



Lessons Learned from the COVID-19 Pandemic: Improving Praxis in Residence Life to Foster Staff Well-Being

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PROMOTING STAFF WELL-BEING has been a challenge for many residence life departments long before the COVID-19 pandemic led to a decrease in the mental well-being of the general population as well as in residence life staff. The stressful work environment and demanding work hours in residence life have been linked to burnout and intentions to leave the field. This qualitative study explored the experiences of residence life staff during the pandemic, which, with its heightened stressors, provided a rich backdrop for studying ways to improve praxis in residence life by reducing stress and work demands and improving staff well-being. Based on interviews with 17 residence life staff, we found that the pandemic exacerbated challenges related to transparent communication and decision-making and affected professionals' ability to balance work and personal life, challenges that had existed in departments prior to the pandemic. Participants responded to these challenges by prioritizing their well-being, re-evaluating their careers, and leveraging technology to improve residence life praxis. We discuss implications for altering practice after the pandemic to increase staff well-being by facilitating start-stop-continue activities to address issues with workload and connecting staff to mental health services.

Authors' note: This study is endorsed by the ACUHO-I Research Committee. ACUHO-I is committed to the creation and dissemination of knowledge about campus housing and the broader issues that impact the postsecondary experience.

Editor's note: The authors have chosen to lowercase the word White, which would normally be capitalized according to APA guidelines, in an effort to de-center whiteness.

In March of 2020, the onset of the COVID-19 pandemic drastically changed how U.S. institutions of higher education operated (ACUHO-I, 2020a; Smalley, 2021) as they moved their courses online, closed many residence halls, or reduced occupancy in order to limit the spread of the COVID-19 virus (ACUHO-I, 2020a). Residence life staff, as front-line workers, managed move-outs, arranged for students to pick up their belongings, and created new policies and procedures for quarantining on campus (Williams, 2020). After a summer that included furloughs and layoffs for many (Williams, 2020), the majority of institutions opened their halls at reduced capacity, and residence life staff continued to develop and adjust protocols to align with frequently changing institutional, state, and national COVID-19 guidelines (ACUHO-I, 2020b; Chronicle of Higher Education, 2020; Inside Higher Ed, 2020).

Research highlights the overall decrease in mental well-being during the pandemic (Jewell et al., 2020; Wilke et al., 2021). University staff reported high stress levels and low mental well-being (Van Der Feltz-Cornelis et al., 2020). Residence life staff struggled to balance caring for students with protecting their own health and safety—all while managing frequently changing policies. These challenges likely led to heightened levels

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of stress, low mental well-being, and a decrease in staff members' intention to continue working in the field (Anderson, 2020; Nyunt, 2021). Similar to other fields, student affairs—including residence life—has seen an exodus of staff during and after the height of the COVID-19 pandemic (Long & Clement, 2021; Stebleton & Buford, 2021).

Retaining staff is not a new problem for residence life (Davidson, 2012; Jones, 2001; St. Onge et al., 2008), since the stressful work environment and demanding work hours can lead to burnout and intentions to leave the field (Rankin, 2013; Reed, 2015; St. Onge et al., 2008). Considering the heightened stressors of the pandemic, this timeframe provides a rich backdrop for studying ways to reduce stress and work demands for residence life staff and to increase their job satisfaction and retention. Thus, the purpose of this qualitative study was to explore the experiences of residence life staff during the COVID-19 pandemic, focusing on ways that residence life departments can improve praxis to promote staff members' well-being.

SCHLOSSBERG'S TRANSITION MODEL

Schlossberg's transition model guided this study (Anderson et al., 2011; Schlossberg, 2008). Schlossberg (2008) defined a transition as an event or non-event that results in changed roles, relationships, routines, and assumptions and examined how individuals move in, through, and out of transitions (Anderson et al., 2011). This model is used widely in counseling, including employee counseling, and can help to identify strategies for employees to cope with work transitions and foster their well-being (Schlossberg, 2011).

Working in residence life could be seen as a series of transitions. Staff frequently move from one institution to another, up to a higher level position, or between different types of positions (i.e., residence life, housing services, facilities). Even if staff stay in the same position at the same institution, they frequently have new colleagues or supervisors. During the COVID-19 pandemic, residence life staff encountered drastically altered work environments, which challenged them to cope with transitioning to new ways of operating and completing their work responsibilities. Considering these contexts, Schlossberg's (2008) transition model can provide a valuable framework for understanding the support and strategies that residence life staff may need to cope with their ever-changing work environment.

Central to the model is the 4-S system (situation, self, support, strategies) for coping with transitions (Schlossberg, 2011), which guided our approach to the study. The first S, *situation*, challenged us to examine the context of participants' experiences (Schlossberg, 2011), focusing on how their institution and department responded to the pandemic as well as any other stressors within the individual's life. *Self*, which refers to "the person's inner strength for coping with the situation" (Schlossberg, 2011, p. 160), sensitized us to examine individual approaches to coping with the transition. The importance of *support*, which can be provided by both the work environment and personal networks (Schlossberg, 2011), pushed us to examine the type of help that participants sought. Finally, we explored *strategies* that participants or their de-

partments used, such as changing or reframing a situation or reducing the stress experienced in that situation (Schlossberg, 2011). Our goal was to identify innovative approaches to reducing staff's stress levels and workload that could foster their ability to cope and improve their mental well-being.

METHODOLOGY

This study was part of a larger mixed-methods research project. The first phase of data collection involved a quantitative survey study sent to ACUHO-I members at the end of October of 2020. Quantitative results based on 120 responses highlighted a decrease in residence life staff's social-psychological well-being, which negatively influenced their intention to continue working in the field (Nyunt, 2021). In spring of 2021, we conducted in-depth qualitative interviews to gain a more comprehensive understanding of residence life staff's experiences during the pandemic. This study is based on that second phase of data collection.

Positionality

Our research team consisted of one faculty member and two practitioners. The first author, who conducted all the interviews, is a white woman who worked in residence life for seven years before becoming a faculty member. Though this extensive practitioner experience allowed her to connect with participants over shared terminology and experiences, she did not work in residence life during the pandemic and was thus removed from the unique challenges that staff encountered during this time. The second and third authors joined the team during data analysis. The second author, an Asian woman, has five years of full-time residence life experience and currently serves in a director-level position. The third author, a Latinx woman, worked for 15 years in residence life and has supervised residence life as part of a larger divisional portfolio for four years. Having worked as practitioners during the pandemic, both authors were able to provide unique insights into the experiences of residence life staff before and during the pandemic, which enriched our understanding of the data and allowed for the development of implications grounded in praxis.

Participants

The first author recruited participants for interviews as part of the first phase of data collection. The last question in the survey asked individuals to share their contact information if they were willing to participate in a follow-up interview. Of the 120 survey respondents, 54 agreed to participate in interviews. The first author started reaching out to individuals in February of 2021, and 17 respondents completed an interview. We did not provide incentives for participation in interviews.

Participants represented several different professional levels: seven entry-level staff (five of them in live-on residence hall director positions), six mid-level managers (four lived off and two lived on campus), three staff in senior leadership positions (i.e., director or associate director positions, two living off campus and one on campus), and one participant who took on a newly created position of COVID-19 coordinator. Most participants (14 of 17) worked at public institutions, and the majority (13 of 17) identified as white. See Table 1 (*pages 36-37*) for detailed participant demographics.

TABLE 1
Participant Demographics

Pseudonym	Gender identity	Race/ethnicity	Living situation	Highest level of education	Years working full time in res life	Type of position	Type of institution	# of students living on campus	Region
Alexis	Woman	White	Off campus	Master's degree	More than 1 year but at most 5 years	Mid-level manager	Public	3,000-3,999	South
An	Woman	Asian and/or Asian American	On campus	Master's degree	More than 1 year but at most 5 years	Entry-level	Private non-profit	Less than 1,000	Northeast
Barbara	Woman	White	On campus	Master's degree	More than 1 year but at most 5 years	Entry-level	Public	7,000-7,999	Midwest
Becky	Woman	White	Off campus	Master's degree	More than 15 years but at most 20 years	Mid-level manager	Public	1,000-1,999	South
Charles	Man	White	On campus	Bachelor's degree	More than 1 year but at most 5 years	Entry-level	Public	2,000-2,999	West
Christine	Woman	Biracial or multiracial	On campus	Master's degree	More than 5 years but at most 10 years	Entry-level	Public	Less than 1,000	West
Fred	Man	White	On campus	Master's degree	More than 1 year but at most 5 years	Other: COVID Response Coordinator	Public	4,000-4,999	Midwest
Jake	Man	Latina/o/x	On campus	Doctoral degree	More than 15 years but at most 20 years	Entry-level	Public	5,000-5,999	West

Table 1 continues on page 37

TABLE 1 (continued from page 36)

Participant Demographics

Pseudonym	Gender identity	Race/ethnicity	Living situation	Highest level of education	Years working full time in res life	Type of position	Type of institution	# of students living on campus	Region
Jason	Man	Asian and/or Asian American	Off campus	Doctoral degree	More than 10 years but at most 15 years	Senior leadership	Public	1,000-1,999	West
Kevin	Man	White	Off campus	Master's degree	More than 10 years but at most 15 years	Mid-level manager	Public	4,000-4,999	West
Lisa	Genderqueer/ gender non-conforming	White	Off campus	Master's degree	More than 1 year but at most 5 years	Entry-level	Public	2,000-2,999	West
Margaret	Woman	White	On campus	Master's degree	More than 20 years but at most 25 years	Mid-level manager	Public	Less than 1,000	West
Mark	Man	White	Off campus	Master's degree	More than 10 years but at most 15 years	Senior leadership	Private non-profit	Less than 1,000	South
Megan	Woman	White	Off campus	Master's degree	More than 1 year but at most 5 years	Entry-level	Public	4,000-4,999	West
Rita	Woman	White	Off campus	Master's degree	More than 5 years but at most 10 years	Mid-level manager	Public	Less than 1,000	West
Sean	Man	White	On campus	Master's degree	More than 10 years but at most 15 years	Senior leadership	Private non-profit	Less than 1,000	Northeast
Thomas	Man	White	On campus	Master's degree	More than 10 years but at most 15 years	Mid-level manager	Public	3,000-3,999	West

Research highlights the overall decrease in mental well-being during the pandemic. . . . Residence life staff struggled to balance caring for students with protecting their own health and safety—all while managing frequently changing policies.

Data Collection

The first author collected data via semi-structured, individual interviews that were 45–60 minutes long. During these interviews, the first author engaged in conversations with participants about their experiences during the pandemic, in hope of gaining the rich, thick descriptions needed for qualitative research (Merriam & Tisdell, 2016). Conversations revolved around participants' work experiences, their well-being, and how their work may have impacted their well-being. Their responses to follow-up questions provided insights into the context of each participant's situation (i.e., departmental and institutional responses to the pandemic, operating procedures and changes to those) and revealed more about the strategies and support that they utilized to cope with challenges encountered at work.

The first author hosted and, with the permission of participants, recorded interviews via a virtual platform (i.e., Zoom or Microsoft Teams). Interviews were transcribed using a professional transcription service. Data for this study consisted of these interview transcripts, along with demographic information collected as part of the survey.

Data Analysis

We used a constant comparative approach to data analysis (Merriam & Tisdell, 2016). Throughout the analysis, we moved back and forth between original data, codes, and themes to get an in-depth understanding of our data (Merriam & Tisdell, 2016). Specifically, we conducted three rounds of coding utilizing the Dedoose software. In the first round of coding, we marked segments of data related to the 4 S's of Schlossberg's (2008) transition model (situation, self, support, strategies). In the second round of coding, we engaged in open coding by creating codes that described the situation, self, support, or strategies that participants discussed in more detail. In alignment with a constant comparative approach (Merriam & Tisdell, 2016), the first author developed a code book based on the first few transcripts. Then we each applied these codes to additional transcripts and revised codes as needed. Next, we met to discuss emerging themes. We created a new set of codes related to these themes, which we applied to our data in a third round of coding. In the final step of analysis, we downloaded all quotations related to each of the four themes. We then reviewed them for each theme along with the assigned codes to further narrow down the focus of each theme.

We utilized several strategies to strengthen the trustworthiness of this study. We coded data independently before coming together to compare emerging findings (Merriam & Tisdell, 2016). We also shared our positionality in this manuscript, created an audit trail, and used rich, thick descriptions when discussing our findings (Merriam & Tisdell, 2016).

Limitations

Our interviews took place in the spring of 2021, while the COVID-19 pandemic continued to impact operations on college and university campuses. Thus, our interviewees were asked to reflect on their experiences while still managing the impact of the pandemic; at that time, they may not have had the ability to truly process and make meaning of their experiences. However, our interviews represent a unique perspective, that of staff in the midst of dealing with the pandemic. Once staff have more distance from this experience, they may forget some of the unique support or strategies they used to manage their work at this time. Regardless, recognizing when interviews took place is important to situate our findings.

During our analysis, we focused on similarities across participants. While this type of analysis allowed us to highlight overarching themes from our data, we were unable to explore differences by position type and level. We also limited our participant pool to residence life staff, excluding custodial or maintenance staff whose experiences of working in the residence halls were also impacted by the changes in operations during the pandemic.

Finally, the majority of our participants identified as white. The pandemic disproportionately impacted individuals of color (Wilder, 2021), including residence life staff members of color (Scales, 2022). Our findings are unable to examine the ways that racism and other systems of oppression intersected with the unique challenges of the pandemic.

FINDINGS

Our findings revealed that though the pandemic led to drastic changes in how residence life departments operated, challenges that staff encountered were not necessarily new. As Kevin, a mid-level manager, explained, “COVID didn't create [the challenges we are facing]. In some ways, COVID just exposed them in a way that we weren't aware of previously.” The challenges that participants encountered were not new or unique to the pandemic but had been an issue in their departments previously. These challenges included a lack of transparent communication and decision-making as well as a lack of work/life balance; participants responded to these challenges by prioritizing their own well-being, re-evaluating their careers, and leveraging technology to improve residence life praxis. We discuss these findings in more detail below.

During the COVID-19 pandemic, residence life staff encountered drastically altered work environments, which challenged them to cope with transitioning to new ways of operating and completing their work responsibilities.

While many participants noted a lack of transparent communication in their departments and at their institutions, some shared positive examples where fast communication and transparency helped them manage their responsibilities more effectively and reduced their stress.

Lack of Transparent Communication and Decision-Making

Participants highlighted a lack of transparent communication and decision-making, which created additional stress for them. For example, Charles, an entry-level staff member, said,

I do remember feeling like my supervisors were making decisions that they thought just genuinely made sense that didn't but didn't necessarily communicate why those decisions were being made. So, I remember I was still supervising a desk, and we had to come up with entirely new standards and protocols for how those desk workers were going to work. I remember the supervisors above me were like, "Okay, they need to wear gloves. They need to do all of these certain things." And I was like, "Well, we've had this communication from campus saying that gloves don't really do anything. Why are you telling us we need to wear gloves?"

Charles not only questioned the decision his supervisors made but also noted the lack of transparency in the reasons behind the decision. He ended up doing his own research and presenting it to his supervisors, which created additional work for him.

Participants also questioned the lack of communication about decisions or the timing of communication. As Becky, a mid-level manager, noted, "I appreciate getting a heads up before it's announced to the community, and that didn't happen. I found out at the same time as the community did. So that made me a little apprehensive." Not knowing about what changes were coming until they were announced to the community left no time for participants like Becky to prepare for questions that could arise from these changes.

Senior leader participants shared similar challenges. During the pandemic, many decisions were made at institutional or even system- or state-wide levels, and senior leadership felt left in the dark. For example, Sean, a senior leader at a small private institution, explained,

There was not a lot of transparency about what was going on; things worked out the way that they needed to, in a very safe and secure way. I think in the moment it was like this, what the hell is going on? And, can someone just tell me? Especially as someone that's overseeing on campus housing, I need to know what to tell these students and these parents that are calling at me, and yelling at me, and asking if they're going to have a space to stay in the fall. And I don't know.

While Sean acknowledged that things worked out in the end, he struggled with the lack of communication in the moment, as residence life was often the first department students and parents reached out to for answers.

While many participants noted a lack of transparent communication in their departments and at their institutions, some shared positive examples where fast communication and transparency helped them manage their responsibilities more effectively and reduced their stress. Rita, a mid-level manager, explained,

[My supervisor] is doing her best to be transparent which I appreciate. . . . I feel like she's always been transparent, but she's fast. That's it. So instead of waiting 'til our one-on-one time to say, oh by the way I had this conversation, it's an immediate side chatter, "Hey, can we pull together and Zoom for 15 minutes? I just want to update you, so you're not caught off guard or so you're aware of something before your next one-on-one in four days." So the communication is swifter, that's what it comes down to.

When leaders like Rita's supervisor increased their communication and the speed of their communication, professional staff were able to make informed decisions and better prepare for what was to come next.

Lack of Work/Life Balance

Participants shared that they struggled to find a work/life balance due to heavy workloads during the pandemic. As new responsibilities were added, none of their old responsibilities were taken away. Christine, an entry-level staff member, shared her experience:

I have felt very overwhelmed. Very overwhelmed and also very undervalued and underappreciated by my department. So overwhelmed because I mean, I'm still expected to do all of my normal duties and now I have to take on a lot of duties that normally I can delegate out to other people. And also, it's not very possible to do, it's hard to fit into a 40-hour week, hearing 10 conduct cases, doing rounds, because there are no RAs, now I have to do daily rounds of my building, be on duty for multiple buildings, I have to program and do bulletin boards. All of that is not really possible to do on top of all of the other committees and that type of thing.

Entry-level staff like Christine had to take on student staff responsibilities in addition to covering their normal duties. The high workload led Christine to feel overwhelmed and underappreciated. Similarly, Margaret, a mid-level manager, noted,

The other duties they've assigned in res life with this pandemic has been . . . delivering food when, you know, putting myself in harm without proper PPE, but knowing that if I don't do it, there's no one else who will do it. . . . For me, that was huge. Someone has to do it. I'm just going to step up.

Some participants took on the additional duties, even if it meant putting their health at risk, as they did not think anyone else would be willing to step up and they felt a responsibility to ensure that students' needs were met.

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Participants also noted that staff could not keep up the pace required of them. As Jason, a senior leader, explained,

I think we have often operated on such a fast pace where, traditionally, we work Monday through Friday and on the weekends, eight to five and the evenings, and we're just go, go, go. That's just the way life is in residence life. Now, I think that really has had to change to say, "No, we've got to have ample time to just decompress and relax, so if that means starting at nine, leaving at four, really encouraging the use of vacation, sick leave, personal days, being flexible with appointments."

Jason did not believe that past expectations such as working at all hours and on weekends were realistic anymore. He noted a need to prioritize work/life balance and staff well-being as departments recovered from the pandemic.

Megan, an entry-level staff member, also appreciated when department leadership prioritized her well-being.

I've noticed my department has gotten more comfortable with just taking things off our plates that maybe aren't that important. Not that everything off our plates should remain off our plates forever, but I think just getting in the habit of asking that question of do we really need to be doing this? How useful is this? And they've stopped doing things that I never in a million years thought they would stop even in a pandemic.

Participants appreciated when responsibilities were taken off their plate to allow time for new tasks. Megan further believed that trying to reduce staff responsibilities by asking if tasks were really needed would be important beyond the pandemic to avoid staff burnout.

Prioritizing Well-Being and Re-evaluating Careers

As the pandemic continued, participants recognized a need to prioritize their own needs and well-being, which led some to re-evaluate their career trajectories. To manage stressors of the pandemic in the moment, they developed new or maintained existing social connections, embraced healthier daily routines, or sought out professional help. For example, Thomas, a mid-level manager living on campus, said that he asked a close friend to move in as a roommate and explained that this "helped me a lot on a mental health level." Mark, a senior leader, changed his routine to prioritize his needs:

If I can work six hours, but then I can get to the gym or get outside to work out or get to my garden, I'm more comfortable leaving work a little early and doing those things in the times that are most convenient so that I'm not dealing with traffic. And then if we eat dinner and then I do work for two hours, it feels like it's balanced, right.

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Mark made the most of the flexibility provided to him to prioritize activities that promoted his well-being.

Other participants like Megan, an entry-level staff member, relied on therapy to manage stressful situations: “I see a therapist. . . . I do telehealth with her two or three times a month. And she’s just super awesome and amazing. And so, I feel like that has been really grounding too.” Being able to talk through her experiences allowed Megan to nurture her well-being.

Participants not only prioritized their own well-being but also re-evaluated their approach to work and their career trajectories. Lisa, an entry-level staff member, noted that residence life staff often allow their identities to become too wrapped up in the work:

Realizing that . . . I am so much more than an employee and I am so much more than a grad student. I'm a person, but at the same time when people are like, well, what were you doing in between jobs or when you weren't a grad student and you weren't an employee? I'm like, I don't even remember.

Others questioned whether they wanted to continue working in residence life. Alexis, a mid-level manager, explained that the pandemic brought to light her institution’s approach to decision-making: “When push comes to shove, we’re going to prioritize our operations, heads and beds and structure over the student experience in the day to day.” Alexis considered leaving the field because she did not feel that this approach aligned with her values.

Some participants reflected on the type of institutions where they wanted to work. Margaret, a mid-level manager, explained,

I definitely want to be in res life. . . . But that doing it at a small institution is probably not the right fit for me. . . . So in this year I have learned where my career will go from here, what the next 15 years will be, if I can retire at that point, that will be really looking at being at a larger institution, or at least at a place where I have more colleagues in the res life housing realm. So yeah, it's taught me quite a bit about myself.

Participants who wanted to continue working in residence life reflected on the type of work environment that would best suit them. In Margaret’s case, working at a large institution, or at least in a larger residence life department, would better meet her needs. Thus, she planned on job searching in the near future.

Using Technology to Improve Praxis

The pandemic also led to drastic changes in how residence life departments operated, particularly related to the use of technology. While these strategies were developed to adhere to COVID-19 safety protocols, many participants indicated that these innovations were more effective than traditional approaches and expressed an interest in continuing them beyond the pandemic. For example, Jason, a senior leader, noted that “using technology has really helped us.” He explained how technology increased efficiency and speed and reduced staff workloads.

On our campus, we're doing express checkouts where students basically take their own pictures of their apartment. Leave the keys on the desk and send us the picture, and we go in three days later, collect the keys, and assess damages. That was unheard of a year ago. "Whoa. We can't ever let a student leave on their own. That's horrible." What we're finding is that the apartments are fine. They're in no worse condition than had we been there in person. It just takes a lot less time, and it's more convenient for our staff.

The pandemic pushed Jason's department to adopt a new way to conduct check-outs that relied on technology (i.e., sending pictures), placed more responsibility on the students, and reduced staff involvement. While such a process had not seemed possible prior to the pandemic, Jason's staff was able to test it out during this time and learned that the process worked well.

Similarly, Charles, an entry-level staff member, leveraged technology to improve his praxis.

Every single time I've had a frustrated email come in from a resident, if I've responded to them like, "Hey, I'd love to chat about this over the phone," it always goes well. Sometimes it's not what they want to hear, but I do feel like giving them the opportunity to ask questions and have a conversation about it. I haven't really run into issues where they've been really upset at me over the phone or over Zoom, which is nice.

Replacing what may have previously been an email with a phone or Zoom call allowed Charles to hear students' concerns and answer their questions, which reduced students' frustrations.

The use of technology also increased access. Alexis, a mid-level manager and member of an institution-wide committee that represents professional staff interests, explained how, prior to the pandemic, "We'd have 15 to 20 people come and one of our meetings this year had over 75 people come." She noted that the virtual format had increased "the ability for people to engage in governance, with university leadership. I think there's been a lot more access, that's been missing for a long time." Holding meetings virtually seemed to be effective in increasing access and participation on an institutional level. Overall, participants noted a wealth of benefits in the expanded use of technology and indicated that many of these new practices should be continued past the pandemic.

DISCUSSION AND IMPLICATIONS FOR PRACTICE

Our findings indicate that the COVID-19 pandemic exacerbated challenges that already existed in participants' departments, making the pandemic a rich context for studying the experiences of residence life staff. Using Schlossberg's transition theory (Anderson et al., 2011; Schlossberg, 2008) to guide our data analysis allowed us to home in on the support and strategies residence life staff needed to cope with the challenges they encountered. While these supports and strategies may be particularly important during times of transition to new operating procedures, incorporating them into residence life praxis could improve the work experiences of residence life staff beyond the context of

the pandemic. In this discussion and implications for practice section, we identify the challenges that participants faced and discuss the support and strategies that could be used to overcome them.

One of the challenges was a lack of transparent communication and decision-making. Our findings indicate a need to re-evaluate how decisions are communicated within departments as well as at divisional and institutional levels. Previous research indicates that residence life staff desire transparent communication and that a lack of transparency can make them feel unheard or unvalued (e.g., Agrawal et al., 2018). Kuk and colleagues (2010) noted the importance of “honest and transparent communication” in student affairs divisions but also acknowledged that it is a rarity (p. 28). Our findings support these assertions, as participants indicated that reasons for decisions were often not communicated, and communication was slow or completely lacking. Not having all the information created additional stress, as participants navigated questions from students, parents, and other staff or tried to develop responses to changing circumstances. While leadership may not always be able to share everything about how and why a decision was made, there seems to be a need to reassess what information can and should be shared and how it could be shared most effectively. The practice of Rita’s supervisor—to host a quick Zoom meeting to give Rita a heads up about changes—may offer one potential approach for improving communication. Holding the meeting via Zoom, rather than sending an email, allows staff to ask clarifying questions. In addition, having clear communication structures in advance allows departments to provide ongoing transparent communication during stressful times, when policies and procedures change frequently.

Another challenge our findings highlight is a lack of work/life balance for residence life staff. Previous scholarship has highlighted the difficulties in creating this balance for residence life staff, who frequently work long hours and encounter stressful work environments (Rankin & Gulley, 2018). Managing the demands of serving on call and caring for students in crisis can lead to secondary trauma and burnout (Lynch & Glass, 2020; McDaniel, 2021); residence life staff—and student affairs professionals, more broadly—often engage in self-sacrifice, putting their students’ needs above their own (Lynch & Glass, 2020; Sallee, 2020). Due to these social norms and work environments, staff encounter barriers to prioritizing self-care and their own well-being (Lynch & Glass, 2020; Rankin & Gulley, 2018). Similar to other research (e.g., Scales, 2022), we found that the pandemic further increased residence life staff’s workloads, making them impossible to manage. These increased work demands conflict with the

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younger generation's approaches to achieving a work/life balance (Neville & Brochu, 2020). As Jason made clear, the expectations to work at all hours and on weekends no longer align with those that staff have for work/life balance. This supports Neville and Brochu's (2020) conclusion that these expectations differ by generational status.

A lack of work/life balance can have serious consequences, including decreased mental well-being and increased intentions to leave the field (McDaniel, 2021; Mullen et al., 2018; Rankin & Gulley, 2018; Reed, 2015). Residence life departments need to evaluate staff responsibilities with a focus on reducing workloads and providing opportunities for staff to create a better work/life balance and prioritize their well-being. Having a more manageable workload would allow staff to address unanticipated crisis situations more easily, as they would not already be stretched too thin. To create more realistic workloads, departments could, for example, engage in stop-start-continue activity on a regular basis to update job responsibilities and align them with current student needs. Departmental leadership should aim to balance student needs and staff well-being as they make decisions about job requirements.

In addition, if a new responsibility is added, especially during a crisis, leadership should question how this task may impact staff well-being and what support staff may need to cope with this change. Our participants noted how they developed various strategies to deal with work stress during the first year of the pandemic: creating and nurturing social connections, making the most of the flexibility at work or work-from-home opportunities, and seeking out therapy. Departments should review and revise their policies and procedures to allow for the development of such strategies. For example, they may consider creating or expanding existing roommate or pet policies for their live-in staff, which would provide them more freedom in their living arrangements. Recognizing the current push for working from home, departments may consider hybrid work arrangements (Torres et al., 2022) as well as increased flexibility for staff to craft their work schedules. Mark highlighted how he appreciated being able to end the work day in the office early, then return to doing work in the evening at home. Allowing staff to find creative ways to complete their work responsibilities may be one way to foster their well-being and job satisfaction. Departments may also consider proactively connecting staff with counseling services. Our findings indicate that therapy played an important role for several participants in overcoming stressors and developing coping strategies. Department leadership may also explore opportunities to utilize employee assistance programs to proactively provide mental health services to their staff.

Continuing to use technology may be another way to reduce workload and increase the efficiency of residence life processes and procedures, while also addressing students' needs and preferences. Technology use can increase efficiency and accessibility in the workplace (e.g., Ter Hoeven et al., 2016) and can be leveraged to increase the efficiency of common residence life procedures such as check-in and check-outs. Departments may also consider which meetings should be held virtually and when in-person meetings may be preferable, ideally finding a balance that reduces trav-

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el times, increases access and comfort, and maintains effectiveness and staff cohesion. While virtual meetings are sometimes seen as reducing human connections (Kaye-Tzadok, 2021), virtual meeting platforms can be leveraged to increase connections when they are used to replace emails or other forms of communication. As with work responsibilities, departments may engage in stop-start-continue exercises to identify the practices worth continuing, new innovations that could be implemented, and practices adopted during the pandemic that were not as effective and should be discontinued.

Overall, our findings indicate a need for intentional reflection on residence life staff's experiences during the pandemic. As our findings highlight, much could be learned from the pandemic, particularly ways to reduce work stress for staff and prioritize staff well-being. Residence life departments should consider setting aside time to engage in reflective activities that allow staff to collaboratively re-envision residence life and higher education based on knowledge gained during the challenging times of the pandemic.

CONCLUSION

This qualitative study explored the experiences of residence life staff during the COVID-19 pandemic, focusing on lessons learned to improve praxis. Our findings indicate a need to increase transparent communication and reduce workloads; examine the support provided to foster staff well-being, such as flexible work arrangements, hybrid work, and roommate policies; and leverage the use of technology to improve efficiency, effectiveness, and access. Most importantly, our findings point to a need to re-evaluate and re-envision processes and procedures in residence life that balance student and staff needs and prioritize staff well-being. Our study provides an alternative approach for housing departments to evaluate the challenges residence life staff face by utilizing Schlossberg's transition theory (Anderson et al., 2011; Schlossberg, 2008). Recognizing that residence life staff frequently undergo transitions—such as moving between institutions or adjusting to a new position, addressing the changing needs of students, and adjusting to a new work culture due to changes in team members—this framework can provide a holistic approach to problem-solving that centers the staff member's experiences (situation and self) and holds departmental and institutional leadership accountable for prioritizing staff members' well-being (support and strategies).

Our study also points to a need for further research in this area. First, the limitations of this study regarding who the participants were and the timeframe when interviews were conducted indicate a need for additional follow-up studies with a

more diverse group of participants, including staff in other types of positions such as maintenance and custodial staff; these studies could also explore residence life staff's experiences *after* they have had an opportunity to reflect more deeply on this unique time period. Second, differences in support needs and coping strategies should be explored by position type and level. Third, some of the challenges our participants encountered could be examined further. For example, studies could explore different communication structures to better understand how to improve the speed and transparency of communication at departmental and institutional levels, as well as focusing on effective ways to reduce staff workloads. Fourth, our findings point to the benefits of expanding the use of technology, which can be utilized to improve common residence life practices and procedures as well as to compare the benefits of virtual versus in-person engagement. In general, as institutions and residence life departments weather the "great resignation" (Long & Clement, 2021; Stebleton & Buford, 2021), scholarship on residence life staff's experiences can provide valuable guidance on how to improve job satisfaction and increase the retention of residence life staff at all levels. ■

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DISCUSSION QUESTIONS

1. Have the responsibilities that staff were given at the beginning of the pandemic at your institution ever been alleviated as the pandemic continued beyond 2021 and personnel settled into their new roles?
2. How could your institution implement start-stop-continue activities?
3. Considering the tough challenges that residence life staff faced during the pandemic, like issues with communication and balancing work and personal life, what other actions can residence life departments take, aside from managing workload, to help improve staff well-being and happiness at work, with the goal of reducing burnout and retaining staff?
4. How can residence life departments foster a culture of ongoing reflection and adaptation based on the lessons learned during the pandemic to enhance staff well-being and departmental resilience?
5. What are strategies that would increase accessibility when using technology as a tool to make operations more efficient in residence life?

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