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Working in Residence Life During a Pandemic: Impact of COVID-19 on Residence Life Staff Members' Mental Well-Being and Intention to Continue Working in Residence Life

THE COVID-19 PANDEMIC has led to drastic changes in the operations of higher education institutions and their residence life departments. While the pandemic, in general, has negatively impacted the mental well-being of individuals, residence life staff have faced unique stressors and challenges due to their job responsibilities. This exploratory quantitative research study examined residence life staff's social-psychological well-being during the COVID-19 pandemic and their intention to continue working in residence life. Data were collected via a survey sent to ACUHO-I members. The final sample consisted of 107 respondents, diverse regarding gender, race/ethnicity, position type, and housing arrangement. Results indicate that residence life staff experienced a significant decrease in social-psychological well-being from before to during the pandemic, regardless of demographics, position type, and housing arrangement. Concerns about health were related to lower social-psychological well-being, while having a supportive supervisor was associated with higher levels of well-being. Concerns about health and low social-psychological well-being were associated with intention to leave residence life, indicating that the COVID-19 pandemic may have negatively affected not only staff's social-psychological well-being but also their retention.

Note: This study is endorsed by the ACUHO-I Research Committee. ACUHO-I is committed to the creation and dissemination of knowledge about campus housing and the broader issues that impact the post-secondary experience.

Recruiting and retaining residence life staff has been a concern for the profession for many years (Davidson, 2012; Jones, 2001; St. Onge et al., 2008). Research has explored factors that impact recruiting

and hiring (Belch & Mueller, 2003) as well as the job satisfaction of residence life staff (Davidson, 2012; Reed, 2015) to understand what could be done to retain more professionals in the field. Studies have also highlighted the

stressful work environment and demanding hours of residence life staff, which can lead to burnout and negatively influence staff retention (Rankin, 2013; Reed, 2015; St. Onge et al., 2008).

During the COVID-19 pandemic, residence life staff faced new challenges and stressors, which likely impact their well-being and retention. When the World Health Organization (WHO) declared the outbreak of the novel human coronavirus disease a global pandemic, higher education institutions in the United States scrambled to move instruction online. By the middle of March, 1,300 colleges and universities across all 50 states had shifted to online-only instruction (Smalley, 2021). Many institutions closed their residence halls but allowed certain students to stay on campus (ACUHO-I, 2020a). Residence life staff managed move-outs and continued to support the students who remained on campus despite concerns about their own and their family's health, while also worrying about their job security as institutions implemented furloughs and layoffs (Williams, 2020).

After a challenging spring semester, higher education institutions started planning for the fall amidst much uncertainty (Smalley, 2021). By July, some institutions had opted to move fully online, others chose hybrid models, and others tried to find ways to continue in-person instruction with safety precautions like social distancing (Smalley, 2021). Most institutions decided to offer residential housing to students no matter the course modality students chose, though often at reduced capacity (ACUHO-I, 2020b).

Residence life staff had to figure out and enforce safety protocols, manage quarantining of students exposed to COVID-19, and find ways to build community virtually in addition to the regular day-to-day responsibilities of overseeing on-campus housing.

Experiencing a global pandemic is likely to negatively impact individuals' mental well-being due to fears of contracting the virus, stress, lack of physical contact, and changes in daily routines due to safety precautions (World Health Organization [WHO], 2020). Initial studies on the effects of the COVID-19 pandemic indicate an increase in depression, anxiety, psychological distress, and poor sleep quality (Talevi et al., 2020; Vindegaard & Benros, 2020). Research conducted in the United Kingdom at the end of the Spring 2020 semester found that a majority of university staff reported high stress levels, and about one quarter reported anxiety and depression (Van Der Feltz-Cornelis et al., 2020). Student affairs staff, including residence life staff, may be particularly at risk of experiencing stress and uncertainty along with fears about their health and safety during this pandemic (Anderson, 2020), which is likely to negatively impact their mental well-being and in turn their retention in residence life.

This quantitative research study explored the social-psychological well-being of residence life staff during the COVID-19 pandemic, differences by demographic groups, and staff's intention to continue working in residence life. Understanding the pervasiveness of mental health concerns and attrition from the field as well as who may

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be most at risk for mental health concerns and attrition from the field during an extreme situation like a global pandemic can help residence life and divisional leadership dedicate resources to support the most vulnerable staff during and beyond COVID-19. Such research can also highlight the most pressing concerns of residence life staff and thus provide valuable information on ways to improve staff satisfaction and retention.

METHODS

Data for this exploratory quantitative study were collected via a survey sent to ACUHO-I members at the end of October 2020. The research project was approved by the researcher's institutional review board and endorsed by ACUHO-I.

Participants

To be eligible to participate, individuals had to be professional staff in a residence life/housing department, including live-on and live-off staff, at an institution of higher education at the time of the data collection. Anyone self-identifying with the inclusion criteria could participate in the survey. ACUHO-I sent an email invitation to 3,999 members. Individuals who completed the survey were entered into a raffle for a \$50 Visa gift card.

A total of 120 individuals responded, a response rate of 3%. Participants who did not complete the 8-question measurements for social-psychological well-being were excluded from the analysis. This resulted in a sample of 107 respondents. Participants were diverse regarding gender identity, race/ethnicity, and position type (entry-level staff, mid-level managers, senior leadership).

Most of the participants' (79.4%) highest level of education was a Master's degree. Housing arrangements varied, with about half the respondents living on campus and the others off campus; about half (whether on or off campus) were living alone, while others lived with family, a partner or spouse, and/or dependents. The vast majority of respondents (93.1%) worked in the United States; 33 different states and the District of Columbia were represented. More than two thirds of respondents (67.3%) worked at public institutions. Most of the respondents' institutions (79.2%) used a hybrid model, with an increased number of online courses but some hybrid or face-to-face course options during the Fall 2020 semester. For detailed participant demographics, see Table 1.

Measures

In addition to demographic information and questions about their departments and institutions, the survey included a measure of social-psychological well-being, Diener et al.'s (2009) Flourishing Scale (FS), and a set of questions developed by the researcher to understand participants' experiences during the COVID-19 pandemic and their intention to continue working in residence life. The Flourishing Scale, which is copyrighted but available for use in research, is an 8-item instrument that measures an individual's self-perceived success related to relationships, self-esteem, purpose, and optimism (Diener et al., 2009). The Flourishing Scale has been strongly associated with other psychological well-being scales (Diener et al., 2009) and has been validated and used with diverse samples from around the

TABLE 1

Participant Demographics

	<i>n</i>	%
Gender		
Cisgender man	33	33.3
Cisgender woman	63	63.3
Genderqueer, gender non-conforming	3	3.0
Race/ethnicity		
Arab/Middle Eastern only	1	1.0
Asian/Asian American only	5	5.0
Black/African American only	7	7.0
Hispanic/Latino/a/x only	7	7.0
White/Caucasian/European American only	75	75.0
Biracial or multi-racial	5	5.0
Highest level of education		
Bachelor's degree	14	13.7
Master's degree	81	79.4
Doctoral degree	7	6.9
Position type		
Entry-level	33	33.0
Mid-level manager	46	46.0
Senior leadership	21	21.0
Housing arrangement		
On campus, alone	22	21.6
On campus, with family/partner/spouse/dependents	28	27.5
Off campus, alone	16	27.5
Off campus, with family/partner/spouse/dependents	36	35.3
Type of institution		
Public	68	67.3
Private non-profit	30	29.7
Private for-profit	1	1.0
Public-private partnership	2	2.0
Course delivery at their institution		
Hybrid model (increased number of online courses but some hybrid or face-to-face courses)	80	79.2
Fully online	21	20.8
Country		
United States	94	93.1
Canada	4	4.0
Other	3	3.0

globe (e.g., Martin-Carbonell et al., 2021; Romano et al., 2020; Villieux et al., 2016). Several research studies have used the scale to understand individuals' well-being during the COVID-19 pandemic (e.g., Ceri & Cicek, 2021; Elemen et al., 2021; Nyunt et al., 2021). To complete the Flourishing Scale, respondents rate statements on a 7-point Likert scale ranging from 1 = *strongly disagree* to 7 = *strongly agree*. The sum of responses across all items provides a score of one's self-perceived social-psychological well-being on a range of 8 to 56, with a higher number indicating a higher level of well-being.

The survey included two versions of the Flourishing Scale. The first version asked respondents to indicate, in retrospect, how they felt prior to the start of the COVID-19 pandemic. Statements were rephrased to clarify the timeframe. For example, the statement "My social relationships are supportive and rewarding" was rephrased to "My social relationships were supportive and rewarding prior to the start of the coronavirus pandemic." Retrospective assessments are commonly used in research on well-being, though concerns about recall bias and memory distortion exist (Tiberius, 2006); these limitations are discussed in detail below. The second version of the Flourishing Scale was unaltered and asked respondents to describe their well-being at the time of completing the survey, late October or early November 2020.

An additional 8 items were developed by the researcher and reviewed by two col-

leagues, who have many years of residence life experience. These questions asked about participants' fears related to health, support from their supervisor, confidence in leadership, and participants' feelings about and intentions to continue working in residence life. See Table 2 for a list of questions by topic.

Data Analysis

Data was analyzed using SPSS, Version 26. The cleaned data set excluded respondents who had not completed all 8 items of each of the Flourishing Scale (FS) measures to ensure that scores of their social-psychological well-being would be accurate. Responses in the "Other" category of demographic questions were reviewed to identify if any of these could be grouped for analysis. Descriptive statistics of the cleaned data set provided a sense of who respondents were and what their experiences had been during the pandemic.

To analyze respondents' FS scores, individual FS scores were calculated at two time points (before the pandemic, reported in retrospect, and during the pandemic, at the time of survey completion) along with the difference in individuals' FS scores from before to during the pandemic. Paired samples *t*-tests allowed for examination of changes in participants' social-psychological well-being from before to during the pandemic (late October/early November 2020) for the entire sample as well as various demographic groups. The analysis also included one-way ANOVAs to compare FS score means by

... more than two-thirds of respondents (65.7%) believed that their residence life work responsibilities jeopardized their health. Almost half (48%) believed that their residence life work responsibilities also jeopardized the health of their loved ones.

TABLE 2

Additional Survey Questions

TOPIC	QUESTION
Health	I am afraid that my residence life work responsibilities are jeopardizing my health.
	I am afraid that my residence life work responsibilities are jeopardizing the health of my loved ones.
Support from supervisor	I have felt and continue to feel supported by my supervisor during the coronavirus pandemic.
Confidence in leadership	I feel confident in the ability of my department leadership to manage the department's response to the pandemic.
	I feel confident in the ability of my institution's leadership to manage the institution's response to the pandemic.
Intention to continue working in residence life	I wish I was not working in residence life during this pandemic.
	Prior to the coronavirus pandemic, my career plan was to work my way up the ranks in residence life.
	Because of my experience of working in residence life during the coronavirus pandemic, I am no longer interested in pursuing a career in residence life.

demographics for the two different time points as well as the change in social-psychological well-being from before to during the pandemic. When appropriate, post-hoc Tukey tests were utilized to further explore differences by sub-groups. A multiple regression analysis using dummy variables for all demographic variables provided insights into factors related to respondents' social-psychological well-being.

As this was an exploratory study, no specific hypotheses existed prior to data analysis. Instead, the researcher tested the relationships between social-psychological well-being and a variety of demographic

and experience variables to see which may be associated with changes in social-psychological well-being during the COVID-19 pandemic. Variables included in the analysis were gender, race/ethnicity, highest level of education, type of position (entry-level, mid-level manager, senior leadership), years in the profession, type of institution (public, private non-profit, private for-profit, public-private partnership), and course delivery at the institution (in-person, hybrid, fully online). For multiple variables that measured related concepts, the regression analysis included only one of the variables. For example, years in the profession, type of position,

and highest educational level were all related to each other; thus, the analysis only included one of them, type of position.

Descriptive statistics provided initial insights on staff members' intention to continue working in residence life. Paired samples *t*-tests examined differences in respondents' intention to continue working in residence life from before to during the pandemic. A multiple regression analysis explored associations between respondents' intention to continue working in residence life and their social-psychological well-being and health concerns.

LIMITATIONS

This study has several limitations. First, generalizability of the results is limited due to the small sample size and low response rate. Nevertheless, this study can provide unique insights into the experiences of residence life staff during the COVID-19 pandemic and thus highlight areas for future research as well as recommendations for practice. Relatedly, the small overall sample size also led to small samples for different racial or ethnic backgrounds. These small sub-group sizes limited the researcher's ability to analyze data by sub-group; instead, all Black, Indigenous, People of Color (BIPOC) respondents were grouped into one category to allow for meaningful quantitative data analyses. Experiences, however, vary by racial or ethnic group, differences that this study is unable to explore and should be considered in future research.

Next, respondents were asked to evaluate their social-psychological well-being before the pandemic, in retrospect. Individuals may not be able to recall exactly how they felt seven months prior. The study, however, asked for a general, global assessment of participants' well-being before the pandemic, not for specific events or associated feelings

which are most likely to be influenced by bias in retrospective evaluation (Ganzach & Yaor, 2019; Zygar-Hoffmann & Schönbrodt, 2020). Thus, the pre-pandemic scores are likely still able to provide valuable insights into participants' perception of whether changes in well-being were due to the pandemic or whether their well-being had always been at that level. Nevertheless, it is important to acknowledge that the retrospective assessment of participants' flourishing may be skewed. Previous research indicates that memories of negative experiences are stronger than those of positive ones (Ganzach & Yaor, 2019; Zygar-Hoffmann & Schönbrodt, 2020); retrospective assessments therefore often tend to be more negative than those made in the moment. However, in this study, since participants were in the middle of experiencing a global pandemic and its related challenges and stressors, they may have actually overestimated their well-being before the pandemic. Finally, respondents from the United States, who made up over 90 percent of the sample, experienced not only the COVID-19 pandemic in 2020 but also a highly contested presidential election and nationwide Black Lives Matter protests in response to police brutality. These national events may also have impacted individuals' social-psychological well-being.

RESULTS

Experiences of Working in Residence Life During the Pandemic

Participants rated their level of agreement on a 7-point Likert scale, ranging from 1 = *strongly disagree* to 7 = *strongly agree*, with a set of statements related to their experiences of working in residence life during the pandemic. Descriptive statistics indicated that more than two-thirds of respondents (65.7%) believed that their residence

life work responsibilities jeopardized their health. Almost half (48%) believed that their residence life work responsibilities also jeopardized the health of their loved ones. Most participants (70.5%), however, felt supported by their supervisor during the pandemic. Regarding confidence in departmental and institutional leadership's ability to manage the crisis, more than half (57.1%) reported confidence in departmental leadership and a little less than half (48.6%) in institutional leadership.

Social-Psychological Well-Being

The analysis of the entire sample using paired samples *t*-tests indicated that there was a significant difference in respondents' FS scores before the pandemic ($M = 49.51$, $SD = 4.439$), as reported in retrospect, compared to during the pandemic, as measured in late October/early November ($M = 41.39$, $SD = 8.798$), $t(106) = 10.44$, $p < .001$. Overall, respondents reported that their social-psychological well-being was significantly lower during the pandemic than it had been before.

Analysis of the change in FS scores by various demographic groups indicated that each of the groups experienced a statistically significant decrease in social-psychological well-being during the pandemic (see Table 3 for pre-pandemic and pandemic FS scores as well as mean differences by demographic groups). Both cisgender men and women experienced a statistically significant decrease in social-psychological well-being. For race and ethnicity, White participants reported a statistically significant decrease in social-psychological well-being. Racial and ethnic subgroups other than White were too small for meaningful quantitative data analysis. However, once grouped into one category for all BIPOC respondents (all non-White participants), there was a statistically significant

difference in respondents' FS scores before the pandemic compared to during the pandemic. Respondents whose highest level of education was a Bachelor's or a Master's degree experienced a statistically significant decrease in social-psychological well-being. The difference was not statistically significant for individuals with a doctoral degree; however, this lack of significance may be due to the small sample size ($n = 7$). Entry-level staff, mid-level managers, and senior leadership experienced a statistically significant decrease in social-psychological well-being. Similarly, individuals in the four categories of housing arrangement (on campus alone; on campus with family, a partner or spouse, and/or dependents; off campus alone; and off campus with family, a partner or spouse, and/or dependents) experienced a statistically significant decrease in their social-psychological well-being.

Comparisons by demographics. One-way ANOVAs provided insights into group mean differences in FS scores at different time points (pre-pandemic, during the pandemic) and in the change in FS scores from before to during the pandemic to get a sense of differences (or lack thereof) in the social-psychological well-being of respondents by demographics.

Regarding gender, while there were no statistically significant differences before the pandemic, there was a statistically significant difference between group means for FS scores during the pandemic as determined by a one-way ANOVA ($F_{(1, 94)} = 4.270$, $p = .042$). During the pandemic, cisgender women reported significantly lower social psychological well-being than did cisgender men ($M = 40.29$, $SD = 8.496$ vs. $M = 44.06$, $SD = 8.511$, respectively). There was also a statistically significant difference between

TABLE 3

Mean Flourishing Scale Scores by Demographics

	n	PRE-PANDEMIC		MID-FALL SEMESTER		DIFFERENCE IN FLOURISHING	
		M	SD	M	SD	M	SD
All participants***	107	49.51	4.439	41.39	8.798	-8.122	8.046
Gender							
Cisgender man**	33	49.39	4.308	44.06	8.511	-5.33	8.157
Cisgender woman***	63	49.48	4.721	40.29	8.496	-9.19	7.744
Race/ethnicity							
Asian and/or Asian American	5	45.20	4.382	41.40	9.711	-3.80	10.895
Black and/or African American	7	50.29	3.546	48.43	3.867	-1.86	3.761
Hispanic/Latino/a/x	7	48.57	6.425	45.00	7.895	-3.57	8.443
White/Caucasian/ European American***	75	49.81	4.465	40.64	8.927	-9.17	7.579
Biracial or multi-racial	5	50.20	3.564	40.20	9.311	-10.00	11.683
BIPOC (all non-White)**	25	48.72	4.748	44.44	7.795	-4.28	8.566
Highest level of education							
Bachelor's degree*	14	49.36	6.084	42.14	11.299	-7.21	11.383
Master's degree***	81	49.51	4.222	41.48	8.307	-8.02	7.268
Doctoral degree	7	51.00	4.655	43.86	9.547	-7.14	10.04
Type of position							
Entry-level***	33	48.94	4.401	40.36	7.607	-8.58	7.953
Mid-level manager***	46	49.11	4.725	40.59	10.177	-8.52	9.280
Senior leadership***	21	51.76	3.885	46.62	5.287	-5.14	4.374
Housing arrangement							
On campus, alone**	22	49.55	4.887	41.86	8.231	-7.68	10.260
On campus, with family/partner/ spouse/dependents***	28	48.54	4.811	40.61	9.138	-7.93	7.443
Off campus, alone***	16	49.63	4.773	38.38	11.389	-11.25	10.116
Off campus, with family/partner/ spouse/dependents***	36	50.42	3.887	44.03	7.045	-6.39	5.405

Note. Asterisks indicate statistically significant differences between pre-pandemic and pandemic FS scores, as determined using paired samples t-tests.

* $p < .05$, ** $p < .01$, *** $p < .001$

The pandemic was not only negatively associated with respondents' social-psychological well-being, but was also related to their questioning their intention to continue working in residence life.

Overall, respondents reported significantly lower social-psychological well-being during the pandemic than before the pandemic, regardless of demographics, position type, or housing arrangement.

group means for the change in FS scores from before to during the pandemic as determined by a one-way ANOVA ($F_{(1, 94)} = 5.180$, $p = .025$). Cisgender women reported a significantly larger decrease in well-being from before to during the pandemic than did cisgender men ($M = -9.19$, $SD = 7.744$ vs. $M = -5.33$, $SD = 8.157$, respectively).

Regarding race and ethnicity, there were no statistically significant differences in respondents' social-psychological well-being before or during the pandemic when comparing group means of White respondents with those of BIPOC respondents. However, there was a statistically significant difference between group means for the change in FS scores from before to during the pandemic as determined by a one-way ANOVA ($F_{(1, 98)} = 7.319$, $p = .008$). White respondents reported a significantly larger decrease in well-being than did BIPOC respondents ($M = -9.17$, $SD = 7.579$ vs. $M = -7.95$, $SD = 8.078$, respectively).

Regarding position type, there was a statistically significant difference in group means for respondents' pre-pandemic FS scores as determined by a one-way ANOVA ($F_{(2, 97)} = 3.113$, $p = .049$). Post hoc comparison using the LSD test indicated that entry-level staff reported significantly lower social-psychological well-being before the pandemic than did those in senior leadership ($M = 48.94$, $SD = 4.401$ vs. $M = 51.76$, $SD = 3.885$). There was also a statistically significant difference between group means for respondents' FS scores during the pandemic as determined by a one-way ANOVA ($F_{(2, 97)} = 4.276$, $p = .017$). Post hoc comparison using the LSD test indicated that

entry-level staff as well as mid-level managers reported significantly lower social-psychological well-being during the pandemic than did those in senior leadership ($M = 40.36$, $SD = 7.607$ for entry-level staff and $M = 40.59$, $SD = 10.177$ for mid-level managers compared to $M = 46.62$, $SD = 5.287$ for those in senior leadership). There was no statistically significant difference in group means for the change in FS scores from before to during the pandemic.

There were no statistically significant differences in group means by highest level of education, type of institution, and course delivery at the institution. For housing arrangements, there were no statistically significant differences when comparing those living on campus with those living off campus or when comparing those living alone (whether on or off campus) to those living with others (on or off campus). When analyzing by the four housing arrangements (on campus alone; on campus with family, a partner or spouse, and/or dependents; off campus, alone; and off campus with family, a partner or spouse, and/or dependents), there was no statistically significant difference in group means as determined by a one-way ANOVA. However, post hoc analysis using LSD indicated that those living off campus alone reported significantly lower social-psychological well-being during the pandemic as well as a significantly larger decrease from before to during the pandemic than did those living off campus with family, a partner or spouse, and/or dependents ($M = 38.38$, $SD = 11.389$ and a decrease of $M = -11.25$, $SD = 10.116$ vs. $M = 44.03$, $SD = 7.045$ and a decrease of $M = -6.39$, $SD = 5.405$, respectively).

Predictors of social-psychological well-being.

Multiple regression analysis was utilized to develop a predictive model for respondents' social-psychological well-being during the COVID-19 pandemic based on demographic variables (race/ethnicity, gender, position type, housing arrangement) and experience variables (confidence in departmental and institutional leadership to manage COVID responses, concerns about health for themselves and loved ones). The final model significantly predicted respondents' social-psychological well-being during the pandemic, $F_{(12,83)} = 7.45$, $p < .001$ with an R^2 of .52 and an adjusted R^2 of .45. Respondents' FS scores

before the pandemic, identifying as BIPOC, and support by their supervisor were positive predictors of social-psychological well-being. Concern about one's health was a negative predictor of social-psychological well-being. See Table 4 for detailed results.

Intention to Continue Working in Residence Life

The pandemic was not only negatively associated with respondents' social-psychological well-being, but was also related to their questioning their intention to continue working in residence life. About half of the respondents (52.4%) indicated that they wished they did not work in residence life during the

TABLE 4

Summary of Multiple Regression Analysis for Variables Predicting Social-Psychological Well-Being During the Pandemic ($n = 95$)

VARIABLE	B	SE B	β
Pre-pandemic Flourishing Scale	0.46	0.16	0.24 **
Gender: Cisgender woman	-2.16	1.51	-0.12
Gender: Other	-3.63	4.30	-0.07
Race: Black or Brown	6.37	1.71	0.32 ***
Position: Entry-level	-1.12	2.21	-0.06
Position: Mid-level	-2.26	1.91	-0.13
Housing Arrangement: Alone	-2.04	1.43	-0.12
Confidence in departmental leadership	0.96	0.63	0.22
Confidence in institutional leadership	-0.35	0.53	-0.08
Support by supervisor	1.30	0.48	0.29 **
Concern about health	-1.58	0.70	-0.33 *
Concern about health of loved ones	0.82	0.60	0.18

Note. Demographic variables were entered as dummy variables with the following reference groups: cisgender men for gender; White for race/ethnicity; senior leadership for position type; and living with family, spouse or partner, and/or dependents for housing arrangement.

* $p < .05$, ** $p < .01$, *** $p < .001$

pandemic. Moreover, while two-thirds of respondents (63.1%) indicated that, prior to the pandemic, their career plan was to work their way up the ranks in residence life, 41.2% agreed that because of their experience of working during the pandemic, they were no longer interested in pursuing a career in residence life.

Paired samples *t*-tests provided insights into differences in respondents' intention to continue working in residence life before the pandemic compared to during the pandemic (using the reverse coded item of individuals indicating they no longer were interested in working in residence life). There was a statistically significant difference in respondents' intention before the pandemic to continue working in residence life ($M = 4.83$, $SD = 1.917$) compared to during the pandemic ($M = 3.94$, $SD = 1.691$), $t_{(102)} = 3.683$, $p < .001$. Overall, respondents were less likely to want to continue working in residence life during the pandemic than they had been prior to the pandemic.

Multiple regression analysis indicated associations between respondents' intention to continue working in residence life, their social-psychological well-being during the pandemic, and other variables. The final model showed significant relationships

between respondents' intention to continue working in residence life, social-psychological well-being, and concerns about health, $F_{(2,102)} = 19.079$, $p < .001$ with an R^2 of .272 and an adjusted R^2 of .258. Respondents' social-psychological well-being during the pandemic was positively associated with their intention to continue working in residence life while concerns about their health were negatively associated with intentions to continue working in residence life. See Table 5 for detailed results.

DISCUSSION AND IMPLICATIONS

This exploratory study provides unique insights into the relationship of the COVID-19 pandemic with residence life staff's social-psychological well-being and their intention to continue working in residence life. Overall, respondents reported significantly lower social-psychological well-being during the pandemic than before the pandemic, regardless of demographics, position type, or housing arrangement. This finding supports previous research that highlights the significant effects of the COVID-19 pandemic on individuals' mental well-being (Talevi et al., 2020; Van Der Feltz-Cornelis et al., 2020; Vindegaard & Benros, 2020).

TABLE 5

Summary of Multiple Regression Analysis for Variables Predicting Intention to Continue Working in Residence Life ($n = 104$)

VARIABLE	<i>B</i>	<i>SE B</i>	β
Flourishing Scale during the pandemic	0.04	0.02	0.21 *
Concerns about health	-0.40	0.08	0.42 ***

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Differences by Demographics

Comparisons by demographics, however, provide insights into whose well-being may have been most affected by the pandemic. While cisgender men and women reported similar levels of social-psychological well-being before the pandemic, women experienced a larger decrease and reported significantly lower levels of well-being during the pandemic. Previous research indicates that women are socialized to value and rely more on social support and connectedness than are men (Reevy & Maslach, 2001); thus, women may have struggled particularly during the COVID-19 pandemic due to the social isolation resulting from safety measures such as working from home and social distancing (Nyunt et al., 2021). Women are also often tasked with more household chores and caregiving responsibilities than are men. As these tasks became more cumbersome during the COVID-19 pandemic, these responsibilities may have created additional stressors and thus negatively impacted women's social-psychological well-being (Lee et al., 2021; Lightfoot et al., 2021). More research, in particular qualitative research, is needed to understand the differences in women's and men's social-psychological well-being during the COVID-19 pandemic and how that may intersect with the responsibilities of residence life staff.

Regarding race and ethnicity, White respondents reported a significantly larger decrease in social-psychological well-being during the pandemic than did their BIPOC counterparts. Previous research on college students similarly found that the COVID-19 pandemic had a significantly larger impact on White students' mental health than that of their BIPOC peers (Charles et al., 2021; Nyunt et al., 2021). These conclusions stand in contrast to findings about the disproportionate impact of COVID-19 on communi-

ties of color across the United States (The COVID Tracking Project, 2021), which have led to calls for increased mental health support for these communities (Fortuna et al., 2020; Liu & Modir, 2020). However, intersections of socio-economic status and race/ethnicity shape many health disparities in the United States. Among residence life staff, there may be fewer socio-economic disparities than there are nationwide; thus, we may not see such a disproportionate impact of COVID-19 on BIPOC residence life staff.

Many possible explanations for this finding exist. The small number of BIPOC staff who responded may have skewed the results, and BIPOC staff who experienced a larger decrease in social-psychological well-being may not have responded to this survey. Having encountered centuries of discrimination and systemic racism, BIPOC staff may have developed unique strategies and coping mechanisms that allowed them to manage the challenges and stressors of the COVID-19 pandemic more effectively. A qualitative study on BIPOC college students found that participants demonstrated optimism, resilience, and perseverance, which allowed them to overcome some of the challenges of the COVID-19 pandemic (Burt & Eubank, 2021). Finally, it is important to acknowledge that this study grouped all non-White respondents into one category, thus obscuring differences by racial or ethnic group. More research is needed to understand how race and ethnicity influence residence life staff's experiences during the COVID-19 pandemic and why certain racial or ethnic groups may report higher levels of social-psychological well-being.

Differences by Position Type and Housing Arrangement

Comparisons by type of position highlighted entry-level staff's lower levels of social-

psychological well-being before the pandemic compared to individuals in senior leadership. During the pandemic, both entry-level staff and mid-level managers reported lower levels of social-psychological well-being than did senior leadership. Interestingly, there were no statistically significant differences in group means for the change in social-psychological well-being from before to during the pandemic. In other words, residence life staff in entry-level, mid-level manager, and senior leadership positions all experienced a similar decrease in social-psychological well-being from before to during the pandemic. The COVID-19 pandemic thus does not seem to have impacted entry-level staff more than their counterparts in mid-level manager or senior leadership positions. Entry-level staff, however, started off at lower levels of well-being, which supports calls from previous studies for a need to understand and address concerns related to entry-level staff's job satisfaction, well-being, and retention (e.g., Davidson, 2012; Rankin, 2013; St. Onge et al., 2008).

Comparisons by housing arrangement indicated no significant differences between living on or off campus. However, for those living off campus, respondents who lived on their own reported significantly lower social-psychological well-being than those living with family, a partner or spouse, and/or dependents. This finding supports previous research that highlighted the negative impact on individuals' mental well-being of living on their own during the pandemic (Gao & Sai, 2020; Hwang et al., 2020; Pietrabissa & Simpson, 2020). Interesting is the difference between those living on versus off campus, with individuals living alone on campus not reporting lower levels of well-being. Possibly, the on-campus community may have provided enough social support for staff living on

campus to overcome the negative aspects of living on their own. Important to note is that in this study, living with family, a partner or spouse, and/or dependents constituted a single category. Experiences may differ greatly for those living with only a partner or spouse compared to those caring for dependents. Previous research has highlighted the increased stress that parents and other caregivers have encountered during the COVID-19 pandemic but also emphasized how individuals may have found positive aspects of their situations such as being able to spend more time with family (Lee et al., 2021; Lightfoot et al., 2021). Future research should explore how caregiving responsibilities shaped the experiences of residence life staff during the COVID-19 pandemic.

Fostering the Social-Psychological Well-Being of Residence Life Staff

The predictive model of respondents' social-psychological well-being during the COVID-19 pandemic highlighted the importance of support by a supervisor. Previous research has stressed the importance of high-quality supervision to improve the retention of entry-level staff (e.g., Reed, 2015; Renn & Hodges, 2007; Shupp & Arminio, 2012). Good supervision and particularly a supportive relationship with a supervisor seem to be essential during challenging times, such as a global pandemic, not only for retention but also for individuals' social-psychological well-being. Having a supportive relationship with one's supervisor seems to be more impactful than having confidence in departmental or institutional leadership to navigate a crisis situation, highlighting the importance of the supervisor-supervisee relationship.

While a supportive relationship with a supervisor was a positive predictor of social-psychological well-being, concerns

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about one's health were a negative predictor. More than two-thirds of respondents indicated they were concerned that their job responsibilities jeopardized their health. These concerns were associated with lower social-psychological well-being. Departmental and institutional leadership need to recognize the toll such health concerns can take on an individual's social-psychological well-being. Prioritizing staff's safety and health concerns, whether by providing adequate personal protective equipment, striving to limit exposure and risk for residence life staff, or providing individual arrangements based on staff members' comfort levels may be important to reduce not only the physical but also the mental health impacts of a pandemic.

Retention of Residence Life Staff

The analysis of respondents' intention to continue working in residence life showcases the negative effects this pandemic may have on residence life staff retention. Respondents were less likely to want to continue working in residence life after their experiences during the COVID-19 pandemic, which is concerning for a field already struggling with retention of staff (Davidson, 2012; St. Onge et al., 2008). Social-psychological well-being during the pandemic and health concerns were significantly associated with staff members' intention to leave the field. Departmental and institutional leadership concerned about retention of staff should prioritize their physical and mental health during and beyond the COVID-19 pandemic. Possible strategies may include ensuring that staff have access to mental health resources through on-campus counseling

centers or employee assistance programs or allowing supervisors the flexibility to provide individualized support to their staff during challenging times. These strategies may not only help to address the social-psychological well-being of residence life staff but may also foster their retention.

CONCLUSION

The purpose of this exploratory quantitative research study was to examine residence life staff's social-psychological well-being during the COVID-19 pandemic and their intention to continue working in residence life after the pandemic. Results, based on a sample of 107 participants, indicated that residence life staff experienced a significant decrease in social-psychological well-being from before to during the pandemic, regardless of demographics, position type, and housing arrangement. Concerns about health were related to lower social-psychological well-being, while having a supportive supervisor was associated with higher levels of well-being. Concerns about health and low social-psychological well-being were associated with intention to leave residence life, indicating that the COVID-19 pandemic may have negatively affected not only staff's social-psychological well-being but also their retention.

This study has several implications for future research and practice. Future research should further explore differences in social-psychological well-being by demographics, position type, and housing arrangement. Quantitative studies with a larger sample could examine if these differences are generalizable to residence life staff in the United States or unique to the 107 participants of

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this study. Qualitative studies could explore the reasons for these differences. Regarding implications for practice, this study highlights a need to provide adequate mental health support to residence life staff, in particular during crisis situations. Departments may also strive to create a climate where prioritizing one's mental health and adopting health-seeking behaviors are encouraged. Providing trainings for supervisors on effective and supportive supervision during crisis situations may be another way to foster staff's mental well-being.

Most importantly, this study highlights that staff's social-psychological well-being may be associated with retention. Recruitment, job satisfaction, and retention of residence life staff have been a concern since long before the pandemic (Belch & Mueller, 2003; Davidson, 2012; Jones, 2001; Rankin, 2013; Reed, 2015; St. Onge et al., 2008). Departments concerned about retention may benefit from prioritizing staff's mental well-being in general but also in particular during crisis situations such as a global pandemic. ■

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DISCUSSION QUESTIONS

1. Given the results of this study, what and how large of a role should maintaining wellness play in the future of student affairs and campus housing?
2. The author notes that 41.2% of respondents indicated that because of their experience working during the pandemic, they were no longer interested in pursuing a career in residence life. As we continue navigating the COVID-19 pandemic as a profession, what strategies can you implement to support fellow colleagues and members of your department?
3. As this study shows, good supervision and a supportive relationship with one's supervisor are essential for both social-psychological well-being and retention. As a supervisor, what steps can you take to ensure that your team members feel safe and supported in their roles?
4. How might the results of this study be different if there was more representation of non-dominant identities among participants?
5. How might support differ from a supervision lens for staff who live on campus versus those who live off? How about those with dependents and/or partners?
6. Participants' Flourishing Scale results indicate that senior leadership faced much less negative change in social-psychological well-being than did entry- or mid-level manager respondents. Why do you think this is the case? How might the burnout of entry- and mid-level professionals negatively impact senior housing leadership in the future?

Discussion questions developed by Drew Johnson and Kelly McKinney, Clemson University in South Carolina.