Protocol

Supervision Consultation as an Organizational Resource to Buffer Occupational Burnout: Proposal of a Longitudinal Randomized Controlled Trial

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Abstract

Background: Occupational burnout is a widespread challenge in contemporary workplaces and is associated with reduced employee well-being, productivity, and organizational sustainability. Although resource-based models emphasize the protective role of personal and job resources, organizational-level interventions targeting burnout remain underexamined. Professional supervision represents a potentially scalable organizational resource that may buffer burnout through the enhancement of personal resources such as occupational self-efficacy, work engagement, and job satisfaction.

Objective: The objective of this research proposal is to describe a planned study evaluating whether sustained supervision consultation—delivered face-to-face or online—may buffer occupational burnout indirectly by strengthening key personal resources across diverse occupational groups.

Methods: This research proposal describes a planned longitudinal randomized controlled trial with three parallel arms: (1) face-to-face supervision consultation, (2) online supervision consultation, and (3) a waitlist control condition. Structural equation modeling using random-intercept cross-lagged panel models will be used to examine mediation processes over time. Approximately 300 participants from multiple occupational sectors will be recruited. Assessments will be conducted at baseline (T1), 3 months (T2), and 6 months (T3). The proposed intervention consists of 12 biweekly 90-minute group supervision consultation sessions delivered over a 6-month period. Burnout will be measured primarily using the Burnout Assessment Tool (BAT) and supplemented with the Link Burnout Questionnaire (LBQ) to enable comparison across competing conceptualizations. Occupational self-efficacy, work engagement, and job satisfaction will be examined as mediating personal resources. Data will be analyzed using longitudinal structural equation modeling, including mediation and multigroup analyses.

Results: As of February 2026, the study protocol has been finalized, but participant recruitment and data collection had not yet commenced. Preparatory work was supported by an internal seed grant awarded in June 2021 under the University of Gdańsk UGrants-first Programme. No data analysis had been conducted. The proposed study remains in the planning stage and will be implemented following ethics approval, trial registration, and acquisition of the necessary resources. Findings from the completed study will be disseminated through peer-reviewed publications.

Conclusions: This research proposal describes a planned study evaluating supervision consultation as a preventive organizational intervention for burnout. The study aims to contribute to theory-driven, resource-based approaches to occupational well-being and to inform the development of future organizational interventions.

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Introduction

Occupational burnout is a pervasive and costly challenge in modern workplaces, affecting employee well-being, productivity, and organizational sustainability [1-4]. Despite decades of research, disagreements regarding its conceptualization, measurement, and prevention persist [1,2,4]. While individual-level interventions have been extensively studied, organizational-level strategies that enhance personal resources remain underexamined [3,5-9].

Professional supervision, traditionally used in clinical, educational, and helping professions, represents a structured, relational organizational resource that may support employees by fostering occupational self-efficacy, work engagement, and job satisfaction. Historically, professional supervision developed within helping professions as a reflective and developmental process aimed at integrating professional knowledge, self-awareness, and ethical practice. Over time, its application has expanded beyond clinical settings to broader occupational contexts where reflective learning and support for professional functioning are relevant. Within this framework, personal resources represent potential mechanisms through which supervision consultation may influence employees' occupational functioning. These personal resources are consistently linked to resilience and reduced vulnerability to burnout [10-15].

Among the various personal resources that may influence occupational burnout, occupational self-efficacy, work engagement, and job satisfaction were selected because they represent complementary psychological mechanisms through which workplace resources may influence employees' functioning. Occupational self-efficacy reflects employees' perceived ability to cope effectively with professional demands; work engagement represents a motivational resource associated with energy and involvement in work activities, whereas job satisfaction reflects an evaluative dimension of the relationship between employees and their work environment. Together, these resources capture cognitive, motivational, and attitudinal pathways through which supervision consultation may contribute to reduced burnout.

Professional supervision has been conceptualized as a structured developmental and reflective practice intervention that supports professional functioning, emotional processing, and organizational learning [16-20].

From an intervention perspective, supervision can be understood as an organizational-level psychosocial intervention embedded in workplace systems, whose effectiveness depends on implementation fidelity and contextual consistency [7,8,21,22].

Longitudinal structural equation modeling (SEM) enables the examination of temporal mediation processes and stability of constructs over time while accounting for measurement invariance and autoregressive effects [23-27].

However, the longitudinal impact of supervision consultation across diverse occupational contexts has not yet been rigorously tested in randomized controlled trials (RCTs) with multiwave mediation modeling, and the comparative effectiveness of face-to-face versus online delivery remains unclear [16-19,23,24]. Examining diverse occupational contexts is important because contemporary perspectives conceptualize burnout as a context-dependent phenomenon emerging from the relationship between individuals and their work environment rather than from the characteristics of a specific occupation alone. Including employees from different sectors allows evaluation of whether supervision consultation represents a broadly applicable workplace resource that supports adaptation across different work environments rather than an intervention restricted to a single professional group.

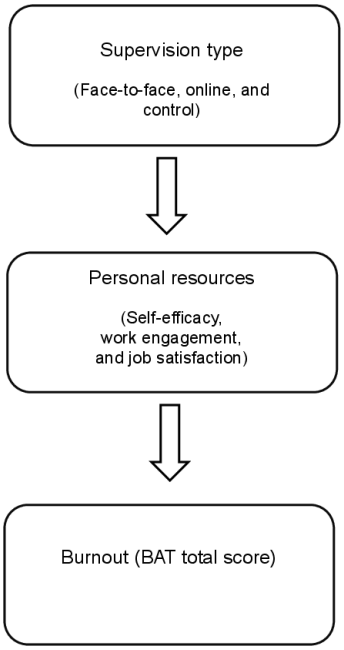
This research proposal aims to address these gaps by evaluating supervision consultation as a preventive organizational intervention for burnout. Drawing on the job demands–resources model [3,5,28-30], the study will examine whether sustained supervision consultation strengthens personal resources and indirectly reduces burnout over a 6-month period.

A 6-month intervention period was selected because it allows sufficient time for reflective and developmental processes associated with supervision consultation to influence personal resources while remaining feasible for longitudinal evaluation in occupational settings.

The proposed randomized controlled, longitudinal design is intended to enable examination of causal mechanisms and comparison of supervision modalities across 3 measurement waves (baseline [T1], midintervention [T2], and after intervention [T3]), providing both theoretical and practical insights for occupational well-being interventions [23,24,27,31].

The conceptual model guiding the study is presented in Figure 1.

Figure 1. Conceptual model of supervision consultation as an organizational resource buffering occupational burnout through personal resources. BAT: Burnout Assessment Tool.



Participants will be assigned to face-to-face supervision, online supervision, or a waitlist control condition. All constructs will be measured longitudinally across 3 waves (T1 → T2 → T3), with repeated measures specified for each.

Methods

Study Design

This research proposal describes the design of a longitudinal RCT examining supervision consultation as an organizational resource that buffers occupational burnout through the enhancement of personal resources. Participants will be randomly assigned to one of three groups: (1) face-to-face supervision consultation, (2) online supervision consultation, and (3) a waitlist control.

A waitlist control condition was selected to allow comparison with an intervention-naive group while providing participants with the opportunity to receive supervision consultation after completion of the study period.

Assessments will occur at baseline (T1), midintervention (T2; 3 months), and after intervention (T3; 6 months), allowing analysis of both intraindividual change trajectories and between-group differences attributable to the intervention.

Participant allocation will be performed using a computer-generated randomization sequence with a 1:1:1 allocation ratio across the 3 study conditions. Baseline characteristics, including occupational sector, will be examined after randomization to evaluate group comparability and identify potential imbalances requiring statistical adjustment. Allocation will be implemented after completion of the baseline assessment (T1) to minimize selection bias. Owing to the behavioral nature of the intervention, blinding of participants and supervisors will not be feasible.

To reduce analytical bias, all statistical analyses will be conducted using a pseudonymized longitudinal dataset with coded participant identifiers, and study groups will be coded during statistical analyses [6-8,21,22].

The planned RCT will be registered in a publicly accessible registry prior to participant enrollment.

Participants and Recruitment

Approximately 300 participants will be recruited from diverse occupational sectors, including education, health care, social services, and organizational settings, to ensure heterogeneity of work contexts. Recruitment will seek to achieve representation across occupational sectors; however, no fixed number of participants per sector will be predefined, as the primary objective is to obtain an adequately powered sample while maintaining variability in occupational contexts.

The inclusion criteria are as follows: current employment of at least 0.5 full-time equivalent, a minimum of 1 year of professional experience, and no concurrent participation in formal supervision.

For the purposes of this study, professional experience refers to paid employment in the participant's current or previous occupational role. Formal supervision refers to structured, regular supervision provided by a qualified supervisor within an organizational or professional setting.

Participants will provide written informed consent prior to participation.

Informed consent will be obtained by members of the research team who have been trained in the consent procedure before any study-related procedures are initiated.

Recruitment will be conducted via organizational partnerships, professional networks, and targeted online announcements.

Online data collection procedures will include individual participant codes, mandatory completion of key questionnaire items, and checks for incomplete or duplicate responses to ensure data quality.

Recruitment will continue until the planned sample size has been achieved. The target sample of approximately 300 participants was selected to provide sufficient statistical power for longitudinal SEM, including mediation and multigroup comparisons, while accounting for expected participant attrition across 3 measurement waves [23-27].

To maximize participant retention, reminder emails will be sent before each assessment wave (T2 and T3). Participants who discontinue the intervention will, whenever possible, be invited to complete the scheduled outcome assessments to minimize missing longitudinal data.

Randomization and Allocation

Randomization will be performed after the baseline assessment (T1) to ensure that all eligibility criteria are met prior to group assignment. Following individual randomization, participants allocated to the active intervention arms will be organized into stable supervision groups of 6 to 8 participants for intervention delivery.

The allocation sequence will be generated using a computer-based random number generator. To ensure allocation concealment, group assignment will be conducted by an independent researcher who is not involved in recruitment, intervention delivery, or outcome assessment. Researchers responsible for data collection will remain blinded to allocation until the completion of baseline measurements.

Given the relatively large sample size and multioccupational recruitment strategy, no stratification is planned; however, baseline characteristics will be examined to assess comparability between groups. Any observed imbalances will be statistically controlled for in subsequent analyses.

Trial conduct will be monitored throughout the study period by the research team through regular review of recruitment progress, adherence to the study protocol, completion of scheduled assessments, and data completeness.

Supervision Consultation Intervention

Supervision consultation is conceptualized as a structured, ongoing professional development process focused on reflective practice, skill enhancement, and meaning making in work roles. Certified supervisors with formal qualifications in supervision or equivalent advanced training in psychodynamic or reflective practice-based supervision and a minimum of 5 years of postqualification experience will deliver the intervention.

Prior to study initiation, all supervisors will participate in a standardized training workshop to ensure procedural consistency across intervention arms, including adherence to the study protocol, session structure, and fidelity requirements.

The intervention will be delivered in three parallel arms: (1) face-to-face supervision consultation, (2) online supervision consultation, and (3) a waitlist control condition. Both active intervention arms will follow an identical structure, duration, and frequency. Groups will consist of 6 to 8 participants and will meet biweekly for 90-minute sessions over a 6-month period (12 sessions total). Group composition will remain stable throughout the intervention period to maintain longitudinal comparability and reduce variability related to changes in group membership. Because intervention delivery occurs in stable groups, participants will be considered nested within supervision groups, and this clustering structure will be accounted for in sample size considerations and statistical analyses.

The supervision consultation will follow a structured reflective supervision model commonly used in psychodynamic and organizational supervision contexts [17-19]. It will be grounded in a psychodynamically informed reflective framework emphasizing the exploration of relational patterns, emotional responses, and meaning structures that emerge in professional contexts. The intervention will prioritize reflective elaboration of work-related experiences rather than directive coaching or problem-solving.

Each session will follow a structured process that includes (1) emotional expression of work-related experiences, (2) clarification of the central professional difficulty, (3) identification of relational and cognitive themes, (4) reflective interpretation of interaction patterns and meaning, and (5) development of adaptive coping and professional action strategies.

A typical supervision session will begin with participants briefly presenting current work-related situations requiring reflection. One or 2 cases will then be selected for in-depth exploration following the structured supervision process described above. The session will conclude with the integration of insights derived from identifying the underlying sources of work-related difficulties, supporting participants in applying this deeper understanding to their subsequent professional practice.

Intervention fidelity will be ensured through standardized supervision guidelines and training provided to all supervisors. Fidelity monitoring will include periodic supervision of supervisor meetings to ensure adherence to the intervention model. A standardized fidelity checklist will be used after each session, and a subset of sessions may be audio recorded for independent fidelity assessment, subject to participant consent.

Any recordings will be stored securely with the study data, accessed only by authorized study personnel, and retained only for the period necessary for fidelity assessment before being permanently deleted.

Both face-to-face and online modalities will be identical in content, structure, and facilitation procedures, differing only in delivery format. Online sessions will be conducted via a secure videoconferencing platform compliant with data protection standards. Participation is voluntary, and participants may withdraw at any time without consequences. All sessions will be conducted under conditions ensuring confidentiality and psychological safety.

At the beginning of the first session, confidentiality rules will be established within each supervision group. Participants will be instructed not to disclose any information shared during supervision outside the group and not to provide identifiable information about clients, patients, colleagues, or other third parties discussed in supervision. Individual supervision-related disclosures will not be shared with employers or other unauthorized persons.

Outcomes

Primary Outcome: Occupational Burnout

Occupational burnout will be assessed primarily using the Burnout Assessment Tool (BAT) [12], a contemporary measure of burnout conceptualized as an occupational syndrome. The BAT assesses core burnout symptoms and has demonstrated satisfactory reliability and validity across occupational populations. The Link Burnout Questionnaire (LBQ) [32] will be administered as a supplementary measure to enable comparison between different conceptualizations of occupational burnout. The LBQ is a multidimensional instrument assessing 4 dimensions of burnout: psychophysical exhaustion, disengagement in relationships with clients, reduced professional effectiveness, and disappointment as an existential dimension of burnout. The LBQ has demonstrated acceptable reliability and validity across different occupational groups and has been used extensively in occupational burnout research. In the LBQ framework, the term "client" refers broadly to recipients of professional activities and work-related interactions and is not limited to helping professions. Including both the BAT and the LBQ will allow examination of whether hypothesized intervention effects are consistent across different measurement traditions.

Mediating Personal Resources

Occupational self-efficacy will be assessed using the Occupational Self-Efficacy Scale [13], which measures employees' perceived competence in successfully performing occupational tasks and managing work-related challenges. Work engagement will be assessed using the Utrecht Work Engagement Scale [14], which evaluates vigor, dedication, and absorption as core components of positive work-related functioning. Job satisfaction will be assessed using the Job Satisfaction Scale developed by Warr et al [15], which measures overall satisfaction with work. These instruments have demonstrated acceptable reliability and validity in occupational research.

All outcomes will be assessed at T1, T2, and T3 to enable longitudinal mediation and multigroup analyses. Table 1 provides an overview of the longitudinal assessment schedule across the 3 measurement waves and study conditions.

Table 1. Study timeline and assessment schedule across measurement waves and study conditions.

Construct or measure	Baseline (T1)	Midintervention (T2)	After intervention (T3)
Supervision condition assignment	✓		
Burnout (BAT[a])	✓	✓	✓
Burnout (LBQ[b], supplementary)	✓	✓	✓
Occupational self-efficacy	✓	✓	✓
Work engagement (UWES[c])	✓	✓	✓
Job satisfaction	✓	✓	✓

[a]BAT: Burnout Assessment Tool.
[b]LBQ: Link Burnout Questionnaire.
[c]UWES: Utrecht Work Engagement Scale.

The simultaneous use of the BAT and the LBQ is intended to address conceptual heterogeneity in burnout research. The BAT represents a more contemporary, unidimensional operationalization of burnout as an occupational syndrome, whereas the LBQ reflects a multidimensional, role-based conceptualization. Parallel modeling of both instruments allows examination of the robustness of effects across measurement traditions [1,2,4,12,32].

Sample Size Justification

An a priori sample size calculation was conducted for the primary RCT comparison, defined as the difference in change in overall BAT scores between participants receiving supervision consultation (face-to-face and online conditions combined) and those assigned to the waitlist control condition. A conservative standardized effect size of d=0.30 was assumed, informed by meta-analytic evidence on the magnitude of effects of organizational interventions targeting occupational burnout and exhaustion [33]. The calculation used a 2-sided α level of .05 and 80% power.

Because supervision consultation will be delivered in groups of approximately 6 to 8 participants, the sample size calculation also accounted for potential within-group clustering. An intraclass correlation coefficient of 0.02 was conservatively assumed based on a recent cluster-randomized trial of group clinical supervision and burnout [34]. With an average supervision group size of 7 participants, this corresponds to a design effect of 1.12.

To allow for approximately 15% attrition over the 6-month intervention and 3 assessment waves, the recruitment target was set at approximately 300 participants, with an anticipated final sample of approximately 255 participants. Under these assumptions, the planned sample provides adequate power for the prespecified primary treatment-effect comparison while allowing for the clustered delivery of the intervention and expected longitudinal attrition.

The comparison between the face-to-face and online supervision conditions is a secondary treatment-modality comparison and is expected to have lower statistical power than the primary comparison with the waitlist control condition. The longitudinal random-intercept cross-lagged panel model (RI-CLPM) and mediation analyses are

secondary mechanistic analyses and are not used as the sole basis for the primary sample size determination.

Data Analysis

Overview

The primary RCT analysis will evaluate whether participation in supervision consultation reduces occupational burnout compared with the waitlist control condition. The primary outcome will be the overall BAT score, and the primary end point will be the postintervention assessment at T3 (6 months). The primary treatment effect will be assessed by examining differences in change in BAT scores from baseline (T1) to the postintervention assessment (T3) across the 3 randomized conditions. Prespecified contrasts will examine (1) the overall effect of supervision consultation by comparing the supervision conditions with the waitlist control condition and (2) differences between face-to-face and online supervision modalities. The primary hypothesis is that participants receiving supervision consultation will demonstrate greater reductions in occupational burnout than participants in the waitlist control condition.

Secondary mechanistic analyses will use SEM to examine hypothesized mediation pathways and mechanisms underlying intervention effects over time.

Longitudinal relationships among supervision consultation, personal resources, and occupational burnout will be examined using RI-CLPMs.

This approach allows separation of between-person stability from within-person temporal fluctuations, providing a more precise estimation of change processes over time. Because participants will be nested within supervision groups, analyses will account for the clustered structure of the data by adjusting standard errors and parameter estimates to avoid underestimating uncertainty.

RI-CLPM was chosen over traditional growth curve models because it better captures within-person dynamics while accounting for stable between-person differences in longitudinal panel data.

The 3-wave design was selected to allow temporal separation of predictors, mediators, and outcomes while maintaining feasibility in occupational field settings.

Potential covariates, including age, gender, occupational sector, and professional experience, will be examined. Variables demonstrating theoretical relevance or baseline imbalance between study groups will be considered for inclusion in supplementary analyses to evaluate their potential influence on the estimated longitudinal associations.

Descriptive and Preliminary Analyses

Descriptive statistics, reliability indices (Cronbach α and McDonald ω), and missing data patterns will be examined.

Full information maximum likelihood will be applied under the assumption of missing at random [23,35].

Missing data patterns will be inspected to assess the plausibility of the missing at random assumption prior to model estimation.

All participants will be included in the primary analyses according to their randomized allocation, following the intention-to-treat principle.

Measurement Invariance

Measurement invariance of burnout and personal resource constructs across time and study conditions will be tested at the configural, metric, and scalar levels to ensure comparability of latent constructs across measurement waves and intervention arms [24,36].

Mediation Testing

Indirect effects will be estimated within the RI-CLPM framework using bias-corrected bootstrap CIs (5000 resamples). Temporal ordering will follow the hypothesized sequence from supervision consultation to personal resources and subsequently to burnout [26].

Multigroup Analysis

Multigroup RI-CLPM analyses will compare the 3 intervention arms (face-to-face supervision, online supervision, and waitlist control) by imposing equality constraints on structural parameters across conditions. This will allow examination of whether intervention modality moderates longitudinal mediation pathways. The nested structure resulting from group-based supervision delivery will be considered in the estimation of model parameters and standard errors.

Model Evaluation

Prior to model estimation, assumptions underlying SEM will be evaluated, including assessment of multivariate normality, multicollinearity, and model convergence. Parameter estimates, residuals, and modification indices will be inspected to evaluate model adequacy. Any model modifications will be theoretically justified.

Model fit will be evaluated using standard SEM indices: the comparative fit index ≥ 0.90, the Tucker-Lewis index ≥ 0.90, the root mean square error of approximation ≤ 0.08, and the standardized root mean square residual ≤ 0.08.

Statistical analyses will be performed using Mplus version 8 (Muthén & Muthén) [36].

Ethical Considerations

The proposed study will be submitted for ethical review, and ethical approval will be obtained from the relevant ethics committee or institutional review board prior to participant recruitment and data collection. Ethical approval has not yet been obtained because the study is currently in the research planning stage. All study procedures will be conducted in accordance with the principles of the Declaration of Helsinki and applicable national and institutional ethical guidelines, including data protection regulations. The study has not yet commenced participant recruitment, and no data collection or intervention procedures have been initiated. The current phase

is limited to study preparation, including the development of study materials, measurement procedures, and analytical plans. Any substantial modifications to the proposed study identified during the research preparation or implementation phase will be documented and, where applicable, submitted for review by the relevant ethics committee or institutional review board. Written informed consent will be obtained from all participants prior to their participation in the study. Participants will be informed of the voluntary nature of participation, the confidentiality of their data, and the requirement for their explicit consent for any audio recording of supervision sessions. They will also be informed of their right to withdraw from the study at any time without any consequences. No financial compensation will be provided for participation in the study.

Trial Registration

The study will be registered in a publicly accessible clinical trial registry prior to participant recruitment and data collection. At the time of manuscript submission, the study has not yet been registered, as it remains in the planning phase.

Safety Monitoring

Given the psychological nature of burnout-related outcomes, participants will be informed that they may discontinue participation at any time without consequences. Although the intervention is low risk and nonclinical in nature, procedures will be in place to identify participants reporting elevated distress or work-related impairment. In such cases, participants will be provided with information about appropriate occupational or psychological support services. Participants experiencing substantial distress during a supervision session may pause the session or discontinue participation in the intervention without penalty. All data will be monitored for completeness and any indications of participant burden throughout the study.

Results

As of February 2026, the study remains in the research planning stage. Preparatory work has been supported by the UGrants-first Programme, with funding awarded in June 2021. Ethics approval and trial registration have not yet been obtained, and participant recruitment and data collection have not yet commenced. Preparatory work, including refinement of the study design, measurement procedures, and the statistical analysis plan, has been completed. Data analysis will commence following completion of data collection. Study findings will be disseminated through peer-reviewed publications upon completion of the research.

Discussion

Principal Findings

The present research proposal outlines a theory-driven RCT designed to evaluate whether supervision consultation functions as an organizational resource that strengthens occupational self-efficacy, work engagement, and job satisfaction, thereby indirectly reducing occupational burnout over time. By integrating supervision consultation within the job demands–resources framework and using longitudinal mediation modeling, the proposed study aims to advance understanding of the mechanisms through which organizational interventions may contribute to burnout prevention. The comparison of face-to-face and online supervision formats is expected to provide additional evidence regarding the effectiveness of alternative delivery modalities across diverse occupational contexts.

Comparison With Prior Work

Although professional supervision has long been recognized as an important component of professional development in helping professions [16,18], empirical evidence regarding its effectiveness as a preventive organizational intervention remains limited. Previous studies have primarily focused on clinical supervision, specific occupational groups, or cross-sectional research designs. Likewise, although organizational interventions for burnout have increasingly emphasized the importance of strengthening personal resources, relatively few longitudinal randomized studies have examined the temporal mechanisms through which such interventions influence burnout [3,5,11]. By combining a randomized controlled design with RI-CLPM, the proposed study extends previous methodological approaches and addresses recommendations for mechanism-oriented intervention research in occupational psychology [24,25].

Strengths and Limitations

Several methodological features strengthen the proposed study. These include the randomized controlled longitudinal design, repeated assessment across 3 measurement waves, standardized supervision procedures, assessment of intervention fidelity, simultaneous use of 2 complementary burnout instruments, and application of RI-CLPM to distinguish within-person change from stable between-person differences. Together, these design elements are intended to enhance internal validity and improve understanding of temporal mediation processes.

At the same time, several limitations should be acknowledged. This research proposal describes a planned study, and conclusions regarding intervention effectiveness will depend on successful implementation, participant retention, and completion of all assessment waves. Furthermore, despite efforts to standardize supervision across delivery formats, contextual differences between occupational settings may introduce variability that cannot be fully controlled. Finally, because blinding of participants and supervisors is not feasible in behavioral interventions, some risk of performance bias remains.

Expected Outcomes

Theoretical Contributions

Despite decades of intensive research, occupational burnout remains characterized by conceptual fragmentation, with

competing theoretical models and measurement approaches often developing in parallel rather than in dialogue. The proposed study is expected to contribute to theory by offering an integrative, empirically testable framework that situates supervision consultation within contemporary resource-based models of work-related stress. By embedding supervision consultation in the job demands–resources framework and explicitly modeling its indirect effects through personal resources, the study is expected to advance a process-oriented understanding of burnout prevention.

A further theoretical contribution lies in the simultaneous use of 2 established burnout instruments grounded in different conceptual traditions. By examining burnout trajectories using both the BAT and selected dimensions of the LBQ, the study is positioned to illuminate areas of convergence and divergence between competing conceptualizations of burnout. Rather than privileging a single definition, this approach supports cumulative theory building by clarifying which mechanisms operate consistently across measurement frameworks and which are conceptually specific.

Practical Implications

From an applied perspective, the study is expected to generate actionable knowledge for organizations seeking sustainable and preventive approaches to employee well-being. By conceptualizing supervision consultation as a scalable organizational resource rather than a profession-specific or remedial intervention, the study may challenge prevailing assumptions that burnout prevention should be restricted to selected high-risk occupations. If supervision consultation demonstrates effectiveness across diverse work contexts, it may be considered a broadly applicable component of organizational health and development systems.

The inclusion of both face-to-face and online supervision formats further enhances the practical relevance of the study. Comparing these delivery modes under controlled conditions may inform organizational decision-making regarding the implementation of supervision in increasingly digital and hybrid work environments. Evidence that online supervision produces comparable resource-enhancing effects would support its adoption as a flexible and cost-effective alternative, particularly in geographically dispersed organizations.

Methodological Advancements

Methodologically, the proposed study is designed to address several limitations that continue to constrain burnout intervention research. The longitudinal randomized controlled design is intended to enable the examination of intraindividual change processes over time and strengthen causal inference regarding the effects of supervision consultation. By explicitly focusing on mediation mechanisms rather than solely on outcome differences, the proposed study aims to respond to calls for more mechanism-oriented intervention research in organizational psychology.

The use of longitudinal SEM, combined with systematic tests of measurement invariance across measurement waves and study conditions, represents an additional methodological strength.

This approach is intended to ensure that observed changes can be interpreted as substantive developmental processes rather than artifacts of measurement nonequivalence. Taken together, these methodological choices provide a rigorous and transparent framework for future theory-driven and evidence-based burnout intervention research.

Future Directions

If implemented, the proposed study may contribute to the development of evidence-based organizational strategies for burnout prevention and provide guidance regarding the implementation of supervision consultation across diverse professional settings. Future research may extend this line of research by examining longer follow-up periods, additional organizational and individual mediators, and implementation across different cultural and occupational contexts. Dissemination of study findings through peer-reviewed publications and scientific conferences may further support translation of evidence into organizational practice.

Dissemination Policy

Study findings will be communicated to participants, disseminated through peer-reviewed publications and scientific conferences, and reported in the trial registry. A plain-language summary of the results will be considered for broader dissemination to relevant stakeholders.

Acknowledgments

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This study was supported by an internal preparatory (seed) grant from the University of Gdańsk under the UGrants-first Programme (grant 1220/141/2021). This funding supported the early stage of development of the research project, including refinement of the study design, methodological preparation, and preparation of a subsequent external funding application, rather than full-scale project implementation. The funding body had no role in the study design, data collection, analysis, interpretation of data, or preparation of the manuscript.

Data Availability

No empirical data have been generated for this protocol. Deidentified data generated during the study will be available from the corresponding author upon reasonable request, in accordance with applicable data protection regulations. Research data will be stored on secure, password-protected university servers. Access to identifiable data will be restricted to authorized members of the research team, and all analyses will be conducted using pseudonymized datasets.

Authors' Contributions

The author was solely responsible for the conceptualization of the study, the development of the theoretical framework, the study design, and the preparation of the manuscript.

Conflicts of Interest

None declared.

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Abbreviations

BAT: Burnout Assessment Tool
LBQ: Link Burnout Questionnaire
RCT: randomized controlled trial
RI-CLPM: random-intercept cross-lagged panel model
SEM: structural equation modeling

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