Time to Talk: Investigation of a Peer Consultation Group for Residence Hall Directors

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Article:

INTRODUCTION

Professional development and support of residence hall staff is a particularly important issue as residence life staff seek to strengthen programs and retain personnel. Herr and Strange (1985) noted that "much research has focused on the student occupants of residence halls, but few empirical studies have addressed the functioning of professional staff members in those settings" (p. 12). A number of authors (e.g., Ambler, 1990; Dunkel & Schreiber, 1992; Evans, 1988) have identified the importance of professional development for student affairs professionals in general, and for student housing professionals in particular (Dunkel & Schreiber, 1992). However, a review of recent literature indicates a small number of articles dealing with residence hall staff—and, of these, only a handful focused on residence hall directors (RDs). Even in texts that cover residence life (e.g., DeCoster & Mable, 1974; Rentz & Saddlemire, 1988), discussions of RDs typically are limited to brief descriptions of their role, responsibilities, and supervisory relationships with RAs. Attention to the professional development needs of RDs does not seem to have increased significantly since Miller (1974) noted that "residence education programs probably do a far better job of implementing inservice programs for their paraprofessional members [IRAs] than they do for their professional staff [RDs]" (p. 166).

For purposes of this article, RDs are defined as professional staff with an undergraduate degree and graduate training who live in the residence hall and have primary responsibility for supervising the staff, students, and operations of one or more residence halls (Uperaft & Pilato, 1982). The importance of the RD to the functioning of residence life and the complex demands of the position have been acknowledged. "The residence educator must possess high level communication, facilitation, and consultation skills for relating with both individuals and groups of students, faculty, administrators, and other constituencies of the academic community" (Miller, 1974, p. 166). In a nationwide survey of chief housing officers, Dunkel and Schreiber (1992) identified the following critical competencies for successful housing professionals: interpersonal communication skills, ability to work cooperatively and effectively with many different individuals, ability to supervise and train staff, crisis management skills, and effective decision making skills. In particular, the role of the RD in offering supervision and support to RAs has been emphasized (e.g., Greenleaf, 1974; Komives, 1992; Miller, 1974).

Yet, it appears there are few mechanisms for providing ongoing nonadministrative supervision, support, and guidance to the RDs themselves, Miller 11974) noted the importance of helping residence hall staff to work more effectively with students through supervision that includes opportunities for staff to observe and critique their own behaviors, Herr and Strange (1985) found a higher incidence of burnout among female RDs where perceived involvement, peer cohesion, and supervisor support were reported to be low. They concluded that staff development programs . may be helpful in creating a more supportive work environment" (p. 14) in college residence halls. Rapaport (1988), describing the outcomes of a team-building approach with RAs, stated that "invariably group members become more open … and supportive of one another as they learn they are not alone in their conflicts, concerns, stresses, and high points" (p. 8) related to their jobs, Thus, providing work environments that offer higher levels of support also could be helpful, or even necessary, to combat problems of recruitment and retention of RDs (Benedict & Mondloch, 1989; Gates, Montague, & Pickert, 1983).

McGrail (1989) noted the need for RDs to "depend on other professionals for different perspectives" (p. 20) and stressed the critical importance for RDs to create and maintain supportive relationships among their peers. One response to the stresses of RDs has been to create support groups and other group experiences aimed at fostering a sense of unity among residence life staff, helping staff cope with their challenging positions, and preventing staff burnout. Pearson (1983) identified two characteristics of support groups: "(1) a common problem or concern among group members, and (2) emphasis upon peer help" (p. 361).

MacDevitt, Geisler, and Holm (1990) described a support group for RDs that was designed to combat RD burnout by providing them with "additional support . . [to extend] their 'service life,'" (p. 87). This year-long RD support group was organized by an experienced RD and facilitated by a counseling center psychologist. The group was unstructured, so that members could identify their own topics and directions, including determining "what stressors could be reduced by pressing the administrative hierarchy for support or change, what could be reduced by individual action on their parts, and what merely had to be endured" (p. 87). The group was characterized as cohesive, lacking in conflict, and cathartic, with a strong emphasis on stress and stress management. The authors observed a number of positive outcomes of this group experience, including less subjective distress, more realistic expectations of RDs for their own performance, and personal growth. In addition, the authors reported benefits to the residence life program, including greater cohesiveness, communication, and support among RDs.

Another approach to providing support, assistance, and critical feedback is peer consultation, in which helpers meet regularly to provide support and consultation for one another, Like other peer counseling/helper programs, peer consultation takes advantage of the minimal social distance between helper and help recipient (Giddan, 1988) and provides a cost-effective means of service delivery. Peers also have been shown to enjoy using their helping skills to help one another accomplish self-determined goals (Benshoff, 1992), Previous research on peer consultation models has identified a number of benefits, including greater reliance on colleagues (Runkel & Hackney, 1982), lack of evaluation (Benshoff, 1992), use of peers as models (Fraleigh & Buchheimer, 1969), and increased self-confidence, self-direction, and independence (Wagner & Smith, 1979), In addition, Borders (1991) has suggested that peer consultation groups can "provide a supportive environment and reassurance that others are experiencing similar feelings and concerns" (p. 248).

This study used a peer consultation model within the framework of nonstructured groups. The purpose of this study was to investigate the process of RD peer consultation groups by comparing ratings and perceptions of group facilitators and group participants. In this study, the authors sought to provide empirical support for the concept of peer consultation groups for RDs by expanding upon the findings of MacDevitt et al. (1990).

METHOD
Subjects
All group participants ($n = 1 3$) were graduate students employed as RDs at a midsized public university, with 21 residence halls staffed by 84 RAs and 18 RDs, and housing 3,000 students. Seventy-six percent of all RDs chose to participate in this study. Fifteen percent ($n = 2$) of participants were African-American and 85% were white ($n = 11$). Fifty-four percent of participating RDs were female ($n = 7$). Participants ranged in age from 22 to 38, with a mean age of 25.77 years ($SD = 4.21$).

Instruments
Two instruments were used to gather process data on the group sessions. The Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984) was administered to measure the impact of each session as rated by facilitators and by group members. The SEQ consists of 24 pairs of adjectives (e.g., bad/good, valuable/worthless, involved/detached) that fall on a continuum in a Likert-scale format. Twelve of these adjective pairs are used to describe qualities of the session, using the stem, "This session was .... " The remaining 12 adjective pairs describe the post-session feelings of the rater ("Right now I feel . . . . "). Results provide quantified data (mean scores) for each of four subscales: depth (session power and value), smoothness (levels of comfort and "pleasantness" in the session), positivity (absence of anger or fear), and arousal (emotional content of the

session). SEQ results allow comparisons between facilitators and group members on each of these indexes over time.

A modified version of the Post-Session Questionnaire (PSQ; Hill, 1989), consisting of 4 open-ended questions (e.g., "What did you like the most about your work during today's session? Why?"), was used to assess helpful and hindering components of each session. Two questions addressed helpful components of the session and two questions addressed hindering components of the session. Content analysis, considered a valuable method of exploring narrative data by many experts (Kerlinger, 1986; Webber, 1985) was used to draw inferences from the text.

Procedures

An introductory meeting was held during which goals and details of the study were presented and all RDs ($n = 18$) were invited to participate. Thirteen RDs chose to participate in the peer consultation groups for the academic year. Seven peer consultation group meetings were scheduled over the academic term, three in the fall semester and four in the spring semester. One-hour group meetings were scheduled as the second hour of staff meetings once each month. This was important on that groups did not require additional time for the already-busy RDs. Although weekly or biweekly sessions might have allowed for the development of greater comfort, cohesion, and support, the monthly meetings better fit the schedule of Residence Life staff and administrators.

Prior to the first group session, participants were assigned randomly to one of two groups. Each group was facilitated by a doctoral-level, licensed or license-eligible counselor with teaching, supervision, and group leadership experience and National Certified Counselor (NCC) certification, In addition, RDs could earn three hours of graduate credit by participating in one of the peer consultation groups and by writing a final paper examining the group process. Although course credit was offered to provide an added incentive to complete the project, only three participants (23%) took advantage of this option.

At each group meeting, facilitators allowed members of their group to determine the structure and topics for the session (e.g., support vs. action-oriented group, degree of structure). In this way, the format for these groups replicated the unstructured approach used by MacDevitt et al. (1990). At the end of each meeting, facilitators and participants completed the SEQ and the PSQ. Following the last group meeting, participants provided verbal feedback on their group experiences.

Data from the SEQ were hand scored and plotted by session. Also, a word-frequency analysis was conducted on the PSQ responses, The word-frequency analysis is a well-documented content analysis procedure (Vacc & Loesch, 1993). In a word frequency analysis, observations are made about the relative frequency with which specific words or phrases are used within the narrative.

RESULTS

Results of the SEQ for Group 1 are presented in Figure 1. These results suggest that Group 1 RDs and facilitator perceived the peer group consultation sessions as having power and value (depth). Although both RDs and facilitator gave moderate to high ratings for comfort and pleasantness (smoothness), participant ratings on this subscale ($SD = 1.50$ and on the positivity sub scale ($SD = 1.47$) were significantly lower for sessions four through six, Participants also indicated feelings of confidence and clarity and the absence of anger or fear (positivity), as well as a fairly high level of emotional content (arousal), particularly in session four.

Results of the SEQ for Group 2 are presented in Figure 2. Similar to Group 1 results, these results indicate that Group 2 RDs and facilitator perceived the group process as having depth, smoothness, positivity, and arousal. However, Group 2 participants gave somewhat lower ratings than the facilitator on the depth subscale for most sessions.

PSQ results for both groups revealed that, although group members often had different perspectives regarding what constituted the most helpful or hindering components of sessions, some group members agreed with the

facilitator as to these components. The helpful component most frequently reported by members of both groups was universality, the recognition that other RDs were experiencing similar types of problems (see Table 1). Several group members reported feeling less "isolated" as a result of participating in peer group consultation sessions. The hindering component most frequently reported by group members was time. RDs reported as hindering that each session was too short (one hour, less if the preceding staff meeting ran overtime) and that there was too much time between sessions (approximately one month).
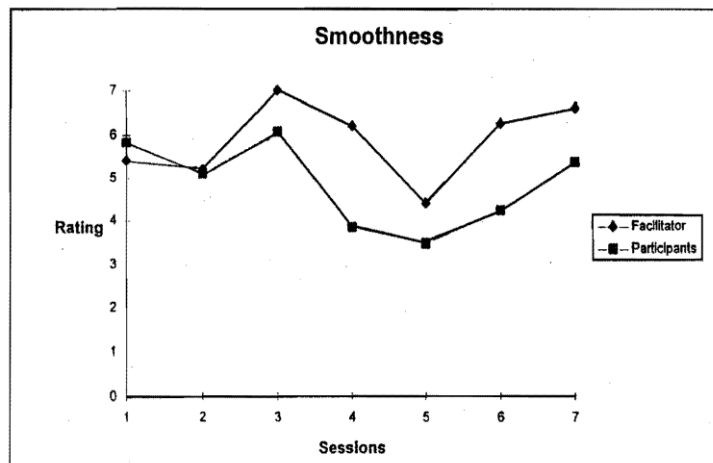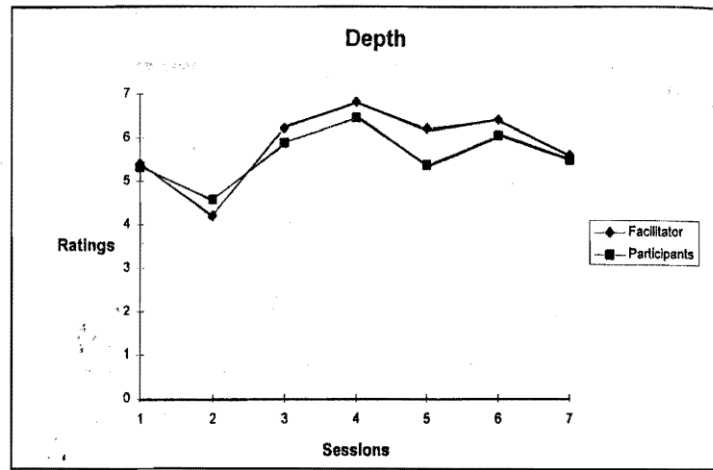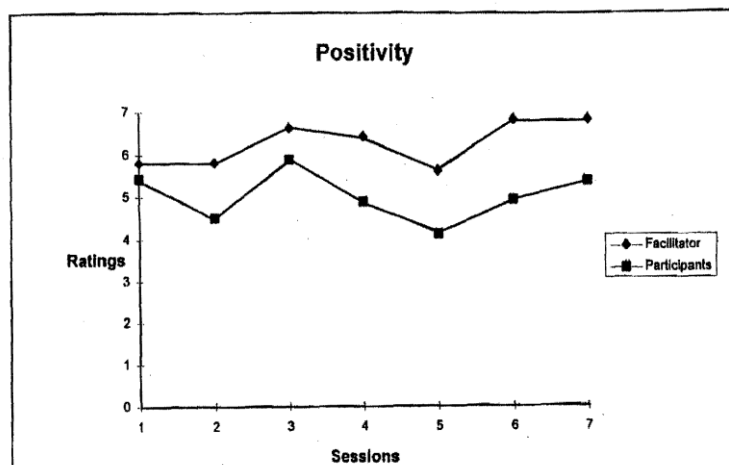
Depth

Smoothness

Figure1. Session Evaluation Questionaire Results: Group 1.
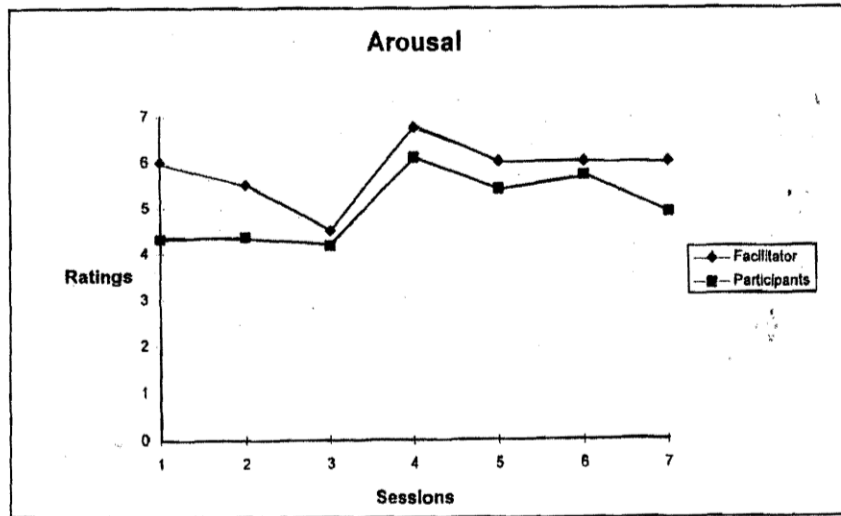
Positivity

Figure 1 (continued). Session Evaluation Questionaire Results: Group 1.

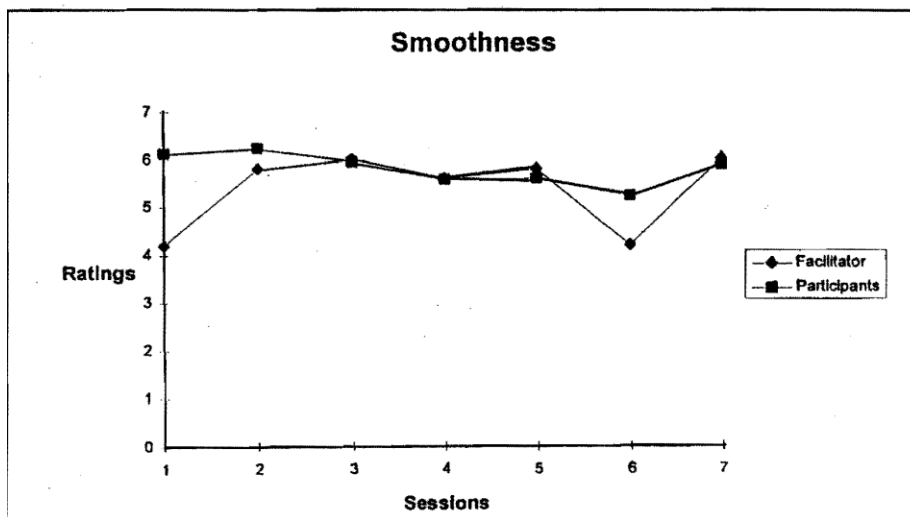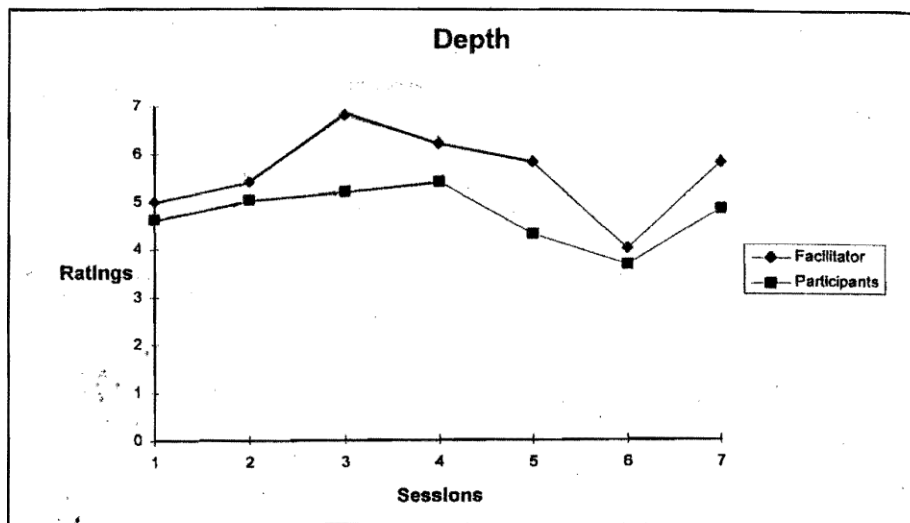**Figure 1. Session Evaluation Questionaire Results: Group 2.**
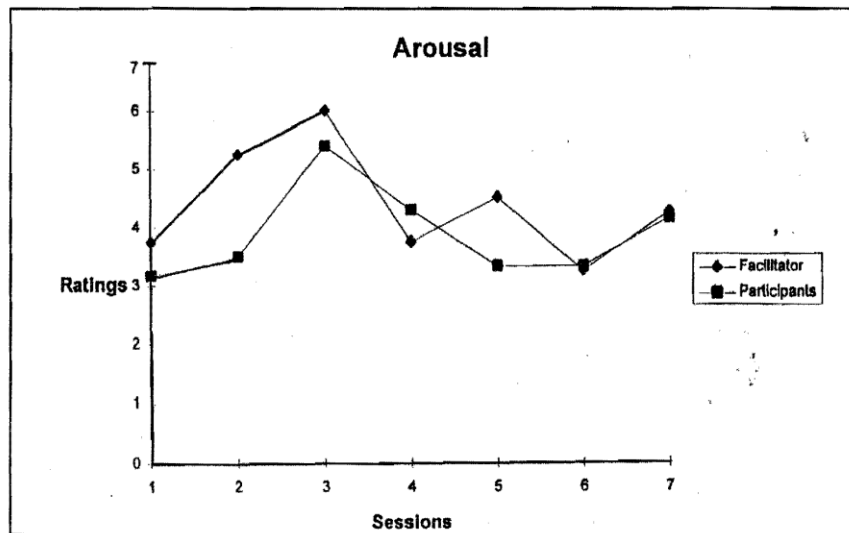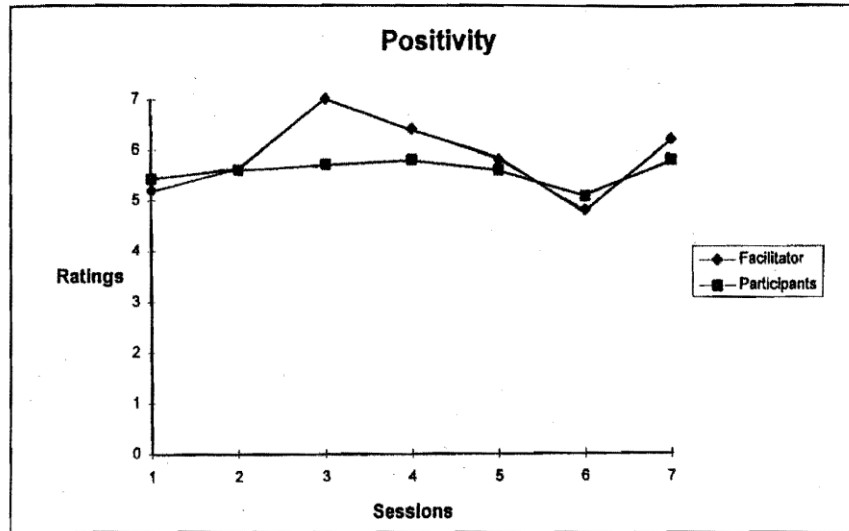
Positivity

Arousal

Figure1(continued). Session Evaluation Questionaire Results: Group 2.

DISCUSSION
Group Themes

The theme that emerged most consistently as a helpful component on the PSQ was universality. The eight most frequently cited helpful events (i.e., sharing, feedback, support, venting frustrations, openness, stress discussions, discussions, listening) fit within this universality theme. One RD responded that the group was helpful in "… , finding both commonality and solutions … [it] allowed us to review how important we can be for one another. Our teamwork and support was especially evident." Another RD responded that it was good to find "common ground." This theme of universality emerged in virtually every session for both groups.

A second theme that emerged as helpful was confidentiality. Confidentiality of group meetings was discussed in both groups at the initial sessions. Taken in context, certain responses on the PSQ (e.g., openness, honesty, confidentiality, calm/relaxed environment) indicated the importance of the confidential nature of the group. Participants stated that having somewhere to talk about these issues in confidence was important to them. Members voiced the concern that when they talk to their peers (other RDs) outside of the group, they must be cautious as to whom this information may be repeated (i.e., other RDs, RAs, or Residence Life staff). This concern often kept them from actively consulting with their peers.

The theme that emerged most consistently was time. Participants reported that they would have liked for each group meeting to have lasted longer, and for the groups to have met more often, Because the group meetings were the second half of a staff meeting, group meetings were sometimes shortened to 45-50 minutes when the first part of the meeting ran overtime. Also, meetings once a month may have restricted the development of group process. Replication of this project should address this issue of time, perhaps by having groups meet twice monthly for 60 to 90 minutes each time.

TABLE 1
SEMANIC UNITS, FREQUENCIES, AND PERCENTAGE OF COMMENTS (*N* = 271) ABOUT GROUP

Item	Helpful		Hindering	
	n	%	*n*	%
Sharing	15	6		
Feedback/Provided information	14	5		
Support	12	4		
Vent frustrations	12	4		
Open	10	4		
Discuss stress	8	3		
Discussions	7	3		
Listening	7	3		
Calm/Relaxed	5	2		
Different perspective	5	2		
Closeness	5	2		
Other semantic units*	76	28		
Totals	176	65		
Time			25	9
Interruped			6	2
One person talked too much			5	2
On the surface/Superficial			5	2
Low energy			5	2
No/Limited solution			5	2
Distracted			5	2
Other semanis units*			39	14
Totals			95	35

* Semanic unit frequencies <5.

Group Differences

An important difference between groups emerged from the group process. Group 1 adopted an action-oriented approach, writing letters to Residence Life administrators to influence decision-making about issues discussed by the group. Conversely, Group 2 adopted a support approach, sharing their universal concerns and brainstorming ways group members cope with the multiple stressors of their jobs. It is impossible to make attributions about why the group process was as different as it was, Personalities of the facilitators, group members, and the working alliance may have been influential, It is noteworthy that, despite these differences, both groups reported a high level of satisfaction with the group process, This may be because group members, rather than facilitators, determined the format for each group.

For Group 1, the SEQ profiles are remarkably similar for both facilitator and participants, although facilitator ratings were consistently higher on items relating to smoothness, positivity, and arousal (see Figure 1), perhaps due to differing levels of expectations, investment, and enthusiasm for the project, For Group 2, this pattern of higher, but similar patterns of ratings was true only for items relating to depth (see Figure 2). On the other qualities (smoothness, positivity, and arousal), patterns of facilitator and participant responses were more

inconsistent, with the closest agreement being for session 7. Group 2 participants had little variance in their scores with the important exception of spikes for session 3. These results may be accounted for by differences in the expectations and participation levels of group members, as well as differences in the style and expectations of the Group 2 leader.

Specific Group Themes/Content

Each group evidenced a spike on arousal for one particular session that was reported to have the most value and emotional content. For Group 1, this heightened arousal came during session 4, for which the theme can best be summarized as "power to the people." In this session, group members struggled with issues related to their own power to affect their jobs and decided to take action on a particular issue of concern. Ratings on the dimension of depth also peaked in this session. It is interesting to note that participant ratings on the smoothness and positivity scales dropped significantly beginning with this session, but had increased again by the final sessions, These changes may have been due to the increased tension and activity as group members struggled to develop strategies to resolve their common concerns. As the group took action and came to resolution in the final two sessions, positivity and smoothness ratings returned to the higher levels from the first three sessions.

For Group 2, there were spikes on depth, positivity, and arousal for the third session. The theme for this session can best be categorized as "we don't get no respect." The group discussed, with some anger, how they often are not respected by RAs, residents, and, at times, administrators, Yet, unlike Group 1, this group was content to share their anger and frustrations without taking any action to effect change.

CONCLUSIONS

Findings from this study suggest that unstructured group meetings for RD,' or time to talk, can be quite helpful. Scheduling, group format, and confidentiality are all important considerations in establishing RD groups. Group meetings should be scheduled weekly or biweekly, and should last not less than one hour. Within this format, group members can establish the tone and direction of the group to maximize effectiveness.

Finally, confidentiality of information discussed in groups is essential to the success of this group process. For this reason, it may be important to have group leaders/facilitators from outside of residence life, who are not "part of the system" and who can facilitate the process from a more objective viewpoint. In addition, to maximize the benefits of a group approach to peer consultation, the authors believe it is important to have group leaders who have had training and supervised experience in leading groups.

The primary limitations of this study were the lack of a control group with which to make comparisons and lack of information about the RDs (n = 4) who declined to participate in these groups. Future researchers should consider including a control group and examining other outcome variables such as job satisfaction, stress, motivation, burnout, job effectiveness, and staff turnover. In addition, it would be helpful to identify RDs most likely to benefit from participation in peer group consultation (e.g., by age, years of residence life experience, major, or field of graduate study). Results of this study, however, are encouraging and add needed empirical support for the efficacy of peer consultation groups for RDs.

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