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Investigating the Mental Health of University Housing Staff Across Multiple Professional Levels During the COVID-19 Pandemic

THE COVID-19 PANDEMIC HAS CHALLENGED UNIVERSITY HOUSING OPERATIONS regardless of the type of operational function. Since the pandemic began, residence life staff, maintenance and custodial staff, assignment coordinators, administrative staff, and senior housing officers have all likely had to readjust and revamp their operational protocols in order to ensure the safety and well-being of their students, faculty, and staff. The tireless work of college and university housing professionals across various levels and functions continues to positively impact the residential student experience despite the ongoing pandemic; however, there is little research that examines the toll the pandemic has had on the mental health and well-being of housing professionals. Utilizing the Mental Health Inventory-5 (MHI-5), an internationally validated and reliable instrument for assessing mental health in adults, this study investigates the mental health of housing staff across multiple professional levels and functions since the COVID-19 pandemic began.

Mental health can be defined as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity” (Gamm et al., 2010, p. 97). Mental health is critical to personal well-being, successful family and interpersonal relationships, and positive contributions to community. Mental disorders are “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning” and “affect approximately one-half of the population over a lifetime and are among the most impairing of chronic diseases” (Gamm et al., 2010, p. 97). The National Alliance on Mental Illness (NAMI) reported

that each year “1 in 5 U.S. adults experience mental illness” and “1 in 20 U.S. adults experience serious mental illness” (2022, para. 1), which highlights the importance of being aware of the significant impact the pandemic has had on our mental health.

The pandemic brought unique challenges and worries to university housing professionals, which likely impacted their mental well-being in many ways. Due to federal and state recommendations on social distancing, many residence halls across the country abruptly closed in an attempt to slow the spread of the coronavirus (Williams, 2020). ACUHO-I’s (2020a) second installment of a straw poll survey on March 27, 2020, indicated that 81.8% (234) of institutions closed their residence halls but made exceptions for some students, primarily international students, to stay on campus. These closures left behind various levels of housing staff across different functional areas who were trying to navigate the complexities of the pandemic. ACUHO-I (2020a) also reported that almost half (40.2%, 146) of participating institutions’ mental health services “were operating at a reduced capacity” (p. 17).

The fall semester of 2020 unveiled various institutional models of operation, with 44% of higher education institutions across the country going primarily online, 21% using a hybrid model, and 27% offering primarily in-person classes (Smalley, 2021). ACUHO-I’s (2020b) sixth installment of a straw poll survey on August 10, 2020, reported that 84.7% (149) of institutions continued to offer housing to students regardless of which operational model was in effect. This resulted in housing staff having to develop and implement specific protocols to ensure continued operations. Such protocols are outlined in ACUHO-I’s (2020b) survey report: 80.4% (144) of institutions increased the number of days for move-in, 93.9% (168) required residents to move in only during very specific timeframes, 97.7% (168) imposed a mask mandate, and 84.9% (146) either closed or restricted the capacities of common spaces. Some institutions such as the University of Kansas required their resident assistants to perform COVID-19 saliva tests as part of their move-in process (C. Robinson, personal communication, August 2022). These protocols all added stress and created an additional burden on housing staff, likely impacting their mental well-being.

MENTAL HEALTH AND WELL-BEING OF UNIVERSITY EMPLOYEES

The scarcity of research on university faculty and staff is likely due to academics being willing to study other groups but rarely studying themselves, as suggested by Abouserie (1996), a tendency that is reinforced by the perception that while scholarly work is not highly compensated, it is highly autonomous—and that type of control is often considered to be a buffer to the stressors of work (Abouserie, 1996). Mark and Smith’s (2012) study on the mental health and job satisfaction of college and university employees found that staff exhibited higher and statistically significant levels of anxiety and depression (even up to clinical levels) than did the general population. University employees

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were more likely to blame workplace conditions for causing or exacerbating an illness and were twice as likely to complain of stress or anxiety and depression-related illness than was the general population.

According to some studies, the levels of stress in academic staff at higher education institutions are higher than in other populations, and that trend has increased significantly since the late 1980s (Winefield & Jarrett, 2001). This is likely due to their having a number of competing responsibilities, such as teaching, research, scholarship, and making requests for funding (Abouserie, 1996). In fact, 74% of staff in one study were moderately stressed, and almost 15% were seriously stressed, with lecturers being the most adversely affected, followed by professors and research assistants (Abouserie, 1996). Similar research conducted by Lease (1999) indicated that the effect of stress on university staff is also detrimental to students. While some research on university staff and mental health does exist, it is almost always focused on faculty; few studies focus on the mental health and well-being of university administrators and practitioners.

COVID-19 IMPACTS ON THE MENTAL HEALTH OF UNIVERSITY HOUSING STAFF

The COVID-19 pandemic greatly affected university housing operations on multiple levels as most colleges and universities made strides to meet the expectations of operations for institutions of higher education set forth by the Centers for Disease Control and Prevention, which offered pandemic recommendations such as moving to single occupancy rooms; instituting masking policies; restricting visitation and minimizing resident interactions; eliminating gatherings, programs, and events; and increasing the cleaning and sanitizing of surfaces in the residence halls (CDC, 2021).

Since most university housing staff across all levels had to scramble to make the necessary adjustments to continue operations, it was no surprise that the pandemic also likely increased their levels of stress and depression, which is a key concern in more vulnerable populations (Wang et al., 2020). While few studies have addressed the impact of the pandemic on university housing staffs' mental health and well-being, several have addressed the impact of COVID-19 on the general population's mental health and well-being: increased symptoms of depression, anxiety, and stress, primarily as a result of different psychosocial stressors such as the general disruption of people's lives, the fear of contracting the illness, and concerns about negative economic effects (Moreno et al., 2020).

A recent study (Nyunt, 2021) concluded that residence life staff have experienced a significant decline during the pandemic in social-psychological well-being and that these low levels were also associated with intentions to leave the field of residence life altogether. As several studies have shown (Davidson, 2012; Rankin, 2013; Reed, 2015), the retention of housing staff had been worrisome even prior to the pandemic.

PURPOSE OF THE STUDY

This study is exploratory in nature, with a focus on examining the impact of COVID-19 on the mental health of university housing staff across multiple functional areas and levels. This study addresses the following research question:

Are there any significant differences in the impact of the pandemic on the mental health of university housing staff across groups based on race, gender, age group, housing function, institution type, and education level?

METHODOLOGY

Data were collected from 218 university housing professionals across multiple functional areas through a short survey that was shared with housing professionals at two regional housing conferences, through regional housing conference email listservs, and in a Facebook group dedicated to housing and residence life professionals during February of 2022. The demographic section of the survey also captured respondents' age ranges, their highest level of education, and the type of institution where they were employed. (See Table 1, page 19.)

Survey Instrument

The survey instrument used for this study is known as the Mental Health Inventory-5 (MHI-5), a short, valid, reliable international instrument (Cronbach's $\alpha = .88$ for the population sample of this study) that has been used for assessing common mental health disorders (CMDs) such as anxiety and depression in adults (Rivera-Riquelme et al., 2019). The inventory has five questions, with six possible responses to each question that are scored between 1 and 6. This allows the score for each individual to range between 5 and 30, which is then transformed into a score between 0 and 100 using a standard linear transformation (Kelly et al., 2008). This is done in order to standardize the raw scores (Hartley, 2012). A significant limitation of the MHI-5 is that it was not developed with a validated cut-point to define a case of common mental health disorder. This study used the generalizable cut-point score of 76 to define a case of CMD, as developed by Kelly and colleagues (2008), meaning that any respondent with an MHI-5 score below 76 would be considered to have a diagnosable case of CMD. In an effort to focus the responses on related effects of the pandemic, the following sentences were added before the instrument:

Please read each question and select the statement that best describes how things have been for you during the past two years (since the pandemic started). There are no right or wrong answers.

TABLE 1

Demographic Characteristics of Survey Respondents

Characteristic	n	%	Characteristic	n	%
<i>Gender</i>			<i>Age range</i>		
Female	153	70.2	Under 25	59	27.1
Male	58	26.6	25-34	68	31.2
Prefer to self-describe	5	2.3	35-44	44	20.2
Prefer not to say	2	0.9	45-54	31	14.2
<i>Race</i>			Over 54	14	6.4
Caucasian	139	63.8	<i>Institution type*</i>		
African American	33	15.1	4-year large public	124	56.9
Hispanic, Latino, or Spanish origin	26	11.9	4-year small public	49	22.5
Asian	10	4.6	4-year small private	29	13.3
Other	7	3.2	4-year large private	7	3.2
American Indian or Alaska Native	3	1.4	Other	7	3.2
<i>University housing function</i>			<i>Highest educational level</i>		
Full-time hall director	47	21.6	Graduate degree	103	47.2
Mid-level manager	47	21.6	4-year degree	34	15.6
Senior housing officer	42	19.3	College, no degree	30	13.8
Student staff	40	18.3	Graduate school, no degree	18	8.3
Other	16	7.3	Terminal degree	12	5.5
Graduate assistant hall director	11	5.0	High school or GED	11	5.0
Custodial staff	10	4.6	Less than high school	4	1.8
Conduct coordinator	3	1.4	Prefer not to answer	3	1.4
Maintenance staff	2	0.9	2-year degree	1	0.5

* Small institutions were classified as having an enrollment below 15,000. Large schools were classified as having an enrollment of 15,000 or more students.

The following survey item was also added at the end of the MHI-5:

Do you believe that the COVID-19 pandemic, coupled with your role in university housing, has negatively impacted your mental health?

Data Analyses

Data analyses included descriptive statistics for all variables of the MHI-5 survey instrument, as well as the additional survey item. Mean scores of all variables were compared across all grouping variables with sample sizes over 10 through Cohen's *d* effect size calculations and eta-squared (η^2) calculations. Independent sample *t*-tests, one-way ANOVAs, and one-way Welch ANOVAs, in instances where data violated the assumption of homogeneity of variances, were conducted to determine if there were any statistical differences between groups.

LIMITATIONS

This study has several limitations. First, the generalizability of some of the results may be limited due to smaller sample sizes for some groupings. Regardless, these results still uncover unique insights into the mental health status of various housing professionals, as well as the impact the pandemic has had on their mental health. The results also draw focus to areas for future research and recommendations for practice. The limited results indicate the need for further exploration in future research endeavors on this topic. Furthermore, institutions may have responded to the CDC's recommended COVID-19 guidelines very differently, either implementing every recommendation or none at all, based on institutional leadership and/or institutional type, and these differences could have impacted the mental health of people in the same housing functional role very differently. Additionally, this study did not account for the crises occurring alongside the pandemic—financial strain, social isolation, polarizing political opinions, racially charged violence, mass shootings, and travel bans—that may have contributed to overall decreased mental health. Lastly, although temporal boundaries were established for participants to strictly center their MHI-5 responses on the pandemic, data were collected at only one point in time (post-pandemic), which might have made it difficult for respondents to filter their responses accordingly.

RESULTS

MHI-5 Descriptive Statistics and Scoring Across Groups

Descriptive statistics displayed how respondents evaluated each of the items in the MHI-5 instrument, as well as the additional item (see Table 2, page 21). Out of the 218 survey respondents, 81.2% (177) scored below the MHI-5 cut-off mark of 76. The mean score was 54.51. The most common MHI-5 score (mode) was 40, which was scored by 9.2% (20) of the respondents. Refer to Table 3 (see page 22) for MHI-5 scores reported across grouping variables.

TABLE 2

Descriptive Statistics of the Survey Instrument

Item	n	Min	Max	M	SD
How much of the time were you a happy person?*	218	1	6	3.66	1.08
How much of the time have you felt calm and peaceful?*	218	1	6	3.21	1.14
How much of the time have you been a very nervous person?	218	1	6	3.39	1.31
How much of the time have you felt downhearted and blue?	218	1	6	3.77	1.19
How much of the time have you felt so down in the dumps that nothing could cheer you up?	218	1	6	4.60	1.23
Do you believe that the COVID-19 pandemic, coupled with your role in university housing, has negatively impacted your mental health?	218	1	5	3.59	1.31

* These items are reporting reverse-coded mean values.

When exploring MHI-5 scores below the 76 cut-off mark and the responses to the additional survey item (*Do you believe that the COVID-19 pandemic, coupled with your role in university housing, has negatively impacted your mental health?*), results revealed that 3.4% (6) reported *definitely not*, 10.7% (19) reported *probably not*, 14.7% (26) reported *might or might not*, 33.3% (59) reported *probably yes*, and 37.9% (67) reported *definitely yes*. Table 4 (see page 23) reports the descriptive statistics of this additional survey item across the various grouping variables.

Impact on Mental Health Across Groups

Independent sample *t*-tests were conducted to compare MHI-5 responses of males and females. Multiple differences in the mean score were observed, and, as suggested by Sriram (2017), effect size (Cohen's *d*) was examined first, followed by statistical significance. Despite differences in mean score between males and females across all survey items and all reporting effect sizes greater than 1, only one item showed a statistically significant difference: Males felt calm and peaceful more often during the pandemic than did females, with a large effect size, $t(209) = 2.280, p = .024, d = 1.118$.

TABLE 3**Reported MHI-5 Scores Below Cut-Off Mark of 76**

Grouping variable*	<i>n</i>	%	Grouping variable*	<i>n</i>	%
Gender			Age range		
Male	47	81	Under 25	52	88.1
Female	124	81	25-34	62	91.2
Race			35-44	33	75
Caucasian	115	82.7	45-54	22	71
African American	27	81.8	Over 54	6	42.9
Hispanic, Latino, or Spanish origin	16	61.5	Institution type		
Asian	10	100	4-year large public	90	72.6
University housing function			4-year small public	45	91.8
Full-time hall director	42	89.4	4-year small private	27	93.1
Mid-level manager	40	85.1	Highest educational level		
Senior housing officer	32	76.2	Graduate degree	89	86.4
Student staff	35	87.5	4-year degree	27	79.4
Graduate assistant hall director	11	100	College, no degree	25	83.3
Custodial staff	2	20	Graduate school, no degree	15	83.3
			Terminal degree	8	66.7
			High school or GED	7	63.6

* Grouping variables with sample sizes less than 10 are not reported.

A one-way ANOVA was conducted to determine if a negative impact on mental health from the pandemic and role in housing was significant based on race. (The American Indian/Alaska Native group was removed from this analysis due to too small of a sample size.) The negative impact on mental health was statistically significantly different within the race subgroup with a small effect size, $F(3, 204) = 3.435$, $p = .018$, $\eta^2 = .048$. Tukey post hoc analysis revealed that the mean decrease between Caucasians ($M = 3.77$, $SD = 1.22$) and those of Hispanic, Latino, or Spanish origin ($M = 2.96$, $SD = 1.54$), a mean decrease of 0.81, 95% CI [0.1, 1.5], was statistically significant ($p = .017$).

TABLE 4

Descriptive Statistics of Reported COVID-19 Impact and Job Function on Mental Health

Grouping Variable*	n	Min	Max	M	SD
<i>Gender</i>					
Male	58	1	5	3.55	1.34
Female	152	1	5	3.62	1.29
<i>Race</i>					
Caucasian	139	1	5	3.77	1.22
African American	33	1	5	3.48	1.27
Hispanic, Latino, or Spanish origin	26	1	5	2.96	1.54
Asian	10	2	5	3.20	1.23
<i>University housing function</i>					
Full-time hall director	47	1	5	4.28	1.06
Mid-level manager	47	1	5	3.72	1.23
Senior housing officer	42	1	5	3.71	1.24
Student staff	40	1	5	3.18	1.15
Graduate assistant hall director	11	3	5	4.27	0.79
Custodial staff	10	1	2	1.10	0.32
<i>Age range</i>					
Under 25	59	1	5	3.39	1.20
25-34	68	1	5	4.21	1.03
35-44	44	1	5	3.68	1.41
45-54	31	1	5	2.77	1.46
Over 54	14	1	4	3.07	1.07
<i>Institution type</i>					
4-year large public	124	1	5	3.41	1.39
4-year small public	49	1	5	3.69	1.23
4-year small private	29	2	5	4.24	0.87
<i>Highest educational level</i>					
Graduate degree	103	1	5	4.03	1.13
4-year degree	34	1	5	3.44	1.26
College, no degree	30	1	5	3.20	1.27
Graduate school, no degree	18	1	5	4.00	1.28
Terminal degree	12	1	5	3.25	1.36
High school or GED	11	1	4	2.45	0.82

* Grouping variables with sample sizes less than 10 are not reported.

A one-way Welch ANOVA was conducted to determine if a negative impact on mental health from the pandemic and role in housing was significant based on university housing function. (The conduct coordinator role, maintenance role, and “other” role were removed from this analysis due to small sample sizes.) The negative impact on mental health from the pandemic and role in housing was statistically significantly different between different roles within university housing function with a large effect size (see Table 5, page 25).

A one-way Welch ANOVA was conducted to determine if a negative impact on mental health from the pandemic and role in housing was significant based on institution type. (The 4-year large private institution group was removed from this analysis due to the small sample size.) The negative impact was statistically significantly different between institution types with a small effect size.

A one-way Welch ANOVA was conducted to determine if a negative impact on mental health from the pandemic and role in housing was significant based on age group. The negative impact was statistically significantly different between age groups with a medium effect size. Games-Howell post-hoc analyses were used for all one-way Welch ANOVAs to determine whether differences between group means were statistically significant.

A one-way ANOVA was conducted to determine if a negative impact on mental health from the pandemic and role in housing was significant based on educational level. (Due to small sample sizes, groups with less than a high school degree or with a 2-year degree were removed from analysis.) The negative impact was statistically significantly different between educational levels with a medium effect size, $F(5, 202) = 5.595$, $p < .001$, $\eta^2 = .128$. Tukey post-hoc analysis indicated that the mean increase between high school or GED ($M = 2.45$, $SD = 0.82$) and graduate school, no degree ($M = 4.00$, $SD = 1.28$), a mean increase of 1.55, 95% CI [-2.9, 0.2], was statistically significant ($p = .01$); the mean increase between high school or GED ($M = 2.45$, $SD = 0.82$) and graduate school degree ($M = 4.03$, $SD = 1.13$), a mean increase of 1.56, 95% CI [-2.7, -0.5], was statistically significant ($p = .001$); and the mean increase between college, no degree ($M = 3.20$, $SD = 1.27$) and graduate degree ($M = 4.03$, $SD = 1.13$), a mean increase of 0.83, 95% CI [-1.5, -0.1], was statistically significant ($p = .012$).

Since most campus housing staff across all levels had to scramble to make the necessary adjustments to continue operations, it was no surprise that the pandemic also likely increased their levels of stress and depression, which is a key concern in more vulnerable populations.

TABLE 5

Means, Standard Deviations, and Welch's One-Way ANOVA for Negative Mental Health Impact Across Group Variables

Negative mental health impacts	Groups	M	SD	F(5, 59.33)	η ²	Games-Howell Post-Hoc Test
From pandemic and role in housing based on job function	Student staff (A)	3.18	1.15	90.34 ***		B, C, D
	Full-time hall directors (B)	4.28	1.05	90.34 ***		A
	Graduate hall directors (C)	4.27	0.80	90.34 *		A
	Custodial staff (D)	1.10	0.32	90.34 ***	.286	A, B, C, E, F
	Mid-level managers (E)	3.72	1.20	90.34 ***		D
From pandemic and role in housing based on institution type	Senior housing officers (F)	3.71	1.23	90.34 ***		D
				F(2, 82)		
From pandemic and role in housing based on age group	4-year large public (A)	3.41	1.40			B
	4-year small private (B)	4.24	0.87	8.150***	.048	A
				F(4, 64.55)		
From pandemic and role in housing based on age group	Under 25 years old (A)	3.39	1.20	9.138***		B
	25-34 years old (B)	4.21	1.03	9.138***	.142	A, C, D
	45-54 years old (C)	2.77	1.50	9.138***		B
	Over 54 years old (D)	3.07	1.10	9.138*		B

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

Full-time hall directors reported the highest impact of the pandemic and job duties on their mental health. . . . These results are unsurprising, as it is more likely that full-time hall directors are on the frontlines, interacting with students more closely, as well as having the direct responsibility and consequent stress of implementing any new guidelines decided on by SHOs.

DISCUSSION AND IMPLICATIONS

The results of this study shed some light on the state of mental health in university housing staff over the course of the pandemic. Most strikingly, the vast majority (81.2%) of university housing staff in this study scored below a 76 on the MHI-5 assessment, indicating that 177 cases met criteria that could match a diagnosis for common mental health disorders such as anxiety and depression. It is evident that the mental health of our housing professionals—regardless of race, gender, age, housing function, level of education, and university type—has been greatly impacted during the pandemic. Institutions, and their respective housing departments in particular, need to assess the various types of institutional and departmental support provided to their staff to ensure their well-being. Furthermore, housing staff should be utilized as a source for feedback to determine if they believe that the support from their department or institution was adequate.

The percentage of males and females who scored below 76 was identical, indicating that gender did not make a difference in regards to mental health issues during the pandemic, even though males reported feeling statistically significantly more calm and peaceful during the pandemic than did females, with a large effect size. Although the reasons for this finding may be unclear, a possible explanation could be that males may not have been impacted as greatly by social isolation as were their female counterparts. Social connectedness can vary more by gender than any other demographic characteristic, with women in general having larger social networks and support systems than do men (Shye et al., 1995). A more recent study by Borland and colleagues (2019) revealed that females found same-sex social interactions to be more rewarding than did males.

Caucasian and African American respondents reported very similar percentages of those scoring below a 76 (82.7% and 81.8% respectively), with 61.5% of Hispanic respondents scoring below a 76. One-way ANOVA results indicated a statistically significant difference between Caucasian and Hispanic, Latino, or Spanish respondents with a small effect size. This finding is surprising as Paulsen (2020) asserted that the Hispanic population is at higher risk for mental health issues related to COVID-19 due to longstanding inequities in this country's structures and systems. Similarly, the fact that Caucasian and African American respondents reported similar scoring in regards to MHI-5 was also surprising, given that all people of color were more at risk of being affected by COVID-19, with African American and Hispanic people twice as likely to be hospitalized than non-Hispanic White people due to systemic issues such as racism, underlying medical conditions, the nature of their work, location, and access to

healthcare (DeSimone, 2023). A possible explanation of these results could be that working in higher education, particularly in university housing, could be limiting or curbing the negative impact of some of these systemic factors.

The mental health of senior housing officers (SHOs) appears to be the least impacted by the pandemic, as they reported the smallest percentage (76.2%) of MHI-5 scores lower than 76, in comparison to other housing function groups with more than 20 respondents. Full-time hall directors reported the highest impact of the pandemic and job duties on their mental health based on their mean score ($M = 4.28$), which is further reinforced by the results of Welch's ANOVA. They also reported the highest percentage (89.4%) of MHI-5 scores lower than 76. These results are unsurprising, as it is more likely that full-time hall directors are on the frontlines, interacting with students more closely, as well as having the direct responsibility and consequent stress of implementing any new guidelines decided on by SHOs. Furthermore, full-time hall directors live where they work, some in residence halls with student populations over 400, and have had to continue carrying out their responsibilities during the pandemic. For this reason, additional mental health support structures may be beneficial for our full-time hall directors. This support can include highly encouraged use of paid time off after a certain period of time coupled with an adjusted workload, highly encouraged frequent mental health check-ins with counselors, and mandatory training for supervisors on being ideal support systems for their employees.

Graduate assistant hall director respondents all scored below the 76 cutoff score, indicating struggles similar to those of full-time hall directors, with the likely additional stress of completing their graduate degree. Department leaders must pay attention to workplace stressors such as excessive workloads, inflexible hours, negative organizational culture, unclear job roles, and limited support from colleagues, since all these factors can pose a risk to employees' mental health (World Health Organization, 2022). Other forms of support can involve training for employees in mental health literacy and awareness, which is aimed at increasing the knowledge base about mental health and thereby reducing any stigmas that may exist. Furthermore, providing reasonable accommodations to employees such as extra time to complete duties, flexible working hours, time off for health appointments, and regular check-ins with leadership are also effective ways to create a healthy work support system (World Health Organization, 2022). Institutional leadership should also prioritize these efforts by allocating funds dedicated to creating accessible programs for all employees to further reinforce the structures in place.

It is evident that the mental health of our housing professionals—regardless of race, gender, age, housing function, level of education, and university type—has been greatly impacted during the pandemic. Institutions, and their respective housing departments in particular, need to assess the various types of institutional and departmental support provided to their staff to ensure their well-being.

Custodial staff surprisingly reported almost no impact of COVID-19 on their mental health based on their mean score ($M = 1.10$), as well as reporting statistically significant differences in comparison to all other housing functions/roles. This finding is surprising since one of the recommended guidelines from the CDC for institutions of higher education is to require more frequent cleaning and disinfection of surfaces and objects in facilities, which could translate to an increase in work stress for custodians. Perhaps the nature of the work that custodial staff perform allows them to shut off after work and thus feel little work-related stress once they are off the clock. However, due to this sample size barely meeting this study's threshold, these results may not be generalizable, indicating that future research should focus on the mental health of custodial staff and possibly other hourly staff working in university housing.

Differences were also revealed by institution type; for example, 4-year small private institutions reported a higher statistically significant difference in means when compared to 4-year large public institutions [Welch's $F(2, 82) = 8.150, p = .001$]. This finding calls for additional research and exploration into the mental health of housing professionals at these smaller private institutions, which may have inconsistent regulatory practices (Mazumder, 2014) that compromise public health and place additional stress on all employees. Eldridge and colleagues (2022) found that institutional decision making was heavily influenced by financial incentives (in the fall of 2020, in particular); private schools derived a large portion of their revenue from auxiliary services, making remote classes and distance learning operations too much of a financial risk. Such institutional decisions could easily add stress to staff, particularly those working in auxiliary services, such as housing, who had to perform regular operations while so many other institutions operated remotely or with a hybrid model (Smalley, 2021). While such decisions may be inevitable in an unstable, uncertain financial climate, decision makers must also be aware of how they impact the well-being of their employees.

The age group 25–34 reported the highest mean ($M = 4.21$) in terms of the impact of the pandemic and their functional role, which was also statistically significantly different when compared to all other age groups. These findings are not surprising as the early adults group is considered especially vulnerable; many of them experience their first episode of a serious mental disorder at this time (Balon et al., 2015). This age group also likely represents most of the full-time hall directors, which, as results from this study indicate, was the most impacted functional group. This finding highlights the need for support structures to already be in place, pandemic or not, to serve a vulnerable age group that happens to make up approximately half of housing entry-level positions (49% in this study). The other half (51%) consisted of mid-level managers, who were the third most impacted group by function ($M = 3.72$). Housing departments that employ staff in functional roles should consider creating a healthy support system in order to prioritize the mental health and overall well-being of these employees.

Department leaders must pay attention to workplace stressors such as excessive workloads, inflexible hours, negative organizational culture, unclear job roles, and limited support from colleagues, since all these factors can pose a risk to employees' mental health.

Those with a high school or GED degree reported the lowest impact in terms of mean score ($M = 2.45$), and the difference was also statistically significant when compared to those in graduate school or with a graduate degree and those having no degree at all. This result likely represents the interactions between custodial staff and the graduate assistant and full-time hall directors. Again, more research is needed on the mental health of custodial staff and the impact of the pandemic.

CONCLUSION

The purpose of this study was to investigate the impact of the pandemic on the mental health of housing staff, as well as to explore if any differences exist across different grouping variables. The results, based on 218 respondents, indicated that the mental health of a majority of university housing staff was impacted by the COVID-19 pandemic. Results also indicated significant differences between grouping variables such as race, institutional type, functional role, educational level, and age.

Future studies should take a deeper dive into significant differences of race, housing function, and institutional type, focusing on obtaining larger sample sizes for the underrepresented groups from this study. Larger sample sizes for such groups would allow a better examination of differences to determine if any of the results would be generalizable to university housing staff in the U.S. In particular, future studies with a focus on custodial staff are recommended, preferably with the inclusion of qualitative analyses, to help offer an explanation for some of the surprising findings of this study. Most importantly, this study draws attention to the current state of mental health within our university housing staff and calls for increased departmental support and training for leadership to ensure that the culture of a healthy work/life balance is being fostered and that the mental health of all employees is prioritized. ■

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DISCUSSION QUESTIONS

1. In this study, more than 80% of campus housing staff in this sample met the diagnosable criteria for anxiety and depression in the wake of COVID-19. How do you promote mental health and wellness at your institution for all levels of staff? What additional steps can you take to improve institutional or departmental support regarding mental health?
2. What mental health resources are available on your campus and in the surrounding community for campus housing staff? Consider employee assistance programs, student counseling services, and counseling in the community. How can your institution ensure that these resources are affordable and accessible to all staff?
3. COVID-19 impacted live-in professional staff more considerably than it impacted those in other positions, with many of these staff on the front lines of pandemic response with students. What protections and support can your institution put in place for these staff in the event of a campus-wide crisis situation?
4. The mental health of campus housing staff who identified as Hispanic/Latino/Spanish was impacted more than it was for White staff in this sample. What additional support can be provided to Latinx campus housing staff when considering mental health?
5. The author calls for more training for university housing leadership to promote a culture of healthy work/life balance. What steps can you take to improve this culture at your institution? What would additional training for leadership look like to promote work/life balance among all staff?

Discussion questions developed by Erik Sorensen, Miami University