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A Cog in the Machine Providing Student Support: How an Overwhelming Workload and Lack of Understanding Contributes to Staff Burnout

THE MULTIDIMENSIONAL ROLE OF ENTRY-LEVEL, LIVE-IN RESIDENCE LIFE AND HOUSING STAFF has grown even more complex in recent years. These staff members, often referred to as resident directors, are frequently asked to go beyond the role of RA supervisor, community builder, and policy enforcer. Now they also serve to support students with significant mental health concerns, manage COVID-19 response protocols, and act as a vital conduit helping campus partners connect with students where they are most accessible—their residence on campus. This multi-site case study explored how departments support the well-being of their entry-level, live-in staff, recognizing significant changes in the role over the past few decades. Individual interviews were conducted with senior staff and live-in staff to understand their perception of the support being offered and received. Manning's organizational frames were used in the design of the study and informed data analysis and interpretation. Findings suggest that the increasing number of responsibilities, the demands of crisis response, and campus partners' misunderstanding of the role contribute to an overwhelming situation for entry-level, live-in staff. An investment in relationship building and compensation packages, including benefits such as pet and partner policies, can help to support staff's ability to care for themselves. Recommendations focus on how departmental leaders can address challenges that are contributing to staff exhaustion and burnout.

Burnout is not a new phenomenon within the field of residence life; research dating back to at least the 1980s explores many of the reasons for burnout among residence life professionals (e.g., Herr & Strange, 1985). The work that resident directors (RDs) do with students is considered developmental in nature and is focused on building community and serving as first responders to after-hours emergencies (Riker, 1993), among other multiple responsibilities. Over the past few decades, the

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core purpose of an RD has remained consistent, but multiple responsibilities have been added and have contributed to staff burnout (Collins & Hirt, 2006). National events, such as 9/11, mass shootings, and the COVID-19 pandemic, and changes in federal law (Title IX) have directly influenced the nature of staff's work with students (Nguyen et al., 2018). In addition, data collected in the past decade show that college students' rates of anxiety, depression, and other mental health issues have continually increased, and between 2013 and 2021 the number of students with at least one mental health problem doubled (Lipson et al., 2022). While our work's purpose is to support our current student population, we must also recognize how recent events influence the experiences of our newer professionals.

Prior to the pandemic, residence life professionals were increasingly becoming essential employees as they managed responses to natural disasters such as hurricanes or blizzards that affected their campuses. The onset of the pandemic caused higher education institutions to lean heavily on residence life staff as essential employees, and they were suddenly tasked with coordinating campus closures in the spring of 2020 and subsequently engaging as public health monitors in order to manage isolation and quarantine housing. While the resident director position still involves much of the traditional work of supervising RAs and facilitating programming for residents, today's resident director is also likely to deal with far more stressful situations on a routine basis. Thus, maintaining their well-being in today's climate is more challenging than ever.

The idea of maintaining and prioritizing holistic well-being has gained traction in both research and popular literature in recent years. Simply put, well-being is an important part of mental health, an experience when "an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (World Health Organization, 2023, para. 3). Maintaining well-being is linked to many positive outcomes in the workplace, including better performance, increased productivity, and greater job satisfaction (Grawitch et al., 2006).

At a time when staff are feeling exhausted, burned out, and leaving the field, how do university and departmental leaders cultivate a culture of well-being for their professional staff while also tending to the needs of their students? This multi-site case study examined specific practices that affect the well-being of live-in staff and how those practices affect their experiences.

RESIDENCE LIFE PURPOSE AND STAFFING

The 1960s marked a dramatic shift for the housing and residence life profession, from employing what were then called dorm mothers, who nurtured, counseled, and warned of poor behavior when students were misbehaving to employing housing ad-

ministrators who addressed administrative, facilities, and student development needs focused on building community among residents (Riker, 1993). Although the primary focus of the RD position continues to be supporting the out-of-classroom development of students, the role has evolved as a result of changing campus demographics, sociopolitical issues, and legislation (Nguyen et al., 2018). As a result, RDs have seen an uptick in responsibilities related to administrative work, student behavior, crisis response, parental interactions, and institutional responsibilities (Collins & Hirt, 2006).

Burnout is linked to attrition, and combating this negative impact can help to support staff well-being and thus contribute to their retention (Collins & Hirt, 2006; Palmer et al., 2001). General research on workplace culture in the United States suggests that appropriate delegation of work, supportive leadership, physically safe and comfortable offices, and fair employee policies contribute to healthy work environments that support individual well-being (Grawitch et al., 2006). Research specific to residence life suggests that organizational culture, relationships, and job responsibilities and opportunities are central to retaining staff (St. Onge et al., 2008). Supervisors can play an important role in modeling healthy well-being behaviors and directly intervening when they see issues arise that might be impacting the well-being of their staff (Palmer et al., 2001).

INCORPORATING WELL-BEING MODELS INTO PRACTICE

Since the 1990s, there has been an increase in the number of studies supporting the idea that an individual's work environment impacts their holistic well-being (Grawitch et al., 2006). When individuals are holistically well, they tend to have higher rates of productivity and job satisfaction, which positively impact retention and contribute to creating a cycle that promotes individual well-being (Grawitch et al., 2006). While there are many wellness models used within organizations, such as the Wellness Wheel or Eight Dimensions of Wellness, this research study chose to utilize the World Health Organization's definition of health, as it identifies three distinct dimensions—physical, mental, and social—that encompass many dimensions of health that can be impacted by economic, environmental, personal, and social environments (WHO, 2017). This definition focuses on individual health and acknowledges that many external factors can influence holistic well-being. In this research study, the WHO's definition of health is used to identify the impact of workplace practices on the physical, mental, and social dimensions of well-being and to make meaning of participants' experiences overall.

ORGANIZATIONAL FRAMEWORK

Manning (2017) explores organizational development as it pertains to institutions of higher education and critically considers the ways that different higher education institution types (e.g., public versus private) operate. In constructing organizational frames for higher education institutions, Manning used an interdisciplinary approach, given that these institutions are unique. The organizational frames consider the complexity of institutions, the people who work within the organizations, and the centrality of

higher education's purpose—serving students. Since there was no single organizational framework of Manning's that defines how a modern institution functions, three of the frames were used in this study.

Bureaucratic Frame

Modern institutions utilize many bureaucratic principles such as hierarchical order, specialization, and accountability to govern daily operations (Manning, 2017). Power is held by those in positions of authority at the institution, and these individuals have the strongest voices in creating and implementing policies and protocols that govern the institution (Manning, 2017). All individuals are hired to work towards fulfilling the mission and are seen as replaceable when they leave the organization.

Organized Anarchy Frame

Manning (2017) defines organized anarchies as organizations that are "familiar yet hard to describe, unpredictable though at times oddly rational, rooted in the past yet optimistically gazing into the future, traditional though educating many to anticipate change" (p. 132) and are characterized by three properties: "problematic goals, unclear technology, and fluid participation" (p. 17). Fluid participation (missed and intermittent communication) can result in mistakes being continually repeated and decisions reversed or forgotten.

Spiritual Frame

The spiritual perspective, which has roots in positive psychology, seeks to create an organizational environment where employees can make meaning and better understand their purpose both at work and in the larger world (Manning, 2017). Organizations incorporating this perspective recognize that employees bring their whole selves to work, including their emotions. Encouraging employees to engage fully increases the likelihood for transparent dialogue, which may lead to the creation of innovative programs and services (Manning, 2017).

METHODS

The purpose of this study was to learn about how the well-being of professional live-in staff is supported within their department and institution. The following question guided the study: *How do residence life departments support a culture of well-being for their professional live-in staff?* Additional questions helped to provide further context:

- *What practices do departments currently implement to support the well-being of their professional live-in staff?*
- *How do senior departmental leaders perceive the support they provide to promote a culture of well-being for professional live-in staff?*
- *How do professional live-in staff perceive the support for their well-being from departmental leadership?*

To examine these questions, a qualitative multi-site case study was conducted. The use of case study as a methodology is preferred when the researcher wants to investigate, in depth, a contemporary phenomenon within a specific context; in a case study, "a how or why question is being asked about a contemporary set of events over which a researcher has little or no control" (Yin, 2018, p. 13).

Data Collection

Case study methodology is unique in that it requires the researcher to collect data from multiple sources to yield a rich and in-depth description of the phenomenon (Yin, 2018). This case study was conducted remotely via Zoom video interviews, which lasted an average of 60 minutes. Each participant participated in one Zoom video interview. Manning's (2017) bureaucratic, organized anarchy, and spiritual organizational frames were used to inform the creation of data collection protocols. Individual interviews were used as the primary data collection method.

The first level of site selection identified the specific locations, and the second level identified participants within each site. This study was endorsed through the Association of College and University Housing Officers-International (ACUHO-I), which sent an invitation to participate to all senior-level housing officers (SHOs). Twelve SHOs expressed interest, and three sites were selected (*see Table 1*) based on their stated institutional commitment to supporting the well-being of all community members. An email was sent to all resident directors and assistant directors at each of the three sites inviting them to participate. Eight resident directors, one assistant director, and each of the department directors participated in the study. Nine participants identified as White, and the remaining three as persons of color. The three directors had each been in the field for at least 12 years, and the resident directors had one to five years of full-time experience.

TABLE 1

Institutional Information

Type	Geographic location	On-campus bed count	Number of FT, live-in RDs
New England University			
4-year private	New England	1,001–2,500	7
Northeast University			
4-year public	Northeast	5,001–7,500	3 (5 pre-COVID)
Southeast University			
4-year public	Southeast	5,001–7,500	9

Note. Institution names are pseudonyms.

Data Analysis

ATLAS.ti was used to organize and code the data. We conducted data analysis while simultaneously collecting data. We uploaded relevant documents to ATLAS.ti and sent each participant a copy of their transcript, excluding the non-verbal communication notes, to engage in member-checking (Patton, 2015). We read through transcripts and documents multiple times, identifying units of meaning which were grouped under the applicable frameworks or compiled in an "other" category consisting of salient pieces of data (Patton, 2015). A within-case analysis was conducted for each site before a cross-case analysis was conducted; both involved coding the data for the intersections of Manning's (2017) bureaucratic, organized anarchy, and spiritual frames and the WHO (1958) physical, mental, and social dimensions, as well as identifying other relevant ideas.

FINDINGS

Participants across all sites discussed how systems and structures in place made their work hard to do at times and that there were some elements of the work that were beyond the control of even their departmental leadership. Contributing to this is the expectation that resident directors must be all things to all people (e.g., residents); this idea is fostered in part by their campus partners not understanding the critical roles that RDs have. Finally, participants overwhelmingly valued the relationships they had with colleagues and leadership, which helped them keep perspective when they felt frustrated with decisions made. The themes identified through cross-case analysis in light of Manning's (2017) frameworks follow.

A Bureaucratic Structure Leads to Work Compounding at the Bottom

Consistent throughout the interviews was the recognition that the demands placed on staff who are supporting students in distress takes a toll on their own well-being. Participants talked about their institution's emphasis on implementing a robust crisis protocol that provides comprehensive support to students in crisis and afterwards. For some live-in staff, serving as a crisis responder contributed most to their feelings of burnout. Resident directors bear the brunt of challenging work in supporting students who may be experiencing suicidal ideation, depression, sexual assaults, or other crises. The rise in mental health needs among college students in recent years contributes to RDs supporting students even more frequently, thus impacting their well-being. As one resident director explained,

> *I think the crisis part of housing and serving on call has a huge role with the burnout . . . I say that because it often gets put on on-call staff to do everything. It just seems so often that people are willing to allow people who are live-in on-call staff members to [have their safety put] at risk . . . because, "We need someone to be there". . . . Yes, we need to have safety on campus, we need to maintain the students' well-being, but "What about ours (resident directors)?"*

Departmental leaders also acknowledged how the scope of the work has changed in the last 10–20 years, particularly in terms of supporting students in distress. While external departmental factors influence on-call practices, departmental leaders described how they recognize the importance of setting tone and culture, even if it's saying, "Hey, take some time" or "Hey, thank you for all that you have done."

Aside from the demands of constantly supporting students in crisis, participants felt pressure to offer a quality customer service experience to their residents. One participant described the "pressure on making the residential experience be worth it for our students, a.k.a our customers" so that students choose to continue to live on campus. Others mentioned the added demands of doing more with fewer financial resources and the changing expectations of their role due to forces outside of anyone's control, such as the pandemic.

While the demands of the position make the work difficult, many participants felt that they were not adequately supported by salaries and benefits. Multiple RD participants mentioned that their low salaries made it challenging to pay bills and live comfortably. Some RD staff felt they were "overworked and underpaid," and, as one of them noted, "If I'm going to work this much anyway, I want to make more money, which is not the type of person I thought I was, but here I am." Staff overwhelmingly did value non-monetary and inclusive benefits such as policies that allow for partners and pets. In fact, most salient across nearly all RD participants was the value of being able to have pets live with them.

Organized Anarchy Seemed to be Central in Managing the Work

Indirectly shared by many participants, both at the resident director and director level, was the idea that today's RD staff must be all things to all people within the institution. As one RD described,

> *I supervise a million people. I do all this case management. I do all these conduct processes. I'm doing RA selection. If I just truly left for a week and didn't look at my email, number one, I think people would be frustrated they hadn't gotten a response. Number two, it would be so punishing when I finally did look at it that it wouldn't have been worth being away. It's easier for me to work when I'm on vacation or out of the office than try to get someone to cover this stuff. But that's so unhealthy.*

Aside from feeling that the workload is insurmountable, RD participants also felt that they were the "catch-all" employees for the institution; as one noted, the "biggest struggle of an on-call professional is the misunderstanding of our role." Many RD participants cited examples of how staff in other offices assumed that since the directors have live-in roles and must respond to calls after hours, work could be delegated to the resident directors. One university was considering expanding mail room hours based

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on students' request and went to the director of residence life to ask if resident directors could work the mail room shifts. As an RD explained,

> *There was a question about, "Well, it would be better for the students if the mail room were open longer. But we're not interested in extending the hours of the mail employees, so can't the [RDs] just work more?" And our director had to fight and elevate that to a vice-presidential level to say, "Yes, the [RDs] might live here, but you can't actually say, 'Okay, from 8:30 to 4:30, do your job and then from 4:30 to 8:30, work the mail room.'"*

It is the long hours and crisis response responsibilities that drain RDs the most, negatively impacting how they are able to care for themselves. As in the example above, the RD felt much support at the departmental level but did not feel support beyond that.

The magnitude of the RD workload at one of the sites resulted in three of the RD staff taking "leaves of absence for mental health reasons." As the director clarified, these absences coincided "with the pandemic and what it means to be a live-in staff member in the midst of a global crisis," and none "of the three asked for it (i.e., the leave of absence)." Rather, the director had to initiate the conversation with each staff member.

A Holistic Sense of Self Can Be Integrated into the Work

Despite frustrations with their salary, specific responsibilities, and cultural elements of an institution, it was evident in the interviews that a driving factor in staff's experiences and satisfaction with their work was being able to cultivate and maintain positive relationships with colleagues. The three director participants all appreciated the value in taking time to get to know their staff as people first, employees second; learning about their personal interests, hobbies, and what mattered most to them allowed them to develop a closer bond. One director participant spoke about the importance of investing in each staff member outside of work. Investing in staff as people first contributes to staff developing relationships with their peers and other departmental colleagues that are more than just work-centered. As one director explained,

> *One of my staff members is a Reiki practitioner; [I'm] encouraging them to go and further their training in that. One of my staff members is a recently newlywed; [I'm] encouraging them to take time with their partner. Like putting value in the things that they value, that is something that I strongly try to role model. [As a result] they [resident directors] genuinely like each other. They genuinely care about each other as people, way beyond the job. That is something that I think is cultivated. . . . And I think that contributes to wellness, when you are at least working with people that you like within your kind of functional area.*

In fact, all RD participants at this site mentioned in their interview that having strong relationships with their colleagues was something that added joy and satisfaction to their work experience and reinforced their commitment to the institution.

Additionally, RDs valued department leaders acting as role models who demonstrated healthy behaviors in the workplace and the value of work/life integration. One RD appreciated seeing how this behavior provided direction in determining how to foster this integration for himself.

> *Having people in your department above you role model good wellness is really, really important. [My director is] famous for saying, "Sometimes, I do email between 8:00 to 10:00 P.M. because I had to go to dance with my daughter or I had to do PTA, or whatever it is." She's like, "I don't expect you to be on email at 10:00 P.M. I don't expect responses at 10:00 P.M. I'm working my job into my life the same way you are. And so don't take what I'm doing as an unspoken expectation." And when you see it coming from above you, when I see her going to the gym from 1:00 to 2:00 P.M., I'm like, "Okay, you know what? If she's going to do it, then I really can do it." Or if I see her, who's way busier than me, staying healthy with two kids and finishing a doc program and all of this stuff, I'm like, "You know what? There's really not an excuse for me to not be making better choices for myself."*

All director participants described demonstrating the value of work/life integration by maintaining schedules that were flexible enough to allow time to go to the gym, attend appointments, and run errands and openly placing these non-work related activities on their calendars so staff could see that it was acceptable to do the same. As one director noted, while they cannot force a staff member to take care of themselves, they can provide space to have conversations and plant seeds about prioritizing oneself over the job. Numerous RD participants across all sites appreciated the transparency of work/life integration and enforced it in similar ways with the graduate staff and resident assistants they supervised.

DISCUSSION

This study explored how residence life departments support a culture of well-being for their professional live-in staff. The findings demonstrated that while departmental leadership strive to create environments that support work/life integration, live-in staff have a difficult time prioritizing their own well-being because of the constant demands on their time and energy. The long hours and demands placed on RDs had negative impacts on how they were able to care for their well-being holistically: feeling like mere cogs in a machine, losing sight of their purpose, and being seen as employees rather than people.

Feeling Like a Cog in the Machine That Provides Intentional Care

One principle of bureaucratic organizations is that they employ individuals committed to working towards achieving the institutional mission by focusing on fulfilling the responsibilities that their role requires (Manning, 2017). However, some organizations require more than that. As one RD noted, “Other duties as assigned is a big part of [the] role.” Additional work was not just limited to tasks that arise after hours; some participants described how they felt like a “cog in the machine” when additional responsibilities were delegated to them just because they were at the bottom of the hierarchical

chain. While residence life departments have employed a hierarchical organizational structure for decades, it is the RD staff who assume many of the front-line responsibilities that serve students (Upcraft, 1993). Working long hours often meant that staff had to struggle to eat nutritious meals or were so exhausted that they didn't want to socialize with friends after work.

Higher education institutions have recently become increasingly more focused on delivering quality service to their customers—in this case, students—and this emphasis has directly influenced the work of residence life staff, particularly their efforts to provide crisis support. One participant described how their department put a lot of work into their crisis protocol, but the added burden of what participants felt to be "high touch, high impact" work for them came at a cost to staff's well-being. The evolution of on-call responsibilities reflects the bureaucratic organizational concept that the interests of an organization take precedence over the interests of employees (Manning, 2017).

Compensation was a tension point for many RD participants, who felt "overworked and underpaid" and struggled at times to pay for even essential items, though some viewed the on-campus apartment and meal plans as sufficient compensatory benefits on top of the salary. However, other benefits, such as inclusive policies for partners and pets, were widely viewed as positively contributing to well-being. This echoes previous recommendations to address burnout and attrition, which have included rewarding staff with additional compensation, investing in quality accommodations, and implementing supportive staffing policies (Palmer et al., 2001; St. Onge et al., 2008).

Losing Sight of Their Purpose

Higher education institutions have long been categorized as organizations that embrace the organized anarchy frame, which is characterized by a dichotomy between individual rights and community obligations (Manning, 2017). From these participants' experiences, it was clear why. The perception that RDs were "catch-all" employees, coupled with the chaotic nature of serving on-call and working odd hours, led them to feel they weren't being valued. Many were repeatedly asked to support campus programs like offering a cooking demonstration or to meet additional office needs like operating the mailroom, which made them feel that while their job is not the hardest on campus, it is "one of the most misunderstood." When RDs are recognized as being critical community builders (Collins & Hirt, 2006) but work requests are unpredictable, then they are cogs in the machine of an organized anarchy. The idea that they would always be available to support other departments both during and after traditional work hours negatively impacted their well-being and their overall ability to take care of themselves.

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> *It is the long hours and crisis response responsibilities that drain RDs the most, negatively impacting how they are able to care for themselves.*

Being Seen as People First, Employees Second

All participants felt that having positive relationships with departmental colleagues, and even across campus, was a salient value that aligns with one of the core values of the profession (Riker, 1993). Having healthy workplace relationships can help staff work towards a common purpose and find meaning in their work (Manning, 2017). Two of the three sites embraced a "family-first" mentality: If staff needed to use time during the workday, within reason, to run errands or tend to family matters such as attending a child's play, it was culturally acceptable to do so. There was a collective mentality among all departmental leaders interviewed that if a staff member needs to take time during the day, they can make up the work at another point.

Three participants, who indicated that they had a racially minoritized identity, revealed that their inability to bring their authentic selves into the workplace contributed to their feelings of burnout. One felt internal dissonance in consistently being asked, based on their identities, to lead the racial and social justice work in their department. Negative experiences in the workplace serve as a social determinant of health and can impact how staff are able to take care of themselves mentally, physically, and socially (World Health Organization, 2017).

IMPLICATIONS FOR PRACTITIONERS

Senior- and mid-level department leaders can demonstrate intentional efforts to foster a culture of well-being for professional live-in staff through the formation of personal-professional relationships and positive role modeling behaviors. Additionally, benefits that can augment the low salaries, such as allowing pets or providing comp time, can support staff well-being, although a higher salary is also always appreciated. Resident director staff overall both acknowledged and appreciated the emphasis on relationship building, the level of support they received from supervisors, and certain staff policies and benefits, thus supporting existing research that demonstrates the value of these practices in promoting a culture of well-being (Preston et al., 2021). However, tension points expressed by participants indicate that there is still opportunity for departments to reconsider the purpose of their RD positions, particularly by reviewing the position, revisiting their recruitment practices, and focusing on telling the story of the role of residence life on their campus.

Position Review

The traditional responsibilities of an RD have remained intact, but they have been expanded due to changing student characteristics, new policies, and national events in the past two decades (Nguyen et al., 2018). The role has become so all-encompassing that it might be time to differentiate responsibilities. While a full-time, live-in staff member could still be assigned as the primary contact for a specific residential community for

needs that arise during the business day, designated clusters of other RDs can focus on responsibilities such as student staff in-services, community development, crisis response, and case management.

Recruitment Practices

Regardless of how positions are operationalized, hiring managers should carefully consider how position descriptions are worded, vacancies are advertised, and interviews are conducted for RD candidates. RD positions are often advertised as having a traditional balance of staff supervision, community development, administrative responsibilities, and crisis response. Many RDs feel, however, that in addition to the expectation that they fulfill all these responsibilities, they are also expected to engage in more ongoing crisis response and multiple "other duties as assigned." Current staff should be consulted about how best to describe the job, and interviews should be intentionally structured to evaluate candidate competence accordingly.

Telling the Story

Participants felt that campus partners lacked an understanding of what it means to be a resident director. Residence life departments can help shift this narrative by being strategic in how they tell campus partners the story of the work they do. One strategy to utilize in telling this story might be creating a presentation for campus partners that begins by describing what their institution's campus life might be like if there were no professional staff living in residence. How would community and sense of belonging be fostered in this new reality? Who would conduct check-ins for students of concern after hours? How could the lack of staff in residence contribute to a decline in students wanting to live on campus? From there, the presenter could share a narrative that includes quotations and personal stories from current RDs about their experiences, which could foster empathy and understanding from campus partners. Depending on how upper levels of administration understand the role of RDs, senior departmental leaders may facilitate this presentation to leaders within the division of student affairs, senior institutional leaders, and/or academic partners.

Departments may consider using their social media accounts on a regular basis to spotlight RDs' work, utilize time in division-wide meetings to showcase their work through anecdotes and pictures, and meet campus partners to refresh partnership expectations. When attending meetings with non-departmental colleagues, departmental leaders should be prepared to articulate how the work of their RDs helps to further the work of other departments, which could include sharing of personal anecdotes and/or data. If departments include a residential faculty engagement program, consider providing a one pager highlighting the RD role that these faculty can share with colleagues in their academic departments.

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. . . RDs valued department leaders acting as role models who demonstrated healthy behaviors in the workplace and the value of work/life integration.

LIMITATIONS AND FUTURE RESEARCH

A three-campus study cannot capture the full story of the cultures of well-being for professional live-in staff. As institutions continue to experience a change in their student demographics, residence life departments are organically evolving their RD position to enhance the scope of the job's responsibilities without also considering what existing responsibilities can be removed. One proposed research topic is a large-scale study that examines how RD positions vary across the country by institutional type, size, organizational structure, and institutional student needs. This could provide insight into the practicality of restructuring the position and offer ideas about how institutions could employ different, complementary position types within the same institution.

Additionally, as this study included a limited number of participants who identified as persons of color, more research is needed to explore how to intentionally create and support a culture of well-being specifically for staff of color. This could involve exploring discrimination and racism in the workplace through the lens of living where one works, along with being a role model and source of support for residential students of color.

Finally, conducting a case study during the pandemic did not allow for in-person data collection. For future case studies focused on topics like this, where environmental conditions may be important, conducting the research in person may lead to additional valuable insights.

CONCLUSION

This research was conducted when pandemic fatigue was setting in. We were concerned that participants, because of the added labor of serving as frontline workers, would focus more on discussing the impact of COVID-19 than on reflecting more broadly on the work they do. However, most of them offered responses that encapsulated experiences both before and during the pandemic. Their responses illuminated how departments support and cultivate a culture of well-being for their live-in staff, as well as areas of improvement. Relationships between positional levels were of great importance to all participants. For directors, this included role modeling positive behaviors and finding ways to support the work of their RDs. For live-in staff, this included feeling that they were valued by their departmental leadership and appreciating boundaries that were set by leadership. However, tensions were prevalent with RDs who felt they were catch-all employees and whose work was not well understood by campus colleagues. While all participants valued working with students—identifying this as a primary reason for working in residence life—many alluded to considering other opportunities in higher education or leaving the field altogether. As of the time of this article, at least three of them have left the field of higher education. In a time when we are at a reckoning with the purpose of our work, how do we determine what is most important in the work we do, how do we value our time, and how do we demonstrate value and investment to our employees? ■

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DISCUSSION QUESTIONS

1. How are live-in professionals being supported (e.g., policies and procedures, role modeling from supervisors or administrative leaders, compensation and benefits, etc.) with respect to their well-being within all levels of your housing and residence life department?
2. How can your department do a better job of conveying the roles, expectations, and responsibilities of professional entry-level, live-in staff to campus partners and your campus community overall as a means of "telling the story of the role of residence life" on your campus?
3. Creating differentiated RD positions by designating certain live-in staff as contacts for specific residential community needs (e.g., community development, crisis response, student conduct, staff training and development) could be a way to help alleviate some of the pressure of these roles being viewed as "all-encompassing." Do you currently have differentiated roles like this within your department? How would creating differentiated responsibilities for live-in staff work or not work for your department and residence hall student population?
4. What role do you feel institutional classification categories (public/private, size, Carnegie classification [R1, R2, doctoral, master's, etc.], geographic location, primary student population [HBCU, MSI, HSI, Tribal College, etc.]) play with respect to live-in staff members' feelings of being overwhelmed, burned out, or dissatisfied? Is there a combination of factors that would be more conducive to better promoting well-being for live-in staff?
5. How could graduate preparation programs better address issues of well-being and prepare their graduate students who are planning to become professional live-in staff in offices of housing and residence life? How much of this responsibility should fall to the orientations and trainings that housing and residence life departments conduct each year for their staff? What are a few key factors addressing well-being that should be included?

Discussion questions developed by Brad Johnson, University of North Carolina, Greensboro