# What Happens to the Day? A Study of Household Time Allocation Changes Following a Disabling Event

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This limited, exploratory study describes work and non-work time allocation change for individuals and their households in the year immediately after discharge from an inpatient rehabilitation unit. Collecting original data from newly disabled adults and, if married, from their spouses, shows that time allocation changes are significant immediately after onset of disability. This strongly suggests that it may be important, even critical, to address certain unavoidable and previously understudied constraints facing the newly disabled, such as the time required for rehabilitation and the spillover effects on other household members, in addition to personal preferences and market constraints. These interactions may have significant implications for appropriate incentives and realistic timelines in return-to-work policies.

It is well established that employment drops dramatically following onset of disability (Burkhauser & Daly, 1996). The literature on employment among persons with disabilities indicates that they experience lower labor force participation rates, higher unemployment, and higher rates of part-time employment than persons without disabilities (Yelin, 1997; Yelin & Trupin, 2003). While employment rates for persons with disabilities depend on the definition used, and can therefore vary widely, general employment trends tend to be the same (Yelin & Katz, 1994). These findings are consistent across numerous national surveys, including Current Population Survey (CPS), Survey of Income and Program Participation (SIPP), and the National Health Interview Survey (NHIS) (Yelin & Katz, 1994; Trupin, Sebesta, Yelin, & LaPlante, 1997). National surveys consistently show that at least 7 million people are unable to work due to a health problem or impairment. An additional 10 to 12 million people have been estimated to be limited in the amount or kind of work they can do (LaPlante, Kennedy, & Trupin, 1997). Therefore, an estimated 17 to 19 million people claim to have some type of work disability. While the population of those with work disabilities appears to be growing, there seems to be little evidence of a rise in the prevalence of underlying medical conditions (Yelin, 1998).

Advocates and policymakers have responded to these employment statistics by pressing for legislation with two aims: (a) expanding the range of productive choices and opportunities for persons with disabilities and (b) relaxing eligibility requirements for Social Security disability programs to provide income and other types of support to persons with disabilities and their dependents (West, 1991). The goals of these efforts have been to heighten independence and increase work opportunities for those able to work, while providing income supports to those unable to work. A significant barrier in the implementation of both these policies, however, is the fact that it has not always been easy to differentiate between those who are able to work and those who are not. The result has been that those with minor limitations sometimes do not work, while others with more severe medical conditions remain in the labor force (Chatterjee & Mitra, 1998). This fact has frustrated policy makers and contributed to (a) a history of tightening and (most recently) loosening of Social Security disability program regulations in response to disability employment trends and corresponding waves of political pressure (see Bound & Waidmann, 2002, for a detailed description of these changes) and (b) federal programs and legislation aimed at helping people return to work (e.g., Ticket to Work).

Return-to-work programs have focused on policies that involve employment hiring practices, vocational rehabilitation programs, and return-to-work incentives. Implicit in these programs has been the assumption that some people who currently do not work can be induced to go back to work with retraining assistance and increased involvement from business and industry. Given the ongoing cost of social programs and supports during periods when individuals do not work and the growing population to which these programs pertain, it is necessary to ask how, and through what mechanism these policies might induce individuals to return to work. Using an economic framework there are at least two sets of factors that contribute to a decision to return to work. The first is the individual's characteristics and the second is the individual's constraints.

Most existing research on this issue has either primarily concentrated on individual characteristics, or considered a mixture of characteristics and constraints by interpreting constraints as the ways in which the market may restrict choices at the job level. For example, Berkowitz and Johnson (1974) considered workers who were identically impaired and found that one worker may return to work while the other becomes chronically unemployed because of differences in job-specific skills, age, race, education, attitudes towards work, and availability of non-wage income. This body of work has contributed greatly to our understanding of disability and the marketplace, but it also raises questions about our current ability to predict the effects of disability policy on individuals' choices.

This paper focuses on the set of constraints that are generated at a very individual level. To be sure, any investigation of choices is open to questions regarding the relative importance of preferences versus constraints. However, results strongly suggest that it may be important, even critical, to think about certain unavoidable and previously understudied constraints facing the persons who are newly disabled, such as the time required for rehabilitation and the spillover effects on other household members, in addition to preferences and market constraints.

The researchers examined the effect of changes in time demands faced by individuals during the first year following the disabling event. This was accomplished through the collection of original data from newly disabled adults and, if married, from their spouses. Our results showed that time allocation changes are significant immediately after onset of disability. This suggests that the time constraint itself may make it difficult for people to return to work within certain timeframes. If this finding is robust among other groups, a lack of response to return-to-work programs cannot be interpreted as directly due to individual characteristics or market conditions. Further research is necessary to untangle the reasons why persons who experience adult onset disabilities may or may not return to work and to tailor the timing and delivery of interventions so that they have the highest possibility of success.

## The Model

This study describes the work and non-work time allocation changes for individuals and their spouses in the year immediately after discharge from an inpatient rehabilitation unit. To our knowledge, this is the first paper to examine time allocation changes for individuals who have recently experienced adult onset of a disabling injury or illness and are thus confronted with these conditions for the first time.

According to the most basic model in the economics of labor, individuals allocate their time in two ways: market labor (work) and leisure. As opposed to labor, which is modeled as pure work that people must engage in to acquire income and goods, the term "leisure" is conceived as consumption of time for enjoyment. For example, leisure may be time spent reading a book or laughing with a friend.[1] Intuitively, in this basic framework, a decrease in time spent on work implies an increase in time spent on leisure. Practically speaking, market labor time may be measured as work hours and leisure time is defined as everything but market labor. This labor model, while spare, is an extremely useful starting point to predict the work decisions of healthy and/or non-disabled persons.

Previous economic research has shown that adding household production affects market labor even for the classic population under study, that is, persons who are not disabled (see Gronau, 1973; Gronau, 1977; Mincer, 1962; Bowen & Finegan, 1969; Low, 1999; Maloney, 1987, for examples). Household production extends the fundamental model of labor choice by including the choice that one may spend some of one's non-market time engaged in productive activity at home, doing laundry or cooking meals, for example. The rest of the day must be allocated to market labor or leisure as usual, but household production opportunities introduce a time demand that generates new predictions about the ways in which people will allocate their time.

Existing studies of time allocation, even those that include home production, do not systematically address many activities that are called "leisure" because they are neither market work nor typical home production. However, these activities may be very important to non-classically studied populations, such as persons with disabilities or illness, and may include: medical and rehabilitative care; increased time taken for daily tasks due to physical or functional limitations; increased time spent in inactivity due to pain, immobility, depression or treatment side-effects; and in-

creased time spent on financial and insurance issues. With the onset of a disabling condition for one member of the household, the entire household may be forced to rethink decisions, often while dealing simultaneously with potentially significant changes in expenditures, income, and insurance coverage. The purpose of this study is to document the time allocation changes pre- and post-disabling event so that the conditions for a return to work decision may be understood in a more realistic context. Ultimately, the authors believe that a better understanding of these changes in household time allocation will help to explain why market labor rates are different among people who, by other measures, are categorized as having similar disabilities.

## Hypotheses

This study explores time allocation changes in work and non-work areas for persons who have experienced onset of a disabling condition within the last twelve months. We collected allocation data for both participants and spouses in work (i.e., paid work) and non-work (i.e., everything else) categories. Non-work variables included volunteer work, medical care, preparation to leave the house, spouse assistance to participant, personal care, dependent care, housework, financial matters, and leisure.

In addition to collecting descriptive information about how time allocation choices changed, we tested the following alternative hypotheses for all categories of time demand data: time allocation changes will be substantial for the person with a disability and, if married, also for his/her spouse in the first twelve months following onset of a disabling condition. For the married couples, we posited further that, while both spouses will show changes in time allocation, the changes will occur in distinct but complementary ways between spouses. For the person who had recently been discharged after the disabling event, we expected the time allocated to self-care, medical care, and inactive leisure to increase, while time allocated to other forms of activity such as paid work, housework, and active leisure was expected to decrease. For the spouse, we expected significantly more time to be allocated to care for the disabled person and for household tasks, and therefore that the spouse would be able to devote less time to paid work and his/her own leisure.

## Method

### Sample

The participant sample comprised 23 participants and 18 spouses. Of the participants, 13 were female and 10 were male. The primary diagnosis category for participants was stroke, comprising 52.2% of the participant sample. The remaining 47.8% of the participant sample included a mix of primary diagnoses including head and spinal cord injury, orthopedic problems, heart conditions, and multiple trauma. The average time since hospital discharge for our sample was 4.57 months. Of participants, 34.8% had a preexisting injury or illness, and the average length of time since onset of this pre-existing condition was 6.33 years.

The average age of participants was 46.91. The majority (95.7%) of the participants considered themselves to be White/Caucasian, the remaining considered themselves to be Black/African American. In terms of education, 17.3% of participants had not finished high school, 65.2% had completed high school, 4.3% had a college degree, and 13.0% had an advanced or professional degree.

Pre-disability, 70.8% of participants were employed full-time (40+ hours per week), and 12.5% were employed part-time (less than 40 hours per week). The remainder were unemployed. Post-disability these figures drop to 4.2% employed full-time, 25% employed part-time, and 45.8% unemployed. An additional 25% reported being on disability leave.

Of the 23 participants, 78.3% were married, the remainder had never married or were separated. The average household size was 2.78, with 38.1% reporting children under 18 at home and 34.7% reporting other adults (in addition to participant and spouse) at home. The average age of participant spouses was 50.17. In terms of ethnicity, 88.9% of the spouses considered themselves to be White/Caucasian, the remainder Black/African American. Only 5.6% of spouses did not complete high school; 55.6% completed high school, 22.2% completed college, and 16.7% had an advanced professional degree. For the spouses, 57.9% had been employed full-time pre-disability, and 15.8% had been employed part-time. The remaining 26.3% had been unemployed. Post-disability 55.6% of spouses were employed full-time, 16.7% were employed part-time, and 5.6% were on leave. The remaining 22.1% of spouses were unemployed.

### Sampling

Carle Foundation Hospital and Carle Clinic Association of Central Illinois were the singular outlets for participant recruiting. Through a network of nine branch clinics, Carle Clinic Association provides a variety of outpatient and inpatient services to meet health care needs throughout east central Illinois. Carle Foundation Hospital is a not-for-profit, 295-bed, regional care hospital located in Urbana, Illinois.

The sample was recruited from the population of patients who had experienced an inpatient stay at Carle Foundation Hospital sometime within the last twelve

months. Participants were identified through three primary avenues: (a) during their inpatient stay; (b) during outpatient clinic appointments at Carle Clinic; or (c) during follow-up phone calls made by Carle staff. Of these three methods, the latter two yielded the best results. The results showed that during the inpatient stay, patients were less able to consider participation because their attention was understandably focused on how they would adjust during the first days and weeks following discharge. Also, for those participants recruited during the inpatient stay, the interview was conducted closer to the point of discharge. Since this was a very transitional time, most could not fully describe how their time allocation had changed in key areas of their lives.

Participants met the following selection criteria: (a) aged 18-61; (b) diagnosed with a new injury or illness (e.g., multiple trauma, orthopedic injury, and stroke, etc.); and (c) hospitalized for this condition sometime within the twelve-month period preceding their participation. Participants were educated about the project and assessed for interest by trained Carle therapists, physicians, and nurses. Once verbal permission was obtained by the Carle employee, a member of the research team made direct telephone follow-up contact with patients to further explain the scope of the project and obtain patient consent for project participation. Individuals who were still interested were then scheduled for an interview. Of the 150 plus individuals contacted by the research team, approximately 20% agreed to be scheduled for an interview. Of those who scheduled for an interview, approximately 75% completed the interview.

### Data Collection

Data were obtained through the administration of a structured questionnaire, which was administered orally and face-to-face by a project researcher. The interview lasted on average one to one-and-a-half hours, during which time participants answered background questions related to demographic information, primary diagnosis, pre-existing conditions, months since discharge, educational attainment, household size, employment, and self-reported health status of all household members.

Time allocation was assessed through the inclusion of several interview questions prompting participants to think about the many activities that take up their time. Respondents were asked how many hours per week they engaged in activities such as paid work, unpaid (volunteer) work, medical care visits, personal care (defined as eating, showering, and dressing, etc.), care of dependents (children under 18 and adults), housework, leisure, and financial matters. Concerning medical care visits and leisure, participants and spouses were asked to estimate time allocation on several related variables, which were then aggregated into the single variables of "total medical care visits" and "total leisure." For example, the measure for total medical care included time spent on several types of care that were assessed independently, including outpatient visits and rehabilitation, psychology/psychiatry visits, social services, and home health. Similarly, time allocated to total leisure included several leisure categories assessed independently, including hobbies/recreational activities, watching television, visiting with family and friends, going out, church activities, and social or civic activities. (Note: Inactive leisure includes watching television and surfing the internet; active leisure includes hobbies/recreational activities, time spent with family and friends, church activities, social or civic activities, shopping, and going out.) Participants and spouses were also asked to estimate the number of minutes they spent preparing to leave the house, as well as the number of times they left the house for work and non-work activities. For all time allocation variables, participants were asked to estimate the amount of time spent on various activities at two points in time: (a) immediately before they experienced their disabling condition (hereafter referred to as "pre"); and (b) currently (hereafter referred to as "post").

Since we were interested in the household as the unit of analysis, we also asked these same questions of the participant's spouse (if applicable). When the spouse was present (67% of relevant cases), the spouse was asked questions pertaining to them directly. However, when the spouse was not present (33% of cases), the participant was asked to answer those questions on his/her spouse's behalf.

## Results

### Time Allocation Changes

For the participant, the researchers hypothesized that time devoted to personal care, medical care, and inactive leisure activities would increase significantly post-disability, while time devoted to more active pursuits such as paid work, housework, and active leisure would decrease. For the spouse, it was hypothesized that care of the participant, housework, and attention to financial matters would increase following onset of the participant's disabling condition, and consequently time devoted to leisure would decrease. To test these hypotheses, a series of paired *t*-tests to compare means in time allocation pre- and post-injury/illness were conducted. The results of the paired *t*-tests are summarized in Table 1.

*Participants.* As hypothesized, participants experienced a statistically significant increase in the time they spent on personal care, medical care, preparing to leave the house, and inactive leisure activities. They experienced a statistically significant decrease

**Table 1.** ***Mean-Level Changes in Time Allocation for Participants and Spouses***

| Time allocation variable | Mean (SD) Pre-Disability | | Mean (SD) Post-Disability | | *t* |
|---|---|---|---|---|---|
| Hours worked per week | | | | | |
| Participant | 33.89 | (18.25) | 6.25 | (10.70) | 5.69** |
| Spouse | 31.06 | (17.88) | 26.82 | (20.98) | 1.59 |
| Volunteer hours worked per week | | | | | |
| Participant | 2.71 | (3.64) | 1.0 | (1.41) | 1.73 |
| Spouse | 3.88 | (6.62) | 2.50 | (3.25) | 1.11 |
| Medical care (own) hours per week | | | | | |
| Participant | .43 | (0.90) | 6.40 | (3.52) | -.89** |
| Spouse | .97 | (3.52) | 1.78 | (4.34) | -1.20 |
| Medical care (assisting another) hours per week | | | | | |
| Participant | .52 | (2.50) | .65 | (2.55) | -.17 |
| Spouse | .11 | (0.47) | 7.53 | (14.82) | -2.12* |
| Minutes needed to prepare to leave the house | | | | | |
| Participant | 46.85 | (40.73) | 74.13 | (44.81) | 4.77** |
| Spouse | 56.94 | (39.56) | 66.61 | (50.51) | -2.06* |
| Hours per day spent assisting spouse | | | | | |
| Participant | ** | | ** | | |
| Spouse | .00 | (.00) | .21 | (.44) | -2.01 |
| Number of times per week leaving house for non-work activities | | | | | |
| Participant | 12.91 | (9.13) | 9.04 | (7.43) | 2.40* |
| Spouse | 9.44 | (7.10) | 10.06 | (9.33) | -.50 |
| Number of times per week leaving the house for work | | | | | |
| Participant | 4.14 | (2.25) | 1.14 | (2.01) | 5.00** |
| Spouse | 3.28 | (2.54 | 3.22 | (2.73) | .11 |
| Personal care (own) hours in a day | | | | | |
| Participant | 1.81 | (.72) | 2.26 | (1.10) | -2.16* |
| Spouse | 1.72 | (.97) | 1.51 | (.76) | 1.22 |
| Number of hours per week caring for own children aged <5 | | | | | |
| Participant | 10.43 | (34.66) | 12.17 | (41.21) | -1.00 |
| Spouse | .56 | (2.36) | .56 | (2.36) | .00 |
| Number of hours per week caring for own children aged 6-18 | | | | | |
| Participant | 27.80 | (53.07) | 27.28 | (53.30) | 1.10 |
| Spouse | 24.11 | (49.73) | 23.56 | (49.95) | 1.00 |
| Number of hours per week caring for other adults in your home | | | | | |
| Participant | .54 | (2.12) | .52 | (2.11) | .07 |
| Spouse | 2.22 | (9.43) | 4.44 | (16.53) | -1.29 |
| Number of hours per week spent on housework | | | | | |
| Participant | 15.37 | (16.88) | 6.52 | (7.62) | 3.03** |
| Spouse | 13.22 | (14.07) | 15.78 | (17.45) | -.86 |

**Table 1.** ***Mean-Level Changes in Time Allocation for Participants and Spouses*** **(Continued)**

| Time allocation variable | Mean (SD) Pre-Disability | | Mean (SD) Post-Disability | | $t$ |
|---|---|---|---|---|---|
| Number of hours per week spent on leisure | | | | | |
| Participant | 42.54 | (22.83) | 41.26 | (25.35) | .21 |
| Spouse | 37.58 | (20.90) | 28.03 | (15.13) | 2.32* |
| Number of hours per week spent on "active" leisure | | | | | |
| Participant | 24.07 | (20.78) | 17.43 | (20.18) | 1.24 |
| Spouse | 21.64 | (19.43) | 9.92 | (4.16) | 2.48* |
| Number of hours per week spent on "inactive" leisure | | | | | |
| Participant | 18.48 | (14.72) | 23.83 | (15.02) | -2.07* |
| Spouse | 1.94 | (15.72) | 18.11 | (15.48) | -.60 |
| Number of hours per week spent on financial matters | | | | | |
| Participant | 2.04 | (1.75) | 1.70 | (1.76) | 1.21 |
| Spouse | 1.00 | (1.10) | 1.44 | (1.10) | -2.25* |

* $p < .05$ two-tailed; ** $p < .01$ two-tailed.

in time devoted to work—both paid work and housework, as well as in the overall number of times they left the house. The percentage of those employed dropped from 82.6% pre-disability to 56.5% post disability, although slightly less than half (46.2%) of those employed post-disability were considered on leave and therefore did not have positive work hours. These changes show a marked decrease in overall productivity for participants. Further, post-disability participants reported needing assistance with an average of 3.39 daily activities and needing assistance from someone else for an average of 27.6 hours each week. Participants also reported that since the time of their discharge they had attended an average of 72.83 medically-related visits. They also reported an increase in time spent in pain post-disability. Pre-disability, 8.7% reported "always" experiencing pain, while 39.1% reported "never" experiencing pain. This compares to post-disability reports where 43.5% report "always" experiencing pain, while 13.0% report "never" experiencing pain. All of these are indicators that in the first year post-disability significantly more time is being spent on self-care, as well as "inactive leisure," perhaps due to increased pain and reduced mobility. Nonetheless, of those participants not reporting positive work hours, 73.3% reported that they were either "very hopeful" or "somewhat hopeful" about returning to work. Of those hoping to return to work, the expected number of months it would take them to return was 7.2.

*Spouses.* Consistent with the hypotheses, the authors also found significant changes for spouse time allocation variables. Time spent by spouses increased significantly on preparing to leave the house, assisting the participant, taking the participant to medical care visits, and financial matters. As expected, time spent by spouses on active and total leisure decreased significantly. Contrary to our assumptions, spouses did not compensate for lost participant time in areas such as paid work or housework, resulting in a significant overall decline in these areas for the household.

It is clear from the findings of this study that persons who have experienced a disabling injury or illness do face substantial changes in time allocation during the first year following discharge. Work hours for the participant decreased substantially, as did hours devoted to housework and "active" leisure activities. As hypothesized, participant effort expended on activities related to self-care increased. This was evidenced by increases in time allocated to medical care, as well as time spent on daily personal care activities, time it takes participants to prepare to leave the house, and by the increased need for assistance with daily activities. The frequency of time spent in pain increased post-disability, possibly leading to an increase in "inert" or "inactive" time. This was not assessed directly, and warrants further investigation.

This study also clearly demonstrated that spouses make changes in time allocation following onset of injury or illness by their significant other. They devoted more time to caring for the participant, as well as compensating for the participant's diminished productivity in areas such as housework and attention to finan-

cial matters. Consequently, the time spouses devoted to activities such as their own personal care, total leisure, and active leisure decreased. No substantial changes were noted for dependent care, most likely because the majority of the sample had grown or almost grown children.

## Discussion

Participants showed a trend for decreasing activity in almost all areas, with the exception of self-care and medical care. It was not surprising that participants showed substantial reductions in the numbers of hours worked following the onset of disability, but what was clear was that participants were spending these "lost hours" on self-care and activities related to decreased mobility (e.g. television viewing). The data show a statistically significant decrease in participant time allocation in almost all major areas, except those relating to self-care, a situation which has clear psychological consequences. The spouse also appears to increase significantly the amount of care provided to the participant, as evidenced by increases in time spent preparing to leave the house, time spent caring for the participant, time spent attending medical visits with participant, and time devoted to financial matters. An increase in these activities results in a reduction of the time available for the spouse to allocate to his/her leisure. While the participant decreased significantly in the amount of time allocated to housework (15.37 hours pre-disability vs. 6.52 hours post-disability), the spouse did not show a significant compensatory increase in time allocated to housework (13.22 hours pre-disability vs. 15.78 hours post-disability). These findings may provide evidence for the existence of cumulative household stress when necessary daily tasks are not being accomplished.

The changes shown in these data have implications for both participant and spousal adjustment and psychological well-being, and potentially for their long-term labor supply patterns. Changes in activity in non-work areas may have an impact on work motivation, psychological well-being, and overall adjustment in the first year following onset of disability. The impact of changes in effort, as well as the lack of structure created by an overall reduction in time spent on productive daily activities that previously occupied participant and spouse time (e.g., paid work, housework, and leisure activities) merits further investigation.

Studies from the adjustment to disability (see Hershenson, 1981; Power, Hershenson, & Schlossberg, 1985; Hershenson, 2001; Hershenson, 1998; Russell, 1981; Power, Hershenson & Fabian, 1991, for examples) and adjustment to unanticipated retirement (see Jensen-Scott, 1993; Richardson & Kilty, 1991 for examples) show that unexpected transitions may contribute to depression, diminished well-being, and related psychological factors that may persist and influence labor supply patterns long after patients have overcome some of their physical limitations. Empirical studies of retirement adjustment (Jensen-Scott, 1993) have found that those with lowest satisfaction are those who have been forced to retire and now find it difficult to maintain a satisfactory level of activity. They also tended to be the lowest in resources (i.e., poorest health, lowest education levels, and lowest income). Hershenson's (1981) model of work adjustment posits that the greater the impact of the disability on the client's work motivation, the more handicapping the effects on work goals. Further, he argues that perceptions of handicap as insurmountable could lessen any motivation to return to work. The longer persons with disability are unable to devote time to productive daily activities, both work and non-work, the greater the chance for decreased motivation. These factors, in turn, could exacerbate the medical and psychological consequences of the disabling condition itself.

It is clear from these findings that persons with disabilities and their spouses do face significant changes in time allocation in the first year following onset of disability. The results point to the need to further examine the impact of time allocation changes on the long-term adjustment of those experiencing adult onset of a disabling injury or illness. Do time constraints ease or do they persist until people who were once hopeful about returning to work eventually lose hope? Policy expectations concerning return-to-work may need to take into account the significant time allocation changes experienced by households in the first year following onset of a disabling life event, as well as help people increase their productivity in non-work areas as a more effective strategy for enhancing adjustment. Policies with a single focus on skills and aptitudes required to return to work may not address the psychological and motivational issues that may arise in the first year following disability as a result of significantly decreased productivity in non-work, as well as work areas. Rehabilitation efforts may need to emphasize helping people to reframe their non-work, as well as work, goals to focus on quality of life overall. While long-term policy supports are undoubtedly important, this data shows that short-term supports, in work and non-work areas, are also an important part of the return-to-work puzzle.

## Conclusion

The purpose of this study was to highlight the importance of looking at within household barriers to return to work as they appear in time allocation data. This work is consistent with research that shows that persons with disabilities experience lower employment

rates than those who are not disabled. However, it presents novel findings in that it looks at the experience immediately after the disabling event and shows that household time allocation shifts dramatically in this short-run time period in ways that make return to work very difficult to handle at this time. Participants experienced a statistically significant increase in the time they spent on personal care, medical care, preparing to leave the house, and inactive leisure activities. While this is not surprising, the authors know of no other studies that document this. What is entirely new is the "window" on spousal time allocation. Spouses significantly increased the time they spent on a number of activities related to assisting the participant and attention to financial matters. They spent less time on their own leisure and less time on labor market activities. This finding sheds new light on the welfare of households after disability and on the time constraints that partners and households face in adjusting to disability.

This study examined work and non-work time allocation changes for households grappling with these decisions for the first time. Further, the authors argue that these changes have implications for work outcomes. Findings strongly suggest that time allocation constraints following disability have implications for work outcomes and general adjustment. Future studies are needed to further test the significance of these changes. Longitudinal and large population studies are needed to test how time allocation changes over the lifetime of the disabled and to test for differences by diagnosis category, age, and other relevant factors. Future studies should also test the influence of personal and household characteristics (e.g. household income, age, ethnicity, support, and psychological well-being) on time allocation changes to explore whether these types of factors may be able to mediate time constraints and their psychological impact.

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## Footnote

[1] Obviously, measurement problems arise if a person enjoys their work or does not enjoy their friends, but the general distinction of market versus non-market activity is useful for predicting market participation.

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