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An Investigation of the Impact of Work Factors and Trauma Exposure on Burnout in Housing and Residence Life Professionals

HOUSING AND RESIDENCE LIFE PROFESSIONALS help students through crises and traumatic events, which may affect their own well-being. Members of higher education student affairs professional organizations, including ACUHO-I, were surveyed to investigate the following relationships: (1) work factors (i.e., job demands, job resources, exposure to trauma) and their influence on burnout and (2) individual factors (i.e., gender, race, number of supervisees, and years in the profession) and their influence on burnout. Using correlation and regression analyses, results indicated that as job demands increase, so does burnout; job resources, however, may mitigate those effects. Fewer years in the profession and serving in a supervising capacity positively influenced burnout scores. There were no significant differences by gender or race/ethnicity. Finally, although exposure to trauma significantly contributed to higher burnout scores, the meaningfulness of that significance may be small. Implications and recommendations for practice and research are provided.

Professionals working in housing and residence life (HRL) and in on-call or case manager roles have complex and multiple student-centered duties. They help students with homesickness (Sun et al., 2016), connect them to academic programs (Kuh et al., 2005), build connection through cocurricular involvement (Farrell et al., 2019), and foster awareness and understanding of diversity (Graham et al., 2021). Additionally, they are often among the first to respond during crisis situations, day or night, to help students who are actively in trauma or experiencing traumatic responses (Cawthon & Schreiber, 2012; Pope et al., 2019).

Students' trauma may stem from individual or campus-wide crises, including suicidal ideation, the death of a loved one, assault, students' deaths, campus bias incidents, natural disasters, and community-wide acts of violence (Shaw & Roper, 2017). Because housing and residence life professionals interact with students in myriad ways, they are often "the highest touch-points for students" (Graham et al., 2021, p. 4) in work that is both cognitively and emotionally demanding.

PURPOSE OF THE STUDY

The purpose of this study was to examine the relationship among work factors (i.e., exposure to trauma, job demands, and job resources) and individual factors (i.e., gender, race, number of supervisees, and years in the profession) and burnout in HRL professionals who have critical helping roles during crisis situations. According to the Substance Abuse and Mental Health Services Administration,

> *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.* (2014, p. 7)

When campus housing professionals help students through a crisis, they can also suffer traumatic effects. The five most frequently cited traumatic experiences that student affairs professionals helped students through are (a) death of a loved one, (b) sexual violence, (c) suicidal ideation/attempt, (d) severe mental health episodes, and (e) hate crime/discrimination (Lynch & Glass, 2019).

CONSEQUENCES OF TRAUMA EXPOSURE DUE TO HELPING WORK

While helping students during crises, housing and residence life professionals can experience some measure of compassion satisfaction—the positive feelings and experiences of effectively helping others (Stamm, 2010)—and even post-traumatic growth (Collier, 2016), but frequent and consistent exposure to trauma can also have significant negative effects: compassion fatigue (Figley, 2002), secondary traumatic stress (Lynch & Glass, 2019), and burnout (Mullen et al., 2018; Rosser & Javinar, 2003; Tull, 2014). This paper focuses on better understanding the negative consequences of the kind of helping work that HRL professionals perform.

Secondary traumatic stress is "the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p. xiv). Barnes (2013) identified a continuum of traumatic stress that starts with either directly experiencing or witnessing a traumatic event or helping others who are experiencing the traumatic event. The next place on Barnes' continuum of traumatic stress is the experience of secondary trauma. This form of trauma can develop into compassion fatigue and burnout—and burnout can then exacerbate a helper's compassion fatigue, resulting in additional secondary trauma. Organizational trauma can occur when helping professionals within the same

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organization experience the interactive effects of burnout, secondary trauma, and compassion fatigue. Although this study is focused on burnout, understanding how this differs from other consequences of trauma is important to help organizations support HRL professionals in their helping role.

Compassion Fatigue

Compassion fatigue describes the broad experience of reduced empathetic capacity or interest in bearing the suffering of others. Specifically, Figley (2002) posited that helping professionals can experience compassion fatigue when they hold onto the suffering of those they have helped, and over time they can feel detached not only from the people they have helped, but also from others when emotional responses are reasonable. Housing and residence life professionals experience not only the stressors of their work environment but also those associated with their role as helpers; this can diminish their capacity to experience and project the necessary empathy to effectively function in their jobs. Student affairs professionals who help others who are traumatized may have a first-hand understanding of van Dernoot Lipsky's (2009) reflection about the difference between being tired and experiencing fatigue.

> *There is a difference between feeling tired because you put in a hard day's work and feeling fatigued in every cell of your being. . . . The kind of tired that results from having a trauma exposure response is a bone-tired, soul-tired, heart-tired kind of exhaustion.* (p. 110)

Not being able to demonstrate compassion toward those who have experienced trauma separates the professional from the person they are serving, and, over time, it limits the access that professionals have to a full range of feelings, which can result in significant distress (Figley, 2002). Unfortunately, compassion fatigue may not even be recognized by peers and supervisors, who may ultimately interpret the fatigue as poor job performance.

Secondary Traumatic Stress

Persistent compassion fatigue may develop into secondary traumatic stress; this is an emotional response to the trauma experiences of others (Figley, 2002). Though anyone in a helping position can experience secondary traumatic stress, it can disproportionately affect individuals possessing marginalized identities, such as people of color, women, and LGBTQIA+ individuals (Brown, 2008). van Dernoot Lipsky (2009) uses the metaphor of throwing a stone into water to describe secondary trauma. The stone represents a traumatic event. The first ripple signifies the person directly experiencing the trauma, and the effects spread outward to those closest to the traumatized person: family, friends, and professional helpers. In providing help and support, those closest to the traumatized person may experience traumatic responses. Frequent exposure to secondary trauma may result in feelings of unease, unsteadiness, exhaustion, and disengagement from helping work.

Burnout

Frequent and repeated exposure to trauma can harm those who help others (Cieslak et al., 2014) and can cause burnout—defined by the World Health Organization as a syndrome resulting from chronic workplace stress—specifically when a person experiences "feelings of energy depletion or exhaustion; increased mental distress from one's job, or feelings of negativism or cynicism related to one's job; and reduced personal efficacy" (WHO, 2023, para. 3). Burnout is not a diagnosis, although some of its symptoms closely align to those of post-traumatic stress disorder (Lynch & Glass, 2019). This study focuses on burnout.

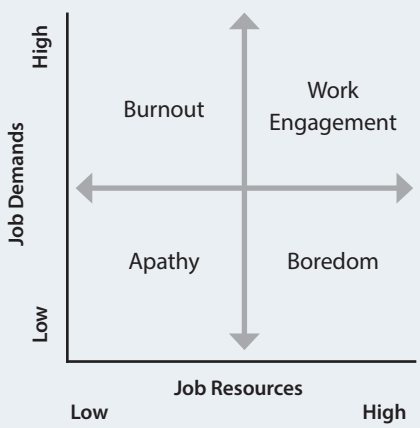
The Oldenburg Burnout Inventory (OLBi) (Demerouti et al., 2003) measures two dimensions of burnout: exhaustion and disengagement. Exhaustion, the fundamental dimension of burnout, can be experienced physically, emotionally, and cognitively, while disengagement is a response that some helpers use to maintain an emotional distance. These responses create an emotional separation from the act of helping and can even take the form of insensitive and impersonal decisions, remarks, or behaviors toward the very person in need of help (Schaufeli & Bakker, 2004). Having the space to process these experiences can be critical in resolving or reducing persistent disengagement (McCann & Pearlman, 1990).

CONCEPTUAL FRAMEWORK

Most of the current student affairs research examines burnout through an individual lens. The present study, however, examines burnout using an organizational perspective. Rather than focus on the skills and resilience of individuals, this study examines burnout by using a broader systems perspective. Two frameworks situate this study. First, repeated and frequent trauma exposure has negative consequences on the professional helper (Lynch & Glass, 2019). Second, burnout can occur "when job demands are high and job resources are limited" (Demerouti et al., 2001, p. 499). (*See Figure 1.*)

FIGURE 1

The Job Demands-Resources Model



> *Housing and residence life professionals experience not only the stressors of their work environment but also those associated with their role as helpers; this can diminish their capacity to experience and project the necessary empathy to effectively function in their jobs.*

In the context of HRL professionals, a job demand may be the emotional and cognitive requirements of balancing crisis management and administrative duties when facing a particularly challenging responsibility, such as relocating an entire floor of students after a flood. Job resources are aspects of the job that are essential to achieve organizational goals and can have positive effects, such as reducing job demands and helping to build professional skills outside the trauma helping situations. In the context of HRL professionals, a job resource might be the social support that professionals provide to each other before, during, and after critical situations. Another job resource may be developing evaluation skills by serving on a committee to award student scholarships. High job demands combined with high job resources result in positive work engagement (Demerouti et al., 2001), but a mismatch between demands and resources can result in apathy or burnout.

RESEARCH QUESTIONS

Most student affairs research on professional well-being focuses on the individual (Lynch & Glass, 2019; Mullen et al., 2018; Rosser & Javinar, 2003; Tull, 2014), but the work environment also has a role. Investigating how the work environment influences professional well-being is an emergent area of investigation in student affairs (Lynch, 2022). This study furthers this line of inquiry by focusing on how work factors (i.e., exposure to trauma, job demands, and job resources) influence burnout in student affairs helpers.

Three research questions framed the study.

1. *What is the relationship among job demands, job resources, and exposure to trauma and burnout in HRL professionals and on-call/case managers?*
2. *What individual factors (i.e., gender, race, supervision, years in the profession) and work factors most influence burnout in HRL professionals?*
3. *Does exposure to trauma have a statistically significant relationship to burnout?*

METHODS

We developed a 69-item survey to assess HRL professionals' self-reported levels of job demands, job resources, exposure to trauma at two points in time (the previous 30 days and an undefined period), and experiences of burnout. In addition to demographic items and types of trauma addressed, the survey incorporated elements of the Job Demands-Resources Model of Burnout (JD-R; Demerouti et al., 2019) and the entire Oldenburg Burnout Inventory. We used 10 subscales of the JD-R: five job demand subscales (i.e., work pressure, cognitive demands, emotional demands, role conflict, and hassles) and five job resource subscales (i.e., autonomy, social support, feedback, opportunities for development, and coaching). All subscale items were measured on a

Compassion fatigue describes the broad experience of reduced empathetic capacity or interest in bearing the suffering of others.

5-point frequency (*never, sometimes, regularly, often, very often*) or a Likert scale (*strongly disagree, disagree, do not disagree/do not agree, agree, strongly agree*). We used the entire OLBi instrument, which included two subscales: exhaustion and disengagement. All burnout items were measured on a 4-point Likert-type scale (*strongly disagree, disagree, agree, strongly agree*), and negatively worded items were reverse scored. Both instruments demonstrated strong reliability and validity across different occupations and organizations (e.g., Bakker & Demerouti, 2007; Nahrgang et al., 2011). The study was approved by the Institutional Review Board at Bowling Green State University.

Data Collection

The four criteria for participation were holding a master's degree or higher; being employed full time at a U.S. postsecondary institution; working in a disability, LGBTQIA+, multicultural, women and gender office, housing/residence life, student conduct, Title IX, on-call, or case manager role; and helping students experiencing trauma. In 2020, the survey was distributed to eligible members by the American College Personnel Association (ACPA; n = 1,160), Association of College and University Housing Officers-International (ACUHO-I; n = 15,693), Association of Student Conduct Administrators (ASCA; n = 2,263), and Association of Title IX Administrators (n = 2,030). Additionally, it was posted to listservs for professionals working in disabled student services and in women's centers as well as a social media group for ASCA women and student conduct officers. Data were extracted from a larger survey of student affairs professionals and included only participants working in housing and residence life and/or in on-call/case manager roles (N = 803).

Limitations

Data were gathered during the COVID-19 pandemic. This study asked participants to select all traumatic experiences they helped others with over the previous 30 days. Participants could select all traumatic experiences, as identified by Lynch and Glass (2019), and could enter other traumatic experiences not covered. Further research is needed to understand the specific effects of COVID-19 on the experiences of HRL professionals related to trauma exposure. However, anecdotally, many participants named COVID-19 explicitly as a source of trauma. These data, combined with Barnes' (2013) continuum, suggest that both the direct and secondary impact of exposure to and fear of the prolonged effects of COVID-19 may have affected the findings in this study.

Some gender and racial categories were combined and recategorized because a minimum number of participants in each category were necessary for meaningful statistical analysis. In consultation with student affairs experts in race/ethnicity and gender identity descriptors, categories were combined with attention to care and representation. For example, Asian American, Native American, and Pacific Islander participants were combined and coded as AANAPI. No participants identified as transwoman, transfemale, or transfeminine.

Data Analysis

Table 1 presents the descriptive statistics according to gender, race/ethnicity, number of supervisees, and years in the student affairs profession. Most of the sample of HRL respondents identified as White women. Approximately 60% of the respondents supervised at least one other person, and 52% had been in the field of student affairs for fewer than 10 years.

TABLE 1

Sample by Gender, Race/Ethnicity, Number of Supervisees, and Years in the SA Profession (*N* = 803)

Variables	*n*	Percent
Race/ethnicity		
Asian American, Native American, Pacific Islander	29	3.7
Black	57	7.1
Hispanic	44	5.5
White	609	75.8
Prefer not to answer	5	0.7
Multiracial	58	7.2
Gender		
Gender non-conforming, gender queer, non-binary, agender	20	2.5
Man/male/masculine	186	23.2
Woman/female/feminine	581	72.3
Prefer not to answer	16	2.0
Number of supervisees		
Zero	308	38.4
One to five	359	44.8
More than six	136	16.8
Years in the SA profession		
Five or fewer	219	27.3
Six to 10	200	24.9
11 to 15	154	19.2
16 to 20	118	14.7
More than 21	112	13.9

Note. The multiracial category combines respondents who entered a category in a text box or selected more than one racial category. The gender non-conforming, gender queer, non-binary, agender category combines those who selected transman/transmale/transmasculine or entered gender non-conforming, gender queer, non-binary, agender in a text box.

Job demands, job resources, and burnout subscales were tested for reliability via Cronbach's alpha (α). All subscales met the minimum reliability standards (all were equal to or above α = .70). All standards and assumptions were met for the correlation and multiple regressions analysis used to answer the research questions.

RESULTS

The first research question investigated the relationship among job demands, job resources, and exposure to trauma and burnout in HRL and on-call/case managers. A correlational analysis (i.e., Pearson correlation coefficient) was used. Table 2 presents means, standard deviations, and correlation coefficient scores. The broader literature base does not conclusively establish cut-off scores for low, medium, and high job demands; job resources; or burnout. However, Schaufeli and Bakker (2004) provided average scores of some job demands ($M = .79$) and job resources ($M = .76$). Additionally, the median of all burnout scores is 40.0. For this sample, job demands were slightly higher and job resources substantially lower than Schaufeli and Bakker's guidance; burnout scores were higher than the median scores.

There are two large and strong positive correlations between the two trauma help variables ($r = .73$) and job demands and burnout ($r = .56$). This relationship is a positive one; as job demands increase, so does burnout. Correlational results reflect a negative correlation between job resources and burnout ($r = -.53$); as job resources increase, burnout decreases.

TABLE 2

Means, Standard Deviations, and Intercorrelations for Job Demands, Job Resources, and Burnout Scores and Exposure to Trauma

MEASURE	*M*	*SD*	1	2	3	4	5
1. Trauma help (undefined)	3.51	1.83	--				
2. Trauma help (past 30 days)	3.28	1.64	.73*	--			
3. Total job demands	80.48	14.36	.29*	.30*	--		
4. Total job resources	56.42	12.26	-.07*	-.07*	-.25	--	
5. Total burnout	41.91	7.12	.10*	.08	.56*	-.53*	--

Note. All results significant at .05 level

* Significant at the .01 level

The second research question examined which individual factors (i.e., gender, race, supervision, and years in the profession) and work factors (i.e., job demands, job resources, and exposure to trauma) most influence burnout in HRL professionals. Forward multiple regression was used for this analysis. Overall, this model accounted for 49.8% of the variance associated with burnout. A summary of this model is presented in Table 3. Job demands, job resources, years in the profession, and trauma help (in the previous 30 days) were significant at the .05 level, while job demands, job resources, number of supervisees, and years in the profession were significant at the more restrictive .01 level.

TABLE 3

Regression Analysis Summary for All Variables Contributing to Burnout

Variables	*B*	*SE B*	ß	*t*	*p*	R^2	Change in R^2
Constant	37.20	1.89	--	19.73	<.001		
Job demands	.25	.01	.50	18.81	<.001*	.31	397.31
Job resources	-.23	.02	-.39	-15.39	<.001*	.47	393.18
Trauma help (undefined)	-.07	.14	-.02	-.48	.63	.49	266.09
Number of supervisees	-.87	.24	-.09	-3.61	<.001*	.49	209.94
Race	.07	.18	.01	.37	.71	.49	167.80
Gender	.43	.32	.03	1.31	.19	.49	140.30
Years in the profession	-.36	.13	-.07	-2.71	.01*	.50	122.38
Trauma help (past 30 days)	-.34	.16	-.08	-2.17	.03	.50	108.12

* Significant at the .01 level

Unfortunately, compassion fatigue may not even be recognized by peers and supervisors, who may ultimately interpret the fatigue as poor job performance.

The last question examined if exposure to trauma has a statistically significant relationship to burnout. Since this question isolates the exposure to trauma variables, two blocks were used: non-trauma variables in the first block to control for their influence and trauma variables in the second block. Results indicate that exposure to trauma (previous 30 days) was statistically significant ($p < .05$); however, the contributions were small. Total change in R^2 is .03. Table 4 presents these results.

TABLE 4

Regression Analysis Summary for Trauma Variables' Contributions to Burnout

Variables	*B*	*SE B*	ß	*t*	*p*	R^2	Change in R^2
Constant	36.99	1.89	--	19.51	<.001		
Block one	-3.82	.13	-.07	-2.86	.00*	.49	140.28
Block two	-3.37	.155	-.07	-2.17	.03	.50	108.12

Note. Block one includes job demands, job resources, number of supervisees, race, gender, and years in the profession. Block two includes trauma help (undefined) and trauma help (past 30 days). Both blocks were significant at the .05 level.

* Significant at the more restrictive .01 level

DISCUSSION

The results of this study have three broad discussion points for the HRL professional functions of student affairs. First, the Job Demands-Resources Model of Burnout fits the functional area both theoretically and practically. Second, certain professionals within HRL may be more susceptible to burnout than others; and third, although exposure to trauma is statistically significant it may not be meaningfully different from job demands.

This study analyzed the relationship among job demands, job resources, and exposure to trauma and burnout in HRL professionals and on-call/case managers. The JD-R appears to align with the experiences of HRL professionals. Although not the focus of this study, when professionals receive equally high job resources when met with high job demands, they experience work engagement (Demerouti et al., 2019). However, as this study indicates, when HRL professionals experience a mismatch of high job demands and low job resources, they may be more susceptible to experiencing burnout. This study confirms findings of other studies that HRL professionals may feel a

High job demands combined with high job resources result in positive work engagement, but a mismatch between demands and resources can result in apathy or burnout.

sense of exhaustion and disengagement after emotionally and cognitively demanding work (Lynch & Glass, 2019). Interestingly, the relationship that job demands ($r = .56$) and job resources ($r = -.53$) have to burnout is nearly an equal inverse one. Job resources should increase when job demands increase to protect against burnout. For example, HRL professionals who respond to a cognitively and emotionally demanding situation should receive post-situation support from colleagues, peers, supervisors, and mentors through feedback and coaching. This study complicates Renn and Jessup-Anger's (2008) finding that "new professionals need to be prepared to create conditions for and manage their own learning without the support and regular feedback [of others]" (p. 332). More research is needed to investigate which of the job demands may most contribute to burnout and which job resources may be the most mitigating.

The second research question investigated which individual factors (i.e., gender, race, supervision, and years in the profession) and work factors most influenced burnout in HRL professionals. Job demands, job resources, number of supervisees, years in the profession, and number of hours doing trauma helping work over the previous 30 days had a statistically significant relationship to burnout; gender and race/ethnicity did not. Broadly, this suggests that certain professionals are more susceptible to burnout than others, but there is no single profile of who is most susceptible to it.

Although the student affairs profession has studied burnout, as a concept, for 20 years, this study updates burnout research through a more detailed analysis of what may most influence it. Prior burnout research in student affairs investigated pay and benefits (Mullen et al., 2018), long working hours (Marshall et al., 2016), job satisfaction (Mullen et al., 2018; Tull, 2014), and quality of life (Rosser & Javinar, 2003). These studies established burnout as a known and negative well-being outcome in student affairs professionals. The present study highlights the role of organizations in terms of how they establish specific job demands and job resources in the HRL professionals' job responsibilities. Specifically, this study shows that job demands, job resources, number of supervisees, years in the profession, and number of hours doing trauma help work over the previous 30 days most influenced (either positively or negatively) experiencing burnout.

However, when examining the results more closely, an interesting pattern emerged. Job demands have a positive relationship with burnout; as the demands increase, so does burnout. Conversely, job resources, number of supervisees, years in the profession, and trauma help over the previous 30 days have a negative relationship with burnout; as these factors increase, burnout decreases. This result revealed a professional tension. For example, although the newest HRL professionals would likely have few or no supervisees, they are more likely to have the most direct exposure to trauma within the previous 30 days (Lynch, 2019). On the other hand, mid-level HRL

professionals have been in the field of student affairs longer; however, they may directly supervise a team of professionals (Rosser & Javinar, 2003) and may be involved in trauma helping work through their supervision (Lynch, 2019).

One way to make sense of this tension is to more closely examine mid-level professionals' experience. They are not only responsible for providing good supervision for new professionals (which may be a job demand for them, but a job resource for those they supervise), and they may be most involved in helping work through this supervision, but they may not have the necessary job resources from their supervisor (likely a senior student affairs officer) to balance out these high supervisory demands. This result indicates that good supervision matters and is a strong job resource (McCann & Pearlman, 1990). To draw stronger conclusions, more research is needed to disaggregate supervision and years in the profession. Ultimately, however, many professionals in HRL may be experiencing burnout.

The last research question investigated whether or not exposure to trauma significantly contributes to burnout. Although participating in trauma helping work did statistically contribute to burnout, its contribution was small. This result can be interpreted in a few ways. Though exposure to trauma through helping others may not practically contribute to the burnout HRL professionals are experiencing, this exposure may not be meaningfully different from the pressure of job demands. HRL professionals may view the work related to helping someone as simply a significant job demand, not as a separate experience worthy of exploration. These professionals may not have the mental and emotional space to process how trauma exposure may be affecting them either positively or negatively. This interpretation of the results aligns with and advances the current student affairs research suggesting that frequent and consistent trauma exposure can have a negative effect on the professional helper (Lynch & Glass, 2019). Student affairs organizations (e.g., departments, divisions, and professional organizations) have a role in allowing professionals to view trauma helping work not just as a job demand, but also as a separate influence on their experiences. These systems-level interventions may help these professionals experience post-traumatic growth instead of burnout.

IMPLICATIONS FOR PRACTICE

Since this study examined burnout through an organizational lens, it is most appropriate that implications for practice focus on the systems level: departments, divisions, and professional organizations. Since job demands and job resources have the most influence on burnout, HRL departments and divisions should closely examine high

. . . HRL professionals who respond to a cognitively and emotionally demanding situation should receive post-situation support provided by the coaching and feedback of peers, colleagues, and supervisors.

> *Mid-level professionals may be the most susceptible because they are not only responsible for providing good supervision for new professionals (a job demand) but may also be most directly involved in trauma helping work (another job demand) but then may not have the necessary job resources to balance out these high demands.*

job demand and then align demands with equally high job resources. Helping students who are experiencing a crisis, are traumatized, and need immediate intervention is one of the highest priorities of the job, since there is a very low margin of error in these situations, and they place great demands on the professional helper. These high expectations are unlikely to change. What can change, however, is the number of resources that departments and divisions provide these highly skilled professionals after they have completed the acute phase of the helping work. Lessening workloads in other meaningful ways after these demanding situations is an appropriate intervention. This study quantifies Renn and Jessup-Anger's (2008) qualitative findings that early student affairs professionals experience meaningful job stress and that individual professionals have the ultimate responsibility to make appropriate meaning from this job stress without the regular support of others. Ultimately, individual professionals are responsible for their own learning and developing; however, this study centers the importance of organizations investing in helping professionals to mitigate the negative impact of their job demands.

Additionally, HRL departments can adapt health standards from other professions; some police forces, for example, require professionals who have responded to a highly cognitively or emotionally demanding situation to take 24 hours of immediate paid leave (Brady, 2017). This gives necessary space for them to remove themselves from their work demands and may allow them to engage more effectively in social support, which can serve as a job resource. Although HRL professionals in helping roles may resist taking this leave because the work in student affairs rarely slows down, trauma helping work is meaningfully different from other job demands, like advising a student organization or attending programmatic efforts of resident advisors. Organizational leaders must maintain this leave as good practice since prolonged and consistent trauma exposure can have negative effects on helping professionals.

Student affairs professional organizations broadly and HRL organizations specifically have a role in supporting the professional well-being of their staff. These organizations can create spaces, policies, and best practices that provide opportunities to speak more openly and honestly about the professional helping role and the consequences this work may have. Organizations like ACUHO-I can sponsor professional roundtables and processing sessions at our conferences and conventions and can dedicate editorial space for wellness professionals in *Talking Stick* to support these HRL professionals who may be more susceptible to burnout. Hosting these roundtables and sessions with representation from all levels of the profession may create a broader network of professional support. By creating this kinship with others who do similar work across the country, new and mid-level professionals may increase social support.

As a matter of policy, professional organizations can spearhead trauma-informed supervision certificates. This recommendation can begin to address the significant influence that exposure to trauma has on burnout. Supervisors who understand trauma-informed work can help those they supervise recognize the unique contributions that this kind of work can have on their professional experience and identity. This certificate program could also create a social support system (serving as a job resource) of mid-level professionals. Borrowing the best practices of our social work and law colleagues in providing continuing education hours could maintain trauma-informed care, which is the starting point of post-traumatic growth. Departments, organizations, and professions have an important role in investing in our professionals toward this growth. Housing and residence life professionals are often first responders to help students through crises and traumatic events. The stakes of this helping work are high, and the labor is cognitively and emotionally demanding. This study illustrates that helping work negatively influences HRL professionals' own well-being. HRL professionals experience exhaustion, disengagement from their work, and burnout. Supervisors and leaders of campus offices, departments, divisions, colleges and universities, and professional organizations have a critical role in reducing the harmful effects for these highly skilled helping professionals. ■

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DISCUSSION QUESTIONS

1. How can residence life professionals better align resources to help alleviate burnout, secondary traumatic stress, and compassion fatigue? What types of resources are needed at different professional levels (e.g., entry-level versus mid-level)?
2. From a systems perspective, how can job demands in residence life be readjusted to prevent secondary traumatic stress and burnout?
3. Though the authors did not find any "statistically significant differences" for race and gender, what culturally responsive resources are needed to address race and gender issues for residence life professionals?
4. The authors refer to policy recommendations, including "24 hours of immediate paid leave" similar to what professionals in other fields are permitted after a traumatic event. How could this work in a residence life setting?
5. What occupational health standards are needed in residence life?
6. As residence life professionals, how would trauma-informed training help you in your role?

Discussion questions developed by Dena Kniess, University of West Georgia