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Compassion Fatigue Among Resident Assistants at Five Illinois Public Institutions : A Mixed Methods Approach

Abstract

Compassion fatigue, a stress response caused by helping those who have experienced trauma, is a rapidly rising problem for student affairs professionals (Carter, 2019). Among student affairs professionals and paraprofessionals, the resident assistant (RA) is potentially one of the most susceptible populations to compassion fatigue, due to working where they live, which creates a constant need to be on. In addition, they are expected to support students who are increasingly presenting with mental health challenges. This explanatory mixed methods method study sought to first determine the prevalence of compassion fatigue, including its components burnout and secondary trauma, among RAs at five four-year public institutions in IL, then to understand the nature of compassion fatigue among those vital residence life student personnel. Findings suggest that about 75% of RAs experience at least moderate compassion fatigue. In addition, the expectation from students and supervisors that RAs be available 24/7, may contribute to this. Implications for practice and future research are also presented.

Keywords: resident assistants, compassion fatigue, burnout, secondary traumatic stress

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Compassion Fatigue Among Resident Assistants at Five Illinois Public Institutions : A Mixed

Methods Approach

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Master of Science in College Student Affairs

Department of Counseling and Higher Education

ABSTRACT

Compassion fatigue, a stress response caused by helping those who have experienced trauma, is a rapidly rising problem for student affairs professionals (Carter, 2019). Among student affairs professionals and paraprofessionals, the resident assistant (RA) is potentially one of the most susceptible populations to compassion fatigue, due to working where they live, which creates a constant need to be on. In addition, they are expected to support students who are increasingly presenting with mental health challenges. This explanatory mixed methods method study sought to first determine the prevalence of compassion fatigue, including its components burnout and secondary trauma, among RAs at five four-year public institutions in IL, then to understand the nature of compassion fatigue among those vital residence life student personnel. Findings suggest that about 75% of RAs experience at least moderate compassion fatigue. In addition, the expectation from students and supervisors that RAs be available 24/7, may contribute to this. Implications for practice and future research are also presented.

Keywords: resident assistants, compassion fatigue, burnout, secondary traumatic stress

DEDICATION

This study is dedicated to all those that work in housing and residence life. Your dedication to students, tireless work, and long hours are essential in keeping residential life afloat. May you always remember your own needs before the needs of the students you so humbly serve.

ACKNOWLEDGEMENT

I have learned through this experience that I struggle with conciseness, so I will do my best to keep these acknowledgements to one page (maybe two) as I know if I truly thank all who got me to this point in my life, this section would be longer than the thesis that follows.

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CHAPTER I

Introduction

Although the resident assistant (RA) has been present on campuses in some form since the Middle Ages (Cowley, 1934), the last two decades has seen an augmentation of role expectations (Boone et al., 2016) as they serve residents who are increasingly struggling with mental health challenges (e.g., Kadison et al., 2004; Kruisselbrink Flatt, 2013; Salimi et. al, 2021; Schwartz et. al, 2009). Generation Z students, who comprise the majority of the undergraduate student population, face mental health challenges more than any generation before, in addition to struggling with recovering academically and socially from the COVID-19 pandemic (Stern, 2022). Also, according to the American Psychological Association (Bethune, 2019), 91% of Generation Z adults have experienced emotional or physical responses to stress. To complicate this further, data from the Center for Disease Control (CDC) indicated an increase in suicide rates for those 10-24 between 2000 and 2018 (Garnett et al., 2022). While overall suicide rates have decreased since 2018, suicide remains a leading cause of death among college students (Zhai & Du, 2022)

Because they work where they live, which creates a constant need to be ‘on’, RAs are susceptible to experiences of high stress, including compassion fatigue. *Compassion fatigue*, a stress response caused by helping those who have experienced trauma, is a rapidly rising problem among student affairs professionals (Carter, 2019). Some of its symptoms include but are not limited to irritability, numbness, sadness, loss of motivation, anger, and helplessness (Brennan, 2020). Among RAs the circumstances for compassion fatigue are not only met, but exceeded, due to the 24 hours a day, seven-days-a-week nature of this helping role (Boone et al., 2016). The RA position has increased in demand and intensity in a lot of ways, calling for RAs

to always be ready to help in high-intensity situations (Boone et al., 2016). Therefore, it is important to evaluate how RAs experience their role, gain some insights into how they are doing mentally, the impact of these work conditions on them.

Purpose of the Study

The purpose of this explanatory mixed methods study was to investigate and understand the prevalence, impact, and complexity of compassion fatigue among RAs at public four-year universities in rural Illinois. As mental health concerns continue to rise within higher education, housing and residence life (HRL) staff must understand the scope of the impact of the duties of RAs on their mental health. The findings and knowledge from this study identifies the effect of compassion fatigue on RAs and allow HRL staff to understand better and support their student staff members.

Research Questions

Given the complexity of compassion fatigue as a construct, as well as the study's goals being informed by quantitative and qualitative schools, the following research questions were formulated:

Quantitative Questions

RQ1. How prevalent is compassion fatigue, burnout, and secondary trauma, as measured by the Professional Quality of Life Measure (ProQOL), among RAs at selected Illinois public institutions?

RQ2. Is there a relationship between time served as an RA and compassion fatigue?

RQ3. Is there a relationship between compassion fatigue and gender?

RQ4. Is there a relationship between compassion fatigue and race?

RQ5. Is there a relationship between response to high-intensity situations and compassion fatigue?

Qualitative Questions

1. How do RAs experience compassion fatigue?
2. How does the overall culture of residence life and always needing to give impact RAs experience of compassion fatigue?

Hypothesis

H1_a. There is a relationship between time served as an RA and total compassion fatigue.

H1₀. There is no relationship between time served as an RA and total compassion fatigue.

H2_a. There is a relationship between gender and total compassion fatigue.

H2₀. There is no relationship between gender and total compassion fatigue.

H3_a. There is a relationship between race and total compassion fatigue.

H3₀. There is a relationship between race and total compassion fatigue.

H4_a. Exposure to crisis situations does impact the prevalence of compassion fatigue.

H4₀. Exposure to crisis situations does not impact the prevalence of compassion fatigue.

Significance of the Study

According to the Campus Housing Index published by ACUHO-I (2021) 144 U.S. institutions reported 16,330 RAs, averaging 113 RAs per campus. However, there are nearly 6,000 institutions of higher education in the United States (Bryant, 2021). While not all institutions of higher education have on-campus housing or RAs, it can be assumed that while there are just over 16,000 reported by ACUHO-I, there are even more unreported RAs at unaffiliated U.S. institutions. RAs are students, leaders, and employees who are the eyes and ears of the university and are critical to the health and safety of students as well as the overall

success of the university (Letarte, 2013). Maten (2020) found that the academics of University of Mississippi RAs were negatively impacted due to incidents they must respond to. Through evaluating the prevalence of and gathering the RAs thoughts on compassion fatigue more insight is given to the mental toll that these student employees take daily to fulfill the duties of their RA role. Blimling (1998) described the five primary roles of the RA as “student”, “administrator”, “role model”, “teacher”, and “counselor.” Blimling asserted that the RA often makes their education second to their position as an RA. Student affairs practitioners have always been vital to college students' success, whether academic support, crisis support, or general success coaching. While professional staff members are vital to student success, so are paraprofessionals like RAs. More recently, student affairs practitioners have found themselves in a "first responder" role for the college student due to the COVID 19 pandemic (Lynch, 2020, p. 6). In congruence with the full-time professional, RAs play an integral role in the success and functionality of campus life and students' experiences and have seen a similar increase in their duties. RAs are notorious for the demanding work they do, and which involves working with and helping people, often acting in ways as paraprofessional counselors, even organizations like ACUHO-I consider RAs to be paraprofessionals (ACUHOI, 2021; Owens, 2011). In addition to their other primary roles, RAs have become first responders in many facets, often being the first on the scene responding to sexual misconduct, suicidal ideation, and other high-intensity situations (Boone et al., 2016). RAs are an essential component to the success of the university and achieve many desirable outcomes through their position (Byrne, 1998).

When assessing compassion fatigue in student affairs professionals, both the prevalence of these interactions, the intensity of the emotional and trauma support needed, and the overall preparedness of the professional add to the prevalence of compassion fatigue (Raimondi, 2019).

RAs are almost consistently interacting with the students they serve and commonly find themselves in situations where emotional support is needed. These two primary occurrences within the RA position indicate a strong predisposition for compassion fatigue.

The findings of the study shed light on the number of RAs who have experienced compassion fatigue during their time as an RA. Additionally, the findings explore the experiences of RAs who currently are or who have experienced compassion fatigue. The knowledge gained from these RAs' lived experiences will allow current HRL staff to better understand the impact of the position on RA's mental and emotional well-being. A better understanding of RAs' experiences gives HRL professionals the ability to provide the proper support and insight.

Limitations, Delimitations, and Assumptions

I identified four limitations that may have impacted the validity of the findings from this study. First, the transferability of results based on the specificity of institutions targeted. While 11 public institutions in the state of Illinois were targeted for this research study, responses were collected from 5 institutions, due to the failure of the institution to grant permission for dissemination for various reasons including perceived survey fatigue and lack of support from HRL administration for survey distribution. The extent to which these institutions are similar to each other and different from those which participated, will impact the transferability of the findings. In addition, since the study is narrowed to the experience of RAs at four-year state universities in Illinois, the experiences of RAs specific to other institution types or sizes may be missed by this study.

A second limitation is the sample size for the qualitative component during the second phase of the study. With only three individuals being utilized in Phase 2, I did not reach

saturation as described by Saunders et. al. (2017) in investigating this topic. Saturation is touted as a necessary feature of good qualitative research (Sunders et al., 2017). With only three participants, it is difficult to assume that it could be achievable.

A third limitation to this study is that research on compassion fatigue in RAs and higher education professionals is limited. Studies reviewed on this topic may reach higher education professionals, in addition to the counseling and medical professions since there is limited research on this specific population. Therefore, the validity of the literature review may be impacted as there is not adequate understanding if RAs experience compassion fatigue in the same ways as medical professionals and other higher education professionals. A final limitation is my own bias as the researcher, as a former RA who experienced compassion fatigue. Due to my own experience with compassion fatigue, I am interested in learning more about the prevalence and severity of compassion fatigue for RAs. While my own experience with this topic lends itself to bias, and I worked to reduce this bias through the knowledge that my experience is not identical to the experience of all those who are RAs. In addition, I believe that the mixed methods component helps to achieve triangulation, introducing components of the more objective quantitative methodology.

As with any study there are some assumptions that I made regarding the research context that would impact the validity of the study. First of which is that participants answered the questions truthfully and accurately about what their experience as an RA had been. A second assumption going into the study, was that the experiences of the RAs that participate in the study would be similar to my own, this being that they would have experienced some degree of compassion fatigue during their time as an RA. A third assumption is that the survey was resent by the designated agent at each institution when asked and that the survey was sent to all RAs at

the institution. And lastly, it was assumed that the responses to the are representative of all RAs in Illinois at public, four-year institutions.

Definitions of Terms

- **burnout:** a psychological state which is induced by prolonged exposure to stress and often is caused by chronic stressors in the workplace (Rossi et al., 2006).
- **compassion fatigue:** The emotional impact and reverberations felt as an impact from working with those who are suffering from traumatic events or experiences. A wide range of symptoms result from this, which can manifest as physical, emotional, and work-related issues. This is independent of burnout, but the two can coexist (Lombardo, 2011).
- **compassion satisfaction:** the positive emotional response to helping others, often of pleasure or fulfillment (Fallice, 2020).
- **high-intensity situation:** Any situation which was either an emergency or a traumatic event (e.g., mental health crisis, sexual misconduct) where the RA was the primary respondent on site.
- **Professional Quality of Life Measure (ProQOL):** The ProQOL is an assessment tool obtained from The Center for Victims of Torture that examines the presence of compassion fatigue (Stamm, 2009).
- **Resident assistant:** Also referred to as a resident advisor or community advisor at some institutions of higher education, is a student employee/leader at a college or university who lives on a residence hall floor to which they serve as a mentor, resource, crisis response, and counsel to their peers (Manata et al., 2017).

- **SARS-coV-2 (COVID-19) pandemic:** Beginning in December 2019 as an outbreak of pneumonia-like symptoms first reported in Wuhan, Hubei Province, China. The illness spread globally and was declared a pandemic on March 12, 2020 (Ciotti et al., 2020).
- **secondary traumatic stress:** The emotional distress and impact of working directly with those who have experienced a traumatic event or who are traumatized by an event that they experienced. Diagnosis criteria is available in the DSM-5 and can be classified as a form of post-traumatic stress disorder (Galek et al., 2011).

Summary

This study utilized an explanatory mixed methods design to explore and understand the experiences of burnout, secondary trauma, and compassion fatigue among RAs at five public universities in Illinois. This chapter has laid the foundation of the study. Chapter II will cover a review of the existing literature. The literature on compassion fatigue in RAs is limited, and therefore literature reviewed will branch into the greater student affairs profession, other helping professions, and related subcategories of compassion fatigue: burnout and secondary trauma. This chapter will denote the history of the RA position, burnout, secondary trauma, and compassion fatigue. Chapter III will present the methodology of this study, including data gathering and analysis procedures. Chapter IV will present the findings of both the quantitative and qualitative components of this study. Finally, a discussion of the findings will be provided in chapter V, along with recommendations for student affairs practitioners and future research.

CHAPTER II

Review of Literature

The purpose of this mixed methods study was to investigate the prevalence of and understand compassion fatigue, as measured by the Professional Quality of Life Measure (ProQOL), among resident assistants (RAs) at four-year public institutions in Illinois and the impact of these experiences on their overall well-being. This literature review presents the history of the RA role, as well as discusses the body of work surrounding compassion fatigue, burnout, and secondary trauma. Specifically, attention was given to the impacts that burnout, secondary trauma, and compassion fatigue have on RAs or higher education professionals. This chapter also discusses Schlossberg's transition theory and its application to the study.

The Resident Assistant Role

RAs serve as imperative members of a college's functions and fulfill many roles on college campuses (Blimling, 2010). To fully understand the RA role today, it may be helpful to examine where it originated and the initial intentions for it.

History and Origin

The concern for student housing became a notable issue in the Middle Ages when there was a rise in the number of students who were attending institutions of higher education in France and England (Cowley, 1934). These students were often young and experienced housing insecurities, causing a demand on colleges to assist with this problem (Boone et al., 2016; Cowley, 1934). Colleges began to host students in hostels, non-affiliated living spaces located off campus. Soon after hostels were established, problems with students' behavior began occurring. To amend student behaviors, universities reclaimed the authority of the hostels, and integrated them as part of the university community, and started to refer to them as residential

colleges. These residential colleges were often overseen and directed by live-in staff, who were faculty or deans (Cowley, 1934).

Live-in faculty members in residential colleges represented the first version of an RA role. Students were not fond of the authority presence and revolted against them (Upcraft & Pilato, 1982). These conflicts led universities to hire house mothers, retired military officers, and students to help supervise and maintain order in the residence halls (Upcraft & Pilato, 1982). The students who were hired to assist in the control of the residence halls are the first documented representation of present-day RAs. Strict curfews and rules were in place, as colleges strongly upheld the distinction of *in loco parentis*, or college-as-parent (Upcraft & Pilato, 1982).

The 1960s brought another shift and colleges began to move away from the idea of *in loco parentis* (Upcraft & Pilato, 1982) with the landmark *Dixon v. Alabama State Board of Education* court case (Kaplin & Lee, 2020; Lake, 2013). In 1960, African American students at Alabama State College were expelled without notice or hearing due to participation in the civil rights movement, specifically for participating in a sit-in at the Montgomery County Courthouse (*Dixon V. Alabama State Board of Education*, 1960; Lake, 2013; Lee 2014). The court ruled in favor of the students, finding that publicly funded institutions of higher education could not interfere with the rights of due process. This ruling continued and solidified the end of *in loco parentis* (Blimling & Miltenberger, 1990; *Dixon V. Alabama State Board of Education*, 1960; Lake, 2013; Lee, 2014). Furthermore, the 26th amendment which called for the voting age to be changed from 21 to 18, also significantly impacted the *in loco parentis* approach (Blimling & Miltenberger, 1990).

The Present-Day Resident Assistant

The 2020s' RA role has core similarities to its historical counterparts; however, the demands and expectations have since shifted to meet changing student needs. For instance, in a study designed to identify the critical roles of the RA, Manata, et al. (2017) found that managing conflict, maintaining physical safety, connecting with residents, forming relationships with peer groups, connecting residents to university resources, encouraging involvement, counseling, providing academic engagement and support, role modeling, managing time, and fostering psychological safety, were central to the position. These core values are consistent across the literature (Blimling, 1998; Grosz, 2008; Taub & Servaty-Seib, 2011). Manata (2017) examined the critical aspects of the RA role, highlighting that the RA is a student first. The RA's lived experience is that of a paraprofessional counselor and crisis interventionist, as explored by Owens (2011). The shift in the RA can be attributed to the changing needs of the traditional aged college student, especially the increased need for mental health support (Kadison et al., 2004; Kruisselbrink Flatt, 2013; Salimi et. al, 2021; Schwartz et. al, 2009).

The 21st century RA holds responsibilities such as counseling mental health challenges and crises, intervening in high-intensity conflicts, training for (and often anticipating) active assailant situations, leading educational and social programs, professional development opportunities, and more (Kunk-Czaplicki, 2021; McCarthy, 2018). These responsibilities could not have been anticipated when the role first surfaced in the 19th century and can adversely impact the RA (Blimling, 1998). For example, a recent study showed that the more that they support students, and the longer that they serve as RAs, the higher their self-reported rates of trauma (Lynch, 2022).

The expectations and demands of live-in positions are often more intense than positions that are not live-in. Most live-in residence life positions involve substantial responsibilities, such as the support of residents who may be experiencing, or who have experienced, trauma (Lynch, 2019). It is more often expected that the RA acts as a first responder in their community. In this role, RAs are expected to act as a resource and support system for students experiencing issues such as suicidal ideation (Grosz, 2008; Taub & Servaty-Seib, 2011). While the frequency of reporting of traumatic events was low when the RA position first originated, the likelihood of RAs responding to traumatic events such as sexual misconduct and mental health crises has dramatically increased due to the increased number of these situations (Lynch, 2019). This increase has been attributed, at least in part, to the live-in nature of housing and residence life (HRL) professionals acting as first responders and support personnel (Lynch, 2019).

Compassion Fatigue

Compassion fatigue, a stress response that originated within the counseling and traumatology fields, has experienced increased emphasis within student affairs in recent years (Cordaro, 2020). Stamm (2009) described *compassion fatigue* as the overall negative aspects of helping. The phenomenon, also commonly referred to as second-hand shock or second-hand trauma is stress that occurs from helping, wanting to help, or making efforts to help a traumatized or suffering individual (Lynch, 2020). In this study, secondary traumatic stress is presented as a sub-category of compassion fatigue, as it is in the ProQOL assessment (Stamm, 2009). Symptoms of compassion fatigue include irritability, numbness, sadness, loss of motivation, anger, and helplessness.

Compassion fatigue is commonly studied in helping fields where there is a high level of care and emotional investment (Hoffman et al., 2007; Wagamen et al., 2015). While it has many

similar signs to burnout, compassion fatigue is caused by helping others and caring an excessive amount, while *burnout* is commonly the impact of a stressful workplace environment. Cocker and Joss (2016) described burnout as a pre-existing condition that can make one more susceptible to compassion fatigue. However, in the current study, similar to secondary traumatic stress, burnout will be presented as a sub-category of compassion fatigue as defined by the ProQOL assessment (Stamm, 2009). The state of consistent giving and the need for expelling compassion that is demanded by the RA role creates an environment conducive to acquiring compassion fatigue (Lynch, 2020).

Causes, Symptoms, and Impact

Lynch (2020) identified four primary themes as predecessors for individuals suffering from compassion fatigue. One theme specific to the context of higher education is the culture of student affairs work. Lynch argued that the maladaptive views of student support that is fostered in professionals. This culture is the unwritten rule that student affairs professionals need to be constantly 'on' and are expected to support students if, when, and where they need support. This support is expected whether someone is emotionally able to take on more or not, and the impact on the practitioner is often out of the question with the culture that exists within the field. Instead, this culture communicates that it is noble and something to be commended when a professional places themselves on the backburner to support a student in need (Lynch, 2020). Student affairs practitioners have always been vital to the college student's success, whether this be academic support, crisis support, or general success coaching. More recently, student affairs practitioners have found themselves in a first responder role for the college student (Lynch, 2020). While I am not arguing that HRL professionals should not be supporting students, it is vital that boundaries are built to promote mental wellness. Practitioners need to be encouraged to

evaluate the impacts of the care they constantly give to others and often neglect to provide themselves with. In a workplace environment where this culture is endorsed, it is easy for professionals to become burned out and emotionally unwell from their consistent exposure to secondary traumatic events (Cocker & Joss, 2016). Among healthcare and emergency response workers, these concepts of burnout and exposure to secondary trauma were identified as crucial factors in an employee becoming encapsulated by compassion fatigue (Cocker & Joss, 2016).

The second theme identified by Lynch (2020) was the frequency and intensity of trauma support. This theme was prevalent in other studies as well (Lynch, 2020; Malchow, 2021). Malchow (2021) found that academic advisors who serve more students have a higher overall risk of experiencing compassion fatigue. Considering the frequency and severity of trauma support is a strong theme in compassion fatigue cases, we must consider the changing need of the college-aged population. There are an increasing number of students who have increased trauma and mental health needs when they enter their higher education experience. Both the prevalence of these interactions, the intensity of the emotional and trauma support needed, and the overall preparedness of the professional add to the prevalence of compassion fatigue in student affairs professionals (Raimondi, 2019). Students in generation Z, the incoming college students, are more likely to report mental health concerns than any previous generation (Bethune, 2019).

The third theme Lynch (2020) identified was the availability of support systems established by supervisors or upper management. This area has a further implication within the higher education context due to the standard confidentiality status of student affairs personnel. This confidentiality requirement prevents discussion, reflection, and coping outside of the workplace or confidential areas such as therapy. The importance of both a personal and

professional support network and internal support in high-risk work environments was found to alleviate the impacts and overall impact of compassion fatigue (Joslin, 2021).

The final theme presented by Lynch (2020) through the literature reviewed was personal characteristics and traits. Studies indicate that empathy may be a prime factor, however, contradicting results were identified (Can & Watson, 2019, White, 2019). For example, in a study conducted amongst 86 counselors in training, empathy was not found to be a statistically significant variable (Can & Watson, 2019), whereas, White (2019) found in her dissertation that while empathy was not a statistically significant variable in the study by Can and Watson, it is a primary contributor when discussing potential negative consequences of caring and helping. Another personal trait that is presented by White as an essential variable in the contraction of compassion fatigue is overall wellness. In Can and Watson's study, wellness was a significant indicator of one's ability to experience compassion fatigue. The study identified an overall negative correlation between total wellness and compassion fatigue (Can & Watson, 2019). Another factor identified in the same research was self-compassion. It indicated that high self-compassion lends the individual impacted to experiencing overall low amounts of compassion fatigue (Can & Watson, 2019). A final personal trait that influenced whether an individual was susceptible to compassion fatigue was resilience (Can & Watson, 2019). These themes are all things that impact RAs and higher education professionals, which is why the prevalence in higher education needs to be discussed further.

Compassion Fatigue, Gender, and Race

Gender has been noted as one of the variables impacting compassion fatigue in multiple studies (e.g., Aslan et al., 2022; Jakimowicz et al., 2018; Mangoulia et al., 2015). A study on nurses conducted by Aslan et. al. (2022) identified gender as a key factor that affected

compassion fatigue. The difference between gender and compassion fatigue was significant at 5% significance with women showing a higher level of compassion fatigue (Aslan et al., 2022). Since women were the key populations in most of these studies, there is reason to believe that may be a reason that women are indicated to experience compassion fatigue at higher rates.

In a study conducted on compassion fatigue and compassion satisfaction among professional counselors and counselors in training by Star (2013), there was no statistically significant differences between select racial groups. However, a study by Lee et al. (2015) on the risk factors of compassion fatigue identified Non-White ethnic background were at higher risk for experiencing compassion fatigue. A number of reasons were suggested for this such as the experience of micro aggressions, absence of a support system in the workplace, and unintentional exposure to more disadvantages (Lee et al., 2015; Schoonveld et al., 2007; Solorzano et al., 2000). Since research on race and compassion fatigue explicitly is limited, it is important to acknowledge that those from minoritized populations often experience stress and burnout at a higher rate throughout the years (Barboza-Wilkes et al., 2022; Vaccaro & Mena, 2011).

Compassion Fatigue in Higher Education Professionals

After conducting the literature review, it is evident that the higher education environment is ideal for a high attrition rate among professionals. Compassion fatigue causes a significant impact emotionally, psychologically, and physically and causes decreased self-efficacy and general well-being (Lynch 2020). A review of literature, around full-time higher education professionals and prevalence of compassion fatigue, revealed mixed results (Lynch, 2022; Malchow, 2021; Morrison, 2013). For instance, in their dissertation research, Malchow (2021) noted that none of the 124 academic advisors who were investigated experienced compassion

fatigue in the previous 30 days. Malchow (2021) noted that though the participants indicated per the professional quality of life (ProQOL) assessment that they had not experienced compassion fatigue, they may have experienced this the day after taking the assessment or a month later. Malchow cautioned that though the findings indicated that compassion fatigue may not be as prevalent, this may not be an accurate indicator or measure of compassion fatigue in academic advisors overall.

Other considerations for what influences the experience of compassion fatigue among higher education professions are the size, diversity, and type of the institution, and length of time the individual had served in their position. In a previous study, Morrison (2013) investigated compassion fatigue among 21 full-time academic advisors at a large, urban university in the Midwest. They found that *compassion satisfaction*, the pleasure that comes from helping others, was much higher than compassion fatigue among these individuals; however, compassion satisfaction did not mitigate the impacts of compassion fatigue presented. In addition, there is a higher prevalence of compassion fatigue and burnout in academic advisors who have been working for less than five years, perhaps suggesting that compassion fatigue can have an accumulative effect. Advisors with large caseloads of students experience higher secondary trauma and are more prone to compassion fatigue (Morrison, 2013). The prevalence among student affairs staff members indicates compassion fatigue is a common condition that impacts higher education professionals (Cordaro, 2020).

When evaluating the impact of compassion fatigue, it is essential to remember the severity of the symptoms and their effect on one's life. An arts-based phenomenological exploration of secondary traumatic stress by Lynch (2020) outlined the impact of secondary traumatic stress into four symptom groups: avoidance, negative change in cognition and mood,

change in arousal and reactivity, and intrusion. These four symptom groups align with various symptoms that range from nightmares and fatigue to poor self-care, substance use, and feeling burdened or resentful about the stress and suffering of others (Bourg, 2014). When compassion fatigue begins to manifest among multiple employees in the same workspace, it becomes much more than a problem that only impacts employees. High turnover rates, workplace tension, high absenteeism, and a lack of vision for the future are some of the more significant impacts compassion fatigue may have (Smith, 2021). The impact of compassion fatigue begins with the individual but will continue to spread and branch out to where the entire workplace, in addition to the individual's served, can feel the effect.

Impact on Resident Assistants

The literature on the impact of compassion fatigue is sparse, avouching that there is need for additional research to be completed. A qualitative study was conducted by Maten (2020) at the University of Mississippi which indicated that RAs did not realize they were experiencing compassion satisfaction or compassion fatigue. However, they indicated feelings about helping which align with the phenomena. In a more recent qualitative study by Laverty (2021) it was concluded that RAs feel overwhelmed “at all times, not just when they’re actively engaged in it” (p. 102). This consistent sense of overwhelmingness coupled with the need to always be on and ready to help not only residents but also other RAs who may need support, lends itself to a favorable environment for compassion fatigue (Laverty, 2020).

Prevention

Compassion fatigue results from workplace stressors and situations that are unavoidable in higher education. Due to these external factors, focusing on individual resiliency, coping mechanisms, and the overall risk for student affairs practitioners is essential to effective

compassion fatigue prevention (Cocker & Joss, 2016). Preventative measures for compassion fatigue fall on two levels: the self and the employer. One area controlled by the individual discussed within this study was religion and spirituality. For some, this is a connection to God or a greater being. For others, this may look more like more spiritual yoga and meditation or mindfulness practices (Joslin, 2021, p. 100). These measures are very effective for some employees but will not be the right fit for everyone. Self-care and self-compassion are also two preventative measures concerning compassion fatigue (Can & Watson, 2019). A final self-regulated preventer of compassion fatigue is to understand and increase compassion satisfaction, the positive consequences of working with those who experience trauma (Cocker & Joss, 2016).

On the employer level, educating employees about compassion fatigue can reduce the likelihood of occurrence for said employees (Codaro, 2020). Individuals at risk need to understand that they are at risk to prevent compassion fatigue before experiencing intrapersonal, psychological, and emotional consequences. Knowing the possibility of this happening creates better understanding and identification early on in compassion fatigue, making it easier to spot before it starts (Codaro, 2020). Awareness about compassion fatigue can lead to insights and breakthroughs which allow for proper information and support to be sought out (Smith, 2022). Supporting their teams and helping their teams to feel like they are doing a good job is another way supervisors can contribute to compassion fatigue prevention. This support and validation creates a decrease in depression and anxiety, symptoms of compassion fatigue (Tehrani, 2009). However, it is more common than not employees feel that there are very few, if not zero, attempts to alleviate compassion fatigue or provide support from upper management. There is an increased desire to talk about compassion fatigue with a support system at work to debrief

challenging and traumatic experiences in an environment where others experience similar things. There is an increased need for not only self-care but also community care (Joslin, 2021).

Burnout in Residence Life

In addition to compassion fatigue, RAs may also experience burnout. It is important to be reminded that the measure of compassion fatigue in the study was comprised of burnout and experiences of secondary trauma, so compassion fatigue cannot be adequately discussed without addressing burnout. Burnout is a mental health phenomenon that has become increasingly known across most working fields in the United States. Nadon et al. (2022) defined it as “a psychological state of exhaustion stemming from persistent exposure to work-related stressors while lacking significant resources to efficiently cope” (p.2). Burnout has concrete symptoms which are identifiable in individuals. Since it is “close to becoming a legitimate medical diagnosis” in some countries these symptoms would then be used as diagnosis criteria-(Nadon, et. al. 2022, p.2). Symptoms of burnout include exhaustion, cynicism toward the job, and decreased efficiency (Maslach et al., 2016). Burnout has also been shown to predispose workers to more serious medical conditions such as coronary heart disease, depressive symptoms, type 2 diabetes, musculoskeletal pain, and common infections (Armon et. al, 2010; Hakanen et al., 2012; Melamed et. al, 2010; Toker et al., 2012). Furthermore, burnout may also increase the likelihood of serious injury and premature death (Ahola et al., 2010; Leiter et al., 2013)

Certain workplace environments are conducive to burnout, due to their high ambient stress and pressing daily demands and challenges. One environment is that which is surrounding the RA position. The role expectations lend those in this position to be exposed to chronic stress, a leading factor of burnout (McLaughlin, 2018). Burnout weeks, months, or even years to recover from (Chatterjee & Tagle, 2021). Over the last two decades, studies have been

completed on burnout and the prevalence and impact on RAs (DuBose, 2020; Harris, 2021; McLaughlin, 2018). For example, Paladino et al (2005) measured the impacts of burnout on RAs and found that situations involving personal values induce higher levels of burnout in female RAs, whereas males who experience stress not related to values experience higher levels of depersonalization. A more recent study conducted by Stoner (2016) looked at three categories RA burnout (emotional exhaustion, depersonalization, and personal accomplishment), and found evidence for both male and female RAs exhibiting burnout across the three categories.

Secondary Traumatic Stress

The second subcomponent of compassion fatigue as measured in this study is secondary trauma. Trauma has been defined in many ways and definitions vary widely by culture. In this study I define *trauma* as “an emotional response to a terrible event like an accident, rape, or natural disaster” (D’Amico , 2022). *Secondary trauma*, sometimes referred to as vicarious trauma, is an emotion-based stress response to exposure to the pain and trauma of others (D’Amico, 2022). While secondary traumatic stress is commonly referred to as exposure to others trauma and pain, it can also refer to secondary exposure to events that are indicated as traumatically stressful (Hudnall Stamm, 2009). In a study by Lynch (2022) on secondary trauma in student affairs professionals, it was found that 44% of professionals met criteria for secondary trauma and that over half of the participants said they have provided monthly support to a student experiencing a traumatic life event. Student affairs professionals provide trauma support to students on a regular and increasingly frequent basis (Lynch, 2022). As student affairs paraprofessionals, RAs are no exception to this trend (Lynch, 2017; Lynch, 2020; McCarthy, 2022).

In a study on the impact of RA support for students who experience non-suicidal self-injury (NSSI) McCarthy (2022) found that those who have worked with residents who have struggled with NSSI reported significantly higher burnout than those who did not. While this study focused on burnout rather than the prevalence of secondary trauma, it is evident that the exposure to NSSI has an impact on both the RA and the community, similar to the way witnessing a traumatic event would (McCarthy, 2022). Another study, which focused on the impact of student support as it relates to secondary traumatic stress, found that self-reported levels of secondary traumatic stress were impacted significantly by support given to students who are experiencing suicidal ideation (Lynch, 2022). Mental health crisis reporting, such as suicidal ideation, has increased throughout the years, and this is a common experience that RAs support students during (Black et al., 2021; Grosz, 2008; Lynch, 2019; Taub & Servaty-Seib, 2011). While working to create a tool which supervisors and non-mental health professional staff members could use to detect the presence of secondary trauma within RAs, a sorrowful and informative essence of secondary trauma was captured within RAs (Lynch, 2017). The presence of secondary trauma is evident and continues to impact RAs (Lynch, 2017; Lynch, 2022).

Mental Health, Financial Stress, and the COVID-19 Pandemic

In March 2020, the SARS-coV-2 (COVID-19) Pandemic struck higher education institutions across the United States, forcing many to abruptly cease all in-person operations that are typically associated with the functioning of the institution for two weeks (Ciotti et al., 2020). During this time, new rules were implemented, instructors, student affairs professionals, paraprofessionals, faculty, and administrators suddenly found themselves learning how to remotely execute their responsibilities. After the two weeks, classes and many student support services took on an online format for the remainder of the semester. For the following two years

or so, the educational landscape was a hodgepodge of remote, hybrid, hi-flex, socially distanced, masked -wearing, quarantine-filled operation as higher education institutions worked to adapt to the ever-changing world that the pandemic created. On university campuses, among student affairs professionals and paraprofessionals the impact from all this uncertainty and constant shifts was most felt by the resident assistant (RA).

RAs play an integral role in supporting students and ensuring success in the residential life of students. During the pandemic, many saw their responsibilities increase to include enforcing university COVID-19 policies and being part of the immediate response and support team for residents who tested positive (Jones, 2021). RAs found themselves keeping people apart rather than pulling people together in the name of safety, for many this was not what they agreed to do (Armstrong, 2021). Increased demands on RAs caused them to strike, one example being at Stanford University (Luna et al., 2021). RAs Had arguably the most difficult job during the pandemic, keeping the residence halls and students inside of them safe and healthy in addition to taking care of themselves and their academic works during the pandemic (Most, 2020).

Research has indicated that lockdown measures that have taken place for previous epidemics have a negative impact on mental health, leading to but not limited to an increase in stress, anxiety, and depression (Brooks et al., 2020). It is common for mental health issues to rise, especially fear and anxiety, when environments change in the face of a pandemic (Usher et al., 2020). Students have been identified as one of the more vulnerable populations to these effects, and even before the pandemic were found to have an increase in mental health concerns (Kadison et al., 2004; Kruisselbrink Flatt, 2013; Salimi et. al, 2021; Schwartz et. al, 2009). A literature review specific to the impact of COVID-19 on anxiety in college students, which evaluated 37 studies on anxiety in college students, indicated that anxiety was highly prevalent

during the pandemic among college students (Jehi et al., 2022). Studies indicated that living in a rural area was indicative of increased anxiety, whereas living in an urban area was protective against increased anxiety in students (Cao et al., 2020; Lee et al., 2021). Multiple studies have indicated a link between perceived financial stress and mental health phenomena such as anxiety, depression, and substance abuse (Anderson et al., 2015; Richardson, et. al, 2018; Selenko et al., 2011; Tran et al., 2018). These studies also indicate that this financial stress and mental health have a relationship that is cyclical in nature. Compounding the increase in mental health needs with the financial stress of the COVID-19 pandemic, more mental health concerns continue to surface (Kathirvel , 2020; Mental Health America, 2022; World Health Organization, 2022).

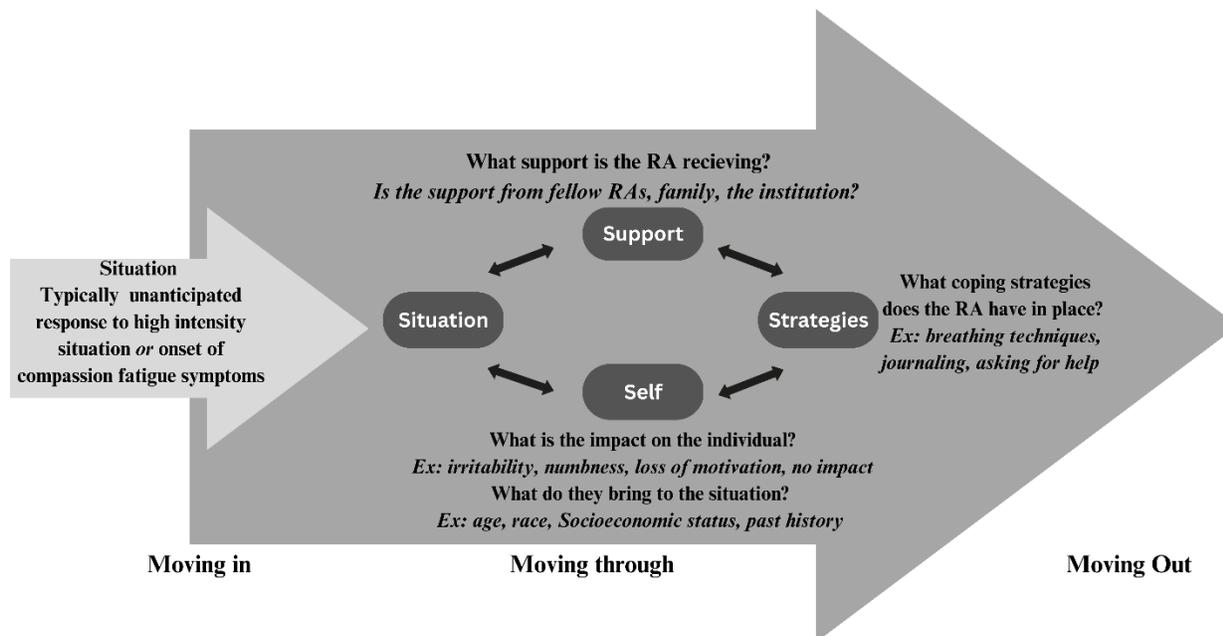
Theoretical Framework

This study was guided by Schlossberg's transition theory. Schlossberg's theory focuses on the transitions that young adults encounter as they navigate through life. According to Goodman et. al. (2006) a *transition* as "any event, or non-event, [which] results in changed relationships, routines, assumptions, and roles" (p. 33). There are three types of transitions: anticipated, unanticipated, and non-events. *Anticipated transitions* are those that are expected or planned. *Unanticipated transitions* are those which are not expected, and often happen sporadically. *Non-events* are what happens when something is expected but does not occur. Students experience transitions as they move into the transition, through, and out of the transition (Schlossberg, 1984).

Within the transition Schlossberg described four S's which explain how the individual moves through the transition utilizing situation, self, support, and strategies. *Situation* includes many different aspects such as the trigger, or what caused the event to happen; the timing, whether it is good timing or bad time, what stressors already exist in the student's life; the

control, does the individual have control or is this out of their control; role change, whether a role change occurred and if it was positive or negative; duration, how long the transition lasts, whether it is short or long term; and whether the individual has experienced a similar event or transition before. In the event of compassion fatigue, most situations experienced are unanticipated events, such as crisis response or the onset of compassion fatigue symptoms. *Self* focuses on how the individual is personally impacted, what potential personal, demographic, or psychological resources may have been impacted by this change. This is presented in the study as the symptoms and impact of compassion fatigue and resources such as counseling that may have been utilized. *Support* is based on the social support that an individual has, such as: intimate relationships, family units, friend groups, and institution or communities (Schlossberg, 1984). In the study support was identified as supervisors, fellow RAs, family and friends, and emergency personnel. The fourth and final S is *strategies*, which includes three different categories of strategies, which are: strategies that change or modify the situation, strategies that control the meaning of the situation, and strategies that aid in the aftermath of the transition, which typically focuses on stress management (Schlossberg, 1984; Schlossberg, 1995). In the context of the experience of compassion fatigue some anticipated strategies were utilizing resources and coping skills RAs had learned. Figure 1 presents a conceptual model of the application of Schlossberg's transition theory to understanding compassion fatigue among RAs.

This theory was used as a guide when understanding the lived experiences of RAs from two primary angles. The first being the impact that the situation, self, support, and strategies of the RAs have on the outcome of compassion fatigue. Insight to the lived experiences and how these four S's impacted the RAs experience with secondary trauma will give further

Figure 1.*Conceptual Model of Schlossberg's Transition Theory Applied to RA Compassion Fatigue*

understanding of if certain criteria within the situation, self, support, and strategies impact the severity or presence of compassion fatigue. The second angle occurred when compassion fatigue was identified in an RA. This focus was on how the situation, self, support, and strategies impacted the RA's experience with compassion fatigue and factors such as duration, severity, and recurrence.

Summary

The development of the RA position has shifted throughout the centuries, and its formation has been influenced by many forces. The role ambiguity that these shifts have created for the position is a key factor in RA job satisfaction (Cheng, 2020; Deluga & Winters, 1990). Despite the unclear and ever-changing demands of the position, the fundamental roles and

responsibilities of the initial RA role still linger (Conn, 2020). However, the demands and weight of this role have significantly increased with time (Boone et al, 2016).

Compassion fatigue is an ongoing and growing concern in student affairs and higher education. From the limited number of studies completed on student affairs professionals and student staff within higher education, there is little evidence to support that compassion fatigue is a documentable phenomenon for the field of higher education. However, the circumstances for higher education staff, and student staff such as RAs, remain favorable for experiencing compassion fatigue and these individuals are commonly not prepared to identify and understand the negative consequences that may be endured from trauma support, such as burnout, secondary trauma, and compassion fatigue (Lynch, 2019).

Compassion fatigue is well researched in other fields, such as counseling, healthcare and emergency response. Due to the high occurrence of compassion fatigue across many helping fields, the conditions are favorable in residential life since RAs have such a close helping role (Stamm et. al, 2009). Higher education work must incorporate investigation and interventions to combat and prevent compassion fatigue (Raimondi, 2019). The goal of this study was to continue the conversation the literature provided started, and to share the lived experiences of RAs who have encountered compassion fatigue, or either of the compassion fatigue subcategories of burnout or secondary traumatic stress (Stamm et. al, 2009).

CHAPTER III

Methodology

In this study, I sought to describe and understand experiences of compassion fatigue, burnout and secondary trauma among resident assistants (RAs) at five public universities in Illinois. This will be done by answering the following research questions: (1) How prevalent is compassion fatigue, burnout, and secondary trauma as measured by the Professional Quality of Life Measure (ProQOL) among RAs at selected Illinois public institutions? (2) Is there a relationship between time served as an RA and total compassion fatigue? (3) Is there a relationship between gender and total compassion fatigue? (4) Is there a relationship between race and total compassion fatigue? (5) Is there a relationship between response to high-intensity situations and total compassion fatigue? (6) How do RAs experience compassion fatigue? (7) How does the overall culture of residence life and always needing to give impact RAs experience of compassion fatigue? Given the nature of the questions, a mixed methods approach was determined to be most appropriate. This chapter describes the processes utilized from study design to treatment of the data.

Design of Study

Quantitative research is beneficial to collect numerical data and derive clear results, however quantitative data is deficient in providing the emotional relationship to the numerical data, which is needed to best understand some findings. Consequently, to best understand the experience of compassion fatigue within the RA population, this study utilized an explanatory mixed-methods design. This quantitative then qualitative approach allowed me to collect and analyze both quantitative and qualitative data, and subsequently draw from their strengths (Creswell, 2006). Due to the study's need to explore and detail the experiences of RAs as it

relates to compassion fatigue, a qualitative component to this study was deemed appropriate (Neubauer, et. al, 2019).

Participants

Phase 1

Participants were 87 RAs in the fall semester of 2022, from five public universities in Illinois, and who voluntarily completed a survey. Most (65.5%) identified as White, 19% as Black or African American, 13.1% as Biracial/multiracial, and 2.4% as American Indian or Alaskan Native. Most (65.1%) identified as female, 29.1% as male, and 5.8% as non-binary/third gender. The inclusion criteria for participating were that individuals (1) must be at least 18 years old, and (2) be an RA at the time of the survey (Fall 2022). The majority of participants (70.1%) attended a medium-sized institution, which was indicated as having between 5,000 and 15,000 students. The other participants indicated that they attended a small institution (20.7%) or a large institution (9.2%). After receiving IRB approval, I reached out to an agent at the institution (director/assistant director of housing/residence life, administrative assistant for housing/residence life) for permission to help with recruiting participants. I provided them with an IRB approved email to disseminate to research participants. After completing the survey, RAs were asked if they were interested in participating in an interview. If affirmative, they were given the option to leave an email address so that I could contact them.

Phase 2

Three individuals who indicated an interest in participating in a one-on-one interview during phase 1, and who scored high in compassion fatigue were purposefully selected to participate in Phase 2, the qualitative phase. To increase demographic variability, individuals for this phase were also intentionally selected to represent different race/ethnicities, and genders.

Research Site

The research for this study was conducted at five four-year state universities in Illinois. Research sites vary in size, demographic makeup, and environmental placement. The enrollment of the research sites varied between 3,600 and 20,000 students. These locations were selected due to appropriateness and convenience, since I reside in Illinois and attend one of the research sites. These institutions were also selected since they all had RAs.

Instruments

Phase 1: Quantitative

The first, quantitative, phase of the study, utilized a survey developed in Qualtrics, an online survey creation tool. The survey was comprised of a demographic questionnaire, and the ProQOL.

Demographic Questionnaire. This questionnaire included general questions designed to elicit data about the participants' demography, including age, racial and gender identities (Appendix A). Questions included “What gender do you identify? (If any)”, “how do you identify racially?”, and “how old are you?” Additionally, this questionnaire asked a few questions relevant to the RAs experience, for example “How many high-intensity situations did you respond to this year?”, “how many semesters have you served as a RA?”, and “how many residents do you currently oversee?”.

Professional Quality of Life Measure (ProQOL). The ProQOL is a 30-item scale developed in 1992 to measure compassion satisfaction and compassion fatigue and has been shown to be a valid measure of both (Stamm et al., 2009). Compassion fatigue is measured through two subscales, burnout (alpha reliability = 0.75) and secondary trauma (alpha reliability = 0.81), each with 10 items. Only the items for burnout and secondary trauma were utilized in

this study. Participants were asked “Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days” (Stamm, 2009) on a 5-point Likert-type scale ranging from (1) *never* to (5) *very often*. The highest possible score in each subcategory was 50 and the lowest was 10. Some items had to be reverse scored. A score of 22 or less indicated a low level of burnout or secondary trauma. A score of 23 to 41 indicated a moderate level of burnout and secondary trauma. A score of 42 or higher indicated a high level of burnout or secondary trauma. The scores were summed to create a Total Compassion Fatigue (TCF) score. A score of 44 or less was considered a low level of compassion fatigue. A score between 45 and 82 was considered a moderate level of compassion fatigue, and a score of 83 or higher was considered a high level of compassion fatigue. Items on the burnout scale include “I am happy”, “I feel overwhelmed because my case [work] load seems endless”, and “I am a very caring person”. Items on the secondary trauma scale include “I find it difficult to separate my personal life from my life as a [helper]”, “I think that I might have been affected by the traumatic stress of those I [help]”, and “As a result of my [helping], I have intrusive, frightening thoughts”. The ProQOL is supported by research and work of professionals around the world, based on data gathered from over 3,000 participants (Stamm et al., 2009). Access to use the ProQOL was granted by the Center for Victims of Torture, on the condition that its author is credited, and no changes are made to it. The ProQOL is not meant to be used as a medical diagnostic tool and is solely intended to measure compassion satisfaction and compassion fatigue in the workplace (Stamm et al., 2009). The validity of the ProQOL in similar contexts is supported by recent findings (Cilar et al., 2021; Geoffrian et al., 2019).

Phase 2: Qualitative

The second phase of the study was qualitative and utilized the following instruments.

Semi-Structured Interviews. To better understand the participants with reported moderate to high compassion fatigue, an interview protocol (Appendix B) was designed to elicit data that allowed more exploration of the participants' experiences with compassion fatigue. Some of the interview questions were: "What do you enjoy most about being an RA?", "Can you explain the support you are provided when you are feeling symptoms of burnout or compassion fatigue?", and "have you ever noticed yourself feeling irritable, exhausted, or unmotivated because of your resident assistant experience?" The structure of the interviews was intended for participants to be able to share what they are comfortable sharing regarding their experience with compassion fatigue as an RA and allowed me to probe further through follow-up questions. The one-on-one interviews conducted online via Zoom took approximately 45-minutes long.

Researcher-as-instrument. It is generally accepted within qualitative research discourse that the researcher is an important instrument in interpretive research (Pezalla et al., 2012). Therefore, it is important to examine how my connection to the research topic developed and could lead to how the research was shaped.

My initial regard for this topic rose from my interest in compassion fatigue. Compassion fatigue is something that I experienced when I was an RA, however at the time I initially experienced it I did not know what it was. My fifth semester as an RA I was irritable and apathetic toward an individual who was going through a hard time. This was extremely out of character, as one of my core strengths is empathy. These feelings were confusing and frustrating, and I felt as though something was wrong with me. Burnout is a commonly discussed topic in TA training, but there are few conversations about secondhand trauma or compassion fatigue. I

will investigate the experiences and severity of compassion fatigue within RAs using a mixed methods approach.

Researcher positionality evaluates the researcher's opinions and outlook on a given research topic that they have decided to investigate (Manohar et al, 2017, p. 3). Since I have experienced the phenomenon that I am researching (compassion fatigue) and was a member of the target population for three and a half years, there are both benefits and potential conflicts that may arise for me as a researcher. Having been an RA, I understand what this population is experiencing, and ways to connect with this population. My experience as a member of this population and as an individual who has experienced compassion fatigue also lends itself to an increased ability to formulate interview questions that can capture the scope of what I am hoping to measure in my research. However, having been a part of the target population and having experienced compassion fatigue, I am aware that I have a bias toward the outcome that RAs do experience compassion fatigue.

Reflection allowed me to not only identify this bias, but to create a plan in eliminating the impact of it on the outcome of the research that was conducted. One way I worked to manage this bias was through participating in what Chenail (2011) referred to as interviewing the investigator. I recruited a peer to interview me using the same questions and methods that I intended to interview participants using, which allowed for me to identify any potential leading questions or questions that may feel particularly invasive to participants (Chenail, 2011). An additional measure taken which is used to reduce researcher bias includes participating in journaling (Melody, 1994) and interpersonal-process recall (Kagan, 1980) to examine thoughts and impressions that may surface during the study (Chenail, 2011, p. 259).

Data Collection

This study utilized both quantitative and qualitative methods to examine compassion fatigue among RAs, as well as, to understand the lived experiences of RAs with compassion fatigue.

Phase 1: Quantitative.

The first, quantitative, phase of the study, utilized a survey developed in Qualtrics, an online survey creation tool. The survey was comprised of a demographic questionnaire, and the ProQOL.

Demographic Questionnaire. This consisted of demographic questions and the questions included in the Professional Quality of Life Measure (ProQOL).

Professional Quality of Life Measure (ProQOL). The survey instrument. The ProQOL measures compassion satisfaction, burnout, secondary trauma, compassion satisfaction, and compassion fatigue. Once the IRB approved email was sent by the university agent to participants, reminder emails were sent by the agent one and two weeks after the original email, reminding participants to complete the survey. The research survey included an informed consent document, which was also included in the email to prospective participants.

Phase 2: Qualitative

Those who indicated an interest to be interviewed, were interviewed between January and February, 2023. The interviews were scheduled using the scheduling tool Calendly, where participants had the option to select a time that works best for them. The interviews were conducted virtually via Zoom on individual's personal devices. In addition to using their own device, the participants were also expected to have a quiet and private location. At the beginning of the interview, before the data collection began, I reviewed the purpose of the study and the

informed consent with the participant again, using the share screen function on Zoom and checked to see if they had any questions. Once all questions were answered, the participant digitally signed the form and sent it back. At this point, I asked for permission to record the interview, reminding the participant that the information recorded and collected will remain confidential throughout the research process. Once permission to record was granted by the participant, the data collection began through the virtual, semi-structured interview.

Data Analysis

Quantitative

Pre-analysis Preparation. Once data collection from phase 1 was completed, the data was exported into Microsoft Excel where it was cleaned up to eliminate any incomplete or blank responses. An incomplete response was determined by whether the 30 ProQOL questions were answered, providing a total compassion fatigue score. If at least one question was not answered, the participant was eliminated from the data pool. The process lowered the number of responses from 131 to 87. Subsequently, completed data was imported to the Statistical Package for the Social Sciences (SPSS) version 27 for analysis.

Descriptive Analysis. Once data was imported to SPSS, descriptive statistics were performed on the demographic variables to better understand the characteristics of participants.

Single sample-test. A single sample t-test was conducted to answer RQ1: How prevalent is compassion fatigue, burnout, and secondary trauma, as measured by the ProQOL, among RAs at selected Illinois public institutions?

Independent samples t-test. The independent samples t-test was utilized to answer RQ2: Is there a relationship between time served as an RA and compassion fatigue?, RQ4: Is there a

relationship between compassion fatigue and race?, and RQ5: If there a relationship between response to high-intensity situations and compassion fatigue?

One-Way ANOVA. A one-way ANOVA was conducted to answer RQ3: Is there a relationship between compassion fatigue and gender?

Qualitative

All interviews were transcribed via the Zoom transcription tool and edited to correct inaccuracies within seven days of the interview. They were then imported to Microsoft Word for coding. I read each transcript, looking for significant data, using the research questions and the previous literature review as a guide. Next, I proceeded with the next in a similar fashion, identifying significant data, while comparing it with the previous transcript. I proceeded like this until the three transcriptions were completed. Once the primary themes for each question were identified, I used descriptive coding by giving a word or phrase to each keyword to summarize. When needed, some codes were combined to include a wider content summary. Summaries of themes are provided in Chapter IV.

Treatment of Data

The treatment of the data will follow the Institutional Review Board's (IRB) protocols at all involved Universities. All contact information was deleted from the data, the participant's name was replaced with a selected pseudonym, and the contact information is stored in a separate file, so that the participant's identity cannot be traced back to their responses. Additionally, all data will be stored on a locked OneDrive that only my thesis chair and I will have access to. The data on the OneDrive will be kept for three years after the completion of the study, per IRB policy. The data on the OneDrive will be kept for three years after the completion of the study, per IRB policy. After three years, the OneDrive files will be deleted.

CHAPTER IV

Results and Findings

This study was conducted to explore the prevalence and experience of compassion fatigue among resident assistants (RAs) at five different four-year public institutions in Illinois. Compassion fatigue was defined as the negative aspects of helping (Stamm, 2009) and included burnout and secondary trauma (Stamm, 2009). This explanatory mixed methods approach, this chapter presents the findings of the data analysis which is presented in two phases. In the first phase a survey was sent out to participants through an agent at their university. This allowed quantitative data to be obtained from participants who were RAs in the fall of 2022. In the second phase, three participants from phase one, who tested high for compassion fatigue (burnout and secondary trauma) and who indicated interest in completing an interview were selected to participate in a one-on-one semi-structured interview. These interviews provided further insights into the experiences of the RAs. The findings are presented in this chapter.

Quantitative Findings

Research Question 1

Descriptive statistical analyses were conducted to answer the question: “How prevalent is compassion fatigue, burnout, and secondary trauma as measured by the ProQOL among RAs at selected Illinois public institutions. Among the 87 respondents who completed the survey, 65 (75.6%) showed signs of moderate compassion fatigue indicated by a combined burnout and secondary trauma score of 46-82 on the ProQOL. No participants responses indicated a high score, which is a total combined score of 84 or higher. Seventy-three (83.9%) participants showed signs of moderate burnout indicated as a score of 23-41 on the burnout scoring of the ProQOL. No participants showed signs of high burnout which is indicated as 42 or greater on the

burnout category of the ProQOL. Fifty-one (59.3%) participants showed signs of moderate secondary trauma indicated as 23-41 on the secondary trauma section of the ProQOL and 2 (2.3%) participants showed signs of high secondary trauma indicated as 42 or greater on the secondary trauma section of the ProQOL.

To get an even deeper understanding of the prevalence of compassion fatigue among the RAs, I conducted a single sample t-test to test my research hypothesis, that RAs' experience moderate compassion fatigue. The null hypothesis was that the mean total compassion fatigue (TCF, $M = 54.44$, $SD = 13.40$) of the participants was not different from 46, the lowest score needed to be described as moderate. Results were statistically significant, $t(85) = 5.843$, $p < 0.001$, $\alpha = 0.05$, 95% CI [5.57, 11.32]. Cohen's d effect size (0.63) indicated a medium effect. Therefore, I reject the null hypothesis and conclude that RAs experienced moderate compassion fatigue.

Research Question 2

A Pearson bivariate correlation was conducted to answer the second research question "Is there a relationship between time served as an RA and compassion fatigue?" I hypothesized that there would be a relationship between time served as an RA and total compassion fatigue. Results indicated there was not a statistically significant relationship between time served as an RA and Total Compassion Fatigue, $r(85) = .185$, $p = .088$. Therefore, I fail to reject the null hypothesis of no relationship and conclude that there is no relationship between semesters served as an RA and their experience of compassion fatigue.

Research Question 3

A one-way analysis of variance (ANOVA) was conducted to answer the third research question "Is there a relationship between compassion fatigue and gender?" I hypothesized that

there is a relationship between gender (male, female, third gender/non-binary) and RAs' experience of compassion fatigue. The genders that were reported are Male (μ_1), Female (μ_2), and non-binary/third gender (μ_3). Thus, the null hypothesis is that there is no difference in the means of TCF among the three gender groups ($H_0: \mu_1 = \mu_2 = \mu_3$). Results returned a significant omnibus F-test at the 0.05 level of significance, $F(2, 82) = 3.173, p = .047$ indicating that at least one of the gender categories was different. As shown in Table 1, those who identified as non-binary/third gender had the highest average TCF, whereas males had the lowest. Based on this, I must reject the null hypothesis that there is no difference in total compassion fatigue among those who identify as male, female, and non-binary/third gender.

Post hoc tests (LSD and Dunnett C) identified that the statistical significance was between the male and non-binary/third gender groups and the female and non-binary/third gender groups. These designations indicate that individuals who are non-binary/third gender may experience higher levels of compassion fatigue than those who identify as male or female.

Table 1

Mean Comparison of Total Compassion Fatigue Between Genders

Gender Categories	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SE</i>	95% CI
Male	24	50.5	13.85	2.83	[44.69, 56.39]
Female	56	54.93	12.66	1.69	[51.54, 58.32]
Non-Binary/ Third Gender	5	66.40	14.98	6.70	[47.80, 84. 99]

Research Question 4

An independent samples t-test was conducted to examine whether there is a difference in prevalence of total compassion fatigue among RAs based on race. The null hypothesis was that

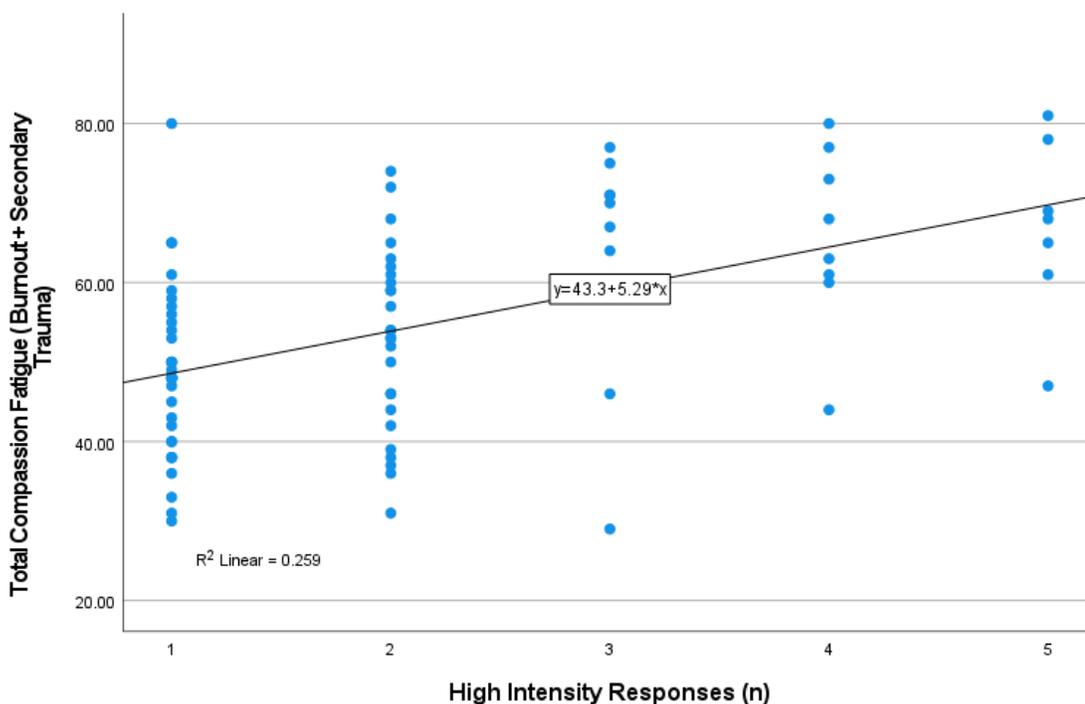
there is no difference in the means of total compassion fatigue between those that are White and those that are Non-White. Because of the wide variation in race with, those who identify as White being the majority, race was recoded into White and Non-White for this analysis. I hypothesized that race impacted compassion fatigue. Results were not significant at the 0.05 level, $t(81) = 1.137, p = 0.259$. Therefore, I failed to reject the null hypothesis of no association between White ($M = 55.69, SD = 13.97$) and Non-White ($M = 52.24, SD = 12.71$) and conclude that race does not impact compassion fatigue.

Research question 5

A Pearson bivariate correlation was conducted to answer the question “Is there a relationship between response to high-intensity situations and total compassion fatigue?”. I hypothesized that exposure to crisis situations would impact the prevalence of compassion fatigue. For this question on the electronic survey, RAs were asked to designate the number of high-intensity situations which they were the primary respondent to. *High-intensity* was defined as situations that are an emergency or traumatic event (e.g., mental health crisis, sexual misconduct). The results indicated a moderate correlation between response to high-intensity situations and total compassion fatigue, $r(83) = .509, p < .001$. Therefore, I reject the null hypothesis of no relationship and conclude that there is a positive relationship between high-intensity exposure and compassion fatigue. A scatter plot with trend line that represents these results is shown in Figure 3. Further, the coefficient of determination (r^2), of 0.26 means that about 26% of the variance in compassion fatigue can be explained by exposure to high-intensity situations among RAs.

Figure 3

The Relationship Between Response to High Intensity Incidents and Total Compassion Fatigue Among Resident Assistants (N = 86)



Note. Total compassion fatigue was measured by the ProQOL 5 through combining the burnout and secondary trauma scores (Stamm et al., 2009); High-intensity situations were defined as situations in which the RA was the primary respondent which were crisis situations or critical in nature (medical emergencies, sexual misconduct disclosure, mental health emergencies)

Qualitative Findings

To gain a deeper understanding of the experiences of RAs who have experienced compassion fatigue, three semi-structured interviews were conducted with participants who indicated an interest from the quantitative phase of the study as well as who scored at least

moderately, a score between 45 and 82, for total compassion fatigue. Their profiles are presented below with pseudonyms.

Participants Profiles

Sarah. Sarah was a 22-year-old White female who attended a medium sized institution. Sarah had been an RA for three semesters, in her most current semester she oversaw 20-30 residents. In her three semesters as an RA, she had been the primary respondent to two situations that she felt were high-intensity. Outside of her duties as an RA, Sarah was involved on campus in one or two other extracurricular involvements in the semester of data collection. Sarah's results indicated a moderate level of burnout (33), secondary trauma (32), and total compassion fatigue (65).

Amber. Amber was a 20-year-old Black female who attended a small sized institution. Amber had been an RA for three semesters at the time of data collection, and in her most current semester she oversaw 20-30 residents. In her three semesters as an RA, Amber was the primary respondent to three high-intensity situations. Outside of their RA duties, Amber was involved in one or two other extracurricular activities. Amber's results indicated at the high end of moderate for burnout (40), secondary trauma (37), and total compassion fatigue (77).

Ceci. Ceci was a 21-year-old White male who attended a medium size institution. At the time of data collection Ceci had been an RA for five semesters, in his most current semester he oversaw 30-40 residents. Ceci indicated that he had been the primary respondent to three high-intensity situations as an RA. Outside of his RA role, Ceci had no other involvements on campus. Ceci's results indicated a moderate level of burnout (33) and were on the high end of moderate for secondary trauma (38) and TCF (71).

Research Questions 5 and 6

In order to answer the fifth research question, “How do RAs experience compassion fatigue?” and the sixth research question “How does the overall culture of residence life and always needing to give impact RAs experience of compassion fatigue?”, participants whose responses to the ProQOL showed a high level of compassion fatigue and who volunteered to participate were interviewed. After the three interviews were conducted, the interview transcriptions were coded and common themes among the participants were identified. The findings, presented below were inspired by the SQC method described by Marcus Weaver-Hightower and have been edited to remove verbal fillers or unneeded words for ease of understanding (<https://www.youtube.com/watch?v=mmKuvwk8x84>).

Expectation of Being Available 24/7. This theme describes participants’ expression that there was an expectation that they are available at all times for their residents. All three participants alluded to this multiple times. For instance, when explaining the nature of the RA position, Sarah stated “essentially be a resource to residents, practically 24/7”, she continued,

There's [*sic*] so many students relying on you. When they have questions or something, they expect an answer immediately. Or they need something, they expect responses immediately. It doesn't matter if you're the one that's on duty or not; they're going to come knocking on your doors at all times of night. It can be 2 A.M. and somebody's going to come knocking on your door in tears over something, so you're just always that person, you're always the go to. No matter what, you have no time for yourself.

Sarah expressed some frustration with being expected to be available all the time even when she is not officially on duty, that she felt she had little time for herself. Similarly, Amber addressed this when explaining her job responsibilities, “I kind of felt like 24 hours on the clock person... that's not stated in my contract, that's not something I'm supposed to do.” Amber

shared that her contract says she should be working “about like, 10 hours. But it doesn't feel that way”. Amber also shared that “we [the RAs] do feel like it's an almost all-day type of job. You live on the floor with the people that you're supposed to help.” This struggle of living on the same floor with the people that she is supposed to be helping is something that Amber described more in detail regarding a situation on her floor that occurred when she was not on campus.:

It kind of made me feel bad about doing what I was doing. Because when the resident needed me, I was not there... I had to get there and had to call others to help.... The responses were, "Hey, why weren't you here?" Like, "why weren't you the person to do all of this?", and it's like, it made me feel really bad... because someone else needs you and you're the closest thing to them, like you're the person that they're probably emailing the most, messaging, and most might have their [*sic*] number, you're the person that's door is right there so they can knock. So, even if we say that we're not on the clock, or it's maybe 12 In the morning, we're still there.

Amber felt a sense of guilt because she was not present when her resident needed her. Similarly, Ceci mentioned the need to always be available when explaining the RA job responsibilities. He stated, “if needed, we’re available.” When describing a high-intensity event that he responded to, he said “it wasn't a situation where I was on call, I had just gotten home.” This experience highlights the urgency of the RA position, that anything can happen at any time and RAs will need to respond. Ceci highlighted this again later in the interview, “we work from where we live, there's never really a good opportunity to distance ourselves from our jobs... we're kind of always at work.” Ceci continued,

there's never a moment where we couldn't potentially be at the job, which as I've been seeing... there was [*sic*] definitely a lot of moments where I would be just sitting in my

room and residents would reach out and need help. I think that contributed is [sic] just not knowing when the next time that I might need to be ready to work was at.

These narratives capture what many RAs experience through living where they work. The expectation to be available at all times is something that goes hand in hand with living where you work, Ceci mentioned the anticipation of never really knowing when the next time that you will be needed for work will be. This adds to the feeling for him that he is “always at work”.

Compassion Satisfaction. This theme focused on compassion satisfaction, which can be defined as the good feelings that come with helping others. When asked about her favorite part of the RA position, Sarah shared her favorite part of the job is “getting to meet so many different types of students and people and be able to share experiences with them and help them out.” Building connections with other students was a shared highlight of the position among the participants. In response to the same question, Amber shared, “I think my favorite thing is the programs and building connections, I really do enjoy those when they go well. And they make me feel like I'm putting in effort, I'm doing something well”. Amber's reflection on her favorite parts of the RA position highlights feelings of satisfaction in seeing the rewards of her effort.

Later on, in the interview while describing the experiences of compassion fatigue on her fellow staff members, Amber mentioned the good moments amidst the struggles and burnout that RAs face:

The people that are actually working the jobs are not feeling that satisfied with how they're working. Like their work-life, they're not satisfied with it. And even though we have like, good moments, I had good moments this year, too. But that's like, is overshadowed by other things.

While Amber was able to remember the “good moments”, she noted that even the good moments are “overshadowed” by the negative moments and compassion fatigue that herself and others have experienced while working as RAs. Amber continued:

I do have some aspects of the job that I really did, like love, but at the moment, I just, I just saw, like you said, compassion fatigue? I saw that a lot this year. And that's what pushed me to not do this anymore.

Amber shared gratitude for the moments of compassion satisfaction that she experienced while she was an RA, however the moments where she was experiencing compassion fatigue eventually pushed her to step away from the RA position. Ceci reflected on the good parts of the job among the hard times. He shared:

I honestly do enjoy the resident interactions, just being able to help make a difference. Because I know college is really stressful, and just having people who are there in your corner can make it all the difference. And I'm glad that I'm able to do that for some people.

Ceci shared that he loves being able to interact with his residents, and that making a positive impact in someone's life is fulfilling to him.

Lack of Support/Understanding from Administration. This theme includes RA's expression of a lack of preparation for the position, failure of supervisors to follow-up on RAs after response to traumatic events, and general mistreatment from the administration. In response to the question “what has been your least favorite thing being a resident assistant” Sarah shared “honestly, the administration.” She continued, “the higher ups and the department itself, they see us as workers before students, and they don't protect, prioritize our individual mental health or

our wellbeing.” Sarah recounted an experience where administrators did not prioritize her health or wellbeing by failure to provide reasonable accommodation for her disability,

I’m disabled. I have no problem making that known. And they [the administration] know that, and they knew that before I was hired, that was part of it. And during their training, they forced me to attend outdoor sessions when I physically could not participate in any of the activities, and I have an allergy to the sun. They made me sit out in 100-degree weather in the sun for probably, like, five, six hours, and I was extremely sick afterwards. And then they got mad that I couldn’t attend the rest of the training the following day... and I’m not the only one of [sic] that same story. There are many of us.

Sarah shared an experience where she was forced to attend a training which would be detrimental to her health and wellbeing as an individual, and then was reprimanded for failure to complete other trainings the next day due to the negative impacts of being out in the sun and heat the previous day. Sarah calls attention to the issue that she is not the only RA that has been mistreated in a similar way by administrators at her institution.

When asked if during her time as an RA if she had to respond to any high-stress or traumatic situations, Sarah explained an experience where a student from one of the incidents she responded to began “stalking” her, she shared that “he began stalking me standing outside my apartment window, standing outside my apartment door, cussing all the time, stalking me at night. And the administration did nothing about it.” When asked to explain more about the support provided to her by the administration, she shared:

They say, you know, ‘come talk to me about it’, ‘come do this’. They say that they’re there, but then if you actually do [sic] it’s more of a ‘Okay, so what do you want me to do about it?’ type of a thing. If that makes sense. You can sit there and talk to them about it

all day, but they're not doing anything to actually help... they normally tell us anytime we're feeling stressed, 'you can go to the student lounge and relax there'. Or 'you can go to the counseling center'. But our counseling center had at least last year, it had like a three-month waitlist, just to be seen by a counselor. So those are their solution is 'go see other departments on campus to fix the trauma that you've experienced from our job'.

Sarah expressed frustration with the support that is provided to RAs. She highlights that there are resources verbally listed to her, but little outside of that done to support her as an RA.

Amber shared similar frustration with the lack of support as she recounted a time when she dealt with a high-intensity incident. I asked Amber about the support that she was given following that incident from her supervisor, and she shared that "[my supervisor] gave support as in like, what to do, who I should call, but I didn't feel that support mentally, like, trying to make sure you're okay." This lack of support that Amber experienced from her supervisor after responding to a high-intensity incident was not the only time that she needed support that was not provided. Amber told me about a time at a meeting with administrators and RAs. The purpose of this meeting was to discuss the RA contract, and Amber shared "I told them I was having a mental breakdown". This breakdown was a direct result of her stress in the RA position. In response to the question "Did any of the professional staff members that were in that meeting follow up with you at all about what you had said in the meeting?" Amber replied:

No, I think the only people that talked about it... [were] the resident assistants. We talked about it, because a lot of us were going to [sic] like a lot of stuff, you know, and we were just talking about it. I didn't see a message or "hey, let's talk" from higher staff that was there.

Amber did not receive any follow-up from the administration that were present in the meeting where she shared that she was having a mental breakdown due to the RA position, however her fellow RAs did check in informally, as they were all going through a lot at the time.

Another frustration that Amber shared is regarding the follow-through from her supervisor and “higher-ups” regarding incidents and reports that she would put in:

You don't see any like consequences given out and you don't see any changes on your floor that is [*sic*] happening, those like consequences are out of my hands. But those were [*sic*] not meeting my needs because what I was doing wasn't triggering anything else to happen.

This inability to see change happening as a result of her positional duty of filing incident reports is something that Amber shared she was upset by.

Ceci shared his feelings of not being fully prepared for all he has responded to in the RA position. He said that “there's definitely situations where it's like, we just we have to support but we don't have the tools to do so”. Ceci also shared about support from RA supervisors, he shared “[we] have weekly one on ones, and this year, at least, I've had my supervisor actually ask about situations that we've had recently, but I know in previous years, I've actually had some incidents where it was not discussed.” Ceci shared that the weekly one on one meetings and having a space to talk about the incidents he has responded to is beneficial to him, “I think just being able to talk about it, and express it is probably the most helpful.”

Not Returning to The RA Position. This theme includes any discussion of leaving the RA position. This may be the interviewee directly, someone they know will not be returning to

the position or mention of general loss of motivation for the positional duties. When asked if she has seen any of the symptoms of compassion fatigue in her fellow RAs, Sarah shared:

One of my really good friends who's an RA with me, just quit because it was affecting her mental health so bad that she was extremely depressed. It financially was draining her because, I mean, this job financially drains all of us. And it just got to be that her own mental health and depression and anxiety was [*sic*] so high, that she just couldn't continue with the job anymore.

Sarah discussed a friend who left the position due to negative emotional and financial impacts from the position. However, Sarah also shared “this will be my last semester as an RA.” Sarah brought light to her own decision to leave the RA position at the end of the academic year. She also disclosed her experience with losing motivation for the position, “you start to lose motivation for the job. You start to forget why you're doing that job in the first place. You forget why are even trying to help.” Like Sarah, Amber also was planning to leave the RA position at the end of the year. However, she quit the RA position abruptly mid-year because it “became too much” and she “wasn't enjoying any parts of it”. In response to the question “Have you ever noticed yourself feeling irritable, exhausted or unmotivated because of your experience as a resident assistant?” Amber responded:

Yes, that's why I quit. Last semester and some of this semester, I was getting to a point where [switched mid-sentence] You know, I take a lot of joy, ..., I took a lot of joy in programs, and like trying to build connections when I'm a really shy person. Those needs weren't being met with the floor that I had which was not only on them. That definitely pushed me down and felt like I didn't even want, like, ‘why am I doing anything?... So I

had to leave, because I got to a point where I started panicking. I had to call emergency medical services on myself. It was a lot, a lot of times where I felt down.

Amber expressed that she tried to make it through the end of the year, but had to quit abruptly due to her emotional wellbeing in the position, even at one point having to call emergency medical services for herself due to the poor mental and emotional state that she was in. Amber shared that she is not the only one with these feelings, and that she has heard others voice their desire to quit the position as well, “I’ve heard some resident assistants say, ‘You know, I’m not even coming back’, ‘I don’t even feel like doing anything for my floor’”. She continued to explain more about this later on in the interview when she shared, “I hear people say, ‘I don’t want to come back’... ‘I’m tired of doing this for people’, and that [RAs leaving the position] is happening”. As she reflected on the RAs that were not planning to return to the position Amber put forth some additional points on RAs leaving the position:

I think you have to assess what's happening at the top, what's trickling down to you, whether you're feeling you're compensated for it, whether you feel like efforts are being made with how they have their protocols and stuff like that. You have to say like, whether this is something you could continue to do.

As Amber revealed, there are many RAs at her institution that decided that the RA position is not something they wanted to continue to do despite the positive aspects of it, herself included.

During Ceci’s interview, he mentioned times where he knew RAs that were wanting to quit as well:

There were a few resident assistants who were saying that they were ready to quit, because they had too many things to juggle alongside the RA job, like school and work. It

was kind of strict and due dates weren't necessarily pushed back, so there was there was very much a sense of urgency and need to get things taken care of, despite the end the [sic] residents assistants that I saw that did not have a break between any of it.

Ceci mentioned that he did not see his fellow RAs getting a break among the many deadlines and urgent duties of the RA position, highlighting that this could have been a reason his fellow RAs considered not returning to the RA position. Ceci also mentioned later in the interview that there was a “collective RA burnout” that one staff he worked on experienced. He also noted that there are “a lot of extra pressures” with the job that RAs experience.

Decline in Student Involvement. This theme was identified in two of the interviews and focuses on student involvement on campus declining, which puts more stress of the RAs and prevents them from completing their job duties. For example, Amber explained that fellow RAs have told her “‘I'm tired of doing this for people’”. This feeling of exhaustion is due to the trend that residents are not engaging in the programs that RAs are putting on. Amber also shared that she has heard people say “‘I'm not gonna do these programs. Like, there's no point in doing programs’” since no one is coming to them. Amber declared that she “feel(s) them on that”. Ceci mentioned observing a decline in student engagement as well, “There's been a noticeable decrease in like residents engaging in programs”. Later in the interview, when describing that getting residents to join hall council is a requirement of the RA position, he explained,

That's another area where we have a lot of like disengagement. And it says it's one of our requirements. It's really difficult for resident assistants to actually fully meet the requirements of the job, because they can never really get residents to participate in it. And I think that that's just a constant defeat is that every staff meeting or every one-on-one I'll go to, I'll be asked if I've had any luck with it, and I always respond that I haven't.

Ceci expresses his sadness about never being able to fulfill his job duties due to the decline in student involvement in floor programs and campus activities such as hall council.

Responding to High-Intensity Events. Response to high-intensity or traumatic events was a theme that emerged in all three participants interviews. For example, Amber shared a wide range of incidents that she had responded to such as “fighting, friendship issues, and weapons issues.” These issues that Amber mentioned stem from smaller friendship issues to more serious and high-intensity situations such as fighting and the presence of a weapon on campus. Similarly, Sarah recalled multiple experiences which were high-intensity, including a “domestic violence issue” and a separate experience that she had in responding to an incident alone one night while on rounds:

I approached a bunch of drunk guys passed out in the hallway, and ended up being shoved into a wall by a guy that was on drugs and had bruising down my back. So naturally, that was really traumatic. I was afraid to do round alone for a while after that.

This incident was while Sarah was on duty and was anticipating an incident to occur, however Ceci recalled multiple times that he responded to medical emergencies as a resident assistant when he was not on duty, for example:

A resident asked for a room temperature check on their room. And when I got to the room, they were on the floor and their door was locked. We had to call up and take care of it because that particular resident was having anemic shock.

This situation was not the only medical emergency that Ceci recalled responding to, however it was the most intense medical response that he had mentioned. In addition to recalling medical emergencies, he also recalled a situation that involved a resident and their significant other:

They would roam the halls and start yelling with their partner over the phone. And that would be a thing that I would have to address, and that it was definitely intimidating, seeing someone who was already very angry, and having to be the one to calm them down.

While recalling these situations that he had experienced, Ceci also gave insight to how these high-intensity situations have made him feel, for example he said, “it can be really scary in situations where residents are experiencing really terrifying things that are off campus.” This expression of fear from Ceci allows further insight into the emotional impact that the situations RAs may not even respond to, but may just hear about, have on the RA.

Uncomfortable Living Conditions. At some point in their experience as an RA, all three participants or an RA that they know have felt uncomfortable in their living conditions. For example, Sarah recounted the previously mentioned situation in which someone from an incident she responded to begin to stalk her, stated “I was forced to sleep in the living room portion of my apartment, I couldn't even sleep in my own room for the remainder of the semester because of it... and I'm not the only one.” Sarah exhibited signs of fear in continuing to live in the same location while she was being stalked, even stating that she was unable to sleep in her own room due to how uncomfortable it made her. Amber also felt extremely uncomfortable in her room after responding to an incident on campus. She explained that she was “really uncomfortable, it made me feel uncomfortable being on the floor, because I don't know how this resident may feel after this. I don't know how to feel because I had never dealt with this.” Amber expressed fear and uncomfortably in continuing to live on her floor after responding to an incident with residents who knew her floor and room number.

Ceci detailed an experience that a fellow RA had, where they struggled with being in their room. Ceci explained “they wanted to be around their room a lot less and usually would find ways to stay out of the room, just because it felt too much like working.” While this also ties into the expectation of being available at all times, it is evident that this individual felt it was better to be away from their own living space due to the demands of the RA position.

Negative Academic and Health Impacts. This theme was identified among all three participants. This theme encompasses both mental, physical, and academic impacts of serving as an RA that were shared during the interviews. In response to the question “is there anything else you would like to share or that you were prepared to share that we did not talk about already?” Sarah highlighted the physiological response to the duty phone ringtone even when not in an RA capacity:

We all experienced this because we've talked about it in large meetings, that we have so much anxiety around that Ringtone from that phone that if we're at Walmart, and somebody has that same ringtone and it goes off, our anxiety and our heart rate shoots through the roof just from hearing a ringtone because of how on an edge all of us are at all times. So that just the ringtone can just make our anxiety shoot through the roof and our heart rate start racing and panic.

Sarah identified a shared physiological response to a cell phone ringtone between herself and her fellow RAs that happens even when they are not on campus or working in their RA role.

All three participants at some point of the interview explained that they had sought out external resources to handle the stress of the RA position at some point. When talking about the Counseling she attends Sarah stated “Yeah. I mean, it's, you know, University Counseling, it's not the most helpful.” Amber explained how talking with her mom has helpful in coping with the

stress, she explained “I took comfort in just like talking to my mom, she was like really trying to make me like calm down a little bit from it.” Amber also explained about her experience in counseling and how the RA position began to take over her counseling sessions as well. She said,

“I started bringing, like a lot of what I was doing as an RA into my counseling sessions and I realized that was like, that was becoming a bigger issue.” Ceci also sought out external resources for his stress, however he detailed how counseling was normally the first thing he would remove from his full schedule. He disclosed:

I've been on and off with therapy, just kind of, it's usually I'll get engaged with it around the start of the year. And then as things start to build up, I kind of weigh out, like the things that I have time for. And then usually therapy is one of the things that I have to cut out.

As Sarah continued to explain the situation where she was not relocated while being stalked by someone involved in an incident she responded to as an RA, she explained the impact it had on her mental and physical health:

You know, just sleep wise, like I said, I was being forced to sleep in my living room on a couch during finals week, because of that situation. So, I mean, you know, wellbeing wise and health wise, it definitely has, too.

Outside of traumatic situations that she experienced as an RA, Sarah explained the academic impacts that the RA position in general has had on her. She stated “Academically, they've definitely added more stress and been really time-consuming issues. So, you're distracted in class, you're not prioritizing your work when you're dealing with that mentally.”

This distraction while in classes is something that Amber also shared when describing her experiences in the RA position:

I was trying to give my entire day... if I'm in class, and someone needs me, I'm gonna try and figure out how I'm supposed to get away from class. So it'll be like, when I wake up till the end of the day, I'm thinking about how I'm supposed to be helpful for the residents on my floor.

Amber's desire to help her residents and to be helpful for them was something that she found getting in the way of her daily activities, such as her classes. When asked about how his experience with compassion fatigue has impacted his view of the RA role, Ceci shared "I would say it has a little bit of a negative impact... I've noticed that I'm definitely struggling and not as quite the same RA I used to be." Ceci reflected on who he was when he first became an RA and recognized that he was no longer the same RA and that his motivation had diminished. He shared,

When I started out, I was saying hello to everybody. I was just trying to be as friendly as I could be. But this semester, especially I've noticed, I'll see residents and I'll wave hello. But it's really hard sometimes to try and strike conversations. And I know I was speaking with one resident, and I kinda just felt more talked at than talked with.

In this account, Ceci describes the feeling of going through the motions, losing motivation, and being numb.

Inability to focus on RAs own life. This theme was identified as all three participants mentioned the inability to find time for their own needs because of their RA positions. For example, while explaining the impacts of the RA position, Sarah explained "It's hard to focus on your own life and your own needs when everybody else is needing something from you at all times." This Amber discussed her struggle with focus during academics and other activities due to the stress and responsibilities of the job. Amber explained:

I was trying to give my entire day... if I'm in class, and someone needs me, I'm gonna try and figure out how I'm supposed to get away from class. So it'll be like, when I wake up till the end of the day, I'm thinking about how I'm supposed to be helpful for the residents on my floor.

Ceci mentioned that his therapy appointments are normally the first thing he cuts off his schedule when his life begins to get busy:

I've been on and off with therapy... I'll get engaged with it around the start of the year. And then as things start to build up, I kind of weigh out, like the things that I have time for. And then usually therapy is one of the things that I have to cut out.

Therapy is not the only thing that Ceci has dropped off his plate to create more time to be a successful RA, he also recalled:

With getting this job, I've dropped a lot of hobbies and interests just to focus on like, other things that I wanted to care about, like relationships and friendships. And it just, it's really hard to like, find a passion, because I just have so many things to juggle at once.

Ceci tells about how he had to drop hobbies and other interests so that he could prioritize his friendships. Ceci explained he could not be an RA position and still have hobbies and friendships, he had to choose.

Boundaries. This theme touches on one important component to creating a work life balance, boundaries. However, both RAs that discussed boundaries in their interviews did so while discussing how they are not always helpful to have set. For example, Sarah shared that, “you can try to set boundaries, but it doesn't always work. But that's something I at least tried to do to keep myself sane.” Sarah expressed frustration with her boundaries not being followed by residents and administration, however explained that she still does her best to keep these

boundaries. Amber also commented on boundaries and the inability of some residents to follow them, “and even though we would like them to do like them to have boundaries with you and listen to your boundaries.”

Financial burden. This theme encompasses the concern brought up by two of the participants about financial compensation. Sarah mentioned that her friend who quit the RA position was “financially drained” by the position, when asked what she meant by that she explained:

You become an RA, because they cover your housing. You know, of course, there are other reasons, but that's part of how you're paid. But they refuse to let us have work more than about five hours on an another campus job. So, you're only allowed to work another five hours a week on another campus job, you're not allowed to have a job off campus, and we can't even afford groceries, because they don't give us a meal plan. So we can't afford groceries, we can't afford to save up money to get an apartment elsewhere. And we're literally financially stuck.

Sarah expressed frustration about being “financially stuck” with no way to afford groceries. Similarly, Amber mentioned that in a meeting with fellow RAs they “talked about the lack of compensation for RAs, because we don't get compensated a lot”.

Ras Are Complex Humans Living With Their Own Experiences. This theme emerged across two of the participants and highlights the complexity of the RA as a person, student, student worker, and paraprofessional. Sarah voiced the reality that:

RAs already have our own trauma from our own life, experiencing or like trying to help others with that same trauma is extremely triggering for ours, whether that's sexual assault, or a family issue or anything else. You know, they want people who have some

of these experiences so they can show empathy and understand, but then they don't understand that that's draining and traumatizing for the rest of us.

Sarah hit home an important thing to remember, that RAs are just students, too. Ceci similarly mentioned the complexity of life when you are an RA:

I think the pressures of one area will start to bleed into the other, or they'll sort of kind of bounce off of each other and make it compounded exhaustion. I know there could be days where I'll come back from a really tough day, and then I'll have to be on duty. So, that can definitely kind of add to the exhaustion.

Ceci talks about a complex experience of being an RA, with many different things that create an experience of “compounded exhaustion”. Ceci discussed this feeling of exhaustion that is intensified due to his responsibilities as an RA, student, and also things occurring in his personal life. He expressed struggling especially with days that were already hard, only to then have duty where he would be a primary RA responding to incidents.

Summary

The results of this study suggest that there is at least a moderate prevalence of secondary trauma, burnout, and compassion fatigue in the majority of RAs in Illinois. There was an identified relationship between the non-binary/third-gender category and higher TCF. There was an indicated positive correlation between semesters served as an RA and TCF. The qualitative findings brought forth twelve themes which explain the RA experience of compassion fatigue and the interlaced impact of the culture of residence life's impact on the RA experience of compassion fatigue. Chapter V will provide a discussion of the findings and will further explore implementation to practice and areas for further research.

CHAPTER V

The purpose of this study was to assess the prevalence, and understand the experience, of compassion fatigue among Resident Assistants (RAs) at public four-year institutions of higher education in Illinois using Schlossberg's Transition Theory as a theoretical lens. Is compassion fatigue a prevalent issue for RAs in Illinois? How do RAs describe their experiences with compassion fatigue? This mixed methods study provided the opportunity for deeper understanding of the experience of compassion fatigue, presented as subcategories of burnout and secondary traumatic stress, among RAs. The major findings will not only benefit housing and residence life (HRL), but will also benefit the greater student affairs field, as there are many positions within student affairs which support students who are experiencing, or who have experienced, trauma. This chapter includes discussion of the major findings related to the prevalence and impact of compassion fatigue among RAs as it relates to the research questions: How prevalent is compassion fatigue, burnout, and secondary trauma, as measured by the ProQOL, among RAs at selected Illinois public institutions? Is there a relationship between time served as an RA and compassion fatigue? Is there a relationship between compassion fatigue and gender? Is there a relationship between compassion fatigue and race? Is there a relationship between response to high-intensity situations and compassion fatigue? How do RAs experience Compassion Fatigue? How does the overall culture of residence life and always needing to give impact RAs experience of compassion fatigue? Also included is the discussion of Schlossberg's Transition Theory as it relates to RA's experience of compassion fatigue. The chapter will conclude with the discussion of study limitations, areas for future research, implications for practice, and a brief summary.

Discussion

There were five major findings that emerged from the quantitative portion of this study. There were 12 themes identified in the qualitative portion of this study, four of which were identified as major themes and will be discussed in this chapter.

Prevalence of burnout, secondary trauma, and compassion fatigue

It was found that RAs experience at least a moderate level of burnout, secondary trauma, and compassion fatigue. Over half of the RAs in this study had responses that indicated a moderate level of burnout, secondary trauma, and compassion fatigue. Burnout is a serious problem for RAs in Illinois with 73 (83.9%) participants indicating signs of moderate burnout. This supports previous findings on the prevalence of burnout in RAs (DuBose, 2020; Harris, 2021; McLaughlin, 2018). As found in the literature burnout can have serious health consequences such as high blood pressure, mental health disorders, and even premature death ((Armon et. al, 2010; Hakanen et al., 2012; Melamed et. al, 2010; Toker et al., 2012) Burnout and chronic stress can take days, months, or up to years to recover from, according to experts (Smith et al., 2023).

Secondary trauma was also found to be prevalent with 53 (61%) of participants reporting at least moderate secondary trauma. This was a higher prevalence than a previous study on student affairs professionals completed by Lynch (2022) which indicated only 44% of participants meeting the criteria for secondary trauma. While there was very little research conducted on RAs and secondary trauma specifically there were studies that supported that those in a role similar to RAs experienced secondary trauma (Lynch, 2017; Lynch, 2020; McCarthy, 2022). Sixty-five (75.6%) of participants indicated a moderate TCF score, or a combined burnout and secondary trauma score of 46-82 on the ProQOL.

It is vital for to note that RAs are also students and people, and that the moderate compassion fatigue experienced through their RA position is generally separate from anything else that they may be experiencing as a student or on a personal level. HRL professionals should work to alleviate the burnout that their student employees are facing. Ways to mitigate the impacts of burnout, secondary trauma, and compassion fatigue are explored in the implications for practice section of this chapter.

Relationship Between Semesters as An RA And Total Compassion Fatigue

There was no indicated relationship between semesters served as an RA and total compassion fatigue. This is inconsistent with previous research which indicates that as caseload increases so does occurrence of compassion fatigue, so this does not support the literature (Malchow, 2021; Morrison, 2013). I would have expected to see an increase in compassion fatigue as RAs have worked for a longer amount of time meaning that they would have worked with a larger overall number (caseload) of students and would have, in theory, responded to more high-intensity events over time (Malchow, 2021). I also anticipated that there would be higher levels of compassion fatigue in those that have been RAs for longer due to the potentially accumulation effect of compassion fatigue (Morrison, 2013).

There are three primary reasons that this study may not have shown anything significant for the relationship between semesters served as an RA and total compassion fatigue. The first reason is that there were not as many individuals in semester four, five, or six of being an RA that completed the survey. The second reason is that not many people remain working as RAs for a long amount of time and based off of what the RAs I interviewed shared, this may be because of the experiences of compassion fatigue that RAs have. Finally, it could be due to those who are experiencing the most compassion fatigue are not emotionally or mentally in a place to take on

more work, and since the survey came from an administrator, it may have been viewed as more work related to the position or just another thing to do.

Relationship Between Gender and Total Compassion Fatigue

There seems to be a relationship between compassion fatigue and those that identify as non-binary, but the sample size is not large enough to draw a formal conclusion. It is important to note that this finding is inconsistent with the literature which indicates that females would experience compassion fatigue at a higher rate than males (Jakimowicz et al. 2018; Mangoulia et al., 2015; Star, 2013). There was no significant difference between the male and female genders according to the data collected from this study. One reason this may be inconsistent with the literature is because there were more female respondents than male respondents, so not having a similar number of both could have influenced the findings.

Relationship Between Race and Total Compassion Fatigue

Though studies show that people of racial minorities may have higher experience of stress, burnout and compassion fatigue, the results from my study do not provide evidence of that (Barboza-Wilkes et al., 2022; Khan et al., 2021; Krone et al., 1989; Lee et al., 2015; Vaccaro & Mena, 2011). One reason for this may be due to the demographics of the state of Illinois, with over half of residents being White according to the 2021 census. Additionally, all the targeted institutions being public four-year colleges also means that all the targeted institutions were primarily White institutions (PWIs).

Relationship Between Response to High-Intensity Incidents And Total Compassion Fatigue

Findings from the study indicated that as RAs respond to more high-intensity incidents, their total compassion fatigue score increases. This indicates that as RAs respond to more situations or talk to residents who are re-living traumatic experiences, that their experience of

compassion fatigue becomes stronger. Since the total compassion fatigue score includes both burnout and secondary trauma this does support what the current literature has shown. For example, it was found that advisors with higher caseloads to experience compassion fatigue at a higher rate, and therefore it makes sense that as RAs respond to more incidents, therefore increasing their high-intensity situation caseload, that they would experience more compassion fatigue (Malchow, 2021). Other studies also indicated that the higher the prevalence of trauma or crisis support the more likely an individual was to experience compassion fatigue (Lynch, 2020; Raimondi, 2019).

Expectation of Being Available 24/7

The participants all reflected on the 24/7 nature of the position, and the expectation to always be available. They talked about the added stress of always needing to be ready to respond to a potential crisis or knock on their doors at all times of the day and night. All three participants also reflected on at least one situation which they responded to which they considered to be high-intensity when they were not on-call or otherwise expecting a situation to occur aside from the 24/7 nature of the position. The 27/7 nature of this position was also identified through the review of literature (Boone et al., 2016).

Participants also discussed that they try to set boundaries for their residents but that does not mean that they will follow them. This 24/7 nature of the position makes the RAs accessible for residents any time they are on the floor, in the building, or near their phone which expands the stress of the position to all hours of the day. Participants shared that this made it hard for them to focus while in class at times, because they felt as though they needed to be there for their residents should something happen. This constant pressure caused the participants to express feelings of compounded stress, constant worry, and a feeling of always being on edge. This

upheld what was presented in the literature regarding the overwhelm that RAs feel at all times and not just when they are actively engaged in their jobs (Lavery, 2021).

When it comes to helping, the culture that professionals, or in this case RAs as paraprofessionals, must always be 'on' and ready to help is maladaptive and harmful to RAs (Lynch, 2020). It is important for boundaries to be respected, upheld, and enforced rather than ignored. In an environment where this culture is endorsed and upheld, it becomes easy for workers to become burnout and to experience compassion fatigue (Cocker & Joss, 2006).

Lack of Support/Understanding from Administration

All participants shared times when they felt that the HRL professional staff members were not supportive or understanding of their experiences as an RA. This theme captures a scope from the negligence to acknowledge and accommodate a staff member's disability to not following up with RAs after they respond to a high-intensity incident. This was consistent with findings from the literature (Joslin, 2021). Participants expressed frustration with this and felt that follow-up and check-ins from administration would be beneficial. It is important that these conversations are genuine and not out of obligation, as one participant mentioned frustrations with professional staff members listing off resources and saying that they were there to help, but not following through in practice. The availability and support systems established by supervisors and upper management was a theme also identified by Lynch (2020).

RAs have a lot on their plates as students, paraprofessionals, and as individuals' people. Additional support and empathy from their supervisors and administrators is something that is desired. The one participant who did have a supervisor that would talk through things expressed appreciation for that and found that the space in one-on-one meetings to discuss things that had happened was very helpful to coping. It is vital that RAs have both a personal and professional

support network, as such support networks were shown to be beneficial in high-risk work environments in alleviating the overall impact of compassion fatigue (Smith, 2022; Joslin, 2021; Tehrani, 2009).

Not Returning to the RA Position

The decline in interest in the position is something that all three participants mentioned either in reference to their own experiences or the experiences of their fellow RAs. The stress of the RA position compounded with the stress of academics and of general life experiences was mentioned as one key reason that individuals were losing their motivation to return to the RA position. Another reason mentioned for why RAs are not returning to the RA position, or for one RA why the decision was made to leave mid-year, is the experience of compassion fatigue. This correlates with the literature that the RAs interviewed would discuss the idea of quitting, especially because many of them have served through COVID where there was a spike in RAs leaving the position (Mangan, 2020).

Negative Academic and Health Impacts

It is essential to recognize that RAs are people and students before they are paraprofessionals working as RAs. All participants discussed negative health and academic impacts while working as RAs. This is something that expands further than the three participants of this study, as one participant shared the similar experiences of other staff members as well.

Finding balance between the 24/7 responsibilities of the RA position and being a student can pose many challenges. Some RAs may find it hard to focus in class and may prioritize helping their residents over attending their classes or finishing coursework. These negative academic impacts are consistent with the literature (Maten, 2020). Physically and emotionally, all RAs discussed an impact on their health. Mental health was impacted by the compounded

stress of the position and participants shared that the free counseling offered by the university is not always the most accessible or helpful. Additionally, a lack of sleep and the physical impacts of burnout are also key negative impacts for RAs. Many of the symptoms outlined are present in the literature as symptoms of compassion fatigue, burnout, and secondary trauma (Lynch, 2020; Maslach et al., 2016; Stamm, 2009).

Theory Application

Schlossberg's Transition Theory was used as a guide when examining the experience of compassion fatigue in RAs. It was common that in the interview portion of this study the RAs shared situations which they experienced that led to their compassion fatigue. These situations were commonly an unanticipated crisis response. In these crisis response situations, the outcome for the RA depended on their own wellbeing, stress levels and identities already; this can be identified as the *self* in Schlossberg's theory. Another common impact on compassion fatigue is the support that RAs were given. The RAs that were interviewed all mentioned not receiving much support, if any, from their supervisors and administrators. Ceci shared that his supervisor showed support and allowed space to talk about issues that he experienced, and that this approach was more beneficial to him than not talking about the incidents he experienced in his position at all. The supports mentioned align very well with the *support* component of Schlossberg's Theory. Finally, when one experiences a traumatic or stressful event it is important to have coping strategies in place. RAs were not specifically asked about *strategies* however a few were still mentioned. Talking to family members, attending counseling, and being involved in other ways on campus were all mentioned that align with the *support* area of Schlossberg's Theory. Overall, this theory can allow HRL professionals to better understand how

each incident or *situation* their RAs respond to could be best handled to reduce the overall impact of compassion fatigue.

Another angle to look at Schlossberg's theory and compassion fatigue through is to view the onset of compassion fatigue symptoms as a *situation*, which in this case would be an unanticipated event or unanticipated experience. Through this lens the *self* would include the RA's identities, past experiences, other mental health issues they may have already been facing, and the symptoms that the RA is now experiencing. The *support* area would remain consistent in focusing on the support that is coming from the RA position, which may include support from a supervisor, co-worker, or from upper administration. The *strategies* would also remain consistent and would include attending counseling, talking to family and friends, and seeking help. This area could also include techniques to cope with burnout and secondary trauma that may have been taught to RAs during training.

Implications for Practice

The findings from this study are critically important for those working in HRL, however this study should be considered by all student affairs professionals. It is essential for student affairs practitioners to understand compassion fatigue and to be able to provide adequate support to those that may be experiencing it. While student affairs practitioners may not work with RAs specifically, it is likely that they are working with students who may still be experiencing compassion fatigue through one of the subcategories of burnout or secondary trauma. Moreover, it is vital that student affairs practitioners understand compassion fatigue so that they can recognize and prevent it within themselves and their coworkers.

Housing and Residence Life Professionals

As mental health concerns continue to be at the forefront of concern for those in college, all student affairs professionals need to be equipped with the understanding of compassion fatigue. More specifically, those that work in HRL need to be prepared to provide the support needed for their students as they experience various high-intensity or traumatic situations. As noted in Schlossberg's transition theory, support is a key factor for moving through various transitions, such as traumatic events.

Therefore, I propose the following recommendations for those who supervise and/or are part of the policy making that impact RAs:

- **Educate employees about compassion fatigue:** Codaro (2020) identified that training employees about compassion fatigue could reduce the likelihood of occurrence for employees. It is important for employees to understand the risk and measures that they can take to prevent compassion fatigue before they begin to experience symptoms.
- **Increase training in basic crisis intervention:** If their campus does not already have in-depth crisis intervention training, ensure that this is in place for your RAs to take part in. This training should not only include the "in the moment" crisis intervention but also the follow-up for both the RA and the resident.
- **Provide more direct channels for RAs mental wellness:** Implementing ways where RAs mental wellness can be key to combating compassion fatigue in the RA population. Things like group discussions, mental wellness trainings, or RA appreciation can all help to provide these channels to wellness.

- **Resilience training:** Resilience training is a specific kind of training which focuses on adaptation in adverse or traumatic situations. This training has been shown to improve the outcome of compassion fatigue (Cocker & Joss, 2016).
- **Promote boundaries and work life balance:** Boundaries and work life balance can be extremely hard to achieve while working in HRL, however they are extremely important. Staff members should work with their RAs to set healthy boundaries and to find a balance between work, school, and their personal lives. One way of promoting boundaries and work life balance is by professional staff members modeling these behaviors for their RAs to see.
- **Implement systems to combat the 24/7 nature of the position:** Encouraging RAs to utilize their nights away and giving RAs more nights away that may need them. This may look different for each campus so it is vital to evaluate the needs of individual campuses while creating these systems.
- **Incorporate regular check-ins with RAs:** These check-ins can take place at already scheduled one on one meetings, can be informal check-ins, or can happen intentionally following RA response to high-intensity events or trauma disclosures from residents.
- **Crisis follow-up:** In addition to regular check-ins with RAs, should an RA respond to a high intensity or crisis situation additional follow-up should take place.
- **Campus partners.** Creating strong relationships and partnerships with campus partners is ideal. In particular, the counseling department and master's in counseling program (if applicable) could be beneficial partnerships. Consider making professional resources more available and encourage staff members' utilization. For example, group sessions

with a counselor for RAs to debrief what they experience and are feeling due to their positional duties.

- **Take care of themselves:** HRL professionals, especially the direct supervisors of RAs, often are also live-on staff members that are exposed to a lot of the same trauma and stress that RAs are exposed to. While full-time staff members have more training and skills that make them more qualified to handle this stress, they are still at high risk for compassion fatigue. It is important for HRL staff members to take care of themselves and to be aware of their own needs and emotions, self-care and self-compassion are two ways that professionals can do this (Can & Watson, 2019).

Student Affairs Professionals

Student affairs professionals are commonly at the forefront of helping students. It is common for students to trust in these professionals to discuss their own trauma or for these professionals to be the first on scene when there is a high-intensity incident on campus. While all professionals may not have the same exposure to high-intensity situations and trauma as HRL professionals, helping is a large part of any position in student affairs. Therefore, the following recommendations were created with student affairs professionals in mind:

- **Learn the signs to look for:** Student affairs professionals should become competent in identifying burnout, secondary trauma, or total compassion fatigue among themselves, fellow staff members, or the students that they are working with.
- **Participate in trainings:** Trainings on mental health first aid could be beneficial to the overall ability of professionals to be able to recognize some of the signs and symptoms of compassion fatigue or other mental health concerns. Additional strategies that may be beneficial include

- **Implement a support system:** It is important that practitioners ensure that they have a support system for themselves and also that there is a support system in place for students that they may be working with.
- **Stress management:** Student affairs professionals should have healthy coping mechanism and stress management strategies. For example, creating healthy work life balance for themselves or having someone outside of the workplace they can talk to such as a counselor. Having a connection to a higher power and taking part in self-care activities were also two ways to manage stress as identified by the literature (Joslin, 2021; Can & Watson, 2019).

Resident Assistants

As the target population of this study and the population indicated to experience moderate burnout, compassion fatigue, and secondary trauma, I felt it was important to include recommendations for RAs. These recommendations include strategies that the RA can utilize to set themselves up for success in avoiding the onset of compassion fatigue. Recommendations to RAs include:

- **Talk with fellow RAs about experiences:** It is important to find support in those that have common experiences and RAs have a unique opportunity to find support in each other. Some institutions have RA Councils that allow RAs to talk about shared concerns. If a campus does not already have an RA council, this may be a positive way to build a support system for RAs on that campus.
- **Advocate for their needs:** RAs should talk with their supervisor about what support looks like for them and what they expect from their supervisor. Everyone needs

something different when it comes to support, and this will help the HRL professionals in supporting RAs effectively.

- **Set boundaries:** While this study showed that not all residents or supervisor will respect the boundaries RAs set, some will. Learn how to set these boundaries and continue to enforce and stick to them.
- **Utilize time away from the position:** RAs should fully utilize the time given to them to get away from campus and the position when needed. For example, RAs should use all of their nights away.
- **Find a support system:** RAs should have a support system outside of the RA position, whether this is a counselor, friend, or a family member.
- **Utilize resources:** RAs are typically very familiar with campus resources, they should remember to utilize those resources for themselves as well.
- **Find healthy ways to cope:** RAs should work to find healthy coping mechanisms and stress management strategies that work for them, this will allow for them to better cope with the stress of the RA position. This may also include spiritual practices or self-compassion (Joslin, 2021; Can & Watson, 2019).

Recommendations for Future Study

The hope for this study was to begin the conversation in the literature about RAs and compassion fatigue. While this study concluded that many RAs experience compassion fatigue out of those that were participants, there is still much more research to be completed on this topic before a full understanding can be had.

Partnering with organizations such as the National Association of College and University Residence Halls or the Association of College and University Housing Officers International to

pull and solicit data from all member institutions would help in getting a larger sample size and reaching a more diverse pool of respondents.

One limitation in this study was that there were less respondents that had been an RA for four, five, or more semesters. This is primarily because many RAs do not become third year RAs, however more research on compassion fatigue among third-year RAs would give a more well-rounded insight to the experiences of RAs who choose to stay in the position for most of their time in college. Additionally, more research on RAs that would allow for a more even distribution between semesters would allow for more insight into the potential connection between semesters as an RA and compassion fatigue.

The makeup of the demographics of this study was another primary limitation. The majority of respondents were white females. A more diverse pool of participants could benefit the understanding of the impact of gender and race on individual's experiences of compassion fatigue. In particular, I would encourage more research in the area of those who identify as non-binary. This is because there was an indicated difference in the non-binary / third gender options.

A final area that could benefit from further research compassion satisfaction and compassion fatigue rates in resident assistants. Since high self-compassion and compassion satisfaction has been shown to impact experiencing overall lower amounts of compassion fatigue, it would be interesting to see how this would manifest in the RA population, especially given the theme of compassion satisfaction that emerged in the analysis phase of research.

Limitations

Three primary potential limitations of the study were identified. The following is a description of each and further insight into what I did to minimize the effects of the limitations.

While the mixed-methods approach is a design strength, I would be remiss if I did not also mention this as a potential limitation. Since I was not well-practiced in quantitative and qualitative data collection, techniques used for analysis, my own inexperience may have been a limitation (Creswell & Clark, 2011). It is presented by Creswell and Clark as essential that a researcher understands the rigor of quantitative data collection, the statistical analysis and how to interpret data in addition to the ability to have a familiarity with qualitative data and understand potential issues specific to qualitative data collection such as persuasion and bias (2011). One effort to mitigate this limitation was the advisement by a very competent professional, Dr. Catherine Polydore. Additional efforts to combat this limitation were continued research on the mixed-methods approach and having taken research methods courses.

Another potential limitation is my past involvement and experience working in housing and residence life, especially my experience as an RA. My own experience of compassion fatigue as an RA is a potential limitation for the qualitative phase of this study because as I interviewed participants there is potential that as they shared their experiences my attention was diverted to the past rather than giving the participants my full attention in interviewing them. This potential limitation was mitigated in a number of ways discussed under the limitations section of chapter I under the researcher-as-instrument section.

A third potential limitation of this study was the sample size. Although some important findings were revealed by this study, it is important to note the ways that the study failed to meet the highest level of research conditions. For instance, the sample size of 87 was relatively small, especially within the context of the target population of all RAs at all four-year public institutions in Illinois. For quantitative studies, larger sample sizes are desired to increase generalizability of the finding to a larger population. Efforts were made to engage more

participants such as the incentive of winning a gift card and having the survey sent out by an associate of the participating institutions. Another measure taken to combat this was through having reminder emails sent each week in a four-week period to remind participants to respond to the survey.

Conclusion

The research and literature on RAs and compassion fatigue is extremely limited. This study continues and adds to a much larger conversation and is essential to be had in the profession of student affairs. The occurrence of moderately high to high compassion fatigue may have been underrepresented in this study as they may be less likely to take on extra responsibilities and tasks, such as participation in this study, due to the impact of the compassion fatigue. The three RAs that I interviewed were not representative of those experiencing high levels of compassion fatigue, but rather the moderate level of compassion fatigue. Over three quarters of RAs in my study fell into this category of moderate compassion fatigue and therefore while all experiences are different, it can be assumed that each RA who indicated moderate compassion fatigue has a story and may need additional support.

I hope that after seeing the widespread prevalence of compassion fatigue in RAs in Illinois that HRL professionals will reflect on their own practices and training and determine the best way to move forward for their student staff members. As student affairs professionals we want to provide support for students and set them up to succeed, however we must not forget our student employees and paraprofessionals such as RAs in that conversation. The wellbeing and overall success of RAs needs to be considered and considered when evaluating job responsibility, actual hours per week worked, and overall impact of the RA position. According to ACUHO-I (2021) there were 16,330 number of RAs over 144 institutions in the United States,

however there are about 6,000 institutions of higher education in the country (Bryant, 2021). Therefore, there are many RAs across the US that may be having a similar experience to those explored in this study. It is essential to remember that RAs are people and students who are still developing that are having those experiences compounded by the experience of compassion fatigue in the RA position.

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Appendix A

Components of the Electronic Survey

Demographic questions

I: The following questions are to get some demographic information about all study participants, this information will not be used to identify you.

1. How old are you?
2. What gender do you identify? (If any)
3. How do you identify racially?
5. How many collegiate involvements do you currently have?
6. What is the size of your current undergraduate institution?

II: The next questions are to gather basic information about your experiences as a resident assistant.

1. How many semesters have you served as a resident assistant, including this semester?
2. What types of communities have you served as a resident assistant?
3. How many residents do you currently oversee?
4. How many high-intensity situations have you responded to this academic year?

ProQOL Survey

1. I am happy
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help]people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.

6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].
11. Because of my [helping], I have felt "on edge" about various things.
12. I like my work as a [helper].
13. I feel depressed because of the traumatic experiences of the people I [help].
14. I feel as though I am experiencing the trauma of someone I have [helped].
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a [helper].
20. I have happy thoughts and feelings about those I [help] and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
24. I am proud of what I can do to [help].
25. As a result of my [helping], I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.

27. I have thoughts that I am a "success" as a [helper].
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

Appendix B

Interview Protocol

Admit the participant from the Zoom waiting room, welcome the participant and introduce yourself. Restate the purpose of the research study and thank the individual for their participation in the survey and willingness to participate in the interview, explain that they were selected due to a high score for compassion fatigue on the survey, the definition of compassion fatigue will be given. Ask the participant if they received and had the opportunity to view the informed consent document, explain to them that you will be pulling it up and highlighting the primary aspects of the document before beginning the interview. Pull up the informed consent utilizing the screen share capability on Zoom and go through this form with the participant.

Answer any questions the participant may have. Have the participant electronically sign and send the form back. Ask permission to record the interview. Explain to the participant that they were selected due to a high score for compassion fatigue on the survey, the definition of compassion fatigue will be given. Detail the overall format of the interview, that there will be questions asked relative to their experiences as an RA. Remind the participant that their identity will be protected through a pseudonym and their responses will be confidential. Answer any last questions before beginning the interview.

Compassion fatigue - Compassion fatigue is the overall negative aspects of helping (Stamm, 2009). The phenomenon, also commonly referred to as second-hand shock or second-hand trauma is stress that occurs from helping, wanting to help, or making efforts to help a traumatized or suffering individual (Lynch, 2020). For the sake of this study, secondary traumatic stress will be presented as a sub-category of compassion fatigue, as it is in the ProQOL

assessment (Stamm, 2009). Symptoms of compassion fatigue include: irritability, numbness, sadness, loss of motivation, anger, and helplessness.

These questions take a deeper look at your experience as a resident assistant and how those experiences have impacted your experience of compassion fatigue/compassion satisfaction/burnout/secondary trauma

1. What are the expectations of you in your resident assistant role?
2. Is there anything not included in your resident assistant role expectations that you find yourself doing as a duty of the role anyway?
3. What has been your favorite thing about being a resident assistant?
4. What has been your least favorite thing about being a resident assistant?
5. Have you had to handle any situations that you would consider high-intensity or traumatic? How did this impact you?
6. What does follow-up look like for you after you handle a situation that is heavy or critical in nature?
7. Have you ever Noticed yourself feeling irritable, exhausted, or unmotivated because of your resident assistant experience?
8. You indicated some feelings of (insert the students' feelings in their own words), do you feel these emotions were a direct result of your position as a resident assistant?
9. Can you explain the support you were provided when you are feeling symptoms of burnout or compassion fatigue? Do you find this support to be helpful to you?

10. Could you give an example of a time that you experienced compassion fatigue and walk me through what causes you remember and the impact that had on you?
11. Were you given any additional or external support when you were experiencing this?
12. Did you seek out any resources or support yourself?
13. Have you seen any of the following symptoms in your fellow resident assistants (list symptoms of compassion fatigue)?
14. How did these symptoms impact them?
15. Do you feel this was related to the resident assistant capacity that they served in?
16. How did your experience with compassion fatigue impact your view on the resident assistant position?

Appendix C

Recruitment Emails

Original Recruitment Email

Subject Line: **Invitation** to Participate in Research – Burnout, Secondary Trauma, and Compassion Fatigue in RAs

Email body:

Good afternoon,

You are invited to participate in a research study about your experience as a Resident Assistant (RA). This study is conducted by Téa Wheat and Dr. Catherine Polydore, from the Department of Counseling and Higher Education at Eastern Illinois University. Your participation in this study is entirely voluntary. Please ask questions about anything you do not understand, before deciding whether to participate.

You are being asked to participate in this study because you are a current resident assistant at one of the selected institutions in Illinois.

The purpose of this explanatory mixed methods study will be to investigate and understand the prevalence, impact, and complexity of compassion fatigue among RAs at public four-year universities in Illinois. The findings and insights generated from this study will bring awareness to compassion fatigue, and help shed light on its prevalence and that of other associated phenomena on RAs, and allow housing and residence life staff to understand better and support their student staff members.

If you volunteer to participate in this study, you will be asked for 5-10 minutes of your time to complete a self-administered online survey about your experience as a RA within the past 30 days. Towards the end of the survey, you will be asked to provide your email address if you

wish to participate in a one-on-one interview. Participants to be interviewed will be selected based on their scores on the survey, therefore if you choose to submit your email address, your response will no longer be anonymous, but it will remain confidential. Please complete the survey by November 28, 2022.

Click the link to complete the survey:

https://eiu.co1.qualtrics.com/jfe/form/SV_1zsL9bUbIy28pYG

After completing the survey, you will have the option to complete a form to submit your name, email, and phone number for a chance to win a \$10 gift card to Walmart or Amazon.

Thank you,

Téa Wheat

College Student Affairs Graduate Student

Follow-up Recruitment Email

Subject line: Reminder: Invitation to Participate in Research - Burnout, Secondary Trauma, and Compassion Fatigue in RAs

Good afternoon,

This is a reminder that you have been invited to participate in a research study about your experience as a Resident Assistant (RA). This study is conducted by Téa Wheat and Dr. Catherine Polydore, from the Department of Counseling and Higher Education at Eastern Illinois University. Your participation in this study is entirely voluntary. Please ask questions about anything you do not understand, before deciding whether to participate.

You are being asked to participate in this study because you are a current resident assistant at one of the selected institutions in Illinois.

The purpose of this explanatory mixed methods study will be to investigate and understand the prevalence, impact, and complexity of compassion fatigue among RAs at public four-year universities in Illinois. The findings and insights generated from this study will bring awareness to compassion fatigue, and help shed light on its prevalence and that of other associated phenomena on RAs, and allow housing and residence life staff to understand better and support their student staff members.

If you volunteer to participate in this study, you will be asked for 5-10 minutes of your time to complete a self-administered online survey about your experience as a RA within the past 30 days. Towards the end of the survey, you will be asked to provide your email address if you wish to participate in a one-on-one interview. Participants to be interviewed will be selected based on their scores on the survey, therefore if you choose to submit your email address, your

response will no longer be anonymous, but it will remain confidential. Please complete the survey by November 28, 2022.

Click the link to complete the survey:

https://eiu.co1.qualtrics.com/jfe/form/SV_1zsL9bUbIy28pYG

After completing the survey, you will have the option to complete a form to submit your name, email, and phone number for a chance to win a \$10 gift card to Walmart or Amazon.

Thank you,

Téa Wheat

College Student Affairs Graduate Student

Final Recruitment Email

Subject Line: Final Reminder - Invitation to Participate in Research - Burnout, Secondary Trauma, and Compassion Fatigue in RAs

Body:

Good afternoon,

This is a Final reminder that you have been invited to participate in a research study about your experience as a Resident Assistant (RA). This study is conducted by Téa Wheat and Dr. Catherine Polydore, from the Department of Counseling and Higher Education at Eastern Illinois University. Your participation in this study is entirely voluntary. Please ask questions about anything you do not understand, before deciding whether to participate.

You are being asked to participate in this study because you are a current resident assistant at one of the selected institutions in Illinois.

The purpose of this explanatory mixed methods study will be to investigate and understand the prevalence, impact, and complexity of compassion fatigue among RAs at public four-year universities in Illinois. The findings and insights generated from this study will bring awareness to compassion fatigue, and help shed light on its prevalence and that of other associated phenomena on RAs, and allow housing and residence life staff to understand better and support their student staff members.

If you volunteer to participate in this study, you will be asked for 5-10 minutes of your time to complete a self-administered online survey about your experience as a RA within the past 30 days. Towards the end of the survey, you will be asked to provide your email address if you wish to participate in a one-on-one interview. Participants to be interviewed will be selected

based on their scores on the survey, therefore if you choose to submit your email address, your response will no longer be anonymous, but it will remain confidential. Please complete the survey by December, 6th 2022.

Click the link to complete the survey:

https://eiu.co1.qualtrics.com/jfe/form/SV_1zsL9bUbIy28pYG

After completing the survey, you will have the option to complete a form to submit your name, email, and phone number for a chance to win a \$10 gift card to Walmart or Amazon.

Thank you,

Téa Wheat

College Student Affairs Graduate Student

Appendix D

Informed Consent

Modified Informed Consent for Survey

You are invited to participate in a research study conducted by Téa Wheat, a graduate student in the College Student Affairs program at Eastern Illinois University. You are being asked to participate because you have been identified as a current Resident Assistant. The purpose of this study is to describe and understand compassion fatigue, burnout, and secondary trauma among resident assistants (RAs) across public four-year institutions in Illinois. This survey should take approximately 5-10 minutes to complete. Towards the end of the survey, you will be asked to provide your email address if you wish to participate in a one-on-one interview. Participants to be interviewed will be selected based on their scores on the survey, therefore if you choose to submit your email address, your response will no longer be anonymous but it will remain confidential. Your participation is completely voluntary and you can withdraw at any time without penalty. Your involvement in this research will be kept confidential; the data will be averaged and reported in the aggregate. Group data from this research project will be shared with administrators on campus to promote improvements in programs and services. Because we appreciate your participation in this study, you will be given the opportunity to win 1 of ten \$10 gift cards. To enter the in the drawing, you will be asked to provide your email address at the end of the survey, which is completely optional. Your email address will be assessed in a separate file to keep your response to the survey anonymous, if you do not wish to be interviewed. If you have questions about this project, you may contact the project supervisor, Dr. Catherine Polydore at 217-581-2400, or at cpolydore@eiu.edu. Please print a copy of this consent form for your

records, if you so desire. Your decision to participate, decline, or withdraw from participation will have no effect on your current status or future relations with Eastern Illinois University.

I have read and understand the above consent form, I certify that I am 18 years old or older and, by clicking the submit button to enter the survey, I indicate my willingness to voluntarily take part in the study.

Do you wish to continue?

Options:

- Yes
- No

Informed Consent Form for Interviews

CONSENT TO PARTICIPATE IN RESEARCH

Compassion Fatigue, Burnout, and Secondary Trauma Among Resident Assistants in Illinois

You are invited to participate in a research study conducted by Téa Wheat and Dr. Catherine Polydore (Faculty Sponsor), from the Department of Counseling and Higher Education at [REDACTED]

Your participation in this study is entirely voluntary. Please ask questions about anything you do not understand, before deciding whether or not to participate.

You have been asked to participate in this study because you are (1) currently 18 years of age or older and (2) are a current Resident Assistant at a public institution of higher education in the state of Illinois.

PURPOSE OF THE STUDY

The purpose of this explanatory mixed methods study will be to investigate and understand the prevalence, impact, and complexity of compassion fatigue among RAs at public four-year universities in Illinois using the professional quality of life measure (ProQOL). The findings and insights generated from this study will bring awareness to compassion fatigue and help shed light on its prevalence and that of other associated phenomena on RAs, and allow housing and residence life staff to understand better and support their student staff members.

PROCEDURES

If you volunteer to participate in this study, you will be asked to:

1. Complete an electronic survey on the platform Qualtrics (time to complete: 5-15 minutes)
2. Indicate whether you are interested in potentially being selected to participate in a 45-minute interview
3. If you indicate interest in an interview and are selected to participate in an interview, you will be contacted to sign-up for an interview time on the online platform Calendly
4. Participate in a 45-minute interview on Zoom, this interview will be recorded, however participants are welcome to turn their camera off if they choose to. A pseudonym will be used as the zoom name before recording begins.

POTENTIAL RISKS AND DISCOMFORTS

The risk to participants is minimal. The research could pose a risk to participant confidentiality. The risk is short-term and has a limited likelihood of occurrence. Another risk that participants take is the risk associated with discussing emotionally charged subjects with the researcher. There is very limited likelihood of the short-term risks.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

By participating in this research, subjects will be given the opportunity to reflect on the positive moments of their RA position in addition to the potential negative experiences, reflecting on their RA position as a whole. This research is expected to have benefits for the larger residence life community in understanding the experiences of compassion fatigue, burnout, and secondary trauma among RAs. This increased understanding will allow for residence life professionals to understand the experiences of RAs and adjust the support they provide, as needed.

INCENTIVES FOR PARTICIPATION (*Optional*)

After completing the electronic survey, participants will have the option to submit their name and email address to be entered into a drawing for a \$10 gift card. There will be 10 gift cards distributed at random and the winners will receive an email from the principal investigator to determine means of distribution. If subjects withdrawal before completing the survey, they will not have the option of submitting their email for the incentive.

CONFIDENTIALITY

Confidentiality will be maintained by means of keeping data in a secure location that is locked and utilizing pseudonyms where appropriate. The only identifiable information that will be collected is email address, if the participant chooses to provide it. Only the primary researcher and secondary researcher will have access to any information provided including results of surveys or recordings of interviews. All data will be kept for 3 years and will then be destroyed. Your information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research.

PARTICIPATION AND WITHDRAWAL

Participation in this research study is voluntary and not a requirement or a condition for being the recipient of benefits or services from Eastern Illinois University or any other organization sponsoring the research project. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits or services to which you are otherwise entitled. There is no penalty if you withdraw from the study, and you will not lose any benefits to which you are otherwise entitled.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about this research, please contact:

Dr. Catherine Polydore
Faculty Sponsor
217-581-2400
Cpolydore@eiu.edu

RIGHTS OF RESEARCH SUBJECTS

If you have any questions or concerns about the treatment of human participants in this study, you may call or write:

Institutional Review Board
Eastern Illinois University
600 Lincoln Ave.
Charleston, IL 61920
Telephone: (217) 581-8576
E-mail: eiuirb@eiu.edu

You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with EIU. The IRB has reviewed and approved this study.

I voluntarily agree to participate in this study. I understand that I am free to withdraw my consent and discontinue my participation at any time. I have been given a copy of this form.

Printed Name of Participant

Signature of Participant

Date

NOTE: Use the following signature line for minor/handicapped subjects only if applicable.

I hereby consent to the participation of _____, a minor/subject in the investigation herein described. I understand that I am free to withdraw my consent and discontinue my child's participation at any time.

Signature of Minor/Handicapped Subject's Parent or Guardian

Date

I, the undersigned, have defined and fully explained the investigation to the above subject.

Signature of Investigator

Date