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Taking the Pulse: Stress, Coping, and Resilience in Student Staff

THE COVID-19 PANDEMIC has presented unique challenges and stressors that are testing the resilience of residential life staff in significant ways. Like many colleges and universities, this campus of study provided almost exclusively remote instruction during the 2020-21 academic year while providing housing for approximately 30% of the undergraduate population. In 2021-22, this campus was near the residential capacity while providing mostly in-person instruction. Even with a 97% vaccination rate for students, monitoring the safety and wellness of residents created unique stressors for both professional and paraprofessional staff. The varied impacts of the pandemic brought constant change, and the results of such change were no more apparent than in the 24/7 environments of the residential community. This article explores the depth and breadth of issues related to the stress, coping, and resilience of live-in student staff and identifies variables that contributed to their well-being. Using a mixed methods approach, a comparison was made between student hall staff and the rest of the campus population on self-reported mental health concerns. These data were used to create changes in practice to improve the paraprofessional experience, such as professional staff assuming more in-person responsibilities and making mental health support more readily accessible to paraprofessional staff.

The many impacts from the recent COVID-19 pandemic have been well documented in news reports (Casselman, 2022; Ivory et al., 2022; Tingley, 2022). For higher education, the impact on college students has been particularly acute (Donaldson, 2022; Fischer, 2020), since they have struggled to find and build community and to possess the necessary technology tools to effectively navigate their virtual classrooms, while suffering from mental health and wellness challenges, like stress, anxiety, and loneliness (Ezarik, 2022). For these reasons, higher education institutions continue to search for ways to support and encourage their students, helping them to feel that they matter and that the institution will support their health and well-being.

Lewin (1936) perceived individual behavior as a function of both the person and the environment, $B = f(P, E)$. Based on this model, the environmental influences (E in this equation) of the pandemic impacted the behavior (B in the equation) of students

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(P in the equation) by increasing their levels of stress and anxiety. More specifically, the symptoms of stress in student behavior (B) are caused by factors such as working conditions (E) and individual attributes (P). Work-related stress emerges from the interaction between individual characteristics and the conditions of the working environment (Ornek & Esin, 2020). As student affairs professionals, we need to consider the student developmental context and culture of our environment in order to create effective strategies and programs that facilitate the development of our students. Institutions must be mindful of the impacts that our environments have on our campus community members and develop strategies and approaches to address such factors (The Healthy Minds Network & American College Health Association, 2021).

The setting for the current study was a highly selective large public institution on the West Coast. The institution is ethnically and culturally diverse (Office of Planning and Analysis, 2022a), with many students reporting that they are first-generation college students. Students have noted challenges related to basic needs, financial constraints, mental health and wellness concerns, and the impacts of COVID-19 (Office of Planning and Analysis, 2022b). The selectivity of the institution attracts students who are very bright, accomplished, and driven, which has produced a campus culture that is vibrant, dynamic, and steeped in creativity. However, it is a competitive campus culture that often catalyzes "imposter syndrome" (Holden et al., 2021) for many students.

The community where this institution is located has a housing market that is one of the most expensive and competitive in the United States (Bay Area Market Reports, 2022), which makes it difficult for some students to find accommodations that meet their level of affordability. The university represented in the current study provides on-campus housing not only to address the basic housing and food needs of its students, but also to give students access to the positive educational and social advantages that these structured environments offer (Blimling, 2015). One important aspect of these developmentally focused environments is the opportunity for creating leadership roles, such as those for residential life staff who fulfill crucial functions such as educational programming, mentoring, crisis management, policy enforcement, and communication. The mission of the institution is largely achieved through the commitment and active engagement of these student leaders.

From a student perspective, individuals apply for these highly competitive staff positions not only to gain leadership experiences but also for practical and financial reasons: They need a means for offsetting the cost of college. More specifically, the residential life staff position provides room and board in a community in close proximity to campus in exchange for successfully meeting the expectations of the job.

The COVID-19 pandemic has presented unique challenges and stressors that have tested the resilience of residential life staff in significant ways. The institution in the current study provided almost exclusively remote instruction during the 2020-21 aca-

demic year, while providing housing for approximately 2,000 students in on-campus housing. This is approximately 30% of the usual single undergraduate residential life population. The pandemic resulted in constantly changing campus conditions, which created several areas of uncertainty. When and how should the institution resume in-person instruction? What would the testing (and re-testing) requirements be? How should masking mandates be enforced? Even though campus leadership made decisions informed by local public health guidelines, the pace of change was challenging for most, if not all, members of the campus community.

Even with a nearly 97% vaccination rate for students (due largely to a system-wide vaccination mandate), monitoring the safety and wellness of the residential population created unique and unprecedented stressors for both professional and paraprofessional staff. In a 24/7 environment like a residence hall, such stressors are greatly amplified. Residential life staff struggled with issues of resilience and coping and reported negative impacts that could be described as vicarious trauma and compassion fatigue (Figley, 1982). This milieu of uncertainty created a situation whereby residential life staff began to question how to best balance their roles as helper, supporter, programmer, and policy enforcer with their own personal needs and struggles, and they turned to the residential life leadership team and the division of student affairs to express their concerns and request support.

This article will explore the depth and breadth of issues related to the stressors, coping, and resilience of live-in student staff and will identify the themes and variables that contribute to their well-being. Using a series of "pulse surveys" administered by the institution during the 2020-21 school year to all students, the current study will compare the results for hall staff (resident assistants and theme program assistants) with those for the general campus population on self-reported mental health concerns such as depression and anxiety. Follow-up focus groups with hall staff were conducted to help inform new strategies and practices for improving the residential life staff experience.

The key questions of our study are as follows:

1. *Is there a significant difference in self-reported mental health concerns between hall staff and the general undergraduate student population?*
2. *What tools, resources, and strategies do residential life staff utilize to not only cope with stressful conditions but also enhance their well-being?*

METHODS

Grounded in a mixed methodology, this study used existing data to explore the research questions posed. Specifically, the use of an exploratory mixed methods research design allowed for a quantitative dataset to be analyzed and subsequently merged with a qualitative dataset to understand what contributed to the levels of student staff's stress and wellness during the pandemic (Creswell, 2008).

Quantitative Data Collection

Upon IRB approval (#2022-11-15836), researchers requested a subset of the data from the institution's 2020-21 academic year pulse surveys. Seven surveys were administered throughout the academic year, each containing approximately 20 questions that varied depending on student responses or items associated with specific populations, such as international students. Each survey included questions that mental health professionals use to gauge whether their clients may have symptoms of major depressive disorder or generalized anxiety disorder (Division of Undergraduate Education, 2022). Data was dummy coded for hall staff versus non-hall staff (the general student population) based on matched university identification numbers in order to complete comparative analysis.

Researchers requested a data subset that compared the responses of the total undergraduate population and residential life student staff to questions about symptoms of major depressive disorder and generalized anxiety disorder.

- Over the last 7 days, how often have you been bothered by having little interest or pleasure in doing things?
- Over the last 7 days, how often have you been bothered by feeling down, depressed, or hopeless?
- Over the last 7 days, how often have you been bothered by feeling nervous, anxious, or on edge?
- Over the last 7 days, how often have you been bothered by not being able to stop or control worrying?

Students answered these questions on a scale of 1–4: 1 = *Not at all*; 4 = *Nearly every day*.

During the 2020-21 academic year, the undergraduate population was 31,387, and the residential life student staff population was 177 (or one half of one percent of the total undergraduate population). Over the course of the seven pulse surveys, student staff responses ranged from 13 to 51 participants. Of the total undergraduate population, a range of 28–47% responded to the four fall 2020 surveys. In the spring 2021 semester, 22–30% of undergraduate students responded to the three surveys.

Due to the small number of student staff responses in relation to the total undergraduate population, chi-square tests of independence were performed to examine the relationship between student staff status and depression indicators as well as student staff status and anxiety indicators. (*See Table 1, page 113.*)

Qualitative Methods

For the purpose of this study, qualitative data that pertain to the research questions were requested from the residential life department. The department collected data during the 2021-22 academic year regarding the support strategies offered to live-in student staff throughout the COVID-19 pandemic. Focus groups and interviews were

TABLE 1

Pulse Survey Response Rates

Semester and survey	*n*	Response rates (%)
Fall 2020 Pulse Survey #1	13	10
Fall 2020 Pulse Survey #2	23	17
Fall 2020 Pulse Survey #3	16	12
Fall 2020 Pulse Survey #4	17	13
Spring 2021 Pulse Survey #1	51	32
Spring 2021 Pulse Survey #2	46	29
Spring 2021 Pulse Survey #3	47	29

conducted with segments of student staff, their professional staff supervisors, and the department's leadership team. Assessment staff attended meetings to determine what strategies the department and supervisors used to support live-in student staff as they adjusted to COVID-19 protocols over the course of the pandemic. Assessment staff also hosted focus groups with individuals who served as live-in student staff from 2018 to 2022.

Three focus groups were conducted, along with one individual interview for a past student staff member who could not participate during the scheduled focus group times. A total of 16 current and past live-in student staff participated. Attendees were notified that their participation was optional, and they were compensated with gift cards of a nominal amount for their time.

When researchers received data from the department, they were given portions of focus group transcriptions as well as portions of notes and timelines from the staff meetings they attended. Transcriptions from focus groups were provided with pseudonyms, and student staff names were not available to the researchers. The demographic data included focus group and interview participants' pronouns as well as the years they worked as student staff. Two researchers analyzed the data via descriptive coding and then open coding.

One prevalent theme from the qualitative data was the challenge of enforcing COVID-19 policies that the staff felt were always changing or not clearly communicated.

Participant demographic information is shared in Table 2. The focus group questions that were relevant to this study included the following:

- What conditions of working as a live-in residential life staff member were most stressful? What were the non-work related things (if you don't mind sharing)?
- While you served in this position, which resources were available to you and which do you wish had been available? Department resources? campus resources? personal resources?
- Do you think pulse survey data are accurate?

TABLE 2

Focus Group Participant Demographic Information

	n	%
Total number of focus group participants	16	100
Pronouns		
She series	8	50
He series	8	50
Years worked as student staff		
2018-19	10	63
2019-20	12	75
2020-21	6	38
2021-22	2	13
Academic year started working as student staff		
2018-19	10	63
2019-20	4	25
2020-21	1	6
2021-22	1	6
Number of semesters worked		
Two	3	19
Three	3	19
Four	5	31
Five	3	19
Six	2	12

FINDINGS

According to the pulse survey from fall 2020, the self-reported depression rates among residential hall staff closely tracked those of the general undergraduate population. In spring 2021, rates of depression appeared to be elevated for residential life hall staff. A chi square test of independence examined the relation between student staff status and depression indicators as well as student staff status and anxiety indicators. On the sixth pulse survey, the relationship between student staff status and depression indicators was significant, X^2 (1, N = 6374) = 4.1, p = .042. At that point in the spring 2021 semester, residential life student staff were more likely than the general undergraduate population to be experiencing depression. *(See Table 3.)* The effect size for this finding, Cramér's V, was small, .03 (Cohen, 1988).

Rates of self-reported anxiety appeared to be lower for live-in staff during the 2020-21 academic year, but there was no statistical significance. (*See Figures 1 and 2, page 116.*)

TABLE 3

Crosstab of Group*DepressionSurvey6

Group			DepressionSurvey6		
			Yes	No	Total
Hall staff		Count	27	19	46
		Expected count	20.2	25.8	46
		% within group	58.70%	41.30%	100.00%
		% within DepressionSurvey6	1.00%	0.50%	0.70%
		% of total	0.40%	0.30%	0.70%
Not hall staff		Count	2768	3560	6328
		Expected count	2774.8	3553.2	6328
		% within group	43.70%	56.30%	100.00%
		% within DepressionSurvey6	99.00%	99.50%	99.30%
		% of total	43.40%	55.90%	99.30%
	Total	Count	2795	3579	6374
		Expected count	2795	3579	6374
		% within group	43.90%	56.10%	100.00%
		% within DepressionSurvey6	100.00%	100.00%	100.00%
		% of total	43.90%	56.10%	100.00%

Note. The chi square test showed statistical significance on the 6th pulse survey depression question (p = .042 on the Pearson test).

FIGURE 1

Self-Reported Depression, Residence Hall Staff and General Population

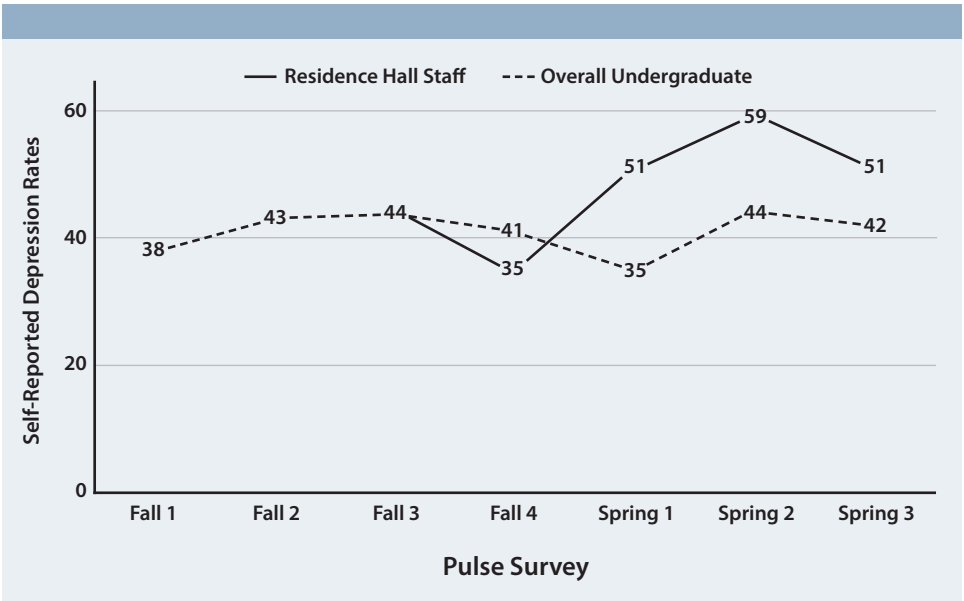
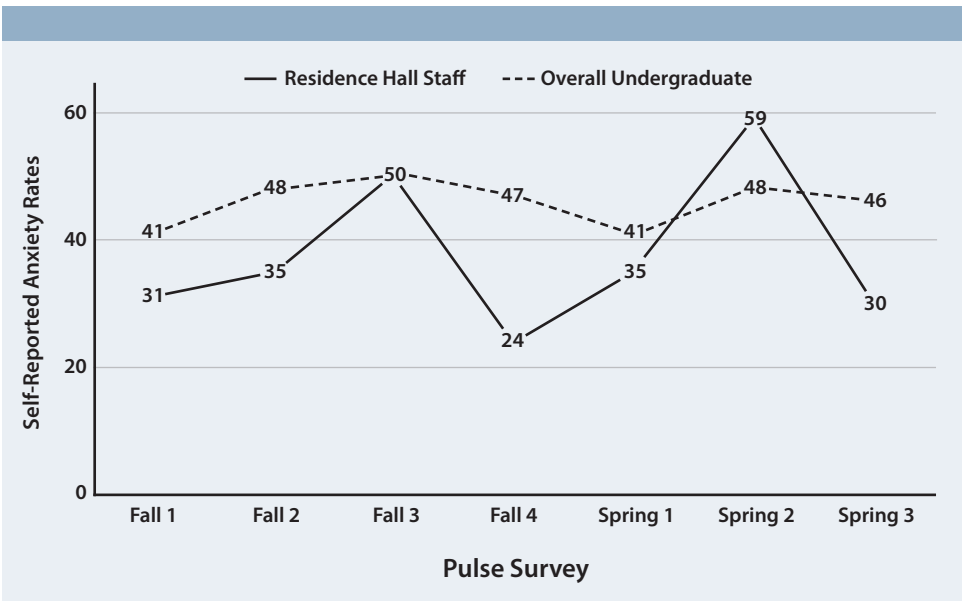


FIGURE 2

Self-Reported Anxiety, Residence Hall Staff and General Population



Challenges and Stressors

One prevalent theme from the qualitative data was the challenge of enforcing COVID-19 policies that the staff felt were always changing or not clearly communicated. There was also a perception that staff were applying the policies with varying consistency, which led to frustration and resentment regarding workloads. Student staff were also frustrated that residents who violated pandemic policies did not seem to receive serious sanctions through the formal conduct process. As Bo, a senior resident assistant (SRA), explained,

> *I was an SRA during that time period. And I definitely did see during spring 2021, a lot of my staff was really frustrated that there weren't enough guidelines to enforce social distancing. You would fill out a form on Roompact, and then just say . . . they weren't following [the guidelines]. And the worst is that the resident would get just an email or a talk. And that was it. And then there weren't enough serious repercussions to really enforce social distancing, where a lot of my staff just felt really frustrated, and we just kept on writing up the same residents and nothing's happening.*

This campus had decided to take an educational and progressive discipline approach to violations of the COVID-19 protocol for policies such as masking and social distancing. There was a theme of frustration amongst the student staff because once they submitted a report, student privacy rights kept them from being informed about the follow-up. They interpreted this to mean that these violations were not being taken seriously, which led to increased tensions with the professional staff and campus administration.

Student staff also recognized that social isolation led to barriers in developing a sense of community with other staff and their students. Bianca, an SRA, described her feelings of isolation:

> *I think it was a hard adjustment of . . . getting everything done, and then realizing too, because there were a lot of isolation protocols and we couldn't really see [each other] and have in-person staff meetings. I know I felt really isolated from my staff. So I was definitely feeling down about not really having the community that was so known to give to its RAs.*

Students apply to become RAs for a variety of reasons, and one of them is to build community with other student staff and their residents. COVID-19 policies prevented the type of bonding and social attachments that students are used to or were expecting from the RA experience. Having much of their job focus on COVID-19 policy compliance was difficult for the live-in staff.

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The RAs described the difficulties of balancing their mental health with their academic responsibilities, coping with a lack of privacy, and facing challenges in boundary setting with their residents who needed mental health support.

Interviewees said that the long Zoom RA trainings, which lasted for 10 days, felt arduous. Staff were in Zoom meetings from five to eight hours per day, which they felt impacted their overall mental health and well-being. There also seemed to be a higher rate of professional staff turnover during this time, which further impacted the morale and stability of the student staff. As Bo recalled,

> *Last year, we had three resident directors (RDs). So one left in the middle of fall semester . . . and then after that we had another resident director [leave]. Once that second person left, that definitely had a huge impact on being able to build community. And every single resident director had their own working style, whether one was breathing down our neck a lot versus one who wanted us to do whatever we wanted, as long as we felt supported. And there's just different levels of interactions that the RD wanted to have with RAs. And that was really hard to both manage, and being able to be that liaison with RAs and resident directors and also being able to create a community because after a while . . . I think a lot of my staff members, including myself, just felt really tired, just wanting to get through the year, and didn't really feel comfortable sharing with the resident director.*

The RAs described the difficulties of balancing their mental health with their academic responsibilities, coping with a lack of privacy, and facing challenges in boundary setting with their residents who needed mental health support. Several spoke of the challenges of being low-income students and how they needed to work another part-time job in order to have sufficient income to support themselves. They also spoke about the stress of being on duty and anticipating student crises but not feeling adequately prepared to handle severe incidents on their own and feeling vulnerable and afraid while performing in-person aspects of the job before being vaccinated. The pandemic seems to have exacerbated the separation between professional and student staff, creating tension and a lack of trust while reinforcing hierarchies.

Coping and Resilience

The campus administration conducted the pulse surveys in order to gain real-time information on how well students were doing during the pandemic. This information was discussed at the highest levels of the institution so that individual divisions could work to promote health and well-being. Campus communications from the division of student affairs and other divisions promoted an array of campus resources such as university health services that are designed to give all campus community members the tools needed for coping and bouncing back from the daily impacts of the pandemic.

While student staff discussed the challenges of making social connections and building community, they also seem to have viewed each other as a significant resource for support during these difficult times. They turned inward to the RA community to help them cope with their stress and challenges personally and professionally. They

also discussed their relationships with their residents and how that motivated them in their roles. As Betty said,

> *My favorite part of the experience was, the . . . one-on-one bonds that I made with my residents that were more individualized. And also the friendships and bonding and shared experiences and camaraderie with the staff, like fellow RAs.*

Bianca agreed, saying,

> *I returned as an SRA because I really enjoyed the part of getting to know students and mentoring the team and so I think that was probably the most fulfilling part. My favorite part of this past year was getting to know my small staff and being able to work closely with my RD to address student needs.*

Student staff also mentioned campus counseling services and other student service departments as important resources. One interviewee spoke about the process of registering their emotional support animal and the difference that made in their well-being. Others mentioned the ability to leave the residence hall to take breaks away from their place of work.

DISCUSSION

The quantitative data obtained through the campus pulse surveys showed that student hall staff had lower rates of anxiety and higher rates of depression than did the general student population, at least during the spring 2021 semester. One limitation in this data is that students were asked to self-identify their levels of anxiety and depression rather than having these conditions clinically assessed. Additionally, significance testing was not conducted between the respective fall and spring semesters due to the number of hall staff available in the study. Nonetheless, the results of the pulse surveys were shared with hall staff, which allowed for an exploration of ways to improve work conditions that could lead to reduced levels of stress, anxiety, and depression.

During the pandemic, campus leadership has been committed to communicating as often and as effectively as possible. The qualitative data gleaned through interviews showed that student hall staff were consistently informed of policy and protocol changes. Despite the difficulties of constant change resulting from the unpredictable and unsettling nature of the pandemic, student staff were among the best informed groups in the student population because they had the benefit of receiving weekly verbal updates at staff meetings regarding the current campus plans. This supports the pulse survey findings that they had lower rates of anxiety as a result of being more informed.

The qualitative data supports the quantitative data in terms of the higher rate of depression symptoms in student staff. Focus group participants explained that being isolated during the 2020-21 academic year was difficult, as they accepted the position hoping to make strong connections with their residents and other student staff. It was perhaps especially isolating for student staff to attend training, where staff were required to learn about their positions via Zoom sessions lasting five to eight hours per day over the course of 10 days. Additionally, some student staff who had frequent

supervisor changes felt this turnover made it difficult to share anything with them. This may signal that student staff who experienced supervisor changes felt defeated or helpless. This dynamic was, in many ways, the antithesis of a typical training, which is done in person to create high levels of familiarity and community.

Lynch's (2022) analysis of the physical and emotional costs of working in a helping profession may help to explain some of these dynamics. Student affairs professionals are called upon monthly, on average, to support students in trauma, which can lead to the helper experiencing secondary trauma. The fact that many crisis situations in a residence hall are initially discovered by paraprofessional staff could help explain why hall staff indicated a high rate of depression. Additionally, given that the overall hall staff experience was very different than expected—Zoom training experiences, fewer direct opportunities to create community—the prevalence of secondary trauma could be expected to be higher (Lynch, 2022).

While department and campus leadership provided updates, offered opportunities to connect via Zoom, and made adjustments to student staff responsibilities in order to promote safety, student staff credited their own resources as mechanisms to cope with stress. Student staff managed to develop community among themselves in spite of social distancing protocols. They also used campus counseling services, registered for emotional support animals, and took regular breaks away from the residence halls as a means of coping with the pandemic challenges.

IMPLICATIONS AND RECOMMENDATIONS

Through this highly difficult experience of navigating a pandemic, campus administrators have learned that timely institutional responses are important in supporting the mental health and well-being of student staff. During the 2020-21 year, administrators and professional residential life staff held several town hall meetings and open forums with live-in student staff to listen to their concerns and then made timely adjustments in response. As reiterated in the focus groups, student staff expressed fear and anxiety about their in-person job duties such as handling key lock-outs and responding to crises on-site as the anxiety of contracting COVID-19 during any general face-to-face interactions was always present. In response, the residential life department made adjustments. Professional staff (resident directors and assistant directors) assumed more of the in-person responsibilities of student staff such as making duty rounds and handling key lock-outs. Operational procedures were reviewed by professional staff looking for ways to modify standard safety protocols in order to reduce staff exposure. For example, residential life professionals engaged in site visits and walkthroughs of every residential community, something that would normally be done by student hall staff. They identified significant ways to modify and/or reduce risk. For example, new pathways for handling lockouts, such as utilizing stairwells (instead of elevators), were implemented.

Additionally, the department created internal documents to track all questions and inquiries that were coming in, and student and professional hall staff could access these at any given time. The questions were grouped and then residential life managers or administrators were assigned sections to provide timely updates. This

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transparent approach allowed live-in hall staff to consistently check for updates. The department also created a residential student leadership council composed of more senior student leaders within residential life who held positional or influential roles within their peer group. This group included senior resident assistants (returning RAs who held additional mentoring responsibilities) who had direct contact with the director and associate director of residential life. This direct interaction with the two highest departmental administrators allowed information to be shared directly with the leadership. A key responsibility of this shared governance approach was to share information with their RA teams from this meeting and solicit feedback on pertinent topics. The space allowed key leaders from departments like dining and facilities to come in and respond to questions about modified protocols and processes associated with the pandemic response.

Though the general age group of student staff put them in a lower risk category for COVID-19, emotional fear alone can create stress and anxiety on the job. In response, this university placed student staff in a priority group to take advantage of the early distribution of COVID-19 vaccines through its health center along with frontline employees. This was about one week after a higher risk group—the isolation and medical staff—received them. Furthermore, all hall staff (professionals and students) were given access to faceshields; provided with two different kinds of cloth masks, disposable surgical masks, and N-95 masks; and were trained on how to use and store them. Staff duty bags that are carried during rounds were outfitted with disposable masks, mask adjusters, hand sanitizer, and a multi-use no-touch door opener. Offices were outfitted with small equipment sanitizers to clean phones, keys, and other small items. To further alleviate student staff anxiety when interacting with residents, all residents were provided with three high quality reusable cloth masks, and communication was frequently shared about the need to wear them. All these measures helped to reduce staff's concerns about their health and safety while engaging with their residents.

The campus also instituted a well-coordinated system for isolating and quarantining COVID-positive and exposed students in a separated residential building. Significant campus resources were allocated to hire a team of full-time professional staff to provide coordination and support for students in these spaces. The isolation and quarantine operations, while managed by residential life, were managed as an operation completely separate from traditional residential life staff. This intentional distancing helped to alleviate the emotional fear of being exposed to the isolation and quarantine staff, who were at higher risk of being infected. As the pandemic progressed and more information about COVID-19 emerged, residential life began providing opportunities for hall staff to alleviate their concerns by learning about the isolation and quarantine services and touring the facilities. These measures fulfilled a critical need for student

staff to feel that their concerns were validated. We recommend that institutions regularly assess the emotional well-being of their student staff and make the necessary adjustments to support them. Through the pandemic, and as supported by the focus group data, campus administrators learned that communicating very clearly about job duties and providing frequent updates about policy changes helped reduce anxiety for student staff. We recommend that institutions use a variety of communication modes to connect with student staff including allowing time for engagement with professional staff and administrators. Sending emails and newsletters or cascading information through a supervising resident director is not enough.

Another valuable institutional practice is to provide accessible mental health support for student staff. This campus's residential life program partners with its counseling center to have a therapist who is solely dedicated to supporting campus residents, including live-in staff. The qualitative data showed that this served as an important resource for students' well-being during the pandemic.

Retention of professional staff should also be an important consideration. The qualitative data revealed that the rate of full-time staff turnover had an impact on the morale and well-being of student staff. Students were not the only ones impacted by the challenges of the pandemic. Professional staff were impacted as well, and this campus experienced a higher level of attrition than usual. In an effort to recruit talent and retain them, this campus raised the annual salaries of live-in professional staff as an added incentive since the cost of living in this geographical area is one of the highest in the country. As validated from the focus group data, the accessibility and stability of the full-time staff have a direct impact on the overall experience and well-being of student staff.

CONCLUSION

The mixed methods approach used in this study provided rich data that can be used to improve the experience of hall staff at this institution. The quantitative data from the pulse surveys and the qualitative data from the focus groups enabled the authors to gain a more complete understanding of the challenges experienced by hall staff during the pandemic. While the level of depression for live-in student staff increased during the 2020-21 academic year—due to social isolation, the challenge of enforcing pandemic policies, and helping students with mental health issues—their level of anxiety decreased. This may be due in part to their enhanced knowledge of COVID-19 and the fact that they received priority for the first dose of vaccines provided by the university.

Providing regular outlets for student staff to engage with high level administrators and professional staff to share concerns and ask questions provides valuable feedback and data for decision making. Student staff appreciate transparency, empathy, compassion, and honest and direct communication from their administrators.

At the time of this writing, colleges and universities are still managing the ongoing effects of the pandemic. It is important that institutions reflect on lessons learned in order to improve the experiences of student hall staff, as they are critical in enabling institutions to meet their educational missions. ■

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DISCUSSION QUESTIONS

1. What are the trends in amenities and resources being offered to your residence hall staff, both professional and student staff, to understand and heal the impacts of COVID-19 on their mental health?
2. Thinking about the increase in compassion fatigue and the blurred lines between being a friend trying to help and a staff member trying to, how can housing practitioners reframe or restructure training sessions that focus on resource referral and resource management for residents and student staff?
3. In this study, student staff had a harder time building community within their residence halls and within their staff, as well as establishing a sense of belonging. As housing professionals, how can we reimagine programming to establish a sense of belonging and account for decreased engagement?
4. The article discussed the increased level of depression in student staff and the inability to display vulnerability with their resident directors. How can one-on-one meetings with student staff be restructured to focus on mental health support and overall relationship building rather than only task support? Should this change occur? If so, how often should this style of support be utilized to balance the RAs' emotional needs and task performance?
5. Thinking about the impact COVID-19 has had on the emotional regulation and processing of both professional and student staff, how can professional staff change or restructure on-call duty to combat secondary trauma?

Discussion questions developed by Zakery Earp, University of North Carolina, Greensboro