The Relationship Between Empathy and Burnout in College Resident Assistants

Christian Stark

Submitted in Partial Fulfillment of the Requirements for Graduation from the

Malone University Honors Program

Adviser: Marcia Everett, Ph.D.

December 3, 2021

**Abstract**

Resident Assistants or Advisors (RAs) are student leaders and role models within residence halls at many traditional four-year universities. RAs are responsible for facilitating programs for buildings and floors and managing residents, as well as more challenging tasks such as upholding campus policies, acting as a paraprofessional counselor for students that need help, and managing crises and emergency situations. Empathy has been studied for decades but appears to rarely be studied alongside the RA role. Similarly, RA burnout studies peaked in the 1980s and 90s and have not been studied much since. Little research bridges these two large aspects of the RA job. This study investigated the relationships between dimensions of empathy and subscores of burnout by surveying RAs at a small Midwestern private Christian liberal arts university. Through a quantitative analysis of the Interpersonal Reactivity Index and the Maslach Burnout Inventory, some correlations and trends between dimensions of empathy, RA experience, and subscores of burnout emerged. This study creates many new directions for future research and discusses limitations within.

**The Relationship of Empathy and Burnout Among College Resident Assistants**

 Traditional college and university students are encouraged (and often required) to live in residence halls on campus where they can live and learn within an on-campus community. One key component to each residential community is a Resident Assistant (or Resident Advisor), also known as an RA. An RA is a peer leader within the university, and especially within residence halls. An RA’s job responsibilities vary depending on the institution, but according to Malone University Residence Life’s *2021-2022 RA Manual* include duties such as facilitating a sense of community between residents, being “on duty,” acting as a role model and peer mentor, upholding and enforcing campus rules and policies, planning and executing floor and building events, completing various administrative responsibilities, and managing emergencies and crises. RAs often serve as informal counselors and are the first line of referral when they hear about mental health and personal issues.

**Literature Review**

Research shows that an RA’s role can be stressful and overwhelming at times (Fuehrer & McGonagle, 1988; Deluga & Winters, 1990; Hardy & Dodd, 1998; Stoner, 2017; Lynch, 2017). Deluga and Winters suggest “the RA’s difficulty in simultaneously coping with roles such as counselor, teacher, model student, friend, and disciplinarian might serve as the foundation for RA stress” (1990, p. 230). RAs experience burnout especially from the blurred lines of these multiple roles they play (Fuehrer & McGonagle, 1988; Deluga & Winters, 1990; Everett & Loftus, 2011), the increased demands to help specifically first-year students adjust to college and provide programming (Fuehrer & McGonagle, 1988; Hardy & Dodd, 1998), and more serious issues such as suicide intervention, response to drug and alcohol abuse, and response to sexual assault cases (Lynch, 2017). This variety of challenging roles can be draining to Resident Assistants if they are not capable of combating burnout and emotional exhaustion. The purpose of this study is to investigate the relationship between empathy and burnout among RAs.

**Empathy**

Empathy has been studied for decades. Researchers have investigated the nature of empathy and varying conceptualizations (Kunyk & Olson, 2001), including the difference between empathy and sympathy (Hobart & Fahlberg, 1965; Wispe, 1986; Stiff et al., 1988). Hobart and Fahlberg (1965) describe empathy as “taking the role of the other” (p. 597). Empathy is the ability to understand and know the feelings of another person and moving in and out of that cognitive understanding (Wispe, 1986; Rogers, 1975). Although empathy is conceptualized and differentiated in a variety of ways, Davis conceptualizes empathy as multi-dimensional: empathic concern, perspective taking, and personal distress. (Davis, 1983; Davis, 1994).

Rogers (1975) defined empathy as stepping into the perception of another person, trying to further understand and step into their emotions without judging or uncovering unknown feelings and without feeling that emotion themselves. This concept aligns with perspective taking, which is the capability to take on the viewpoint or perspective of another (Stiff et al., 1988; Davis, 1984; Davis, 1983). Perspective taking stands out from the other dimensions of empathy because it is, in general, more cognitive (Wispe, 1986; Everett, 2005; Davis, 1983; Davis, 1994). Although it is more of a cognitive process, perspective taking still includes an affective function. Perspective taking requires understanding the other’s perspective, but also includes understanding what that other person is feeling. Perspective taking is the ability to see and understand the perspectives and emotions of another person without taking on and experiencing their emotions.Empathic concern is another dimension of empathy (Davis, 1983; Davis, 1994; Stiff et al., 1988) where a person experiences “feelings of sympathy and compassion for unfortunate others” (Davis, 1994). Empathic concern is characterized by a general concern for the welfare of others (Everett, 2005; Stiff et al., 1988; Davis, 1983; Davis, 1994), but does not include experiencing a parallel emotional response (Stiff et al., 1988).

 In some previous research, perspective taking and empathic concern have gone hand-in-hand. Davis (1983) identifies a relationship between levels of perspective taking and social dysfunction and competence. Research suggests that those with high levels of perspective taking have higher social competence and lower social dysfunction. This implies that those with high perspective taking levels are more extraverted and likely to be less shy or socially anxious. On the other hand, low levels of perspective taking are related to lower scores on measures of social competence and higher social dysfunction, meaning that those with low perspective taking scores are likely to have high social anxiety, be more shy, and be less extraverted (Davis, 1983).

Emotional contagion occurs when one person “catches” the feelings of another person through perceiving their emotions and experiencing a parallel emotional response (Stiff et al., 1988). It differs from empathic concern in that perceivers feel the same, parallel feeling as the other (Stiff et al., 1988). Emotional contagion is typically associated with negative emotions (Everett, 2005; Hall et al., 2000).

Often, feelings that are “caught” through emotional contagion come from a distressed individual, so the feelings that are passed on are negative as well. “Personal distress is a more self-oriented response in which a person experiences anxiety and tension in interpersonal situations that are upsetting” (Everett, 2005, p. 15). In short, if someone feels distressed, the receiver of the feelings can experience their own personal distress (Everett, 2005).

 Personal factors such as levels of self-esteem, ability to read others’ emotions, and relationship factors such as degree of intimacy or social power within the relationship influence emotional contagion (Kimura et al., 2008). Intimate relationships and acquaintanceships were compared and it was found that those with the highest degrees of intimacy in friendships experienced the most emotional contagion and those with the lowest degrees of intimacy in acquaintanceships experienced the least emotional contagion. Similarly, it was found that those with high social power tended to be more emotionally expressive and participants were more susceptible to emotional contagion from those with low social power (Kimura et al., 2008).

 People who are higher in emotional reactivity and sensitivity tend to be more vulnerable to emotional contagion and its effects (Juszkiewicz et al., 2020). Current research on emotional contagion recognizes its complexity and the multitude of factors that may play a role in one’s susceptibility. Juszkiewicz et al. (2020) researched the correlation of self-esteem levels and susceptibility of emotional contagion. The sadness emotion was parallel in the receiver regardless of the receiver’s self-esteem, but the happiness emotion was dependent on the self-esteem and gender of the receiver (Juszkiewicz et al., 2020). A similar result was found with Kimura et al. (2008) where sadness emotions were passed on no matter the intimacy or type of relationship. These findings suggest that RAs would feel the same sadness as their residents, but wouldn’t feel it as deeply if they don’t have a highly intimate relationship with that person.

**Studies of Empathy Related to the RA Role**

In 2000, Trobst used Davis’ Interpersonal Reactivity Index (IRI) to study the relationship between empathy dimensions and social support with undergraduate college students. Those who scored higher in the empathic concern subscale of the IRI were more likely to be nurturing in social support of others. A similar relationship existed between those who scored higher in perspective taking, however they had slightly less association with nurturance. Conversely, those who scored higher in personal distress were not associated with social support scores at all. This evidence suggests that the nurturing nature of the RA role relates to their high levels of empathic concern and perspective taking and low levels of personal distress.

In 2000, Hall et al. studied psychotherapists and the relationship of personal distress and empathic concern with levels of job satisfaction. Their research found that higher levels of personal distress are more likely to lead to lower job satisfaction overall. Inversely, higher levels of empathic concern and perspective taking created higher job satisfaction (Hall et al., 2000). In a similar study, researchers studied levels of perspective taking, empathic concern, and personal distress and the relationship with job performance of hospice nurses. They discovered that those with higher levels of perspective taking and empathic concern had a higher job performance. Conversely, the researchers discovered that the individuals who were affected more greatly by personal distress and emotional contagion also had lower job performance (Riggio & Taylor, 2000). This research suggests that those who become over-involved with experiencing others’ emotions will likely have a lower job performance than those who are able to separate the emotions of others from their own emotions.

 In the past, researchers have tried to understand if empathy is an altruistic or egoistic response (Toi & Batson, 1982; Stiff et al., 1988). Researchers have gone back and forth on whether helping behaviors as a response to empathic concern and emotional contagion is meant to alleviate the distress of the other (altruism) or of the perceiver (egoism). More recent research (Toi and Batson; 1982) supports the argument that helping behaviors are an altruistic response to the emotions caused by empathy. RAs often enter the position motivated to help others (Boone, 2018) which supports the notion that the empathy that RAs feel is altruistic.

In 1988, Stiff et al. researched the relationship between each of the components of empathy and how they led to helping behaviors. They studied which empathy dimensions would most likely lead to communicative responsiveness (like offering comforting messages) or helping behaviors and found that no matter which dimension of empathy the perceiver experienced, it ultimately led to one of those. The researchers concluded that “a concern for other people is a necessary precursor to the personal distress produced by emotional contagion” (Stiff et al., 1988, p. 210). No matter if the person feels a parallel (emotional contagion) or non-parallel (empathic concern) affect, a concern for another person will ultimately lead to a communicative or helping response in order to alleviate distress.

The RA role requires that the RA demonstrates care and concern for their residents. As long as they have care for their residents, this research suggests that RAs will produce a communicative or helping response in order to alleviate the distress that they or one of their residents feels. RAs report learning helping behaviors through training and experience on the job, even if the resident doesn’t reach out for help (Benjamin & Davis, 2016). However, research about the factors of burnout suggests that those who feel the effects of burnout begin to care less for those with whom they work (Fuehrer & McGonagle, 1988), so it may be that when RAs begin to feel the effects of burnout, they produce less communicative responsiveness or fewer helping behaviors and fail to alleviate that distress of the resident or self as a result.

 In his 1975 work, Rogers explains that the ideal therapist is empathic. Due to the helping role that an RA often has, the RA job requires empathy from its practitioners. After having served as an RA, students report higher levels of empathy and an increased understanding of what empathy is and how it is practiced. In addition, former RAs report that their communication and listening skills increased throughout their time as an RA (Huffman & Lefdahl-Davis, 2019).

**Burnout in RAs**

 Burnout in work contexts has been studied for a long time in helping professions. In their review of literature, Fuehrer and McGonagle (1988) describe burnout as beginning to care less for those with whom one works. Burnout has also been explained as “excessive attempts to meet self-imposed, unrealistic goals that lead to the depletion of one's physical, emotional and mental resources” (Paladino et al., 2005, p. 19). Additionally, burnout appears to be related to, but encompass more than, emotional exhaustion. Paladino et al. (2005) defined emotional exhaustion as, “when emotional resources (e.g., friends, family, colleagues, and self) are expended and individuals believe that they can no longer give more of themselves at a psychological level” and that symptoms include “decreased energy levels and emotional resources, [and] increased fatigue” (p. 19).

More recently, researchers have studied burnout and applied it to RAs on college campuses. Research shows that RAs experience more emotional exhaustion (a subscore used to measure burnout) when serving primarily first-year communities (Fuehrer & McGonagle, 1988; Hardy & Dodd, 1998; Paladino et al., 2005; Stoner, 2017). These researchers suggest that this could be because of the greater attention that first-year students can require in their adjustment to college and the stresses involved in their transition. Research has also been done to evaluate the effects of stress, burnout, and illness on RAs’ job performance. High levels of burnout and illness are correlated with low levels of job performance in RAs (Nowack & Hanson, 1983).

Due to some of the job expectations of an RA (emergency and crisis management, peer role modeling, etc.), RAs can be more prone to burnout and stress (Fuehrer & McGonagle, 1988; Deluga & Winters, 1990; Hardy & Dodd, 1998; Paladino et al., 2005; Stoner, 2017). Deluga and Winters (1990) identify that one of the most stressful parts of the RA job stems from role ambiguity and finding the balance between being a rule-enforcer/peer role model and a friend. This lack of a defined role also can be challenging when it comes to paraprofessional counseling in the RA job. Other research regarding RA burnout also studied the relationship to gender. However, little difference was found between male and female RAs when it came to burnout experienced (Hardy & Dodd, 1998; Stoner, 2017).

 Much of the research surrounding RA burnout occurred from the 1980s to early 2000s. This could imply that the research is dated and has likely changed since then. There is minimal research regarding empathy specifically in the RA role. This research study aims to fill in the gap of the lack of research regarding burnout in RAs in the past few years and bridge the gap in research regarding empathy with RAs.

**Relationship between Empathy and Burnout**

 Previous research has studied the relationship between empathy and burnout in helping professions, primarily the medical field (Ferri et al., 2015; Park et al., 2016; von Harscher et al., 2018; Bogiatzaki et al., 2019;). Two studies (Bogiatzaki et al., 2019; Park et al., 2016) used the Jefferson Scale of Empathy-Health Professional version (JSE-HP) and one (Ferri et al., 2015) used the Balanced Emotional Empathy Scale (BEES). The JSE-HP uses an overall empathy score and appears to use items similar to perspective taking, as well as beliefs about empathic concern (Bogiatzaki et al., 2019; Park et al., 2016). The BEES appears to use items similar to personal distress and emotional contagion (Ferri et al., 2015). Another study (von Harscher et al., 2018) used the empathic concern and personal distress subscales of the Interpersonal Reactivity Index (IRI). Each used the Maslach Burnout Inventory to measure levels of burnout with the dimensions of emotional exhaustion, personal accomplishment, and depersonalization.

 These research studies conclude similar results to one another in the relationship between empathy and burnout. The two studies that use the JSE-HP and the study that uses the BEES both approach empathy unidimensionally, measuring generally as empathy. Each consistently found that higher levels of empathy are correlated with lower levels of emotional exhaustion and depersonalization and higher levels of personal accomplishment (Bogiatzaki et al., 2019; Park et al., 2016; Ferri et al., 2015). When using the IRI, von Harscher et al. (2018) found that higher levels of personal distress were correlated with higher levels of burnout and higher levels of empathic concern were correlated with lower levels of burnout. Although these studies deal specifically with medical personnel and students, these findings may be similar to what Resident Assistants experience.

**Research Study**

 Studies clearly demonstrate that RAs experience stress because of many roles they play and can experience burnout as a result (Fuehrer & McGonagle, 1988; Deluga & Winters, 1990; Hardy & Dodd, 1998; Paladino et al., 2005; Stoner, 2017). Despite the evidence that stress and burnout is common among RAs, it appears that little research exists that investigates the relationship between empathy and burnout in the RA experience. The purpose of this study is to explore the relationship between perspective taking, empathic concern, and personal distress with levels of burnout and emotional exhaustion.

**RQ1:** What is the relationship between perspective taking, empathic concern, and emotional contagion with burnout, emotional exhaustion, depersonalization, and personal accomplishment among RAs?

**Methodology**

**Participants**

The participants in this study are current RAs at a small Midwestern private Christian liberal arts university. RAs were asked to complete a research survey regarding empathy and burnout during their weekly staff meeting. Students had anywhere from one semester to two years of experience as an RA and were sophomores, juniors, or seniors. There were 27 participants in the study and demographic information about the RAs can be found in Table 1.

**Table 1**

***Summary of Demographic Descriptive Statistics***

|  |  |
| --- | --- |
|  | *n* |
| Sex |  |
|  Male | 10 |
|  Female | 17 |
| Year in College |  |
|  Sophomore | 9 |
|  Junior | 9 |
|  Senior | 9 |
| Year as an RA |  |
|  First year | 13 |
|  Second and third year | 14 |

**Procedures**

After receiving approval from the Human Research Committee/Institutional Review Board at Malone University, participants were asked by their Resident Director (RD) during their weekly staff meetings to complete a survey measuring levels of empathy and burnout. This was a voluntary survey and participants were aware that they could discontinue at any time without penalty. Their RD then gave them the consent form and self-administered survey (see Appendix C) which took approximately 10 minutes to complete. The survey included the Interpersonal Reactivity Index (Davis, 1983; Davis, 1994) to measure dimensions of empathy and the Maslach Burnout Inventory - Human Services Survey (Maslach et al., 1996) to measure levels of burnout, followed by a brief demographic questionnaire regarding sex, year in college, and year as an RA. Each participant was informed that surveys were kept confidential and anonymous to protect their identity and responses. After completion, surveys were then returned to a yellow folder to protect anonymity which each RD then took and returned in-person to the researcher.

**Instruments and Measures**

The Interpersonal Reactivity Index (IRI) (Davis, 1983; Davis, 1994) has been used to study the dimensions of empathy: perspective taking, empathic concern, personal distress. This index aims to measure levels of empathy using a scale of 1 (does not describe me well) to 5 (describes me well). Each subscale of empathy consists of seven items (Davis, 1983; Davis, 1994; Everett, 2005; Hall et al., 2000). Perspective taking (PT), empathic concern (EC), and personal distress (PD) are the components of empathy that appear to be most related to burnout. Examples of the items in each subscale include, “I believe that there are two sides to every question and try to look at them both” (perspective taking), “I often have tender, concerned feelings for people less fortunate than me” (empathic concern), and “I sometimes feel helpless when I am in the middle of a very emotional situation” for personal distress. Davis (1994) distinguishes that the perspective taking subscale focuses on the tendencies to use perspective taking in various situations rather than focusing on the ability to take others’ perspectives. This subscale also stands out from the others because it focuses on the process of perspective taking, not the outcome. Both the empathic concern and personal distress subscales focus on the outcome of each and the affective dimension of them.

 The Maslach Burnout Inventory (Maslach et al., 1996) is a 22-item measure that characterizes three dimensions of burnout: emotional exhaustion (EE, 9 items), depersonalization (DP, 5 items), and reduced personal accomplishment (PA, 8 items). The emotional exhaustion subscale measures depleted or expended emotional capability. The depersonalization subscale measures workers’ impersonal and callous feelings toward clients and their concerns. The personal accomplishment subscale measures workers’ competence and perceived achievement with their clients. Each MBI scale uses a 7-point Likert scale of 0 (never) to 6 (every day). High burnout is equated to high levels of depersonalization and emotional exhaustion and lower levels of personal accomplishment (Maslach et al., 1996). The MBI has been used in several studies that examined burnout in RAs (Nowack & Hanson, 1983; Fuehrer & McGonagle, 1988; Hardy & Dodd, 1998; Paladino et al., 2005; Stoner, 2017).

Some uses of this scale have varied, however. For example, Hardy and Dodd modified the MBI to include “as an RA” to many of the questions (1998). Stoner (2017) used the Educators Survey (MBI-ES) and Paladino et al. (2005) used the Human Services Survey (MBI-HSS), also editing it to be solely applicable to the RA role by distinguishing recipients as residents. This study utilized the same survey as Paladino et al., but the language was changed to *students* rather than *recipients* or *residents*. This change was allowed by the third edition of the MBI (Maslach et al., 1996).

**Results**

Participants completed self-report measures of empathy tendencies and aspects of burnout. These variables were then examined for their relationship to one another. The mean scores, standard deviation, and range for perspective taking, empathic concern, and personal distress are shown in Table 2. Although the IRI does not make suggestions about what is considered low, average, or high levels of these empathy dimensions, there is greater variability in the personal distress and empathic concern scores than in the perspective taking scores.

**Table 2**

***Mean, SD, and Range of IRI and MBI subscores***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mean | SD | Range |
| Perspective Taking (PT) | 26.33 | 3.65 | 12-21 |
| Empathic Concern (EC) | 27.74 | 4.45 | 15-35 |
| Personal Distress (PD) | 16.74 | 4.22 | 8-26 |
| Emotional Exhaustion (EE) | 24.41 | 10.22 | 7-46 |
| Depersonalization (DP) | 6.19 | 4.83 | 0-21 |
| Personal Accomplishment (PA) | 30.81 | 4.71 | 17-38 |

Scores for the MBI were calculated ranging from low to high degrees of burnout. The MBI emphasizes that burnout is a continuous variable, not something that is present or absent (Maslach et al., 1996). The mean scores, standard deviation, and range for emotional exhaustion, depersonalization, and personal accomplishment are shown in Table 2. The normative data was then used to group this study’s data into low, average, and high ranges of burnout (Table 3). The distribution of the MBI scores can be found in Table 4. In this particular sample, one thing to note is that none of the RAs scored high on the personal accomplishment subscore but were rather all average or low, which equates to average and high burnout.

**Table 3**

***Low, Average, and High MBI subscores***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Low Burnout | Average Burnout | High Burnout |
| Emotional Exhaustion | ≤16 | 17-26 | ≥27 |
| Depersonalization | ≤6 | 7-12 | ≥13 |
| Personal Accomplishment | ≥39 | 38-32 | ≤31 |

**Table 4**

***Frequency of Low, Average, and High MBI subscores***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Low Burnout | Average Burnout | High Burnout |
| Emotional Exhaustion | 7 | 8 | 12 |
| Depersonalization | 18 | 6 | 3 |
| Personal Accomplishment | 0 | 14 | 13 |

Pearson correlations were calculated in order to explore the relationships between the empathy, demographic, and burnout variables. Due to so few participants in their third year, the data was arranged with first year RAs in one group and second and third year RAs in the other. The year as an RA was positively related to perspective taking (*r* = .53, *p* < .05) and negatively related to personal distress (*r* = -.40, *p* < .05). One statistically significant correlation was found between empathic concern and levels of burnout as measured by the personal accomplishment subscale (*r* = .39, *p* < .05).

Although no other statistically significant relationships emerged in the correlation analyses, the means of the MBI and IRI subscores and the low, average, and high ranges of the levels of burnout for each of the burnout subscales were examined for potential trends. Higher levels of emotional exhaustion appeared to be associated with higher levels of personal distress whereas lower levels of emotional exhaustion appeared to be associated with higher levels of empathic concern. Higher levels of depersonalization trended in the direction of higher levels of personal distress whereas lower levels of depersonalization appeared to be linked to higher levels of perspective taking and empathic concern. Higher levels of burnout on the personal accomplishment subscale seemed to be related to higher levels of personal distress. Although still in the midrange, those average burnout levels trended toward an association with higher empathic concern and perspective taking.

**Discussion**

 The purpose of this study was to investigate the relationships between empathy and burnout. The small sample size may be a limiting factor in identifying those relationships, however the findings have important implications and suggest directions for future research. It appears that as RAs return to the position after the first year, they gain or demonstrate more perspective-taking ability and experience less personal distress. Although RAs are not therapists, they do engage in a helping role, and the relationships between these two variables are consistent with Rogers’ (1975) findings that therapists become more empathic as they become more experienced, and that empathy can be learned from other empathic people. This is similar to other research findings that demonstrated that empathic abilities increase with maturity and experience (Kunyk & Olson, 2001) and that RAs show an increase in empathy throughout their experience in the role (Huffman & Lefdahl-Davis, 2019). As RAs gain experience and mature, they appear to increase in their ability to take others’ perspectives and learn to better separate others’ feelings from their own. This finding reinforces the importance in having RAs return for multiple years.

 A statistically significant positive relationship existed between empathic concern and personal accomplishment. The IRI measures empathic concern through items regarding care and concerned feelings for others. RAs are motivated by the opportunity to help others in their role (Boone, 2018), so perhaps the higher sense of care and concern that they feel relates to a higher sense of personal accomplishment.

The frequency data shows some interesting patterns. The MBI requires a score of 39 or higher on personal accomplishment to be considered high, and none of the RAs scored within that range. All RAs in this sample scored within the average or low range for personal accomplishment which indicates average and high levels of burnout. The fact that none of the RAs scored within the high range was surprising since the other two subscores showed that there were some RAs with low levels of burnout (due to the low levels of emotional exhaustion and depersonalization). One reason that personal accomplishment scores may have been low within this particular sample could have to do with how RAs measure their efficacy. The personal accomplishment scale includes some items such as understanding residents easily, feeling energized, feeling exhilarated after being around residents, and effectively dealing with issues that residents have (Maslach et al., 1996). RAs are motivated by helping others in their role (Boone, 2018), so perhaps RAs aren’t feeling successful when it comes to helping and caring for their residents. This observation invites further research as to why personal accomplishment scores were average or low among the RAs and encourages training and development in recognizing personal accomplishment in RA duties.

 There were multiple apparent trends that appeared between levels of empathy and levels of burnout. It was hypothesized that RAs would score high in perspective taking and empathic concern levels and low in personal distress. This hypothesis was based on evidence from other research involving things like job satisfaction, job performance, and social competence (Davis, 1983; Hall et al., 2000; Riggio & Taylor, 2000). These trends between levels of empathy and burnout may have come from the feeling of satisfaction from having high empathy levels or an accomplished feeling from being able to understand residents’ perspectives easily. Each of these trends between levels of empathy and burnout support the findings of von Harscher et al. (2018) that higher levels of personal distress were correlated with higher levels of burnout and higher levels of empathic concern and perspective taking were correlated with lower levels of burnout.

 In previous studies, researchers have found no significant differences in levels of emotional exhaustion or depersonalization between male and female RAs (Fuehrer & McGonagle, 1988; Hardy & Dodd, 1998; Stoner, 2017) and only one study (Fuehrer & McGonagle, 1988) found a difference between male and female RAs in levels of personal accomplishment. Stoner (2017) suggests that studies on RA burnout shouldn’t focus on gender difference and the results of this survey support these findings due to significant lack of differences in empathy and burnout levels based on gender.

**Limitations and Future Directions**

 Several limitations are part of this study. The sample size was small (n = 27) and consisted of all the RAs at a small Midwestern private Christian liberal arts university which didn’t reflect the kind of diversity that might exist at other types of institutions. The findings of this study need to be interpreted in that light. Future research might replicate this study with a larger and more diverse sample, possibly even among multiple colleges and universities. Integrating multiple races, ethnicities, and gender identities may help to get a more holistic view of RA empathy and burnout. A study based on the type of university could make this data more generalizable to a broader population.

 A limitation and future direction are based on the Christian affiliation at this institution. This study doesn’t explore how the Christian faith may impact levels of empathy and burnout, or how it affects the RAs within the role. Future research might replicate this study at an institution not affiliated with a religion. This research would allow for learning more about if and how Christian or religious faith impacts empathy and burnout.

 Some other factors that were not assessed in the design of this study could be moderating factors on the relationships between empathy and burnout. RAs were surveyed in the beginning of November. The timing within the semester may have an impact on burnout. The survey was distributed and completed on a Monday which is often busy for RAs due to it being the beginning of the week and the two hour long staff meeting in the evening. In addition, the COVID-19 pandemic could have a significant impact on this study. The second and third year RAs spent the previous year with uncertainty due to COVID-19 and its restrictions, as well as the inability to facilitate programming with many of the normal events. Additionally, all of the sophomore RAs (one-third of the sample) had never experienced a “normal” year of college yet.

 Additionally, it would be valuable to know what other factors are influencing burnout, especially the degree of involvement in other curricular and co-curricular activities. Some of the RAs within this sample are a part of multiple sports teams or other campus activities. The relationship between curricular and co-curricular activities to their burnout could be helpful in better understanding how much of the burnout comes solely from the RA job. Researchers could also analyze data points across multiple periods of time to see if levels of burnout change throughout the academic year. One direction that research could also take is comparing RA burnout with a general student population. A study like this might find a difference between RA burnout and general college student burnout and consider the other factors involved. More research in this area could help to better understand if other factors in RAs’ lives and what time of year may play a part in the burnout that they experience. Findings within this study may be helpful in training and developing RAs in the future and helping to prevent high emotional exhaustion, high depersonalization, and reduced personal accomplishment.

Due to the lack of research surrounding empathy and the RA role, additional research is needed to discover if particular dimensions of empathy are stronger among RAs and more about how they relate to an RA’s reported experience of burnout. Additional qualitative research (interviews or focus groups) could be valuable to better understand the lack of personal accomplishment or the personal distress that RAs feel. Further research could also focus on burnout in RAs and other campus leaders to see if more trends or significant relationships exist.

Although little statistically significant data was found, the trends found in this research offer useful information about the role of empathy and burnout in college Resident Assistants. The findings are consistent with many of the findings from prior research regarding dimensions of empathy and burnout. Empathy and burnout are connected to each other, and further investigation would offer critical understanding and information for training, staff development, mentoring, and evaluation of RAs.

**References**

Benjamin, M., & Davis, L. (2016). "What Haven't I Learned?" Learning resulting from the Resident Advisor role. *Journal of College & University Student Housing, 42(3),* 12-25.

Bogiatzaki, V., Frengidou, E., Savakis, E., Trigoni, M., Galanis, P., & Anagnostopoulos, F. (2019). Empathy and burnout of healthcare professionals in public hospitals of Greece. *International Journal of Caring Sciences, 12(2),* 611-626.

Boone, K. B. (2018). Resident Assistant Workplace Motivation. *Journal of College & University Student Housing, 44(2),* 28-43.

Davis, M. H. (1983). Measuring Individual Differences in Empathy: Evidence for a Multidimensional Approach. *Journal of Personality and Social Psychology, 44 (1),* 113-126. <https://doi.org/10.1037/0022-3514.44.1.113>

Davis, M. H. (1994). *Empathy: A social psychological approach*. Brown & Benchmark.

Deluga, R. J., & Winters, Jr., J. J. (1990). Impact of role ambiguity and conflict on resident assistants. *Journal of College Student Development, 31,* 230-236.

Everett, D. D., & Loftus, Z. V. (2011). Resident Assistants as rule enforcers versus friends: An exploratory study of role conflict. *Journal of College & University Student Housing, 37 (2),* 72-89.

Everett, M. K. (2005). Communicating Empathy: A multidimensional approach to dispositional and situational variables in constructing person-centered messages [Unpublished doctoral dissertation]. Kent State University.

Ferri, P., Guerra, E., Marcheselli, L., Cunico, L., & di Lorenzo, R. (2015).Empathy and burnout: an analytic cross-sectional study among nurses and nursing students. *Acta Biomed for Health Professions, 86(2)*, 104-115.

Fuehrer, A. & McGonagle K. (1988). Individual and situational factors as predictors of burnout among resident assistants. *Journal of College Student Development, 29,* 244-249.

Hall, J. A., Davis, M. H., & Connelly, M. (2000). Dispositional empathy in scientist and practitioner psychologists: Group differences and relationship to self-reported professional effectiveness. *Psychotherapy*, *37 (1)*, 45-56.

Hardy, S. E. & Dodd, D. K. (1998). Burnout among university resident assistants as a function of gender and floor assignment. *Journal of College Student Development, 39 (5),* 499-501.

Hobart, C. W., & Fahlberg, N. (1965). The Measurement of Empathy. *The American Journal of Sociology, 70 (5),* 595-603. <http://dx.doi.org/10.1086/223934>

Huffman, L. C. & Lefdahl-Davis, E. M. (2019). A Pivotal Point in Identity Development: The impact of the resident assistant experience. *Growth: The Journal of the Association for Christians in Student Development, 18 (18),* 54-72.

Juszkiewicz, A., Lachowicz-Tabaczek, K., Wrobel, M. (2020). Self-esteem, gender, and emotional contagion: What predicts people’s proneness to “catch” the feelings of others? *Personality and Individual Differences, 157 (1),* 1-10. <https://doi.org/10.1016/j.paid.2019.109803>

Kimura, M., Daibo, I., Yogo, M. (2008). The study of emotional contagion from the perspective of interpersonal relationships. *Social Behavior and Personality, 36 (1),* 27-42. [https://doi.org/10.2224/sbp.2008.36.1.27](https://psycnet.apa.org/doi/10.2224/sbp.2008.36.1.27)

Kunyk, D. & Olson, J. K. (2001). Clarification of conceptualizations of empathy. *Journal of Advanced Nursing, 35 (3),* 317-325. <https://doi.org/10.1046/j.1365-2648.2001.01848.x>

Lynch, R. J. (2017). The development and validation of the secondary trauma in resident assistants scale. *Journal of College and University Student Housing, 44(1),* 10-29.

Malone University Residence Life. (2021). *2021-2022 RA Manual.*

Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). Maslach Burnout Inventory (3rd ed.). Consulting Psychologists Press.

Nowack, K. M., & Hanson, A. L. (1983). The relationship between stress, job performance, and burnout in college student resident assistants. *Journal of College Student Personnel, 24 (6)*, 545-550.

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

Park, C., Lee, Y.J., Hong, M., Jung, C.H., Synn, Y., Kwack, Y.S., Ryu, J.S., Park, T.W., Lee, S.A. & Bahn, G.H. (2016). A multicenter study investigating empathy and burnout characteristics in medical residents with various specialties. Journal of Korean Medical Science, 31 (4): 590–597. <https://doi.org/10.3346/jkms.2016.31.4.590>.

Riggio, R. E., & Taylor, S. J. (2000). Personality and Communication Skills as predictors of Hospice Nurse performance. *Journal of Business and Psychology, 15 (2)*, 351-359.

Rogers, C. R. (1975). Empathic: An Unappreciated Way of Being. *The Counseling Psychologist, 5 (2),* 2-10.

Stiff, J. B., Dillard, J. P., Somera, L., Kim, H. & Sleight, C. (1988). Empathy, communication, and prosocial behavior. *Communication Monographs, 55 (2),* 198-213. <http://dx.doi.org/10.1080/03637758809376166>

Stoner, J. C. (2017). Revisiting Resident Assistant Burnout: functions of gender, community composition, choice to continue employment, and job satisfaction. *Journal of College and University Student Housing, 44 (1),* 30-46.

Toi, M. & Batson, C. D. (1982). More Evidence that Empathy is a Source of Altruistic Motivation. *Journal of Personality and Social Psychology, 43 (2),* 281-292.

Trobst, K. K. (2000). An Interpersonal Conceptualization and Quantification of Social Support Transactions. *Personality and Social Psychology Bulletin, 26(8),* 971–986. <https://doi.org/10.1177/01461672002610007>

von Harscher, H., Desmarais, N., Dollinger, R., Grossman, S., & Aldana, S. (2018). The impact of empathy on burnout in medical students: New findings. *Psychology, Health & Medicine*, *23*(3), 295–303. <https://doi.org/10.1080/13548506.2017.1374545>

Wispe, L. (1986). The distinction between sympathy and empathy: To call forth a concept, a word is needed. *Journal of Personality and Social Psychology, 50 (2),* 314-321.

Appendix A

INTERPERSONAL REACTIVITY INDEX

Below are a series of statements. There are no right or wrong answers. Please indicate the degree to which each statement describes you by circling the corresponding number. The choices range from (1) *does not describe me well* to (5) *describes me very well.*

1. I would describe myself as a pretty softhearted person. (EC)
2. I often have tender, concerned feelings for people less fortunate than me. (EC)
3. When I see someone being treated unfairly, I sometimes don’t feel very much pity for them. (EC) (R)
4. I am often quite touched by things that I see happen. (EC)
5. Sometimes I don't feel very sorry for other people when they are having problems. (EC) (R)
6. Other people’s misfortunes do not usually disturb me a great deal. (EC) (R)
7. When I see someone being taken advantage of, I feel kind of protective towards them. (EC)
8. I tend to lose control during emergencies. (PD)
9. Being in a tense emotional situation scares me. (PD)
10. I’m usually pretty effective in dealing with emergencies. (PD) (R)
11. When I see someone who badly needs help in an emergency, I go to pieces. (PD)
12. In emergency situations, I feel apprehensive and ill at ease. (PD)
13. I sometimes feel helpless when I am in the middle of a very emotional situation. (PD)
14. When I see someone get hurt, I tend to remain calm. (PD) (R)
15. I sometimes try to understand my friends better by imagining how things look from their perspective. (PT)
16. When I’m upset at someone, I usually try to “put myself in his shoes” for a while. (PT)
17. I try to look at everybody’s side of a disagreement before I make a decision. (PT)
18. I believe that there are two sides to every question and try to look at them both. (PT)
19. Before criticizing somebody, I try to imagine how I would feel if I were in their place. (PT)
20. I sometimes find it difficult to see things from the “other guy’s” point of view. (PT) (R)
21. If I’m sure I’m right about something, I don’t waste much time listening to other people’s arguments. (PT)(R)

Appendix B

MASLACH BURNOUT INVENTORY

Below are a series of statements. There are no right or wrong answers. Please indicate the degree to which each statement describes you by circling the corresponding number. The choices range from (0) *never* to (6) *every day.*

1. I feel emotionally drained from my work as a Resident Assistant. (EE)
2. I feel used up at the end of the workday. (EE)
3. I feel fatigued when I get up in the morning and have to face another day on the job as a Resident Assistant. (EE)
4. I can easily understand how my students feel about things. (PA)
5. I feel as if I treat some students as if they were impersonal objects. (DP)
6. Working all day is a strain for me. (EE)
7. I deal very effectively with the problems of my students. (PA)
8. I feel burned out from my work as a Resident Assistant. (EE)
9. I feel I’m positively influencing other peoples’ lives through my work as a Resident Assistant. (PA)
10. I’ve just become callous toward people since I took this job as a Resident Assistant. (DP)
11. I worry that this job, as a Resident Assistant, is hardening me emotionally. (DP)
12. I feel very energetic. (PA)
13. I feel frustrated by my job as a Resident Assistant. (EE)
14. I feel I’m working too hard on my job as a Resident Assistant. (EE)
15. I don’t care what happens to some of my students. (DP)
16. Working with people directly puts too much stress on me. (EE)
17. I can easily create a relaxed atmosphere with my students. (PA)
18. I feel exhilarated after working closely with my students. (PA)
19. I have accomplished many worthwhile things in this job as a Resident Assistant. (PA)
20. I feel like I am at the end of my rope. (EE)
21. In my work, as a Resident Assistant, I deal with emotional problems very well. (PA)
22. I feel students blame me for some of their problems. (DP)

**This is an anonymous survey, DO NOT PUT YOUR NAME ON IT. This will help protect your anonymity.**

**Place your completed survey in the BIG, BROWN ENVELOPE that your RD has; DO NOT hand it to the RD**

**Empathy and Burnout Study**

INFORMED CONSENT AND INSTRUCTIONS

The purpose of this study is to gain a better understanding of the relationship of empathy and burnout among RAs. This data can be helpful in understanding which empathy dimensions are most common among RAs and may be able to provide helpful strategies to avoid burnout in the future for RAs. Your responses are important and anonymous. Your identity as an RA and participant will not be disclosed by us, and your responses will not have your name on them, making them anonymous. There are no right or wrong answers. **Do not** write your name on this questionnaire. This survey takes approximately 10 minutes to complete and is only for those 18 years and older. You are not required to participate and can stop participation in this research at any time without penalty of any kind. By completing this survey, you are consenting to participate in this study. Thank you for your help!

If you would like additional information please contact researcher Christian Stark at 330-663-3470 or castark1@malone.edu or Dr. Marcia Everett at meverett@malone.edu. This approved study is being conducted for the completion of my honors thesis and has been approved by the Malone University Institutional Review Board. Additional information about Malone University’s rules for research can be obtained from Dr. Lauren Seifert, Research Participants Protection Program Coordinator at 330-471-8558 or lseifert@malone.edu.

**PART I:**

Instructions:

Below are a series of statements. There are no right or wrong answers. Please indicate the degree to which each statement describes you by circling the corresponding number. The choices range from (1) *does not describe me well* to (5) *describes me very well*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |   | **Does not describe** **me well** |  |  **Describes me very well** |
| 1. | I often have tender, concerned feelings for people less fortunate than me. |  1 |  2 |  3 |  4 |  5  |
| 2. | I sometimes find it difficult to see things from the “other guy’s” point of view.  |  1 |  2 |  3 |  4 |  5  |
| 3. | Sometimes I don't feel very sorry for other people when they are having problems. |  1 |  2 |  3 |  4 |  5  |
|  |  | **Does not describe** **me well**  |  | **Describes me very well** |
| 4. | In emergency situations, I feel apprehensive and ill at ease.  | 1 | 2 | 3 | 4 | 5  |
| 5. | I try to look at everybody’s side of a disagreement before I make a decision. |  1 |  2 |  3 |  4 |  5  |
| 6. | When I see someone being taken advantage of, I feel kind of protective towards them. |  1 |  2 |  3 |  4 |  5  |
| 7. | I sometimes feel helpless when I am in the middle of a very emotional situation. |  1 |  2 |  3 |  4 |  5  |
| 8. | I sometimes try to understand my friends better by imagining how things look from their perspective. |  1 |  2 |  3 |  4 |  5  |
| 9. | When I see someone get hurt, I tend to remain calm. |  1 |  2 |  3 |  4 |  5  |
| 10. | Other people’s misfortunes do not usually disturb me a great deal. |  1 |  2 |  3 |  4 |  5  |
| 11. | If I’m sure I’m right about something, I don’t waste much time listening to other people’s arguments. |  1 |  2 |  3 |  4 |  5  |
| 12. | Being in a tense emotional situation scares me. |  1 |  2 |  3 |  4 |  5  |
|   |   | **Does not describe** **me well** |  | **Describes me very well** |
| 13. | When I see someone being treated unfairly, I sometimes don’t feel very much pity for them. |  1 |  2 |  3 |  4 |  5  |
| 14. | I’m usually pretty effective in dealing with emergencies. |  1 |  2 |  3 |  4 |  5  |
| 15. | I am often quite touched by things that I see happen. |  1 |  2 |  3 |  4 |  5  |
| 16. | I believe that there are two sides to every question and try to look at them both. |  1 |  2 |  3 |  4 |  5  |
| 17. | I would describe myself as a pretty softhearted person. |  1 |  2 |  3 |  4 |  5  |
| 18. | I tend to lose control during emergencies. |  1 |  2 |  3 |  4 |  5  |
| 19. | When I’m upset at someone, I usually try to “put myself in his shoes” for a while. |  1 |  2 |  3 |  4 |  5  |
| 20 | When I see someone who badly needs help in an emergency, I go to pieces. |  1 |  2 |  3 |  4 |  5  |
| 21. | Before criticizing somebody, I try to imagine how I would feel if I were in their place. |  1 |  2 |  3 |  4 |  5  |

**PART II:**

Instructions:

Below are a series of statements. There are no right or wrong answers. Please indicate the degree to which each statement describes you by circling the corresponding number. The choices range from (0) *never* to (6) *every day*.

|  |  |  |  |
| --- | --- | --- | --- |
|   |   | **Never** |  **Every day** |
| 1. | I feel emotionally drained from my work as a Resident Assistant. |  0 | 1 |  2 |  3 | 4 |  5  | 6 |
| 2. | I feel used up at the end of the workday. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I feel fatigued when I get up in the morning and have to face another day on the job as a Resident Assistant. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 4. | I can easily understand how my students feel about things. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 5. | I feel as if I treat some students as if they were impersonal objects. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 6. | Working all day is a strain for me. | 0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 7. | I deal very effectively with the problems of my students. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 8. | I feel burned out from my work as a Resident Assistant. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
|   |   | **Never** |  **Every day** |
| 9. | I feel I’m positively influencing other peoples’ lives through my work as a Resident Assistant. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 10. | I’ve just become callous toward people since I took this job as a Resident Assistant. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 11. | I worry that this job, as a Resident Assistant, is hardening me emotionally. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 12. | I feel very energetic. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 13. | I feel frustrated by my job as a Resident Assistant. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 14. | I feel I’m working too hard on my job as a Resident Assistant. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 15. | I don’t care what happens to some of my students. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 16. | Working with people directly puts too much stress on me. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 17. | I can easily create a relaxed atmosphere with my students. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
|   |  | **Never** | **Every day** |
| 18. | I feel exhilarated after working closely with my students. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 19. | I have accomplished many worthwhile things in this job as a Resident Assistant. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 20. | I feel like I am at the end of my rope. |  0 | 1 |  2 |  3 |  4 | 5  | 6 |
| 21. | In my work, as a Resident Assistant, I deal with emotional problems very well. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |
| 22. | I feel students blame me for some of their problems. |  0 | 1 |  2 |  3 |  4 |  5  | 6 |

Please check which apply:

* Male
* Female
* Sophomore
* Junior
* Senior
* First year RA
* Second year RA
* Third year RA

**A debriefing will be sent to your RD by Christian Stark, and they can share it with you.**