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Privacy in Multigenerational Homes Before and Amidst COVID-19

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PRIVACY IN MULTIGENERATIONAL HOMES BEFORE AND AMIDST COVID-19

By

JENNIFER LUQUE, Bachelor of Interior Design

Presented to the Faculty of the Graduate School of

Stephen F. Austin State University

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PRIVACY IN MULTIGENERATIONAL HOMES BEFORE AND AMIDST COVID-10

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ABSTRACT

Multigenerational households in the United States are more prevalent now than they have been in the last forty years. In part, aging, illness, job loss, saving money, and even tradition are factors that contribute to the idea of multiple generations living together in one home. Given the health of the individuals, size of the home, and number of dedicated bedrooms and bathrooms, living multigenerational can have both positive and adverse effects. Many family groups fall into the category of multigenerational living. However, this study investigates the relationships between adults and senior family members in terms of privacy in the home. Factors affecting privacy include crowding, territoriality, autonomy, physical, and psychological privacy. Additional stressors that were studied include the current state of affairs in the United States—COVID-19. These topics were analyzed in relation to home design strategies to alleviate privacy concerns and reduce household tension.

An online survey and phone interviews were used to gather research data through a variety of social media sites. In regards to COVID-19 and the multigenerational home, statistical analysis indicated that concern over spreading COVID-19 to seniors in the home has kept individuals more socially isolated. Data also supported a relationship between the number of hours worked from home due to COVID-19 and stress in a multigenerational household. Pertaining to crowding and privacy in a multigenerational home, data support that adult children in homes without a dedicated space, other than a

bedroom or bathroom, are more likely to believe noise is a problem. Data also support there is a relationship between stress levels and dedicated bedrooms and bathrooms in the home as well as between the perception of privacy and the number of people in the home. In relation to caring for seniors in a multigenerational home, evidence supports grab bars and handrails to be the most common minor renovations made in multigenerational homes, and married female individuals are more likely to care for a senior parent than unmarried females. Data do not support the hypothesis that individuals do not feel very educated on products to aid senior independence or that when the senior in a home has more autonomy, the adult child feels less crowded in the home than seniors that require help changing, bathing, using the toilet facilities, and/or with transportation.

DEDICATION

This thesis is dedicated to my family who have both endlessly and tirelessly supported me in my pursuit of my master's degree. I would like to thank my father, Dr. John Wheelock, for his strong beliefs in higher education. To my mother, Deena Dye, whose emotional support carried me through the degree when times were at their toughest. To my husband, Brian Luque, whose unwavering support provided the backbone of our family during the long evening and weekend hours. And lastly to my children, to teach them the importance of hard work and perseverance.

I would also like to dedicate this thesis to my many extended family and friends that helped me to reach my research goals through their support in sharing the survey with their friends and family through conversations, phone calls, emails, text messages, and social media. It takes a village, and your support has been humbling.

Lastly, I dedicate this thesis to my mentors Sally Ann Swearingen, Leisha Bridwell, Dr. Ray Darville, and Chay Runnels for your endless support and guidance through my higher education experience with Stephen F. Austin State University.

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CHAPTER 1

Introduction

The multigenerational living style is once again becoming prevalent in western culture. A multigenerational household is defined as a home with three or more generations living under one roof (Lofquist, 2012). While common in the early 1900's, the family dynamic changed after World War II with the change of housing and tax policies (Liebig et al., 2006). In combination with the GI Bill, which aided in educational assistance, these changes allowed young adults and veterans returning from the war to leave their family of origin and to establish separate residence (Campbell-Dollaghan, 2019). New, affordable, detached, single-family homes became more available and suburbs were created. In combination with "new funding for nursing homes from the Federal Housing Administration led to a boom in private nursing homes in the 1950s and 1960s, and over time it became more and more normal to self-select into senior housing rather than living with your children" (Campbell-Dollaghan, 2019, para 9). From 1940-1980, 25% of the United States population lived in a multigenerational home, and this percentage continued to decrease to only 12% in 1980 (Taylor, et al., 2010). These numbers drastically increased to one in five homes in 2010 (Snelling, 2016).

The economic recession in 2007 - 2009 was a large factor in families coming together under one roof due to the stunted job market and financial difficulties. For some families, social security was the only constant income (Lafferty, 2011). Other factors impacting the decision for families to live in a multigenerational household include advances in medicine and the longevity of human life (Liebig et al., 2006). The United States population is living loner which may increase the likelihood of these living arrangements. Other living options for the dependent elderly include assisted living centers, nursing homes, and in-home care. Each of these options is costly and not feasible for the average senior who lives on annual income of roughly \$35,000 a year when nursing home costs range from \$40,000-\$60,000 a year (Hicken 2013; Ganem, 2011). As explained by Easthope et al., “There has been a shift from the standard ‘nuclear’ and ‘extended’ family approach. We have now moved into the recognition and acceptance of more complex and diverse family structure” (2017).

There are many benefits of multigenerational living for both the senior and their adult children. One example includes financial savings in sharing a home which includes having only one mortgage instead of two and sharing the costs of utilities, groceries, and home maintenance. Childcare is another benefit if the older adult is healthy enough to provide it. Parents save money on daycare, and the grandparent can take care of a sick child without the parent taking time off from work (“Under One Roof”, 2019). This fosters a closer relationship between the generations and is good socially for the grandparent. When the senior begins having health issues, it is easier for the family both

mentally and physically for the adult child to care for them when living in the same residence. Multigenerational living allows for disabled adults to be supervised more easily and they will not be as lonely (“Under One Roof”, 2019).

There are also disadvantages to multigenerational living. Financial concerns may arise due to generational differences and belief systems. The senior generation often practices a different lifestyle. Many lived through the depression or world wars and believe more in saving than spending. The Baby Boomer generation has a more relaxed attitude toward spending money (Parker, 2000). Personal independence, or autonomy, may become a worry as senior age. Certain decisions are made for them and they lose a sense of autonomy. When many family members live under the same roof, space constraints can lead to a feeling of crowding, which may host many other causes of discourse including territoriality and privacy concerns (Parker, 2000). Gale notes “most territorial behaviors are aimed at protecting privacy; while feelings of crowding culminate from lack of privacy” (2005, p.11).

Loss of privacy is one of the main concerns in a multigenerational home. The use of space presents challenges in physical as well as psychological privacy which can have a negative effect on household members’ social interactions with one another (Easthope et al., 2015). It is important to have a good mix of private, semi-private, and shared spaces within the home, though achieving this is often a challenge in an existing home (Gale & Park, 2010). House modifications are often necessary to achieve physical and psychological privacy as well as the autonomy associated with it. These changes can be relatively small and

inexpensive—installing handrails, ramps, grab bars—and still have a large impact. Changes can also be larger in scale, such as building an addition to the existing house, adding a wheelchair stair lift, or an extra bathroom, laundry or kitchen space.

Statement of the Problem

Multigenerational housing in the United States is on the rise due to illness in the family, saving money for the future, the cost of childcare and nursing facilities, housing and job loss due to COVID-19, and many other reasons. Privacy can already be an issue within a shared residence, but the pandemic is responsible for more people working and schooling from home. It is important for designers and architects to understand what these living arrangements are like and home modifications people are making to help lessen the stress of privacy concerns.

Purpose of the Study

The purpose of the study was to examine the stressors COVID-19 has placed on the relationships of different generations living a multigenerational lifestyle, and to explore privacy challenges faced while living with multiple generations in a single household. This information could be used in gaining relevant information interior designers and architects can use to aid in multigenerational house design with an emphasis on providing privacy for all family members. This study focused on the physical space or territory, psychological privacy,

and autonomy of the elder generation in regards to multigenerational living and what home modifications the family members have employed to achieve it.

Research Objectives

The aim of the study was to gather demographic, social, and economic information from individuals who live or have lived in a multigenerational home, and to pinpoint privacy issues within the residence. This information was compared to modifications made to the home to accommodate all generations. The research objectives were as follows:

1. To examine the social and economic stressors COVID-19 has placed on the relationships of different generations living in multigenerational homes.
2. To examine privacy challenges in multigenerational homes and evaluate adopted home modifications to accommodate each generation in the household.

Limitations of the Study

This study was limited to families in the United States living in a multigenerational home consisting of adults and their senior relatives. Data were collected through social media and snowball sampling to include both surveys and interviews of members living a multigenerational lifestyle. It is important to note the researcher is from the south and many survey respondents were therefore from the south

as well. While these online results are interesting, they cannot be generalized to the entire population due to geographical limitations in the United States. It is also important to note that paid advertising on social media attracted spam that accounted for 55 respondents that did not complete more than the first consent question and were therefore removed from the results. An additional 23 that did not exceed more than a quarter of the completed survey were also removed.

This study was limited to phone and Internet contact only as COVID-19, also known as the coronavirus virus, pandemic is prevalent in the United States, and social distancing, quarantine, and isolation measures established to help the spread of the disease were in order (Centers for Disease Control and Prevention, 2020; Texas Department of State Health Services, 2020). At the time of the study, The Centers for Disease Control (CDC) recommended citizens avoid long distance commutes, gathering in groups, only traveling for essential items, and staying at home as much as possible to avoid contact with the spreading disease. In-person interviews and site visits were generally unavailable.

CHAPTER 2

Review of Literature

The Multigenerational Home

As defined by the United States Census Bureau, a multigenerational home consists of three or more generations living under the same roof (Lofquist, 2012). Many researchers also include households with a grandparent and at least one other generation (Generations United, 2020). Easthope et al. (2015) define the multigenerational home as having two or more generations of adults living under the same roof. There are many types of living arrangements that fit this category. First, there is a homeowner whose adult child lives at home. This could be due to a delayed home leaving or moving back in with parents after time living independently. Second, there is a homeowner whose adult grandchild lives in the same home. Third is the homeowner and parent or parent-in-law. While there are other types of living arrangements that fit the definitions above, for the purpose of the study, the third example of an adult child and parent or in-law will be examined in regards to privacy concerns.

Cultural and Economic Phenomena of Multigenerational Living

Multigenerational living has been in existence for centuries in countries throughout the world, and has been steadily gaining prevalence over the a last several

years in the United States. While viewed by some cultures as an option for sick family members, others view it as the norm (Mann-Lewis, 2014). According to the United Nations Department of Economic and Social Affairs Population Division, “Living with a child or extended family member was the most common living arrangement among older persons in Africa, Asia and Latin America and the Caribbean” (2019). In Afghanistan and Pakistan, some 90% of people 65 or older lived with their children (United Nations, 2019).

Multigenerational living is a prevalent lifestyle for both Asian and Hispanic immigrants to the United States (Liebig et al., 2006). According to Goyer, 25% of Asians, 23% of African Americans, and 22% of Hispanics were living in multigenerational homes (2011). However, only 13% of Whites live with multiple generations under one roof. Possible reasons for these percentages could be due to the Asian and Hispanic populations which are growing at a faster rate than Whites (Carrns, 2016). Another driver is culturally based. “Families and kin networks provide a cultural safe haven for immigrants to this country, but they are also a launching point for integrating their descendants into American society (Consensus Study, 2015, p.345). A third reason is economically Blacks and Hispanics in the United states have higher poverty rates and lower household incomes than Whites (Reyes, 2019). Therefore, there is a greater need for these groups to cohabitate to reduce economic burden.

Another contributor to multigenerational living trends could be due to the Baby Boomer generation in which there are over 77 million in America today (Bross, 2018). “By 2030, one in five Americans will be over the age of 65” (Bross, 2018, p.26). By 2040, this group will account for 20% of the population (Bross, 2018).

In the United Kingdom, multigenerational households are the fastest growing housing type (Maye-Banbury & McNally, 2019). From the years 2007-2017, the number increased 42.1%, or approximately 4.2% annually. One in five households in Australia are also multigenerational, where it is viewed as a more standard way of living (Easthop et al., 2016).

Multigenerational Living is Not a New Concept

Families have been living in multigenerational homes for centuries. In Asian and Mexican cultures, it is considered a normal practice that has transcended both generations and countries. Furthermore, immigrants commonly sought family and cultural community in the United States (Lafferty, 2011). Though regardless of ethnicity, the early 1900’s was a prevalent time for multigenerational living—57% of people lived in multi-generational households (Goyer, 2011). By the 1940’s, that number was closer to a quarter of the population (Snelling, 2016). However, these numbers began to decline even more drastically after World War II. With the signing of the GI Bill, veterans were granted federal/state money for college or trade schools (Brown, 2009). The increase of educated individuals, changed not only minimum wage, but salaries and what were

considered suitable places to live. The next twenty years after the war were a time of prosperity and increased marriage rates which resulted in the baby boom that would last for the next twenty years from 1946-1964. According to Brown, “The bountiful Baby Boom averaged more than 4 million new babies a year until 1964” (2009, p.124). The GI Bill also offered veterans low-interest housing loans (Brown, 2009). Millions left their apartments and parent’s homes to purchase new homes built for the rising middle-class. As surmised by Liebig, Koenig & Pynoos, “Post-World War II housing and tax policies at the national and state levels have promoted the American dream: owner-occupied, single-family detached homes for nuclear families in the suburbs” (2006, p.156). New infrastructure and affordable commercial air travel also aided in the feasibility of moving farther from the parents (Brown, 2009; Campbell-Dollaghan, 2019). These policy changes led to the United States moving to a neolocal living arrangement, meaning new married couples “live together in a new residence instead of with the husband’s family (patrilocal residence) or the wife’s family (matrilocal residence)” (neolocal residence, 2014). The older generation moving in with their children also began to decline with new funding from the Federal Housing Administration which led to an increase in private nursing homes (Campbell-Dollaghan, 2019). Over time, it became more acceptable socially for the older generation to move into one of these facilities rather than with their children. In 1980, multigenerational living arrangements reached a low of 12% in the United States (Snelling, 2016).

Multigenerational Living is Becoming More Prevalent

The 1980's saw an increase in divorce rates and more single parents (Bengtson, 2001). More women entered the workforce and rental rates increased (Easthope, et al., 2017). Rising immigration has also contributed to these changes (The Pew Research Center, 2015-a). Changing family dynamics have moved beyond the standard “nuclear” family and have evolved towards an extended family dynamic, offering families an attractive alternate way of living. Since 1980, multigenerational living has been on the rise, allowing familial bonds to strengthen; the recession of 2007-2009 saw the largest increase (Carrns, 2016). “From 2007 to 2009 the increase in the number of Americans living in multi-generational households—from 46.5 million to 51.4 million—was the largest increase in modern history” (The Pew Research Center, 2015-b). The housing market weakened causing foreclosures to increase (Lafferty, 2011). Unemployment rates and uncertainty in the housing market caused families to combine living arrangements in one residence. While it is more common for young adults to move back in with their parents, older parents moving in with their adult children has increased from 7% in 1995 to 14% in 2018 (Kiger, 2018). Many seniors are choosing to live with their adult children in lieu of moving into senior housing due to the cost of living and advances in medicine which has led to an increase in life expectancy increasing the lifespan of an individual (see Figure 1) another five to ten years of life (Mann-Lewis, 2014). This is especially

important to the impacts of the amount of Social Security retirement benefits available to American age 65 or older and to future generations. When the Social Security program was developed in the 1930s, it can be argued that it “was designed in such a way that people would work for many years paying in taxes, but would not live long enough to collect benefits” (Social Security, n.d.). (See Figure 2).

Figure 1

Life expectancy at birth, by race and sex: United States, 1970–2017

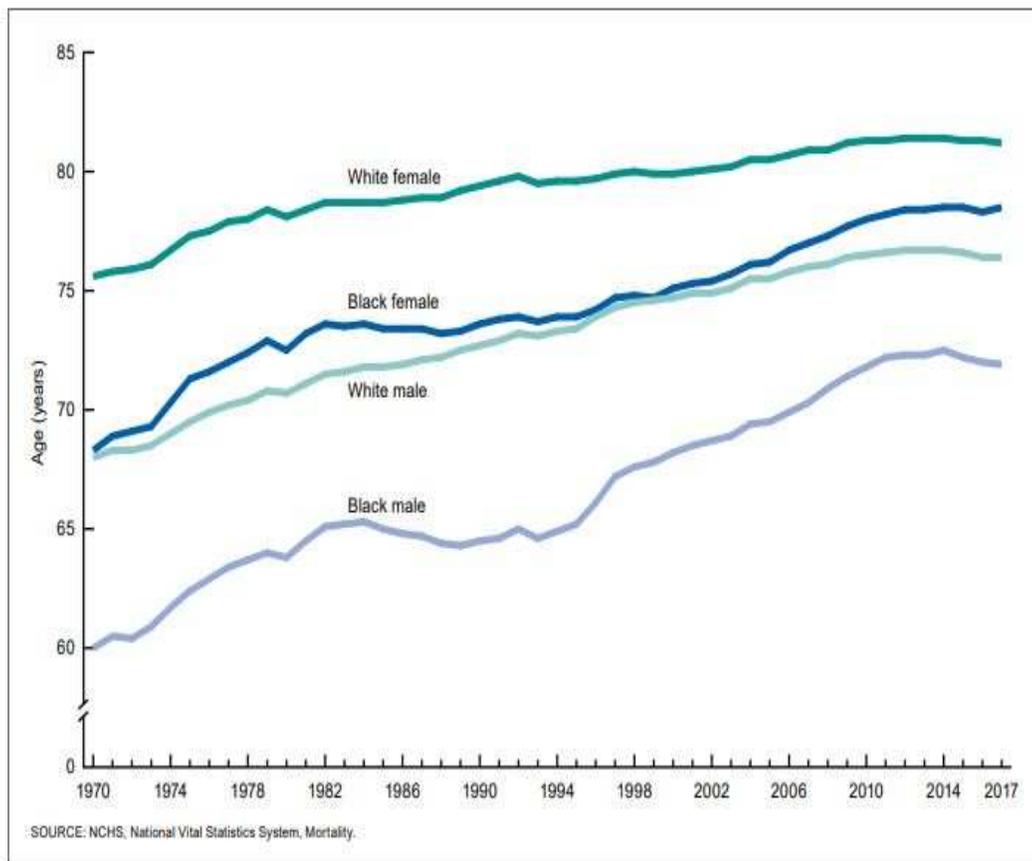
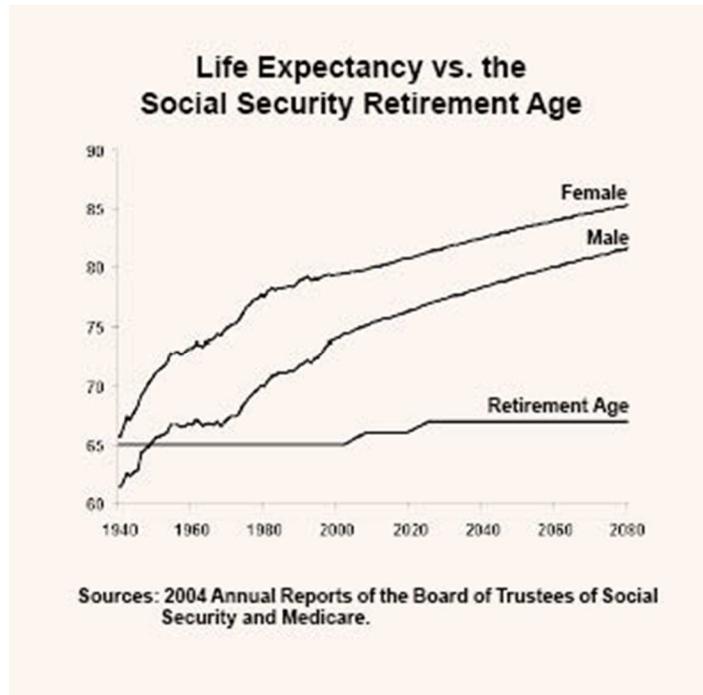


Figure 2

Life expectancy vs. the Social Security Retirement Age



According to Dechtman Wealth Management, “multigenerational families are formed for a variety of reasons with 44% of people living in these settings for financial reasons” (2018). Although, declining health, loss of mobility, and home maintenance present significant reasons as well (Bross, 2018).

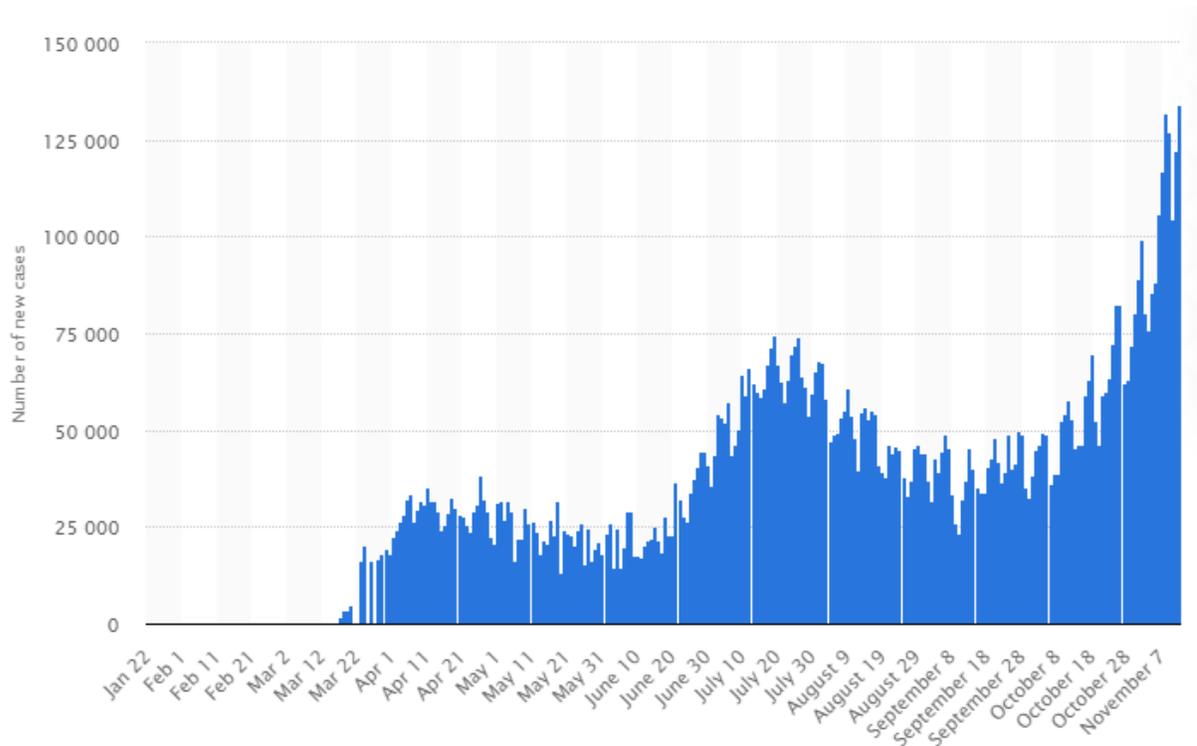
Coronavirus Disease 2019 (COVID-19)

In 2019, a virus born from natural evolution, emerged in the city of Wuhan, China and quickly spread worldwide (Centers for Disease Control and Prevention, 2020).

Affecting 188 countries, the pandemic, also known as Coronavirus Disease 2019 or COVID-19, is a highly infectious disease that spreads through respiratory droplets when a person infected coughs or sneezes (Centers for Disease Control and Prevention, 2020; Science Daily, 2020). Symptoms range from mild to severe, causing illness and in some cases death. At the beginning of July 2020 (Figure 3), 10.7 million cases of COVID-19 had been confirmed, 2.74 million in the United States alone (Wikipedia, 2020).

Figure 3

Number of new cases of coronavirus (COVID-19) in the United States from January 22 to November 12, 2020, by day.



It is unclear how many people in the United States will contract the disease before a vaccine is available for distribution. According to John Sharfstein, Vice Dean for Public Health Practice and Community Engagement at Johns Hopkins Bloomberg School of Public Health, some estimates put the number between 20-60% of the population while other models such as the analysis published by the Imperial College of London predicted a more alarming statistic of 80% of the United States population (John Hopkins, 2020). The most vulnerable populations include those people 65 and older, people living in nursing homes or long-term care facilities, and those with compromised immune systems (CDC, 2020).

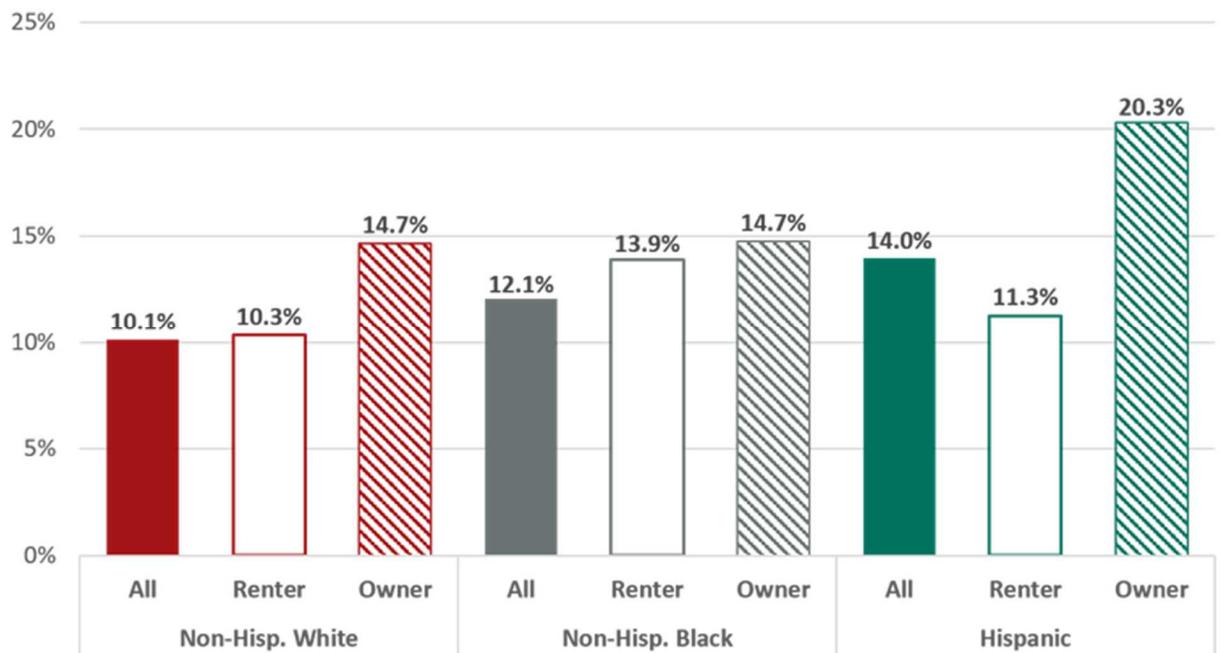
Economic Effects of COVID-19

The first local transmission of COVID-19 in the United States occurred February 26, 2020 in California (Schumaker, Erin, 2020). In a matter of weeks, President Trump declared a national emergency in order to free up \$50 billion in federal funding for additional testing and research to fight COVID-19 (Schumaker, Erin, 2020). By the end of March, the United States was the leading country in confirmed coronavirus cases, and President Trump signed a \$2 trillion relief bill into law to create small business loans and financial aid to hospitals (Schumaker, Erin, 2020). According to World Bank Prospects Group Director Ayhan Kose, “The COVID-19 recession is singular in many respects and is likely to be the deepest one in advanced economies since the Second World War and the first output contraction in emerging and developing economies in at least the past six

decades” (COVID-19 to Plunge Global Economy, 2020). An estimated 20 million individuals lost jobs (Figure 4), and homeowners and renters lost housing (Grinstein-Weiss, M. et al., 2020).

Figure 4

Rent/mortgage Delinquency by Race at Onset of COVID-19



Social Effects of COVID-19

Physical and emotional social connection can influence the wellbeing of an individual (Holt-Lunstad, 2020, para 3). The absence of wellbeing thereof, creates isolation and social disconnect which may increase anxiety, stress, and depression (Holt-Lunstad, 2020). Social isolation is at a high due to COVID-19. Many people are self-

isolating by working from home and only leaving the residence when absolutely necessary. This has limited social interaction for those living alone as well as those living in a family unit for all but essential workers (See Figure 5). ”Preliminary surveys suggest that within the first month of COVID-19, loneliness increased by 20 to 30 percent, and emotional distress tripled” (Holt-Lunstad, 2020).

Figure 5

Essential Workers by Industry, 2019

	Total	% of Industry
<i>All essential workers</i>	55,217,845	100%
<i>Health Care</i>	11,398,233	30.2%
<i>Food and agriculture</i>	1,849,630	20.6%
<i>Industrial, commercial, residential facilities and services</i>	6,806,407	12.3%
<i>Government and community-based services</i>	4,590,070	8.3%
<i>Transportation, warehouse, and delivery</i>	3,972,089	7.2%
<i>Communications and IT</i>	3,189,140	5.8%
<i>Financial sector</i>	3,070,404	5.6%
<i>Critical manufacturing</i>	1,955,233	3.5%
<i>Emergency services</i>	1,849,630	3.3%
<i>Energy sector</i>	1,327,760	2.4%
<i>Chemical sector</i>	271,160	0.5%
<i>Water and wastewater management</i>	107,846	0.2%

Forced quarantine and social isolation also runs the risk of increased domestic violence and child abuse. Stress levels in the home have become elevated and home environments are changing as a result. “Social factors that put people more at risk for violence are reduced access to resources, increased stress due to job loss or strained

finances, and disconnection from social support systems,” Psychologist Josie Serata explains, “With this pandemic, we’re seeing similar things happen, which unfortunately leads to circumstances that can foster violence” (Abramson, 2020, para. 6). The risk for children is high as well with daycares, school, and churches closed or no longer viable options for care. Child protective services is experiencing staffing strain due to workers deciding to stay home to care for their children and temporary closing of testing centers, as well as added struggles and which leads to fewer at-home visits to check on the welfare of children who are already at risk (Abramson, 2020). The system also relies heavily on reports from teachers and doctors. With families sheltering in place, it is difficult for child protective services to ensure the safety of the nearly 3.5 million children in their care (Welsch & Haskins, 2020).

Domestic abuse has also seen a rise. Numbers fell in the early months of isolation due to victims not having a safe place to contact help (National Domestic Violence Hotline, 2020). Once stay at home orders began to loosen in April 2020, there was a 20% increase in distress calls from this year to last, with roughly 10% citing COVID-19 as a condition of their experience (National Domestic Violence Hotline, 2020). “By citing COVID-19 as a condition of their experience, this means a contact noted COVID-19 impacted their situation – whether that means an abuser was using COVID-19 to further control and abuse, or if a resource, like a shelter, was unavailable due to COVID-19 (National Domestic Violence Hotline, 2020, para 5).

The Economic and Social Benefits of Multigenerational Living

There are many benefits to multigenerational living for both the primary homeowner or host and the secondary family member. The host is defined as the person who either owns the home or was the original homeowner and now shares home ownership. The secondary family member is defined as the generation moving into the host's home, thus creating a multigenerational home.

When living independently for the elder generation becomes difficult due to finances or illness, there are few options: care facilities, home-care, and moving in with an adult child. In 2011, seniors reported an annual income of \$35,107—approximately 57% of the median income of adults 45 to 64 (Hicken 2013). Many live on a fixed budget, and private care costs have risen in the past several years becoming a less affordable option. A live-in senior care facility can range from \$1,000 to \$7,000 a month, averaging \$40,000-\$60,000 a year (Mann-Lewis, 2014; Ganem, 2011). Private care can also be costly and is not covered by Medicare (“How to Stay”, 2014). In addition, these facilities are often associated with a loss of independence and a disconnect from the surrounding community (Mann-Lewis, 2014). By providing senior care in a multigenerational setting, the senior has the social benefit of living and conversing with family on a daily basis.

Other mutually beneficial aspects include combined income. In many cases, a healthy older generation family member can help lessen the financial burden of the

household by providing money for mortgage, home renovations, utilities, and groceries. The senior can also help provide childcare to their grandchildren. According to Gorry and Thomas, “The average annual cost of full-time childcare for infants [is] \$9,466 for all states”, or roughly \$800 a month (2017, p. 4140). With two or more children in childcare, those numbers increase. The offset of childcare cost provides financial relief. By living multigenerational under one roof, there becomes a singular, smaller mortgage, and the elimination of commute time and gas expenses in visiting one another (Campbell-Dollaghan, 2019). Childcare also has social benefits allowing the grandparent a more active role in child rearing, sharing traditions, and strengthening the overall bond between child and grandparent.

Challenges of Multigenerational Living

With the benefits, challenges arise in multigenerational living. For example, each cohort has their own values and social attitudes. At times, these can conflict across generations. Challenges may include one or several of the following notions: financial, crowding, territoriality, personal independence, and privacy.

Financial

Difference in opinion on materialism is an example of this. The elder generation, living through rough social and economic times such as the Great Depression and World War II, has lent itself to a more cautious and frugal attitude toward money. The Baby Boomer generation (born 1946-1964) considers themselves to be less sparing. As

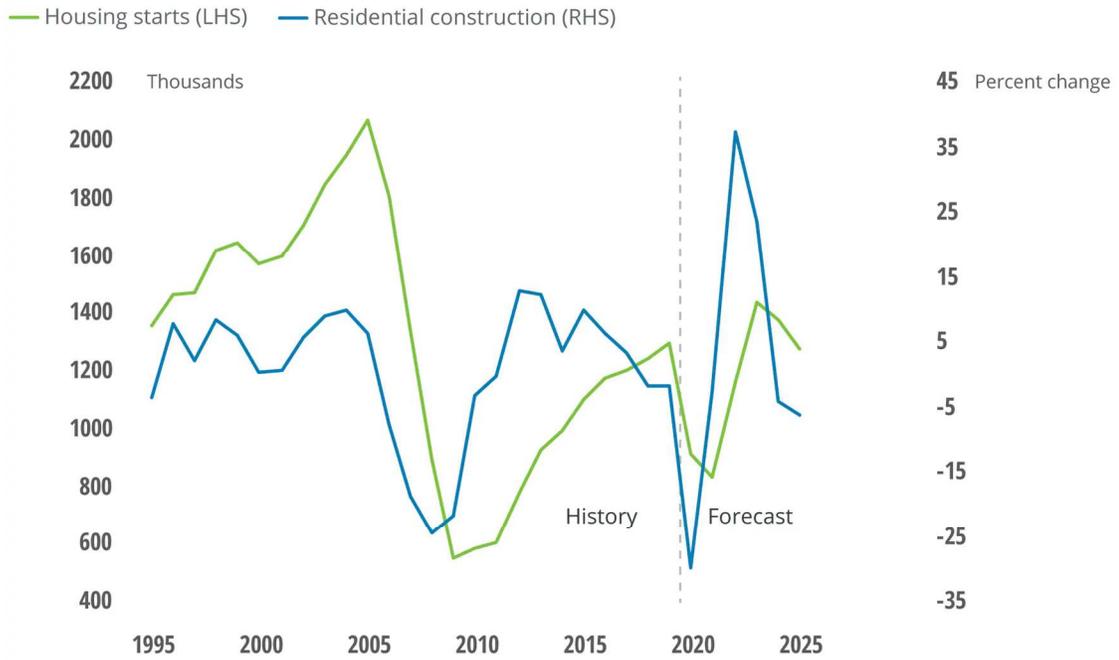
described by Leach et al., “Boomers conceive of their consumption and value system as somewhere between what was perceived as the ‘make do and mend’ culture of austerity experienced by their parents” (Diski 2009, Kynaston 2007, p. 19) and the ‘excessive consumerism’ of younger generations” (2013, p.6). It is important to have financial conversations early on about expenses in the home such as mortgage, utilities, and groceries. This conversation should also include discussions on legal ownership of the property, as this has a direct impact on a household member’s perception of control within the built environment (Easthope et al., 2015).

Economical

COVID-19 has had a very large impact on the United States’ economy in a short amount of time and has left behind an uncertain timeline of recovery. During the first wave of the disease, in a matter of months “Bureau of Labor Statistics estimates showed the economy losing more than 20 million jobs in March and April (about one-seventh of the total number employed in February)” (Bachman, 2020, para 1.) As a result, consumer spending and investment spending has declined, residential construction has slowed, and mortgage rates have dropped (Bachman, 2020). Even with the historically low mortgage rates, it is not forecasted that the housing market will see a large increase (Figure 6) due to job loss and slower population growth (Bachman, 2020).

Figure 6

2020 New Construction Housing Market



Source: Deloitte analysis.

Deloitte Insights | deloitte.com/insights

Crowding

“Crowding is a result of a mismatch between the dwelling and the household.

The level of crowding relates to the size and design of the dwelling, including the size of the rooms, and to the type, size and needs of the household, including any long-term visitors” (Geneva, 2018, p.22). Most commonly, crowding in a dwelling is measured by the number of people in a room (Blake, et al., 2007). While there isn’t a widely accepted

standard for unit square footage-per-person, calculations by the U.S. Department of Housing and Urban Development estimated overcrowding would occur in less than 165 square feet-per-person (Blake, et al., 2007).

Crowding can have adverse effects psychologically and may lead to forced or undesired interaction with other family members at a time when privacy is preferred (Parker, 2000). According to Parker,

It is proposed that there are five factors that affect conflict, and it is the personal perceptions of the degree of control of these factors that has the dramatic influence upon conflict and satisfaction: crowding, personal independence, level of privacy, territorial issues, and personal and private space (2000, p. 4).

Having dedicated spaces in the dwelling or rooms for privacy can help alleviate the aforementioned. Dedicated or private spaces may include separate bedrooms, living areas, bathrooms, kitchens, or outside areas.

Territoriality

When host members of the family are required to share important spaces in their home with family members that have moved in, a sense of territoriality may occur. Territory can be defined as an individual or family having control over a certain space (Vassilaki & Ekim, 2015). As described by Gale and Park (2010), “Most territorial behaviors are aimed at protecting privacy; while feelings of crowding culminate from

lack of privacy.” The kitchen is the most important space in most homes and sometimes referred to the heart of the home because it is often where friends and family gather to converse and share meals. If the host has been responsible for the majority of the cooking and baking prior to their parents or in-laws moving in, they may exert control over the space and not wish for the senior adult to use it (Easthope et al., 2015). Other areas in the home where territoriality can occur are the living room (in terms of television or reading rights), laundry room (different laundry practices such as time elapse between transfer of clothes in washer to dryer), and the study (being interrupted while working).

Personal Independence

Seniors moving in with their children inevitably are required to concede a certain amount of autonomy in household duties and decisions. As defined by Steijn and Vedder (2015, p.2), “Autonomy is generally understood as developing and retaining control over one's own life and choices.” Meals may be prepared for them, reducing their time in the kitchen. Household bills and finances are often handled by the home’s host. Decisions like what to watch on the main television, which flowers to plant in the yard, and the living room decor may be taken away from these seniors. Not necessarily on purpose, but because the host retains more power in decision making when owning the property. Even in situations where the senior owns or partly owns the property, an amount of autonomy is lost as one ages. “The importance of doing things alone is seen by respondents across

all settings as integral to their personhood as being independent people and as a means of preserving a sense of self-identity” (Hillcoat-Nallétamby, 2014, p. 423).

Privacy

Privacy is not only necessary, but a basic human need (Steijn & Vedder, 2015). According to Merriam-Webster (2020), it is “the quality or state of being apart from company or observation : SECLUSION,” or “freedom from unauthorized intrusion.” Solitude allows the individual to take time to themselves to think, contemplate, laugh, cry, and decompress without the view or awareness of other members of the household (Steijn & Vedder, 2015). Privacy can take on many meanings to the individual.

McKinney outlines “each member’s physical and mental space within the home is that person’s haven from the rest of the family” (1998, p.1). The private space can also aid in the “mental and emotional barriers between oneself and others” (McKinney, 1998, p.1). Other definitions have referred to visual and auditory buffers to aid in seclusion and avoid interaction (Tao et al., 2018). There is a basic need for both physical and psychological privacy in the home.

Psychological Privacy

Psychological privacy is the internal and mental perception of privacy. As Hsieh (2014, p.2) describes, psychological privacy is “control over self-perception and affection, and the ability to maintain and control self-value.” Each family member’s age and life stage factors into the amount of privacy needed (Gale & Park 2010). It is often

the case that the senior has more need for social interaction from other family members in the household compared to their adult children. Seniors do not achieve desired interaction levels due to their children's busy work schedule, friends and grandchildren's activities (Gale & Park, 2010). The adult children, on the other hand, did achieve a desired amount of interaction, but had little control over when it occurred. It is important psychologically for a person to achieve a balance between private sectors and social synergy (Madanipour, 2003).

Physical Privacy

“The physical dimension of privacy is considered to be related to the concepts of physical space and territory, as these are seen as a prerequisite for privacy” (Schopp et al., 2003, p.2). Physical privacy is necessary and important because it affects personal autonomy (Hsieh, 2014). Its absence can lead to crowding and territoriality issues that cause stress. In long-term care facilities, personal space has been identified as a key factor in residents' wellness (Tao et. al, 2014). The same could then be assumed for multigenerational housing lifestyles where this can be achieved through dedicating certain spaces in the home to the individual. These spaces can be divided into primary, secondary, and public (Gale & Park 2010). A primary space, or individual territory, would be considered a bedroom, where one can go to relax and be undisturbed. Secondary spaces “are more public, but occupied exclusively for a time,” like a bathroom or a favorite chair in the living room (Gale & Park, 2010, p. 21). Public spaces are the

other areas in the house where social interaction can occur, such as the kitchen, living room, or dining room.

Design Strategies

The median size of an existing single-family home in the United States in 2018 was 2,386 square feet (Figure 7), which is roughly 16% larger than in the early 2000's (Rudden, 2020). Given this size, there is an opportunity for many types of modifications to be made to enhance privacy in the home when living multigenerational. "Aging in Place" strategies, which focus on seniors aging in their homes with independence versus residential care, provide a good model for these changes (Wiles, et al., 2012). The median number of bedrooms have also risen. From 2005 to 2015, new single-family homes were most commonly built with three bedrooms, though since 2019 that number is on the decline and four or more bedrooms is on the rise (See Figure 8). "Data from the US Census' Survey of Construction (SOC) show that 10 percent of single-family homes started in 2015 have 2 or less bedrooms, 43 percent have 3 bedrooms, 36 percent have 4 bedrooms, and 11 percent have 5 or more bedrooms" Ford, 2016, para.1). From 2000-2016, the median number of bathrooms in a new single-family home was two (See Figure 9), though this number steadily declined from 73% to 61% (Ford, 2017). The opposite is true for three-bathroom homes, which steadily increased from 16% to 28% (Ford, 2017).

Figure 7

Median Size of Single-family House in the U.S. 2000-2018

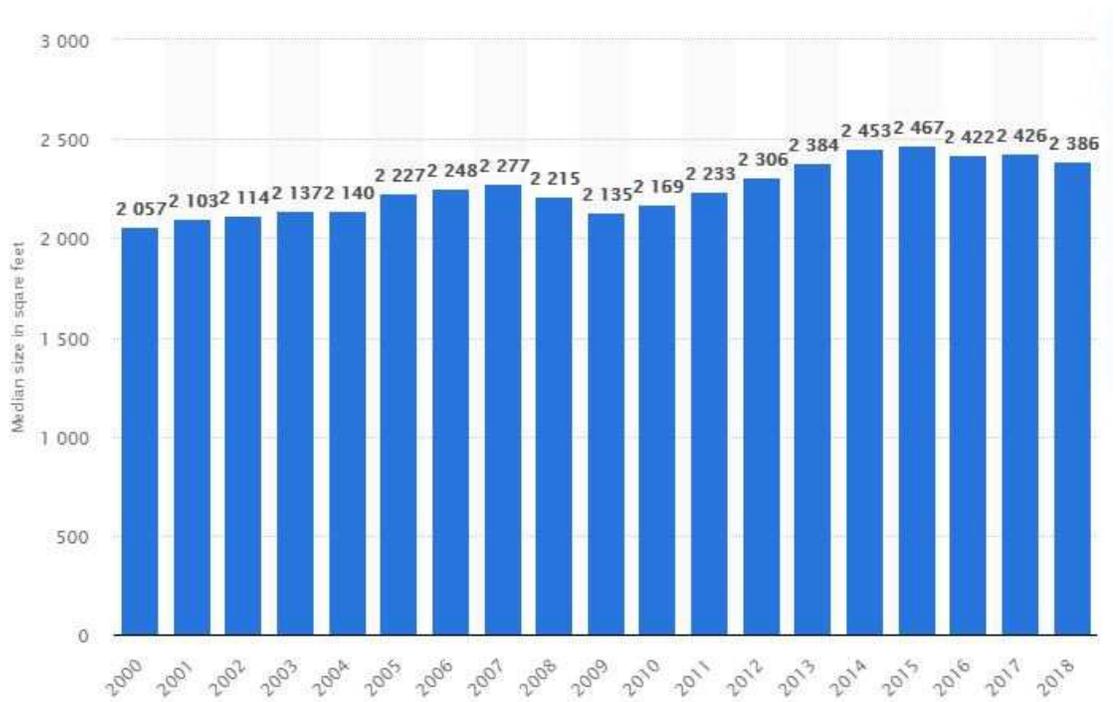


Figure 8

Share of New Single-Family Homes Started by Number of Bedrooms, 2005 to 2015

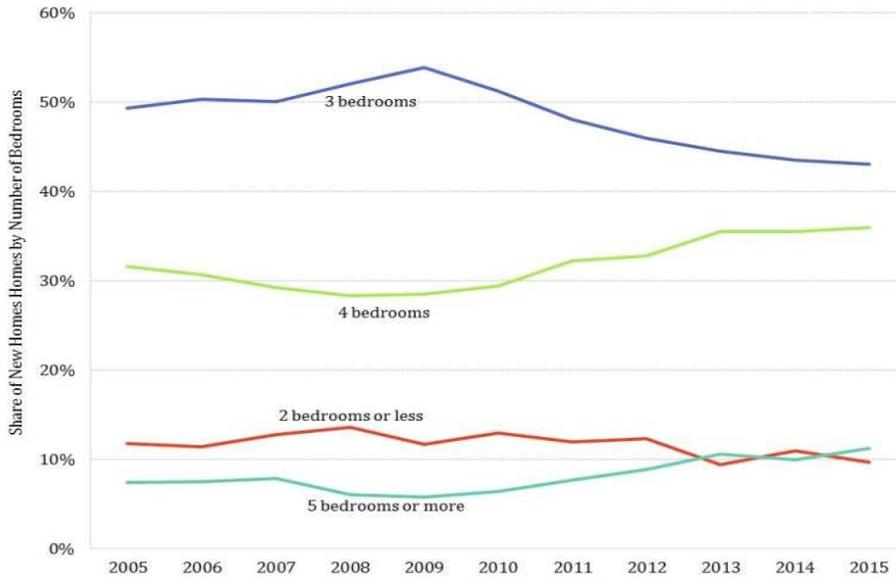
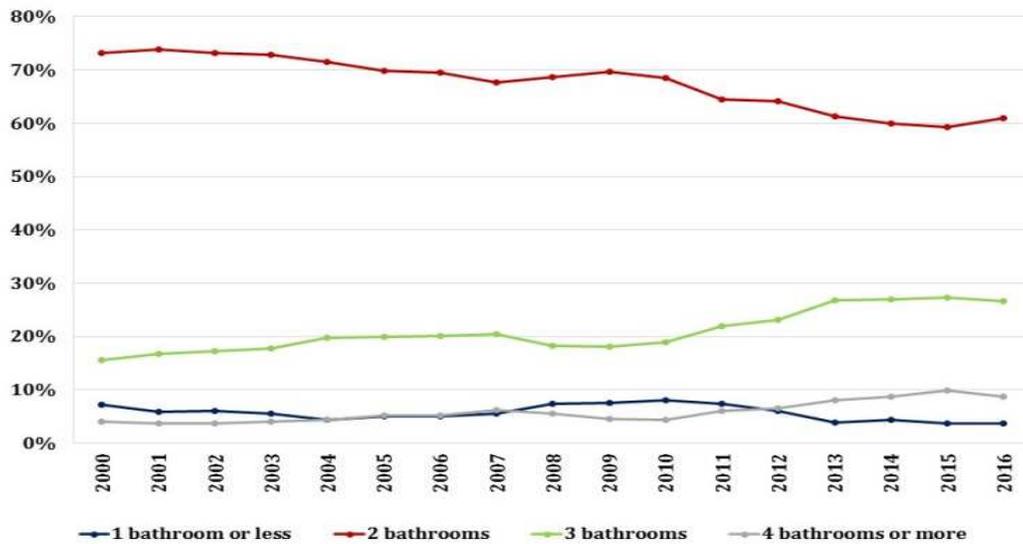


Figure 9

Share of New Single-Family Homes Started by Number of Full Bathrooms



Mobility

As a person ages, mobility becomes an issue. Walking and grasping objects become more difficult. According to the Centers for Disease Control and Prevention, the number one cause for injuries among seniors in the United States is falls (CommunityDrPremcom, 2017). To help minimize trip hazards throughout the home, loose rugs can be removed and furniture can be rearranged to allow for more circulation for wheelchair and walker users. Thresholds can also pose a tripping hazard due to their height. They can be made flush or the installation of a threshold ramps can greatly reduce the changing in flooring height to the recommended one-half inch according to the Center for Universal Design (McCullagh, 2006).

Flooring finishes should be taken into consideration. Non-slip flooring like unwaxed hardwood or linoleum are good for traction, and low-pile carpets with a firm pad make mobility easier for wheelchairs (CommunityDrPremcom, 2017). The median cost of new carpet with pad in a 2,386 square foot home can range from \$759 - \$2,545 when accounting for material and installation (HomeAdvisor, 2020). Additional costs (\$3.30-\$5.00/square foot) can accrue with removal and disposal of old carpet and pad (HomeAdvisor, 2020). Slip-resistant flooring should be installed at all wet locations, such as bathrooms and showers, and is commonly already installed in an existing home.

Other bathroom modifications include the installation of grab bars at the toilet and shower and the installation of an elevated toilet seat, which makes it easier for the mobility impaired to stand from a seated position (McCullagh, 2006). Grab bars can be

used to assist in standing, lowering oneself into a seated position, and aid in mobility, such as installing along long hallways and stair locations.

Climbing stairs can be a healthy exercise as well as a challenge for many elderly. Reducing the riser height and elongating the tread can make the task easier. For those bound to wheelchairs or other walking aids, the installation of a chair lift or elevator (Figure 10) is a possibility, though at a greater cost.

Appliances should be taken into consideration. Front-loading washers and dryers enable seniors to reduce stretching and strain when washing and drying clothes (CommunityDrPremcom, 2017). Side-by-side refrigerator freezers are easier to access, especially from a seated position.

Door and cabinet handles should be level or D-ring style for people who have arthritis or limited mobility in their hands (Bogert, 2008). This is the same for faucet and shower controls. Lever hardware can operate with an arm or wrist. Cabinets can also be constructed to accommodate wheelchair access by leaving clear space under the sink for the wheelchair. Kitchen counters can be made adjustable, and drawer slides can be used to help access items in the cabinet more easily (McCullagh, 2006).

Major home renovations (Figure 10) should also be considered for seniors with mobility issues. Increase hallway widths to better accommodate wheelchairs and walkers (Bogert, 2008). Replacing tubs or walk-in showers with roll-in showers allows for wheelchairs to enter easily. As McCullagh (2006, p. 60) suggests, "Installing a moveable,

hand-held showerhead on a flexible hose and vertical slide rail with a movable mounting bracket permits people of varying heights to shower easily in seated or standing positions.” Removable or fixed shower seats may also be needed.

Figure 10

Universal Design Installation Costs

Alternative	Cost
Disability Remodeling	\$140 - \$40,000
Aging in Place Remodeling	\$9,000
Ceiling Lift Installation	\$8,000
Dumbwaiter Installation	\$10,000
Elevator Installation	\$30,000 - \$50,000
Elevator Repair	\$350 - \$550
Grab Bars Installation	\$243
Ramp Installation	\$1,500 - \$3,250
Stairlift Installation	\$3,000 - \$5,000
Walk-in Tub Installation	\$4,000

Vision Loss

Loss of vision is a challenge many seniors face. Avoid heavily patterned carpets, as they present a distraction to seniors with vision deficits and depth perception issues (Bogert, 2008). Adding lighting under cabinets and night lighting in bathrooms and hallways will aid in vision and reduce fall hazards. Warning light on appliances when

there are hot surfaces will help to prevent burns. Handrails can act as way finders, and keeping down on clutter will make navigating with diminished sight easier.

Hearing Loss

It is common for hearing loss to accompany aging. Scientifically, this type of hearing loss is known as presbycusis, and “refers to age-related auditory deficits that include a loss of hearing sensitivity and a decreased ability to understand speech, particularly in the presence of background noise” (Eggermont & ebrary, 2014, p. 210). This type of hearing loss can result from both environmental and genetic factors that may accumulate over an individual’s life span. Challenges in the home include the aging parent having difficulty focusing on conversation when background noise is present, having limited clarity in certain lower and upper ranges, and overall sound volume. Notable instances in the home is the radio or television volume turned up too loud by the aging parent. Design-wise, positioning a secondary living space apart from the kitchen and main living space will help manage this problem by decreasing background noise. Conversations between the adult child and aging parent may also prove difficult if there are outside noises such as children playing, barking dogs, traffic noise. Other background noise such as television, running appliances, and side conversations between other household individuals may prove an impediment on clear conversation. Many interior design strategies can aid in reducing outside noise: double-paned windows, resealing glazing gaskets, replacing damaged door thresholds, checking for door and cabinet

silencers, running appliances at night while asleep or purchasing appliances that run quietly.

Summary

Multigenerational living has been on the rise since the recession of 2007-2008 and continues to become more prevalent as the United States is facing economic distress from COVID-19. Overcrowding in existing homes containing multiple generations can have negative effects on the individual's welfare. According to Kate Lister, President of Global Workplace Analytics, "Our best estimate is that we will see 25-30% of the workforce working at home on a multiple-days-a-week basis by the end of 2021" (Work-At-Home, 2020, para. 3). This will make escape from the home and its inhabitants harder to achieve, and often result in psychological stress and depression caused by the need for privacy. There are many design strategies that can aid in autonomy, psychological, and physical privacy needs. These strategies can range from small household installations and new finishes to large remodels and expensive equipment or appliance costs. The study examined the reasons for families coming together to live multigenerational, challenges faced concerning the different types of privacy concerns, and design modifications that have been made to alleviate the individual's stress within the home.

CHAPTER 3

Methodology

This research involves an exploratory study through the collection of data from people across the United States who are living in multigenerational households. The data collected outlines the effects of COVID-19 on the relationships of the generations living in the same household, privacy challenges in terms of autonomy, psychological, and physical, and modifications made to the existing home to foster independence and balanced private and social interaction. At this time in the United States' unprecedented history, the pandemic has changed the way people gather and communicate. The governor of each state is responsible for establishing precautions that limit outings to those that are essential and to discourage large gatherings. Without a consistent mandate to all United States' citizens, each county and state had set out different levels of precaution. Working from home, a rise in social media, and online communication and learning has become the safest way to proceed until a vaccine for COVID-19 can be formulated. At the date of this research, no such vaccine exists. These challenges directly affected this study to be conducted through social media platforms such as Twitter, Instagram, and Facebook, as well as snowball sampling, and phone interviews. This chapter describes the research methodology of this study including subjects, instruments, data collection, data analysis, variables, and hypothesis.

Subjects

The researcher surveyed individuals eighteen years of age and older across the United States that have lived or are currently living in a multi-generational home in which they are either the primary homeowner hosting an aging parent, or an aging parent living with an adult child. According to the United States Census Bureau, there are an estimated 328.2 million people living in the United States and 49.2 million, or approximately 15%, are over the age of 65 (United States, 2020). According to Cohn & Passel, 64 million Americans, or roughly 5%, are living in multigenerational homes, with 32.3 million living with two adult generations. (2018). A sampling size of two hundred online participants was the target for this survey, and 10% of these were further interviewed by phone in order to gather more qualitative data and in-depth research of individual's experiences living multigenerational.

Instruments

An online interview survey was created by the researcher to document individual experiences of people living multigenerational. This survey was administered online in order to capture a widespread demographic of multigenerational homes in the United States. As of 2019, roughly 79%, or 247 million United States citizens, (Figure 11) used social media sites (Clement, 2020). "Most social media platforms, including Facebook, Twitter, LinkedIn, YouTube (See Figure 12) , and most recently Instagram, offer paid advertising options that guarantee a certain reach and in-depth analytics (Hootsuite, 2016,

para. 8). The researcher used Facebook, LinkedIn, and Twitter for the online survey. Questions focused on the stressors COVID-19 had placed on multigenerational relationships, privacy challenges in terms of physical space, the need for daily assistance for the disabled, and control of mental perception. From those surveyed, approximately 10% were voluntarily selected to participate in further study through a detailed phone interview by the researcher to obtain more in-depth qualitative data.

Figure 11.

Percentage of U.S. Population who Currently use any Social Media From 2008 to 2019

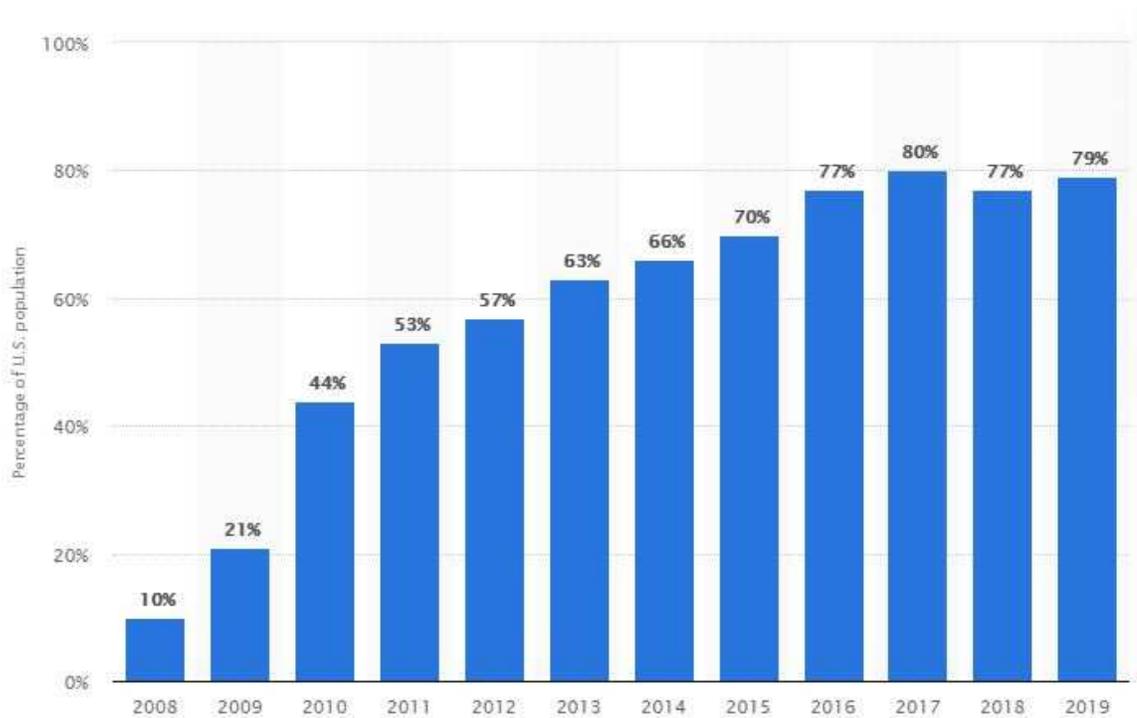
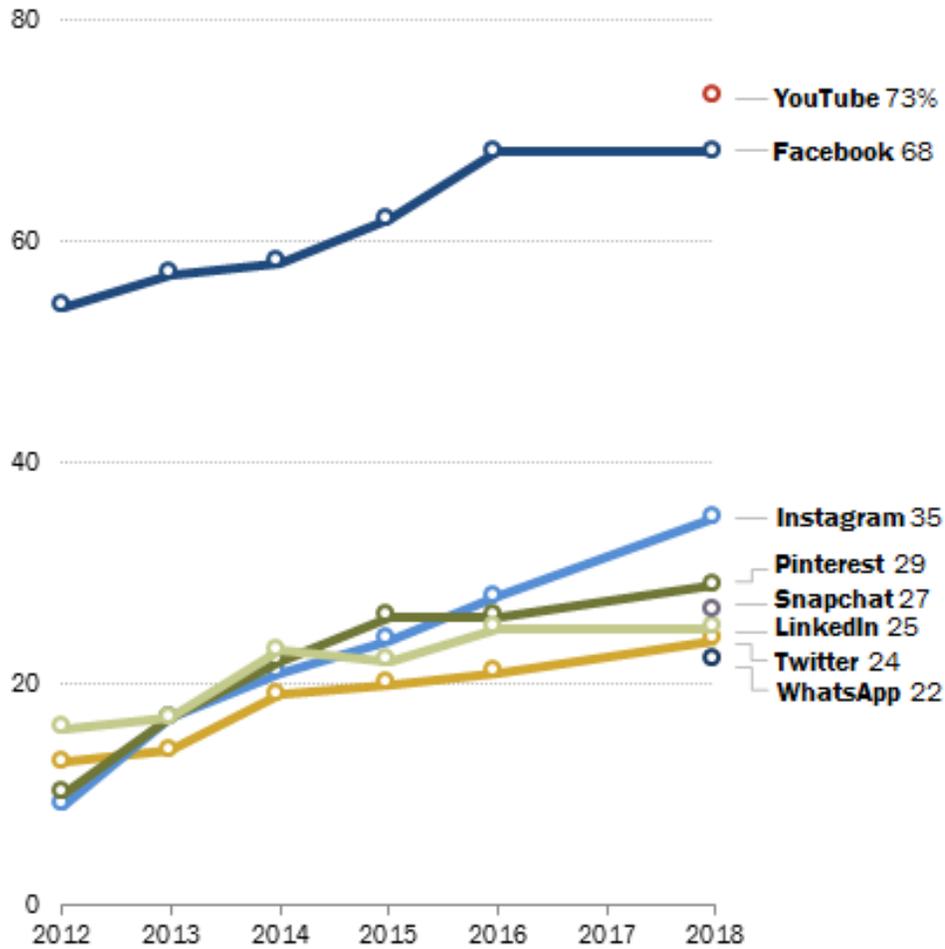


Figure 12

Percentage of United States Adults Who Say They Use Social Media Sites Online or on Their Cell Phone



Note: Pre-2018 telephone poll data is not available for YouTube, Snapchat or WhatsApp.
Source: Survey conducted Jan. 3-10, 2018. Trend data from previous Pew Research Center surveys.

"Social Media Use in 2018"

PEW RESEARCH CENTER

Data Collection

Conducting the study and subsequent interviews required voluntary participation from all surveyed participants eighteen years or older. Participants were asked to only take the survey once, but multiple family members in the same household were allowed to take the survey. This allowed data to be collected from all generations present in the household. The official survey was released September 15, 2020 on the aforementioned social media sites. The official post outlined the reason for the volunteer survey and again asked to share with individuals who might be interested in taking it. To garner additional publicity, a paid Facebook ad was used to reach a more specific demographic, specifically between the ages of forty and seventy-five. It ran for three weeks before quantitative data were collected.

In tandem, voluntary, individual phone interviews were conducted during the second and third weeks of the live survey. Only individuals that had previously taken the survey were selected to participate. These individuals were selected at random from those who agreed to be interviewed and provided a phone number. Qualitative questioning and participant responses were recorded and transcribed for further review and examination by the researcher. Questions included more in-depth responses to COVID-19 stress triggers, reasons as to why modifications were or were not made to the home to aid in senior independence including space restriction, regulation control, financial or educational reasons on what options are available. Further information was be gathered

on privacy concerns within the household, what home modifications helped the individual and if they planned to implement additional modifications after the interview. Each phone interview lasted approximately thirty minutes, in which participants were allowed to freely answer questions in a narrative dialog.

Data Analysis

Data collected through the surveys were first validated to ensure completeness. Basic data checks were then conducted to identify and remove any data that might inhibit the accuracy of the results. Once errors were accounted for and empty or missing data fields removed, data were grouped and assigned numbers, or coded. Using IBM SPSS Statistics Version 26, descriptive statistics such as mean (e.g., mean of participants living with a disabled parent), percentage (e.g., percentage of individuals living in a multigenerational household due to COVID-19), and frequency (e.g., the number of times an individual answered there were privacy concerns pertaining to noise) were used to find patterns in the data. Data from the phone interviews were recorded then transcribed by the researcher before being studied several times to establish familiarity and patterns.

Variables

The following variables were studied:

Multigenerational living

1. Reasons for living in a multigenerational household
2. Relationship to other generations in household
3. Number of children under the age of 18 in household

Dwelling

1. Type of home
2. Square footage of residence
3. Number of bedrooms used as bedrooms
4. Number of bathrooms
5. Available garage or covered patio spaces within home
6. Available basement or attic spaces within home
7. Type of kitchen
8. Available backyard
9. Number of levels in home
10. Acreage available
11. State home is located in

Transportation

1. Comfort in transporting oneself by driving
2. Comfort in using public transportation by oneself

COVID-19

1. Presence of COVID-19 in the home
2. Concern of spreading COVID-19 to a senior in home
3. Hours worked from home
4. Stress levels
5. Social interactions
6. Job loss
7. Home loss due to COVID-19

Health

1. Presence of chronic illness
2. Use of cane or walker in home
3. Use of wheelchair in home
4. Assistance in changing, bathing and/or using the restroom

Privacy

1. Adequate personal time
2. Ownership of bedroom
3. Ownership of bathroom

4. Dedicated spaces for privacy other than bedroom or bathroom
5. Social interaction during meals
6. Social interaction occurring in living room
7. Territoriality- personal feelings on kitchen use
8. Physical privacy - personal feelings on noise in the household
9. Degree of perceived psychological privacy
10. Crowding in residence

Home Improvements

1. If small renovations were made to the home while living multigenerational, what type of renovations were made?
2. If large renovations were made to the home while living multigenerational, what type of renovations were made?

Demographics

1. Gender
2. Age
3. Total annual household income
4. Ethnicity
5. Marital Status

Hypothesis Tested

Based on the study's research objectives, the researcher tested the following hypotheses.

1. Concerns over contracting and spreading COVID-19 to a senior family member in the household has kept individuals more socially isolated.
2. There is a relationship between the number of hours worked from home due to COVID-19 and stress in a multigenerational household.
3. Household individuals do not believe they are very educated on the available products to aid in senior independence at home.

4. Grab bars and hand rails are the most common minor renovation made in multigenerational homes.
5. When the senior in a home has more autonomy, you believe you are less crowded in the home than seniors that require help changing, bathing, using the toilet facilities, and/or transportation.
6. Married female individuals are more likely to care for a senior parent than unmarried females.
7. Adult children in homes without a dedicated space, other than a bedroom or bathroom, are more likely to believe noise is a problem than those who do not.
8. There is a relationship between stress levels and number of dedicated bedrooms and bathrooms in the home.
9. There is a relationship between the perception of privacy and the number of people in the home.

Conclusion

The researcher surveyed individuals in the United States who live or have lived in a multigenerational household consisting of adult children and senior family members. Emphasis on the effects of COVID-19 and the increase of multigenerational homes and privacy concerns related to crowding, territoriality, autonomy, physical, and psychological privacy concerns were analyzed in relation to home design strategies to alleviate privacy concerns and reduce household tension.

Chapter 4

Results

The purpose of this study was to examine the different levels of privacy concerns in multigenerational homes consisting of adults and seniors. These levels include both physical and psychological privacy stemming from autonomy, territorial behavior and perception. The effects of COVID-19 were also examined in relation to cause of living multigenerational as well as stay at home orders issued by the government.

Demographics

In October 2020, an online survey with participants that live or have lived multigenerational provided qualitative information on their experiences. Focused challenges examined included the effects of COVID-19 on people's decisions to live multigenerational as well as privacy concerns experienced. These concerns varied based on the individual's role in the family and from where the decision to live multigenerational stemmed. The final online sample included 118 participants over the age of eighteen that live in the United States, covering 23 states. Twenty voluntary participants from the sample were further interviewed by phone to gain additional quantitative data of the individuals' personal experiences in a multigenerational home.

The majority of participants (Table 1) were from Texas (n=69) and accounted for

58.8% of the total. The next closest was Mississippi (n=11) with a drastic reduction to 9.3%. Fourteen of the states only had one respondent.

Table 1

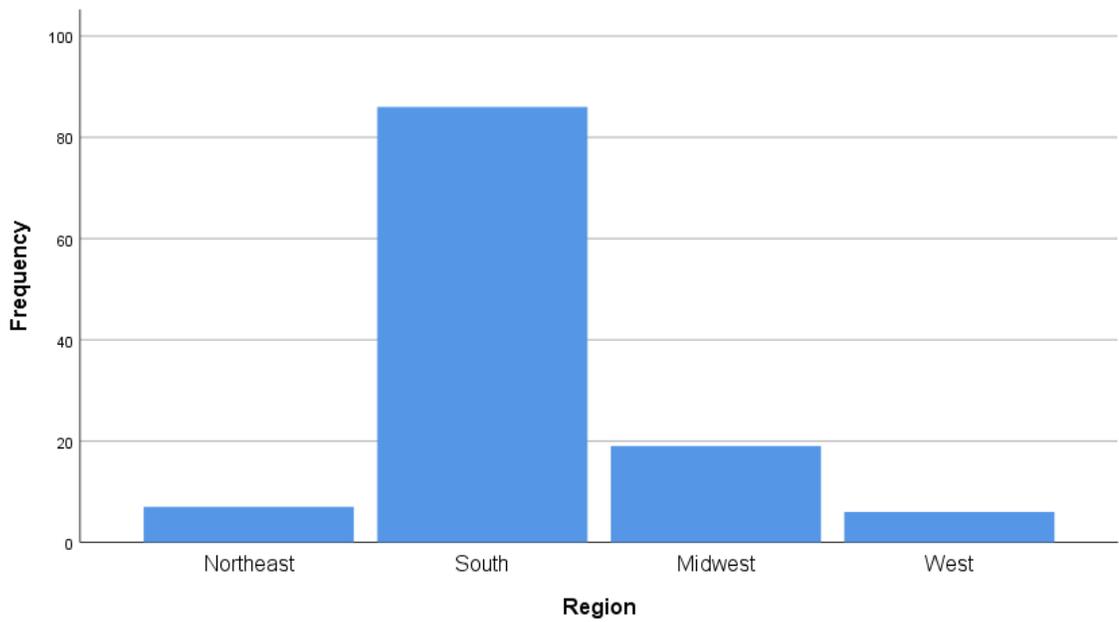
State of Residence

		State			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Texas	69	58.5	58.5	58.5
	Mississippi	11	9.3	9.3	67.8
	Washington	5	4.2	4.2	72.0
	Ohio	5	4.2	4.2	76.3
	Colorado	5	4.2	4.2	80.5
	Arizona	3	2.5	2.5	83.1
	Tennessee	2	1.7	1.7	84.7
	Kentucky	2	1.7	1.7	86.4
	Alabama	2	1.7	1.7	88.1
	Vermont	1	.8	.8	89.0
	Pennsylvania	1	.8	.8	89.8
	Oregon	1	.8	.8	90.7
	New York	1	.8	.8	91.5
	New Jersey	1	.8	.8	92.4
	New Hampshire	1	.8	.8	93.2
	Nevada	1	.8	.8	94.1
	Montana	1	.8	.8	94.9
	Minnesota	1	.8	.8	95.8
	Massachusetts	1	.8	.8	96.6
	Louisiana	1	.8	.8	97.5
	Illinois	1	.8	.8	98.3
	Georgia	1	.8	.8	99.2
	Connecticut	1	.8	.8	100.0
	Total		118	100.0	100.0

Of the total online respondents (n=118), 72.9% (n=86) are from the Southern region of the United States (Figure 13). The smallest percentages are from West (n=6, 5.1%) and Northeast (n=7, 5.9%) regions.

Figure 13

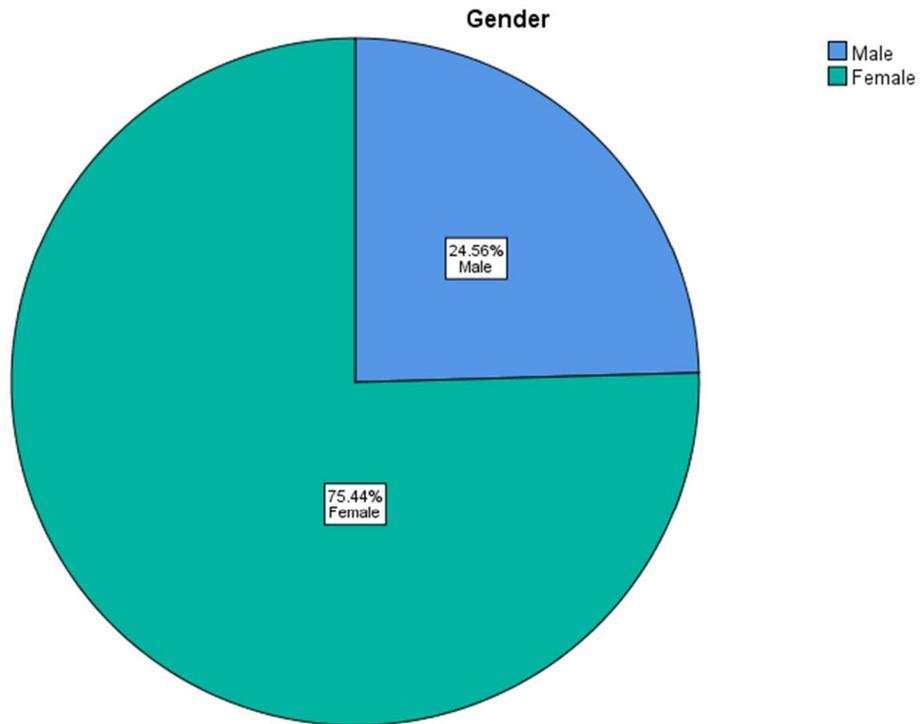
Region



The valid gender percentages (Figure 14) of the online respondents are 24.35% (n=28) male and 75.65% (n=87) female as indicated in Figure 13. Of the 115 total respondents the female population was over-represented compared to the United States Population.

Figure 14

Valid Gender Percentages



The age distribution of the online survey respondents is provided in Table. 2. The sample includes only United States residents 18 years and older. Participants between the ages of 31 and 70 accounted for 76.5% of the total, with the largest group (n=47) between 31 and 50 years of age. Median was 41-50 years of age.

Table 2

Age of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-30	21	17.8	18.4	18.4
	31-40	30	25.4	26.3	44.7
	41-50	24	20.3	21.1	65.8
	51-60	12	10.2	10.5	76.3
	61-70	22	18.6	19.3	95.6
	71-80	3	2.5	2.6	98.2
	81-90	2	1.7	1.8	100.0
	Total	114	96.6	100.0	
Missing	No Answer	4	3.4		
Total		118	100.0		

Regarding annual income of the online survey respondents (Table 3), the largest group of respondents (n=25) fall into the \$40,001-60,000 income bracket. This accounts for 21.7% of respondents. The median is \$80,001-100,000 with a cumulative percent of 58.8%. One-third (34.29%) are \$60,000 or less.

Table 3

Annual Household Income

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	\$0-40,000	14	11.9	12.3	12.3
	\$40,001-60,000	25	21.2	21.9	34.2
	\$61,000-80,000	16	13.6	14.0	48.2
	\$80,001-100,000	12	10.2	10.5	58.8
	\$100,001-150,000	19	16.1	16.7	75.4
	\$150,001-200,000	14	11.9	12.3	87.7
	\$200,001-250,000	4	3.4	3.5	91.2
	\$250,001-300,000	2	1.7	1.8	93.0
	\$300,001+	8	6.8	7.0	100.0
	Total	114	96.6	100.0	
Missing	No Answer	4	3.4		
Total		118	100.0		

The majority (59.1%) of participants in this study (Table 4) are married (n=68) while 20.2% have never been married. Together, they account for 79.3% of the respondents.

Table 4

Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	68	57.6	59.6	59.6
	Divorced	12	10.2	10.5	70.2
	Widowed	6	5.1	5.3	75.4
	Never married	26	22.0	22.8	98.2
	Other	2	1.7	1.8	100.0
	Total	114	96.6	100.0	
Missing	No Answer	4	3.4		
Total		118	100.0		

This study was aimed to gather information from United States residents. Ethnicity percentages were not targeted, but rather gathered to assess if it had a relationship to the decision to live multigenerational. Results of the study (Table 3) show that data were collected from 5.1% (n=6) Asian respondents, 5.1 (n=6) Black respondents, 59.3% (n=70) Caucasian respondents, 16.9% (n=21) Hispanic respondents, 5.9% (n=7) Indian respondents, and 4.2% (n=5) Other respondents. Caucasians account for 60.0% of the survey respondents. The next largest ethnic group was Hispanic, which account for 18.3%.

Table 5*Respondent's Race*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Asian	6	5.1	5.3	5.3
	Black	6	5.1	5.3	10.5
	Caucasian	70	59.3	61.4	71.9
	Hispanic	20	16.9	17.5	89.5
	Indian	7	5.9	6.1	95.6
	Other	5	4.2	4.4	100.0
	Total	114	96.6	100.0	
Missing	No Answer	4	3.4		
Total		118	100.0		

Hypothesis Testing Results

Research Question #1: Concerns over contracting and spreading COVID-19 to a senior family member in the household has kept individuals more socially isolated.

Many reasons for choosing to live multigenerational (Table 6) were given and selected by the participants. The majority of responses were either to save money for the future (30.5%, n=36) or tradition (21.2%, n=25). These accounted for 51.7% of the responses. The price of nursing home/assisted living center being too high was third with 13.6%. COVID-19 related reasons (n=7) only accounted for 5.9% of the responses.

Table 6*Reason for Living Multigenerational*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Save money for future	36	30.5	30.5	30.5
	Tradition	25	21.2	21.2	51.7
	Price of nursing home/assisted living center is too high	16	13.6	13.6	65.3
	Illness	13	11.0	11.0	76.3
	Loss of job	10	8.5	8.5	84.7
	Child care	9	7.6	7.6	92.4
	COVID-19 related reasons	7	5.9	5.9	98.3
	Immigration	2	1.7	1.7	100.0
	Total	118	100.0	100.0	

With the spread of COVID-19 still prevalent in American households (Table 7), it is not surprising that several of the survey respondents have either had the disease, or someone in their household has. Of the 118 respondents, 10.2% (n=12) answered in the affirmative when asked if they or a household member had been infected with COVID 19.

Table 7*COVID-19 Infections in the Home*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	106	89.8	89.8	
	Yes	12	10.2	10.2	100.0
	Total	118	100.0	100.0	

According to medical professionals, COVID-19 infections are most worrisome for those with weakened immune systems. Seniors and family members with underlying medical conditions are the most vulnerable. In Table 8, 74.6% (n= 88) of respondents expressed concern over spreading COVID-19 to a senior in the home.

Table 8

Concern Levels of Spreading COVID to a Senior in the Home

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	88	74.6	74.6	74.6
	No	30	25.4	25.4	100.0
	Total	118	100.0	100.0	

The researcher obtained additional data from respondents who voluntarily agreed to be interviewed by phone. The purpose was to gain a better understanding of personal experiences, as well as create an opportunity to study responses against the quantitative data previously collected. Refer to Appendix B for a full list of phone interview questions and responses.

Since the onset of COVID-19, many people have changed the way they meet with friends, family and other groups including clubs and churches. Less face-to-face and more virtual meetings are taking place in the home. To some degree, every individual further interviewed by phone has practiced some sort of social distancing. Those with senior family members or family members with underlying health concerns have been

more vigilant in their efforts to practice safe procedures when meeting in person. S.S. explained their challenges with meeting extended senior family members.

[My husband's] mother is 96. We have [to meet] in person, but we try to keep our distance from her. For the rest of the family, we have done some gatherings outside so everyone can social distance and wear masks. We have had some virtual sessions with [my husband's] sister who lives in Austin. Her husband is 74, so they have just stayed away the whole time. (personal communication, October 9, 2020)

Families who have members forced to work outside the home during the pandemic have also taken extra precautions with senior family members and others they come into contact with. R.K. recalls these challenges.

When it first all started, we didn't really visit [family] at all because of my wife's work. Almost all [our parents] fit into some sort of high-risk category. So, for the longest time we didn't visit at all other than phone calls. Here within the last month or two, my wife hasn't been in the COVID unit as much, so my parents have started visiting maybe once a month, and we go over to her parent's house maybe once or twice a month. (personal communication, October 2, 2020)

Most all of the participants reported a reduction in their time spent outside the house for personal reasons other than work for fear of contracting or spreading the virus. When asked how much time they spend outside the house in a typical week, T. J. said,

Outside of work, maybe four hours. I'm considered essential. I'm the one that gets to go out and clean potential COVID areas. I oversee the correctional facilities, and I oversee the child protection facilities and things like that. They have a child protection meeting where they bring families and kids and what have you. I go clean those conference rooms. (personal communication, October 2, 2020)

Some participants who currently live with senior family members are concerned about spreading the disease to them.

I've actually had it and contracted it through work. I worried about bringing it home to my parents who have pre-existing illnesses. More specifically my mother who was diagnosed with stage 1 lung cancer. We're concerned with her getting it (M. S., personal communication, October 9, 2020).

Others are not as overtly concerned. Reasons stem from no longer living multigenerational, sanitation practices, and others. B.L states,

I'm not too concerned because I try to take as many precautionary measures as possible, but there's always that chance. When I was living multigenerational yes, only because the ailments my mother-in-law had. (personal communication, October 1, 2020)

P.G., who is no longer taking care of their mother, is now the senior in the home. Living with an adult child who works from both the home and office has not made them

overly concerned, rather hesitation comes from other adult children not living in their home.

I'm disinfecting at home. My son has to go to work outside the home three days a week and then works remotely the rest of the week. I don't know.

I'm just not worried about it. My adult children are worried about me being around my grandchildren because they can be carriers. (P. G. personal communication, October 2, 2020).

Research Question #2: There is a relationship between the number of hours worked from home due to COVID-19 and stress in a multigenerational household.

An examination of the crosstab (Table 9) suggests a weak, positive relationship (Somers'd = .190) between the number of hours worked from home due to COVID-19 and stress levels in a multigenerational household. Among those working 0-4 hours, 70.8% reported higher stress, but 95.0% of those working 13+ hour reported higher stress. Of the fifty total respondents, 38 (76%) reported higher levels of stress while only 12 (24%) reported the same or lower levels.

Table 9*Effects of Hours Worked from Home on Stress*

		Hours worked from home due to COVID-19				Total
		0-4	5-8	9-12	13+	
Lower	Count	2	1	0	0	3
	%	8.3%	25.0%	0.0%	0.0%	6.0%
Same	Count	5	2	1	1	9
	%	20.8%	50.0%	50.0%	5.0%	18.0%
Higher	Count	17	1	1	19	38
	%	70.8%	25.0%	50.0%	95.0%	76.0%
Total	Count	24	4	2	20	50
	%	100.0%	100.0%	100.0%	100.0%	100.0%

Further examination (Table 10) suggests a weak, negative relationship (Somers' d= -.058) between respondents working from home and experiencing higher levels of stress (n=34), and hours worked from home. Adult children account for 35.3% (n=12) of the respondents working from home with higher stress levels, and seniors account for 64.7% (n=22) of the respondents working from home with higher stress levels.

Table 10*Effects of Hours Worked from Home on Adult Child/Senior*

		Adults in Home		Total	
		Adult Child	Senior		
Hours worked from home due to COVID-19	0-4	Count	5	11	16
		%	41.7%	50.0%	47.1%
	5-8	Count	1	0	1
		%	8.3%	0.0%	2.9%
	9-12	Count	0	1	1
		%	0.0%	4.5%	2.9%
	13+	Count	6	10	16
		%	50.0%	45.5%	47.1%
Total	Count	12	22	34	
	%	100.0%	100.0%	100.0%	

An examination of the crosstab (Table 11) suggests a moderate, positive relationship (Somers' d = .233) between the reduction of outside social interaction and stress levels in a multigenerational household. Results suggest there was a reduction of outside social interaction overall (n=69) compared to not (n=14), or a total of 83% of respondents who had a reduction compared to 16.9% that did not. The largest percentage of respondents (79.7%, n=55) reported a reduction of outside social interaction and higher levels of stress. The smallest percentage of respondents (6.0%, n=5) reported a reduction of outside social interaction and lower levels of stress.

Table 11*Effects of Reduced Social Interaction on Stress*

		Stress Level			Total	
		Lower	Same	Higher		
Reduction of outside social interaction	No	Count	1	6	7	14
		%	20.0%	37.5%	11.3%	16.9%
	Yes	Count	4	10	55	69
		%	80.0%	62.5%	88.7%	83.1%
Total	Count	5	16	62	83	
	%	100.0%	100.0%	100.0%	100.0%	

Evidence shows (Table 12) there to be a weak, positive relationship (Somers'd = .116) between stress levels and experienced job loss due to COVID-19. When asked if the respondent had experienced job loss due to COVID-19, 29.2% had. The largest percentage of respondents (84%) who lost their job due to COVID-19 related reasons reported higher stress levels compared to the smallest percentage of respondents (4%) who reported they had lower stress.

Table 12*Effects of Job Loss Due to COVID-19 on Stress*

			Job loss - COVID-19		Total
			No	Yes	
Stress Level	Lower	Count	3	1	4
		% within Stress Level	75.0%	25.0%	100.0%
		% within Job loss - COVID-19	6.4%	4.0%	5.6%
		% of Total	4.2%	1.4%	5.6%
	Same	Count	10	3	13
		% within Stress Level	76.9%	23.1%	100.0%
		% within Job loss - COVID-19	21.3%	12.0%	18.1%
		% of Total	13.9%	4.2%	18.1%
	Higher	Count	34	21	55
		% within Stress Level	61.8%	38.2%	100.0%
		% within Job loss - COVID-19	72.3%	84.0%	76.4%
		% of Total	47.2%	29.2%	76.4%
Total	Count	47	25	72	
	% within Stress Level	65.3%	34.7%	100.0%	
	% within Job loss - COVID-19	100.0%	100.0%	100.0%	
	% of Total	65.3%	34.7%	100.0%	

There is a weak, positive relationship (Somers' $d=.078$) between stress levels and home loss due to COVID-19 (Table 13). This strength and direction of relationship indicate that the loss of home due to COVID-19 increases stress levels. Of the respondents that reported loss of home due to COVID-19 ($n=3$), all reported a higher stress level since the onset of COVID-19 in March 2020.

Table 13*Effects of Loss of Home Due to COVID-19 on Stress*

		Stress Level			Total	
		Lower	Same	Higher		
Loss of home - COVID-19	No	Count	5	16	59	80
		%	100.0%	100.0%	95.2%	96.4%
	Yes	Count	0	0	3	3
		%	0.0%	0.0%	4.8%	3.6%
Total	Count	5	16	62	83	
	%	100.0%	100.0%	100.0%	100.0%	

Stay at home orders has affected the amount of time people are spending outside the home in all aspects of their lives including work. Other than essential workers, many are spending part-time, if not whole time, working from home. This has the potential to be challenging depending on the situation. Some of the survey participants are currently living multigenerational during COVID. Others are no longer responsible for caring for an elder, but are now required to home school their children in addition to trying to complete their own work.

When asked if there was a preference between working/schooling from home or the office/classroom, participants had varying answers. “I do like working from home,” C.B. says,” but I miss the social interaction and the ability to distinguish between the working me and the mom me (personal communication, October 2, 2020). S. S. also enjoys working from home, but finds distractions from other family members to impede

on productivity. “I enjoy working from home, but my husband is working from home. So, we found ourselves spending more time talking or taking more breaks and I don’t get as much done. So, if I come to the office, I get more done” (personal communication, October 9, 2020).

Other participants found working from home difficult due to the type of work they are in. From B. L.’s point of view, “I prefer working at the office. I feel more productive and there are less distractions when you’re at the office versus when you’re at the home with family members around” (personal communication, October 1, 2020).

When asked if working/schooling from home has proved to be challenging, some participants found learning environments to be challenging due to other family members interrupting class and study time. “There’s background noise,” M. S. describes, “or Mom needs something and she doesn’t realize I’m on Zoom” (personal communication, October 9, 2020).

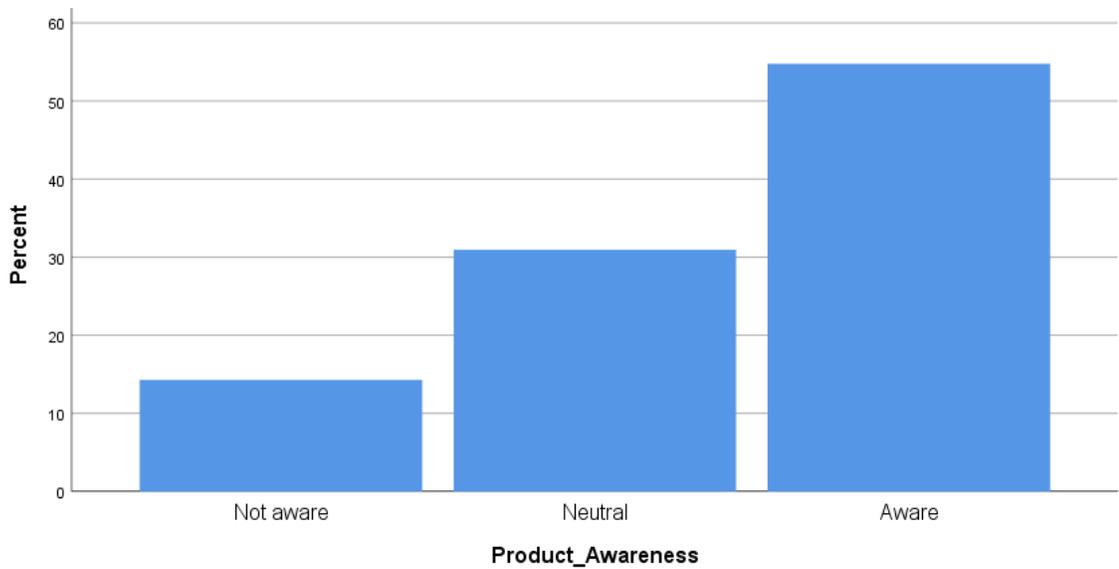
Another factor that can contribute to stress levels when working from home is the ability to work from a dedicated office space. Of the eleven survey participants who worked or attended school from home, four had a dedicated office space, two had a shared space, and five did not have a dedicated office.

Research Question #3: Household individuals do not believe they are very educated on the available products to aid in senior independence at home.

Out of the 84 respondents (Figure 15), 54.8% (n=46) believed they were well aware/educated on the available products to aid in senior independence, 31.0% (n=26) were neutral, and 14.3% (n=12) disagreed.

Figure 15

Feels Educated on Products to Aid Senior Independence



Although the majority responded to feeling well educated in products to aid senior independence, only 35.6% (Table 14) of respondents claimed to have made minor renovations and only 13.0% (Table 16) claimed to have made major renovations.

Table 14

Minor Home Renovations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	73	61.9	63.5	63.5
	Yes	42	35.6	36.5	100.0
	Total	115	97.5	100.0	
Missing	No Answer	3	2.5		
Total		118	100.0		

Research Question #4: Grab bars and hand rails are the most common minor renovation made in multigenerational homes.

The top five minor renovations made to the home (Table 15) were rearrangement of furniture for easier mobility (51.3%, n=20), installation of grab bars (38.5%, n=15), built-in shower seats/benches (33.3%, n=13), elevated toilet seats (25.6%, n=10), and removal of trip hazards (25.6%, n=10). Of the total sample size (n=118), 12.5% installed grab bars and 7.5% installed handrails. Among those making renovations, over 1/3 (38.5%, n=15) installed grab bars. They averaged 2.9 renovations per respondent and 62.6% installed grab bars and/or handrails.

Table 15*Frequencies of Minor Renovations*

	Responses		Percent of Cases
	N	Percent	
Installation of grab bars	15	12.5%	38.5%
Installation of handrails	9	7.5%	23.1%
New non-slip flooring	7	5.8%	17.9%
Ramps	7	5.8%	17.9%
New elongated toilets	6	5.0%	15.4%
Elevated toilet seats	10	8.3%	25.6%
Built-in Shower seats/benches	13	10.8%	33.3%
New easier access appliances	4	3.3%	10.3%
Slip-resistant stair treads/tape/stickers	6	5.0%	15.4%
Removal of trip hazards	10	8.3%	25.6%
Rearrangement of furniture for easier mobility	20	16.7%	51.3%
New lever door handles	5	4.2%	12.8%
New cabinet hardware	5	4.2%	12.8%
Installation of drawer slides	3	2.5%	7.7%
Total	120	100.0%	307.7%

Of the valid respondents (Table 16), 13.0% (n=15) made major renovations to their home to accommodate the senior and 87.0% (n=11) did not.

Table 16*Major Home Renovations*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	100	84.7	87.0	87.0
	Yes	15	12.7	13.0	100.0
	Total	115	97.5	100.0	
Missing	No Answer	3	2.5		
Total		118	100.0		

Of those respondents who made major renovations to their home (17.2%, n=5), the top major renovation (Table 17) was the installation of a walk-in/roll-in shower (33.3%). Of the next top response of individuals (10.3%, n=3), 20% of cases widened corridors/hallways, converted attic/basement into living quarters, building of additional bedrooms and bathrooms, enlarged bedroom/closet and kitchenette. Those who converted the garage, sun room/patio or a room into a secondary living space (6.9%, n=2) accounted for 13.3% of the cases. The average was one renovation per respondent.

Table 17

Frequencies of Major Renovations

	Responses		Percent of Cases
	N	Percent	
Rebuilt stairs with lower risers and deeper treads	1	3.4%	6.7%
Widened corridors or hallways	3	10.3%	20.0%
Converted attic/basement into living quarters	3	10.3%	20.0%
Built additional bedroom(s)	3	10.3%	20.0%
Built additional bathroom(s)	3	10.3%	20.0%
Added square footage	1	3.4%	6.7%
Converted garage or sun room/enclosed patio	2	6.9%	13.3%
Converted room to secondary living space	2	6.9%	13.3%
Enlarged a bedroom or closet	3	10.3%	20.0%
Built a kitchenette	3	10.3%	20.0%
Installed a walk-in/roll-in shower	5	17.2%	33.3%
Total	29	100.0%	193.3%

There appears to be a weak relationship (Cramer'sV =.100) between the effects of chronic illness in the family and product awareness for senior independence. Of the 34 respondents (Table 18), 40.5% that have a family member with a chronic illness, 55.9% claimed to be aware of products to aid in senior independence, 26.5% were neutral, and 17.6% were not aware.

Table 18

Effect of Chronic Illness in the Family and Product Awareness for Senior Independence

		Chronic illness of family member		Total
		No	Yes	
Not aware	Count	6	6	12
	%	12.0%	17.6%	14.3%
Neutral	Count	17	9	26
	%	34.0%	26.5%	31.0%
Aware	Count	27	19	46
	%	54.0%	55.9%	54.8%
Total	Count	50	34	84
	%	100.0%	100.0%	100.0%

When looking at the effects of reasons for living multigenerational and adult children and seniors (Table 19), the three main reasons for adult children to live multigenerational are to save money for the future (33.3%, n=14), Tradition (14.3%, n=6), and price of nursing home/assisted living is too high (14.3%, n=6). The three main reasons for seniors to live multigenerational are the same—to save money for the future (30.7%, n=31), Tradition (23.8%, n=24), and price of nursing home/assisted living is too high (13.9%, n=14).

Table 19*The Effect of Reasons for Living Multigenerational and Adult Child/Senior*

		Adult Children/Senior		Total	
		Adult Child	Senior		
Reason for living multigenerational?	Price of nursing home/assisted living center is too high	Count	6	8	14
		%	14.3%	13.6%	13.9%
	Illness	Count	5	7	12
		%	11.9%	11.9%	11.9%
	COVID-19 related reasons	Count	4	3	7
		%	9.5%	5.1%	6.9%
	Child care	Count	2	3	5
		%	4.8%	5.1%	5.0%
	Loss of job	Count	5	3	8
		%	11.9%	5.1%	7.9%
	Save money for future	Count	14	17	31
		%	33.3%	28.8%	30.7%
	Tradition	Count	6	18	24
		%	14.3%	30.5%	23.8%
Total	Count	42	59	101	
	%	100.0%	100.0%	100.0%	

Adult children taking care of seniors in their home tend to make modifications to help aid in senior independence. There are several types of modifications that can be made to an existing home. The survey grouped them into minor and major renovations which covered thirty different criteria ranging from items that can be taken care of at a small price by the homeowner, to expensive items that require a contractor or specialty installer.

When the phone participants were asked if any of the items on these lists were unfamiliar as possible options for autonomy, the answers were opposite of the hypothesized that household individuals that do not believe they are very educated on the available products to aid in senior independence at home. Only one participant admitted to having not considered certain modifications. K.M. explained, “I did not consider appliances, and I didn’t even think of non-slip flooring. When Mom and Dad lived with us, I removed all throw rugs. They tripped on them” (personal communication, September 24, 2020). Most claimed nothing on the list was surprising. It is interesting to note that more than a couple of phone participants had either built or found a new home to accommodate multigenerational living. According to P.G.,

I just came upon this house by happenstance. I was really having a dilemma with my parents. At the time I had sitters around the clock because I couldn’t work and take care [for them]. [The house] had a sun porch, and a bedroom and bathroom off of the sun porch. It was just exactly what we needed. It had four bedrooms, four baths, the sun porch, living room, dining room, den, [and] large laundry room. There was a separate entrance into that sunroom so [the sitters] didn’t have to come through the rest of the house to get to their space. It was pretty darn near perfect for the situation we were in at that time. (personal communication, October 2, 2020)

Another participant had renovated their existing home and eventually had a new home built to support their in-laws living with them six months out of the year.

I built the house. I knew they were coming. I actually built two bedrooms. One was the main one, and one, which is now the study, was downstairs because I fully expected them to be incapacitated at some point and not be able to climb the stairs. So, I built a full bathroom and a study/bedroom downstairs (D. C., personal communication, October 7, 2020)

Participants were asked if they planned to make any modifications for themselves as they aged. Modifications to the bathroom was the number one room in the home participants agreed might need renovated as they aged. These renovations included both minor renovations (e.g. grab bars), to major renovations (e.g. installation of roll-in/walk-in shower/bathtub). “I don’t see any in the near future,” R.K. explains. “About the only thing I can see is handlebars in the bathroom as I age to help get in and out of the bath or on the toilets” (personal communication, October 2, 2020). M.S. also explains, “I do see some changes such as the bathroom--getting the traditional tub and shower out. Yes, I do think I’ll make changes to accommodate in the future” (personal communication, October 9, 2020). Regardless of the changes considered at this point in the participant’s life stage, V. B. makes a valid point.

You learn a lot when you care for somebody that you might not have otherwise thought about. I think my experience with my mother was very

valuable because it's helped me to recognize what I may need in the future
(personal communication, October 5, 2020)

Out of all the respondents that had grab bars or handrails in their home, four installed them by themselves or had a family friend do it, and three had the contractor handle it during bathroom renovations. No one hired a contractor with the specific purpose of installing the grab bars. When asked if they, another family member or friend were able to install the grab bars themselves, D. C. explains,

Some I put in after [the home was built]. There's a rail on the back stairs that my father-in-law would get wobbly, and I chose to do a pool rail—the stainless-steel rails like when you are climbing out of a pool. Because, that was actually much sturdier and much easier for him to grip than your standard stair rail. (personal communication, October 7, 2020)

Research Question #5: When the senior in a home has more autonomy, you believe you are less crowded in the home than seniors that require help changing, bathing, using the facilities, and/or transportation.

The researcher asked respondents if they believed their home was too crowded (Table 20). Of the total number of respondents who answered, 29.6% (n=34) felt their home was too crowded and 70.4% (n=81) did not.

Table 20*Home Feels Crowded Frequencies*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	False	81	68.6	70.4	70.4
	True	34	28.8	29.6	100.0
	Total	115	97.5	100.0	
Missing	No Answer	3	2.5		
Total		118	100.0		

The researcher compared (Table 21) adult children and seniors and their response to crowding in the home. Of the respondents who answered (n=99), 42.4% (n=42) were the adult child and 57.6% (n=57) were the senior. Of the individuals who felt the home was crowded (n=28), 50.0% (n=14) were seniors and 50.0% (n=14) were adult children.

Table 21*Adult Child and Seniors Feeling Home is Crowded*

		Home feels crowded.		Total	
		False	True		
Adult Children	Adult Child	Count	28	14	42
		%	39.4%	50.0%	42.4%
	Senior	Count	43	14	57
		%	60.6%	50.0%	57.6%
Total		Count	71	28	99
		%	100.0%	100.0%	100.0%

The researcher then explored several options that affect senior autonomy including the presence of a disability of the respondent (Table 22), the presence of a disability in another household member (Table 23), if any household member is wheelchair dependent (Table 24), if the respondent has the ability of cook or clean for themselves (Table 25), and if a household member requires help changing, bathing, or using the toilet facilities (Table 26). Of the total number of respondents, only 9% reported having a physical disability (Table 22), 7.6% (n=9) had mobility constraints and 1.7% (n=2) experience deafness, where as 28% reported a family member with a disability (Table 23), with mobility (n=25, 21.2%) the most frequent disability. Among those respondents who answered, 12.8% (n=15) reported a family member with wheelchair dependence in the home (Table 24). Also, among those that answered, 24.4% (n=9) said they were unable to cook or clean for themselves (Table 25) and 15.4% (n=19) said a family member needed help changing, bathing, or using the toilet facilities (Table 26).

Table 22

Physical Disability of Respondent Frequencies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mobility	9	7.6	7.7	7.7
	Deafness	2	1.7	1.7	9.4
	Not applicable	106	89.8	90.6	100.0
	Total	117	99.2	100.0	
Missing	No Answer	1	.8		
Total		118	100.0		

Table 23*Physical Disability of Family Member Frequencies*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mobility	25	21.2	75.8	75.8
	Blindness	3	2.5	9.1	84.8
	Deafness	5	4.2	15.2	100.0
	Total	33	28.0	100.0	
Missing	No Answer	85	72.0		
Total		118	100.0		

Table 24*Wheelchair Dependence Frequencies*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	102	86.4	87.2	87.2
	Yes	15	12.7	12.8	100.0
	Total	117	99.2	100.0	
Missing	No Answer	1	.8		
Total		118	100.0		

Table 25*Ability to Cook or Clean Frequencies*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	9	7.6	24.3	24.3
	Yes	28	23.7	75.7	100.0
	Total	37	31.4	100.0	
Missing	No Answer	81	68.6		
Total		118	100.0		

Table 26*Changing, Bathing, or Toilet Facilities Assistance Frequencies*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	99	83.9	84.6	84.6
	Yes	18	15.3	15.4	100.0
	Total	117	99.2	100.0	
Missing	No Answer	1	.8		
Total		118	100.0		

When running a cross tabulation to determine if the presence of a chronic illness in the family (Table 27) had an effect on crowding in the home, it was determined that it was very unlikely the two have a relationship to one another (Cramer's $V = 0.00$). Of the 34 who responded feeling crowded within the home, respondents with a family member who had a chronic illness and those that did not have a family member with a chronic illness have similar percentages—29.5% ($n=13$) reported having a family member with a chronic illness and 29.6% ($n=21$) reported they did not.

Table 27*Effects of Chronic Illness of a Family Member and Feeling Crowded in the Home*

		Chronic illness of family member		Total
		No	Yes	
False	Count	50	31	81
	%	70.4%	70.5%	70.4%
True	Count	21	13	34
	%	29.6%	29.5%	29.6%
Total	Count	71	44	115
	%	100.0%	100.0%	100.0%

There appears to be a moderate association (Table 28) between physical disability of the respondent and the home feeling crowded (Cramer's $V = .213$). Of the two respondents experiencing deafness, 100% feel crowded. Of the three with mobility issues, only 37.5% felt the home was too crowded.

Table 28*Effects of Physical Disability of Respondent on Feeling Crowded in the Home*

		Physical disability			Total
		Mobility	Deafness	Not applicable	
False	Count	5	0	76	81
	%	62.5%	0.0%	72.4%	70.4%
True	Count	3	2	29	34
	%	37.5%	100.0%	27.6%	29.6%
Total	Count	8	2	105	115
	%	100.0%	100.0%	100.0%	100.0%

As indicated in Table 29, there also seems to be a moderate relationship (Cramer's $V=.248$) between physical disability of family member and feeling crowded in the home. While mobility was the most common type of disability in family members (74.2%, $n=23$), only 34.8% reported feeling crowded in the home. For those respondents who reported blindness (66.7%, $n=3$) and deafness (60.0%, $n=5$), those percentages doubled.

Table 29

Effects of Physical Disability of Family Member on Feeling Crowded in the Home

		Type of physical disability			Total
		Mobility	Blindness	Deafness	
False	Count	15	1	2	18
	%	65.2%	33.3%	40.0%	58.1%
True	Count	8	2	3	13
	%	34.8%	66.7%	60.0%	41.9%
Total	Count	23	3	5	31
	%	100.0%	100.0%	100.0%	100.0%

There appears to be a weak relationship (Cramer's $V=.066$) between wheelchair dependence and feeling crowded in the home. For respondents reporting wheelchair dependence in the home (Table 30), the modal value was 1, or false ($n=11$), and only 21.4% ($n=3$) felt crowded.

Table 30*Effects of Wheelchair Dependence on Feeling Crowded in the Home*

		Wheelchair dependence		Total	
		No	Yes		
Home feels crowded.	False	Count	70	11	81
		%	69.3%	78.6%	70.4%
	True	Count	31	3	34
		%	30.7%	21.4%	29.6%
Total	Count	101	14	115	
	%	100.0%	100.0%	100.0%	

There also appears to be a weak relationship (Cramer's $V=.055$) between changing, bathing or toilet facilities assistance on feeling crowded in the home. For respondents with family members needing changing, bathing or toilet facilities assistance (Table 31), the modal value was 1, or false ($n=13$), and only 23.5% ($n=4$) felt crowded.

Table 31*Effects of Changing, Bathing or Toilet Facilities Assistance on Feeling Crowded in the Home*

		Changing, Bathing, or Toilet Facilities Assistance		Total
		No	Yes	
False	Count	68	13	81
	%	69.4%	76.5%	70.4%
True	Count	30	4	34
	%	30.6%	23.5%	29.6%
Total	Count	98	17	115
	%	100.0%	100.0%	100.0%

For seniors to have more autonomy, they must be able to care for themselves with little to no aid. As seniors age, everyday tasks such as bathing, feeding and clothing oneself and using the toilet room facilities, often become more difficult due to both physical and mental disabilities. In situations where caregivers cared for seniors with declining health, the living situation was permanent until the seniors either moved into a nursing facility or passed. The reduction of personal time due to caring for dependent seniors can negatively influence the perception of crowding within the home. When asked how long seniors were cared for and their independence level, A.M. noted,

[My great-grandmother] lived with us for about five years. She was pretty independent when she first moved in with us, it's just when they get older, and [get] dementia, or couldn't drive anymore. She lived [thirty minutes away] so it was just easier for us to have her at the house. (personal communication, October 1, 2020)

Similarly, S.S. cared for their father who began as independent, but whose health gradually declined.

“When he first came in, he was golfing and doing all those sorts of things. And then he got to where he just couldn't. He had congestive heart failure, and he seemed like he just started withdrawing from life. It was before a pandemic, and he just didn't get out as much and we were working away. So, he didn't really have anyone to converse with him during the day, and he wouldn't get out and socialize with his friends because he was

originally from [a different town and] didn't really know anybody. We felt like he would probably socialize more if he was around people, because he used to be a very social person and we felt like he would probably come alive a little more if he had people to talk to during the day. So, I would need to have to go [home]. He would fix his own lunch and stuff, but he was just starving for conversation. (personal communication, October 9, 2020)

Family members caring for dependent seniors are often required to help with transportation to doctor's office, pharmacies, and other appointments, sometimes multiple times a week. This can further reduce the individual's personal time and can be perceived as crowding on a psychological level. P.G. reflects on taking care of both of their aging parents.

As it progressed, they had weekly appointments. He would get pneumonia frequently. His immune system was very low, and so then he would be hospitalized for a while and then he'd come back home. My mother stayed fairly healthy except for the dementia. She didn't get a lot of colds or anything like that, like my dad did. I was constantly at the pharmacy refilling somebody's prescription or getting something, they needed there (personal communication, October 2, 2020)

Other participants commented on challenges stemming from the responsibility of transporting a senior to and from doctor's appointments throughout the week. V. G. states,

“Oh, my goodness sakes. The first year, about three times a week. Probably three hours of time that's nine hours a week. Just getting into them to and from the appointment, and then she fell and broke her hip. Well, she had a triple hernia that was going to explode. So, we had to take her in and then she had to go to the clinic three times a week, 30 minutes away. And that took us about an hour and a half each time. So, there were a lot of hours that were put into [appointments and travel], and she was always very concerned about it. And I said, ‘Mom, don't worry about it. It's no big deal’. I just enjoyed having time with my mother. Even though she had intense pain, she never complained. (personal communication, October 5, 2020)

Research Question #6: Married female individuals are more likely to care for a senior parent than unmarried females.

Looking at the total respondent who took the online survey, 46.6% (n=55) identified with being the adult child/stepchild (Table 32) and 16.1% (n=19) identified

with being the spouse of the adult children. Together, they account for over half (n= 74, 62.7%) of the respondents.

Table 32

Relation to Other Generation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adult child/stepchild	55	46.6	46.6	46.6
	Parent	23	19.5	19.5	66.1
	Spouse of Adult Child	19	16.1	16.1	82.2
	Aunt or Uncle	3	2.5	2.5	84.7
	Cousin	1	.8	.8	85.6
	Other	17	14.4	14.4	100.0
	Total	118	100.0	100.0	

Of the 74 female respondents (Table 33), 39.2% (n=29) were adult children in the household and 60.8% (n=45) were the senior. Of the total female adult children who took the survey, 51.2% (n=22) were married and 22.6% (n=7) were not. The opposite was true for the seniors. More (77.4%, n=24) were not married as compared to married (48.8%, n=21).

Table 33*Marital Status of Adult Female Children*

		Marital Status		Total
		Not Married	Married	
Adult Child	Count	7	22	29
	%	22.6%	51.2%	39.2%
Senior	Count	24	21	45
	%	77.4%	48.8%	60.8%
Total	Count	31	43	74
	%	100.0%	100.0%	100.0%

Research Question #7: Adult children in homes without a dedicated space, other than a bedroom or bathroom, are more likely to believe noise is a problem.

There appears to be a weak relationship (Cramer's $V=.017$) between adult children and dedicated spaces for privacy within the home (Table 34). Of the total adult children ($n=42$), half (50%, $n=21$) said they had a dedicated space for privacy and half (50%, $n=21$) did not. Of the other family members in the home, ratios were consistent. Twenty-eight said they had a dedicated space for privacy, and 30 did not.

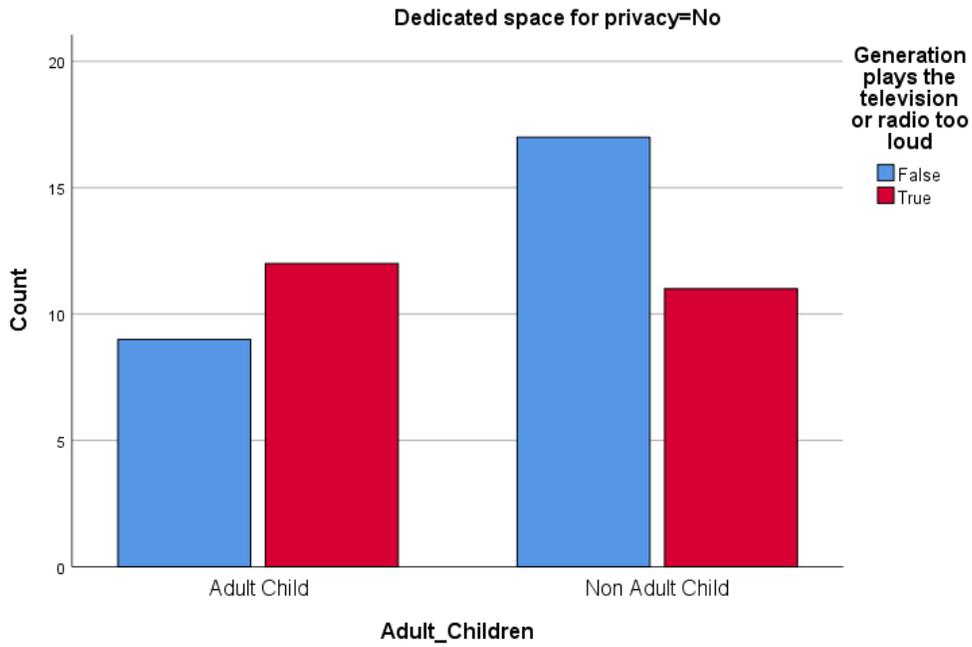
Table 34*Adult Children and Dedicated Space for Privacy*

			Adult Children		Total
			Adult Child	Non-Adult Child	
Dedicated space for privacy	No	Count	21	28	49
		%	50.0%	48.3%	49.0%
	Yes	Count	21	30	51
		%	50.0%	51.7%	51.0%
Total	Count		42	58	100
	%		100.0%	100.0%	100.0%

The researcher also examined adult children in the home who had no additional space for privacy and their reaction to the other generation in the home playing the television too loudly. Of the adult children without a dedicated space for privacy (Figure 16), 57.1%, or 12 out of 21, felt the other generation did play the television too loudly, and 43.0% (n=9) did not.

Figure 16

Adult Children Without a Dedicated Space for Privacy and Television Volume



There also appears to be a weak relationship (Cramer's $V = .067$) between adult children in the home and the other generation playing the television or radio too loud (Table 35). Of the 42 adult children, 45% ($n=19$) felt the other generation played the television or radio too loud and 55% ($n=23$) did not.

Table 35*Adult Children and Other Generation Plays the Television or Radio Too Loud*

				Adult Children		Total
				Adult Child	Non-Adult Child	
Generation plays the television or radio too loud	False	Count	23	35	58	
		%	54.8%	61.4%	58.6%	
	True	Count	19	22	41	
		%	45.2%	38.6%	41.4%	
Total	Count	42	57	99		
	%	100.0%	100.0%	100.0%		

Table 36 indicates there is a negative, weak relationship (Somers'd= -.007) between adult children and time alone. Of the 42 adult children, 52.4% (n=22) found their time alone to be inadequate, while 35.7% (n=15) felt they had adequate time alone in the home.

Table 36*Time Alone and Adult Children*

				Adult Children		Total
				Adult Child	Non-Adult Child	
Alone Time	Inadequate	Count	22	32	54	
		%	52.4%	55.2%	54.0%	
	Neutral	Count	5	4	9	
		%	11.9%	6.9%	9.0%	
	Adequate	Count	15	22	37	
		%	35.7%	37.9%	37.0%	
Total	Count	42	58	100		
	%	100.0%	100.0%	100.0%		

Noise can become a problem in the home on many levels. The following questions address the different facets that can influence one's perception of unwanted sound. When asked if during the day or in the evenings, the respondent was able to watch their regular television programs, all the respondents said yes. In most cases, several televisions were in the home, so families could watch the programs they wanted at a time that worked for them. According to A. O.,

We have five TVs in the house, so she has her own room, her own big screen tv, bigger than my living room one. She actually prefers to come home, have dinner, and go to her own space. So, she has her own area.
(personal communication, September 30, 2020)

According to A. R.,

“Yeah, sometimes when we are in the den, we try to decide what everybody else wants to watch. We have to agree on something. If my husband doesn't really want to watch what she wants to watch, we go to either our bedroom or the media room. (personal communication, October 9, 2020)

Even with multiple televisions, noise can still be a disruption if television programs are played at loud volumes. “I could hear the other television program just as clear as ours,” B L. said. C. B. also shared,

We have more TVs than anyone watches. We almost have one in every room. Mom watches soap operas, so she watches them on her phone

outside. We have a big open floor plan in our living room, so if she watches them while I'm working, it leaks through on my headset, so she was like 'Oh, so it doesn't bother you at work, I'll just watch it on the internet'. (personal communication, October 2, 2020)

When asked if the respondent had to give up a recreational space in their home in order to accommodate a senior, three individuals commented they did not and four commented they did. These spaces included a sunroom, living room, office, art room, and game room. K. M. recalls, "We gave up our office and the living room became their master" (personal communication, September 24, 2020). S.S. converted one of their recreational spaces into a multi-use room. "[The game room] was a space that we gave up to put another seating area for us to go to because he liked watching certain shows" (personal communication, October 9, 2020).

Some respondents claimed they had to give up hobbies because of the time it took to take care of the seniors in their home. J.B. shares that since their mother moved in full time, there has been less time to garden and travel.

Even though we are in a townhouse, I still have two patios, so I have to find the time to do that. I'd say a little bit, but not a lot. When [my mother] had that accident, I was out of town. It's hard to remember some of this stuff because you're so used to the COVID restrictions. Part of its kind of like, I stay home because of that. But the reality is traveling, girl trips [out of town], things like that [are restricted]. I just assume not leave. If I go

anywhere, she's coming with me. (personal communication, October 3, 2020)

According to S.S., whose father required extra care after having heart failure, I used to refinish furniture and had a booth in an antique mall. I would redo all this stuff and sell. Made good money at it, but I got to where I didn't have time to do it--go out and look for things and put things together, so I just gave it up. (personal communication, October 24, 2020)

S.S. also recalls having to give up additional recreational hobbies because there was no longer room in the home once the senior moved in.

When he moved in with us, we had to get a portable building to put all of his stuff in, because he didn't know what he wanted to do when he moved in with us because his wife had died. He didn't know if he was going into assisted living or what. Most of the stuff [ended up in] the exterior garage. We still have some of that stuff that we haven't even gone through. And so that was kind of a disposition. It wasn't really hard we just didn't have room for our stuff. (personal communication, October 9, 2020)

V. B. also recalls having space constraints for home hobbies once her mother moved in to her home.

We were living in 1800 square feet, but I only had my dining room table. It was an open concept. I didn't have a bonus room. I couldn't spread out my quilting and leave it there to come back to because it would be on the

kitchen table, or I'd have it laid out on the floor in the great room, and with her being on a walker and dragging oxygen hoses with her, I couldn't really do that. So, projects tend to be quick and to the point if I did them. When I did my genealogy, I'd do that on my kitchen island. When it's time to eat, I'd have to collect everything. It did change the way that I did things in my home. (personal communication, October 5, 2020)

Research Question #8: There is a relationship between stress levels and dedicated bedrooms and bathrooms in the home.

Somers'd (.083) suggests a positive, weak relationship between adult children/seniors and stress levels (Table 37). Of the 75.3% (n=52) respondents who reported higher levels of stress, 59.6% (n=31) were seniors and 40.4% (n=21) were adult children. Only 5.8% (n=4) identified with lower stress levels.

Table 37

Adult Children/Seniors and Stress Levels

		Stress Level			Total	
		Lower	Same	Higher		
Adult Children	Adult Child	Count	3	5	21	29
		%	75.0%	38.5%	40.4%	42.0%
Senior		Count	1	8	31	40
		%	25.0%	61.5%	59.6%	58.0%
Total		Count	4	13	52	69
		%	100.0%	100.0%	100.0%	100.0%

Somer's d (-.090) indicates a negative, weak relationship between stress level and number of bedrooms in the home (Table 38) indicating that as the number of bedrooms increase, stress levels decrease. There are 61 higher stress individuals and account for 74.4% of the respondents. Those with one to three bedrooms in the home account for 77.4% of the higher stress individuals, respondents with four bedrooms account for 78.8%, but respondents with five or more bedrooms drop approximately six percentage points to 61.1%.

Table 38

Stress Levels and the Number of Bedrooms

		Bedrooms				
		1-3	4	5+	Total	
Stress Level	Lower	Count	1	2	2	5
		%	3.2%	6.1%	11.1%	6.1%
	Same	Count	6	5	5	16
		%	19.4%	15.2%	27.8%	19.5%
	Higher	Count	24	26	11	61
		%	77.4%	78.8%	61.1%	74.4%
Total		Count	31	33	18	82
		%	100.0%	100.0%	100.0%	100.0%

There appears to be a negative, weak relationship (Somer's $d = -.143$) between stress levels and number of dedicated full bathrooms in the home (Table 39) indicating as the number of bathrooms increases, the stress levels decrease. There are 13 (15.6%) respondents that have four or more bathrooms. Of those, only six (10%) out of the 62

identified with having higher stress levels. Of those with only one bathroom, 7 of the 8 (87.5%) reported higher levels of stress.

Table 39

Stress Levels and the Number of Bathrooms

		Number of dedicated full bathrooms							
		1	2	3	4	5	6+	Total	
Stress Level	Lower	Count	0	1	3	1	0	0	5
		%	0.0%	2.5%	13.6%	14.3%	0.0%	0.0%	6.0%
	Same	Count	1	8	1	2	2	2	16
		%	12.5%	20.0%	4.5%	28.6%	50.0%	100.0%	19.3%
	Higher	Count	7	31	18	4	2	0	62
		%	87.5%	77.5%	81.8%	57.1%	50.0%	0.0%	74.7%
Total		Count	8	40	22	7	4	2	83
		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

When asked what about the home or the people in it made the respondent feel crowded, T. J. shares what it was like living in a small home with their daughter and mother. “There was three of us living in a small, three-bedroom trailer--everyone sharing the kitchen, everyone sharing the living room. I mean, there's not a lot of space and you only got one full bathroom” (T. J., personal communication, October 2, 2020).

J. K.’s experience living in a neighborhood with many extended family members was slightly different. Although the home was small, the people also made them feel crowded.

We lived in a big family: uncles, aunts, my grandma's brothers and sisters. We were living in the same neighborhood. We had a house with a backyard and then we needed to move to an apartment. We got used to people coming to the house. My grandma put the key in the door from the outside so people could come to the house whenever they wanted.

(personal communication, October 7, 2020)

No matter the size of the home, when asked if respondent could add on an additional room to their home, seven of the 13 people (54%) expressed they would add another bedroom. One respondent elaborated they wanted another bedroom in order to get back their recreation space. "I would have changed the layout of the upstairs and added an actual bedroom up there, so we would have the [art studio] back" (B. L., personal communication, October 1, 2020).

When asked which room in the home they would add square footage to, nine respondents (64%) answered bedroom and two (14%) answered bathroom, for a total of 78% of the total respondents. K. M. shares, "I would have added a much larger bathroom for them to make it wheelchair accessible. That I really would have liked to do" (personal communication, September 24, 2020). S. S. also responded they would have liked to add square footage for an accessible bathroom. "I would add another whole bath to make it ADA accessible for the future" (S. S., personal communication, October 9, 2020).

A. R. and their spouse moved in with their parent and chose their bedroom based on proximity. However, it came with a disadvantage.

I think it would be our bedroom. We have a bedroom, but it doesn't actually have a closet. This house has four bedrooms. The bedroom where we sleep is on the opposite side of the house because it [had] more privacy. The only complaint that we had was that it didn't have a closet. My clothes are in one of the guest bedrooms and my [spouse's] are in the other. (personal communication, October, 9, 2020)

D. C., first lived in a smaller home with their children and in-laws before custom building a larger home to support all their needs. In their first home, renovations were made to add on a new master suite.

The ranch house was three bedrooms so we ended up building a bedroom in the basement level and that became my [spouse's] and my bedroom, which gave us some privacy. Because we were on a different floor, and the upstairs was for the kids and the in-laws. If we had stayed there, we would have completely finished the basement, and we would have expanded the other direction to make the family room, living room, dining room, bigger. (personal communication, October 7, 2020)

Later a new home was designed and built to better accommodate them all. Accessibility and privacy were two main drivers in the design.

I built the house. I knew [my in-laws] were coming. I actually built two bedrooms. One was the main one and one, which is now the study, was downstairs because I fully expected them to be incapacitated at some point

and not be able to climb the stairs. So, I built a full bathroom and a study/bedroom downstairs. When I built this house, [it was designed so] there is no bedroom that has a common wall with another bedroom. It's always up against a hallway or a bathroom and there's a closet in between and so forth. So again, that perception of privacy simply by not having a common wall makes a difference in sound. (personal communication, October 7, 2020)

Phone interview respondents were asked if they believed their home was too small for the amount of people in it. For those whose living situation was temporary, crowding appeared to be more of a problem. According to R. K. "The house itself was smaller. At the time it was about 1100 or 1200 square feet. So, you're talking about three adults, a baby and a small child in the house. So, it got cramped at times" (personal communication, October 2, 2020). B. L. also commented on crowding, although they owned a larger house. Even with a spacious home, a person's habits can cause others in the home to feel crowded.

We had a decent sized home, so I don't feel it was too small. There were times that we were trying to get things done that maybe we were walking over each other, like working in the kitchen, but I don't think it was too small to have an extra person in there. (B. L., personal communication, October 1, 2020)

Several respondents (25%) in the role of caregiver either built or purchased a new home to accommodate multigenerational living. Initially, C.B. and their family moved in with their mother before buying a larger home.

Mom had a two-bedroom, one bath, 900 square foot house. It was tiny, and we moved all three of us, two dogs and three cats. Mom converted her single car garage into a bedroom for us. We stayed there nine months [in] less than 1200 square feet with one bathroom and we made it work for almost a year before we moved into the house next door. We were pretty good at accommodating each other's space. (personal communication, October 2, 2020)

T. J. and their family also bought a different property because their original home was too small for the number of people in it.

We didn't have enough room [in the old house]. I've got four children and we were all just living on top of each other. It was like a 1900 square foot house. (T. L., personal communication, October 9, 2020)

Research Question # 9: There is a relationship between the perception of privacy and the number of people in the home.

Of the total number of respondents (n=116), 54.3% (n=63) believed they had inadequate time alone, 8.6 % (n=10) remained than neutral, and 37.1% (n=43) believed

they had adequate time alone in their homes (Table 40).

Table 40

Alone Time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Inadequate	63	53.4	54.3	54.3
	Neutral	10	8.5	8.6	62.9
	Adequate	43	36.4	37.1	100.0
	Total	116	98.3	100.0	
Missing	No Answer	2	1.7		
Total		118	100.0		

The most common number of people in a multigenerational home (Table 41) is 2-3 (n=48) and accounts for 40.7% of the total respondents. Next is 4-5 (n=43) which accounts for 36.4% of the total respondents. Together, they account for 77.1%.

Table 41

Number of People in Multigenerational Home

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2-3	48	40.7	40.7	40.7
	4-5	43	36.4	36.4	77.1
	6-8	24	20.3	20.3	97.5
	9 or more	3	2.5	2.5	100.0
	Total	118	100.0	100.0	

There appears to a negative, moderate relationship (Table 42) between the number of people in the multigenerational home and amount of alone time (Somers'd= -.271). Of the 116 respondents, half with 2-3 people in the home tend to feel they have adequate alone time (50%, n=24) and only 35.4% (n=17) felt they had inadequate time alone. Those with 4-5 (61.9%, n=26) and 6-8 (73.9%, n=17) people in the home feel they have inadequate time alone. All three with 9 or more (100%) also feel they have inadequate time alone. Only ten respondents were neutral.

Table 42

The Effect of Number of People in Multigenerational Home on Alone Time

		Number of people in multigenerational home?				Total	
		2-3	4-5	6-8	9 or more		
Alone Time	Inadequate	Count	17	26	17	3	63
		%	35.4%	61.9%	73.9%	100.0%	54.3%
	Neutral	Count	7	1	2	0	10
		%	14.6%	2.4%	8.7%	0.0%	8.6%
	Adequate	Count	24	15	4	0	43
		%	50.0%	35.7%	17.4%	0.0%	37.1%
Total	Count	48	42	23	3	116	
	%	100.0%	100.0%	100.0%	100.0%	100.0%	

Other factors tested by the researcher that possibly affected the level of alone time include stress levels, square footage of the home, region, and reason for living multigenerational. The association between alone time and stress (Table 43) appear to have a negative, weak relationship (-.014). Of the 75% of respondents (n=81), 54.1% (n=33) reported higher stress levels and inadequate time alone as compared to 36.1% (n=22) who felt they had adequate alone time. Of the 6% (n=5) that reported lower stress levels, 60%. (n=3) reported inadequate time alone.

Table 43

The Effect of Stress Levels on Alone Time

			Stress Level			
			Lower	Same	Higher	Total
Alone Time	Inadequate	Count	3	7	33	43
		%	60.0%	46.7%	54.1%	53.1%
	Neutral	Count	0	3	6	9
		%	0.0%	20.0%	9.8%	11.1%
	Adequate	Count	2	5	22	29
		%	40.0%	33.3%	36.1%	35.8%
Total	Count	5	15	61	81	
	%	100.0%	100.0%	100.0%	100.0%	

Square footage (Table 44) appears to have a negative, weak relationship (-.112) on alone time. Of the 112 respondents, 55.4% (n=62) report having inadequate alone time. The largest percentage of respondents with inadequate time alone (73.7%, n=14) live in 3001-4000 square feet while the lowest percentage (40.0%, n=6) live in under 1,800 square feet. The largest number of respondents (n=46, 44.4%) reported living in a 1,801-2,400 square foot home. Fifteen (13.2%) live in under 1,800 square feet and 19 (16.7%) live in 3001-4000.

Table 44

The Effect of Home Square Footage on Alone Time

		Square Footage					
		Under 1800	1801- 2400	2401- 3000	3001- 4000	4001+	Total
Alone In- Time adequate	Count	6	24	11	14	7	62
	%	40.0%	53.3%	47.8%	73.7%	70.0%	55.4%
Neutral	Count	4	1	4	0	0	9
	%	26.7%	2.2%	17.4%	0.0%	0.0%	8.0%
Adequate	Count	5	20	8	5	3	41
	%	33.3%	44.4%	34.8%	26.3%	30.0%	36.6%
Total	Count	15	45	23	19	10	112
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

There appears to be a negative, weak relationship (Somers' d= -.007) on the effect of being the adult child or senior in the household and alone time. Of the one hundred respondents (Table 45), 58.0% (n=58) were seniors and 42.2% (n=42) were the adult child. Of those, 54.0% (n=54) believed they had inadequate time alone. Of those with inadequate time alone, 59.3% (n=32) were seniors and 40.7% (n=22) were adult children.

Table 45

The Effect of Being the Adult Child or Senior on Alone Time

Alone Time			Adult Children		Total
			Adult Child	Senior	
	Inadequate	Count	22	32	54
		%	52.4%	55.2%	54.0%
	Neutral	Count	5	4	9
		%	11.9%	6.9%	9.0%
	Adequate	Count	15	22	37
		%	35.7%	37.9%	37.0%
Total	Count	42	58	100	
	%	100.0%	100.0%	100.0%	

There appears to be a positive, weak relationship (Somers' d = .114) between square footage and the number of people in multigenerational homes. The number of people living in the multigenerational home (Table 46) averages 2-3 for those homes under 1,800 square feet (n=7, 15.6%) and 2,410-3,000 (n=12, 26.7%) square feet. Homes

1,801-2,400 (n=18, 42.9%) and 3,001-4,000 (n=8, 19.0%) average 4-5 people. Homes 4,001+ have 6-8 (n=5, 20.8%) people on average. The median home size is 1,801-2,300.

Table 46

The Effect of Square Footage on Number of People in the Home

		Number of People in Multigenerational Home				Total	
		2-3	4-5	6-8	9 or more		
Square Footage	Under 1800	Count	7	4	3	1	15
		%	15.6%	9.5%	12.5%	33.3%	13.2%
	1801-2400	Count	19	18	8	1	46
		%	42.2%	42.9%	33.3%	33.3%	40.4%
	2401-3000	Count	12	8	4	0	24
		%	26.7%	19.0%	16.7%	0.0%	21.1%
	3001-4000	Count	6	8	4	1	19
		%	13.3%	19.0%	16.7%	33.3%	16.7%
	4001+	Count	1	4	5	0	10
		%	2.2%	9.5%	20.8%	0.0%	8.8%
Total		Count	45	42	24	3	114
		%	100.0%	100.0%	100.0%	100.0%	100.0%

According to Table 47, there appears to be a weak relationship (Somers'd = .151) between alone time and region. The Northeast (n=4, 57.1%) and Southern (n=50, 58.8%) regions of the United States report the highest percentages of inadequate alone time. The West respondents report 50% inadequate and 50% adequate. The Midwest reports 55.6% of individuals who believe they have enough alone time.

Table 47*The Effect of Region on Alone Time*

			Region				
			Northeast	South	Midwest	West	Total
Alone Time	Inadequate	Count	4	50	6	3	63
		%	57.1%	58.8%	33.3%	50.0%	54.3%
	Neutral	Count	1	7	2	0	10
		%	14.3%	8.2%	11.1%	0.0%	8.6%
	Adequate	Count	2	28	10	3	43
		%	28.6%	32.9%	55.6%	50.0%	37.1%
Total	Count	7	85	18	6	116	
	%	100.0%	100.0%	100.0%	100.0%	100.0%	

Reasons for living multigenerational (Table 48) have a weak relationship (Somers' $d=.104$) to alone time. The largest percentages of respondents that feel they have inadequate time alone are living multigenerational due to the pricing of nursing homes (53.3%, $n=8$), Illness (69.2%, $n=9$), and child care (100%, $n=9$). Of the 116 respondents, the highest number of people living multigenerational (30%, $n=35$) is due to saving money for the future. Of these, 48.6% believe they have inadequate time alone and 51.4% feel they have adequate time alone.

Table 48

The Effect of Reasons for Living Multigenerational on Alone Time

		Reason for Living multigenerational									
			Price nursing home	Illness	COVID-19	Child Care	Job Loss	Immigration	Save money for future	Tradition	Total
Alone Time	In-adequate	Count	8	9	3	9	4	0	17	13	63
		%	53.3%	69.2%	42.9%	100.0%	40.0%	0.0%	48.6%	52.0%	54.3%
	Neutral	Count	2	1	1	0	2	1	0	3	10
		%	13.3%	7.7%	14.3%	0.0%	20.0%	50.0%	0.0%	12.0%	8.6%
	Adequate	Count	5	3	3	0	4	1	18	9	43
		%	33.3%	23.1%	42.9%	0.0%	40.0%	50.0%	51.4%	36.0%	37.1%
Total	Count	15	13	7	9	10	2	35	25	116	
	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Privacy in the home can be achieved in many ways such as retreating to a space where a door can be closed or stepping outside to be alone. According to B. L., “If I needed more alone time I could either go outside, or I could just go to my room and shut the door” (personal communication, October 1, 2020). D. D., on the other hand, was more concerned with giving their daughter alone time with her family in the evenings. “I was more concerned [about] giving them their privacy at night as a family or with her and her husband being together after the kids [went] to bed. I had to change my routine on that” (D. D., personal communication, October 1, 2020). D.C., whose in-laws from

overseas lived with him and his family six months of the year, sheds some additional thoughts on the concept of perceived privacy.

One of the things you're talking about is privacy, and I got to thinking on that because I saw [my in-laws] apartment in Poland. It was a two-room apartment, a kitchen and bathroom and they had a family of four there. Each room served double duty. One was a dining room/living room/bedroom and the other was a study/bedroom, and they had to convert every day.

So, when families are getting close, they don't have privacy. They have the perception of privacy, and the perception of privacy can be built in with a few tricks. The open layout [of] American houses doesn't allow for the perception of privacy. If you have a door that closes, even a glass door you can see through, when the door is closed, you have a perception of privacy--some muffling of sound. People know that when the door is closed it's a private space, and when the door is open, it's a public space. And simply doing that, you can go from public to private [easily], even though when you think about it, it's not terribly private. But people feel it. Now my wife and her brother slept in the same bedroom, but she had a cove made with bookcases. So again, not true privacy, but the perception of privacy. (personal communication, October 7, 2020)

In a home with many people, however, the division of perceived privacy thins. This is especially the case for families who care for a senior who does not leave the home often. “Being in that small of a house and the mother-in-law was always there,” R. K. shares, “it felt like you never had a moment of privacy” (personal communication, October 2, 2020). K. O. also comments on living in a home with their mother who seldom left the house.

With my mom having a mobility issue, she didn’t leave the house almost at all. So, either she was downstairs watching TV or I had to leave to get alone time. There was no privacy. The walls are all real thin. It’s a big house, but there was no insulation anywhere, so you could hear everything all the time. (personal communication, September 30, 2020)

When asked, fourteen of the nineteen people (74%) identified that time and caring for their loved ones was the number one best reason for living multigenerational. The respondents ranged from individuals that currently live or have lived multigenerational in the past, to those who have lost their loved ones.

A couple of respondents commented it was their way of giving back to the generation who raised and cared for them. J. B. shares, “[It’s] the security of knowing that my mom is safe, that the older generation is being taken care of” (personal communication, October 3, 2020). R. K. explains,

I would say cost for one of the parties involved, but I think also at least in my viewpoint and my wife’s, we both felt your parents do so much for you growing

up, that if that's your opportunity to pay back in some sort of way, then you just do it. If something happens to either one of my parents, same situation. They are more than welcome to move in with us. (personal communication, October 2, 2020).

For A.O., living multigenerational was never a question. After college, they moved back in with their mother, got engaged, and then married. Together with their spouse they chose to remain in the multigenerational household. When asked the best reason for living multigenerational they responded,

There's lots of reasons. We enjoy spending time together, the different cooking, the relationship between her and my daughters, the assistance. She helps out and we help her. I think she's getting to the age where she needs help with how to use her cell phone and how to program the TV. So, we're here to help her with those things so she doesn't have to figure out her own. She doesn't have to pay her own bills. I think it's me paying it forward and thanking her for all she has done for us. (A. O., personal communication, September 30, 2020)

For those that have lost loved ones, it's "time. That's just extra time that once things are done, you'll never regret [having] that time," (T. J., personal communication, October 2, 2020). P.G. also expresses their gratitude for having that extra time with their loved one. "Being with my family longer than expected and being in close proximity to them. We've been able to [live together], get along and cherish that time we had," (P. G.,

personal communication, October 2, 2020). V. B.'s mother lived with them several years ago until she passed. Their reasons reflect those above.

Love. I know that finances for my mother was the number one best reason. It didn't help us financially. It helped my peace of mind; it helped my mother's peace of mind. My mother was a gem. She never complained. She and I played Scrabble every day together. I was her companion, and she was mine. (V. B., personal communication, October 5, 2020)

When questioned what the most difficult thing about living multigenerational is, only 17.6% who responded touched on an aspect of privacy. H.G. comments that it is hard to make sure their mother got "enough privacy from the kids" (personal communications, October 7, 2020). M. S. states the hardest thing is "respecting each other's time and space" (personal communication, October 9, 2020). At times, S. S. struggled to find quiet time in the home.

Even though you could separate, sometimes it would be nice just for it to be quiet. With the TV going in another room, and people talking or running up and down the hallway. All of our bedrooms are on one wing, so we were all together. (personal communication, October 9, 2020).

Other respondents had varying reasons for why living multigenerational:

"Communicating," (C.B., personal communication, October 2, 2020).

"Personal Growth," (T. J., personal communication, October 2, 2020).

“Having to listen to my parents again,” (K. O., personal communication, September 30, 2020).

“The same that living with anybody is. If you don't see somebody on a day to day basis, the little things they do may not bother you. But when you're constantly around somebody, they're little habits may start to wear on you,” (R. K. personal communication, October 2, 2020).

“Watching them die,” (A. M., personal communication, October 1, 2020).

“Just a little bit more of the stress being a caregiver,” (J. B., personal communication, October 3, 2020).

“I guess not being able to go on vacation,” (V. B., personal communication, October 5, 2020).

“US healthcare,” (D. C., personal communication, October 3, 2020).

“Probably my dad having to give up some of his independence and realizing that he can't take care of himself anymore,” (T. L., personal communication, October 9, 2020).

CHAPTER 5

Conclusion

This study investigated privacy in the multigenerational home consisting of seniors and adult children. The aspects of privacy included both physical, such as division of actual space in the home, and psychological, which included the perception of privacy, territory and the senior's autonomy. In addition, the external factor of COVID-19 was examined in relation to respondents who live multigenerational in response to the pandemic due to sickness, job, and home loss and how their levels of privacy in the home have been affected.

Hypotheses Findings

Research Question #1

Concerns over contracting and spreading COVID-19 to a senior family member in the household has kept individuals more socially isolated. In order to test this hypothesis, the researcher looked at many variables relating to COVID -19, its presence in the home and its effects on the respondent's daily routines. When studying reasons for living multigenerational, data indicated COVID-19 related reasons accounted for 5.9% of the total respondents. Of those total respondents, 10.2% affirmed there is or has been COVID infections in the household.

Results support that concerns over spreading the disease to seniors in the home has kept them more socially isolated. Of the total respondents, 74.6% confirmed they were concerned about spreading the disease to seniors in the home. Every phone participant responded they meet friends, family, church members and other groups virtually or on the phone for the majority of the time rather than in person and 83.3% meet with them less than before COVID-19. This is considered challenging for the 72.2% that consider themselves to be social individuals. Close family members that did not have underlying health conditions were still met with in person on most occasions. When asked if overly concerned about spreading the virus to a loved one, 42.1% said they were. Some seniors were not concerned about spreading the virus, but their adult children were concerned the grandchildren could be carriers. It is important to note that of the 14 people who responded, only four currently live in a multigenerational home. Overall, 88.8% of the phone respondents admitted to spending only 5 or less hours in a public setting outside of work per week.

Research Question #2

There is a relationship between the number of hours worked from home due to COVID-19 and stress in a multigenerational household.

Results support a relationship between the number of hours worked from home due to COVID-19 and stress in a multigenerational household. The researcher explored crosstabulations between the two (Table 9) and found there to be a weak relationship. Those who responded they worked from home had higher stress levels for all categories

of hours worked from home except 5-8 hours. In this group, only 25% of respondents reported higher levels of stress.

The researcher examined stress level differences between adult children and seniors and found the adult children account for 35.3% (n=12) of the respondents working from home with higher stress levels, and seniors account for 64.7% (n=22) of the respondents working from home with higher stress levels. Of the adult children working from home, many expressed their difficulties with working from home at the same time as their children homeschooled. There were many distractions and divided time between getting work done and helping the children with school. In some cases, children play loud and noise can distract from work. It is also harder to find quiet or alone time when more people are at home at the same time. On the other hand, seniors may have other concerns about working from home that increased their stress levels. The uncertainty of the economy, retirement, less social interaction from co-workers are all possible stressors.

Other possible stress triggers were tested and research indicates some to have stronger relationships. A cross examination of stress levels and reduction of outside social interaction (Table 11) suggests a positive, moderate relationship. As the reduction of social interaction increased, so does stress levels. Of the respondents 66.3% reported a reduction of outside social interaction and higher levels of stress. A cross tabulation between stress levels and loss of home due to COVID-19 (Table 13) also showed a

positive, moderate relationship. All three respondents who had lost their home due to COVID-19 reported higher stress levels.

Working from home has proved challenging for some. According to the phone respondents, 75%, or 12 out of 16 respondents, preferred working in the office or attending classes in person, and 70%, or 7 out of 10 respondents, did not have a dedicated office in their home. It was either a shared space or another room in the home where distractions were higher and accommodations had to be made to allow for privacy to take business calls and attend online meetings and classes. There are also types of jobs that cannot be completed as well from home, such as sales, and that can create stress. This might account for some of the 70.8% of individuals working 0-4 hours from home that claimed to have higher stress levels.

Research Question #3

Household individuals believe they are not very educated on the available products to aid in senior independence at home.

The researcher gathered information on available senior products that aid in autonomy and the respondents were first asked if any of the modifications were done to their home and then asked how well-educated they felt on the products available.

Results do not support that individuals do not feel very educated on the matter. Of the 84 respondents (Figure 15), 71.2% responded to feeling well educated. Only 10.2% responded not feeling educated. Of the individuals that made modifications to their multigenerational home, 35.6% made some type of minor renovation (Table 14) and

12.7% made some major renovation (Table 16). It was interesting that most felt educated, yet didn't make renovations. Explanations for why additional changes weren't made could be because the home was new and products to aid in senior independence were already incorporated. There were also a number of interviewed adult children that lived multigenerational, not because their senior family member needed help, but to save money for the future which accounted for 33.3% (n=14) of adult children's responses.

Phone respondents were further asked if any items on the minor or major lists of renovations were surprising to them or things they had not considered. An overwhelming majority, 93.3%, said no, although most admitted to wishing they had made additional modifications for their senior family member.

Research Question #4

Grab bars and handrails are the most common minor renovations made in multigenerational homes. A decline in mobility and eye sight are common for seniors and increase the likelihood of fall hazards. Great strategies to prevent falls and aid in mobility are the installation of grab bars and handrails in the home.

Results support that grab bars and handrails are the most common minor renovations made in multigenerational homes. When looking at frequencies (Table 15), 61.6% of survey participants who made renovations to their home included grab bars and/or handrails. If looking at separately, however, the most common minor renovation (51.3%) was the rearrangement of furniture for easier mobility as it doesn't cost money or involve installation.

In order to gain data supporting the reasons behind the higher frequency of grab bars and handrails installation in the home, the researcher asked how many respondents had them installed and how many were able to do the work themselves. It appears half the phone respondents did it themselves, and the other half had it done as part of a larger home renovation.

Research Question #5

When a senior at home has more autonomy, the adult child feels less crowded in the home than seniors that require help changing, bathing, using the toilet facilities, and/or with transportation. The research set out to examine that seniors who required more help around the house in their daily lives created a strain on the adult child. Essentially, the role of caretaker caused the adult child to feel more crowded.

Results do not appear to support this hypothesis. Of the total number of respondents, only 29.6% reported feeling crowded in their homes. Only 9.3% (Table 22) of the respondents had a physical disability affecting mobility, vision, or hearing, and only 27.9% (Table 23) of the respondents reported having a family member with a physical disability. In the home, only 12.7% (Table 24) required a wheelchair, 7.6% (Table 25) were unable to cook or clean or themselves, and 15.3% (Table 26) had family members requiring help changing, bathing, or using the toilet facilities.

When running cross tabulation, there appeared to be no relationship between the home feeling crowded and chronic illness of a family member (Table 27). This may be

due to the adult child's perception of the living arrangement at the end of the senior's life. Many appreciated the final time they were able to spend with their loved ones.

There appeared to be a moderate relationship between the presence of a physical disability in the respondent and the home feeling crowded. There also seems to be a moderate relationship (Table 29) between physical disability of family member and feeling crowded in the home. Homes can feel more crowded when disabilities keep the person in the house more often. Seniors at home appreciate the conversation and social interactions of other household members when they are homebound. Adult children may feel more crowded when the senior is always in the home, and at times, wanting social interaction when it is inconvenient for the adult child.

There appears to be weak relationships between wheelchair dependence (Table 30) and changing, bathing or toilet facilities assistance (Table 31) on feeling crowded in the home. This relationship (Tables 24 & 25) may be due to the smaller percentage (12.8% wheelchair use, 15.4% changing, bathing or toilet facilities assistance) of respondents this pertained to.

Examination of data provided by the phone participants researches crowding on more psychological level, which in turn appears to better support the hypothesis. Of the participants who cared for dependent seniors, 85.7% were responsible for getting them to appointments outside of the home, sometimes several times a week. Depending on the amount of outside appointments and job status of the individual, approximately 63.6% (n=7) believed this reduced their personal time to get their own work done. Also, of the

11 participants who fit the criteria, approximately 45.5% (n=5) admitted having to give up hobbies because of the amount of time taking care of/or the presence of the senior in their home.

Further research on this topic is recommended. A larger percentage of seniors in a multigenerational home requiring help changing, bathing, or using the toilet facilities would give better data and a more definitive idea in favor or not of the hypothesis. With the data collected by the researcher for this study, a conclusive decision cannot be made.

Research Question #6

Married female individuals are more likely to care for a senior parent than unmarried females. Married women typically have another adult in the home to help care for a senior or help provide additional financial support. Unmarried women have the advantage of being the sole decision maker on becoming the caretaker for a senior.

Results obtained from the online survey appears to support the hypothesis. Of the total adult children, 29 were females. Of these, 75.9% (n=22) were married and 24.1% (n=7) were not.

Research Question # 7

Adult children in homes without a dedicated space, other than a bedroom or bathroom, are more likely to believe noise is a problem than those who do not. The researcher collected data on the availability of other retreat spaces in and around the

home used for privacy, alone time, and activities in the home that can cause noise disruption.

Results seems to support the hypothesis. Of the 42 adult children who responded in the survey (Table 34), half did not have a dedicated space for privacy. Many times, dedicated areas in the home for privacy are converted for the senior when they move in. Of those, 57.1% (Figure 16) believed the other generation played the television too loudly. Hearing loss in seniors contribute to increased television and radio volume. When running cross tabulations, the researcher noted 52.4% (Table 36) of adult children believed they received inadequate time alone. As mentioned previously, adult children often have jobs, children, and other duties that require their time both inside and outside the home. Many seniors are no longer working, or have some type of disability that limits their time outside of the house which leads to decreased social interaction. The senior may require more interaction with other family members, which at times, is inconvenient for the adult child.

Phone respondents were asked if they had to give up recreational space in order to accommodate the senior in the home. For those applicable, half gave up recreational space in the home. Due to the amount of televisions, watching regular television programs did not seem to be a problem, nor did space for those that had hobbies they did in the home. Only 25% had hobby space compromised.

Research Question #8

There is a relationship between stress levels and dedicated bedrooms and bathrooms in the home. The researcher sought to collect data on the number of bedrooms and bathrooms in the home and if there was a point in which lower stress levels were compromised.

Results seem to support the hypothesis. There is a negative, weak relationship between stress level and number of bedrooms in the home (Table 38). Respondents with four or fewer bedrooms (n=50, 82.0%) seem to have higher stress levels than those with five or more. Additionally, there is a negative, weak relationship between stress levels and number of dedicated full bathrooms in the home (Table 39). Respondents with four full bathrooms or fewer have higher levels of stress. At five or more bathrooms, stress levels decline.

According to the phone respondents when asked if they could add one additional room to their home, 54% responded they would add an additional bedroom. When asked if they could add additional square footage to one room, 64% answered bedroom and 14% answered bathroom, for a total of 78% of the total respondents.

Bedrooms and bathrooms are both private places in the home, where one can retreat when they need time alone. When individuals share bedrooms and bathrooms, their private time decreases. Retreat spaces are necessary for mental wellness, so it was not surprising that the majority of respondents would ask for an additional bedroom or bathroom over another type of space in the home.

Research Question #9

There is a relationship between the perception of privacy and the number of people in the home. The researcher's aim was to determine if more or less people in the home affected the perception of privacy. Data were collected on many variables and cross tabulated on several levels: the number of people in the home, how much alone time the respondent received, stress, square footage, region, and reasons for living multigenerational.

Results support the hypothesis. Of all the valid responses (n=116), 54.3% of the respondents reported inadequate time alone (Table 40). There appears to be a negative moderate relationship between the number of people in the multigenerational home and amount of alone time. The more people in the home (Table 42), the less alone time per individual. Percentages steadily increased from 2-3 people in the home accounting for 35.4% of those who responded to inadequate time alone, to 61.9% for homes with 4-5 people, 73.9% with 6-8 per home, and lastly 100% with 9 or more. It can be deduced that families with 2-3 people are often an adult child and senior or married adult children and a senior. The addition of family members in the 4-5, 6-8, and 9 or more ranges are often children, which account for the higher percentages of respondents expressing inadequate time alone.

The researcher believed other variables may affect the level of alone time and should be studied. It was found there is a negative, weak relationship between alone time

and stress level (Table 43). Of the total number who responded, 54.1% (n=33) reported higher stress levels and inadequate time alone.

Square footage also has a negative, weak relationship with alone time. Of the 112 respondents, 55.4% (n=62) reported inadequate alone time. It is interesting to note that those living in 3,001+ square foot homes had the highest percentages of inadequate time alone. Those in 3,001-4000 have 73.7% of respondents reporting inadequate time alone and 70.0% for homes 4,001+.

There appears to be a positive, weak relationship between square footage and the number of people in multigenerational homes (Table 46). The majority of respondents (46.7%, n=7) in homes under 1,800 square feet reported having 2-3 people in their multigenerational home. The majority of respondents (50%, n=5) in homes 4,001+ square feet reported having 6-8 people in their multigenerational home.

When studying the effects of region on alone time, 50.0% or more of respondents from the Northeast (57.1%), South (58.8%) and West (50.0%) reported having inadequate time alone. There appears to be a weak relationship between the two.

There is also a weak relationship between alone time and reasons for living alone. The largest percentages of respondents that feel they have inadequate time alone are living multigenerational due to the pricing of nursing homes (n=8, 53.3%), Illness (n=9, 69.2%), and child care (n=9, 100%).

When conducting phone interviews with the respondents, the researcher closed out each session with two questions. What is the number one best reason for living

multigenerational and what is the number one most difficult thing about living multigenerational? For the number one best reason, 74% responded that time and caring for their loved ones was the number one best reason for living multigenerational. For the number one most difficult thing, only 17.6% responded that some facet of privacy was the issue. Others had varying reasons, none of which totaled more than the aforementioned percentage.

Overall Conclusions

This research is important for designers and architects when designing new multigenerational homes and modifying existing homes to become multigenerational. Many design strategies can be employed to help with different types and levels of privacy in the home. Noise control and separation of spaces and people can be implemented and should be considered by professionals designing and building multigenerational homes.

The separation of private spaces can alleviate noise heard from outside the bedroom. Soft carpeting in the bedroom and office help with acoustics, and adding insulation in the walls will minimize sound transfer between rooms. Ceiling fans, not only help with cooling costs, but also provide a level of background noise, also referred to as white noise. This random noise helps with both comfort and muffling outside noise.

Extra bedrooms and bathrooms add additional private spaces within the home for a person to retreat for their own mental health. When not in use, bedrooms are often used as flex rooms for office, crafts, and hobby spaces. Windows allow natural light into the space

and promote human wellness by boosting vitamin D in the body and for mental wellness, can combat depression. The addition of outdoor patios creates an additional space for privacy along with the benefits listed above.

Designing for aging in place allows for a home to grow with the occupants. Keeping homes on one level eliminates the need for seniors to repeatedly take stairs. If there needs to be a second level, design for a master bedroom and bathroom on the main level. Master bathrooms should be built with in-wall blocking for the addition of future grab bars at the toilet and in the shower. Walk-in showers should be curbless to allow a wheelchair to roll in and to eliminate a tripping hazard. Hard surface flooring is easier to maintain over the years and is easy to operate a walker or wheelchair over. Cabinets with pull-out drawers for easy access to kitchen and bathroom items, microwaves built-in under the countertop, refrigerators with a bottom freezer, and the replacement of knobs with levers or u-shaped handles at all doors and cabinets are just some of the items that should be considered in the beginning when designing for aging in place.

Open concept design is the current trend in home designs. When the open concept includes the kitchen, dining, and living rooms, the design allows for these three most public places in the home to attract social interaction between all generations and alleviate loneliness often experienced by seniors. This concept should be balanced with multiple types of private spaces including, but not limited to, bedrooms, bathrooms, flex-rooms, outside patios., porches, garages, and sunrooms.

With multigenerational living on the rise, now is the time for non-custom home builders to implement floor plans for multigenerational families. Companies such as Lennar have been very successful with their line of multigenerational home plans called “Next Gen” but are one of the few monopolizing on this concept. Their “home within a home” designs offer plans that feel similar to duplexes, but without a full kitchen. Separate outside entrances, garages, living spaces, the additional of a kitchenette, and entry to the senior’s suite from the inside of the main house are all strategies implemented to combine living arrangements and bills, but allowing more separation of space while keeping the aging senior close.

This and future research will aid in better home design for multigenerational living in the United States. It will assist interior designers, architects, and home builders with additional tools of understanding the concepts of privacy within the home and how multigenerational living can greatly benefit a family in terms of care and closeness, without sacrificing privacy.

Purpose of the Study

The purpose of the study was to examine the stressors COVID-19 has placed on the relationships of different generations living a multigenerational lifestyle, and to explore privacy challenges faced while living with multiple generations in a single household. This information could be used in gaining relevant information interior designers and architects can use to aid in multigenerational house design with an emphasis on providing privacy for all family members.

Recommendations for Future Research

The study of privacy in multigenerational homes before and amidst COVID-19 supported many of the hypothesis the researcher set out to prove. Data supported the following:

1. Concerns over spreading the disease to seniors in the home has kept individuals more socially isolated.
2. There is a relationship between the number of hours worked from home due to COVID-19 and stress in a multigenerational household.
3. Grab bars and handrails are the most common minor renovations made in multigenerational homes.
4. Married female individuals are more likely to care for a senior parent than unmarried females.
5. Adult children in homes without a dedicated space, other than a bedroom or bathroom, are more likely to believe noise is a problem.
6. There is a relationship between stress levels and dedicated bedrooms and bathrooms in the home
7. There is a relationship between the perception of privacy and the number of people in the home.

Data does not support the following:

1. Individuals do not feel very educated on products to aid senior independence.
2. When the senior in a home has more autonomy, the adult child feels less crowded in the home than seniors that require help changing, bathing, using the toilet facilities, and/or with transportation.

Recommendations for future research include:

1. Conduct further, comparable research using the same instruments in additional geographical locations around the United States to increase the sample size and establish reliability.
2. Once a vaccine for COVID-19 has been established and distributed, conduct comparable research to better understand the full effects of COVID-19 on multigenerational homes and privacy concerns.
3. Once a vaccine for COVID-19 has been established and distributed, conduct comparable research with additional in-person interviews and site visits to senior facilities to promote a broader range of aged participants.
4. Conduct comparable research focusing on adult children who live with only senior family members requiring everyday assistance due to mobility issues or chronic illness. As described in the study, only 27.9% (Table 23) of the respondents reported having a family member with a physical

disability. With this study, it would be noteworthy to address the percentage of these individuals who purchased a new home to accommodate their needs rather than renovating their existing one.

5. Additional research focusing on adults with children living with their parents. Of these individuals, 100% (Table 40) reported inadequate time alone.
6. Additional research on physical versus psychological crowding in the multigenerational home.

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Appendix A
Survey Questionnaire

Multigenerational Relations in the Home

1. What was the main deciding factor of choosing to live multigenerational?
 - a. Price of nursing home/assisted living center is too high
 - b. Illness
 - c. COVID-19 related reasons
 - d. Child care
 - e. Loss of job
 - f. Immigration
 - g. Save money for future
 - h. Tradition
2. How many people live in your multigenerational home
 - a. 2-3
 - b. 4-5
 - c. 6-8
 - d. 9 or more
3. What extended family is currently living or has lived in your home.
 - a. Parents- mother, father, both
 - b. In-laws- mother-in-law, father-in-law, both
 - c. Adult children/stepchildren
 - d. Aunts or Uncles
 - e. Cousins
 - f. Other family members- if so, who?
4. What relation are you to the other generation in your home?
 - a. Adult child/stepchild
 - b. Parent
 - c. In-law
 - d. Aunt or Uncle
 - e. Cousin
 - f. Other

Dwelling

5. What type of home do you live in?
 - a. Single family home
 - b. Duplex
 - c. Apartment
 - d. Condominium
 - e. Mobile home
 - f. Other
6. What is the approximate square footage of your home?
 - a. Under 1000 SF
 - b. 1001-1800 SF
 - c. 1801-2000 SF
 - d. 2001-2400 SF
 - e. 2401-3000 SF
 - f. 3001-4000 SF
 - g. 4001 or more SF
7. How many dedicated bedrooms are in your home?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6+
8. Where is your home located?
 - a. City
 - b. Suburbs of Large City
 - c. Town
 - d. Country
 - e. Other
9. What state do you live in? _____

Transportation

10. From a health and safety standpoint, are you comfortable driving yourself to local places such as the grocery store or a doctor's appointment?
 - a. No
 - b. Yes

11. From a health and safety standpoint, are you comfortable taking public transportation by yourself to and from local places such as the grocery store or a doctor's appointment?
- a. No
 - b. Yes

COVID-19

12. Have you or someone else in your household been infected with COVID-19?
- a. No
 - b. Yes
13. Do you feel that being elderly or living with a senior has kept you home more now due to concerns with contracting or spreading the disease?
- a. No
 - b. Yes
15. How many hours do you work from home instead of out of the house due to COVID-19?
- a. 0-3
 - b. 4-6
 - c. 7-9
 - d. 10-12
 - e. 13 or more
16. How would you rate your stress levels at home since March 2020?
- a. More stressed
 - b. Less stressed
 - c. About the same
17. Do you feel a reduction in everyday social interaction from members outside your immediate household?
- a. No
 - b. Yes
18. Have you experienced job loss due to COVID-19?
- a. No
 - b. Yes
19. Have you lost your home due to financial reasons stemming from COVID-19?
- a. No
 - b. Yes

Health

20. Do you or someone in your household have a chronic illness?
- a. No
 - b. Yes
21. If you have a physical disability, what type(s) do you have?
- a. Mobility
 - b. Blindness
 - c. Deafness
22. If the other generation in your home has a physical disability, what type(s) do they have?
- a. Mobility Issues
 - b. Blindness
 - c. Deafness
23. Does anyone in your home use a wheelchair?
- a. No
 - b. Yes
24. Do you or the other generation in your home require help changing, bathing, or using the restroom?
- a. No
 - b. Yes
25. If you have a physical disability or chronic illness, are you able to cook or clean for yourself?
- a. No
 - b. Yes

Privacy

26. Do you feel you get adequate alone time in your home without interruption from the other generation in the household?
- a. No
 - b. Yes
 - c. Unsure
27. Do you have your own bedroom that is either yours or shared with a spouse?
- a. No
 - b. Yes
28. Do you have your own bathroom that is either yours or shared with a spouse?
- a. No
 - b. Yes

29. Do you have a dedicated space in your home, other than your bedroom or bathroom, that you can seek privacy in?

- a. No
- b. Yes

30. If so, where in the home is your dedicated space for privacy?

- a. Office
- b. Kitchen
- c. Living Room
- d. Study
- e. Craft/Hobby Room
- f. Garage
- g. Sunroom/Enclosed patio
- h. Other _____

True or False

31. I feel like the other generation is always under foot when I am trying to cook.

- a. True
- b. False

32. I feel like the other generation plays the television or radio too loud and it is distracting.

- a. True
- b. False

33. Some days I will leave the house for a walk or drive just to have some alone time.

- a. True
- b. False

34. My home feels crowded.

- a. True
- b. False

Home Improvements

35. Have you made any small renovations to your home since living multigenerational?

- a. No
- b. Yes

36. If yes, what types of modifications have been made? Check all that apply.

- a. Installation of grab bars
- b. Installation of handrails
- c. New non-slip flooring

- d. Ramps
 - e. New elongated toilets
 - f. Elevated toilet seats
 - g. Built-in Shower seats or benches
 - h. New easier access appliances
 - i. Slip-resistant stair treads/tape/stickers
 - j. Removal of trip hazards such as rugs
 - k. Rearrangement of furniture for easier mobility
 - l. New lever door handles
 - m. New cabinet hardware
 - n. Installation of drawer slides
 - o. Retrofitted kitchen cabinets to be accommodate wheelchair access
 - p. Retrofitted kitchen counters to be adjustable.
 - q. Other. Please list. _____
37. Have you made any major renovations to your home since living multigenerational?
- a. No
 - b. Yes
38. If yes, what types of modifications have been made? Check all that apply.
- a. Installation of wheelchair lift
 - b. Installation of elevator
 - c. Rebuilt stairs with lower risers and deeper treads
 - d. Widened corridors or hallways
 - e. Converted attic or basement into living quarters
 - f. Built additional bedroom(s)
 - g. Built additional bathroom(s)
 - h. Added square footage to the home in the form of an extension of living space.
 - i. Converted garage or sunroom/enclosed patio into living quarters.
 - j. Converted a room into a secondary living space
 - k. Enlarged a bedroom or closet
 - l. Built a kitchenette
 - m. Installed a walk-in or roll-in shower
 - n. Installed a walk-in tub
 - o. Other. Please list _____

39. I feel well educated in the products available to aid senior independence.
- a. Strongly Disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly Agree
40. I understand what Universal Design is.
- a. Strongly Disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly Agree

Demographics

41. What is your gender?
- a. Male
 - b. Female
42. What is your age?
- a. 18-30
 - b. 31-40
 - c. 41-50
 - d. 51-60
 - e. 61-70
 - f. 71-80
 - g. 81-90
 - h. 90+
43. What is your household's total annual income?
- a. \$0-40,000
 - b. \$40,001-60,000
 - c. \$61,000-80,000
 - d. \$80,001-100,000
 - e. \$100,001-150,000
 - f. \$150,001-200,000
 - g. \$200,001-250,000
 - h. \$250,001-300,000
 - i. \$300,001+

44. What is your ethnicity?

- a. Asian
- b. Black
- c. Caucasian
- d. Hispanic
- e. Indian
- f. Island Pacifier
- g. Other _____

45. What is your marital status?

- a. Married
- b. Divorced
- c. Separated
- d. Widowed
- e. Never married
- f. Other _____

Appendix B

Phone Survey Responses

1. Do you live multigenerational now or in the past?
 - i. “In the past. It ended just before COVID.”
 - ii. “I got out of college and I bought a house. I just asked my mom to live with me. Then I married, and my husband said, ‘Sure, no problem’. We just did it. I’m not sure it’s tradition so much as it just worked out. It was convenient. She doesn’t have to deal with her own stuff. We actually pay all the bills, and she helps out once in a while. So, it’s not like she has bills at all. You just take care of your mom.”
 - iii. “It was not a very long period of time. It was five years ago.”
 - iv. “This was a few years ago.”
 - v. Past
 - vi. This was in the past.
 - vii. “My great-grandmother used to live with us growing up.”
 - viii. “My mother lived with us in the past.”
 - ix. “In the past.”
 - x. “We lived it in the past. I’m still multigenerational because my son lives at home, but at one point we had two grandparents, four kids, and ourselves in either our first home, or this is our second home. This house I built specifically to be a multigenerational house. We started in the three-bedroom rancher, which was tight, but fortunately I had good in-laws.”
 - xi. “A current situation.”
 - xii. “This is current. It’s just my dad. My mom has already passed away.”
 - xiii. “In the past. He lived with us for five years.”
 - xiv. “Right now.”

2. Since stay at home orders, how do you meet with friends, family, fellow church members, groups or clubs? In person, on the phone, or virtually?
 - i. “I do virtually and in person.”
 - ii. “I am working from home. [My daughter] is in school, Mom is retired and Roland is working in the office. So, we are all kind of doing all of it.”
 - iii. “We do a lot of phone, and then all of us get frustrated. It’s a very small group. Just a small gathering. Of course, you have to disinfect before everyone shows up, and we end up disinfecting when everyone leaves.”

- iv. “Still in person, I just don’t see them as often.”
- v. “I actually think COVID has been a blessing with friendship. There's a few of us who get together every week since April, almost five months, six months now. It's been awesome, because we've all been scattered everywhere. We finally slowed down and had time for one another.
We would meet on the driveway or in the patio in the beginning, just to keep space. Now, it’s at the kitchen table, no big deal. I only have one sister, and she was weird about it at the beginning and my mom was really sad to not see the grandkids, but I think that lasted two to three weeks and then she was like ‘Okay, never mind. We're coming over’.”
- vi. “When it first all started, we didn’t really visit at all because of my wife’s work. And all of our parents, almost all of them, fit into some sort of high-risk category. So, for the longest time we didn’t visit at all other than phone calls, but here within the last month or two. My wife hasn’t been in the COVID unit as much, so my parents have started visiting maybe once a month, and we go over to her parent’s house, maybe once or twice a month.”
- vii. “Texting and Facebook.”
- viii. “Well, with friends and family it was more virtual or phone calls.”
- ix. “I have about two people outside of my family that I meet with sometimes. We’ll pick a nursery and look at plants. We’ll go walking around the nursery, and everybody at the nursery requires a mask. We have gone out to eat a couple of times. There's a couple of restaurants that we think are practicing really safe-- there’s two tables in between every table of customers. So that's about the extent of it. [My adult children and I] Facetime, and we have had a couple of visits in the backyard.”
- x. “It's a little bit of both. It depends on who it is. So, like our neighborhood, we have anywhere from 10 to 12 families that we’ve hung out with since COVID, but other than that, it's family members. As far as my mom and dad, we still hang out. My grandmother, I just have to call her.”
- xi. “Pretty much virtually.”
- xii. “All three.”
- xiii. “Virtually. Our church group meets virtually.”
- xiv. “On the phone. My whole family is in Turkey. For friends, phone or virtual.”
- xv. “Both. I have one club, which is Toastmasters, that’s totally on Zoom. I’m trying to convince them it’s safe to come back in person. I’m the business director of a medical office, and I’ve set it up to be as safe as possible. So, there are things I’ve done there. And fortunately to date, there has been no transmission in the office even though there have been patients with COVID in the office.”
- xvi. “Virtually, and then my parents live in Houston, so I’ve visited them three times since the whole thing started.”

- xvii. “Church, I still attend in person. We still have small gatherings for birthday parties, but that’s it. I am in school and I am also working. I have the option to attend one class face-to-face but the other classes are online-- so virtual.”
- xviii. “In the recent past it’s been virtually. We’ve recently started meeting in person but with social distancing, masks being worn. That’s for me as well as my dad and the rest of my family.”
- xix. “[My husband’s] mother is 96. We just have to do it in person but we have to try to keep our distance from her. For the rest of the family, we have done some gatherings outside so everyone can socially distance and wear masks. We have had some virtual sessions with [my husband’s] sister who lives in Austin. Her husband is 74, so they have just stayed away the whole time. So, we’ve had virtual sessions with them.”
- xx. “It depends what kind of people they are, like my sorority sisters. I won't hang out with them unless I'm required to because they go out to the club. So, I'm not comfortable with that. And if it's friends that I know go out a lot, I won't hang out with them either. If it's not really close people, then it's over the phone.”

3. Do you meet with them less than before COVID-19?

- i. “Way less.”
- ii. “Yes.”
- iii. “Yes.”
- iv. “Yes.”
- v. “It didn't change how often. We saw each other before as much as we probably saw each other every two weeks. Now we see each other about the same. In the beginning it was maybe a little further.”
- vi. “Oh, yeah. Definitely less than.”
- vii. “No.”
- viii. “I definitely do not see my grandchildren as much as I used to or will in the future. They range from ten to twenty-one months. I’m just not seeing them, and that affects me a great deal.”
- ix. “So, when it all first started my mom refused to come over. It's just been within; I would say the past three months--since July. But for a good three months, I didn't really get to see her that much.”
- x. “Yes. Right before you called, I sent my two best girlfriends [a text]. ‘I wish y’all were here having coffee and pastry with me on my patio’.”
- xi. “Not really. In some relationships, yes, because I have a sister-in-law who is very ill. So, I haven't seen her. She's the only person I really haven't seen, but the rest of my family, we talk to each other on the phone just as much. We live here in Montana and they all live somewhere else. So, we have pretty much the same relationship. We are in contact with one another, frequently.”
- xii. “Less.”

- xiii. “Yes, the church. I did help set them up. We’re Catholic, and we actually have just as many people at our masses as we did before because when people were told they couldn’t go, they wanted to go. So, it’s just a matter of setting up the procedures. Our group right now is between 75 and 100 Christians mass per service, and we’ve been doing that since mid-August and that’s fine. No problems.”
- xiv. “Yes, way less.”
- xv. “I would say initially at the beginning of the year it was less, but more toward the end of summer and up until two months ago it was regularly-- about the same.”
- xvi. “I am, but it’s not necessarily because of COVID. I’m just taking on less responsibilities at church because I’m about to start my master’s work.”
- xvii. “Oh yeah. Every holiday we got together, and once a quarter for everyone’s birthday we get together in Nacogdoches. So, it's been harder. We haven't seen his sister since last February. That’s one of his sisters. There’s four of them. The other three have come into town and we’ve been around them.”
- xviii. “Yes.”

4. Would you consider yourself a sociable person?

- i. “Somewhat, with family.”
- ii. “Some, I’m not social, but [my daughter] is what makes me social.”
- iii. “No, I’m more of an introvert. But when it comes to the kids and family than I'm good to go. But I'm not an out and about, let's go here, let's go there person.”
- iv. “Yeah, I’m pretty sociable”
- v. “Absolutely not.”
- vi. “No.”
- vii. “Extremely sociable.”
- viii. “I hope so, yes.”
- ix. “That’s an interesting question. I guess I would say yes. It's been interesting because I think it's not been until the last two months. At first, I was like ‘I kind of like it’. I thought I was more social than this, but now I’m missing people.”
- x. “Yes.”
- xi. “We are recluses.”
- xii. “Normally, I am sociable.”

- xiii. “Yes and no. I’m a bit of an introvert, and I use my social contacts to force me out of the house. Going to church is a social contact. Going to play tennis is a social contact, and even my Toastmasters. Are you familiar with Toastmasters? Toastmasters is an organization that helps people with public speaking and for leader leadership skills. So, you are forced to get up twice a month and speak in front of a crowd, so that you become more comfortable with it. And besides getting better at public speaking, it was a social outlet. And excuse me but Zoom sucks. We've been doing Zoom, and it is not a social outlet. We really need to be with people to have a social outlet. It is a poor substitute. People need to be around people.”
 - xiv. “Yes.”
 - xv. “Yes.”
 - xvi. “Yes. Very much so.”
 - xvii. “Yes.”
 - xviii. “Yes.”
5. Are you overly concerned about contracting or spreading the virus to a family member?
- i. “[Living multigenerational] happened in the past. My mother went into assisted living. [We] had to make arrangements [to see her]. It started out just through a window, and then they put up a patio with social distancing during the summer. [So], no because we wore masks and they took our temperature.”
 - ii. “We’ve talked about it, but I wouldn’t say that we are overly concerned. We hand wash, we wear our masks, but no.”
 - iii. “Yes.”
 - iv. “No.”
 - v. “No, we are being careful, and that’s about it.”
 - vi. “I’m not overly concerned about myself contracting it, but I am concerned about passing it along to family members. Generally, any of the older that I know are at a higher risk. [my wife’s] stepmom just recently got done battling colon cancer, so obviously I don’t want to be around her. It is really an individualized situation.”
 - vii. “No.”
 - viii. “I’m not too concerned because I try to take as many precautionary measures as possible, but there’s always that chance. When I was living multigenerational yes, only because the ailments my mother-in-law had.”
 - ix. “I’m not. I’m disinfecting at home. My son has to go to work outside the home three days a week and then works remotely the rest of the week. I don’t know. I’m just not worried about it. My adult children are worried about me being around my grandchildren because they can be carriers.”

- x. “Yes.”
- xi. “Yes.”
- xii. “Overly? Just in the case with the sister that has cancer. You know, I pretty much just kind of stay away, but I wear a mask and do things I'm supposed to do when in the appropriate settings.”
- xiii. “My children are taking classes virtually because I do not need them to contract COVID from a classmate and bring it home.”
- xiv. “Since COVID we’re stuck home. We cannot socialize.”
- xv. “No. I’m a retired pharmacist and I’ve been studying this virus. Actually, I started to study the first SARS I virus in 2005. At that time, it had a much higher case fatality rate. I had no confidence that any government would be able to restrain it but they did, because it had a lower transability than the current one, but it was much more deadly and they went hard on it and were able to shut it down. But at that time, I bought a lot of PPE and it stayed in the garage until this time. And when this happened, initially I was caught off guard, because I said to myself ‘Oh, they took care of it the last time. They’ll take care of it this time’. But I paid attention to it and was able to get sufficient PPE for my office. So much that we were able to donate to a local hospital that had none.

[What is PPE?]

Personal Protective Equipment. That’s the masks, goggles, white Tyvek suits, and so forth. And when there were no supplies, [we] made our own hand sanitizer. It was simply going to the alcohol store and buying grain alcohol and diluting it down to the right percentage. It actually makes a very nice hand cleaner.”
- xvi. “Yes. I’m in Houston right now because my mother-in-law has COVID. She’s been having to go to work [at] her office. She never really had a stay at home because the place that she works for is considered essential. So, she had to keep going to work and one of the guys that worked with her was diagnosed with COVID, and we think she got it from him.”
- xvii. “Yes. I’ve actually had it and contracted it through work. I worried about bringing it home to my parents who have pre-existing illnesses. More specifically my mother who was diagnosed with stage I lung cancer. So, we’re just concerned with her getting it.”
- xviii. “Overly concerned? No, but I’m being cautious. Working in IT on people’s computers over the last couple of decades, I’ve come to the conclusion that people’s computers are really, really, nasty. I wash my hands on a regular basis

already, so I'm pretty fastidious as far as hygiene. Now that I say it out loud, it makes it sound like I have OCD, but that's not really the case. I'm just careful. So, I'm not overly concerned, but I'm aware of it."

- xix. "Oh, yeah. We worry about that all the time. Especially teaching. Somebody walks in your office and brings in their computer and sets it down right on your desk. At least everybody's wearing a mask."
- xx. "Not to a family member, but to another family. I'm a nanny to a one year old, so I don't want him or his family to get it. Especially the one year old."

6. Has this affected the amount of time spent outside the house?

- i. "Oh, yes."
- ii. "Yes."
- iii. "Yeah. I only go to the grocery store when I have to or straight to [my daughter's] house."
- iv. "Yes."
- v. "It did at first. Probably the first two or three months, but after a while you realize that in kind of a selfish way, nobody else was taking it seriously around here. So, it was like, why am I sacrificing my life to protect others if they're not willing to do the same for me?"
- vi. "Yes."
- vii. "I think it affected it more on spending it out in public areas versus out of the house. But going to restaurants and stores were short trips."
- viii. "Not really, no."
- ix. "Yes."
- x. "You know, I don't go shopping as much, but you have to understand 120 miles round trip is my closest shopping, So, I make it work. I go every three weeks instead of once a week. I do limit my exposure."
- xi. "Yes."
- xii. "No."
- xiii. "You know, I'm a workaholic. I've had to spend more time up at school, more than I normally would have."
- xiv. "Yes."

7. How many hours do you spend outside the house in a public setting during a standard week?
- i. “Maybe at most an hour.”
 - ii. “Like ten minutes.”
 - iii. “Outside of work, maybe four hours. I’m considered essential. I’m the one that gets to go out and clean potential COVID areas. I oversee the correctional facilities, and I oversee the child protection facilities and things like that. They have a child protection meeting where they bring families and kids and what have you. I go clean those conference rooms.”
 - iv. “Five. Just going to Lowes or to get something for lunch.”
 - v. “A couple of hours. Honestly, not much. Maybe two to five hours, depends. Normally it’s drop off at school, pick up from school. grocery store. I normally order online and pick up. If I have to go to the grocery store it’s like in-and-out twenty minutes. We have gone to restaurants, but again, that’s once a week maybe--thirty minutes or an hour. Again, it’s not a lot.”
 - vi. “Probably no more than ten hours in a week.”
 - vii. “Maybe three hours.”
 - viii. “Maybe three or four hours a week going to the grocery store.”
 - ix. “Grocery stores-- I don’t necessarily go as much as I used to. So, I would say two hours a week. Like sporting events? We’re always at sporting events.”
 - x. “Maybe like one hour. I moved to all deliveries. I only go out when I have to.”
 - xi. “Well, we’re building a home so I spend a lot of hours outside of my home where I live. So maybe 25, 30. Most of that has to do with me working on our job site. But again, I go to church and that’s only for like 40 minutes and we wear masks.”
 - xii. “Before COVID, I went shopping every morning. Now, maybe twice a month. We stopped everything.”
 - xiii. “It’s much less. I’d say altogether, 6-10 hours.”
 - xiv. “I probably spend two hours every two weeks if we have to go inside the grocery store. Sometimes we do the curbside pickup. We were trying to avoid all that because she’s 63 and at high risk. We try to avoid going to restaurants and public places. We actually got the test done and we were negative, so that’s why we are staying with my family.”
 - xv. “Not including work, I would say three. I’m pretty busy with school and work. I work at Lufkin State Department, so I’m around a lot of co-workers and individuals in group settings.”
 - xvi. “I work about eight hours a day. The grocery store, maybe a couple of hours a week. Church, maybe a couple hours a week.
 - xvii. “Gosh, hardly ever. We go to the grocery store twice a week, in and out twenty minutes, or we will call in and pick up. That was the best thing. You go and you get your groceries, pick them up from the curbside service. We do curbside service; I would say 90% of the time. I would probably say 20 minutes a week.”

- xviii. "Maybe two hours, three hours. For work, 44 hours. [Class] is online."
8. Do you prefer to work/attend classes from home versus face-to-face?
- i. "No, I do not."
 - ii. "I do like working from home, but yeah. I miss the social interaction and the ability to distinguish between the working me and the mom me."
 - iii. "Absolutely working from home."
 - iv. "Right now, I prefer working from home. It was a different situation when the boys weren't in school. They were driving me up the wall, and I would rather be at work, but now that they're in school, it's not as bad."
 - v. "I prefer working at the office because I feel more productive and there are less distractions when you're at the office versus when you're at the home with family members around."
 - vi. "I would never work from home. More personal reasons other than COVID. I guess my biggest concern is I work at a casino. There's a lot more people here even though they're wearing masks. I'm just afraid, not that I'm going to get it, but that I could pass it along to my mom, or my dad, or someone else."
 - vii. "No."
 - viii. "I am retired."
 - ix. "Yes."
 - x. "Because of COVID, I want to be home. If COVID [finishes], I want to be in the class to socialize, work, and understand."
 - xi. "I am in a fortunate situation where I can do it either way. I am more of a business director. I don't need to be there as opposed to my staff that does and my wife who does with the position. So, yesterday I went in and changed the air filters, which technically should be a semi-dangerous job because the air filters are catching all the virus in the air."
 - xii. "I got laid off in March and went back to school in the meantime, and everything's online. I actually like going to the place to take the class, but right now it works with the situation of COVID."
 - xiii. "I like face to face. I would like to have the option to attend class face to face."
 - xiv. "I work at home seldomly. I'm usually up at the university."
 - xv. "No. I enjoy working from home, but my husband is working from home. So, we found ourselves spending more time talking or taking more breaks and I don't get as much done. So, if I come to the office, I get more done."
 - xvi. "I like online [class]. I can work; I could be at home. I'm kind of a homebody. I can do the work at my own pace."
9. Has this been challenging for the type of work you do?
- b. "No, not challenging. I just miss the people."
 - c. "No."
 - d. "Nope, I don't think so."

- e. “No. I could have worked from home before all this. I audit and review transactions and answer questions people have. It’s all stuff I can do remotely anyways, so it’s not been any sort of challenge for me.”
- f. “For me, yes, only because of my position. I’m in sales. So, you need to be in front of people and sociable in order to get things done. So, working from home was very difficult.”
- g. “Moderately. As a teacher, we are used to teaching class in a certain way. So, having to adjust the way that we have to deliver the courses, and not knowing if it is successful or not until you do it. That’s kind of the challenge. Figuring out what works and what didn’t work online.”
- h. “Yes, I am a teacher.”
- i. “Yes. It’s easy to ask questions in the classrooms. In virtual, you need to call or email. But face-to-face is better for communication.”
- j. “Yes. I think it’s harder to focus.”

10. Do you have a dedicated office space?

- a. “No.”
- b. “Yes.”
- c. “Yes.”
- d. “Yes.”
- e. “It was a shared dedicated space.”
- f. “My husband and I share the library.”
- g. “No. I was using my dining area as an office, but now that my children are homeschooling, we use our living room as a classroom.”
- h. “Yes.”
- i. “No, I have a bedroom of my own, but not anywhere else in the home.”
- j. “No, I don’t. My husband has his own office at home. I have a desk area within the game room. Which is okay, but I don’t think my furniture is as comfortable. I’m so used to this sit/stand desk that I use up at the office.”
- k. “My room or the living room. We have an RV next to the house, so I like coming here.”

11. Do you feel you are interrupted at least once an hour by a household member?
needing your help?

- i. “No.”
- ii. “No. They leave me alone, they know. “

- iii. “No. Depends on the day. If she’s studying from home, then yes. But if she’s not, it’s the whole day to myself. It would be half-and-half depending on the day. I have to shut the door on her face, and then she doesn’t interrupt anymore.”
- iv. “Back then I wasn’t working from home, so I’d have to say no, and it was a different house at that time.”
- v. “Yes, it was more immediate family. The senior I feel every once in a while, but she was cognizant of the surroundings and what was going on.”
- vi. “No.”
- vi. “My children are constantly coming in and out with questions.”
- vii. “Yes, a lot. My son is in fifth grade and he asks a lot of questions about math and science. A lot of classes.”
- viii. “Oh, yeah. There’s lots of spam phone calls. Even though I block them, they have been cagey.”
- [What about family members?]
- “No, not at this time. Even when my father and mother-in-law were here, they did not speak English. It was a very quiet place. Pleasant.”
- ix. “Yes.”
- x. “Occasionally, yes. There’s background noise, or Mom needs something and she doesn’t realize I’m on Zoom.”
- xi. “Oh, yeah. I mean the phone rings, and then somebody will come to the door, or my husband.”
- xii. “Yes. Big time.”

12. Was this a space converted for you?

- a. “We converted our screened porch into [my great-grandmother’s] own bedroom/bathroom/living area.”
- b. “I just came upon this house by happenstance from...a good friend of mine, and this was her aunt’s house. Their aunt and uncle built it. They were the only ones who ever lived in it, and then they had passed away. I was really having a dilemma with my parents. At the time I had sitters coming in with them and it finally got to where I had sitters around the clock because I couldn’t work and take care [of them]. I had still had two teenage high school girls at home and the other two were already in college and coming back and forth, but they weren't

there to help as much as they had before. So, I ended up looking at it. It was a one-story house, well it had one room upstairs that was a loft and it was a great teenage room. It was a great space for teenagers to go and they could talk and even play music and all. It was really soundproof to the rest of the house. It also had a sun porch, and it had a bedroom and bathroom off of the sun porch and the sun porch was pretty large. And so, when I looked at it, I thought this was quite an answer to a prayer, because I did not know where I found a house that would accommodate all of us. Anyway, it was just exactly what we needed and it had four bedrooms, four baths, the sun porch, living room, dining room, den, large laundry room. It was just great. The worry was just seeing that my parents had good sitters during the day because I was working and there's no way, I can stay alone with either one of them. The sitters I had were in their own house. There was a separate entrance into that sunroom so they didn't have to come through the rest of the house to get to their space in the house. It was pretty darn near perfect for the situation we were in at that time.”

- c. “My grandmother lived with us and my mom. No, I live in a big family. [I shared] with the whole family. When my mom married my dad, my aunt and uncle were still single and we lived all together. Being in a large family is sometimes bad.”

13. Did you have to give up your master suite to accommodate a senior living in your home?

- a. “No”
- b. “No.”
- c. “No.”
- d. “No.”
- e. “She had taken over what was our guest room at that point, so if she was there, we couldn't have people spend the night because she was already taking up the space.”
- f. “No.”
- g. “No.”
- h. “No. My mother-in-law is staying in the guest bedroom.”
- i. “No. It was interesting because I thought that when we first got it. I thought that was going to happen. But then, as it turned out. It was easier to modify the guest bathroom which is adjacent to my mom's room than to give her the master suite.”
- j. “No. She had a bedroom and her own bathroom.”
- k. “I built the house. I knew they were coming. I actually built two bedrooms. One was the main one, and one, which is now the study, was downstairs because I fully expected them to be incapacitated at some point and not be able to climb the stairs. So, I built a full bathroom and a study/bedroom downstairs.”
- l. “We had a space converted. It was a spare room in the garage. The garage is actually an attached garage and we turned that into a little apartment with a bathroom and full bath.”

14. Do you share a bathroom with another family member or all family members and guests?
- “This is the second house that we bought together. We decided that it would be financially advantageous for both us to buy a large house together. At the time my step dad was still alive, so we bought a big house that had a double master and en suites. So, we both had mast options in that house. When my step dad passed away, my mom moved into the mother-in-law suite. It was still attached to the house. But the house was really big and we didn’t need that big of a house. We ended up downsizing. Our current house has just one master and its downstairs and upstairs mom has a bedroom and [my daughter] has a bedroom and they share a bathroom. It was a planned indenture.”
 - “No.”
 - “My mother-in-law uses the downstairs bathroom, but when she takes a shower, she will use our bathroom because the shower is bigger. We do not have grab bars. We have a special [shower] seat for her.”
 - “I share my bathroom with my nephew.”
 - “No.”
15. On the small modifications you can make to your home, were there any answers that were unfamiliar to you or things you had not considered?
- “I did not consider appliances, and I didn’t even think of non-slip flooring. When Mom and Dad lived with us, I removed all throw rugs. They tripped on them.”
 - “We’ve talked about it because her bedroom is upstairs, but when we bought this house, it was a new construction and we pulled up all the carpet and had it replaced with hardwood. We don’t have any plans to do any modifications. Depending on the situation, if it were needed, we might make the changes, but we have no intentions as of now.”
 - “No. She was able to get around. One of the biggest factors was that as she got older, she needed help up. One of the biggest factors was financial so I was pretty much supporting her and [my daughter]. She couldn’t really work. A lot of it was financial. I was supporting everyone at one time.”
 - “No, we just had a bunch of free time so we were able to make the mods. That’s stuff from watching HGTV and my parents commenting.”
 - “My house actually wouldn’t be conducive to making changes. We would need to get a single level, and have a full bath on the main level. There would be no way we could renovate the property we have to accommodate. We have a half bath so that would be an issue, and getting her up and down the stairs, or down the stairs to our full bathroom to shower or anything, it just wouldn’t work. She would hate that. If that time came, which hopefully would be twenty years from now, we’d probably move. She's 100% mobile at this point, like no issues.”

- f. “No, not really because in my family I had a blind grandmother, I had an uncle that was a quadriplegic. [My wife’s] mom has had multiple strokes, so I’m used to different types of accessibility issues that people may face.”
- g. “No.”
- h. “No, I wasn’t surprised by them and didn’t think any of them were unfamiliar.”
- i. “Not necessarily, no.”
- j. “No.”
- k. “No.”
- l. “I put some shower bars in the shower and a raised toilet seat for her. I made sure she had a chair that fit her right. I already had door levers. We rearranged the furniture a little so that it would be easier. She was on oxygen, and it made it easier for her to pull the cord that went from one end to the house and the next. I knew to anticipate that we might have to tweak things a little bit. I was fortunate I lived on a single level home. There's only one step in and out from the back door to the patio and from the front door to the entrance. It was a perfect home for caring for my mother.”
- m. “No, most of it I built in to make a relatively safer house. The one thing I want to point out is that stairs are dangerous, but they also have a benefit. The danger is that if you fall down a flight of stairs, you can get seriously hurt, and elderly do fall downstairs. So, I built the stairs with a landing in the middle, so the most they would fall would be halfway. I know it sounds stupid, but half way makes a big difference. And they did fall a couple of times, my father-in-law fell a couple of times, but he did not get hurt. When I asked if he wanted to come to the bedroom downstairs, he said absolutely not. It’s a bit of a pride thing--he’s gonna make it up and down the stairs. The benefit to the stairs, that we don’t think of offhand, is that if an elderly person does go up and down the stairs several times a day, they are exercising important muscles to keep them from falling on flat surfaces. If you just walk on flat and have no stairs, your muscles will get weaker and you will fall on nothing in particular.”
- n. “No, I was pretty familiar with some of them. None of them were surprising. My mom added a ramp last year. She had trouble walking up steps so we added two ramps around our house and are in the process of looking at a walk-in bathtub.”
- o. “No.”

16. On the large modifications you can make to your home, were there any answers that were unfamiliar to you or things you had not considered?

- a. “No, we put in a ramp, but it was not a major renovation. Luckily it was a new house and the doors were a little wider. [When you purchased the home, did you purchase it to be multigenerational?] “Yes.”
- b. “No, they were all planned, I just needed the time to do it.”

- c. "I'm not surprised by any of them. Luckily, we didn't have to do any of these to accommodate an older generation, but I wasn't surprised that some people might have to do that."
 - d. "No, I'm aware of it, being a designer."
 - e. "No."
 - f. "No."
17. Knowing these options are available, are there any that you would make to your home to accommodate a senior?
- a. "We didn't do anything, but it would have been nice to give them a walk-in shower. They had one, but it had a lip on it so Dad would fall on it. I would have done an electric stove and not a gas. They couldn't figure out the gas. The stove seemed to be an issue."
 - b. "At that time there wasn't a lot of options because there aren't the programs that are available now. That would have been thirteen years ago. There's a lot of options now for elderly and what have you. There's a lot of people come in and help and you have more options for that as before there wasn't a lot of options other than nursing homes. And who wants to put their parents there? For any reason."
 - c. "Yeah, they probably still need a wheelchair ramp in the front. I have since moved out so I don't make mods to their house anymore. But they probably need the wheelchair ramp and probably a bar next to the toilet. So, I think those things are probably coming, but I don't live there anymore so they'll probably pay somebody now."
 - d. "The living situation was due to be temporary. So, we felt the need of not having to do major renovations. [If the living arrangement had been permanent, more changes have been implemented] only because you want to make everybody as comfortable as possible. I think we might have had to do something, but on this list, there may have been an additional bedroom in a different location if it was a permanent situation."
 - e. "Absolutely. I would either add on to my house, because we don't have that much space, or make a little mother-in-law/father-in-law suite. They have those little shed houses that you can make into little rooms, like she-sheds or whatever they call them."
 - f. "Yeah, there's still two doorways that are too small. You know, they're kind of like a typical residential width and she can't get through them without turning sideways with her walker."

- g. “If I knew my mother was going to be coming to live with me, I probably would have made her bedroom on one end of the house and mine on the other end of the house for a little bit more privacy, It was a rambler and all the bedrooms are down at one and her bedroom door was right across from mine. “
 - h. “We would like to have another bedroom and full bath downstairs so my mother-in-law does not have to go upstairs to take a shower. She has sciatica pain, so the stairs are hard for her.”
 - i. “Well, we made the changes we needed to. We ended up having to gut the bathroom, and we had to take it out to do a walk-in shower because toward the last [years], he was losing more mobility. He was having a harder time. And we ended up putting a second TV area in the game room so that he could watch his TV in our regular den and we ended up going to the game room.”
18. Do you plan to make any of these changes for yourself as you age?
- a. “No, but if they had an auto turnoff, that would be so much better for the burner and the oven. That was the biggest issue with those two. They would forget to turn it off. We would come home and smell gas.”
 - b. “Yeah.”
 - c. “I would probably just buy a place that is already. I did make the doorways wider when I did the reno [to my new house] I did make doorways wider to the master bedroom just in case.”
 - d. “Yes, I would hope so. I hope I can be proactive. I already remodeled the bathroom with easy access to the shower. The main thing in my home now is it has an upstairs. All the bedrooms are upstairs. So, I think about that a lot. I might have been more proactive in thinking or doing something about that if COVID hadn’t come along and kind of sidetracked everyone.”
 - e. “I don’t see any in the near future, but about the only thing I can see is handlebars in the bathroom, something like that as I age to help get in and out of the bath or on the toilets.”
 - f. “No.”
 - [That would include things like grab bars]
 - “Oh. Yes.”
 - [Maybe. Removing triple rugs rearranging furniture for easier access]
 - “Yes, yes.”
 - [Adding any kind of handrails?]
 - “Yes.”

[Converting the shower to be roll-in for a wheelchair?]

“Yes.”

[And would you consider doing any major renovation like widening a corridor or adding a ramp?]

“Yes.”

vii. “No.”

viii. “No, probably because the ones I’ve made for her are there for me if I need them.”

ix. “We’re building a home that would be perfectly accommodating for something like that. We’re putting all 36-inch doors, three-foot doors in the home on the main level, every bedroom has its own bathroom, and everything’s on the main floor. We have two bedrooms and two bathrooms, but they’re both en suite. One of the bedrooms and bathrooms is a continental bath so that it can be used as the powder bath. There’s a den/guest bedroom on the main level with no-slip stairs. So, we are considering those things. It has a full basement that has another two bedrooms with en suite baths and a kitchen. It’s got a whole apartment down below.

“When my husband and I get to the point where maybe we need care, then we could either live in the basement or we could live upstairs. We’ve made all the doors wide and would accommodate a wheelchair or walker, ease of access to showers and things like that. We have a bonus room. Now that’s the only thing that would not be accessible to somebody who is using a walker or some type of assisting device, but the main floor has all wood floors with the exception of the two bedrooms themselves.

“All my lower cabinets are drawers instead of cabinets for ease of access. So, I’m trying to set it up for me the way I wish it would have been for my mother in my home. The only thing that was not really good for her, because she was very short, was the microwave that was above the stove. I would never do that again. But it was like that way in our home.

“You learn a lot when you care for somebody that you might not have otherwise thought about. I think my experience with my mother was very valuable because it’s helped me to recognize what I may need in the future.”

- x. "I do see some changes such as the bathroom--getting the traditional tub and shower out. Yes, I do think I'll make changes to accommodate in the future.
- xi. "Maybe the handrails in the bathroom might be something to consider."
- xii. "No, not really because we made all the changes, we felt we needed to. The only thing is that our bathroom is not ADA accessible. Our house was built in the 50's and so it has a very small bathroom. If we were to stay, we would probably gut it and reconfigure it."

19. How long have you been caring for a dependent senior in your home?

- a. "We were there for seventeen years and we cared for them, mom and dad, five and then mom off and on for those seventeen, so pretty much about fifteen years for her."
- b. "Five and a half years."
- c. "Off and on for probably about sixteen years, seventeen years. Even when we didn't live together, I paid her rent."
- d. "Three and a half years."
- e. "My entire life, so forty years."
- f. "My mother-in-law lived with us right around six months."
- g. "Three years."
- h. "Even before I bought the house, we were caring for them. I would take my lunch break and go by there during the day and either take them to lunch or check on what the sitters were feeding them. We lived very close around the corner, actually. My high school girls would stop on their way home from school, or they would go over on Saturday, and do some cleaning and laundry. So, we were doing chores inside the house and the lawn before we all moved in together. So, it was seven years total. Two, almost three [in the same house]."
- i. "She lived with us for about five years."
- j. "Well, if you count that before this [new home] we were living in a duplex, so 19 years, [under one roof] since June."
- k. "About a year and a half, two years."
- l. "Seven years."
- m. "They lived six months with us and six months in Poland. So, they would come back and forth. They would come here for the winter and summer would be in Poland which was much nicer here in the winter. So, that was basically twenty

years, six months of the year with in-laws. They didn't drive and they didn't have particular friends here, so they were always here."

- n. "We've been living with [my mother-in-law] since March since [job loss] and she's older, so we were there to help her if she needed anything."
- o. "I recently moved back. I'd say five years."
- p. "In the current house it's been two years this December, and it was probably four or five months in a previous house before that."
- q. "Five years."

20. Was the senior dependent before moving in with you?

- a. "Pretty independent."
- b. "Pretty much. She had serious sciatica nerve damage and she didn't have the fire she had and she couldn't get around like she used to get around."
- c. "They were completely independent. They were fine. My mother started developing mobility issues while we were living there."
- d. "Within the actual house she was independent. We didn't have to help her. The only reason she moved in with us is because she got an infection of some sort in her eye, causing her to go blind."
- e. "She was pretty independent when she first moved in with us, it's just when they get older, and dementia, or couldn't drive anymore, and she lived in Biloxi so it was just easier for us to have her at the house."
- f. "Yes, she was independent and working. I would really say her independence was really sort of cut that last fall, which was 2017, so two years this summer. She fell and broke her femur, had the blood clot and the takotsubo. She's stopped driving."
- g. "My mother had just had open heart surgery that went very wrong. They had to remove her sternum. Basically, the sternum is the backbone through the backbone. And so, she was very bent over and lost a lot of her line of sight, although she did have glaucoma and macular degeneration. And after my father died, she couldn't stay in Montana. At that time, the home had too many stairs and she was too frail. So, she lived with us in Boise. She would love to stay in her home, but she really couldn't. She couldn't really drive anymore, but she had a great mind and was pleasant. She just was a delight to have in her home. Other than the fact that we didn't really have time or space to ourselves a whole lot. We couldn't go on vacation. We couldn't do a lot of things that we were used to doing. But it was fine. You know, I wouldn't trade it for anything. We couldn't leave on vacation and things like that,

because it's something were to happen to her, she wouldn't have somebody to take care of her. She got to the point where the last year and a half or so she didn't really go much of anywhere. She was in a lot of pain all the time.”

- h. “She’s pretty independent, but whenever she first got COVID, she couldn’t go anywhere. If we weren’t there with her, she would have had to keep ordering food. It would have been harder for her, I think. She was isolated in her bedroom. She mentioned it was hard on her because she is independent. We were living with her so we had to cook and wear masks around the house, leave the food outside the door, and we kept a distance from her for a week while she was just basically in her room that whole time. We wanted to wait a week so we could get the test done.”
 - i. “He was independent. He just got to where he just didn't want to get out and do anything. His mobility wasn't as good. When he first came in, he was golfing and doing all those sorts of things. And then he got to where he just couldn't. He had congestive heart failure and he seemed like he just started withdrawing from life. It was before a pandemic, and he just didn't get out as much and we were working away. So, he didn't really have anyone to converse with him during the day, and he wouldn't get out and socialize with his friends because he was originally from Lufkin and when he moved to Nacogdoches, he didn't really know anybody. He felt like he couldn't drive anymore over to Lufkin. We were almost to the point of trying to get him in Magnolia Court or one of the places around here. We felt like he would probably socialize more if he was around people, because he used to be a very social person and we felt like he would probably come alive a little more if he had people to talk to during the day. So, I would need to have to go [home]. He would fix his own lunch and stuff, but he was just starving for conversation.”
21. How many times a week are you responsible for getting the senior in your home to an outside appointment?
- a. “About every other week, twice a month.”
 - b. “Occasionally, yes. Or going and buying groceries and helping her get the things she needed. About once or twice a month before she got sick.”
 - c. “Yeah.”
 - d. “We would only be responsible for taking her, like she had recently had a procedure done, like those sorts of things.”
 - e. “Me or [my wife] would have to take her to the eye doctor or eye specialist two to three times a week. That’s the only time we would have to assist her.”
 - f. “As it progressed, they had weekly appointments. I would say just once a week. He would get pneumonia frequently. His immune system was very low. And so, then he would be hospitalized and be in hospital for a while and then he’d come back home. My mother stayed fairly healthy except for the dementia. She didn’t

get a lot of colds or anything like that, like my dad did. I was constantly at the pharmacy refilling somebody's prescription or getting something, they needed there."

- g. "No."
- h. "Now, maybe once a month. That's because we can do a lot of her appointments virtually now."
- i. "She was independent."
- j. "Oh, my goodness sakes. The first year, about three times a week. Probably three hours of time that's nine hours a week. Just getting into them to and from the appointment, and then she fell and broke her hip. Well, she had a triple hernia that was going to explode. So, we had to take her in and then she had to go to the clinic three times a week, 30 minutes away in Boise. And that took us about an hour and a half each time. So, there were a lot of hours, a lot of hours that were put into, and she was always very concerned about it. And I said, 'Mom, don't worry about it. It's no big deal'. I just enjoyed having time with my mother. Even though she had intense pain, she never complained."
- k. "I'd take them shopping. A basic outing would be to go grocery shopping or clothes shopping. Shopping just to get out. Doctor's appointments- we'd do that as well. It's a little bit easier for me because my wife is a doctor, but sometimes they'd need a specialist and we'd have to go there as well."
- l. "[My mother] goes two times a week, but out of the town to Houston, I will take her."
- xiii "My wife does that because I'm usually at work."
- xiv "Yes, I made sure he went to the doctor's appointment and stuff like that. My mother always did everything for him. From that generation, she took care of the finances. She took care of everything. So, when he came in, I had to start doing his bills and take care of all that kind of stuff. She spoiled him rotten."

22. Do you feel this time cuts into your personal time needed to complete your work?

- a. "No."
- b. "Absolutely."
- c. "No, not particularly. It wasn't that often."
- d. "Probably 50% of the time because I would have to leave work early to get her, or I would have to come into work late. Usually we would alternate with each other to pick her up and things like that."
- e. "Oh, definitely. If I would take my lunch break, instead of going to my house to eat or instead of going out to eat with coworkers or something. I would think, you know, run into their house and checking on things or going to the pharmacy or going to the grocery store or doing those extra little things that just added up to

taking a pretty big chunk out of the day. So then when I got home, we were doing our work, our laundry, our meals, our grocery shopping. My girls were in drill team, so there were ball games and homecoming. It was definitely a juggling act.”

- f. “A little bit. Sometimes yes, sometimes, no.”
- g. “No.”
- h. “All the time because although I had my brother and sister-in-law who lived here, they weren't really accessible, even though they lived three houses away. If you want to put it that way. She lived in a home on the ranch, but they were gone all the time. So, yeah, it took into my personal time. Eventually I became certified to care for her. I went through all the certification so that I would know how to lift and do all kinds of things. She wanted me to do that because if you do, then they can pay you like a home health care nurse. [To] have somebody come in 24 hours around the clock, that's a lot of money. What they ended up giving me, a little stipend for taking care of my mother, wouldn't even cover for one day, 24-hour care, if I wanted to go somewhere. People don't realize how much caregivers give up, but even when people are in care facilities, they require that care from their family. It doesn't replace the family.”
- i. “No. No, for me it wasn't a bother.”
- j. “Yes, occasionally.”
- k. “Oh, definitely. Definitely.”

23. Do you have a special vehicle for transportation?

- a. “No.”
- b. No, her mobility issues were not limiting where she couldn't get in or out of a small SUV. She just couldn't walk very far after getting out of it.”
- c. “I did buy another vehicle that was bigger and the doors opened much wider and it helped my dad to get in. It was a car, not a van, because we had a hard time getting him to step up in a van.”
- d. “No.”
- e. “No. We have a van. We did get a special step to help her up in the car though.”
- f. “The only thing I did when I bought a new car, I made sure that the driver side had a power seat as well so that I could raise it up and down, in and out, and back and forth, and things like that so that I could get her in and out of the car easier.”
- g. “No, I didn't. They were always ambulatory enough to get in and out of the vehicle. I have a SUV and my wife has a car. In the end it was easier for the car because going up into the SUV. So, it was a matter of changing the vehicle. Again, when you buy a vehicle and you know you have your in-laws with you, you consciously say ‘does this have enough room in the back? Is it easy enough to get in and out of, or is the front seat easy enough to get in and out of? There are some subconscious things that are always there before purchases, not about modifying it afterwards.”

- h. “No, we don’t have a special vehicle. We have a standard car. It’s hard for her to get in and out of a mid-size SUV. It hurts her hip to ride in a low car for long periods of time.”
 - i. “No.”
 - j. “No.”
24. Were you or another family member or friend able to install the grab bars yourself?
- a. “A family friend did. He was a carpenter.”
 - b. “Yes.”
 - c. “When they added onto the house, they made sure that there was grab bars [in] the bathroom and going into the bathroom.”
 - d. “No, I had them done when they did the whole bathroom.”
 - e. “Some I put in after [the home was built]. There’s a rail on the back stairs that my father-in-law would get wobbly, and I chose to do a pool rail. The stainless-steel rails like when you are climbing out of a pool. Because, that was actually much sturdier and much easier for him to grip than your standard stair rail.”
 - f. “We had all the work done [during the renovation].”
 - g. “We did it ourselves. When we gut the bathroom, the contractor did it, but on the other bathroom, we put it on ourselves and in the hallway.”
25. Did you have to give up a recreational space in your home in order to accommodate a senior?
- a. “We gave up our office and the living room became their master.”
 - b. “It was hers. However, at one point I went and got a loan, and I paid off all her debt and she just signed the title over to me. However, I didn’t do anything with it. It was her home. It was just something she felt she needed to do. And then as she got into a nursing home, we knew where things were going, and then I would start slowly cleaning up the place and painting and things like that.”
 - c. “No.”
 - d. “We kind of did. We created a room that was originally something other than a bedroom so they can live [there]. That space at that time was an art studio that we converted into a bedroom so she would have her own private space.”
 - e. “Sunroom.”
 - f. “No.”
 - g. “No. We live out in the country. Even when we were at the rancher, we were much younger then. We didn’t have the time to exercise. We were working, or we were home, or we had four kids.”
 - h. “[The game room] was a space that we gave up to put another seating area for us to go to because he liked watching certain shows.”

26. During the day or in the evenings, are you able to watch your regular television programs?

- a. "Yes"
- b. "We have more TVs than anyone watches. We almost have one in every room. Mom watches soap operas, so she watches them on her phone outside. We have a big open floor plan in our living room, so if she watches them while I'm working, it leaks through on my headset, so she was like 'oh so it doesn't bother you at work, I just watch it on the internet'."
- c. "A lot of accommodation."
- d. "That was never an issue just because she had her own TV in that room."
- e. "We have five TVs in the house, so she has her own room, her own big screen tv, bigger than my living room one. She actually prefers to come home, have dinner, and go to her own space. So, she has her own area."
- f. "Yes."
- g. "Yes, but I could hear the other television program just as clear as ours."
- h. "Pretty much."
- i. "I think we're good. I don't think we do anything special."
- j. "We don't watch much TV, but she has a television in her room. We might watch movies together."
- k. "No, we watched all together."
- l. "We all have TVs in our own rooms and then in the living area. We could watch things together, she could watch things on her own TV, and we could go on to our bedroom and watch our things on our TV as well."
- m. "Yes, and that was because we purchased the satellite dish which pointed directly to the Polish satellite going to their room. So, they could watch Polish TV in the Polish language and feel comfortable with that. No matter what language there is, there is a satellite that deals with that. Having their own TV station from their own country in their own language makes it much nicer for them."
- n. "Yeah, sometimes when we are in the den, we try to decide what everybody else wants to watch. We have to agree on something. If my husband doesn't really want to watch what she wants to watch, we go to either our bedroom or the media room."
- o. "The only TV I do watch is with my wife before bed, and we still do that. I don't watch a whole lot of TV."
- p. "[The game room] was a space that we gave up to put another seating area for us to go to because he liked watching certain shows. I can only watch so many Bonanza and so many of those older shows. He loved that. So, after we'd eat, he'd go and sit down and start watching his shows, so we'd go down and watch some of our shows."

27. Do you have hobbies you no longer have time to do because of the time spent taking care of a senior in your home?

- a. "No, I think I squeezed them in. They would watch me do my hobbies. They would sit and watch me. So, I could do them."
- b. "Probably. I know it affected socializing a lot because I just didn't. I didn't go out or do a lot."
- c. "No."
- d. "No. None that were related to her."
- e. "I don't think it interrupted many hobbies. For me [the art studio] wasn't a space that I used."
- f. "I would say less gardening. Even though we are in a townhouse I still have two patios, so I have to find the time to do that. I'd say a little bit, but not a lot. When she had that accident, I was out of town. It's hard to remember some of this stuff because you're so used to the COVID restrictions. Part of its kind of like, I stay home because of that. But the reality is traveling, girl trips to Austin, things like that [are restricted]. I just assume not leave. If I go anywhere, she's coming with me."
- g. "No."
- h. "Yeah, it's kind of difficult for me to concentrate, or me to sit down and quilt or something."
- i. "My grandmother was very religious. She did not allow me to play with dolls. It was a sin to her. So, I started drawing dolls on paper and cut them. I started hiding them and when she wasn't home, I would take them out and play with them. When my cousins came, I started drawing floor plans for everyone...and gave them dolls-like a family."
- j. "No, not so far."
- k. "Yes. I used to refinish furniture and had a booth in an antique mall. And I would redo all this stuff and sell. Made good money at it, but I got to where I didn't have time to do it--go out and look for things and put things together, so I just gave it up."

28. Do you have hobbies you are no longer able to enjoy because you no longer have the space in your home?

- a. "No. We were lucky we had a large enough home, and I could adapt to different spaces."
- b. "Yes."
- c. "No."
- d. "No."
- e. "No."
- f. "We were living in 1800 square feet, but I only had my dining room table. It was an open concept. I didn't have a bonus room. I couldn't spread out my quilting

and leave it there to come back to because it would be on the kitchen table or I'd have it laid out on the floor in the great room, and with her being on a walker and dragging that oxygen hoses with her, I couldn't really do that. So, projects tend to be quick and to the point if I did them. When I do my genealogy, I will do that on my kitchen Island. When it's time to eat, I'd have to collect everything. It did change the way that I did things in my home."

- g. "No."
- h. "No."
- i. "I'd say no."
- j. "I don't think so."
- k. "When he moved in with us, we had to get a portable building to put all of his stuff in, because he didn't know what he wanted to do when he moved in with us because his wife had died. He didn't know if he was going to assisted living or what. Most of the stuff [ended up in] the exterior garage. We still have some of that stuff that we haven't even gone through. And so that was kind of a disposition. It wasn't really hard; we just didn't have room for our stuff."
- l. "I like to do lots of arts and crafts, so I have to plan out where I'm gonna store those at, but not really."

29. How did you learn about Universal Design?

- i. "Well, a lot of it was through interior design folks I know at SFA. That's where I worked and sometimes, we would go to conferences together and they would be doing presentations in that area, and I would pick up things along the way. I was teaching a course, a life span course, right at that time and a large section in that course was accommodating elderly parents or parents who were ill. It was kind of a combination. "
- ii. "Through my career, interior design, and continuing education."
- iii. "A class I took in school."
- iv. "I am taking space planning this semester and learning a lot about Universal Design."
- v. "I'm an interior design student from Stephen F Austin."
- vi. "I teach it."

30. Do you feel your home is too small for the amount of people in it?

- a. "No, it was okay. Just, it was a little small for all of us to live there."
- b. "Mom had a two-bedroom, one bath, 900 square foot house. It was tiny, and we moved all three of us, two dogs and three cats. Mom converted her single car garage into a bedroom for us. We stayed there nine months. So, five Dogs and three cats and less than 1200 square feet with one bathroom and we made it work

for almost a year before we moved into the house next door. We were pretty good at accommodating each other's space.”

- c. “Absolutely.”
- d. “Nope. It’s actually a pretty big house, so there’s no reason to be crowded.”
- e. “The house itself was smaller. At the time it was about 1100 or 1200 square feet. So, you’re talking about three adults and a small baby, and a small child in the house. So, it got cramped at times.”
- f. “No. We had a decent sized home, so I don’t feel it was too small. There were times that we were trying to get things done that maybe we were walking over each other, like working in the kitchen, but I don't think it was too small to have an extra person in there.”
- g. “At first it was just us, and then she would always come in and she always had to have a different meal to cook, and all of her stuff was there. Even though she had her own space, things were just taken over a little bit everywhere.”
- h. “No.”
- i. “Yeah, too small.”
- j. “One of the things you're talking about is privacy, and I got to thinking on that because I saw their apartment in Poland, and it was a two-room apartment, and a kitchen and a bathroom and they had a family of four there. Each room served double duty. One was a dining room/living room/bedroom and the other was a study/bedroom, and they had to convert every day.
“So, when families are getting close, they don't have privacy. They have the perception of privacy, and the perception of privacy can be built in with a few tricks. The open layout and American houses don’t allow for the perception of privacy. If you have a door that closes, even a glass door you can see through, when the door is closed, you have a perception of privacy--some muffling of sound.
“And people know that when the door is closed it’s a private space, and when the door is open, it’s a public space. And simply doing that, you can go from public to private easy, even though when you think about it, it's not terribly private. But people feel it. Now my wife and her brother slept in the same bedroom, but she had a cove made with bookcases. So again, not true privacy, but the perception of privacy.”
- k. “No.”
- l. “No.”

- m. “We didn’t have enough room [in the old house]. I’ve got four children and we were all just living on top of each other. It was like a 1900 square foot house.”
 - n. “No. It’s way too big really. It’s almost 4,000 square feet.”
31. If you could add on an additional room, what type of room would it be?
- a. “At least another bedroom.”
 - b. “A playroom.”
 - c. “I would have changed the layout of the upstairs and added an actual bedroom up there, so we would have the [art studio] back and possibly do something to the kitchen to give it a little bit more space. We could have placed the paint studio upstairs and left the senior downstairs, but added permanent doors to that living space.”
 - d. “Another guest bedroom.”
 - e. “Another guest bedroom and bathroom.”
 - f. “A bonus-room. We considered it, but thought it better to build a new home. Quite frankly, it would have been difficult for my mother to move to another house.”
 - g. “Bedrooms.”
 - h. “When I built this house, there is no bedroom that has a common wall with another bedroom. It’s always up against a hallway or a bathroom and there’s a closet in between and so forth. So again, that perception of privacy simply by not having a common wall makes a difference in sound.”
 - i. “I think it would be a real media room. The place that we go to is another bedroom.”
 - j. “A large study. I’m in school. My mom studies a lot. She works on the computer studying the bible. I think a study would benefit us both.”
 - k. “I would add another bedroom or bathroom. Let me think. I’d add another bathroom.”
 - l. “Master bathroom.”
 - m. “An extra bedroom.”
32. If you could add square footage to one room in the house, which room would it be?
- a. “I would have added a much larger bathroom for them to make it wheelchair accessible. That I really would have liked to do.”
 - b. “The bedroom. Mine.”
 - c. “My bedroom.”
 - d. “It would have had to be the room the senior was living in because of location. Unless we decided to convert the garage into actual living space.”

- e. “It’s more of a layout issue with this townhouse. When they had it staged, where they thought the dining room should go didn’t make sense to me. We just put a breakfast table there, so the dining room is what I would enlarge.”
 - f. “The library, about another sixteen feet out to the North. We both have bulky-sized desks and the space is not wide enough for the screens we need.”
 - g. “Maybe her room because it was a little small. It was a typical size bedroom.”
 - h. “Bedroom.”
 - i. “The garage. I actually designed this house, and I designed the rooms to be efficient and big enough. In all the rooms and all the bathrooms there’s always enough room to maneuver to get around, and there is no room that I would say is too small except for the garage, which I would have made a little bit bigger. But since it’s underneath my bedroom, it had to be the same size.
“The ranch house was three bedrooms and raised, so we ended up building a bedroom in the basement level and that became my wife’s and my bedroom which gave us some privacy. Because we were on a different floor, and the upstairs was for the kids and the in-laws. If we had stayed there, we would have completely finished the basement, and we would have expanded the other direction to make the family room, living room, dining room, bigger.”
 - j. “I think it would be our bedroom. We have a bedroom, but it doesn’t actually have a closet. This house has four bedrooms. The bedroom where we sleep is on the opposite side of the house because it was more privacy. The only complaint that we had was that it didn’t have a closet. My clothes are in one of the guest bedrooms and my husbands are in the other guest bedroom.”
 - k. “The bathroom. There are two bathrooms. My parents have a bathroom and I share a bathroom with my nephew. I would make the bathroom I share larger.”
 - l. “Probably one of my daughter’s bedrooms.”
 - m. “I would add it to the master bedroom just to add just another whole bath to make it ADA accessible for the future. A home in the 50’s has really small closets and storage space. Lots of square footage, but just lots of big rooms. The master is like 24x24. Huge room, but you don’t need something that big.”
 - n. “Probably my fiancé’s little sister’s room.”
33. What about the home or the people in it make you feel crowded?
- i. “There was three of us living in a small three-bedroom trailer. Everyone sharing the kitchen, everyone shares the living room. I mean, there's not a lot of space and you only got one full bathroom.”
 - ii. “Too many chiefs in the kitchen. Too many people wanting to be in charge in everything, raising kids, just every little opinion was always stated. I am grateful that they let me move in there, but they wanted a say so on how everything was run with me and my kids.”

- iii. “We lived in a big family: uncles, aunts, my grandma’s brothers and sisters. We were living in the same neighborhood. We had a house with a backyard and then we needed to move to an apartment. We got used to people coming to the house. My grandma put the key in the door from the outside so people could come to the house whenever they wanted.”

34. Why don’t you feel you get enough time alone?

- a. [The size of the place]
- b. “With my mom having a mobility issue, she didn’t leave the house almost at all. So, either she was downstairs watching TV or I had to leave to get alone time. There was no privacy. The walls are all real thin. It’s a big house, but there was no insulation anywhere, so you could hear everything all the time.”
- c. “Being in that small of a house and the mother-in-law was always there, so it always felt like you never had a moment of privacy.”
- d. “I was more concerned giving them their privacy at night as a family or with her and her husband being together after the kids got to bed. I had to change my routine on that.”
- e. “Yeah, because if I needed more alone time I could either go outside or I could just go to my room and shut the door.”
- f. “Yes.”
- g. “No, not back then. We didn’t have privacy.”
- h. “Before my dad moved in, it was a four-bedroom house with six people living it, and then when he came, it was seven people living in a four-bedroom house. Both the boys shared a room and both the girls shared a room, and they were small rooms. They were like 10x10.”
- i. “Yes. I would retreat in the bedroom. My husband would retreat into the office. When my kids were there in the beginning, they would either go to the game room, their bedrooms, or outside. We had outside seating and a swimming pool. Everyone was separated if they needed their space. There was enough room.”
- j. Yes, or I just go to the RV.

35. Whose home originally?

- a. “I moved into their house.”
- b. “It was ours.”
- c. “The online survey I took was pertaining to me selling my home and my parents’ home and buying a home that would accommodate all of us. I had Power of Attorney for my parents and medical power of attorney. So, this was a decision that I made and talked to my mom and dad about. My mom wasn’t able to make a decision or really be included in that. She had dementia, and so it was my dad that I talked to. He had multiple myeloma, so he was not well either. But I talked to him and told him what I wanted to do. I had done all my legal work first, and

consulted an attorney to make sure I was doing this right. So, it worked out about as well as you can expect it to.”

- d. “Me and my husband’s house.”
- e. “It’s hers [mother-in-law].”
- f. “No, it’s theirs.”

36. Do you feel like you can make everyday decisions like what to make for dinner or watch on the main television?

- a. “Yes. I cooked dinner almost every night so I got to decide what we had.”
- b. “Oh, yes.”
- c. “Yeah. We usually make those decisions or talk about them the day before.”
- d. “Yes.”

37. Is/was the living situation temporary?

- a. “No, she’s retired and she doesn’t draw enough money to support herself on her own.
- b. “Yes, but it wasn’t planned on being temporary. Cause things worked out. [I planned to live there] until the kids got old enough to go off to college.

I met [my finance]. Things seemed to work out so we ended up buying a house together.”
- c. “Yes.”
- d. “Yes.”
- e. “No.”
- f. “No, not unless she wants to move back into her house or with my sister-in-law.”
- g. “Yes.”
- h. “For now, it’s temporary.”
- i. “It’s permanent for now. We’re still working on renovation projects in the house. We are working on turning an extremely small half bath into a full bath for my daughters to share.”
- j. “Yes. We’re building right next to it, or we’re going to.”

38. Are you in a hurry to move out because you feel crowded?
- a. “No. I don’t know if the word crowded is appropriate. I think it was more than that. When you have people living on top of each other, there becomes tension. Because a parent will always be a parent, no matter how old the kids are.”
 - b. “No, [my finance] and I dated for two years before we even talked about buying a house together. I wasn’t in a hurry, but I wanted to make sure it was going to work out before I moved out of the house.”
 - c. Not at first, but as it dragged on, I got that way towards the end.
 - d. “No, because I didn’t really feel crowded. If it had to be extended, I don’t think it would have been an issue.”
 - e. “Actually, I wanted to marry at an early age but I couldn’t find the right person. So [I] waited until 25.”
 - f. “No, not in a hurry.”
 - g. “No.”
 - h. “No.”
39. What is the number one best reason for living multigenerational?
- a. “I guess maybe cause we’re all together and if I need help with [my daughter] then she’s available to help. It’s not that much of a big deal anymore. It was when [my daughter] was smaller, but now [she] drives too.”
 - b. “Time. That’s just extra time that once things are done, you’ll never regret that time.”
 - c. “I traveled for work, so if I’m not home, someone has to watch the kids. So that was the primary focus [of] me moving in with my parents.”
 - d. “There’s lots of reasons. We enjoy spending time together, the different cooking, the relationship between her and my daughters, the assistance. She helps out and we help her. I think she’s getting to the age where she needs help with how to use her cell phone and how to program the TV. So, we’re here to help her with those things so she doesn’t have to figure out her own. She doesn’t have to pay her own bills. I think it’s me paying it forward and thanking her for all she has done for us.”
 - e. “I would say cost for one of the parties involved, but I think also at least in my viewpoint and my wife’s, we both felt your parents do so much for you growing up, that if that’s your opportunity to pay back in some sort of way, then you just do it. If something happens to either one of my parents, same situation. They are more than welcome to move in with us.”
 - f. “Companionship.”
 - g. “Just to learn from their generation about how they did things and just about life in general: how they cooked, recipes, traditions, and things like that.”

- h. “Probably the number one best reason was that she definitely helped with the kids and gave us a little bit more freedom to be able to actually work when we needed to work.”
- i. “Being with my family longer than expected and being in close proximity to them. We’ve been able to [live together] and get along and cherish that time we had.”
- j. “The security of knowing that my mom is safe, that the older generation is being taken care of.”
- k. “My mother-in-law is a calm woman. She acts like a mediator without meaning to. She keeps me calm and is there if my children need someone to talk to. She is a great listener. She also has a lot of great stories.”
- l. “Love. I know that finances for my mother was the number one best reason. It didn’t help us financially. It helped my peace of mind; it helped my mother’s peace of mind. My mother was a gem. She never complained. She and I played Scrabble every day together. I was her companion, and she was mine.”
- m. “My experience was too hard because my grandmother was kind of a dictator. My mom and my dad were calm and laid [back]. It was hard for me to handle that. If they had been the same, it would be good. Now, I think multigeneration is good sometimes, but it was bad for me.”
- n. “It’s surprisingly good if you have the right family members. Family makes the world better. I had the right family members, the right in-laws. When the kids were younger, it was an extra set of eyes for the kids, the grandparents teaching the kids. The house was always a busy place. It was never empty. Don’t underestimate the positivity of a multi-generational home.”
- o. “That you can take care of your loved ones in situations like the one we were in. She had COVID, and if we were not living with her, we would have to stay in our place, and talk to her over the phone. If she had had any complications, we wouldn’t have been there in the same house. We’ve also helped her financially. So that’s been beneficial I believe for her and for us because we are not having to pay rent.”
- p. “I would say it’s cultural. Both my nephews have been with us on and off for as long as I can remember, since they were babies.”
- q. “Being able to take care of my dad and have him close by and make sure he’s eating and sleeping and his laundry is getting done.”
- r. “Security. I didn’t have to worry about someone breaking into the house. There was someone always there. Security is one and if you needed to get something washed or cooked it was nice having somebody there to get it started or turn it on. The convenience of those kinds of things.”
- s. “I feel like we’re closer. We get to do more things together. My own personal family, I’m not close to at all. They live in another state. It’s nice to have a family for once.”

40. What is the number one most difficult thing about living multigenerational?
- a. “Probably communicating. If you don't communicate well, you can definitely step all over each other. You have to communicate your needs. Be really specific, sometimes.”
 - b. “Personal Growth.”
 - c. “Having to listen to my parents again.”
 - d. “The same that living with anybody is. If you don't see somebody on a day to day basis, the little things they do may not bother you. But when you're constantly around somebody, they're little habits may start to wear on you.”
 - e. “Nothing was really difficult.”
 - f. “The fact that she couldn't handle as much as maybe we would like for her to do. As for taking care of the kids for longer portions. But sometimes scheduling cooking because she wanted to get things done, and she would do it the same exact time we'd be cooking dinner. It was s[crowded] only at certain times. It wasn't constantly crowded in the kitchen. At certain times when she had more time to get something done during the day and procrastinated and waited till when we actually use the kitchen for what we need to use it for.”
 - g. “As their health declined, fitting in all the things that had to be done for them. At the same time, I was trying to do the same thing for my four kids. It was a dribbling act just to get things lined up for my parents so I could go to visit my college kids, or go to ball games with my high school kids. It was just nonstop. There was always something for me to do for somebody. At the time, I wasn't looking at it like [a lack of privacy]. I didn't see it that way. It was what it was. I look back now and think I rarely did something that I chose to do like I'd like to go to Tyler today and go shopping today or [hang] out with friends or coworkers.”
 - h. “Watching them die.”
 - i. “Just a little bit more of the stress being a caregiver, not necessarily of living together.”
 - j. “Making sure she gets enough privacy from the kids.”
 - k. “I guess not being able to go on vacation. We traveled quite a bit --two or three times a year. That was our reprieve from all the hard work, and we couldn't do that. That was the hardest thing for me, and I guess financially to a certain degree, because we have time shares. Multiples, so we couldn't utilize them, but we were still paying all those blooming fees.”

- l. “US healthcare. That was a major expense--making sure they had health insurance here. That at one point became really expensive until the government stopped buying private insurance. Even though [my father-in-law] wasn't a U.S. citizen, he had a green card [and] was able to get Medicare. We actually took it quite seriously that if we invite someone from the old country, they won't be a burden on the American system. But health insurance was running at about \$16,000 a year.”
- m. “Sometimes I feel like we have to change some things about us. We have to coordinate with her whenever she has to do laundry and things like that. Before this COVID thing happened, if she wanted to have friends over or if we wanted to have friends over, we had to coordinate with her--if she wanted to be there or if she wanted to go somewhere else.”
- n. “Respecting each other's time and space.”
- o. “Probably my dad having to give up some of his independence and realizing that he can't take care of himself anymore.”
- p. “Quietness. Even though you could separate, sometimes it would be nice just for it to be quiet. With the TV going in another room, and people talking or running up and down the hallway. All of our bedrooms are on one wing, so we were all together.”
- q. “Some days I have to stay up so late because I'm helping his younger siblings with their homework and his mom helps with their homework. I get to bed way too late.”

Name	Interview Date
KM	9.24.2020
KO	9.30.2020
AO	9.30.2020
DD	10.1.2020
BL	10.1.2020
AM	10.1.2020
CB	10.2.2020
TJ	10.2.2020
RK	10.2.2020
PG	10.2.2020

Name	Interview Date
JB	10.3.2020
VB	10.5.2020
HG	10.7.2020
JK	10.7.2020
DC	10.7.2020
AR	10.9.2020
MS	10.9.2020
TL	10.9.2020
SS	10.9.2020
KH	10.9.2020

VITA

After earning her Bachelor of Art degree with a major in Interior Design from The Art Institute of Colorado in 2004, Jennifer Luque practiced as an interior designer for two years in Colorado for a corporate interior design firm, and thirteen in Texas for a corporate interior design and architectural firm. Her expertise is in commercial interiors where she earned her Interior Design and Construction LEED accreditation in 2009. For the last several years she had taught interior design classes as an adjunct professor for Houston Community College. Jennifer is currently a Registered Interior Designer (RID) with the state of Texas and employed as a designer at a high-end residential and commercial architecture firm in Houston, Texas. She also teaches full-time as an adjunct professor for Stephen F. Austin State University in the Interior Design Department. She began the graduate program at Stephen F. Austin State University in Spring 2019 and received the degree of Master of Science in Human Sciences with an Emphasis in Interior Design in December 2020.

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