



Western Washington University
Western CEDAR

WWU Honors Program Senior Projects

WWU Graduate and Undergraduate Scholarship

Summer 2021

No Strife in Reslife: Creating a survey to measure Resident Advisor stress over time

Isaac Nicholl
Western Washington University

Follow this and additional works at: https://cedar.wwu.edu/wwu_honors



Part of the [Public Health Commons](#)

Recommended Citation

Nicholl, Isaac, "No Strife in Reslife: Creating a survey to measure Resident Advisor stress over time" (2021). *WWU Honors Program Senior Projects*. 506.
https://cedar.wwu.edu/wwu_honors/506

This Project is brought to you for free and open access by the WWU Graduate and Undergraduate Scholarship at Western CEDAR. It has been accepted for inclusion in WWU Honors Program Senior Projects by an authorized administrator of Western CEDAR. For more information, please contact westerncedar@wwu.edu.

No Strife in Reslife!

Creating a survey to measure Resident Advisor stress over time.

Isaac Nicholl

Honors Program, Western Washington University

HNRS 490: Senior Capstone

Advisor: Dr. Steve Bennett

8/20/2021

Table of Contents

	Page
Abstract	3
Literature Review.....	4
Methods	9
Results	11
Discussion.....	22
References.....	33
Appendix.....	37

ABSTRACT

Background: The resident advisor (RA) position at universities has many difficult job responsibilities that impact stress. This stress can lead to burnout among RAs, which will negatively impact the on-campus communities. **Purpose:** The purpose of our study is to design a standardized survey to gather quantitative and qualitative data on which aspects of the RA position cause the most stress, so that University Reslife can evaluate where and how to support RAs better. **Methods:** Cohen's Perceived Stress Scale (PSS-10) was adapted in the first part of the survey to measure participant's individual perception of stress. The RA position was broken up into thirteen distinct responsibilities, with participants being asked a Likert scale question about how impact each of these responsibilities were in raising their stress. For each responsibility participants indicate having a higher impact on stress, they are then asked follow up questions exploring influencing factors. **Results:** Fourteen RAs from the 2020-2021 academic year participated in a pilot study of the designed instrument. The average PSS score among participants was 19.4, which is moderate stress. The responsibilities of "Low Level Conduct", "High Level Conduct", "Care Situations", "Program Planning", "Intentional Conversations", "Desk shift", and "COVID Response" were all chosen as having a higher impact on raising stress levels of RAs. **Conclusion:** The pilot study was successful in generating results, and indicated that each of these seven job responsibilities should be explored further as areas to focus support efforts for RAs at this university. The survey should continue to be implemented for the foreseeable future in order to gather more data and establish baselines of stress impact for each responsibility, and to create more definitive trends.

Keywords: RA, Resident Advisor, Stress, RA Stress Survey.

LITERATURE REVIEW

For undergraduate students living in on-campus residence halls, one of the key resources in place to support a healthy, positive first year experience is the resident advisor. Each year, universities in the US employ, on average, 51,000 RAs to work in residence halls (Reingle et al., 2010).

Resident advisors, RAs, are college students hired to act as peer-mentors, community pillars, and pseudo-supervisors to students living in the residence halls. As part time, paraprofessional staff, they are in charge of creating and promoting campus events, fostering a safe environment, and supporting up to 50 or more residents through their year in the residence halls (Paladino et al., 2005). While the specific duties of the RA position may differ depending on the university, in general their broad range of responsibilities includes providing support and fostering community for their residents, implementing the residential curriculum, and acting as first responders to crises. Many RAs take the position because they want to help others, be a peer leader, and grow as a person (Deluga, 1991).

The stress that comes from the many responsibilities RAs have is well documented in the literature. Acting as first responders, engaging in informal clinical screenings with residents experiencing mental health challenges, and acting as gatekeepers for suicide prevention and Non-Suicidal Self-Injury (NSSI) monitoring have all been linked to higher levels of stress and subsequent burnout in previous studies (Paladino et al., 2005; Reingle et al., 2010; Swanbrow Becker & Drum, 2015). Directly navigating stressful situations can be emotionally taxing, as can the act of simply supporting residents through their own traumatic events. One study found that RAs can develop secondary trauma and stress from being the supporters of residents undergoing traumatic events, such as grief, sexual assault, and domestic abuse (Lynch, 2019). Navigating the

multiple roles that RAs manage between being a friend, trusted support, and a supervisor to residents is difficult, and can lead to role conflicts when responding to conduct situations (Everett & Loftus, 2011). The conflict that exists between the dual roles that RAs face of being a friend and a disciplinarian to their residents is a critical factor in RA burnout (Fuehrer, 1988).

RAs, while working, are also college students and may have many of the same stressors that other students have on top of managing the job. College students can expect to navigate experiences such as difficult classes, financial struggles, adult-like responsibilities, existing and growing mental health struggles, academic stress, and more; all of which can lead to high levels of stress (Pedrelli et al., 2015). As role models, some universities require RAs to maintain full time student status and be in good academic standing in order to retain their job, leading to more pressure on RAs (Paladino et al., 2005).

Fall of 2020 was the beginning of the first full academic year during the COVID-19 pandemic, which introduced new stressors for college students, such as confinement to their social bubble, safety concerns for themselves or loved ones, and housing & job insecurities, all of which can negatively impact mental and physical health. As a result, 71% of college students report their stress and anxiety increased due to the COVID-19 pandemic (Son et al., 2020).

Compared to adults, rates of feeling depressed (40.5%) and anxious (71.4%) were notably high amongst young adults in Whatcom County compared to older adults (21.6% depressed, 43.5% anxious) (*COVID-19 Data / Whatcom County, WA - Official Website*, n.d.). College students living in the residence halls for the 2020-2021 academic year had to contend with heightened feelings of isolation, as there were mandates prohibiting roommates and group gatherings. This

meant that some of the stressors of living in a residence hall before the pandemic, such as conflict between roommates, were effectively eliminated, while the potential for other stressors such as loneliness and isolation from community support were exacerbated.

The COVID-19 pandemic also brought about many changes to the residence hall experience and RA position. The colleges that decided to have on-campus housing open for Fall 2020 had to follow CDC guidelines and require that residents follow safety protocols, such as wearing masks, social distancing, not gathering in large in-person groups, *et ceterae* (Nightengale, 2020). This shifted the responsibilities of RAs to now manage these COVID restrictions in the residence halls, adding more conduct confrontations into the role while retaining the other core components of being a social support to residents. In many colleges, this meant that RAs were effectively front-line workers, sometimes even bringing food and interacting directly with residents who were in isolation for COVID (Pohle, 2020). This changed the interpersonal dynamic of the position, as the added responsibility of having to enforce COVID guidelines prevented RAs from developing connections with residents, leading to frustrations with the role (Michaelson, 2020; Nightengale, 2020). Several RA communities felt that they had not been adequately trained or compensated for this – though they were putting themselves at risk by interacting directly with potentially positive COVID cases, RAs did not see an increase in pay, or a decrease in other responsibilities (Mangan, 2020).

The high demands from Resident advisors' positions can be emotionally taxing, making RA's prone to burnout (Deluga, 1991). Burnout will be characterized in this study as elevated levels of emotional exhaustion and decreased levels of personal accomplishment due to stress

from external factors, such as work and school (Elloy et al., 2001; Maslach & Jackson, 1981). Using the Copenhagen Burnout Inventory to compare the burnout rates among RAs and non-RA students found that “RAs are experiencing a level of exhaustion separate from their duties as resident advisors that should be taken into consideration of their well-being as employees and monitored to ensure that it does not negatively impact their ability to perform job responsibilities.” (Harris, 2021). Burnout among RAs can lead to a decrease in their job performance and the effectiveness of their ability to appropriately serve their communities.

Because of their roles as peer mentors and supervisors for residence halls, a decrease in the performance of RAs would also negatively impact the experiences of residents. While RAs graduate and naturally move on from the position at the end of the year, losing RAs midway through the year from stress means a loss in the institutional knowledge that is readily available for residents. Fewer returning RAs leads to decreased confidence in the position from the resident’s perspectives. Because of their roles as peer mentors for residence halls, if RAs are burnt out and unable to support residents, then that in turn could lead to increased stress from resident’s campus-wide, which can ripple into declines in community academic performance and mental health.

As previously stated, interacting with residents who are undergoing traumatic experiences, such as NSSI, can lead to RAs having a higher risk for suffering from secondary post-traumatic stress themselves (McCarthy, 2020). Secondary post-traumatic stress is the “emotional duress that results when an individual hears about the firsthand trauma experiences of another”, with signs and symptoms that mimic PTSD (National Child Traumatic Stress Network, Secondary

Traumatic Stress Committee. (2011). Secondary trauma and stress has been linked to increased stress levels and burnout among RAs, bringing attention to additional considerations about the complexity and delicacy that accompanies interactions with residents (Lynch, n.d.). This proves the necessity of universities to gather data on RAs duties and which cause more stress in order to provide necessary specified training and support. Additionally, a study examining the effects of burnout should encompass numerous factors for the position, so that efforts towards amelioration can be both broad and as focused as possible (Fuehrer, 1988)

As mentioned, there are several studies that found statistically significant linkages between several RA duties and burnout. However, there is still a need for localized research in order for individual universities to account for their population demographics, support systems, and training, which all directly influence stress levels.

While University Residence administrations are aware of the struggles that RAs face, there has not been a way to quantify which areas RAs are feeling the most stress compared to others. A standardized toolkit for University Residence administrations to implement to their RA populations should ideally consist of controlled questionnaires given both to RAs and their residents. These two surveys would provide comparison within the student body, which could then be analyzed for controllable variables that UR admin and RAs could use to inform biannual trainings.

However, there must first be a survey only given to RAs, in order to establish a baseline of stress levels over time.

METHODS

The purpose is to assess which areas of the Resident Advisor (RAs) position at WWU are causing the most amount of negative stress, and what the possible reasons are. This survey will gather quantitative and qualitative data on RA perceptions of stress from each of the various aspects of the position, allowing RAs to share their experiences, and for their employers Reslife to assess where they can support RAs best.

Instrument design:

Participants will complete an online survey, which has 3 components. First, the participants will take an adapted version of Cohen's 10 question Perceived Stress Scale (PSS-10) in order to measure participant's perception of their individual stress (Cohen et al., 1983). Our adaptation increased the timing of questions from "in the last month" to "in the last two quarters", in order to encompass more of the participant's time as RAs.

The rest of the survey was developed in coordination with Residence Administrators, who segmented responsibilities of the RA position into thirteen separate areas. The second part of the survey defined each job responsibility and asked Likert questions about how impactful each responsibility was on stress levels, on a scale from "very low" to "very high". Finally, for each question that a participant answered on the higher end of the scale, they were shown several follow-up questions: probing about the frequency of this stress, some of the reasons why it was stressful, and what time of the quarter did they notice it was more stressful. An open ended, optional question was available to express what protective factors helped them manage stress, such as social support. The survey ended with an optional response to allow RAs to share any

other thoughts that they had. Upon taking the survey themselves, researchers determined that it would take between 15 and 20 minutes to take

Participants:

A pilot test was needed for the survey. Participants were current resident advisors (RAs) ,18+ years of age, at a public university in the Northwest region of the United States. Announcements were sent to RAs via email and private RA group channels, as well as through word of mouth..

Instrument evaluation

To evaluate survey items for efficacy and validity, five interviews were completed with a convenient sampling from the participant pool. We evaluated the survey with a subset of the population.

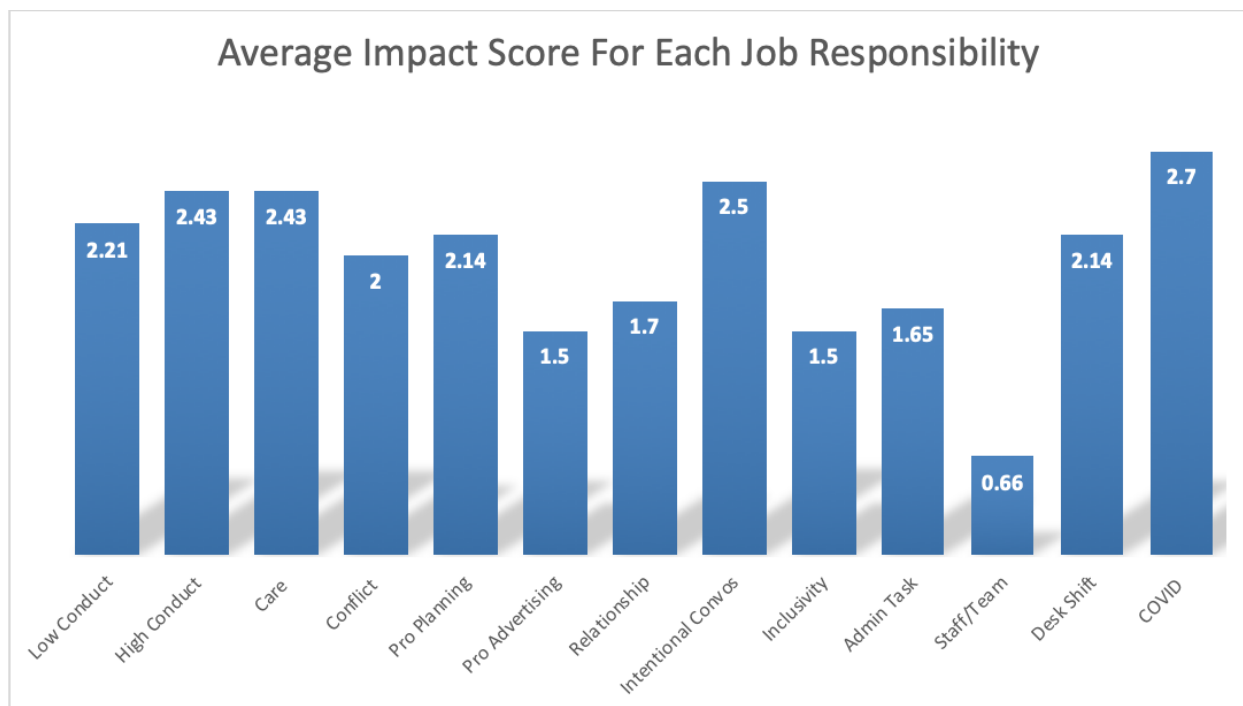
The study received approval from the Institution's Review Board, to ensure minimal research bias and proper precautions were in place.

RESULTS

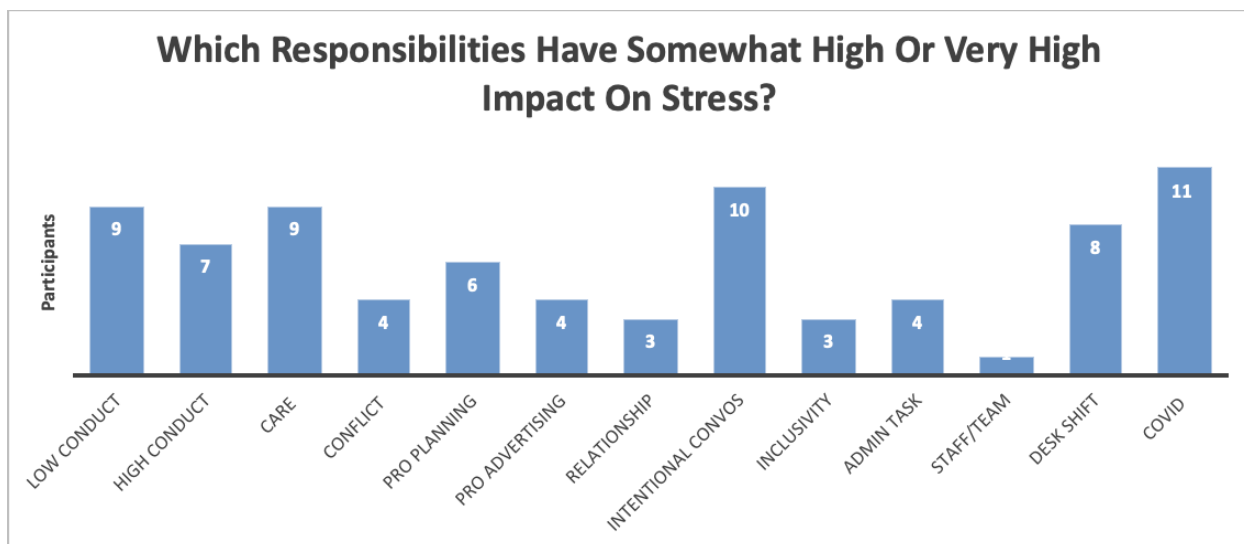
Surveys were sent out through Qualtrics. For our pilot study, there were 14 responses among the RAs, which was 70% of the available population. The mean score of the Perceived Stress Scale (PSS) was 19.4, which is classified as medium-level stress. 85% of respondents had scores that indicated medium to high levels of stress.

(Pohle, 2020)

We calculated the averages are of the impact Likert scale scores when we assign each item with a number, and then add up total scores for each responsibility and divide by participants to get an average.



The Qualtrics Stats IQ was used to analyze the data. The data from the 13 selected job responsibilities can be broken down into low, medium, and high impact. The Likert scale responses of "very low" or "somewhat low" were grouped into Low impact, the "neither low nor high" responses was a medium impact, and "somewhat high" and "very high" responses constituted high impact.



Responsibilities with Low Impact on Stress

Relationship Building

N=7, 50%

Average: 1.7

Relationship Building refers to interacting with residents and maintaining connections as part of being a community leader and social support. Seven participants (50%) indicated that Relationship Building among residents had a low impact on raising their stress levels.

Inclusive Community Building

N=6, 44%

Average 1.5

Inclusive Community Building are the actions you do to ensure that your floor/hall/stack is a safe, welcoming environment for residents. This can include messaging, discussions, responding to bias-situations, and other related actions. Six participants (44%) indicated that Inclusive Community Building had a low impact on raising their stress levels, and five indicated the impact was neither low nor high.

Admin Tasks

N=7, 50%

Average: 1.65

Admin Tasks include all of the reports and administrative aspects of the job, such as writing IRs, CARE reports, workbook, ReaDY requests, maintenance, etc. Seven Participants (50%) indicated that admin tasks had a low impact on raising their stress levels.

Interactions with staff/team

N=9, 64%

Average: 0.66

Interactions with Staff/team refers to the relationship/support dynamic of your RD and RA staff. These can include training, staff meetings, one-on-one meetings with RDs, staff bonding, and other interactions between team members. Nine participants (64%) indicated that interactions with staff and team had a low impact on raising their stress levels.

Responsibilities with Medium Impact on Stress

Program Advertising

N=5, 35%

Average = 1.5

Program Advertising refers to anything you do in order to promote or advertise events and on-campus resources, such as creating posters, announcements, emails, putting up posters, word of mouth, etc. Five participants (35%) indicated that Program advertising had a low impact on raising their stress levels, and another five (35%) indicated neither low nor high impact.

Conflict Management

N=6, 43%

Average: 2

Conflict Management refers to resolving conflicts that occur either between your residents. Six participants. (43%) indicated that Conflict management had neither low nor high impact on raising their stress levels, and a further four participants indicated low impact.

Responsibilities with High Impact on Stress

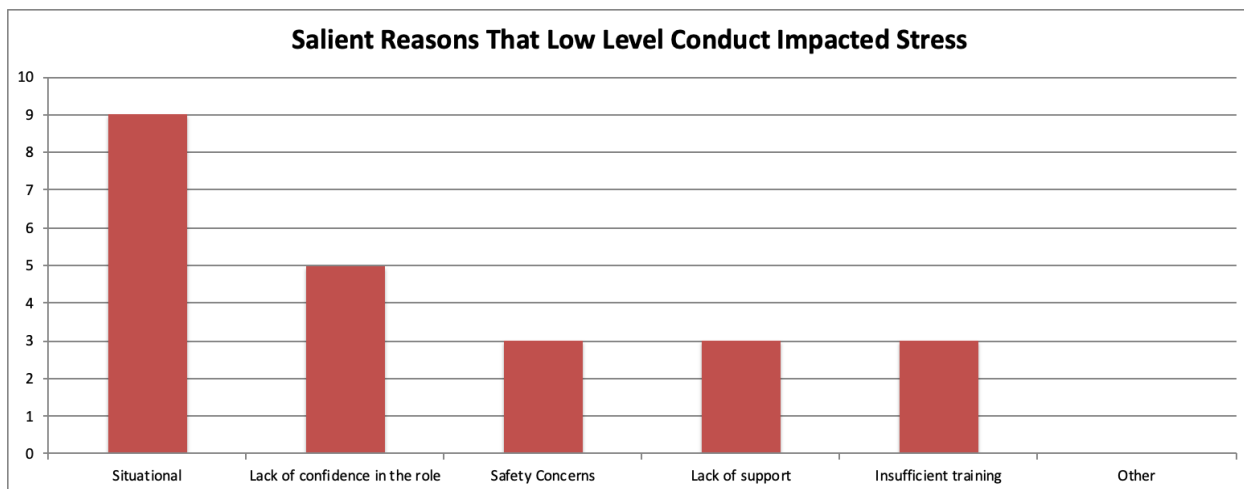
Participants indicated that the following responsibilities had a higher impact on raising their stress levels: Low Level Conduct, High Level Conduct, Care Situations, Program Planning, Intentional Conversations, Desk shift, and COVID Response.

Low Level Conduct

N=9, 55%

Average = 2.21

Low Level Conduct is defined as responding to violations of community standards including, but not limited to, confronting residents on noise concerns, alcohol, marijuana, and other typical conduct situations. Nine participants indicated Low level Conduct had a high impact on raising their stress, which was 64.2% of total participants. An additional 55% of these responses indicated that the frequency of this stress was often or always. When giving reasons for the stress, 100% of the participant subgroup responded that it was situational, and 5 participants indicated lack of confidence in the role. Six participants (66% of subgroup) responded that Finals Week was when participants found it was more difficult to deal with Low level conduct, and five people chose the Start of Term (55%).

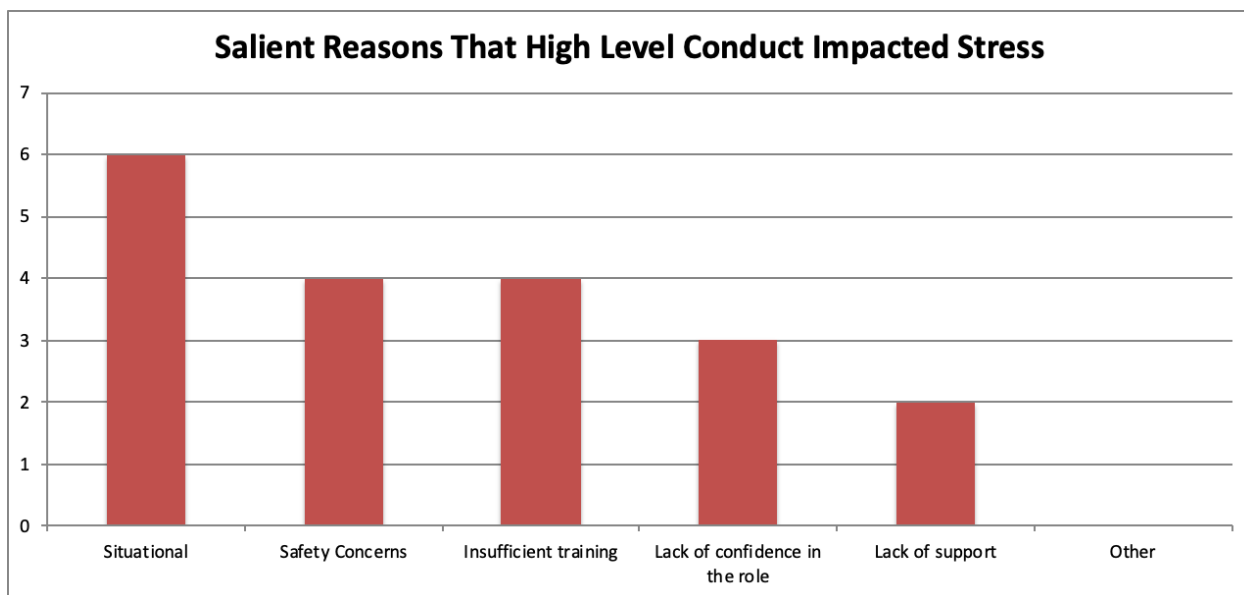


High Level Conduct

N=7, 50%

Average = 2.43

High Level Conduct is defined as responding to violations of community standards including, but not limited to, abuse, assault, alcohol or drug violations that cause harm to self or community. There were seven participants (50% of sample) who indicated that High Level Conduct had a high impact on raising their stress levels. Of this subgroup, three participants indicated that the frequency of this stress was often, and two indicated sometimes. When giving reasons for the stress, six participants responded it was situational (85% of subgroup), and both safety concerns and insufficient training received four responses (57% of subgroup). Finals week and Holidays had both been selected four times as times when participants found it was more difficult to deal with High level conduct which is 57% of the subgroup.



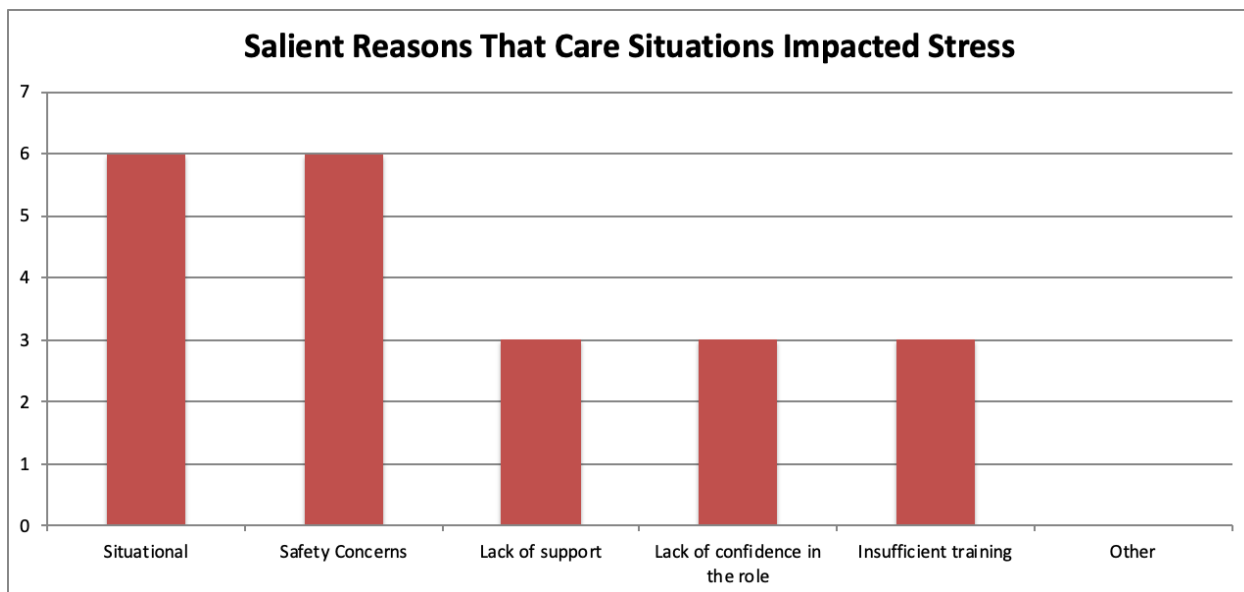
Care Situations

N=9, 64.2%

Average = 2.43

Care Situations refers to supporting residents through mental health concerns, suicide ideation, self-harm, depression, and other concerns that impact the health and safety of residents. There

were nine participants (64.2% of sample) who indicated that Care situations had a higher impact on raising their stress levels. Of this subgroup, 44% indicated this stress was often, and 55% responded sometimes. When giving reasons contributing to this stress, the only two selected options were Safety Concerns and Situational with six responses each (66% of subgroup). There were five (55% of subgroup) responses for both Midterms and Finals week as times when participants found it was more difficult to deal with Care situations.



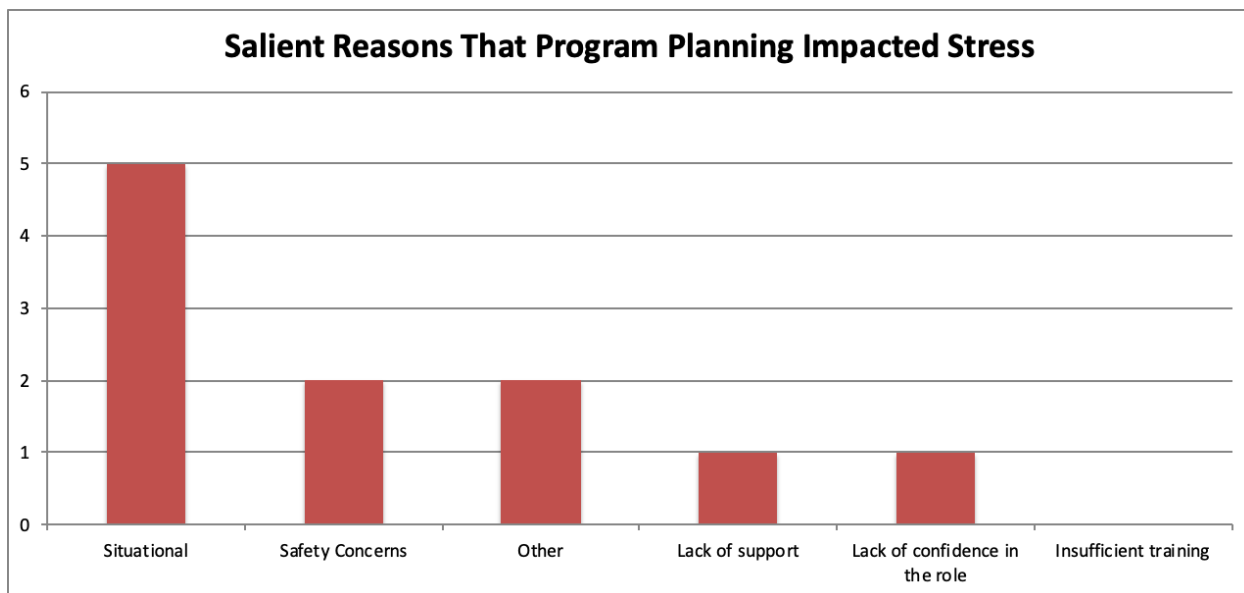
Program Planning

N=6. 44%

Average: 2.14

Program Planning refers to the organization, planning, and running events for residents, not including creating the posters and promotion. There were six participants (44% of sample) who indicated that Program planning had a high impact on raising their stress levels, with an average of 2.14 score. Of this subgroup, five (87% of subgroup) responded that this stress was often or sometimes. When giving reasons contributing to this stress, five (87%) responded that it was

Situational. Finally, five participants also responded that Midterms was a time when they found it was more difficult to deal with program planning.

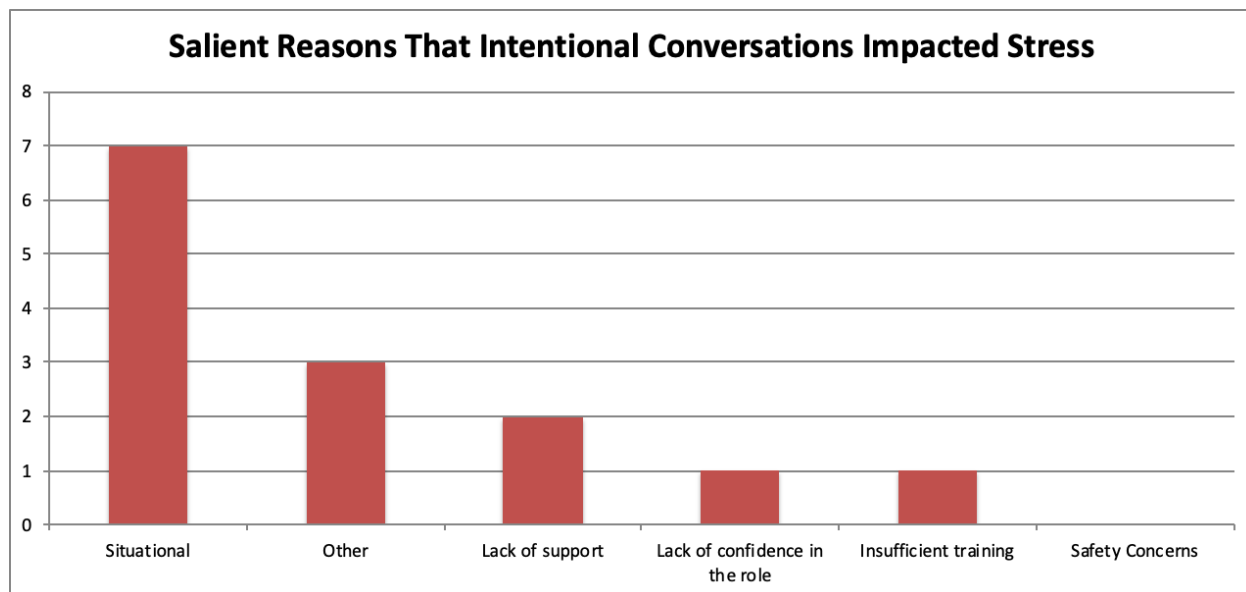


Intentional Conversations

N=10. 71%

Average: 2.5

Intentional Conversations refers to the one-on-one or small group conversations that RAs have with residents in order to bond, assess for support, and introduce the URISE framework. There were ten participants (71% of sample) who indicated that Intentional Conversations (ICs) had a high impact on raising their stress levels. Of this subgroup, six participants responded that the frequency of this stress was often or always (60% of subgroup). When giving reasons contributing to this stress, seven (70% of subgroup) said it was Situational. Finally, seven participants (70% of subgroup) selected Midterms as times when participants found it was more difficult to deal with Intentional Conversations, and six selected Finals Week.

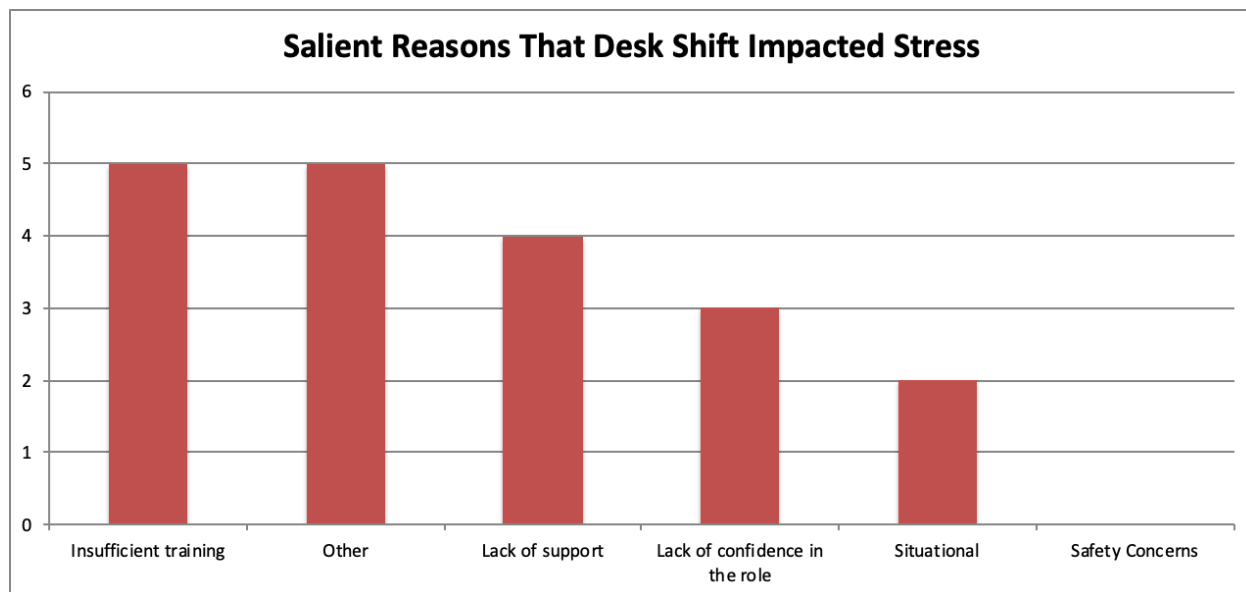


Desk Shift

N=8, 57%

Average: 2.14

Desk Shift refers to the activities RAs do for the weekly shift at the front desk of a community, such as handling mail, customer service, SC Logic, etc. There were eight participants (57% of sample) who indicated that Desk Shift had a high impact on raising their stress levels. Of this subgroup, seven participants responded that the frequency of this stress was often or always (83% of subgroup). When giving reasons contributing to this stress, five participants (62% of subgroup) responded with Insufficient training, four (50%) responded with lack of support, and five (62%) responded “other” with write in options of Scheduling, such as always being forced to work a certain day, and not what they signed up for. There were five responses (62% of subgroup) indicating that both midterms and start of term were times where participants found it was more difficult to deal with Desk Shift duties, and four (50%) participants selected Finals week.

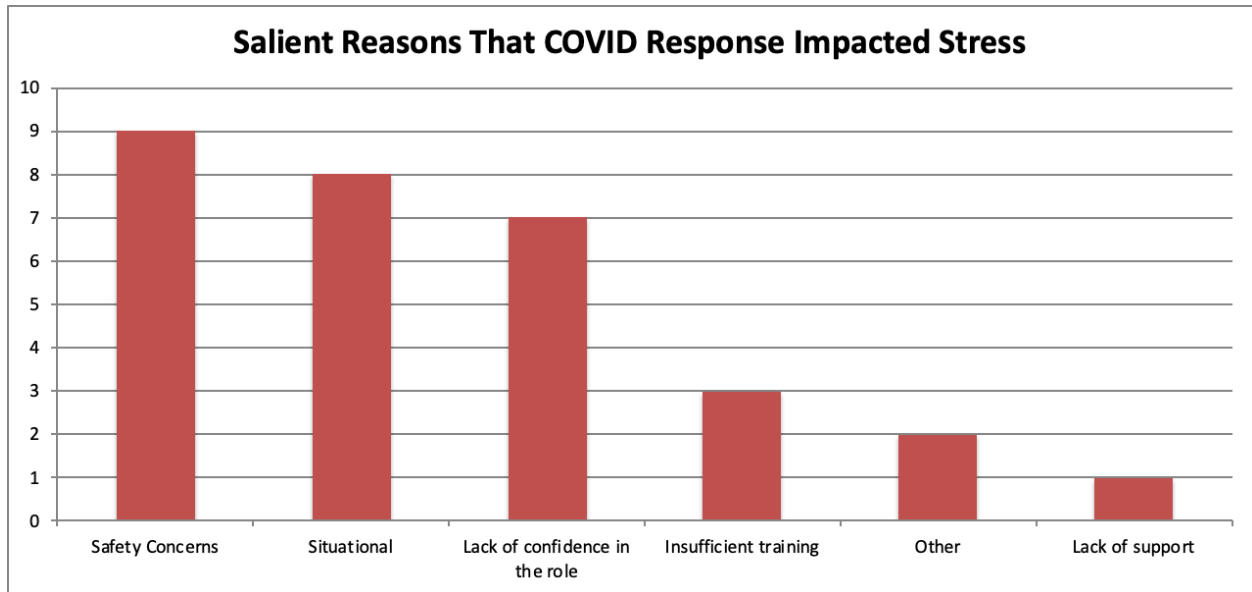


COVID Response

N=11, 78%

Average: 2.7

COVID Response refers to handling COVID-19 specific incidents, such as confronting residents not wearing masks, social distancing, enforcing guest policy, *et cetera*. There were eleven participants (78% of sample) who indicated that COVID Response had a high impact on raising their stress levels. Of this subgroup, nine participants responded that the frequency of this stress was often or always (81% of subgroup). When giving reasons contributing to this stress, nine (81% of subgroup) participants responded with Safety concerns, eight (72%) said situational, and seven (63%) said lack of confidence in the role, with only three participants indicating insufficient training. Finally, nine participants (82% of subgroup) said that the start of term was more difficult to deal with COVID Response, five said midterms, and five said finals week.



DISCUSSION

The purpose of this study was to create an instrument that could evaluate which areas of the RA job are causing the most stress, and to examine some of the reasons behind this. In this pilot test of the survey, there were several notable stress factors that could be explored in future studies.

PSS TEST

The average score for the PSS test was 19.6, which is a medium range. For comparison, a Norm table of stress scores in US adults shows that the average stress for the 18-24 range is 14.2, whereas our RAs are at 19.2. So, with the RA cohort last year, there is a clear difference in stress compared to national averages (Cohen, 1994). While it is useful to give a comparison, due to the small sample size or participants, comparisons can be difficult to make accurately. The data from small sample sizes can be easily skewed from one or two outliers, which is what happened in our scores. There was one RA who scored a 3 on the PSS, which is an extremely low score.

Eliminating this outlier would raise the score to 21. This data skew will be less severe once there are more participants in the following years, and comparisons should be reexamined then.

Averages

The average scores gave us some indication of where the individuals may be feeling stressed, but due to high variation and the small participant pool in our pilot study, we decided to look at the number of individuals reporting higher impact on stress instead of averaging out. In doing so, we can remove any outliers that may be averaging out high stress, and it becomes much clearer where the impacts are.

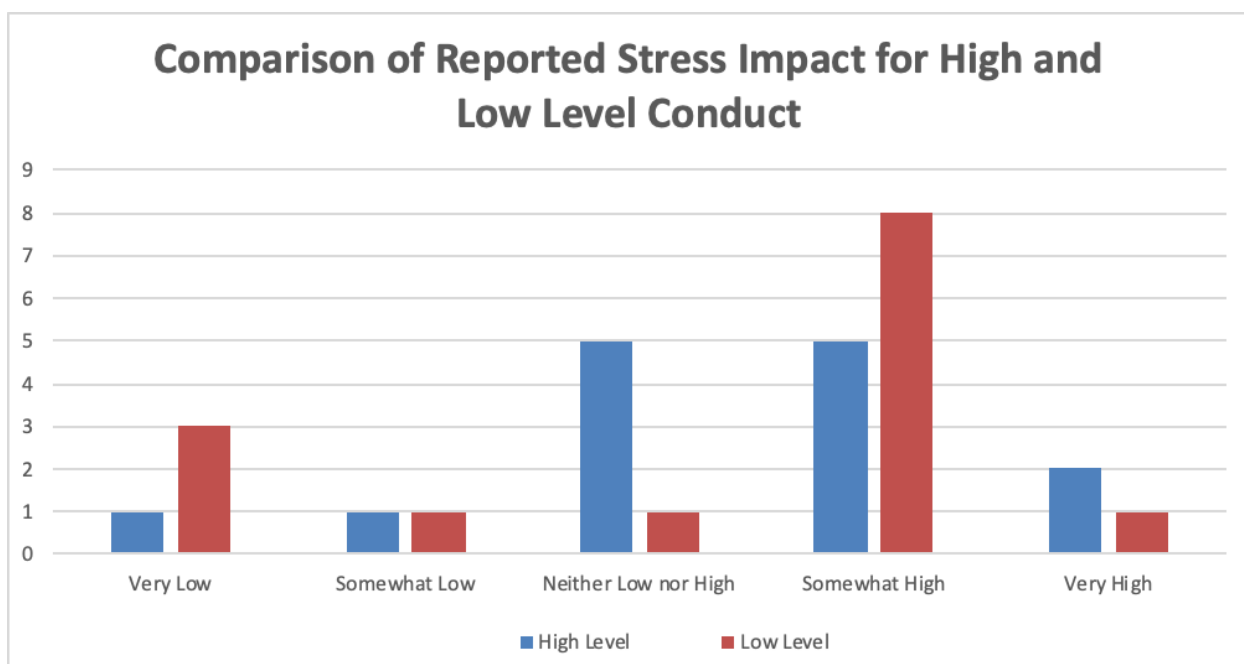
The following job responsibilities had no statistical significance in having a high impact on raising stress levels: Program advertising, Conflict management, Relationship building, Admin tasks, interactions between staff/team, and inclusive community building.

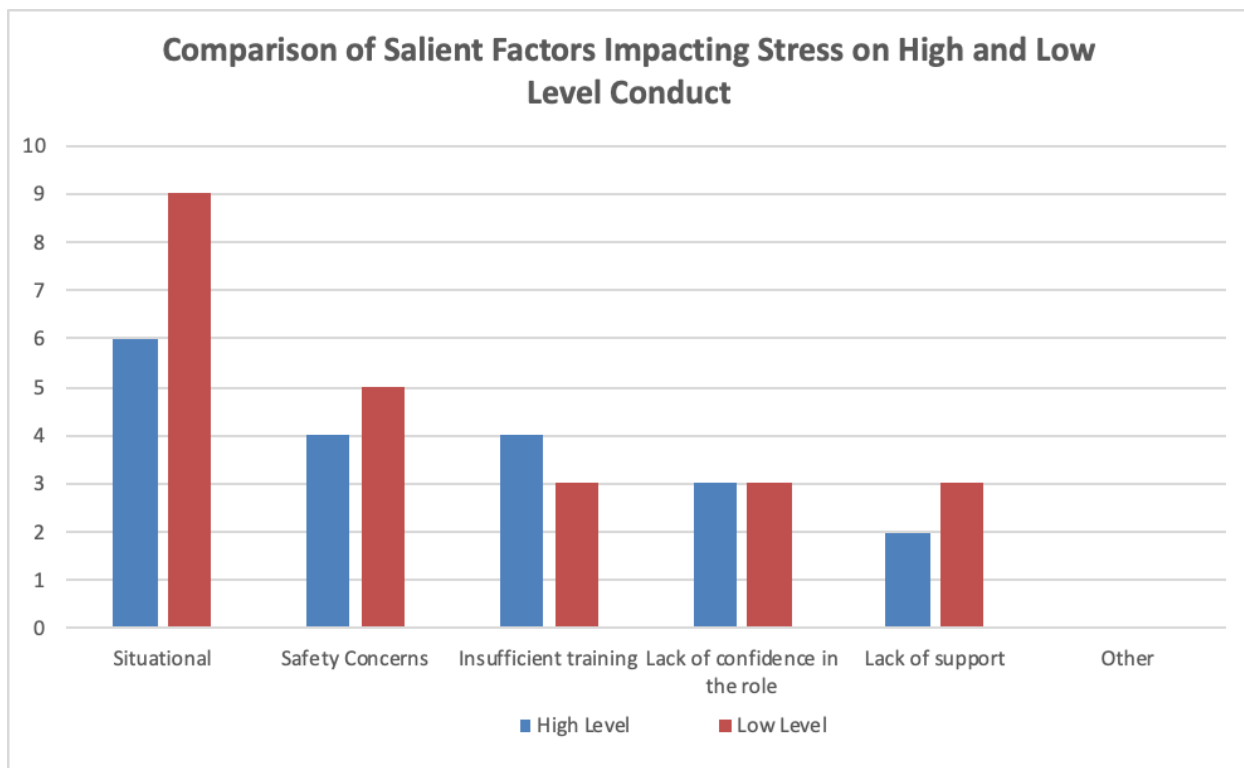
The pilot of our survey generated results that informed researchers to explore Low Level Conduct, High Level Conduct, Care Situations, Program Planning, Intentional Conversations, Desk Shift, and COVID Response as areas of the job that have a higher impact on raising RA stress levels.

Conduct

Perhaps counterintuitively, there seemed to be more stress around Low Level Conduct situations versus High Level Conduct. The frequency of the stress could be a principal factor for this, as results indicate that Low Level Conduct situations were more often a stressor than High Level Conduct. Some RAs also may simply have not had to deal with High Level Conduct situations in their position, thus diminishing its impact on stress. When giving the reasons for this stress, 100% of the responders in the Low Level Conduct subgroup said it was situational, whereas only 85% of participants said situational for High level conduct. The premise for the distinction of High Level Conduct was that those situations have a higher risk of being more emotionally taxing, so it was unexpected that there was a smaller percentage of participants choosing situational as a reason for stress compared to Low Level Conduct. This could be because RAs are trained extensively on higher conduct scenarios that require a call to the police, with strict policies on the actions that RAs should take and so they felt more prepared compared to lower level conduct where things are more nuanced. However, the likely answer is that more data points would see this trend change. Additionally, five responses (55%) were for lack of

confidence in the role for Low Level Conduct, and four responses (57%) were for both safety concerns and insufficient training in High Level Conduct. This could be because, as stated before, Low Level Conduct can often have a lot of grey areas, such as random or obscure community standards being broken that an RA may not have experienced before, and thus may feel a lack of confidence. For a High Level Conduct situation where the police are called, it would also make sense that there are safety concerns of the residents involved. Getting more data on this going forward may provide insights into training being more focused around lower level conduct scenarios.





Care Situations

Nine respondents also indicated that Care situations were a high stressor, with a frequency of either often or sometimes. As defined in the survey, “Care Situations” refers to supporting residents through mental health concerns, suicide ideation, depression, self harm, and other concerns that impact the health and safety of residents. 44% of respondents in subgroup reported the frequency of the stress was often, and 55% said sometimes, which is high. This is likely a product of outside stressors in this year, such as fear from the pandemic, the isolation residents had from one another, and the election season all factoring into mental health in addition to normal student stresses. Going forward, it will be interesting to note comparisons in future years.

Safety Concerns and Situational were the only two reasons that participants selected as impacting this stress, which could be due to Care situations being severe, and RAs worrying about the health of their residents. Many of the most stressful Care situations involve endangerment to the health of a resident, such as sexual assault, self-harm, or suicide ideation, so safety concerns are expected. Numerous studies have demonstrated causal links between RA exposure to these Care Situations and their risk for burnout increasing (Paladino et al., 2005; Reingle et al., 2010; Swanbrow Becker & Drum, 2015). As such, Care situations having a higher impact on stress is consistent with existing literature, and should be paid special attention to moving forward.

Program Planning

While only 44% of participants marked program planning as highly impactful on stress, the average score was 2.14, which meant that program planning was as impactful on stress among this year's RAs as desk shift. Program planning was another responsibility found to be more impactful on stress, whereas program advertising was found to not be very impactful. This could be because advertising often consists of just sending out announcements and/or putting up posters, which often do not take up too much creativity. Planning a program though, complete with the idea, logistics, and purchasing items, can take up a lot of energy, which could explain why participants said it was situational.

Interestingly, 83% of participants said that midterms was the time they found it was more difficult to deal with this stress. RAs are expected to create and run several programs a quarter

for their residents, and at the beginning of the quarter when excitement for the new quarter is high, this may not be too much of a stress. However, halfway through the quarter and during midterms, the pressure to produce programming could be more stressful for RAs to manage. Going forward, perhaps Reslife could follow up with data collection about important factors relating to stress from program planning.

Intentional Conversations

There were ten participants (71%) who found that Intentional Conversations (ICs) were highly impactful on stress. ICs can be a difficult aspect of the job, because of how unpredictable they can turn out. Each IC is different: some involve playing games and becoming a friend to the resident, while others can see the RAs engaging in informal clinical screenings with residents experiencing mental health challenges, which lead to referrals to campus resources (Reingle et al., 2010). ICs are opportunities for RAs to connect with their resident and offer support, which is in turn an opportunity to a resident to divulge their stressful situations. As such, ICs often turn into Care situations, which as established, can be stressful.

Of this subgroup, six participants responded that the frequency of this stress was often or always (60% of subgroup), which makes sense as the goal for RAs is to have ICs with as many of their residents as possible. Since some RAs have up to 60 residents, trying to do have these with every one of their residents equals to several ICs in a week, which is fairly often.

When giving reasons contributing to this stress, 70% said it was Situational, which could be attributed to several factors. RAs may experience role conflict, as it can be difficult to draw the line between friend, counselor, and RA when doing an IC depending on the connection that

forms during the meeting (Everett & Loftus, 2011). Similarly, since ICs are frequently different experiences with each person, it can be hard to know how to prepare for one beforehand, as RAs never know what can come out of it, which can cause stress.

Finally, 70% of this subgroup selected Midterms as times when participants found it was more difficult to deal with Intentional Conversations, and 60% selected Finals Week. RAs may have more energy and motivation at the beginning of the quarter as opposed to in the middle or at the end, which can make doing ICs more stressful later. Midterms and Finals Week are also naturally more academically stressful, which can compound the stress RAs experience as students themselves, or even that the residents themselves are more stressed out, leading to a more emotionally difficult IC during the time. For those RAs who may not have done many ICs in the beginning of the quarter, they could also be experiencing more pressure later in the quarter to catch up on their IC numbers.

It is recommended that there be more examination of these temporal trends moving forward to better understand the salient factors in IC stress, and that perhaps more time in training be spent preparing RAs about how to set boundaries and navigate these complex interactions.

Desk Shift

80% of participants indicated that Desk Shifts had a higher impact on raising stress levels. Desk Shifts were a new responsibility that the RAs at this university had been assigned due to the pandemic, and the limited funding for a full staff of Desk Attendants. The responsibility consisted of managing the front service desk of the residence hall, handling resident's mail,

answering any questions, checking out supplies, and otherwise providing friendly customer service. 62% of the participants who said Desk shift was highly impactful on their stress indicated that insufficient training was a salient factor. This year's RAs had to learn a new database entry system and checkout processes to work desk shift, and had a limited amount of time and training for what was previously an entirely separate job. Additionally, customer service interactions are different from other interactions in the RA position, which could result in role conflict for RAs learning new communication styles. Finally, 5 participants also indicated that scheduling was a stress factor, expressing that they had limited choices in when their desk shift was scheduled. As two participants explained, if their desk shift was scheduled to be on a Sunday, then that limits their freedom to be able to get away for a weekend that they are not on call for. Since RAs live where they work, and this year had weekend on-call shifts an average of every other weekend, it is important for their mental health to be able to get away off campus to have a work-life balance. If desk shifts are restricting RA's precious weekend flexibility, then that can become highly impactful on their stress levels. If the RA role includes desk shifts in the future, more consideration should be taken into accommodating work availability, as well as more adequate training.

COVID Response

Perhaps unsurprisingly, the responsibility that most participants indicated was highly impactful in raising their stress was COVID Response. As stated before, the pandemic shifted the responsibilities of RAs. Though the last two quarters saw the first vaccine rollout, there was still little information known about how infectious the virus could be. Since Residence hall policies did not change regarding mask usage indoors, there was no sure way for RAs to tell who among

their residents was still unvaccinated, and who could likely be carrying the virus, thus continuing to heighten stress.

Curiously, while most participants indicated that factors contributing to this stress included safety concerns, lack of confidence in the role, or it was situational, only 3 participants said it was due to insufficient training. This could imply that though the training the RAs received was as sufficient as it could be, the risk for safety concerns and role conflict were always going to be inherent with the duties. RA communities in other universities have reportedly felt frustrated with the work that they have been asked to do, which led to several RA strikes across the US in the Fall of 2021. While Western did not experience a strike, there were many RAs who left the position due to the overbearing responsibilities.

Another area to look to would be demographics. Because of the limited sample size in our pilot study, relating demographic information such as race and gender could potentially reveal the identity of some participating RAs, so we did not analyze it. However, going forward with more participants, these demographics will be useful in analyzing trends. In particular, the gender trends of having higher stress levels or the impact on stress levels among non-male identifying RAs (Deluga, 1991).

Going forward. We are still in a pandemic, and COVID will still be plaguing us for the foreseeable future. Because of the nature of mask wearing and RA roles as conduct enforcers, it makes sense that RAs should be the ones responding to COVID, yet it also fundamentally changes the position away from a community focus. Keeping protocols flexible moving forward, and at any opportunity trying to delegate some COVID tasks away from RAs, or more

realistically, supporting RAs by taking other tasks away from them is good, such as having RDs do more ICs this last year, but again can potentially shift the focus of the job.

The COVID Pandemic really highlighted, and in some cases exacerbated the preexisting stressors of the job to the point that they can no longer be ignored. This pilot study was successful in gathering data on the experiences of this year's RAs, yet more participants would be needed to establish a definitive baseline of the RA stressors. This will be accomplished after several years of survey implementation. When there is enough data to establish baseline impacts that each job responsibility has on stress levels, then the survey can be used to evaluate yearly trends of stress levels. The application potential of this survey is broad, and the data trends can be used to evaluate a variety of motives, such as the impacts of new Reslife policies, training effectiveness, and ultimately improve RA support.

The data of stress levels and their related stressors will be interesting to compare to future years, as the RA position begins shifting away from how it has been during the pandemic. The policies that handle COVID mandates in the next academic year already differ from this year, and in the years to follow these policies may cease to exist entirely. It is also expected that the stress impact trends of certain responsibilities will also be different as universities open up their campuses again. For example, results from the survey showed that conflict management between residents had a low impact on RA stress, yet residents did not have roommates this year. Resident's relative isolation eliminated many of the interactions that could have led to conflict. Next year residents will have roommates, and so conflicts are expected to be higher; and so will their impact on RA stress as RAs will be managing conflicts more.

Limitations

Stress is a difficult thing to manage. Using the Perceived Stress Scale in the beginning of the survey is a good idea to get an idea of RA perceived stress, however, by adapting temporally it reduces its validity. As explained by Cohen, when asking participants to recall their stress levels past 4 to 8 weeks, the accuracy of their stress recall drastically falls off. If the PSS is to be administered in future implementations, limiting the questions to the last 2 weeks, or using a different measurement altogether is advised. Additionally, more participants are needed to establish a baseline stress for each university.

REFERENCES

- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A Global Measure of Perceived Stress. *Journal of Health and Social Behavior*, 24(4), 385–396. <https://doi.org/10.2307/2136404>
- Cohen, S. (1994). *Perceived Stress Scale*. www.mindgarden.com.
<https://www.mindgarden.com/documents/PerceivedStressScale.pdf>.
- COVID-19 Data | Whatcom County, WA - Official Website*. (n.d.). Retrieved July 7, 2021, from <https://www.whatcomcounty.us/3427/COVID-19-Data>
- Deluga, RJ (1991). Why the aggravation - Reasons students become resident assistants, interpersonal stress, and job-satisfaction. *Journal of college student development*. 32(6) 546-552.
<https://www.illiad.library.wvu.edu/illiad.dll?Action=10&Form=75&Value=758521>
- Elloy, D. F., Terpening, W., & Kohls, J. (2001). A Causal Model of Burnout Among Self-Managed Work Team Members. *The Journal of Psychology*, 135(3), 321–334.
<https://doi.org/10.1080/00223980109603702>
- Everett, D. D., & Loftus, Z. V. (2011). Resident Assistants as Rule Enforcers Versus Friends: An Exploratory Study of Role Conflict. *Journal of College & University Student Housing*, 37(2), 72–89.
<http://ezproxy.library.wvu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=66237377&site=ehost-live>
- Fuehrer, A. (1988). *Individual and Situational Factors as Predictors of Burnout Among Resident Assistants*. 29, 7.

- Harris, C. J. (n.d.). *DIFFERENCES BETWEEN RESIDENT ADVISORS AND UNDERGRADUATE RESIDENTIAL STUDENTS ON RESILIENCE, MENTAL HEALTH, BURNOUT, AND PERCEIVED STRESS*. 149.
- Lynch, R. J. (n.d.). *Work Environment Factors Impacting the Report of Secondary Trauma in U.S. Resident Assistants*. 18.
- Mangan, K. (2020). RAs Reach a Breaking Point. *Chronicle of Higher Education*, 67(3), 6–6.
<http://ezproxy.library.wvu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=146815582&site=ehost-live>
- Maslach, C., & Jackson, S. E. (1981). The Measurement of Experienced Burnout. *Journal of Occupational Behaviour*, 2(2), 99–113. <http://www.jstor.org/stable/3000281>
- McCarthy, K. (2020). Resident assistant secondary trauma and burnout associated with student nonsuicidal self-injury. *Journal of American College Health*, 68(7), 673–677.
<https://doi.org/10.1080/07448481.2019.1590374>
- Michaelson, A (2020). Resident advisors face challenges. *The Daily Evergreen*. Retrieved from <https://www.illiad.library.wvu.edu/illiad.dll?Action=10&Form=75&Value=758946>
- National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). *Secondary traumatic stress: A fact sheet for child-serving professionals*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf
- Nightengale, J. (n.d.). Resident Assistants aim to face new challenges with positivity. *The Sunflower*. Retrieved August 24, 2021, from

<https://thesunflower.com/52341/news/resident-assistants-aim-to-face-new-challenges-with-positivity/>

Paladino, D. A., Murray Jr., T. L., Newgent, R. A., & Gohn, L. A. (2005). Resident Assistant Burnout: Factors Impacting Depersonalization, Emotional Exhaustion, and Personal Accomplishment. *Journal of College & University Student Housing*, 33(2), 18–27.

<http://ezproxy.library.wvu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=18364165&site=ehost-live>

Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College Students: Mental Health Problems and Treatment Considerations. *Academic Psychiatry : The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, 39(5), 503–511. <https://doi.org/10.1007/s40596-014-0205-9>

Pohle, A. (2020, October 10). U.S. News: College Resident Advisers Take the Front Lines in Battle Against Covid. *Wall Street Journal, Eastern Edition*, A.3.

<http://search.proquest.com/docview/2449621719/citation/2783E310FDE54B4CPQ/1>

Reingle, J., Thombs, D., Osborn, C., Saffian, S., & Oltersdorf, D. (2010). Mental Health and Substance Use: A Qualitative Study of Resident Assistants' Attitudes and Referral Practices. *Journal of Student Affairs Research and Practice*, 47(3), 325–342.

<https://doi.org/10.2202/1949-6605.6016>

Son, C., Hegde, S., Smith, A., Wang, X., & Sasangohar, F. (2020). Effects of COVID-19 on College Students' Mental Health in the United States: Interview Survey Study. *Journal of Medical Internet Research*, 22(9). <https://doi.org/10.2196/21279>

Swanbrow Becker, M. A., & Drum, D. J. (2015). The Influence of Suicide Prevention Gatekeeper Training on Resident Assistants' Mental Health. *Journal of Student Affairs Research and Practice*, 52(1), 76–88. <https://doi.org/10.1080/19496591.2015.996055>

APPENDICES

Appendix A

Survey Recruitment Announcement through Email

Hello fellow RAs and AAs,

This is Isaac Nicholl, returner RA in Fairhaven. For my senior capstone, I have been working on creating something useful for RA/AAs to leave behind when I graduate. This survey is designed to evaluate why and how the different responsibilities of being a RA/AA at Western Washington University are raising your stress levels. The results of this survey will help Reslife to accommodate more to this high stress lifestyle. It is designed for you all to safely share your experiences, and no identifying information will be linked to your responses.

Furthermore, if the data from this survey proves to be useful, then the survey will be established and implemented every year, so that future RA/AA cohorts can share their experiences with stress and the position. Therefore, your help with this project is important in improving experiences of the RA/AA positions in both the immediate and longer-term future.

Here is the survey link.____ The survey should only take around 15-20 minutes to complete. If you have any questions about the survey or the research, please feel free to reach out to me at nicholi@wwu.edu.

Appendix B

Survey Consent Form

We are asking you to be in a research study. Participation is voluntary. The purpose of this form is to give you the information you will need to help you decide whether to participate. Please read the form carefully. You may ask questions about anything that is not clear. When we have answered all of your questions, you can decide if you want to be in the study or not. This process is called “informed consent.”

Participation involves completing this online survey, which will take around 15-20 minutes. The information gathered will be used to evaluate which aspects of the (RAs) position at WWU are causing the most amount of negative stress, and what the possible reasons are. This survey is designed to safely allow RA/AAs to share their experiences, and to help inform Reslife where they can focus their attention when supporting RAs.

This survey will first have you take a Perceived Stress Scale test in order to establish where your stress level has been at these last two quarters. The second part of the survey will then ask about the impact each aspect of the job has on your stress, with additional follow up questions for the parts of the job that you indicated a higher amount of stress for.

There are no anticipated risks. The benefit of the research may be supporting future RAs/AAs. Your data will be kept secure. Personal information will not be connected to your survey responses. The survey does collect demographic data that may, in combination, allow the researcher team to identify individuals, however, the researcher will be careful not to publish or present the data in a manner that could identify you to Reslife or others.

If you have any questions about the survey or research, please feel free to contact researcher Isaac Nicholl at nicholi@wwu.edu, or Faculty Advisor Steve Bennett at bennet63@wwu.edu . If you have questions about your right as a research participant, contact the Western Washington University Office of Research and Sponsored Programs at compliance@wwu.edu or 360.650.2146.

By clicking “I acknowledge the above,” you are saying that you are 18 years old or older and are agreeing to participate in this survey. You may exit out of the survey at any time without penalty or question. Please save a copy of this form for your records.

Appendix C

Survey Design

Demographic questions:

Gender identity:

- Female
- Male
- Non-binary/third gender
- Transgender
- Agender
- Genderqueer
- A gender not listed
- Prefer to self-describe _____
- Prefer not to say

Year: 2nd year, 3rd year, 4th year, 5th year, other

New or Returner status: New, Returner

Race/Ethnicity:

- American Indian or Alaskan Native
- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- White
- Some other race, ethnicity, origin
- Prefer to self-describe
- Prefer not to say

Ethnicity

Are you of Hispanic, Latino/a/x, or of Spanish origin?

- Yes
- No
- Prefer not to say

Part 1: PSS test

The questions in this scale ask you about your feelings and thoughts during the last two months **as they relate to the RA position**. In each case, please indicate your response by placing an “X” over the square representing **how often** you felt or thought a certain way because of the RA position.

Never----Almost Never-----Sometimes-----Fairly Often-----Very Often

- ____ 1. In the last two quarters, how often have you been upset because of something that happened unexpectedly?
- ____ 2. In the last two quarters, how often have you felt that you were unable to manage the important things in your life?
- ____ 3. In the last two quarters, how often have you felt nervous and stressed?
- ____ 4. In the last two quarters, how often have you felt confident about your ability to handle your personal problems?
- ____ 5. In the last two quarters, how often have you felt that things were going your way?
- ____ 6. In the last two quarters, how often have you found that you could not cope with all the things that you had to do?
- ____ 7. In the last two quarters, how often have you been able to control irritations in your life?
- ____ 8. In the last two quarters, how often have you felt that you were on top of things?
- ____ 9. In the last two quarters, how often have you been angered because of things that happened that were outside of your control?
- ____ 10. In the last two quarters, how often have you felt difficulties were piling up so high that you could not overcome them?

Qualtrics will calculate the PSS score for the participants, establishing a baseline for their stress levels.

Part 2: Job Responsibilities

This next part of the survey will ask questions about the different areas of RA/AA job responsibilities.

ASK ABOUT WHERE TO INCLUDE RESPONDING TO ON CALL PHONE IN MIDDLE OF NIGHT.

- 1) "Conduct" is defined as responding to violations of community standards, whether it be noise issues, confronting residents for alcohol, marijuana, etc. "Low level conduct" is defined as responding to violations of community standards including, but not limited to,

confronting residents on noise concerns, alcohol, marijuana, and other typical conduct situations.

“High level conduct” is defined as responding to violations of community standards including, but not limited to, abuse, assault, alcohol or drug violations that cause harm to self or community.

On a scale of low to high, how impactful has "low level conduct" been for your stress?

Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

On a scale of low to high, how impactful has "High level conduct" been for your stress?

Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

2) “Care situations” refers to supporting residents through mental health concerns, suicide ideation, self-harm, depression, and other concerns that impact the health and safety of residents

On a scale of low to high, how impactful has "Care situations" been for your stress?

Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

3) "Conflict management" refers to resolving conflicts that occur either between your residents.

On a scale of low to high, how impactful has "Conflict Management" been for your stress?

Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

4) "Program Planning" refers to the organization, planning, and running events for residents, not including creating posters and promotion.

On a scale of low to high, how impactful has "Program planning" been for your stress?

Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

5) "Program/Resource Advertising" refers to anything you do in order to promote or advertise events and on-campus resources, such as creating posters, announcements, emails, putting up posters, word of mouth, etc.

On a scale of low to high, how impactful has "Program/Resource Advertising" been for your stress?

Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

6) "Relationship Building" refers to interacting with residents and maintaining connections as part of being a community leader and social support.

On a scale of low to high, how impactful has "Relationship Building" been for your stress?
Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

7) "Intentional Conversations" refers to the 1-1 or small group conversations that RAs have with residents in order to bond, assess for support, and introduce the URISE framework.

On a scale of low to high, how impactful has "Intentional Conversations" been for your stress?
Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

8) "Inclusive Community Building" are the actions you do to ensure that your floor/hall/stack is a safe, welcoming environment for residents. This can include messaging, discussions, responding to bias-situations, and other related actions.

On a scale of low to high, how impactful has "Inclusive Community Building" been for your stress?
Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

9) "Admin Tasks" include all of the reports and administrative aspects of the job, such as writing IRs, CARE reports, workbook, ReaDY requests, maintenance, etc.

On a scale of low to high, how impactful has "Admin Tasks" been for your stress?
Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

10) "Interactions with Staff/team" refers to the relationship/support dynamic of your RD and RA staff. These can include trainings, staff meetings, 1-1s with RD, staff bonding, and other interactions between team members.

On a scale of low to high, how impactful has "Interactions with Staff/Team" been for your stress?
Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

11) "Desk Shift" Refers to the activities you do for the weekly shift at the front desk of a community, such as handling mail, customer service, SC Logic, etc.

On a scale of low to high, how impactful has "Desk Shift" been for your stress?

Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

12) "COVID Response" refers to handling COVID-19 specific incidents, such as confronting residents not wearing masks, social distancing, enforcing guest policy. etc.

On a scale of low to high, how impactful has "COVID Response" been for your stress?
Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

Part 3: Follow up questions from higher stress levels of part 2

-How often were you stressed about this part of the job/ How often did this aspect of the job stress you out?

-Frequency scale: Never----- rarely----- Sometimes----- often-----always.

-What was the reason that this part of the job stressed you out? (general answers, not retraumatizing) Check all that apply
(lack of confidence in the role, situational, lack of support, safety concerns, insufficient training, other_____)

Were there specific times during the quarter that you found it was more difficult to deal with this situation?

-start of term, mid-terms, finals, move-out, holidays, other?

-

Optional response: Was there anything that was done to help support or alleviate this stress for this area?

Part 4: Qualitative part

Are there any additional comments you would like to make relating to the position and your experiences? Please do not include identifying information about yourself.

Thank you so much for taking this survey.

Appendix D

Interview Recruitment Announcement through Email

Hello fellow RAs and AAs,

This is Isaac Nicholl from Fairhaven. Last week I sent out an email about the RA/AA survey. Because it is a new, untested survey, we want to evaluate its effectiveness to be able to measure what we want it to measure. To this end, I am looking to have interviews with some of you who took the survey, to ask questions about what your thoughts were, and evaluate how effective the survey questions were. These interviews are completely optional, and would be conducted only by members of the research team (myself and Dr. Steve Bennett?) The interviews will last 20-30 minutes, and the feedback you provide would help to improve the survey for future RA/AAs.

If you are interested in participating, and/or have any questions, please email me at nicholi@wwu.edu or message me another way.

Appendix E

Interview Consent Form

We are asking you to be in a research study. Participation is voluntary. The purpose of this form is to give you the information you will need to help you decide whether to participate. Please read the form carefully. You may ask questions about anything that is not clear. When we have answered all of your questions, you can decide if you want to be in the study or not. This process is called “informed consent.”

Participation involves completing an audio-recorded interview about your experiences as a RA/AA, which will take around 15-20 minutes.

The information gathered will be used to evaluate how effective the RA/AA survey was at allowing you to share your experiences with stress from the various aspects of the job. This interview is designed to safely allow RA/AAs to share their experiences, and to help inform the design of the RA/AA stress survey so that it is as beneficial as possible.

There are no anticipated risks. The benefit of the research may be supporting future RAs.

We take every precaution to protect your information, though no guarantee of security can be absolute. We believe the chances of you being identified are low due to the protections in place for your privacy. Your data will be kept secure. Your audio recording will be deleted after being transcribed and removing identifying information from the transcript. You may choose to leave your camera off during the interview, and your name in the Zoom interview will be changed to a number (Participant 1, 2, etc) Identifying information about you will never be shared outside of the research team. Your data, with identifiers removed, may be used or distributed for future research without your additional informed consent.

If you have any questions about the research, please feel free to contact researcher Isaac Nicholl at nicholi@wwu.edu, or Faculty Advisor Steve Bennett at bennett63@wwu.edu . If you have questions about your right as a research participant, contact the Western Washington University Office of Research and Sponsored Programs at compliance@wwu.edu or 360.650.2146.

By clicking “I acknowledge the above,” you are saying that you are 18 years old or older and are agreeing to participate in this study. You may stop participating at any time without penalty or question. Please save a copy of this form for your records.

- I acknowledge the above and agree to participate.
- I do not agree to participate.

Appendix F Interview Questions

Process of interview

Picking 5 questions from Section 2

Pick 3 sub questions in section 3, and ask these questions for them.

- 1) What did you think we were asking with this question
- 2) "Now, tell me exactly how you worked out your answer to this problem, step by step, exactly as you did yesterday, just aloud."
 - 3) Explain what we were asking
- 4) Now knowing our explanation, does your answer for this question change?
 - 5) If yes, how can we make this question better represent what we are asking?

Cognitive probing interview "What were you thinking?" " How did you come up with that?"
 "What does (term) mean to you?"

Chosen questions from Section 2

- 2) "Conduct" is defined as responding to violations of community standards, whether it be noise issues, confronting residents for alcohol, marijuana, etc. "Low level conduct" is defined as responding to violations of community standards including, but not limited to, confronting residents on noise concerns, alcohol, marijuana, and other typical conduct situations.
 "High level conduct" is defined as responding to violations of community standards including, but not limited to, abuse, assault, alcohol or drug violations that cause harm to self or community.

On a scale of low to high, how impactful has "low level conduct" been for your stress?
 Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

On a scale of low to high, how impactful has "High level conduct" been for your stress?
 Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

- 2) "Care situations" refers to supporting residents through mental health concerns, suicide ideation, self-harm, depression, and other concerns that impact the health and safety of residents

On a scale of low to high, how impactful has "Care situations" been for your stress?
 Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

- 3) "Relationship Building" refers to interacting with residents and maintaining connections as part of being a community leader and social support.

On a scale of low to high, how impactful has "Relationship Building" been for your stress?
 Very low----- Somewhat low ----- Neither low nor high ----- Somewhat High ----- Very High

4) "Inclusive Community Building" are the actions you do to ensure that your floor/hall/stack is a safe, welcoming environment for residents. This can include messaging, discussions, responding to bias-situations, and other related actions.

5) "Interactions with Staff/team" refers to the relationship/support dynamic of your RD and RA staff. These can include trainings, staff meetings, 1-1s with RD, staff bonding, and other interactions between team members

Subquestions

6) How often were you stressed about this part of the job/ How often did this aspect of the job stress you out?

-Frequency scale: Never----- rarely----- Sometimes----- often-----always.

7) What was the reason that this part of the job stressed you out? (general answers, not retraumatizing) Check all that apply
 (lack of confidence in the role, situational, lack of support, safety concerns, insufficient training, other_____)

8) Were there specific times during the quarter that you found it was more difficult to deal with this situation?

-start of term, mid-terms, finals, move-out, holidays, other?
 -