

Factors Affecting Burnout and Job Performance of Resident Assistants

Kenneth M. Nowack Office of Residential Life, University of California, Los Angeles
Jack M. Glbbons Office of Residential Life, University of California, Los Angeles
Alan L. Hanson Office of Residential Life, University of California, Los Angeles

Social support and health-related coping habits are examined in relationship to burnout, psychological distress, and job performance among resident assistants.

College students who are staff members risk job burnout and poor health during the academic year (Nowack & Hanson, 1983). Little research exists regarding the individual mediating factors

that potentially minimize or exacerbate burnout, illness, psychological distress, and effectiveness among college students who are staff members. Individual factors may include personality, family health history, social support, health habits, coping skills, and cognitive hardiness.

Observations in various field settings have highlighted the positive role played by social attachment on psychological well-being and

productivity (House, 1981; McClean, 1979). Most studies indicate that social support buffers the impact of stress on health by indirectly moderating the appraisal of stress and directly contributing to psychological and physical well-being (Caplan, Robinson, French, Harrison, & Pinneau, 1975; Kasl, 1978; Lazarus, 1966).

For example, in a 30-year longitudinal study of undergraduate college students, Valliant (1974) found a significant and positive correlation between supportive family environments and adult psychological adjustment in later life. Other studies demonstrated that more proximal measures of social support are also associated with less physical illness and psychological distress (Cobb, 1976; House & Jacknian, 1979; Kaplan, Cassel, & Gore, 1977; LaRocco, House, & French, 1980).

Social support, like stress, has been a particularly troublesome concept to define. There are nearly as many definitions of social support as there are measures of it (Sarason, Levine, Basham, & Sarason, 1983). Researchers tend to agree, however, that social support should encompass the number of others that one can turn to and the sense of satisfaction with that available support system. The *Social Support Questionnaire* (Sarason et al., 1983) provides a means of assessing these important dimensions of social support. As such, it is useful for studying the effect of social support on psychological well-being and productivity in a college student population. To date, little or no research has focused on the role of this individual variable on such health outcomes as burnout and psychological distress (Maslach & Jackson, 1982).

Few researchers have empirically tested the possibility that other indirect processes may be operating to effect circumstances favorable to health and disease processes (Pardine, Dytell, Napoli, Friedman, & Spencer, 1982). It could be hypothesized that health habits (e.g., nutrition, exercise, rest and sleep, hygienic practices, or substance use and abuse) are significantly associated with and mediate the stress-illness relationship.

In two studies using a 29-item assessment of health-related coping habits, Pardine et al. (1982) demonstrated that this individual variable, health-related coping habits, significantly contributed to predictions of physical illness and depression beyond normal daily stress. Their analyses further indicated that stress indirectly influences well-being by affecting daily health habits. Thus,

the capability to influence and modify health habits may have tremendous implications for individual and organizational interventions aimed at minimizing the impact of stress on both productivity and well-being. Whether health habits are significantly associated with other outcomes, such as burnout and psychological distress, has not been adequately studied.

This study of resident assistants (RAs) focused on the relationship between two highly modifiable individual factors (social support and health habits) in health status and evaluation of job performance during an academic year. Knowledge of the relationship between these variables may help individuals and organizations minimize negative well-being outcomes and increase productivity in the face of daily work and life stress.

The major research questions were:

1. What is the relationship of health habits and social support to psychological distress and burnout?
2. Do health habits and social support predict psychological distress and burnout?
3. What is the relationship among burnout, psychological distress, and evaluations of job performance?

We expected that those RAs regularly practicing good health habits and possessing strong social support networks would experience the least amount of burnout and psychological distress over the 10-month study period. Mindful of prior research on RA job performance (Nowack & Hanson, 1983), we further hypothesized that burnout and psychological distress would be negatively correlated with evaluations of job performance.

METHOD

Participants

Participants were undergraduate RAs under contract with the Office of Residential Life on a part-time basis. The RA position requires live-in work responsibilities including programming, community development, advising, counseling, enforcement of policies and procedures, and administrative emergencies. The mean age of participants was 20 with about the same number of men and women.

The residence hall system includes seven halls with approximately 4,300 students. Student life responsibilities in each hall are administered by an assistant dean with the number of student staff members in each complex ranging from 4 to 12. The halls range in size from 335 to 1,300 residents. The student-RA ratio is about 70 to 1.

Procedure

In the spring of 1983 the participants received a 190-item questionnaire and a cover letter asking them to participate in a research study focusing on the impact of the RA job on well-being and work performance. Approximately 80% of the RAs completed the questionnaires resulting in a final sample size of 43.

Instrumentation

Burnout was measured using a modified version of the *Maslach Burnout Inventory* or (MBI) (Maslach & Jackson, 1982). This 22-item inventory assesses three dimensions of burnout including emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). Separate frequency and severity scores are assessed for each of the three burnout dimensions defined by Maslach (1976). These three scales of the MBI show a high level of internal consistency. Estimates of internal consistency (Cronbach's alpha) are .90 for EE, .79 for DP, and .71 for PA. Test-retest reliabilities range from .60 to .80 for these scales (Maslach & Jackson, 1982).

Health habits were assessed with the 19-item *Self-Care Inventory* (SCI) (Pardine et al., 1982), which measured five areas: (a) dietary and eating habits, (b) rest and sleep practices, (c) personal hygienic practices, (d) substance use and abuse, and (e) exercise and fitness practices. Respondents indicated the frequency of these health habits on a 5-point scale ranging from *never* to *always*. The instrument is scored so that a high score correlates with poor health habits and practices. The SCI has been found to have a high internal consistency reliability (Cronbach's alpha) of .76 (Pardine et al., 1982).

Social support was assessed with the *Social Support Questionnaire* (SSQ) (Sarason et al., 1983). The SSQ consists of 27 sample situations in which social support might be important to people. Each item asks respondents to (a) list the people to whom they can turn or whom they

can rely on in given sets of circumstances and (b) indicate how satisfied they are with these social supports. The number (N) score for each item of the SSQ is the number of social supports a person listed. The satisfaction score (S) assesses the level of overall satisfaction with the ability of the individuals listed to deal with a specific problem or circumstance. This score is rated on a 1 to 6 scale, ranging from *very dissatisfied* to *very satisfied*. Across various samples, the SSQ-N and SSQ-S scales have shown an average internal consistency (Cronbach's alpha) of .97 and .94, respectively.

Job performance of RAs was assessed by a standardized 16-item evaluation questionnaire completed by the RAs' floor members. This evaluation assessed the extent of availability, interpersonal sensitivity, programming, floor participation, advising, interpersonal interaction, and enforcement of rules and regulations on the part of the RA. This measure was scored on a 1 to 5 scale, ranging from *very rarely* to *very frequently*. For example, one item was: "My RA is well informed about campus events and resources and is able to refer individuals with problems or concerns to the appropriate campus office." A total composite score for job performance was derived by averaging the floor members' ratings for their RAs. In general, about 40% of the floor members returned these evaluations for each RA. Thus, on the average, each RA was evaluated by approximately 25 male and female floor members.

Psychological distress was assessed by the *Hopkins Symptom Checklist* (HSCL) (Derogatis, Lipman, Rickels, & Uhlenhuth, 1974). This 57-item questionnaire measured five independent areas: (a) somatic complaints, (b) depression, (c) anxiety, (d) compulsivity, and (e) interpersonal sensitivity. It is scored on a 1 to 5 scale, ranging from *never* to *always*, and has demonstrated an average internal consistency (Cronbach's alpha) of .86 and a test-retest reliability of .80 (Derogatis et al., 1974).

RESULTS

Although no part-time norms have been established for the burnout variable, the mean scores for this sample across all three burnout dimensions (EE: $M = 18.40$, $SD = 7.04$; DP: $M = 7.21$, $SD = 5.12$; PA: $M = 35.93$, $SD = 6.55$) were comparable to those of earlier

TABLE 1
Intercorrelations Among Distress, Coping, Support, Burnout and Performance Variables

Variables	1	2	3	4	5	6	7	8
1. Psychological distress		.43**	-.05	-.22	.48**	.36**	-.26*	.04
2. Health coping			-.01	-.02	.29*	.19	-.01	.03
3. Social support (number)				.39**	-.13	-.16	.44**	.28*
4. Social support (satisfaction)					-.23	-.27*	.35*	.20
5. Burnout (emotional exhaustion)						.74**	-.19	-.38**
6. Burnout (depersonalization)							-.19	-.42**
7. Burnout (personal accomplishment)								.12
8. Job performance								

* $p < .05$.

** $p < .01$.

studies (Maslach & Jackson, 1982; Nowack & Hanson, 1983). With respect to social support, the mean number ($M = 136.90$, $SD = 16.44$) and satisfaction scores ($M = 147.50$, $SD = 56.84$) also seemed consistent with previously established norms in other adult groups (Sarason et al., 1983). Finally, the mean score for health habits ($M = 69.60$, $SD = 12.70$) was higher than those reported by Pardine et al. (1983). Thus, this particular RA sample reported practicing less regular and consistent health habits than those students in the earlier Pardine et al. (1983) studies. To determine the interrelationships among the research variables, we computed Pearson product-moment correlations. Table 1 summarizes these intercorrelations.

A significant, although modest correlation ($r(41) = .39$, $p < .01$) existed between number and satisfaction on the social support scales. This result replicates similar findings by Sarason et al. (1983) and suggests that the two SSQ scales represent two overlapping dimensions of the social support construct. As predicted, significant correlations were also found between psychological distress and the emotional exhaustion, depersonalization, and personal accomplishment dimensions of burnout ($r(41) = .48, .36, -.26$, respectively, $p < .05$).

Relationship of Social Support, Health Habits, and Burnout

To determine whether RAs practicing consistent, good health habits and possessing strong

social support networks experienced less burnout and distress, we performed stepwise multiple regression analyses with social support and health habits as independent variables and illness and burnout as the dependent variables.

We performed separate stepwise regressions for each of the three burnout dimensions. Health habits contributed significantly to prediction of emotional exhaustion ($F[2, 39] = 3.61$, $p < .05$) but not of depersonalization or personal accomplishment ($F[2, 39] = 1.69$, $F[2, 39] = 0.01$, respectively; $p > .05$) on the first step. Thus, RAs practicing regular, good health habits tended to experience significantly less emotional exhaustion.

Neither satisfaction nor number of supports significantly contributed to the emotional exhaustion dimension of burnout beyond that of health habits ($F[2, 39] = 2.25$, $F[2, 39] = 0.70$, respectively; $p > .05$). Satisfaction with the support network, however, did incrementally contribute to the prediction of the depersonalization and personal accomplishment dimensions ($F[2, 39] = 3.10$, $F[2, 39] = 3.70$, respectively; $p < .05$). Finally, the size of the social support network incrementally contributed to the prediction of the personal accomplishment dimension beyond that of health habits and social support satisfaction ($F[2, 39] = 9.82$, $p < .05$). Taken together, social support factors were selectively associated with the interpersonal and productivity aspects of the burnout variable. Thus, the more satisfied the RAs were with their social support network, the less cynicism and the more personal accomplishment they reported.

Relationship of Social Support, Health Habits, and Psychological Distress

Stepwise multiple regression analyses were also used to assess the contributions of the independent variables to predictions of psychological distress as measured by the HSCL. Health habits significantly contributed to the prediction of distress on the first step ($F[2, 39] = 0.07$, $F[2, 39] = 2.27$, respectively; $p > .05$). This finding supported the hypothesis that RAs practicing consistent, good health habits experienced significantly less psychological distress than those with less regular habits. Social support, however, did not appreciably add to the prediction of this dependent variable beyond that of health habits.

Predictors of Job Performance

Significant correlations were found between the emotional exhaustion and depersonalization dimensions of burnout and job performance ($r[41] = -.38$, $-.42$, respectively; $p < .01$). A nonsignificant relationship was observed, however, between the personal accomplishment dimension of burnout and job performance ($r[41] = .12$, $p > .05$). In addition, the nonsignificant association between psychological distress and job performance ($r[41] = .04$, $p > .05$) did not support the original hypothesis. Thus, RAs reporting greater emotional fatigue, cynicism, and negative feelings tended to receive lower evaluations of their job performance.

The size of the social support group rather than the RAs' satisfaction with it had a significant correlation to evaluations of job performance ($r[41] = .28$, $p < .05$; $r[41] = .03$, $p > .05$, respectively). The RAs' perception of the size of their social support network was significantly associated with subsequent peer ratings of their performance during the year. Because the *Social Support Questionnaire* asks respondents to list only the initials of their support group members, it was impossible to determine the number of floor members included in the RA support network.

DISCUSSION

Results suggest that health habits and social support systems are significantly associated with the

overall well-being of college students who are staff members. These results must be viewed cautiously because of the small sample size, the reliance on self-report methodology, and the potential conceptual overlap between the independent and dependent variables. Nevertheless, these individual variables differentially contribute to burnout and psychological distress.

Social support did not significantly contribute to predicted psychological distress and emotional exhaustion but did contribute to the depersonalization and personal accomplishment dimensions of burnout. The RAs' health habits, however, seemed significantly associated with both burnout and psychological distress. As health habits worsened, significant increases in burnout and distress were reported by RAs. One inference from these findings is that the individual mediating variables (and interventions) may selectively influence specific well-being outcomes. For example, strengthening social support networks may reduce burnout but not psychological distress. The role of the individual mediating variables of specific well-being outcomes must be more thoroughly investigated.

These relationships cannot be generalized beyond this sample. Given the negative relationship between social support and burnout, for example, it is possible that as RAs burn out, they use fewer social supports as an active coping response. Similarly, poor health habits may be a result rather than an antecedent of psychological distress and burnout. Future longitudinal research should further delineate these complex causal relationships.

The significant association between burnout and performance ratings was not surprising because of previous findings with a similar RA sample (Nowack & Hanson, 1983). More surprising was the nonsignificant relationship between psychological distress and performance ratings. It is possible that the major behavioral manifestations of distress (e.g., anxiety, depression, and somatic complaints) are largely internal events and either do not directly interfere with job performance or are not viewed as critical to evaluations of effectiveness. On the other hand, the depersonalization and exhaustion components of burnout are much more salient and may directly affect the interpersonal effectiveness of an RA on the job.

To the extent that social support and health habits play a role in mediating burnout and dis-

stress, these individual variables may indirectly influence the job performance of RAs. Of the two variables, social support networks may be more susceptible to intervention by student affairs administrators. Similar interventions have been recommended by others with potential individual and organizational rewards (e.g., Cherniss, 1980; Jackson & Shuler, 1983).

Social support networks are expected to improve as the quantity of and satisfaction with relationships increases. Various focal points exist for strengthening these networks in the RA job, such as community members, faculty, university staff, family, and friends.

Although promoting individual health habits in RAs may be more difficult, staff development training on such topics as stress, time management, and wellness may help to minimize poor health habits. Although treated as a static variable in this study, it is unlikely that health habits remain the same during a year (or especially a quarter or semester). It is likely that specific stressors (e.g., exams) may be associated with short-term health changes (e.g., eating and sleeping) that are substantially different from more established health habits and patterns. The temporal nature of health habits during an academic year and its effects on well-being needs further investigation.

Although not conclusive, these results support prior research on social support and health habits and suggest that these factors play a role in who remains healthy in the face of work and life stress. Furthermore, such well-being outcomes seem to be significantly associated with job performance and effectiveness of RAs.

REFERENCES

- Caplan, R. S., Robinson, E. A., French, J. R. P., Harrison, S. R., & Pinneau, S. R. (1975). *Job demands and worker health* (U.S. Department of Health, Education, and Welfare, Publication #75-160 [NIOSH]). Washington, DC: U.S. Government Printing Office.
- Cherniss, C. (1980). *Staff burnout: Job stress in the human services*. Beverly Hills, CA: Sage Publications.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300-314.
- Derogatis, L. R., Lipman, R. S., Rickels, K., & Uhlenhuth, E. H. (1974). The Hopkins Symptom Checklist: A measure of primary symptomatology dimensions. In P. Pichot (Ed.), *Psychological measurement in psychopharmacology* (pp. 79-110). New York: Knager-Basel.
- House, J. S. (1981). *Work stress and social support*. London: Addison-Wesley.
- House, J. S., & Jackson, M. F. (1979). Occupational stress and health. In P. Ahmed & G. Coelho (Eds.), *Toward a new definition of health* (pp. 135-158). New York: Plenum.
- Jackson, S. E., & Shuler, R. S. (1983, March-April). Preventing employee burnout. *Personnel*, pp. 58-68.
- Kaplan, B. H., Cassel, J. C., & Gore, S. (1977). Social support and health. *Medical Care*, 15, 47-58.
- Kasl, S. V. (1978). Epidemiological contributions to the study of work stress. In C. Cooper & R. Payne (Eds.), *Stress at work* (pp. 3-48). New York: Wiley.
- LaRocco, J. M., House, J. S., & French, J. R. P. (1980). Social support, occupational stress, and health. *Journal of Health and Social Behavior*, 63, 629-634.
- Lazarus, R. S. (1966). *Psychological stress and coping processes*. New York: McGraw-Hill.
- Maslach, C. (1976). Burned-out. *Human Behavior*, 5, 16-22.
- Maslach, C., & Jackson, S. E. (1982). *Maslach Burnout Inventory (MBI): Research edition*. Palo Alto, CA: Consulting Psychologists Press.
- McClellan, A. (1979). *Work stress*. Reading, MA: Addison-Wesley.
- 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*, 23, 545-550.
- Pardine, P., Dytell, R., Napoli, A., Freidman, A., & Spencer, S. (1982). *The direct and indirect effects of stress on illness*. Paper presented at the Annual Convention of the American Psychological Association, Washington, DC.
- Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The Social Support Questionnaire. *Journal of Personality and Social Psychology*, 44, 127-139.
- Valliant, G. E. (1974). Natural history of male psychological health: II. Some antecedents of healthy adult adjustment. *Archives of General Psychiatry*, 31, 15-22.