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Understanding the Impact of Resident Assistant Experiences on Their Professional Quality of Life: The Case for Increased Institutional Supports

THE ROLE OF A RESIDENT ASSISTANT is complex and multi-faceted, requiring a unique blend of strong interpersonal skills and professional decorum. By contrast, little is known about the depth of self-care needed to mitigate the impact of the role on resident assistants' quality of life. This exploratory mixed-methods research project seeks to determine the Professional Quality of Life (ProQOL) for resident assistants. They were surveyed using a pre- (n = 106) and post-test (n = 115) across a spring semester. Findings suggest that resident assistants experienced significant ProQOL score changes across all three indicators: compassion satisfaction, burnout, and secondary traumatic stress.

The CDC-Kaiser Adverse Childhood Experiences Survey (ACES) was implemented in the mid-1990s, when 10 trauma categories were studied—rather than just the typical few of research at the time—and participants indicated their level of exposure to situations including interpersonal violence, sexual abuse, and neglect (Dong et al., 2004). The sample was largely made up of educated, White, financially comfortable adults (Felitti et al., 1998), and two-thirds of them reported at least one traumatic experience. It stands to reason that the prevalence of trauma exposure would only increase when additional risk factors such as minority status, low socioeconomic status, and low educational achievement are included (Goodman et al., 2012; Hidalgo & Davidson, 2000).

Trauma is becoming a critical public health issue and not only because of the known mental and emotional impacts. In fact, research indicates that trauma is leading to people living shorter lives and being affected by major illnesses such as cardiac diseases, lung disease, liver disease, and diabetes among others (Felitti et al., 1998; Goodwin & Stein, 2004). This is in addition to the more well-known side effects of trauma exposure such as increased prevalence of depression, anxiety, personality disorders, suicide attempts, and drug use (Ball & Links, 2009; Brady et al., 2004; Brown et al., 1995; Forman-Hoffman et al., 2016). Suffice it to say that trauma is worth understanding so that the needs of every community can be met.

DEFINITION OF TERMS

Secondary Trauma

With the recognition of trauma and its wide-ranging effects came increased efforts to assess for trauma. Societal openness to sharing and discussing one's traumatic experiences in any capacity has led to a growing body of research about vicarious or secondary trauma, which is the emotional distress experienced by a person not directly impacted by an event, but instead by the experience of hearing about another person's trauma (Pearlman & Saakvitne, 1995). Research shows that people in professions that are in the business of hearing or being a part of the worst moments of others' lives, such as social workers, emergency medical professionals, and law enforcement professionals, are disproportionately impacted by secondary trauma (Cieslak et al., 2014).

Compassion Fatigue

Secondary trauma is strongly connected to an increase in compassion fatigue, which is different from burnout, though both can coexist. It is often seen when a professional in a helping field begins to experience symptoms of distress that impact their ability to do their work and perform related job duties.

Burnout

Burnout is a more cumulative process marked by emotional exhaustion and withdrawal. It is not a direct product of trauma exposure in any capacity (Adams et al., 2006). Poor management of either set of symptoms is problematic, but even more dangerous when combined. However, those in a helping role who are stressed by the trauma they encounter may also be victims of increased workloads and the lack of institutional support that make burnout possible.

Direct exposure to trauma has been more heavily studied in recent decades, and uncovering the impacts of indirect exposure to trauma is a newer endeavor. Thus, it is critical for the helping professions to research the experiences of providers who may carry their own trauma history and symptoms or may undergo vicarious trauma in their jobs (Figley, 1993; Follette et al., 1994). Additional stressors can exponentially increase the impact of trauma exposure. For this reason, there are several special considerations related to the developmental stage of emerging adulthood.

CONSIDERATIONS IN EMERGING ADULTHOOD

Emerging adulthood is a phase of the lifespan that covers ages 18–25. After cultural shifts that delayed marriage and childbirth in favor of pursuing higher education and careers, the timeframe between high school and the jump into traditional family-focused adulthood is considered to be the phase of emerging adulthood (Arnett, 2000). Due to the absence of distinct societal caregiving roles related to spousal and parental relationships, emerging adults enter a unique life phase in which they have relative independence from their families of origin but do not yet have the enduring responsibilities characteristic of family formation in adulthood (Reifman et al., 2007).

> *Societal openness to sharing and discussing one's traumatic experiences in any capacity has led to a growing body of research about vicarious or secondary trauma, which is the emotional distress experienced by a person not directly impacted by an event, but instead by the experience of hearing about another person's trauma.*

Despite the seeming lack of pressure and stress, emerging adulthood can be a highly volatile period—both professionally and personally—due to uncertainty, experimentation with different roles, and efforts to construct a sense of identity.

The complications and stresses of emerging adulthood are compounded when the individual is still entrenched in a history of personal trauma. Research suggests that newly matriculating college and university students hold to the same pattern as the general sample from the ACE study, with 66% of the sample reporting trauma exposure in their childhood (Read et al., 2012). The implications are significant, as young adults reporting trauma exposure are juggling possible trauma reactions from past events and potential exposure to additional traumas at a time marked by the development of an emerging personal and professional identity. For instance, young adults with trauma exposure in their past are more likely to exhibit problems with alcohol and risky behaviors (Walsh et al., 2014) and tend to engage in more risky behaviors in general, which may put them at risk of additional traumas (Green et al., 2005; Messman-Moore et al., 2010; Smith et al., 2004)). Unfortunately, accumulating additional traumatic experiences and the potential for being revictimized while in emerging adulthood can result in further consequences such as disordered eating and neuroticism (Boals et al., 2014; Collins et al., 2014).

The impact of primary or personal experiences of trauma and secondary or vicarious experiences of trauma within the developmental stage of emerging adulthood is an important area for further research. As such, academic programs and institutions of higher learning are paying more attention to the nature of trauma as well as the trauma-related experiences of college students in general—and also of students who function as employees. Residence life professionals, and resident assistants (RAs) specifically, often witness and intervene when traumatic events occur on college or university campuses. Thus, it is important to research the impact of trauma on those students who serve in the role of the resident assistant in order to be able to improve residence life programs and aid students who function in this unique role (Ostrander & Chapin-Hogue, 2011).

RESIDENCE LIFE RESPONSIBILITIES

Residence life is typically embedded within a department, often referred to as housing, and it stands out among other service programs on college and university campuses in that its duties address all of a student's life experiences while at college. Housing on a college campus sets out to provide students with a well-rounded experience during

their college career in the form of on-campus living. The housing department can include, but is not limited to, the on-campus residence, student conduct, on-campus dining, facilities, student government, campus television, and on-campus initiatives.

Campus housing has a mission statement that provides a framework for what the department seeks to accomplish with its student population. These statements incorporate an institution's core values for their students which can include professionalism, personal growth, education, development, and inclusivity. While higher education institutions vary greatly in size, demographics, and funding, the role of housing often remains similar from campus to campus. Housing seeks to create a community that embraces diversity and inclusiveness, as well as promoting learning and engaging with others. This combination of educational and social aspects is what creates an ever-changing duty that housing must meet (Kevany & Macmichael, 2014).

The facilitators of the residential life experience are generally employed students called resident hall assistants or resident assistants. Both terms are used in the literature, and for purposes of this research the term resident assistants will be used.

ROLE OF RESIDENT ASSISTANTS

Resident assistants are live-in staff who oversee a community that lives within a residence hall on a college or university campus. The name of the position varies from one institution to another: house fellows, resident assistants, dorm assistants, resident mentors, community assistants, and others. All titles allude to the important roles that RAs play within residence halls under the department of housing. At the college in focus in this study, the RA's role is to uphold housing's mission statement, have knowledge of resources on campus, hold administrative responsibility, be able to communicate on multiple levels, be well educated on emergency procedures, and serve as a role model.

The RA position at the national level often requires a set number of hours to be scheduled and worked weekly, a designated minimum cumulative GPA, and for the student to be registered at full-time status. RAs are typically encouraged not to be in more than one varsity sport as it is expected that the position is the highest campus priority for the student besides their academics. In 2012, the national average ratio of residents to RAs was 37:1 (Stoner & Zhang, 2017), which means that one RA was tasked with upholding their expectations to create an environment for 37 people to come together and develop a community.

> *The complications and stresses of emerging adulthood are compounded when the individual is still entrenched in a history of personal trauma.*

It is important for RAs to create a welcoming community for students, as a sense of belonging is the foundation for student and institutional success. This can be seen in the form of student satisfaction: Students who show high satisfaction with their institution also show higher rates of persistence to graduation (Foubert et al., 1998). This satisfaction with the institution can be fostered in a student's early college experiences, which occur within residence halls, as first-year students are often required to live on campus. RAs can provide students with a sense of belonging and can be a resource when they encounter roadblocks in their college career. Creating this buy-in to the institution is crucial in supporting retention rates and satisfaction with the institution. Higher retention rates benefit the institution, which then can improve factors that are a part of students' day-to-day life, which then benefits the student.

The RA position is intended to benefit not only the residential community, but also the RAs themselves. Benjamin and Davis (2016) state that students who are in RA roles gain "interpersonal and pre-professional benefits" (p. 16). These skills can rarely be taught in a classroom setting, which makes these interpersonal and pre-professional benefits a unique feature of the RA position. Students rarely get to work closely alongside their peers while also working with college staff and faculty in other on-campus positions. The resident assistant position affords students a great deal of hands-on experience and workforce preparation.

The role of an RA requires a unique blend of strong interpersonal skills and professional decorum. By contrast, little is known about the depth of self-care needed to mitigate the impact of the role on an RA's quality of life. As such, this research seeks to explore the impact of the role on students employed in the position of a resident assistant.

METHODS

This exploratory mixed-methods research project seeks to determine the Professional Quality of Life (ProQOL) for resident assistants, who were surveyed using a pre- (n = 106) and post-test (n = 115) survey prior to the beginning of a spring semester and at the conclusion of the same semester. Thus, the ProQOL surveys were reviewed using quantitative methods. At the conclusion of the semester, all RAs were asked one open-ended question, and the narrative responses were viewed as a rich source of qualitative data.

The nature of this study is best characterized as program evaluation research (Reeping et al., 2019), given the emphasis placed on the impact of the work on RAs' quality of life. The reflective aims of the survey and the intention to seek data to inform richer multi-faceted understanding of the experience are indicative of program evaluation (Fetters et al., 2013; Pruitt et al., 2018; Richardson et al., 2019).

Participants

The research was conducted at a small rural non-profit coeducational academic institution in the Midwest that encourages first-year students to live on campus. Students can have vehicles on campus, and a vast number of them—upwards of 50%—travel when not in class and may not remain on campus during the weekends. The first-year students who utilized on-campus housing for the school year connected to the timeframe of this study is estimated at 20% of the total enrolled based on a self-report survey. Amongst first-year students reported to live on campus, the vast majority reported to be White students, with African American students being the second largest racial/ethnic identity group. Given that this campus is of modest size, rural in nature, and surrounded by larger, more diverse cities, the student body tends to be more homogenous.

Each residence hall has its own unique physical layout—high rise, low rise, and suite-style—as well as corresponding characteristics related to programming design. See Table 1 for an overview of the unique characteristics for each residence hall. The nature of these residence halls was the only source of descriptive data for this project, and no other demographic data was collected about the respondents. Given the exploratory nature of this study, minimal demographic data was viewed as ideal. RAs from all residence halls were surveyed at both the beginning and the ending of a spring semester.

TABLE 1

Characteristics of Each Residence Hall

CHARACTERISTICS	BUILDING STYLE		
	High Rise (2)	**Low Rise (10)**	**Suite-Style (2)**
Gender assignment	Integrated	Integrated	Integrated
Learning community	Identity-specific academic interest	Identity-specific academic interest	None
Single rooms	Yes	Yes	Yes
Number of assistants per floor	2	1–2	2
Building capacity	1,066	2,053	696
Number of RAs	36	73	16
Number of floors per building	9	4	3–5
International students	Yes	Yes	Yes
First-year students	Yes	Yes	No
Upper-division students	Yes	Yes	Yes
Housing staff on site	Yes	Yes	Yes

. . . the term secondary stress represents a complex cluster of symptoms that are often associated with compassion fatigue as well as burnout.

Procedure

Purposeful sampling was used in this study. All RAs are required to attend mandatory training and orientation at the beginning and end of each semester. It was during these sessions that respondents were given a verbal review of the intent of this project and were asked to volunteer to complete the ProQOL survey. All RAs were invited to participate ($N = 125$), but it was acknowledged that participation in the survey was not mandatory and they could decline. Those who wished to decline were given an opportunity to take a brief break. The survey took approximately 15 minutes to complete, and respondents were given the self-scoring instructions if they wished to determine their own sub-scale scores. The total sample size was 106 (84%) for the pre-test group and 115 (92%) for the post-test group, with 98 (78%) contributing to the qualitative data set.

Measure

The ProQOL is the most frequently used quantitative tool to measure the effects of helping others who have experienced crisis as well as trauma. As stated earlier, the term secondary stress represents a complex cluster of symptoms that are often associated with compassion fatigue as well as burnout. The ProQOL measure is a well-developed tool that has been around for several decades, is well researched, and is uniquely capable of assessing the complexity of trauma. Furthermore, the scale has a demonstrated history of high reliability scores and high construct validity (Stamm, 2010). The ProQOL has three inherent sub-scales: one each for compassion satisfaction, burnout, and secondary trauma. The current version, the ProQOL 5, was used.

The ProQOL instrument consists of 30 questions, each with a 5-point Likert scale rating from 1 = *never* to 5 = *very often*. Participants were asked to view the questions in relation to their current work situation and then to select the number that honestly reflected how frequently they experienced this in the previous 30 days. A higher average score indicates greater levels of compassion satisfaction, burnout, and secondary traumatic stress. Within the ProQOL Secondary Trauma Stress Sub-Scale, several questions are inversely scored. Each sub-scale contains 10 specific questions and the same Likert scale rating.

Quantitative Methods

The pre-test ProQOL data set scores were reviewed for missing or misrepresented data. Data consisted of aggregated totals of three sub-scales and the demographic characteristic of the respondent's residence hall. Of the 424 data points, only 12 items or 3% were incorrectly labeled. The scores that were initially coded as high, average, and low were re-coded into 57+, 50, and 43-. There was no observable pattern to the labeling. Thus, the labels were adjusted to reflect the allocated totals versus the corresponding label. There was no missing data, and the data that was originally misrepresented did not distort the data pattern after recoding.

The post-test ProQOL data set scores were reviewed for missing or misrepresented data. Data consisted of aggregated totals of three sub-scales and the demographic characteristics of the respondent's residence hall. Of the 460 data points, only two had no answers (.5%), and there were no items incorrectly labeled. There was no observable pattern to the data errors.

After data cleaning was completed, a basic characterization of the ProQOL scores among RAs was conducted. The main analysis consisted of comparisons of means (independent *t*-test and ANOVA). Efforts were made to explore the mean differences between resident assistants' ProQOL scores on the pre- and post-tests by residence halls. The effect size was calculated with Cohen's *d* (Cohen, 1988), which allows determination of the value of the standardized mean difference between the groups compared.

Qualitative Method

The qualitative method of a multi-step thematic analysis was used to review the narrative data (Attride-Stirling, 2001). The implementation of a thematic analysis was shaped by grounded theory constructs (Strauss & Corbin, 1990) in that latent and manifest themes were identified, the reviews of the narrative data were iterative and dialogic in nature as well as interpretative (Sandelowski, 2000; Westerman & Yanchor, 2011), and every effort was made to reach saturation (Kisely & Kendall, 2011). Review of qualitative methods affirms that there are multiple realities that emerge through reflexivity (Kisely & Kendall, 2011), and, as such, the researchers sought to understand the impact of the employment experience on the undergraduate students serving in the RA role (Creswell & Poth, 2018). The researchers as a group shared an informed perspective (Collins & Stockton, 2018) on the residence life experience in that the group consisted of residence life staff, faculty who facilitate trainings for the residence life program, students who serve in the role of an RA, and students who have used the services of an RA.

The researchers met as a group to debate the latent and manifest themes and to confirm the definitions by selecting quotations to further contextualize the expressed meaning. Interpretative consensus was achieved. Every effort was made to identify each narrative response with an emergent theme and collaborate on its description. It is important to state that narrative responses that did not add meaningful context were removed, such as items that simply stated positive, negative, or similar one-word answers. The discarded responses accounted for less than 5% of the total responses and did not appear to impact the process of contextualization (Creswell, 2012). The bulk of the narrative responses were written in full sentence form, with the majority of them containing two or more sentences. See Table 2 for description of the themes and contexts.

TABLE 2

Overview of Qualitative Results

Summative responses

"Positive and negative. Residents can cause tons of stress; but on the other hand, there are those that ease that stress."

LATENT THEMES	MANIFEST THEMES	MEANING	CONTEXT
Positive: Experienced as self-worth	Accomplishment as affirmed sense of purpose	The reassurance of self-worth, confidence, and self-regard while performing RA duties/ obligations	*"Without them, I feel like I would have felt like a failure this year, but I don't, and that's because I know I've impacted them."* *"They have impacted me because it reminds me every day the reason why I love my job."*
	Pride	Pride is associated with obtaining pleasure in being of service to the residents	*"Next semester, I'm devoting myself to community building and understanding my residents."* *"Seeing that I can help residents find their niche at UWW is something everyone wants, whether it's relating over sports."*
	Relationships	The personal connections established with some residents that are personally meaningful to the RA	*"Getting to know residents as a friend and having inside jokes is cool because it makes them feel like they have someone to talk to."* *"My residents are great, and I know them very well. I have long lasting friendships with many."*
	Purpose	The meaning or motivation that sustains the RA in their role	*"My interactions with my residents are priceless."* *"My residents are a huge integral part of my experiences at school."*
Negative: Experienced as disconnect	Obligations	The prominent conflict and desire to seek balance between professional and personal obligations/ role confusion	*"It made it harder to make connections with my floor because they could sense when I was asking a mandatory question."* *"I naturally talk to all of my residents, but I feel like they know when I'm poking for those questions."*
	Maturity	Dictates the perspective on the need of the RA	*"Residents didn't need me."* *"I had to confront some residents."*
	Trauma	Troubling situations shared by both the RA and the resident	*"Negative effects dealing with sexual assaults and suicide ideology affected me a lot."* *"PTSD from crisis situations."* *"I have had many short conversations in the hallway. But some serious ones, such as self-harm."*
	Assumptions	Assume negative views of the RA, based on preconceived notions	*"But most of the time my residents view RAs in a negative light so it's awkward."* *"I've heard a couple of residents say negative things about me and sometimes talk behind my back."*

RESULTS

Findings suggest that RAs experienced interesting changes to their ProQOL scores on all three indicators: compassion satisfaction, burnout, and secondary traumatic stress. The results and discussion of the results from this research project are situated within the unique characteristics of the academic institution and the nature of campus housing. It is critical to understand the nature of the campus as well as the unique characteristics of the residence halls in order to further contextualize the findings.

Qualitative Findings

Those serving in the RA role at the end of the spring semester were asked to share their thoughts in response to an open-ended question: How has the RA role impacted you? A robust number (98 or 89%) of narrative responses were collected and viewed as the qualitative data set.

The researchers met weekly over two months to read, review, and discuss the narrative comments. The narrative responses were physically divided and reviewed in iterations as both separate constructs and thoughtful construct comparisons. The manifest themes are the overarching categories or, as discussed within our research group, umbrella themes.

Manifest themes. Manifest themes suggested a naturally occurring binary of positive and negative comments. Researchers conceptualized these as self-worth (positive theme) and disconnect (negative theme). Both themes replicate the positives and negatives within the RA responses and summarize the overall outcome of the RA responses.

Latent themes. These themes emerge from both the positive and negative categories after thoughtful consideration, reflection, and dialogic engagement (Vaismoradi et al., 2016). As part of the dialogic process of the researchers, the authenticity of the emergent themes was contextualized with exact quotations from the narrative data.

Within the positive category, saturation was achieved within four sub-themes of accomplishment; as an affirmed sense of purpose, pride; pleasure associated with being of service, relationships; established personal connections, purpose; and motivations that sustain the person in the role. Within the negative category, saturation was achieved with an additional four sub-themes of obligations: conflict experienced when required to perform a task that clashes with relationship-centered practices, maturity; either the nature of the floor dynamics or the attributes of the residents, trauma; troubling situations experienced by the RA that were shared with the residents, assumptions; and negative preconceived ideas about the RA or the role of an RA formed by the residents.

Quantitative Findings

Resident assistants were surveyed twice: at the beginning and the end of the semester. To examine the differences in the level of their ProQOL pre- and post-test scores, an independent-samples *t*-test was conducted. The results indicated a significant difference in all three sub-groups of ProQOL (compassion satisfaction, burnout, and secondary traumatic stress) observed between the two test periods: compassion satis-

faction: t (219) = 2.5, p = .01; burnout: t (219) = 2.8, p = .01; and secondary traumatic stress: t (219) = 3.3, p = .00.

These results show that RAs had lower compassion satisfaction (M = 38.5, SD = 6.1) at the end of the semester than at the beginning (M = 40.6, SD = 5.9). Based on the interpretation guide of the ProQOL manual (Stamm, 2010), compassion satisfaction is about the feeling of pleasure one gets when helping others through one's work. A score between 23 and 41 indicates a moderate level of compassion satisfaction. As shown in Table 3 *(see page 82)*, even though RAs' post-test scores were lower than those for the pre-test, they still had moderate levels of compassion satisfaction.

Resident assistants' level of burnout (M = 23.1, SD = 5.2) and secondary traumatic stress (M = 20.8, SD = 6.3) were reduced compared to levels at the beginning of the spring semester: burnout (M = 25.4, SD = 6.6) and secondary traumatic stress (M = 24.0, SD = 7.9). The RAs' level of burnout was reduced, but they still had a moderate level (between 23 and 41). Burnout is connected to the feeling of hopelessness and difficulties in dealing with one's job effectively (Stamm, 2010). These results show that RAs had positive feelings about their ability to be effective in their job. At the beginning of the semester, RAs' mean scores for secondary traumatic stress were at a moderate level (between 23 and 41), but by the end of the semester, they were low (22 or less). Secondary traumatic stress relates to the feeling of exposure to extremely stressful events (Stamm, 2010), and these results indicate that the level of secondary traumatic stress in RAs decreased throughout the semester.

Table 4 *(see page 83)* shows the difference in the mean ProQOL score by residence hall types pre- and post-test. It indicates that RAs had lower compassion satisfaction, burnout, and secondary traumatic stress at the end of the semester than at the beginning regardless of types of residence hall.

These results show that RAs had lower compassion satisfaction at the end of the semester (High Rise: M = 38.5, SD = 6.1; Low Rise: M = 39.0, SD = 5.7; Suite: M = 38.6, SD = 4.2) than at the beginning (High Rise: M = 40.5, SD = 6.9; Low Rise: M = 40.8, SD = 5.5; Suite: M = 39.4, SD = 4.7) regardless of their assigned building. Based on the interpretation guide of the ProQOL manual (Stamm, 2010), RAs had a moderate level of compassion satisfaction in both the pre- and post-test. Also, they had a lower burnout level at the end of the semester (High Rise: M = 22.2, SD = 4.7; Low Rise: M = 23.8, SD = 5.2; Suite: M = 22.4, SD = 6.0) than at the beginning (High Rise: M = 24.9, SD = 5.4; Low Rise: M = 25.8, SD = 7.4; Suite: M = 22.5, SD = 3.8) regardless of assigned building type. A score below 23 reflects positive feelings about their work. Scores on the secondary traumatic stress sub-scale are low regardless of the type of residence hall at the end of the semester.

To examine these mean differences, groups labeled as pre-H.R (ProQOL pre-test and high-rise building type), pre-L.R (ProQOL pre-test and low-rise building type), pre-Suite (ProQOL pre-test and suite building type), post-H.R (ProQOL post-test and high-rise building type), post-L.R (ProQOL post-test and

TABLE 3

Independent Samples *t*-Test Output for ProQOL Among Resident Assistants

GROUP STATISTICS

ProQOL	Pre- and post-test	*n*	*Mean*	*SD*	Std. Error Mean
Compassion Satisfaction (CS)	Pre-test	106	40.6	5.9	.57
	Post-test	115	38.5	6.1	.57
Burnout (BO)	Pre-test	106	25.4	6.6	.64
	Post-test	115	23.1	5.2	.48
Secondary Trauma (STS)	Pre-test	106	24.0	7.9	.77
	Post-test	115	20.8	6.3	.58

INDEPENDENT SAMPLES TEST

		Levene's test for equality of variances		*t*-test for equality of means						
		F	Sig.	*t*	*df*	Sig. (2-tailed)	Mean difference	Std. error difference	95% Confidence interval of the difference	
									Lower	Upper
CS	Equal variances assumed	.33	.57	2.5	219	.01	2.1	.81	.46	3.7
	Equal variance not assumed			2.5	218.7	.01	2.1	.81	.46	3.6
BO	Equal variances assumed	1.4	.24	2.8	219	.01	2.2	.79	.68	3.8
	Equal variance not assumed			2.8	199.1	.01	2.2	.80	.66	3.8
STS	Equal variances assumed	3.9	.05	3.3	219	.00	3.2	.95	1.3	5.1
	Equal variance not assumed			3.3	200.3	.00	3.2	.96	1.3	5.1

RAs indicated in the qualitative research that a positive aspect of the job was having a sense of purpose and accomplishment; these positive components would be diminished if they began to feel unnecessary to their residents.

TABLE 4

ProQOL Score by Residence Building Style

	BUILDING STYLE											
	High Rise (2)			Low Rise (10)			Suite-Style (2)			Total		
	M	*N*	*SD*	*M*	*N*	*SD*	*M*	*N*	*SD*	*M*	*N*	*SD*
Pre-test Compassion Satisfaction	40.5	35	6.9	40.8	63	5.5	39.4	8	4.7	40.6	106	5.9
Post-test Compassion Satisfaction	37.6	36	7.5	39.0	66	5.7	38.6	13	4.2	38.5	115	6.1
Pre-test Burnout	24.9	35	5.4	25.8	63	7.4	22.5	8	3.8	25.4	106	6.6
Post-test Burnout	22.2	36	4.7	23.8	66	5.2	22.4	13	6.0	23.1	115	5.2
Pre-test Secondary Trauma	21.8	35	7.7	25.4	63	8.1	22.9	8	5.4	24.0	106	7.9
Post-test Secondary Trauma	19.2	36	5.8	21.7	66	6.4	20.9	13	6.6	20.8	115	6.3

low-rise building type), and post-Suite (ProQOL post-test and suite building type) were formed. Then, a one-way Analysis of Variance (ANOVA) was conducted to compare the sub-group ProQOL scores (e.g., compassion satisfaction, burnout, and secondary traumatic stress) of the RA by type of building, which means residence hall. As shown in Table 5 *(see page 84)*, significant differences were found in the scores for burnout, $F(5, 215) = 2.55$, $p < .03$, and secondary traumatic stress, $F(5, 215) = 4.08$, $p < .00$. Comparisons related to the type of residence hall did not show significant differences in compassion satisfaction, $F(5, 215) = 1.57$, $p < .17$, from any of the groups.

Post-hoc tests are necessary in the event of a significant ANOVA result. The results of the ANOVA indicate that there are differences among residence halls. To determine how these differences are reflected in the ProQOL score of the pre- and post-test, Tukey's HSD (post-hoc) test was conducted.

The Tukey HSD test revealed that the post-test burnout score of RAs living in the high-rise residence hall ($M = 22.2$, $SD = 4.7$) was lower than the pre-test burnout score of those living in the low-rise residence hall ($M = 26.0$, $SD = 7.4$). Moreover, the post-test secondary traumatic stress scores of RAs living in the high-rise residence hall

TABLE 5

Comparisons of ProQOL in Pre- and Post-test by Residence Hall (Tukey HSD Post-Hoc)

PRO QOL	RESIDENCE HALL TYPE	RESIDENCE HALL TYPE	MEAN DIFFERENCE	*SE*	*P*
Compassion Satisfaction	Pre-H.R	Pre-L.R	-.3	1.3	1.00
		Pre-Suite	1.1	2.4	1.00
		Post-H.R	2.8	1.4	.37
		Post-L.R	1.5	1.3	.85
		Post-Suite	1.8	2.0	.94
	Pre-L.R	Pre-H.R	.3	1.3	1.00
		Pre-Suite	1.4	2.3	.99
		Post-H.R	3.1	1.3	.14
		Post-L.R	1.8	1.1	.54
		Post-Suite	2.2	1.8	.85
	Pre-Suite	Pre-H.R	-1.1	2.4	1.00
		Pre-L.R	-1.4	2.3	.99
		Post-H.R	1.7	2.4	.98
		Post-L.R	.4	2.3	1.00
		Post-Suite	.8	2.7	1.00
Burnout	Pre-H.R	Pre-L.R	-1.1	1.2	.96
		Pre-Suite	2.4	2.3	.90
		Post-H.R	2.7	1.4	.37
		Post-L.R	1.1	1.2	.94
		Post-Suite	2.5	1.9	.77
	Pre-L.R	Pre-H.R	1.1	1.2	.96
		Pre-Suite	3.5	2.2	.62
		Post-H.R	3.8	1.2	.03
		Post-L.R	2.2	1.0	.28
		Post-Suite	3.6	1.8	.35
	Pre-Suite	Pre-H.R	-2.4	2.3	.90
		Pre-L.R	-3.5	2.2	.62
		Post-H.R	.3	2.3	1.00
		Post-L.R	-1.3	2.2	.99
		Post-Suite	.1	2.6	1.00
Secondary Traumatic Stress	Pre-H.R	Pre-L.R	-3.6	1.5	.15
		Pre-Suite	-1.1	2.7	1.00
		Post-H.R	2.5	1.7	.64
		Post-L.R	.1	1.5	1.00
		Post-Suite	.8	2.3	1.00
	Pre-L.R	Pre-H.R	3.6	1.5	.15
		Pre-Suite	2.5	2.6	.93
		Post-H.R	6.2	1.5	.00
		Post-L.R	3.7	1.2	.03
		Post-Suite	4.6	2.1	.30
	Pre-Suite	Pre-H.R	1.1	2.7	1.00
		Pre-L.R	-2.5	2.6	.93
		Post-H.R	3.7	2.7	.77
		Post-L.R	1.2	2.6	1.00
		Post-Suite	2.0	3.1	1.00

($M = 19.2$, $SD = 5.8$) and low-rise residence hall ($M = 21.7$, $SD = 6.4$) were lower than the pre-test secondary traumatic stress scores of those living in the low-rise residence hall ($M = 25.4$, $SD = 8.1$).

Based on the post-hoc test results, significant mean differences were found in burnout and secondary traumatic stress scores. In other words, RAs' ProQOL scores vary depending on the type of the residence halls.

DISCUSSION

The initial findings from this brief study reveal some unexpected data. Noting that the RA job is a challenging combination of strong interpersonal skills balanced with professional decorum, the overall decrease in burnout and secondary traumatic stress scores is a positive and surprising outcome. Not only did these scores decrease, but the overall secondary traumatic stress scores decreased from the moderate range to the low range, indicating meaningful improvement. While burnout also decreased, the scores remained in the moderate range.

Additionally, compassion satisfaction decreased over the course of a semester but remained within the moderate range. This third score decrease is the most remarkable because of the anticipated relationship among the scores. Reductions in burnout and secondary traumatic stress tend to be linked to improved compassion satisfaction (Beaumont et al., 2015; Ray et al., 2013); however, that was not the case in this research.

There are several possibilities bolstered by the qualitative data that may shed light on the unanticipated outcomes. The most likely interpretation is that the reductions in burnout and secondary traumatic stress can be attributed to the strength of the relationships that RAs have with their residents. This is certainly reflected in the literature on the social value and importance attributed to the role (Graham et al., 2018).

RAs indicated that as the semester wears on they develop friendships with their residents. When emotionally difficult experiences occur within the context of friendship, RAs are less likely to feel traumatized and emotionally exhausted and can view these experiences through a different lens. Research has confirmed that friendship can be a buffer for stress due to the supportive nature of the interpersonal relationship (Taylor, 2006; Taylor et al., 2000). The change in perspective about the very nature of the relationship could explain why RAs experience a decrease in compassion satisfaction, which directly speaks to deriving pleasure from the work of helping; they no longer see their helping connection as work, but instead as normal support among friends. This hypothesis also acknowledges the qualitative data suggesting that the professional obligations become burdensome and difficult to enforce, a situation that is expected when peers become friends rather than just residents.

Another reason that the numbers indicate decreased compassion satisfaction may be that residents were simply more mature and self-sustaining than anticipated. It is possible that as residents progressed through their college career, they became more capable of reducing and managing the problems that originally would have

required RA involvement. Evidence suggests that students with positive prosocial behaviors and a positive sense of self flourish throughout their college experience (Nelson & Padilla-Walker, 2013). Flourishing residents would understandably result in RAs reporting less burnout and secondary traumatic stress as well as decreased compassion satisfaction (Barnett et al., 2018).

RAs indicated in the qualitative research that a positive aspect of the job was having a sense of purpose and accomplishment; these positive components would be diminished if they began to feel unnecessary to their residents (Porter & Newman, 2016; Shaikh & Deschamps, 2006). Furthermore, the qualitative data showed that RAs struggled with knowing that residents had negative assumptions about them and would sometimes speak poorly of them. As RAs experience being unnecessary and even unwanted, they may pull back from their work, resulting in less emotional impact from negative events as well as less compassion satisfaction due to reduced meaningful engagement.

Finally, it is possible that the quantitative data shows decreases in burnout and secondary traumatic stress because RAs had significant support as they managed difficult situations (Ahola et al., 2017). Due to continued training opportunities and the unique hierarchical structure of the housing department, RAs were offered consistent resources to assist them, in addition to a briefly implemented voluntary support group. Thus, students in these roles may still have had slight decreases in compassion satisfaction because of the continued difficulty of the job; however, the more critical impacts could have been minimized due to a good system of support already in place. There may also be some legitimacy to the idea that those who choose to become RAs have some inherent ability to bounce back from emotionally challenging situations—an ability considered and explored hereafter as compassion resilience. Perhaps this is due to an already honed habit of successfully utilizing supports to manage stressors (Barnes et al., 2018; Kuhl & Boyraz, 2017).

SPECIAL CONSIDERATIONS

As the move to understand trauma and trauma-informed care continues, it behooves institutions of higher education to apply trauma content (Hashmi et al., 2017) to the trainings of its resident assistants to avoid burnout (Kattner, 2012; Paladino et al., 2005; Stoner, 2017). Furthermore, infusing trauma content into existing work protocols (Meilman & Hall, 2006) can help manage the impact of the demanding role (McLaughlin, 2018; Rothschild, 2006). Ultimately, becoming knowledgeable and promoting a culture of conversation (Lynch, 2017) regarding the nature of trauma serves as an opportunity to build compassion resilience as a much-needed set of professional skills (Simms, 2017).

The RAs who participated in this study had an opportunity to explore trauma and its impact since the topic is infused in their official orientation for the role, explored in their monthly staff meetings, and discussed freely during their supervision (Safstrom & Hartig, 2013). This was done intentionally as a means to retain student employees (Scheuermann & Ellett, 2007) and mitigate the duality of being both rule enforcer and

Ultimately, becoming knowledgeable and promoting a culture of conversation regarding the nature of trauma serves as an opportunity to build compassion resilience as a much-needed set of professional skills.

professional friend (Everett & Loftus, 2011), but it appears to have added a secondary gain regarding compassion resilience.

Compassion Resilience

Burnout and secondary traumatic stress are components of compassion fatigue that have a personal impact based on the professional functions of the role (Pfaff et al., 2017). This kind of stress can impact the productivity, wellness, and sense of purpose assigned to an RA's functions. Compassion resilience is an act of intentionality: acknowledgement of impact from the role, while being attentive to self-care strategies (Banks van Zyl & Noonan, 2018). Thus, compassion resilience can be taught to promote "psychological and behavioral flexibility" as a set of skills developed over time (Kaurin et al., 2018, p. 456). It is aligned with principles of mindfulness (Crowder & Sears, 2017) and requires engaged supervision (Stacey et al., 2017), where both enterprises are seen as integrative supports to combat the impact of work-related stress (Atkinson et al., 2017).

Integrative Supports

The integrative efforts of training, department meetings, supervision, confidential support groups, and destigmatized conversation function as supports through consistent implementation, evaluation, and intention (Shim & Ryan, 2012). Furthermore, by standardizing expectations and normalizing the role—and understanding the inherent impact of trauma on those who serve—a culture of professional development and support emerges (Lawrie & Wessel, 2006; Martin & Blechschmidt, 2014). Consequently, housing programs at academic institutions must first be willing to hear the stories of RAs regarding how the role has impacted them personally as well as professionally. Then housing programs can design efforts to educate, engage, and remediate the impact of the role effectively.

STRENGTHS AND LIMITATIONS

This study provides an important contribution to our knowledge of burnout, compassion fatigue, and secondary traumatic stress as well as highlighting the critical role that RAs play in campus housing. There are some additional strengths beyond contributing to the knowledge base. First, the measurement of the dependent variables is a strength in that the ProQOL has a documented history of accurately measuring burnout, compassion fatigue, and secondary traumatic stress among a wide range of helping professionals. Thus, the use of this tool is very applicable given the multi-faceted nature of the resident assistant role. Second, this study uses an exploratory mixed-methods orientation, which allowed for a thorough exploration of the experiences shared by the respondents. Lastly, the use of an iterative dialogic process with the qualitative data allowed for saturation of themes. This process was seen as vital, as it helped the researchers

strengthen their understandings of the respondents' experiences, while also generating insight into the subtle impact of the role on students' professional quality of life.

This study was exploratory in nature and does contain some limitations. Therefore, the results should be viewed cautiously and from a specific context. First, because of the convenience sampling, the study may not reflect the experiences of other RAs at larger or smaller academic institutions, those working in the same role but whose academic institution is in a suburban or urban geographic area, or those in other regions of the world where they are immersed in other social and cultural contexts. Second, the nature of this study is best characterized as program evaluation research with an emphasis on the impact of the experience. Thus, the research design did not control for the threats to internal validity. As a result, other factors could have influenced the dependent variable. For example, the study was not able to assess respondents' prior trauma history or how that history might have had an impact on the three ProQOL sub-scales. Third, the purpose of this study was to explore for determining the ProQOL for RAs. Therefore, we did not pair each RA's responses on the pre-test to their responses on the post-test. This step is necessary in order to be able to conduct more accurate pre- and post-tests. Future studies could assign each RA's unique depersonalized identifier such as an ID number.

Lastly, the study could not determine or account for a dosage effect associated with traumatic events. Due to the confidential nature of incident reports, this study could not determine if RAs who experience a greater volume of stress-inducing situations might equate to higher levels of compassion fatigue, burnout, and/or secondary traumatic stress or if the type of conduct violation or behavioral incident experienced might equate to differences in scores across compassion fatigue, burnout, or secondary traumatic stress. These limitations are fruitful considerations for future research.

CONCLUSION

The role of the resident assistant has significantly changed since its inception. No longer is the general focus on social programming or even confronting underage alcohol consumption. Today's RAs are often the first responders to reports of sexual misconduct, financial strain that may prevent a student from staying in school, physical abuse, suicide ideation, and other critical manifestations of mental illness. While the position provides countless benefits to its employees, to make it sustainable, research needs to be done to determine what supports and trainings are most beneficial to RAs.

As stated earlier, this research sought to explore the impact of the RA position on those student employees filling the role. Specifically investigated were compassion satisfaction, burnout, and secondary traumatic stress. The research shows both the positive and negative impacts of the position. RAs expressed an increase in both feelings of self-worth and disconnect. Qualitative data show that RAs value getting to know their residents on a deeper level and helping them connect to the campus community. Conversely, RAs felt disconnected when they felt residents did not need them, when they had to confront behavioral issues, or when faced with negative perceptions by others in the RA position.

While the results of this study were unexpected in some ways—showing a decrease in compassion satisfaction, burnout, and secondary traumatic stress over the length of a semester—they do lend themselves to further consideration. Future studies should consider not only the physical style of the building but also the types of communities within (learning communities, academic class status, and specialty living options), the length of time a student has served as an RA, and possibly even a deeper dive into individual levels of compassion resilience per RA. ■

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DISCUSSION QUESTIONS

1. This article notes that trauma is becoming a critical public health issue and that minority status, low socioeconomic status, and low educational achievement are additional risk factors. Reflecting on your own program, what risk factors might be present when addressing trauma? How has your program addressed burnout, compassion fatigue, and secondary trauma?
2. The article offers a few reasons for the unexpected data: a decrease in compassion satisfaction, burnout, and secondary traumatic stress over the course of a semester. What explanations make the most sense to you and why?
3. The authors recommend that institutions of higher education apply trauma content in trainings for its resident assistants. How has your program done this? How can you elevate trauma content in your RA training?
4. The RAs who participated in this study had trauma content in both their orientation and staff meetings, and it was discussed to some extent during supervision. What are some of the other ways that trauma content can be incorporated in the program?
5. What does your program do to follow up with RAs who experience major incidents and possible trauma while in the role?
6. How has this article changed the way you think about trauma and the RA experience?

Discussion questions developed by Tracey Mason-Innes, Simon Fraser University in Burnaby, British Columbia