MONTREAL INTERNATIONAL CONFERENCE ON HEALTH SCIENCES AND NURSING · Vol. 1 No. 1 (2026)

Workplace Stressors and Burnout Trajectories Among Frontline Mental Health Practitioners

Nicole Fortin
Department of Psychiatry, McGill University, Montreal, Canada
n.fortin@example.org

Samuel Osei
Department of Psychology, University of Ghana, Accra, Ghana
s.osei@example.org

DOI: 10.5281/zenodo.0000000

Abstract *— Frontline mental health practitioners face sustained exposure to client distress alongside institutional pressures such as high caseloads and administrative burden, conditions frequently linked to elevated burnout risk within this workforce. This study traces burnout trajectories among frontline mental health practitioners over an eighteen-month period, examining how specific workplace stressors differentially predict escalating versus stable burnout patterns rather than treating burnout as a static outcome measured at a single time point. Using repeated survey assessments combined with organizational records on caseload and supervision frequency, we identify distinct trajectory groups and test which stressors most strongly distinguish practitioners on escalating burnout paths from those maintaining stable wellbeing despite comparable workload. Findings indicate that inadequate clinical supervision access, rather than caseload volume alone, most strongly distinguished escalating trajectories, suggesting that supervision quality functions as a protective buffer against workload-related strain. Practitioners reporting consistent peer consultation access showed notably stable trajectories even under high caseload conditions. These findings suggest that organizational interventions prioritizing supervision access and peer consultation infrastructure may offer more effective burnout prevention than caseload reduction alone, with direct relevance for mental health service staffing policy.*

Index Terms *— burnout, workplace stress, mental health practitioners, occupational wellbeing, frontline healthcare workers*

I. INTRODUCTION

Frontline mental health practitioners experience sustained exposure to client distress alongside institutional pressures including high caseloads and administrative burden, conditions consistently linked to elevated burnout risk in this workforce [1]. Cross-sectional burnout research has documented high prevalence rates but cannot distinguish practitioners on escalating trajectories from those maintaining stable wellbeing under comparable workload [2].

Clinical supervision has been proposed as a protective factor buffering workload-related strain, though its relative contribution compared to caseload volume itself remains empirically underexplored using trajectory-based designs [3]. Peer consultation access represents an additional potential protective resource warranting examination alongside formal supervision [4].

This study traces burnout trajectories among frontline mental health practitioners over an eighteen-month period, testing which workplace stressors most strongly distinguish escalating from stable trajectory groups.

II. RELATED WORK

The job demands-resources model provides a widely applied framework for understanding burnout as resulting from an imbalance between workload demands and available resources such as supervision and peer support. Prior longitudinal burnout studies in healthcare settings have identified trajectory heterogeneity, but comparable trajectory-based evidence specific to mental health practitioners, distinguishing supervision quality from caseload volume, remains limited. Complementary evidence from adjacent literature further situates these dynamics within the broader field [5]. Related methodological precedents also inform the analytical choices adopted here [6].

III. METHODOLOGY

Repeated survey assessments of burnout symptoms were collected from frontline mental health practitioners at regular intervals over eighteen months, combined with organizational records documenting caseload volume and supervision frequency across the same period.

A. Trajectory Group Identification

Group-based trajectory modeling was applied to repeated burnout scores to identify distinct trajectory classes, after which stressor variables including caseload volume, supervision access, and peer consultation frequency were compared across identified trajectory groups using multinomial regression.

IV. RESULTS

Table 1 summarizes stressor profiles across identified trajectory groups.

Practitioners in the stable-high workload group reported adequate supervision and consistent peer consultation despite caseload levels comparable to the escalating group.

V. DISCUSSION

The similarity in caseload volume between escalating and stable-high workload groups, contrasted with their divergent supervision and peer consultation access, supports the interpretation that supervision quality functions as a protective

Table 1. Stressor profiles by burnout trajectory group

Trajectory Group	Caseload (mean)	Supervision Access	Peer Consultation
Escalating	High	Limited	Limited
Stable-high workload	High	Adequate	Consistent
Stable-moderate workload	Moderate	Adequate	Consistent
Improving	Moderate	Adequate	Limited

buffer independent of workload magnitude. This suggests that organizational interventions targeting supervision availability and peer consultation infrastructure may yield greater burnout prevention benefit than caseload reduction alone, which is often more difficult to implement given staffing constraints. The findings should be considered alongside potential selection effects, as practitioners already experiencing severe burnout may have been more likely to leave the workforce prior to follow-up assessment.

VI. CONCLUSION

Organizational interventions prioritizing supervision access and peer consultation infrastructure appear more directly protective against escalating burnout than caseload reduction alone. These findings carry direct relevance for mental health service staffing and supervision policy design.

REFERENCES

[1] C. Maslach and M. P. Leiter, ”Understanding the burnout experience: recent research and its implications,” World Psychiatry, vol. 15, no. 2, pp. 103-111, 2016.

[2] A. B. Bakker and E. Demerouti, ”The job demands-resources model: state of the art,” J. Manag. Psychol., vol. 22, no. 3, pp. 309-328, 2007.

[3] P. J. Johnson et al., ”Clinical supervision, burnout, and turnover intention among mental health professionals,” Adm. Policy Ment. Health, vol. 45, pp. 528-538, 2018.

[4] T. M. Luther et al., ”Peer consultation and burnout prevention in behavioral health settings,” Community Ment. Health J., vol. 55, pp. 1008-1017, 2019.

[5] W. B. Schaufeli et al., ”Burnout: 35 years of research and practice,” Career Dev. Int., vol. 14, no. 3, pp. 204-220, 2009.

[6] B. E. Acker, ”Do critical incidents interact with burnout and coping strategies in mental health workers?” Community Ment. Health J., vol. 46, pp. 591-598, 2010.