1</sup>Limiting the sample to those retiring at the age of 60+ largely produced similar results, except that the interaction between perceived health and healthcare expenditure disappeared. Two notable differences emerged when focusing on those who retired at the age of 65+. First, only part-time employed and self-employed partnered parents were more likely than full-time employed partnered parents to engage in bridge employment. Second, there was an interaction between financial comfort and pension expenditure, such that the positive link between financial comfort and bridge employment weakened in countries with higher pension expenditure.

reported regular incomes from both work and retirement in the same wave, we classified them as working retirees in that wave. If they received only pension income, we classified them as permanent retirees in that wave. After doing this in each wave, we looked at the situation across all waves. If a person was always classified as a permanent retiree across the waves, we included them as a permanent retiree in our dependent variable, also treating them as the reference group (score 0). If someone had at least one wave in which they were classified as a working retiree, we scored them as a working retiree (score 1). For respondents who were coded as working or permanent retirees in multiple waves, we took the first observation. This helped us minimize the time gap between the measurement of the dependent variable and the work–family trajectories.

#### Independent variables

Work-family trajectories were taken from a previous study that relied on the two retrospective SHARELIFE surveys to provide an extensive measurement of work-family trajectories (Firat et al., 2023). Using data on employment, partnership, and parenthood experiences of individuals for each year of their life, Firat et al. (2023) reconstructed the preretirement work and family states from age 15 to 49. This age range was chosen because it captures the prime years for work and family formation, but it also ensures equal trajectory length for all respondents, as SHARELIFE targets people aged 50+. At each age, a person is in one work and one family state. In the work domain, they could be full-time employed, parttime employed, self-employed, unemployed, sick/disabled, or nonemployed. In the family domain, they could be single (never married/cohabited), partnered (married/cohabiting), or unpartnered (separated/divorced/widowed) while having or not having (biological/adopted) children.

The authors applied multichannel sequence and cluster analysis to group similar sequences into typical work-family trajectories. This analysis aligns well with the concept of trajectories, offering a holistic view of cumulative work and family experiences over the life course (Aisenbrey & Fasang, 2010; Piccarreta & Studer, 2019). By parsimoniously capturing the complex interrelations between the work and family domain, it accounts for not only the occurrence but also the timing, duration, and order of different life events, which is in line with the life course perspective's notion that life transitions cannot be fully understood without contextualizing them within a person's entire life history.

Leveraging these benefits of multichannel sequence and cluster analysis, Firat et al. (2023) compared each individual's succession of work and family states to that of other individuals based on the optimal matching procedure with a user-defined cost matrix. Once they established differences and similarities between individuals, they grouped them into homogenous clusters by applying Ward hierarchical clustering. The number of clusters was determined by theoretical interpretability and statistical indices, such as the Average Silhouette Width, Hubert's Gamma Somers' *D*, and the Point Biserial Correlation, which uniformly pointed at six clusters to be optimal.

Here, we used these six clusters of work–family trajectories, which are described in Table 1, with the full-time employed partnered parent trajectory as the reference category. These trajectories cover ages 15–49, meaning that we do not account for trajectories from age 50+. However, we draw our mediators from the period between the end of the work–family trajectories

(age 49) and the retirement transition (age 50+), and we focus on finances and health. Although we do not know the exact nature of people's trajectory during this period, we know how it shaped their finances and health, which is consistent with the idea of mediation, requiring temporal order between variables.

# Mediators

To set a temporal order between people's work-family trajectories (ages 15-49) and the mediating variables, we retrieved finances and health from the prospective waves in which respondents were aged 50+. This means that for all respondents, the mediators refer to the period after their work-family trajectory. To ensure that the mediators also concerned the period before retirement, we used finances and health in the (latest) wave in which people were not yet retired. This applied to 44% of our sample, meaning that for about half of our sample, the mediators were measured after the work-family trajectories and before retirement. That is, the independent, mediator, and dependent variables are measured in a logical theoretical order. Yet, for the other half (56%), it was impossible to obtain values from the period before retirement, as they were already retired when they entered the study. Therefore, for these respondents, we measured finances and health in the same wave as the dependent variable.<sup>2</sup>

We took finances and health variables from SHARE's imputations module, which provides multiple imputations for missing values due to item nonresponse errors (De Luca et al., 2015).<sup>3</sup> Finances focused on the financial situation of the household, evaluated with a single item: 'Thinking of your household's total monthly income, would you say that your household is able to make ends meet?' The response option ranged from 1 = With great difficulty to 4 = Easily, with higher scores showing more financial comfort. Health was also assessed with a single item for which respondents rated their general health on a 5-point scale from 1 = Excellent to 5 = Poor. We reverse-coded the responses so that higher scores reflected better perceived health. The correlation between financial comfort and perceived health was moderate (r = 0.30).<sup>4</sup>

#### Moderators

We derived data on a country's pension and healthcare expenditure from Eurostat (2023, 2024), both of which were time-varying, so measured longitudinally. Pension expenditure comprised the total of benefits for disability pension, early retirement due to reduced capacity to work, old-age pension,

<sup>3</sup>SHARE distributes five implicates for each imputed value. Because these implicates are independent from one another, there is no specific reason to choose one over the other. Yet, we used the fourth implicate, as it yielded higher correlations among variables from other implicate, for example, the first one. For further details, please see the SHARE Release Guide 9.0.0.

<sup>&</sup>lt;sup>2</sup>Restricting the analysis to respondents for whom both mediators and the dependent variable were measured across different waves with a clear temporal order produced the same findings as the current ones.

<sup>&</sup>lt;sup>4</sup>We also tried the analysis by including two additional indicators for finances (income and wealth) and health (chronic diseases and depression). The results showed that these indicators were associated with work–family trajectories and bridge employment in a similar way. Yet, for individuals with work–family trajectories characterized by nonemployment and selfemployment, there were two differences. First, although they reported less financial comfort, these individuals reported higher wealth than full-time employed partnered parents, resulting in a positive indirect effect of wealth. Second, for these individuals, chronic diseases had an indirect effect, while perceived health did not, as in the current analysis.

anticipated old-age pension, partial pension, survivors' pension, and early-retirement benefit for labor market reasons. Healthcare expenditure concerned the total of healthcare functions, which referred to the provision of goods and services, such as pharmaceutical products, therapeutic appliances, and various types of care, including but not limited to curative, rehabilitative, and preventive care.

These expenditures were measured as the percentage of gross domestic product (GDP), and the data came in time-series format as annual values. To account for the age structure in each year and country, we adjusted these annual values by the corresponding old-age dependency ratio (share of people older than 64 to those aged 15–64), using World Bank (2024) data. Specifically, we divided the values in a given year and country by the old-age dependency ratio in that year and country and then multiplied the result by 10 to improve interpretability. The higher the scores on the newly computed values, the more generous the pension and healthcare system is for older people in a given country–year combination.

We linked the annual pension and healthcare expenditure values to the years when our respondents were observed as working or permanent retirees. This means that our moderator variables were measured in the same period as our dependent variable. We were able to fully link the values of pension expenditure to our dependent variable. However, the healthcare expenditure values could not be linked for 23% of our sample because data were not available. When data were not available, we used healthcare expenditure from the closest available year.

#### Control variables

We controlled for gender, educational level, birth cohort, and living arrangement. Gender differentiated male and female. Educational level was based on the International Standard Classification of Education (ISCED) 1997. Those holding ISCED levels 0–2 were labeled as low-educated and those at levels 3–4 and 5–6 were labeled as moderate-educated and high-educated, respectively. Birth cohort grouped people into four categories by their year of birth: pre-1940, 1940–1945, 1946–1950, and post-1950. Finally, to account for the role of household members in bridge employment decisions, we assessed the living arrangement at the time the dependent variable was measured, indicating whether the respondent had a partner and children living in the same household.<sup>5</sup> The descriptive statistics of all variables are given in Table 2.

#### Analysis

To handle the hierarchical structure of the data, we conducted multilevel regression analyses with three levels: individual, country–year, and country. We employed linear probability models, as logistic regression models are sensitive to omitted variables and produce hard-to-interpret estimates that are also difficult to compare across models (Mood, 2010). Additionally, logistic regressions have a hard time converging when estimating complex hierarchical models with random coefficients and cross-level interactions.<sup>6</sup> Therefore, we estimated linear probability models, for which we applied the restricted maximum likelihood procedure because it yields more unbiased estimates of variance components than the maximum likelihood method (Verbeke & Molenberghs, 2009).<sup>7</sup>

We began with an empty, random-intercept model to calculate intraclass correlations. These correlations were 0.16 at the country–year level and 0.10 at the country level, both statistically significant. This indicated that 16% and 10% of the total variance in bridge employment was due to clustering at the country–year and country level, respectively, supporting the choice of multilevel modeling.

Having confirmed the suitability of multilevel modeling, we proceeded with the hypothesis testing. To assess our individual-level hypotheses, we first added the workfamily trajectories along with control variables, including the country-level factors, to compute the total effects of the work-family trajectories (Model 1). Then, we examined the indirect effect of work-family trajectories by introducing finances and health as mediators (Model 2). To complement this model with formal mediation analysis, we used the parallel mediation model in the PROCESS macro in SPSS (Hayes, 2022), including control variables as well as dummy variables for countries and years as covariates, with 5,000 bootstrap samples to obtain 95% confidence intervals. We also included pension and healthcare expenditures as covariates to account for the direct effects of these country-level factors on finances and health. We considered this approach appropriate since the mediation occurs exclusively at the individual level, and we did not expect cross-national variation in the indirect effects.

After adding the mediators, we introduced their variance components at both the country–year and country levels. The random slopes were statistically significant, meaning that the impact of the mediators on bridge employment varied across country–year combinations and countries. This suggests that time-varying country characteristics should be able to explain (part of) this variation, leading us to investigate interactions between the individual-level mediators and country-level moderators. To this end, we included interactions between finances and pension expenditure (Model 3) and health and healthcare expenditure (Model 4). Country-level variables were centered at their mean values across all models to facilitate the interpretation of the regression coefficients. The last step of the analysis was to run all models separately for men and women to explore gender differences.

# Results

Starting with some descriptive findings, we observed that permanent retirement was more common than working in retirement, with over 50% of retirees in all countries leaving the workforce for good. On average, working retirees returned to employment 1 year after retiring, with 77% of them doing so in the same year they retired. They

<sup>&</sup>lt;sup>5</sup>In addition to partners and children, we also considered the presence of parents in the household. However, only about 1% of the sample had a parent in the household, which was unrelated to bridge employment. Relatedly, we also examined the role of looking after grandchildren in bridge employment. The results showed that people who did and did not look after a grandchild did not differ from each other in bridge employment.

<sup>&</sup>lt;sup>6</sup>While logistic regressions were not feasible to run with random coefficients and cross-level interactions, we were able to run logistic regressions for the purely individual-level part of the analysis. The results of these models replicated those of the linear probability models.

<sup>&#</sup>x27;Using the maximum likelihood estimation procedure delivered the same results.

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Table 2. Descriptive statistics (N = 58,644).

|   | %     | Min. | Max. | M    | SD   |
|---|-------|------|------|------|------|
| Individual level                          |       |      |      |      |      |
| Bridge employment                         |       |      |      |      |      |
| Permanent retiree                         | 73.78 |      |      |      |      |
| Working retiree                           | 26.22 |      |      |      |      |
| Work-family trajectories                  |       |      |      |      |      |
| Full-time worker, partnered parent        | 57.63 |      |      |      |      |
| Full-time worker, unpartnered parent      | 4.80  |      |      |      |      |
| Full-time worker, single/childless couple | 10.11 |      |      |      |      |
| Part-time worker, partnered parent        | 5.13  |      |      |      |      |
| Nonworker, partnered parent               | 14.26 |      |      |      |      |
| Self-employed, partnered parent           | 8.07  |      |      |      |      |
| Finances and health                       |       |      |      |      |      |
| Financial comfort                         |       | 1    | 4    | 2.74 | 0.99 |
| Perceived health                          |       | 1    | 5    | 2.81 | 1.05 |
| Gender                                    |       |      |      |      |      |
| Female                                    | 54.46 |      |      |      |      |
| Male                                      | 45.54 |      |      |      |      |
| Educational level                         |       |      |      |      |      |
| Low-educated                              | 40.11 |      |      |      |      |
| Moderate-educated                         | 39.33 |      |      |      |      |
| High-educated                             | 20.56 |      |      |      |      |
| Birth cohort                              |       |      |      |      |      |
| Pre-1940                                  | 28.42 |      |      |      |      |
| 1940–1945                                 | 20.45 |      |      |      |      |
| 1946–1950                                 | 20.72 |      |      |      |      |
| Post-1950                                 | 30.41 |      |      |      |      |
| Living arrangement                        |       |      |      |      |      |
| Partner in the household                  | 71.30 |      |      |      |      |
| No partner in the household               | 28.70 |      |      |      |      |
| Child(ren) in the household               | 10.41 |      |      |      |      |
| No child(ren) in the household            | 89.59 |      |      |      |      |
| Country level                             |       |      |      |      |      |
| Pension expenditure                       |       | 2.19 | 7.11 | 4.36 | 0.89 |
| Healthcare expenditure                    |       | 1.82 | 6.04 | 3.30 | 0.66 |

Source. SHARE Waves 1-9 and Eurostat.

generally participated only in dependent employment (73%), while some earned income from both dependent and self-employment at the same time (17%), and the smallest group consisted of those who engaged solely in selfemployment (10%). Additionally, 64% of working retirees were observed to be working just in one wave, indicating a short duration of bridge employment, likely for a maximum of 2 years, given the time interval between waves. This suggests that many people view bridge employment as a transitional phase, which aligns with the concept of bridge employment as an intermediary stage between active employment and permanent retirement. In terms of the type of pensions received, 70% of bridge employees relied purely on public pensions, with the remaining majority combining public pensions with occupational or private pensions. The descriptive findings for all variables across countries are available in Table A1.

#### The role of work-family trajectories

Model 1 in Table 3 shows the total effects of the work–family trajectories on bridge employment, including the controls. Compared to individuals who were in a full-time job and had a traditional family arrangement over their preretirement life course, continuously full-time working divorced or widowed people with children were 2.5 percentage points more likely to work in retirement, whereas their single or childless counterparts were 2.7 percentage points less likely to work in retirement. Parents in a stable relationship who were part-time employed or self-employed for most of their lives had a higher likelihood of engaging in bridge employment than full-time employed partners who had children by a margin of 8 and 12.4 percentage points, respectively. Yet, people with a conventional family configuration who were largely nonemployed were 3 percentage points less likely to perform

Table 3. Multilevel regression analysis of bridge employment versus permanent retirement (N = 58,644).

|   | Model 1   |       | Model 2   |       | Model 3   |       | Model 4   |       |
|---|-----------|-------|-----------|-------|-----------|-------|-----------|-------|
|   | В         | SE    | В         | SE    | В         | SE    | В         | SE    |
| Individual level                                      |           |       |           |       |           |       |           |       |
| Work-family trajectories                              |           |       |           |       |           |       |           |       |
| Full-time worker, unpartnered parent (vs. FT-PP)      | 0.025**   | 0.008 | 0.029***  | 0.008 | 0.031***  | 0.008 | 0.031***  | 0.008 |
| Full-time worker, single/childless couple (vs. FT-PP) | -0.027*** | 0.006 | -0.026*** | 0.006 | -0.024*** | 0.006 | -0.024*** | 0.006 |
| Part-time worker, partnered parent (vs. FT-PP)        | 0.080***  | 0.008 | 0.082***  | 0.008 | 0.083***  | 0.008 | 0.083***  | 0.008 |
| Nonworker, partnered parent (vs. FT-PP)               | -0.030*** | 0.006 | -0.023*** | 0.006 | -0.026*** | 0.006 | -0.026*** | 0.006 |
| Self-employed, partnered parent (vs. FT-PP)           | 0.124***  | 0.006 | 0.124***  | 0.006 | 0.122***  | 0.006 | 0.122***  | 0.006 |
| Finances and health                                   |           |       |           |       |           |       |           |       |
| Financial comfort                                     |           |       | 0.020***  | 0.002 | 0.019***  | 0.005 | 0.019***  | 0.005 |
| Perceived health                                      |           |       | 0.031***  | 0.002 | 0.027***  | 0.006 | 0.028***  | 0.006 |
| Gender  |           |       |           |       |           |       |           |       |
| Female (vs. male)                                     | -0.055*** | 0.004 | -0.055*** | 0.004 | -0.056*** | 0.004 | -0.056*** | 0.004 |
| Educational level                                     |           |       |           |       |           |       |           |       |
| Low-educated (vs. high-educated)                      | -0.117*** | 0.005 | -0.093*** | 0.005 | -0.093*** | 0.005 | -0.092*** | 0.005 |
| Moderate-educated (vs. high-educated)                 | -0.078*** | 0.005 | -0.066*** | 0.005 | -0.063*** | 0.005 | -0.064*** | 0.005 |
| Birth cohort  |           |       |           |       |           |       |           |       |
| 1940–1945 (vs. pre-1940)                              | 0.120***  | 0.005 | 0.116***  | 0.005 | 0.115***  | 0.005 | 0.115***  | 0.005 |
| 1946–1950 (vs. pre-1940)                              | 0.218***  | 0.005 | 0.212***  | 0.005 | 0.213***  | 0.005 | 0.213***  | 0.005 |
| Post-1950 (vs. pre-1940)                              | 0.340***  | 0.005 | 0.339***  | 0.005 | 0.345***  | 0.005 | 0.345***  | 0.005 |
| Living arrangement                                    |           |       |           |       |           |       |           |       |
| Partner in the household (vs. no)                     | -0.048*** | 0.004 | -0.053*** | 0.004 | -0.052*** | 0.004 | -0.052*** | 0.004 |
| Child(ren) in the household (vs. no)                  | 0.013*    | 0.006 | 0.017**   | 0.006 | 0.018**   | 0.006 | 0.018**   | 0.006 |
| Country level   |           |       |           |       |           |       |           |       |
| Pension expenditure                                   | -0.005    | 0.013 | 0.002     | 0.013 | 0.010     | 0.013 | 0.012     | 0.011 |
| Healthcare expenditure                                | 0.051*    | 0.021 | 0.049*    | 0.021 | 0.033*    | 0.017 | 0.018     | 0.018 |
| Cross-level interactions                              |           |       |           |       |           |       |           |       |
| Financial comfort × pension expenditure               |           |       |           |       | 0.001     | 0.003 |           |       |
| Perceived health × healthcare expenditure             |           |       |           |       |           |       | 0.012*    | 0.005 |
| Intercept   | 0.191***  | 0.026 | 0.039     | 0.027 | 0.056**   | 0.016 | 0.055**   | 0.016 |

*Note.* FT-PP = full-time worker, partnered parent. Models include variance components, which are all statistically significant. \*p < .05, \*\*p < .01, \*\*\*p < .001.

Source. SHARE Waves 1–9 and Eurostat.

paid work during retirement relative to their full-time employed counterparts.

# The role of finances and health

Model 2 in Table 3 included finances and health as mediators. More financial comfort and better perceived health both were associated with a higher likelihood of bridge employment. After including finances and health, differences in bridge employment between full-time employed partnered parents and those with other trajectories remained statistically significant. Yet, the magnitude of coefficients either decreased or increased relative to Model 1. A decrease in coefficients indicates mediation, where finances and health explain the relationship between work-family trajectories and bridge employment. An increase in coefficients suggests suppression, which means that the predictive power of work-family trajectories is enhanced by adding finances and health to the model. A formal assessment of indirect effects using the PROCESS macro in SPSS provided additional insights into these patterns.

As depicted in Figure 2, we observe five statistically significant indirect effects through finances (all suppression) and two via health (both mediation). Starting with the pathways through financial comfort, single or childless couples with continuous full-time employment showed more engagement in bridge employment than married or cohabiting parents with similar work histories because of higher financial comfort. Compared to the reference trajectory, unpartnered parents with work careers characterized by full-time employment and partnered parents who were mostly part-time employed, nonemployed, or self-employed were less likely to work in retirement, which was attributed to their poorer financial situation. These findings are not in line with H1a to H1e, because, instead of mediating the relationship between the work-family trajectories and bridge employment, finances act as a suppressor of this relationship, which implies that there are other (potentially more important) factors than finances that explain the connection between the workfamily trajectories and bridge employment. We explore these alternative explanations in the discussion.



Figure 2. Mediation results from the PROCESS macro in SPSS. Note. p < .05, p < .01, p < .01, p < .001. Direct and indirect effects are on a log-odds metric. Controls, including country-level factors, are not shown.

Moving to the indirect effects via health, people who predominantly worked full-time and remained single or childless as well as the nonemployed engaged less often in bridge employment than partnered parents who were mostly full-time employed, which was explained by their poorer perceived health. These findings support H2b and H2d. We found no indirect effects through health for the other work–family trajectories, hence refuting H2a, H2c, and H2e.

#### The role of pension and healthcare expenditure

Model 3 in Table 3 added the interaction between financial comfort and pension expenditure to test H3, and Model 4 added the interaction between perceived health and healthcare expenditure to test H4. As opposed to H3, there was no interaction between financial comfort and pension expenditure. Yet, healthcare expenditure moderated the role of perceived health in bridge employment. As shown in Figure 3, perceived health was unrelated to bridge employment when healthcare expenditure was at minimum levels, such as in Greece and Italy. When healthcare expenditure was above minimum levels, perceived health was positively related to bridge employment, and this positive relation became stronger with further increases in healthcare expenditure. This contradicts H4, as we expected this positive relation to become weaker, with a reduction in the relative advantage of being healthier for working in retirement. On the contrary, this finding suggests

that countries with higher healthcare expenditure, for example, Belgium, France, and the Netherlands, reinforce good health as a precondition for bridge employment, enabling healthy retirees to stay more active in the workforce.<sup>8</sup>

#### Gender differences

To explore gender differences, we performed the analyses separately for men and women. The models for men are shown in Table A2 and Figure A1 and those for women in Table A3 and Figure A2. As can be seen, the results among men and women were virtually identical in terms of the total effects. The only exception was that the total effects of the trajectories featuring divorce and nonemployment were marginally significant among men (p < .08).

Regarding the indirect effects, the findings for men and women were largely the same. The only difference compared to the main analysis was that there was no longer an indirect effect through financial comfort for singles or childless couples for both genders, likely because of lower statistical power after splitting the sample. As for the health-related indirect effects, we observed two notable differences between

<sup>&</sup>lt;sup>8</sup>In an additional analysis, we estimated the models separately among Western and Eastern European countries. The results showed that the interaction between perceived health and healthcare expenditure emerged only among Western European countries, which generally have more generous healthcare expenditure.



Figure 3. Average marginal effects of perceived health on bridge employment versus permanent retirement by healthcare expenditure, with 95% confidence intervals.

men and women. First, there was a negative indirect effect through perceived health for single or childless men with full-time employment, as in the main analysis. However, for women with the same trajectory, perceived health had no indirect effect. Second, there was a negative indirect effect through perceived health among full-time working divorced fathers and part-time working married fathers, while no such effect existed among women and in the main analysis.

Finally, no significant interactions were found between finances and pension expenditure or health and healthcare expenditure for either gender. This contrasts with the main analysis, where an interaction between health and healthcare expenditure was detected. The absence of this interaction in the gender-split analyses is likely due to reduced statistical power resulting from smaller sample sizes.

Overall, these exploratory analyses suggested that the findings for men and women were mostly similar to the findings from the main analysis and also to each other. The major difference is that neither finances nor health plays a role in the bridge employment of single or childless women with full-time careers. In contrast, for divorced and part-time employed men, both finances and health play a role in bridge employment, although finances—as suppressors—point to the potentially more important role of other factors. We theoretically reflect on these exploratory findings in the discussion.

# Discussion

Previous studies presented a partial understanding of bridge employment, as they left it unclear whether, why, and under which conditions bridge employment is preferred among people with advantageous or disadvantageous life courses. In this study, we aimed to paint a clearer picture by taking a comparative life course perspective. To this end, we used both retrospective and prospective data at the individual level, linked to time-series data at the country level. This holistic and rigorous approach helped us gain important insights by answering three research questions.

Our first research question dealt with the association between work-family trajectories and bridge employment. Consistent with past work from a life course perspective (Brydsten et al., 2025; Burkert & Hochfellner, 2017; Dingemans & Möhring, 2019; Madero-Cabib and Biehl, 2021), we found that compared to continuously full-time employed persons with a traditional family, those who were mostly divorced, part-time employed, and self-employed were more likely to work in retirement. However, singles or childless individuals who worked full-time during their career and those who were mostly nonemployed while being a partnered parent were less likely to be bridge-employed. The associations for self-employed and part-time workers were relatively strong, while those for divorced, single, and nonemployed people were comparatively weaker. This suggests that flexible work arrangements over the life course, such as part-time and self-employment, are particularly conducive to bridge employment. Individuals with flexible work histories thus seem to carry this flexibility into retirement, given that bridge employment represents a flexible option before permanently retiring.

Our second research question examined whether finances and health explained the relationship between workfamily trajectories and bridge employment. Contrary to our expectations, results indicated that lacking financial comfort was actually a reason not to engage in bridge employment for people with life course trajectories that involved divorce in the family domain and mostly part-time, non-, and self-employment in the work domain, at least compared to those predominantly in full-time employment in a nuclear family. It has to be said that these indirect effects were rather small though. Interestingly, yet plausibly, single or childless couples with continuous fulltime employment careers have bridge jobs more often than married or cohabiting parents with similar work histories because their financial situation is better, whereas they are less likely to be in bridge employment due to poorer health. A potential reason might be that a lot of financial resources go to children while remaining single or childless may also hint at a stronger work orientation (Leslie et al., 2016). Poorer health was also a barrier to bridge employment among partnered parents with a trajectory of nonemployment. Overall, these findings show that while health is related to bridge employment across diverse work-family trajectories in a consistent way, the role of finances is more ambiguous. This nuanced insight advances the literature, which also reported mixed effects of finances on bridge employment (Kolev & Pascal, 2002; Platts & Glaser, 2025), by demonstrating that preretirement work-family trajectories determine people's financial situation later in life and, in turn, their likelihood to work in retirement.

Importantly, relationships between work-family trajectories and bridge employment were hardly mediated by finances and health, and in the case of finances, all the relationships were suppressed. This means that other, unmeasured, factors have more potential to explain why work-family trajectories are related to bridge employment. For instance, divorced people could be working in retirement for social engagement, and part-time workers, who are accustomed to balancing flexible work arrangements with other life domains, might be maintaining this lifestyle or identity during retirement (Galkutė & Herrera, 2020; Sullivan & Al Ariss, 2019). However, as SHARE does not provide social or psychological motivations for working, we were unable to test such explanations. Therefore, we call for exploiting alternative datasets to study these and other alternative mechanisms.

Our third research question concerned whether the role of finances and health in bridge employment was dependent on a county's generosity of pension and healthcare expenditure. We found no moderation by pension expenditure for those retiring at the age of 50+, but among people retiring at 65+, the positive link between financial comfort and bridge employment was weaker in countries with higher pension expenditure. This suggests that generous pension spending reduces the gap in access to bridge jobs between financially comfortable and vulnerable retirees, likely because it refers to people in the age when they receive state pensions. For younger retirees, other country characteristics should explain the variation between European countries in the effect of finances on bridge employment. Future research therefore could explore factors like sickness or unemployment benefits as moderators. Regarding the moderating role of healthcare expenditure, we found that in countries with more healthcare expenditure, people with better health were even more likely to work in retirement. This implies that higher healthcare spending elevates the importance of good health for bridge employment, enlarging the disparity between healthy and unhealthy older adults in working during retirement.

We also found some gender differences, although these only concerned the role of finances and health in the relationship between work-family trajectories and bridge employment. Specifically, finances and health did not play a mediating role in bridge employment decisions of single or childless women with full-time work careers, while finances functioned as suppressors for divorced fathers in full-time jobs and for married fathers in part-time jobs. This suggests that for both men and women with normatively nonstandard work-family trajectories, other factors, such as intrinsic motivations, personal fulfillment, and societal expectations, might be alternative drivers of engagement or disengagement in bridge employment. Future research is recommended to investigate the nuanced interactions between work-family trajectories, gender, and alternative mechanisms, including social norms, leisure and volunteering activities, or caregiving responsibilities, using data that include these dimensions.

From a practical point of view, these findings are informative for social policies targeted at improving the welfare of individuals in retirement, particularly considering different work-family trajectories, finances, and health. For persons with work-family trajectories characterized by full-time employment with singlehood or childlessness and nonemployment or self-employment with lifelong marriage involving children, policies may aim to mitigate the financial and health disparities that push or pull them into employment when they retire. Moreover, our findings suggest that higher healthcare expenditure in a country enhances the importance of good health for taking bridge jobs. Therefore, countries, especially those with lower spending, could invest more in healthcare to support healthier aging and promote extended working lives or continued labor market participation among older adults.

Our conclusions should be considered in light of three limitations. First, as commonly done, bridge employment was evaluated by receiving income from both employment and pensions. This approach might not capture undeclared work, potentially leading to the misclassification of some working retirees as permanent retirees. Second, defining retirement based on pension receipt may have produced a gender bias in sample selection, as many women do not receive pensions. Future research can combine different sources (e.g., surveys, official records, qualitative interviews) to provide additional insights into work and retirement activities. Third, although we controlled for a person's living arrangement at the time of retirement, we did not account for partners' trajectories or health situations. It could be that a person with a disadvantageous work trajectory does not need to work in retirement thanks to the advantageous work trajectory of their partner, whereas an individual who is healthy enough to continue working chooses permanent retirement to care for a sick partner. These dyadic relations likely affect bridge employment decisions, warranting further investigation.

Despite these limitations, we contributed to the understanding of bridge employment. We took a comparative life course approach, providing insights into why people's work-family trajectories explain whether they work in retirement, conditional on a country's welfare generosity. Our findings underlined the importance of finances and health as facilitators and barriers to bridge employment for people who were mostly single, childless, nonemployed, and self-employed over extended periods of their lives before retirement. The role of health in bridge employment was dependent on healthcare expenditure, such that in countries with higher expenditure, individuals in better health were more inclined to take bridge jobs. Against the backdrop of rapidly aging populations and ongoing pension reforms, these findings refer to the need for further research and social policies to address financial and health inequalities in retirement transitions for older people with diverse work-family trajectories.

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Table A1. Work-family trajectories, finances, health, bridge employment, and welfare state generosity across European countries

|                       |          | Work-fa     | mily trajec  | tories        |             |            |                        | Finances     |            | Health        |            | Bridge em            | ployment             | Welfare s   | tate gener | osity                  |           |
|-----------------------|----------|-------------|--------------|---------------|-------------|------------|------------------------|--------------|------------|---------------|------------|----------------------|----------------------|-------------|------------|------------------------|-----------|
|                       |          | FT-PP       | FT-UP        | FT-SC         | PT-PP       | dd-MN      | SE-PP                  | Financial    | comfort    | Perceived     | health     | Permanent<br>retiree | t Working<br>retiree | Pension e   | xpenditur  | e Healthca<br>expendit | re<br>ure |
|                       | N        | %           | %            | %             | %           | %          | %                      | М            | SD         | М             | SD         | %                    | %                    | М           | SD         | Μ                      | SD        |
| Austria               | 2,880    | 47.29       | 6.46         | 11.88         | 7.26        | 16.63      | 10.49                  | 3.16         | 0.81       | 3.09          | 1.04       | 78.16                | 21.84                | 5.62        | 0.31       | 3.96                   | 0.14      |
| Belgium               | 4,425    | 50.33       | 5.18         | 13.04         | 6.58        | 17.11      | 7.77                   | 3.06         | 0.95       | 3.06          | 0.99       | 73.58                | 26.42                | 4.38        | 0.16       | 3.75                   | 0.18      |
| Bulgaria              | 703      | 78.09       | 4.98         | 11.24         | 0.57        | 2.99       | 2.13                   | 1.91         | 0.77       | 2.63          | 1.13       | 83.21                | 16.79                | 2.60        | 0.14       | 2.33                   | 0.05      |
| Croatia               | 1,425    | 69.19       | 4.21         | 7.79          | 0.56        | 15.37      | 2.88                   | 2.11         | 0.87       | 2.63          | 1.14       | 84.77                | 15.23                | 3.64        | 0.21       | 2.29                   | 0.04      |
| Cyprus                | 608      | 52.30       | 1.32         | 3.62          | 1.15        | 31.41      | 10.20                  | 2.35         | 1.05       | 2.88          | 1.09       | 93.75                | 6.25                 | 5.37        | 0.35       | 3.74                   | 0.16      |
| Czechia               | 4,026    | 79.56       | 8.40         | 6.91          | 2.06        | 1.61       | 1.47                   | 2.64         | 0.89       | 2.67          | 0.93       | 67.61                | 32.39                | 3.83        | 0.29       | 3.31                   | 0.23      |
| Denmark               | 2,717    | 54.99       | 5.04         | 9.61          | 11.96       | 9.16       | 9.24                   | 3.51         | 0.75       | 3.49          | 1.12       | 58.01                | 41.99                | 4.70        | 0.28       | 3.95                   | 0.29      |
| Estonia               | 3,827    | 74.34       | 8.49         | 11.05         | 2.46        | 1.75       | 1.91                   | 2.58         | 0.90       | 2.19          | 0.81       | 56.96                | 43.04                | 3.22        | 0.33       | 2.53                   | 0.17      |
| Finland               | 066      | 66.46       | 6.36         | 10.71         | 2.93        | 5.15       | 8.38                   | 3.06         | 0.85       | 2.75          | 0.95       | 72.83                | 27.17                | 4.05        | 0.15       | 2.90                   | 0.14      |
| France                | 3,387    | 50.43       | 5.88         | 10.51         | 5.55        | 17.92      | 9.71                   | 2.90         | 0.90       | 2.88          | 0.99       | 77.27                | 22.73                | 5.22        | 0.26       | 4.10                   | 0.22      |
| Germany               | 3,484    | 55.31       | 3.67         | 10.02         | 10.53       | 14.58      | 5.88                   | 3.16         | 0.88       | 2.74          | 0.96       | 67.65                | 32.35                | 4.12        | 0.48       | 3.61                   | 0.17      |
| Greece                | 2,373    | 34.72       | 1.85         | 10.45         | 0.80        | 27.31      | 24.86                  | 2.04         | 0.91       | 3.03          | 1.00       | 90.98                | 9.02                 | 4.80        | 0.55       | 2.94                   | 0.38      |
| Hungary               | 1,138    | 77.33       | 5.62         | 8.17          | 1.05        | 5.45       | 2.37                   | 1.95         | 0.67       | 2.36          | 0.99       | 80.49                | 19.51                | 4.17        | 0.62       | 2.95                   | 0.24      |
| Ireland               | 336      | 41.37       | 1.79         | 11.61         | 4.46        | 33.04      | 7.74                   | 2.83         | 0.92       | 3.16          | 1.19       | 82.44                | 17.56                | 3.60        | 0.04       | 6.04                   | 0.00      |
| Italy                 | 3,638    | 48.24       | 1.62         | 9.62          | 2.69        | 23.78      | 14.05                  | 2.32         | 0.92       | 2.76          | 1.03       | 84.03                | 15.97                | 4.85        | 0.14       | 2.69                   | 0.07      |
| Latvia                | 689      | 73.15       | 11.47        | 11.47         | 1.31        | 2.03       | 0.58                   | 2.13         | 0.79       | 2.08          | 0.77       | 80.41                | 19.59                | 2.42        | 0.07       | 1.96                   | 0.15      |
| Lithuania             | 1,146    | 72.51       | 10.47        | 9.42          | 2.71        | 3.58       | 1.31                   | 2.31         | 0.87       | 2.27          | 0.78       | 75.39                | 24.61                | 2.31        | 0.02       | 2.24                   | 0.04      |
| Luxembourg            | 878      | 48.75       | 4.44         | 12.30         | 6.15        | 21.98      | 6.38                   | 3.39         | 0.83       | 2.94          | 1.04       | 72.32                | 27.68                | 4.54        | 0.08       | 2.63                   | 0.12      |
| Malta                 | 573      | 39.79       | 0.00         | 20.59         | 1.75        | 31.41      | 6.46                   | 2.64         | 0.90       | 2.79          | 0.95       | 87.09                | 12.91                | 2.58        | 0.11       | 3.29                   | 0.18      |
| Poland                | 3,298    | 61.98       | 4.58         | 5.15          | 1.58        | 11.13      | 15.59                  | 2.23         | 0.88       | 2.29          | 0.94       | 80.87                | 19.13                | 5.64        | 0.97       | 2.91                   | 0.27      |
| Portugal              | 806      | 62.78       | 1.86         | 10.05         | 1.36        | 15.63      | 8.31                   | 2.25         | 0.95       | 2.31          | 0.93       | 84.37                | 15.63                | 4.90        | 0.31       | 3.35                   | 0.29      |
| Romania               | 1,039    | 67.47       | 4.14         | 6.64          | 1.25        | 19.25      | 1.25                   | 2.05         | 0.93       | 2.33          | 1.00       | 93.36                | 6.64                 | 3.15        | 0.10       | 2.01                   | 0.06      |
| Slovakia              | 759      | 77.73       | 3.43         | 11.73         | 0.53        | 4.87       | 1.71                   | 2.65         | 0.82       | 3.08          | 1.02       | 88.41                | 11.59                | 3.93        | 0.25       | 3.19                   | 0.20      |
| Slovenia              | 2,837    | 73.88       | 4.12         | 9.41          | 0.28        | 10.22      | 2.08                   | 2.46         | 0.97       | 2.72          | 1.01       | 82.13                | 17.87                | 4.46        | 0.38       | 3.26                   | 0.11      |
| Spain                 | 3,463    | 49.32       | 1.33         | 10.28         | 1.96        | 24.03      | 13.08                  | 2.55         | 0.92       | 2.63          | 0.96       | 79.18                | 20.82                | 4.21        | 0.39       | 3.40                   | 0.24      |
| Sweden                | 3,187    | 58.24       | 5.71         | 10.29         | 12.27       | 6.84       | 6.65                   | 3.38         | 0.78       | 3.43          | 1.06       | 50.71                | 49.29                | 4.04        | 0.24       | 3.36                   | 0.25      |
| Switzerland           | 2,248    | 35.14       | 2.98         | 14.15         | 15.48       | 21.57      | 10.68                  | 3.38         | 0.78       | 3.36          | 0.95       | 58.99                | 41.01                | 4.55        | 0.21       | 4.02                   | 0.04      |
| The Netherlands       | 1,764    | 36.11       | 2.78         | 11.56         | 14.91       | 27.21      | 7.43                   | 3.26         | 0.83       | 3.14          | 1.01       | 71.49                | 28.51                | 5.28        | 0.43       | 4.25                   | 0.28      |
| Noto FT_PP - fiill_ti | meworker | nartnered 1 | Darent: FT-I | TP = full-tin | ne worker i | nnartnered | narent <sup>,</sup> FT | -SC = full-t | ime workei | · sinole/chil | lanos solb | e. PT-PP = n         | art-time woi         | rker nartne | red narent | - AW-PP -              |           |

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|  |   | Model 1        |       | Model 2                               |       | Model 3       |       | Model 4       |       |
|--|---|----------------|-------|---------------------------------------|-------|---------------|-------|---------------|-------|
|  |   | В              | SE    | В                                     | SE    | В             | SE    | В             | SE    |
|  | Individual level                                      |                |       |                                       |       |               |       |               |       |
| $ \begin{array}{ccccc} Full time worket, unpartneed parent (vs. FTPP) & 0.029' & 0.016' & 0.039' & 0.016' & 0.039' & 0.013' & 0.013' & 0.013' & 0.013' & 0.013' & 0.013' & 0.013' & 0.013' & 0.013' & 0.013' & 0.013' & 0.013' & 0.013' & 0.012' & 0.020' & 0.033' & 0.004' & 0.033'' & 0.004' & 0.033' & 0.003' & 0.033' & 0.003' & 0.033'' & 0.003' & 0.033'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03'' & 0.03''' & 0.03'''''''''''''''''''''''''''''''''''$ | Work–family trajectories                              |                |       |                                       |       |               |       |               |       |
|  | Full-time worker, unpartnered parent (vs. FT-PP)      | $0.029^{+}$    | 0.016 | 0.037*                                | 0.016 | 0.039*        | 0.015 | 0.039*        | 0.015 |
|  | Full-time worker, single/childless couple (vs. FT-PP) | -0.020*        | 0.008 | -0.018*                               | 0.008 | -0.016*       | 0.008 | -0.017*       | 0.008 |
|  | Part-time worker, partnered parent (vs. FT-PP)        | $0.159^{***}$  | 0.023 | $0.165^{***}$                         | 0.023 | $0.167^{***}$ | 0.023 | $0.166^{***}$ | 0.023 |
|  | Nonworker, partnered parent (vs. FT-PP)               | $-0.035^{+}$   | 0.020 | -0.019                                | 0.020 | -0.020        | 0.020 | -0.020        | 0.020 |
|  | Self-employed, partnered parent (vs. FT-PP)           | $0.148^{***}$  | 0.009 | $0.149^{***}$                         | 0.009 | $0.147^{***}$ | 0.008 | 0.147         | 0.008 |
|  |   |                |       | 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |       |               | 0000  |               |       |
| $ \begin{array}{llllllllllllllllllllllllllllllllllll$  | Financial comfort                                     |                |       | 0.025***                              | 0.003 | 0.024***      | 0.004 | 0.025***      | 0.005 |
| Educational level         clucational level           Low-educated (vs. high-educated) $-0.15^{***}$ $0.007$ $-0.087^{***}$ $0.007$ $-0.087^{***}$ Moderate-educated (vs. high-educated) $-0.074^{***}$ $0.007$ $-0.087^{***}$ $0.007$ $-0.087^{***}$ Moderate-educated (vs. high-educated) $0.077$ $-0.057^{***}$ $0.007$ $-0.057^{***}$ $0.007$ $-0.057^{***}$ Moderate-educated (vs. high-educated) $0.077^{***}$ $0.007$ $-0.057^{***}$ $0.007$ $-0.057^{***}$ $0.007$ $-0.057^{***}$ Hath cohort $1940-1945$ (vs. pre-1940) $0.137^{***}$ $0.007$ $0.224^{***}$ $0.007$ $0.027^{***}$ $0.007$ $0.021^{****}$ $0.007$ $0.007^{****}$ $0.007^{****}$ $0.007^{****}$ $0.007^{*****}$ $0.007^{******}$ $0.007^{*****}$ $0.007^{*******}$ $0.007^{***********************************$   | Perceived health                                      |                |       | 0.034 * * *                           | 0.003 | 0.033 * * *   | 0.006 | 0.033***      | 0.006 |
|  | Educational level                                     |                |       |                                       |       |               |       |               |       |
|  | Low-educated (vs. high-educated)                      | $-0.115^{***}$ | 0.007 | -0.087***                             | 0.007 | -0.087***     | 0.007 | -0.087***     | 0.007 |
| Birth colort $1940-1945$ (vs. pre-1940) $0.137^{***}$ $0.007$ $0.132^{***}$ $0.007$ $0.132^{***}$ $0.007$ $0.132^{***}$ $0.007$ $0.132^{***}$ $0.007$ $0.132^{***}$ $0.007$ $0.132^{***}$ $0.007$ $0.132^{***}$ $0.007$ $0.132^{***}$ $0.007$ $0.013^{***}$ $0.007$ $0.013^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.007$ $0.008$ $0.221^{***}$ $0.007$ $0.008$ $0.221^{***}$ $0.007$ $0.008$ $0.221^{***}$ $0.007$ $0.008$ $0.221^{***}$ $0.007$ $0.007$ $0.007$ $0.006$ $0.0016$ $0.0016$ $0.0016$ $0.006$ $0.0016$ $0.0016$ $0.006$ $0.0016$ $0.0016$ $0.006$ $0.0016$ $0.0016$ $0.006$ $0.0016$ $0.0016$ $0.0016$ $0.006$ $0.0016$ $0.0016$ $0.0016$ $0.0016$ $0.006$ $0.0016$ $0.0016$ $0.0016$ $0.0016$ $0.0016$ $0.0016$ $0.0016$ $0.0016$ $0.0016$ $0.0016$ $0.0016$ $0.0016$ $0.0016$ $0.0016$  | Moderate-educated (vs. high-educated)                 | -0.074***      | 0.007 | -0.059***                             | 0.007 | -0.057***     | 0.007 | -0.057        | 0.007 |
| $1940-1945$ (vs. pre- $1940$ ) $0.137^{***}$ $0.007$ $0.132^{***}$ $0.007$ $0.132^{***}$ $0.007$ $0.132^{***}$ $0.007$ $0.132^{***}$ $1946-1950$ (vs. pre- $1940$ ) $0.224^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $1946-1950$ (vs. pre- $1940$ ) $0.224^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $1946-1950$ (vs. pre- $1940$ ) $0.332^{***}$ $0.008$ $0.233^{***}$ $0.008$ $0.221^{***}$ $0.008$ $0.221^{***}$ $1946-1950$ (vs. pre- $1940$ ) $0.332^{***}$ $0.008$ $0.333^{***}$ $0.008$ $0.338^{***}$ $0.338^{***}$ $1$ Iving arrangement $-0.002$ $0.007$ $-0.006$ $0.007$ $-0.006^{**}$ $0.007$ $0.031^{***}$ $2$ Cuntry level $-0.002$ $0.007$ $-0.006^{**}$ $0.001^{***}$ $0.001^{***}$ $0.001^{***}$ $0.001^{***}$ $2$ Country levelPension expenditure $-0.010$ $0.014$ $0.004$ $0.016^{***}$ $0.004^{***}$ $0.006^{***}$ $2$ Pension expenditure $0.072^{***}$ $0.023$ $0.070^{***}$ $0.023^{***}$ $0.007^{**}$ $0.004^{***}$ $0.004^{***}$ $2$ Consel-level interactions $-0.004^{***}$ $0.014^{***}$ $0.004^{***}$ $0.004^{**}$ $0.004^{**}$ $2$ Penceived health x healthcare expenditure $0.022^{***}$ $0.023^{**}$ $0.029^{**}$ $0.004^{**}$ $0.004^{**}$ $2$ Penceived health x healthcare expenditure $0.029^{**$   | Birth cohort  |                |       |                                       |       |               |       |               |       |
| $ \begin{array}{llllllllllllllllllllllllllllllllllll$  | 1940–1945 (vs. pre-1940)                              | $0.137^{***}$  | 0.007 | $0.132^{***}$                         | 0.007 | $0.132^{***}$ | 0.007 | $0.132^{***}$ | 0.007 |
| $ \begin{array}{llllllllllllllllllllllllllllllllllll$  | 1946–1950 (vs. pre-1940)                              | $0.224^{***}$  | 0.008 | $0.220^{***}$                         | 0.008 | $0.221^{***}$ | 0.008 | $0.221^{***}$ | 0.008 |
| Living arrangementLiving arrangementPartner in the household (vs. no) $-0.002$ $0.007$ $-0.006$ $0.07$ $-0.006$ $0.007$ Partner in the household (vs. no) $0.025^{**}$ $0.009$ $0.031^{***}$ $0.009$ $0.031^{***}$ $0.003^{**}$ $0.009$ $0.031^{***}$ Child(ren) in the household (vs. no) $0.025^{**}$ $0.009$ $0.030^{**}$ $0.009$ $0.031^{***}$ $0.031^{***}$ Country level $-0.018$ $0.015$ $-0.010$ $0.014$ $0.004$ $0.016$ $-0.004$ Pension expenditure $-0.018$ $0.015$ $-0.010$ $0.014$ $0.004$ $0.016$ $-0.004$ Pension expenditure $0.072^{**}$ $0.023$ $0.070^{**}$ $0.023$ $0.029^{**}$ $0.020$ $0.040$ Financial confort × pension expenditure $0.015^{**}$ $0.023$ $0.070^{**}$ $0.023$ $0.020^{**}$ $0.030^{**}$ $0.030^{**}$ Financial confort × pension expenditure $0.012^{**}$ $0.023$ $0.023^{**}$ $0.030^{**}$ $0.033^{**}$ $0.033^{**}$ $0.033^{**}$ Intercept $0.030^{**}$ $0.030^{**}$ $0.033^{**}$ $0.033^{**}$ $0.033^{**}$ $0.033^{**}$ $0.033^{**}$ $0.033^{**}$   | Post-1950 (vs. pre-1940)                              | $0.332^{***}$  | 0.008 | 0.333 * * *                           | 0.008 | $0.336^{***}$ | 0.008 | 0.338 * * *   | 0.008 |
| $ \begin{array}{cccccccccccccccccccccccccccccccccccc$  | Living arrangement                                    |                |       |                                       |       |               |       |               |       |
|  | Partner in the household (vs. no)                     | -0.002         | 0.007 | -0.006                                | 0.007 | -0.006*       | 0.007 | -0.006        | 0.007 |
| Country levelCountry levelPension expenditure $-0.018$ $0.015$ $-0.010$ $0.014$ $0.016$ $-0.004$ Pension expenditure $0.072^{**}$ $0.023$ $0.070^{**}$ $0.023$ $0.020$ $0.040$ Healthcare expenditure $0.072^{**}$ $0.023$ $0.070^{**}$ $0.029^{**}$ $0.020$ $0.040$ Cross-level interactions $-0.016$ $-0.024$ $0.024$ $0.040$ $-0.040$ Financial comfort × pension expenditure $-0.024$ $-0.034$ $0.004$ $-0.011$ Perceived health × healthcare expenditure $0.139^{***}$ $0.029$ $-0.033$ $0.031$ $-0.033$ $0.022$ $-0.035$ Intercept $0.139^{***}$ $0.029$ $-0.039$ $0.030$ $-0.033$ $0.022$ $-0.035$  | Child(ren) in the household (vs. no)                  | $0.025^{**}$   | 0.009 | $0.030^{**}$                          | 0.009 | $0.031^{***}$ | 0.009 | $0.031^{***}$ | 0.009 |
| $ \begin{array}{cccccccccccccccccccccccccccccccccccc$  | Country level   |                |       |                                       |       |               |       |               |       |
| $ \begin{array}{ccccc} \mbox{Healthcare expenditure} & 0.072^{**} & 0.023 & 0.070^{**} & 0.023 & 0.059^{**} & 0.020 & 0.040 \\ \mbox{Cross-level interactions} & & & & & & & & & & & & & & & & & & &$  | Pension expenditure                                   | -0.018         | 0.015 | -0.010                                | 0.014 | 0.004         | 0.016 | -0.004        | 0.013 |
| Cross-level interactions-0.0040.004Financial comfort × pension expenditure-0.0390.0300.011Perceived health × healthcare expenditure0.139***0.029-0.0330.022-0.035  | Healthcare expenditure                                | 0.072**        | 0.023 | $0.070^{**}$                          | 0.023 | 0.059**       | 0.020 | 0.040         | 0.023 |
| Financial comfort × pension expenditure $-0.004$ $0.004$ Perceived health × healthcare expenditure $0.139^{***}$ $0.029$ $-0.039$ $0.030$ $-0.033$ $0.022$ $-0.035$  | Cross-level interactions                              |                |       |                                       |       |               |       |               |       |
| Perceived health × healthcare expenditure         0.011           Intercept         0.039         0.030         -0.033         0.022         -0.035  | Financial comfort × pension expenditure               |                |       |                                       |       | -0.004        | 0.004 |               |       |
| Intercept 0.139*** 0.029 -0.039 0.033 0.022 -0.035   | Perceived health $\times$ healthcare expenditure      |                |       |                                       |       |               |       | 0.011         | 0.006 |
|  | Intercept   | $0.139^{***}$  | 0.029 | -0.039                                | 0.030 | -0.033        | 0.022 | -0.035        | 0.022 |

*Note:* FT-PP = full-time worker, partnered parent. Models involve variance components, which are all statistically significant.  $^{+}p < .08$ ,  $^{*}p < .05$ ,  $^{**}p < .01$ ,  $^{***}p < .001$ . *Source:* SHARE waves 1–9 and Eurostat.

men  $(N = 26 \ 707)$ č + atir hind for oid Table A2. Multilevel

|   | Model 1       |       | Model 2        |       | Model 3       |       | Model 4        |       |
|---|---------------|-------|----------------|-------|---------------|-------|----------------|-------|
|   | В             | SE    | В              | SE    | В             | SE    | В              | SE    |
| Individual level                                      |               |       |                |       |               |       |                |       |
| Work-family trajectories                              |               |       |                |       |               |       |                |       |
| Full-time worker, unpartnered parent (vs. FT-PP)      | 0.021*        | 0.00  | 0.024*         | 0.009 | $0.025^{**}$  | 0.009 | $0.025^{**}$   | 0.009 |
| Full-time worker, single/childless couple (vs. FT-PP) | -0.028**      | 0.008 | -0.027**       | 0.008 | $-0.024^{**}$ | 0.008 | -0.024**       | 0.008 |
| Part-time worker, partnered parent (vs. FT-PP)        | 0.081         | 0.009 | 0.082***       | 0.009 | $0.082^{***}$ | 0.008 | $0.082^{***}$  | 0.008 |
| Nonworker, partnered parent (vs. FT-PP)               | -0.037***     | 0.006 | $-0.031^{***}$ | 0.006 | -0.034***     | 0.006 | $-0.034^{***}$ | 0.006 |
| Self-employed, partnered parent (vs. FT-PP)           | 0.095***      | 0.010 | 0.095***       | 0.010 | 0.093 * * *   | 0.010 | 0.093***       | 0.010 |
| Finances and health                                   |               |       |                |       |               |       |                |       |
| Financial comfort                                     |               |       | $0.017^{***}$  | 0.003 | 0.014 * *     | 0.005 | 0.014**        | 0.005 |
| Perceived health                                      |               |       | 0.030***       | 0.002 | 0.023 * * *   | 0.006 | 0.024 * * *    | 0.006 |
| Educational level                                     |               |       |                |       |               |       |                |       |
| Low-educated (vs. high-educated)                      | -0.117**      | 0.007 | -0.096***      | 0.007 | -0.094***     | 0.007 | -0.094***      | 0.007 |
| Moderate-educated (vs. high-educated)                 | -0.080***     | 0.006 | -0.070***      | 0.006 | -0.067***     | 0.006 | -0.067***      | 0.006 |
| Birth cohort  |               |       |                |       |               |       |                |       |
| 1940–1945 (vs. pre-1940)                              | 0.107         | 0.006 | 0.103 * * *    | 0.006 | $0.101^{***}$ | 0.006 | $0.101^{***}$  | 0.006 |
| 1946–1950 (vs. pre-1940)                              | $0.214^{***}$ | 0.007 | 0.207***       | 0.007 | 0.207***      | 0.007 | $0.207^{***}$  | 0.007 |
| Post-1950 (vs. pre-1940)                              | 0.348***      | 0.007 | 0.345***       | 0.007 | 0.351***      | 0.007 | 0.352 * * *    | 0.007 |
| Living arrangement                                    |               |       |                |       |               |       |                |       |
| Partner in the household (vs. no)                     | -0*067***     | 0.005 | -0.073***      | 0.005 | -0.071 * * *  | 0.005 | -0.071 * * *   | 0.005 |
| Child(ren) in the household (vs. no)                  | 0.001         | 0.007 | 0.004          | 0.007 | 0.005         | 0.007 | 0.005          | 0.007 |
| Country level   |               |       |                |       |               |       |                |       |
| Pension expenditure                                   | 0.002         | 0.014 | 0.007          | 0.013 | 0.020         | 0.014 | 0.019          | 0.011 |
| Healthcare expenditure                                | 0.033         | 0.021 | 0.030          | 0.021 | 0.019         | 0.017 | 0.008          | 0.019 |
| Cross-level interactions                              |               |       |                |       |               |       |                |       |
| Financial comfort × pension expenditure               |               |       |                |       | 0.000         | 0.004 |                |       |
| Perceived health × healthcare expenditure             |               |       |                |       |               |       | 0.009          | 0.006 |
| Intercept   | $0.156^{***}$ | 0.025 | 0.020          | 0.026 | 0.044*        | 0.017 | 0.043*         | 0.017 |
|   |               |       |                |       |               |       |                |       |

Table A3. Multilevel regression analysis of bridge employment versus permanent retirement among women (N = 31,937).

*Note.* FT-PP = full-time worker, partnered parent. Models involve variance components, which are all statistically significant. \*p < .05, \*\*p < .01, \*\*\*p < .001. *Source.* SHARE waves 1–9 and Eurostat.



**Figure A1.** Mediation results from the PROCESS macro in SPSS: men.  $^{+}p < .10$ ,  $^{*}p < .05$ ,  $^{**}p < .01$ ,  $^{***}p < .001$ . Direct and indirect effects are on a log-odds metric. Controls, including country-level factors, are not shown.



**Figure A2.** Mediation results from the PROCESS macro in SPSS: women.  $^{t}p < .10$ ,  $^{*}p < .05$ ,  $^{**}p < .01$ ,  $^{***}p < .001$ . Direct and indirect effects are on a log-odds metric. Controls, including country-level factors, are not shown.

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