



# THE BURNOUT SYNDROME IN A WOMAN LAWYER IN THE CITY OF MANAUS

## DISSERTATION

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## ABSTRACT

This article is part of a master's thesis presented at the *Universidad Europea del Atlántico* that dealt with a field research that investigated: The burnout syndrome in a lawyer from the city of Manaus, and had as a problem: what are the effects of the burnout syndrome in women lawyer from the city of Manaus? Its general objective was to analyze the cases of syndrome of female lawyers in the city of Manaus, seeking to understand its effects on the daily life of the same. Five women were interviewed who had presented the problem in the last 2 years in the city of Manaus, State of Amazonas, Brazil. The results indicate that the therapeutic approach is multimodal and is based on recommendations for the psychosomatic management of functional somatic syndromes, complemented by interventions related to the work situation. It is concluded that Burnout among female lawyers has been little studied.

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The main burnout factors of the investigated workers are: professional factors and a high level of responsibility.

Keywords: Stress at work, Burnout Syndrome, Psychological treatment.

## 1. INTRODUCTION

The theme of this work was "The burnout syndrome in women lawyers in the city of Manaus" originated from the following question: what are the effects of burnout syndrome in women lawyers in the city of Manaus?

The works that deal with the subject in Brazil are incipient and in the State of Amazonas there are few researches, which makes this research very relevant in the discussion of a problem that has affected countless professionals, notably lawyers, which makes this research very important because it will fill a gap in the existing scientific knowledge about Burnout Syndrome in professional lawyers in the city of Manaus (BICHO and PEREIRA, 2007).

Very few researches on Burnout Syndrome in the law were conducted in Brazil. In women lawyers the number of works is completely incipient. In the city of Manaus, they are non-existent, despite the increasing proportion of cases in Brazil of lawyers on leave due to Burnout Syndrome, often subjected to double working hours (LIPP and MALAGRIS, 2001).

To answer this question, this study had the general objective of analyzing the cases of Burnout Syndrome among female lawyers in the city of Manaus, seeking to understand its effects on their daily lives, in addition to specifically verifying the prevalence of Burnout Syndrome within the community of lawyers in the city of Manaus. city of Manaus; inform various stakeholders of their potential roles in reducing Burnout Syndrome and its deleterious consequences in female legal professionals in the city of Manaus; and, to describe how Burnout Syndrome affects female lawyers, having a very important influence on professional efficiency and effectiveness in the city of Manaus (SANTANA and SABINO, 2013).



Thus, in the relationship between Burnout Syndrome and the master's course in Conflict Resolution and Mediation, it finds support in the field of human security, conflict certainly occupies a prominent place, as it is one of the greatest fears of human beings: when one thinks in conflict, in fact, people are led to think of something catastrophic and dangerous, which places people in physical, material, mental security and with inner peace; conflict is rarely seen as an opportunity for growth, confrontation and change (OLIVEIRA and BARDAGI, 2010).

In order to carry out the study, a field research was carried out with 5 women lawyers who were interviewed, via E-mail, due to the COVID 19 pandemic in August 2020, in the city of Manaus, Amazonas, Brazil, with a deductive approach. applying a social theory that is compelling and then testing its implications with data. That is, they went from a more general level to a more specific one. A deductive approach to research is one that people normally associate with scientific investigation (SANTANA and SABINO, 2013).

Conceptualizing Burnout as a chronic stress disease, however, offers few additional clinical and scientific benefits. It has therefore been argued that the term Burnout in the original sense should only be applied to employees who have been emotionally exhausted from a long period of paid work with other people (GIL, 2014).

In this way, this theme was chosen because its author is a carrier of Burnout Syndrome, caused by the intense pace of work as a lawyer and the other journey as a homemaker that took her to a state of extreme stress, reaching the level of exhaustion and from there to Burnout was just one step. With that, given her experience with the syndrome, she decided to investigate the incidence of this pathology with a group of women lawyers, who might experience the same type of problem (GIL, 2014).

Thus, the Burnout theme with a focus on the world of work has reverberated worldwide in literary production and in the promotion of prevention measures, revealing intense concern about the impact of symptoms on the health of workers in different areas and the decline in productivity. These empirical data also define the



choice of theme, foreshadowing a variety of literature available in the field of Burnout Syndrome, but when associated with the profession of lawyers, especially women, the scarcity is great (GIL, 2014).

The study proposed here will help to demystify the idea that the lawyer is always the villain of a given reality, enabling the unfolding of knowledge of the activity, proposing another look at the professional's place and the tension of demands that permeate the professional context of this. In this context, this study will contribute to the discussion of the problem of stress in police work from an environmental analysis (MORAES, 2014).

## **2. STRESS**

### **2.1 STRESS IN THE LAW ACTIVITY**

Stress has become commonplace for most professionally active Brazilians, almost always justifying some dissatisfaction with aspects related to the world of work, or with the daily life of multiple experiences. The term *stress* comes from the Latin *stringo*, *stringere*, *strinxi*, *strictum*, and means to tighten, compress, restrict. In English, the term stress has been used since the 14th century to designate pressure or contraction of a physical nature (BICHO and PEREIRA, 2007, p. 4).

In English literature, the term *stress* was used for a long time as a synonym for adversity and affliction until the 17th century. In the same century, the word *stress* was used for the first time to name stimuli that negatively affected the individual, awakening in this tension, anguish and distress. In the 18th century, it acquired the sense of pressure, force or influence that an object can exert on a person (LIPP, 2013).

Couto cited by Lipp (2013) mentions that in the 19th century, there were some attempts to link events that caused emotional impacts to physical and mental pathologies, however, these attempts were not reflected in the scientific community. In the following century, the English physician William Osler, carried out a study with



20 physicians, who had a diagnosis of angina *pectoris*, and identified common traits in this group of overwork and preoccupation with performance (BICHO and PEREIRA, 2007, p. 4).

Based on this study, Osler equated the term *stress* (stressors) with overwork, and the word *strain* (the functioning of the organism in the face of stress) with worry, and proposed the idea that coronary heart disease was associated with overwork and worry. This proposition has not gained prominence in medicine. With the observations of Hans Selye, then a medical student at the University of Prague, research on stress began to advance. Selye, in his studies, observed that many individuals who faced situations that caused them sadness and anguish, manifested different illnesses and reported similar symptoms (LIPP, 2013).

In 1926 he named this set of symptoms the general adaptation syndrome or biological stress syndrome, but only in 1936, when he became a well-known researcher, did he propose the term stress to designate this syndrome (SELYE, apud LIPP, 2013).

From there, the word stress became known in the medical literature as we know it today. In 1939, the French physiologist Cannon suggested the term homeostasis to designate the internal processes that sought to maintain the internal balance in the organism, and in 1979, Bernard observed that even in the face of changes in the external environment, the individual needs to maintain constant balance. Internal body, these two physiologists greatly influenced the studies of Hans Selye (LIPP, 2013) who was the first to define the concept of the term stress in a biological dimension.

For Selye cited by Lipp and Malagris (2001) stress is a reaction of the organism with psychological, physical, mental and hormonal components, which occurs when the need for a great adaptation to an important event or situation arises. Bicho and Pereira (2007, p. 5) define stress as a non-specific response of the organism to any stimulus or external demand on it. Some studies suggest that stress does not have, essentially, a pathological character, but has a primordial contributory value for the



emergence of disorders, about this Lipp et al., cited by Santana and Sabino (2013, p. 133): “Therefore, stress is not considered, therefore, a disease in itself, but it can become a triggering factor for the development of mental disorders” if the individual is subjected to a constant action of stressors, which can also trigger what is called chronic stress.

Rangé cited by Oliveira and Bardagi (2010), referring to the environmental factors of the world of work, defines the term stressor as any situation capable of generating a strong emotional state, which leads to a breakdown of internal homeostasis and requires some adaptation.

The concept proposed by Rangé *apud* Oliveira and Bardagi (2010), and the work of William Osler (LIPP, 2013, p.15) point out that stressors (excessive work) can generate internal changes in the organism capable of triggering pathologies in the individual (coronary diseases), contributing to the understanding that excess work and concern, as an expression of the search for lost balance, theoretically expose the conflict that exists in the world of work, the human limit and the demands of modern immediacy, aimed at the pursuit of satisfaction. Hans Selye was the first to develop a model of understanding stress.

Selye began his studies investigating the physiological reactions in rats to presented stimuli, and discovered internal mechanisms of defense mobilization. These observations allowed him to formulate an explanatory model on the manifestation and development of stress in humans (LIPP, 2013).

According to Lipp (2013) Selye defined, in 1956, a three-phase model of understanding stress, dividing it into: alertness, resistance and exhaustion. guided by the three-phase Selye model,

Lipp (2013) detected in his clinical and statistical studies, that when standardized the Inventory of Stress Symptoms for Adults of Lipp, a fourth phase of stress he named near exhaustion. According to studies by Lipp (2013), stress develops in four phases: the first and the alert phase, where there is greater production of strength and



energy, in which the environment is seen as challenging or threatening. The second is the endurance phase where there is an above-average rise in endurance capacity. The third is the near-exhaustion phase where there is a decline in the body's defenses, an oscillation of resistance and homeostasis in the face of tensions and the emergence of some diseases. And, the fourth is the exhaustion phase where the symptoms of the alert phase appear, however, in greater amplitudes, prolonged exhaustion, in the form of depression and physical exhaustion, in the form of diseases, which can result in death. However, it is not irreversible when it affects only parts of the body.

In this same perspective, Bicho and Pereira (2007, p. 5) point out that stress reactions are not always negative, and a level of stress production is opportune to motivate, grow and develop individually. Kroemer (2005, p. 166) considers stress an inseparable part of the condition of every living being, just as the process of birth, feeding and death are inherent conditions. Allowing the individual to respond appropriately to a threatening or boring situation.

However, the counterpoint of positive stress is its negative point, which according to Selye cited by Ferreira (2012), is the exhaustion of the individual's adaptive capacity in the face of distressing situations, leading to illness. The amount of stressors acting on the individual is what defines whether his health will be affected or if this individual will develop skills to deal with the demands of life.

Stress can have consequences that are revealed both at the intellectual level and in social relationships and in the respective behavior within institutional organizations (BICHO and PEREIRA, 2007, p. 4).

## **2.2 SOMATIC AND PSYCHIC SYMPTOMS THAT DEMONSTRATE THE PRESENCE OF STRESS**

Stress, in its positive phase, the alert phase, mobilizes strength, attention and motivation in the individual, induced by the production and action of adrenaline in the body, enabling a more creative and motivated state to perform tasks that require a





little more effort. commitment and dedication. The beginning of the action of stress occurs with the appearance of muscular tension, combined with the acceleration of heart beats and the physical mobilization of the organism to react to a situation. Physical changes in general precede the emotional reaction (LIPP, 2013, p. 73).

Daily events that cause some level of dissatisfaction and anxiety may not represent a concrete threat to an individual, however, viewed globally, they can define what Seta, Seta and McElroy cited by Weiten (2010) call the cumulative nature of stress. For these authors, the stressors considered minor add up collectively, causing strong tension.

Thus, this can occur in any role performed where people are subject to nervous crises, continuous and excessive irritation situations, long anger, a lot of tiredness and, fundamentally, the loss of a sense of humor. These signs (symptoms) affect regions of the body with great intensity such as cold hands and feet, excessive sweating, muscle tension, loss of sleep, very tiredness, flatulence, memory loss and dermatological diseases (COSTA *et al*, 2007).

In a survey carried out with lawyers, Silva (2020) identified a prevalence of symptoms of the resistance phase, pointing out a high incidence of psychological symptoms in the survey, among which excessive tiredness, permanent tiredness and lack of memory are cited.

In another work that relates the theme, aspects such as insomnia, sexual problems and loss of sense of humor are cited as a response to stress, present in people who are under strong tension (ALVES, 2018).

Lipp (2013) indicates as symptoms of stress, mental fatigue, difficulty concentrating, loss of immediate memory, apathy and emotional indifference, as well as low productivity, loss of creativity, self-doubt about unsatisfactory performance, crises of anxiety, depressive mood, reduced libido, with a decline in quality of life and a common report of running away from everything.





The prevalence of the stressor in the alert phase or the emergence of another stressor that further challenges the adaptive capacity of the individual leads this same individual to the resistance phase, where symptoms such as difficulties with memory, tiredness and very tiredness stand out (ALVES, 2018). .

In the resistance phase, there is a drastic drop in productive capacity, a decrease in biological immunity to viruses and bacteria and a search for the reestablishment of homeostasis. Simmons (2000) points out as symptoms of stress the constant delay to do a job, the increase in memory lapses and accidents, greater agitation, anxiety or loss of control, tiredness and sleep disturbances, lack of time for oneself and low morale (COSTA *et al*, 2007).

Feelings related to loss, boredom, frustration, performing a new task or a situation perceived as dangerous are frequent conditions for the manifestation of stress symptoms (SIMMONS, 2012), as it exposes the requirement of each person to use internal resources. available, to deal with the unpredictability of events in the environment or dissatisfaction when stimuli that arouse motivation in a given situation are not perceived.

An individual in the near-exhaustion phase may manifest symptoms of mental fatigue, difficulty concentrating, immediate memory loss, emotional indifference, tremors, skin problems, hair loss, sexual impotence or loss of sexual desire, weight loss or gain. , doubts, anxiety, panic attacks, high blood pressure, questioning before life, decrease in quality of life, gastritis or ulcer, among other symptoms resulting from a gradual collapse of the body due to the ineffectiveness of maintaining resistance to stressful stimuli that exhausted the capacity adaptation of the individual (WEITEN, 2010).

The evolution of stress symptoms implies a decline in the productive capacity of any person exposed to conditions contrary to their well-being, indicating significant damage, both biologically and psychologically (LIPP, 2013).



## **2.3 PSYCHOLOGICAL VULNERABILITIES IN LAWYERS IN THE FACE OF STRESS**

The predisposition of an individual to symptoms of a psychological nature allows for a greater incidence of stress in this area, causing greater vulnerability. The different ways of coping with stressful situations that may require new arrangements as an adaptation strategy are thus explained by some researchers on the subject (COSTA et al, 2007).

Ferreira (2012) argues that models of interpretation of reality and life experience in the interaction with the psychosocial context in which the individual is inserted guide the pattern of responses to changes that require a need for physical and/or emotional adaptation.

Weiter (2010) states that stress is a matter of point of view, and assessments of stressful situations are loaded with subjectivity. Limongi-França agrees, cited by Oliveira and Bardagi (2010, p. 155) “work stress refers to a situation in which a person sees their workplace as threatening their need for personal and professional growth” or health issues physical and psychological, which ends up harming the performance of work activities, as this work becomes too excessive for the person or they do not have adequate strategies to deal with the situation.

Leahy (2006) argues that the psychological vulnerability that causes instability in an individual is the result of rigid, hyper-conclusive, impossible thoughts that maximize the tendency to depressive episodes or anxiety states, these two psychological manifestations of stress mentioned by Lipp. (2003). Leahy (2006) also states that there are negative personal schemas, which create selective attention and memory, that is, these individuals will be more likely to detect or interpret and remember and remember information consistent with the schemas, reinforcing them even more.

According to Ferreira (2012) the most predominant emotional factors in professionals who show symptoms of stress are: low resistance to frustration (characteristic of the individual who gets bored easily); high standard of personal demand; constant



threats (people who feel intimidated, generating attitudes of retreat and withdrawal); lack of time for themselves (individuals who cannot organize their time, managing it in a profitable way); constant anxiety; low self-esteem (people who place little personal value on themselves).

For França and Rodrigues (2009) the authors cited above, a person facing an event, performs a mental process, in which two activities occur, one rational and the other emotional, in which the person makes a recognition of the possibilities based on past experiences, which will have a decisive importance in the way a person perceives stress, how he will fight it, the intensity with which he experiences it and how he responds to stressful stimuli, thus, the authors justify, the same stressful event can motivate a person to feel happy, while for another it can be a cause of suffering.

In the groups of factors related to beliefs, the individual has convictions, premises about the most varied circumstances of the reality that surrounds him, and such convictions or premises influence his perception of events, even though he is not always aware of his own beliefs (OLIVEIRA and BARDAGI, 2010).

People differ according to the resources they have at their disposal to overcome a stressful situation. Resources include physical strength and skills, knowledge and experience, energy and experience, but also material and interpersonal support (BICHO and PEREIRA, 2007, p. 6).

## **2.4 BURNOUT SYNDROME**

The term burnout syndrome is a complex of physical, emotional, cognitive and behavioral symptoms that was scientifically formulated in New York City in 1974 by Herbert Freudenberger who described exhaustion and tiredness, headaches, indigestion and insomnia, irritability and impatience. , in addition to loss of flexibility in thinking and a decrease in purposeful and deliberate action in volunteers working in social institutions. It is noteworthy that several descriptions of these same symptoms had already been reported in fiction literature in which characters report dissatisfaction at work (MENECHINI et al., 2011).



Since the 1970s, attempts have been made to scientifically reveal the symptoms, personality characteristics, and working conditions observed in burnt out individuals under the term Burnout Syndrome. Initially, the prevailing view was that burnout occurred only in the context of paid employment in social and helping professions with high emotional stress (eg, nurses and teachers). Today it is known that this is not the case and that the Syndrome can affect any type of professional (SILVA, 2020).

Thus, there is much evidence that the multiple and, ultimately, uncharacteristic symptoms that are attributed to a burnout syndrome represent physical, emotional, cognitive, and behavioral reactions to a chronic physical and/or psychological stressor. (AHOLA and HAKANEN, 2014).

In this sense, Burnout Syndrome would be better understood as a non-specific stress disorder. This manifests clinically with the key symptom of exhaustion in the context of various chronic psychosocial stresses (AHOLA and HAKANEN, 2014).

Burnout Syndrome occurs in all types of professionals and is especially common in individuals who take care of other people's problems. The development of Burnout Syndrome is related to an imbalance of the professional's personal characteristics and issues related to work or other organizational factors (TRIGO et al., 2007).

Burnout Syndrome is associated with many deleterious consequences, including increased job turnover rates, reduced patient satisfaction, and decreased quality of care (SANTOS, 2012).

Burnout Syndrome also directly affects the mental health and physical well-being of many lawyers, including women who work around the world. Until recently, Burnout Syndrome and other psychological disorders in legal professionals remained relatively unknown (BENEVIDES-PEREIRA, 2001).

To raise awareness about Burnout Syndrome, some international bodies have developed diagnostic actions, which in Brazil has not yet been carried out, especially



in the legal profession. In some countries such as Canada, Germany, the United States and Scandinavian countries, the residency of lawyers is known, but in recent years, programmatic reforms, including office hours restrictions, have been made by individual programs and accreditation bodies to reduce the stress of the legal professionals (BONACH and HECKERT, 2012).

However, there remains a need to explore further issues related to stress and well-being, including identifying appropriate measurement tools. Two possibly related phenomena that have been shown to affect the well-being of lawyers, especially women, are psychological disorders such as depression and Burnout Syndrome, characterized by chronic feelings of doubt and fear. (GUNDERSEN, 2001).

Regarding the confluence between the course (Conflict Resolution and Mediation) and the research theme (The Burnout Syndrome in Advocacy: The reflexes in the face of the daily confrontations and struggles of the Woman Lawyer) these are found in the fact that the conflict does not occur separately from the rest of life. It happens in a context. Establish a relationship between Burnout syndrome and the world of law where conflicts are managed constructively (KUROWSKI, 1999).

Create an environment of cooperation to manage conflict constructively and instill values that allow people to be healthy. A conflict mediation process requires good psychological conditions, and Burnout Syndrome is a psychological term (concept) for the experience of long-term exhaustion and decreased interest (depersonalization or cynicism), usually in the context of work (KOVACS et al. ., 2012).

Burnout is often interpreted as the result of a period of hard work and little recovery. Law enforcement workers are often subject to burnout. Still, burnout can affect workers of any kind. High-stress jobs can lead to more burnout than lower-stress jobs (AHOLA and HAKANEN, 2014).

Lawyers deal with conflicting situations all day long and if they were female, this situation is more aggravating because they infer two working hours (professional and



social) which ends up transforming their mental situation into a situation subject to the most diverse psychological problems (MENEZHINI et al., 2011).

The causes of Burnout syndrome are formatted from a multidimensional framework that involves individual and environmental factors, which are directly related to a certain professional devaluation. Thus, it is of fundamental importance to carry out an accurate diagnosis, which does not leave any doubts or generate confusion between Burnout and other diseases, such as depression, since both have similar symptoms, when they are still in the initial stages (KOVACS et al., 2012).

In the context of the current globalized world, work activities are not always linked to pleasure, recognition and the possible, but with an obligation to survive that causes suffering and illness in the worker, which arises when people are unable to adapt to their work activity to their physiological needs and desires. Burnout Syndrome is defined as a condition in which the worker loses the sense of his relationship with work, so that things no longer matter and any effort seems useless (SHANAFELT et al., 2012).

Burnout Syndrome appears as "a reaction to chronic emotional tension generated from direct and excessive contact with other human beings, particularly when they are worried" or as a multidimensional concept that involves three components: emotional exhaustion, depersonalization and lack of personal involvement at work (MASLACH et al., 1981).

The Burnout Syndrome results from the interaction of psychological, biological and sociocultural variables, in addition to multi-determinant risk factors that increase the probability of the development and maintenance of the Syndrome (MASLACH et al., 2001).

Thus, the degree and type of manifestation will depend on the configuration of individual factors (genetic predisposition, socio-educational experiences) . First described in the 1970s, Burnout Syndrome is a constellation of work-related



symptoms and signs that usually occurs in individuals with no history of psychological or psychiatric disorders (MUROFUSE et al., 2005).

Burnout Syndrome is triggered by a discrepancy between the professional's expectations and ideals and the real demands of their position. The symptoms of Burnout Syndrome usually develop gradually and are usually absent when entering a new type of professional activity (AHOLA and HAKANEN, 2014).

In the early stages of Burnout Syndrome, individuals experience emotional stress and increasing work-related disillusionment. Subsequently, they lose the ability to adapt to the work environment and show negative attitudes towards work, co-workers and clients, in the case of lawyers. Three classic symptoms of Burnout Syndrome develop: exhaustion, depersonalization and personal accomplishment reduced to exhaustion is generalized fatigue that can be related to dedicating excessive time and effort to a task or project that does not seem beneficial (MASLACH et al., 2001).

For example, a feeling of exhaustion, particularly emotional exhaustion, can be caused by continuing to care for a client who has little chance of recovery. Depersonalization is a distant or indifferent attitude towards work. It manifests as negative, insensitive and cynical behavior or interacting with colleagues or clients in an impersonal way. Personalization can be expressed as unprofessional comments directed at co-workers, blaming clients for their problems, or the inability to express empathy or sadness when a client loses freedom (MASLACH et al., 2001).

The reduction in personal fulfillment is the tendency to negatively evaluate the value of their work, feeling insufficient in relation to the ability to perform the work and a generalized poor professional self-esteem. Individuals with Burnout Syndrome may also develop nonspecific symptoms, such as feeling frustrated, angry, fearful, or anxious (Table 2.1). They can also express an inability to feel happiness, joy, pleasure or contentment.





Table 2.1 - Symptoms associated with Burnout Syndrome

Psychological symptoms	Physical symptoms
Frustration	Exhaustion/fatigue
Rage	Insomnia
Fear	Muscle tension
Headache	Craving
Inability to feel happy	Health problems
Being unprofessional	Depression
Feeling overwhelmed	Exhaustion/Fatigue/Insomnia
Disillusionment	Insomnia
Hopelessness	Physical tension
Lack of empathy	Health problems
Feeling insufficient at work	Exhaustion/Fatigue/Insomnia/Anger

Source: Moss (2016, p. 133).

Burnout Syndrome can be associated with physical symptoms including insomnia, muscle tension, headaches and gastrointestinal problems. Burnout Syndrome is most commonly diagnosed using the *Maslach Burnout Inventory* (MBI). The MBI is a 22-item self-report questionnaire that asks respondents to indicate on a seven-point Likert's scale how often they experience certain feelings related to their work (BENEVIDES-PEREIRA, 2001).

The MBI is scored according to the presence and severity of emotional exhaustion, depersonalization and reduced sense of personal fulfillment. Individuals are diagnosed with Burnout Syndrome if they exceed a cut-off value on the MBI. However, the precise cut-off values for female lawyers have not been determined. As a result, the diagnostic criteria for Burnout Syndrome among the studies, making comparisons from one study to another difficult (MASLACH et al., 2001).



Other conditions may overlap with burnout syndrome, including moral distress, perceived inadequate caregiving, and compassion fatigue (also called secondary traumatic stress) (SHANAFELT et al, 2012).

Moral distress occurs when an individual knows the ethical and appropriate action to take, but feels prevented from performing the specific action. Moral distress can be related to internal constraints, such as doubt, anxiety about creating a conflict and lack of trust (BENEVIDES-PEREIRA, 2001).

Moral distress can also be related to external constraints, such as imbalances in perceived power (for example, between a lawyer and a judge), inadequate communication strategies, and pressure to reduce costs or avoid legal ramifications. Lawyers generally consider care inappropriate when it is not aligned with their personal beliefs or professional knowledge. Examples of perceived inadequate care include: (1) differences in the amount of care provided and the expected prognosis (BENEVIDES-PEREIRA, 2001).

Fatigue is characterized by a gradual reduction in incompetence over time that results from a cumulative and persistent desire to help clients in their struggle for freedom, especially when it is certain that they are not culpable; it is sometimes referred to as the cost of care (MASLACH et al., 2001).

Moral anxiety, inadequate care delivery, and compassion fatigue occur in legal professionals, particularly women. For example, the perception of inadequate care occurs in 25% of female lawyers (SHANAFELT et al, 2012).

Of the few existing studies related to fatigue, organizational support seems to be an important factor in mitigating the effects of Burnout. Studies on factors associated with burnout and secondary trauma among 66 lawyers were tested in the United States using the Oldenburg Burnout Inventory and Secondary Traumatic Stress Scale. The results of this study showed that a low perception of organizational support along with working time was associated with significantly higher burnout (CHERNISS, 2010b).



In contrast, the forensic interview itself did not lead to burnout. Similarly, the effects of secondary stress were assessed in a non-random sample of 256 lawyers using the Secondary Scale Traumatic Stress and found that the degree of job support that interviewers received both inside and outside their agencies had a significant relationship with the amount of stress they experienced (ARAÚJO, 2018).

According to this study, other factors that impacted work-related stress include poor supervision, dual roles within the organization, lack of self-care education, and insufficient teamwork. To understand how legal organizations can reduce Burnout and to improve job satisfaction among lawyers and other professionals, Bonach and Heckert (2012) used an electronic cross-sectional survey with lawyers in the Northeast region of the United States (BENEVIDES-PEREIRA, 2001; ARAÚJO, 2018).

Among 222 respondents, most of them identified themselves as “experts in forensic interviews”; however, many identified their professional experience as a police officer, child welfare, medical, mental health or prosecutor. Approximately one-third of respondents reported that they were currently experiencing burnout based on the Oldenburg Burnout Inventory (BONACH and HECKERT, 2018).

The results showed that job satisfaction was significantly higher when lawyers were allowed time off after a difficult interview to disconnect from the work environment. A high level of job satisfaction was closely related to feeling supported and feeling like they had more control over their work (BONACH and HECKERT, 2018).

Support inside and outside of their professional obligations was key to preventing burnout. These studies highlight the impact management can have in promoting job satisfaction while mitigating burnout to promote a stable, long-term workforce (PERRON and HILTZ, 2006).

Burnout syndrome is not a specific clinical condition with clearly defined criteria. To date, there is no objective marker of the disease nor a uniform definition of the symptoms that characterize the Burnout syndrome (MASLACH et al., 2001).



The dimensions of symptoms operationalized by Maslach and Jackson (1981) were probably the most frequently used and the best researched in addition to a) work exhaustion, the authors described; b) an alienation and cynical attitude towards work; and, c) reduced productivity at work. With the Maslach Burnout Inventory (MBI), the symptoms associated with Burnout can be recorded in a standardized way by the individual and the severity of the Burnout syndrome can be determined. Typical items on the MBI questionnaire related to the legal profession would be, for example, “At the end of a day of practice, I'm done” (exhaustion); “I treat patients with indifference” (alienation) and “I cannot deal well with patients' problems” (ineffectiveness) (BENEVIDES-PEREIRA, 2001; BONACH and HECKERT, 2018).

Proponents of the burnout hypothesis consider that work alienation and, above all, dissatisfaction with professional performance have little meaning for the concept of Burnout, but for the vital emotional radical. Physical and cognitive exhaustion are the cardinal symptoms in the foreground (BENEVIDES-PEREIRA, 2001).

On the other hand, other approaches try to define Burnout as a clinical process in the course of which several symptoms can occur. Burnout syndrome is not included in the ICD-10 as a diagnosis, but under the number Z73.0 among the problems to deal with life. Z73 is listed as a factor that influences health status and leads to the use of health services (PERRON and HILTZ, 2006).

Thus, Burnout syndrome has disease value, but it is not a recognized somatic or psychiatric illness. This may explain why Burnout research has advanced in several fields in recent years, including work and organizational psychology. As Burnout is not an officially recognized disease, there are profound consequences for doctors who treat disability insurance and health care providers (PERRON and HILTZ, 2006).

The increasing acceptance of physical complaints without objective findings (eg, somatoform disorders and fibromyalgia) when assessing ability to work has become a daily challenge for clinicians (CHERNISS, 2010b).



The future will show whether efforts that understand Burnout as a somatic syndrome work. Making it included as a recognized medical disease on axis III in the DSM-V or in future versions of the ICD (ARAÚJO, 2018).

### **3. METHODOLOGICAL DESIGN**

The research focus will be qualitative and quantitative. That is, it will take into account the numerical data in an analysis of the quality of these data, taking into account the reading of their contents (MORAES, 2014).

The population consisted of the total number of women lawyers in the city of Manaus, State of Amazonas, Brazil diagnosed with psychological problems, totaling 23. That is, when a search was made for how many female lawyers were away from work, it was discovered in the sectional OAB of the State of Amazonas, Brazil that they totaled a little more than 40. Upon entering their removal documents, it was noticed that 23 were clearly described, Burnout Syndrome. That's how they were sure, that is, when diagnosed with the problem. (GIL, 2014).

The sample consisted of 5 women lawyers out of 23 on leave from work with a medical report of Burnout Syndrome, which makes up 21.74% of the populations of women lawyers in the city of Manaus, State of Amazonas, Brazil with some type of psychological problem. The inclusion criteria were lawyers with proven Burnout Syndrome, that is, it was verified in the documents of the sectional OAB of the State of Amazonas that deal with the reasons for absence from work and their medical report, since when we talk about diagnosis we talk about evidence of cases. As an exclusion criterion, all cases that still do not have a closed diagnosis of Burnout Syndrome were considered (MORAES, 2014).

The measuring instrument was the questionnaire. This form was chosen because of the COVID-19 pandemic, which prevented carrying out a survey through the Focus Group, which was the initial intention of this work. Thus, he decided to apply a questionnaire via E-mail in compliance with the social distance recommended by health authorities (GIL, 2014).



The questionnaire was built taking into account the Copenhagen Burnout Inventory, which is the most used tool to measure Burnout. The second instrument was the Lipp test, which measures the same situation as the Burnout inventory, that is, it measures people's level of fatigue. The interview is one of the most used data collection techniques in the social sciences, "As a data collection technique, the interview is quite suitable for obtaining information about what people know, believe, expect, feel or want. , intend to do, do or did, as well as about their explanations, or reasons regarding the preceding things" (GIL, 2014).

In this sense, the semi-directive interview was chosen, in which the interviewees will be invited to answer a set of open questions, without obeying a rigid sequence and according to their own language, allowing them a significant degree of freedom in approaching the questions. questions asked (GIL, 2014).

The interview was constructed in such a way as to allow collecting the information prescribed by the indicators of the analysis model in order to test the formulated hypotheses, seeking to contain questions related to each of these indicators. According to Moraes (2014, p. 124) the questionnaire is "the investigation technique composed of a more or less high number of questions presented in writing to people, with the objective of knowing opinions, beliefs, feelings, interests, expectations, situations experienced etc."

The interview was conducted by email. The researcher contacted the people who were randomly selected to participate in the research by telephone and, when collecting their respective E-mails, sent the questionnaire so that it could be answered, being available for any clarification. The interview included the type of interview, questions and an interview guide (GIL, 2014).



## 4. RESULTS

### 4.1 COPENHAGEN BURNOUT INVENTORY

The Copenhagen Burnout Inventory presents the extremely high risk of occupational burnout.

Table 4.1 - Copenhagen Burnout Inventory 1st part

Characteristics	Level			
	Very	Little	Ever	Often
Are you tired of working with law on a daily basis?	4	0	1	0
Do you feel exhausted after a day at work?	5	0	0	0
Do you feel exhausted when you wake up and think that it will be another day at work?	4	0	1	0
Do you wonder how long you will have to work as a lawyer?	4	0	0	1
Do you feel like every hour of the workday is exhausting?	5	0	0	0
How often do you think you will get sick because you feel fragile?	3	0	1	1
Do you have the mood for leisure with family and/or friends?	0	3	1	1
Does your work cause you emotional distress?	5	0	0	0
Does your work cause frustration?	5	0	0	0
Do you think your work is irrelevant at the moment?	2	1	1	1
Are you exhausted by the quirks of your work?	3	0	1	1

Source: Field survey conducted by email (2020).

Thus, analyzing table 4.1, the high level of stress of the interviewed lawyers can be clearly seen, making it possible to diagnose them with Burnout Syndrome (SHANAFELT et al, 2012).





As can be seen in the table above, stress is present in the professional activity of lawyers. The data are substantial, since the work of a lawyer is an activity of support and compliance with norms, precisely against those who did not comply with norms, which ends a situation of conflict between two legal entities.

Table 4.2 - Copenhagen Burnout Inventory 2nd part

Characteristics	Level		
	Daily	Sometimes	Never
How often are you tired?	4	1	0
How often do you feel drained?	4	1	0
How often do you feel emotionally exhausted?	5	0	0
How often do you say you "can't take it anymore"?	4	1	0

*Source: Field survey conducted by email (2020)*

Table 4.2 shows that the activity of a lawyer, in this way, requires intense concentration of the professional who is responsible for executing the rules of law. Castro et. al. (2012, p. 6) in a study on stress at work: "it appears that 100.00% of respondents need to have a lot of concentration in the activities they perform, causing intense physical and psychological fatigue". What leads to fatigue is work in which a mistake can cause major damage or compromise the safety of others. Constant vigilance and the fear of making mistakes can lead to psychic fatigue and psychosomatic manifestations in the most vulnerable individuals.

## **4.2 APPLICATION OF THE BURNOUT SYNDROME SYMPTOMS INVENTORY FOR ADULTS**

After the application of the LIPP stress symptoms inventory, the lawyers were given a questionnaire with ten questions, the results of which were demonstrated in the first part of this study, followed by the Lipp test results, whose results are described in the table below .



Table 4.3 - Lipp Test - Burnout Syndrome Symptoms Inventory applied to lawyers

Lipp Test – ISSL – Stress Symptom Inventory for LIPP adults. DATE    /    /
Phase I - Alert (alarm)
SYMPTOMS IN THE LAST 24 HOURS
(0.00%) Cold hands and/or feet
(100.00%) Dry Mouth
(60.00%) Knot or pain in the stomach
(60.00%) Increased sweating (a lot of sweating)
(80.00%) Muscle tension (muscle pain)
(80.00%) Jaw clenching/tooth grinding
(0.00%) Transient diarrhea
(100.00%) Insomnia, difficulty sleeping
(0.00%) Tachycardia (accelerated heartbeat)
(60.00%) Gasping, ragged breathing
(80.00%) Sudden and transient hypertension
(100.00%) Change in appetite (a lot or a little)
(100.00%) Sudden reduction of motivation
(0.00%) Sudden enthusiasm
(0.00%) Sudden desire for new projects



## Phase II - Resistance (fight)

### SYMPTOMS IN THE LAST MONTH

(100.00%) Problems with memory, forgetfulness

(100.00%) Generalized malaise, without cause

(20.00%) Tingling extremities (feet/hands)

(100.00%) Feeling constant physical wear and tear

(100.00%) Change in appetite

(20.00%) Emergence of prob. dermatological (skin)

(80.00%) Arterial hypertension (high blood pressure)

(100.00%) Constant tiredness

(20.00%) Prolonged gastritis=burning, heartburn

(20.00%) Dizziness-feeling of being floating

(80.00%) Excessive emotional sensitivity

(100.00%) Doubts about yourself

(60.00) Thoughts on a single subject Excessive irritability

(40.00%) Decreased libido=sexual desire

## Phase III - Exhaustion (exhaustion)

### SYMPTOMS IN THE PAST 3 (THREE) MONTHS

(20.00%) Frequent diarrhea



(40.00%) Sexual Difficulties

(20.00%) Extremities-hands/feet tingling

(100.00%) Insomnia

(0.00%) Nervous tics

(80.00% confirmed arterial hypertension

(20.00%) Prolonged skin problems

(100.00%) Extreme change in appetite

(20.00%) Tachycardia (accelerated heartbeat)

(20.00%) Frequent dizziness

(0.00) Inability to work

(60.00%) Nightmares

(100.00%) Feeling incompetence in all areas

(100.00%) Willingness to run away from everything

(100.00%) Apathy, willingness to do nothing, depression

(100.00%) Excessive tiredness

(40.00%) Constant thinking on the same subject

(80.00%) Irritability with no apparent cause

(100.00%) Daily anguish or anxiety



(100.00%) Emotional hypersensitivity

(100.00%) Loss of sense of humor

Phase IV - Exhaustion (total lack of resistance)

SYMPTOMS IN THE PAST 3 (THREE) MONTHS

(40.00%) Sexual Difficulties

(20.00%) Tingling extremities-hands/feet Insomnia

(0.00%) Nervous tics

(80.00%) Confirmed arterial hypertension

(20.00%) Prolonged skin problems

(0.00%) Tachycardia (accelerated heartbeat)

(0.00%) Frequent dizziness

(0.00%) Ulcer

(100.00) Feeling incompetence in all areas

(100.00%) Willingness to run away from everything

(100.00%) Apathy, willingness to do nothing, depression

(100.00) Excessive tiredness

- In the event of 7 symptoms or more: the phase of contact with the source of stress, with its typical sensations in which the organism loses its balance and prepares to face the established situation due to its adaptation. They are unpleasant sensations, providing conditions for reaction to them, being fundamental for the individual's survival).
- Occurrence of 4 symptoms or more: it is an intermediate phase in which the



organism seeks to return to balance. It is exhausting, forgetful, tiring and doubtful. Adaptation or elimination of stressors and consequent rebalancing and harmony may occur in this phase, or progress to the next phase as a result of non-adaptation and/or elimination of the source of stress).

- In the event of 9 symptoms or more: it is the “critical and dangerous” phase, with a kind of return to the first phase, however aggravated and with physical impairments in forms of diseases).

*Source: Field research (2020) adapted from Lipp (2003).*

Table 4.3 presents the level of stress at work that causes psychosomatic situations in those individuals most prone to these types of problems, which certainly indicates a psychic vulnerability. So in the question: Do you feel exhausted after a day at work? All answered yes, that they feel very exhausted in their work. This situation of intense fatigue at work is one of the characteristics of Burnout Syndrome. Pathogenically, it leads to Burnout syndrome complicated interaction between personality traits and occupational environmental factors in the medium and long term in a fateful emotional, physical, psychosocial and, above all, professional dead end as feeling very tired (MUROFUSE et al., 2005; MASLACH et al., 2001).

## 5. DISCUSSION

For Torres (2013) this is called “double socialization”, a structural explanation of the phenomenon of gender-specific inequality in the labor market that can be provided and a systematic linkage of classes and theoretical gender arguments can be made. Why does this still happen? Why, despite having achieved equal opportunities in education and training, so many women still plan their lives in such a way that they can only achieve peripheral positions within the general system of social inequality. The temptation is great to immediately turn to social psychology at this point is where the theoretical arguments of socialization fall. Thus, the fact that they work double shifts, such as taking care of the house (ARAÚJO, 2018).



Torres (2013) is why women themselves think this is a “female issue”, “female capacity for house management work” or “female morality”. Its empirical validity is not to be questioned, but this double journey can cause stress and then develop into Burnout Syndrome.

Undoubtedly, having children increases the responsibility and intensifies the double working hours of lawyers. Thus, social conditions are harsh and apply to all those professional women who have children and who are affected by them – regardless of their professional lives (ARAÚJO, 2018).

This situation produces the reproduction of gender inequalities specific to the labor market. Men, although with children, do not have the same relationship that a woman has with her children, according to Torres (2013).

The fact that the children are minors intensifies the responsibility of women lawyers-mothers, as they are entirely dependent on their mothers and fathers, with an addition, the mother is responsible for a series of daily tasks with the children, such as personal hygiene issues, security, food, etc. In the social field, the same thing happens: that doctor is better because he is more experienced. The engineer is more experienced and so on (ARAÚJO, 2018).

What is discussed is the value of experience for carrying out certain activities in certain functions, as in the case of law. For Vasconcelos (2012, p. 3) to be a superior professional lawyer, one has to observe the following characteristics:

Having to be a professional who has the fundamental knowledge of the profession in a deep way and who intends to exercise it, with the necessary critical sense and knowledge of the reality that surrounds him, in order to carry out a very careful analysis of the content and with sufficient preparation to, based on this same knowledge, produce new knowledge, using innovation, creativity and originality as a source of knowledge transmission; possess a good critical sense of sociocultural relationships and have the gift of the researcher. As can be seen in the words of the aforementioned author, it is not enough just to have knowledge, although it is





indispensable, but to have sufficient preparation. This sufficient preparation clearly refers to the issue of experience (TORRES, 2013; ARAÚJO, 2018).

In this respect, professional experience is an important step. Advocacy or its process cannot be understood as something isolated, apart from the social dynamics and its directions, unfortunately, the reality of law in Brazil has been the opposite of social demands (VASCONCELOS, 2012).

The analysis of research in the field of work psychology shows that one of its central places is occupied by the diagnosis of the worker's complex state, especially in situations of pronounced and prolonged stress, which often leads to total or partial professional burnout (MASLACH et al. ., 2001).

Among the professions with a high risk of burnout, one of the key places is occupied by the legal profession, especially if it is a woman. It is noted that the prevalence of Burnout in this professional segment is higher than the population values. Thus, in a 2013 survey, 8 out of 10 lawyer workers concluded that it was the characteristic symptoms of the state of Burnout that affected their personal and professional life (ARAÚJO, 2018).

Of these, 25.00% were women. The high risk of burnout is due to the specificities of activities in this area. For workers in this area, it is typical: the presence of a high mental load associated with the perception and experience of people's suffering; high requirements for the level of empathy to alleviate this suffering; a high level of responsibility for the results of the work due to its specificity; high risk of identification with the problems of people and their families; awareness of insufficient influence on the outcome of the process due to many factors that cannot be controlled and changed (SHANAFELT et al, 2012; MASLACH et al., 2001).

All these factors can lead to serious consequences for the mental and physical health of lawyers, especially if they were women. In addition, the risk of developing depression, anxiety disorders, and alcoholism is especially high. This is due to additional sources of stress for this category of lawyers with violation of circadian



rhythms, due to the presence of daily shifts, which affects the risk of developing chronic diseases of the cardiovascular, endocrine and gastrointestinal systems; high workload; and, consequently, the presence of unbalanced physical activity – undesirable food preferences, which leads to additional psycho-emotional stress. All this, in turn, increases the risk of errors in the work environment and the emergence of subsequent litigation, which also affects the risk of professional burnout for the lawyer and leads to the fact that the study of this sector is especially relevant (MORNEO et al., 2009).

In addition to health risks, the high level of occupational stress and burnout among female lawyers are associated with a colossal economic burden. It should be noted that the annual costs of reallocating working hours are very large (MASLACH et al., 2001).

It is understood, therefore, that concentration is fundamental for any job, since it demands from the person who performs it full performance and productivity of the task performed (MORNEO et al., 2009).

As can be seen in the work by Castro et. al. (2012) all those interviewed by the aforementioned authors think that the situation of intense concentration produces physical and mental fatigue. In this way, the same happens with the lawyers in this interview, as their work requires permanent concentration.

However, personalities appear to be at risk of burnout who overexert themselves at work (so-called overcommitment), either because they are easily absorbed, are under time pressure, cannot delineate, or because they feel dissatisfied outside of work (SHANAFELT et al. al, 2012).

Authoritarian and compulsive personalities with fear of losing control who have difficulty leaving work or accepting help if relief is needed also appear to be at risk. Several factors determine the potential for stress and, therefore, the toxicity of the workplace in relation to the development of a Burnout syndrome (MORNEO et al., 2009).



The profession of lawyer is a high-risk activity, since these professionals deal, in their daily lives, with people's expectations. The literature points out that lawyers are among the professionals who suffer the most from stress, as they are constantly exposed to people's expectations, and must often intervene in situations of human problems with a lot of conflict and tension (MORNEO et al., 2009).

Thus, the work environment of these professionals is perceived as threatening to their personal and professional needs, defining what Moreira (2009) called work-related stress. Conditions (eg long working hours, too much responsibility), a) little room for maneuver at work (lack of control), b) low reward for achievement, and c) little social support is unfavorable. With this constellation, there is an increased multiple risk of emotional, psychosomatic exhaustion. Complaints and dissatisfaction, i.e. being over-the-top and ready-to-spend personalities present the greatest risk.

There is a prospective relationship between Burnout and absence from work for more than three days due to physical and mental illness. The economic result. According to a study by the São Paulo Sectional Bar Association Secretariat, the health effects of work stress cost a lot to lawyers themselves annually (SHANAFELT et al, 2012).

The discrepancy between a person's personal goals and ideals and the demands of professional realities creates internal tensions. These discrepancies can be understood as gradually perceived stressors or stressors that went unnoticed for a long time (MORNEO et al., 2009).

Looking at tables 4.1 and 4.2, one can see the high level of stress of the professionals interviewed. The discrepancy between a person's personal goals and ideals and the demands of professional realities creates internal tensions. These discrepancies can be understood as gradually perceived stressors or stressors that went unnoticed for a long time Moss (2016, p. 133).

The decisive factor for the development of Burnout is whether a person recognizes physical and emotional stress reactions in a timely manner (i.e. before they become chronic and, to some extent, become neurobiologically independent and competent



enough to defuse the stressful situation). If this does not work out, the result is a psychophysical exhaustion of the entire organism, as a result of tendencies to excessive demands in people who never learned – or forgot – to perceive their own needs and at some point (MUROFUSE et al., 2005). ).

Thus, in order to discuss the results of the empirical study on professional burnout in female lawyers, one must return to the interpretation of the concepts of “professional stress” and “professional burnout” in modern foreign science. It should be noted that the concepts studied are considered in detail in psychological research, while in medical publications these terms do not have an unambiguous interpretation (MORNEO et al., 2009); (SHANAFELT et al, 2012).

In a large-scale review of foreign studies (786 works were analyzed), only 29 original works were found, the rest were citations of the latter, even so of the 29 works found, only 3 referred to the genre (MUROFUSE et al., 2005) .

There are no generally accepted definitions of these concepts. As main approaches to the development of the occupational stress concept, the following stand out: environmental, emphasizing the inadequacy of human resources working conditions; transactional, emphasizing the role of various psychological factors; regulatory stress, accentuating the dynamics of the psychological state in unfavorable conditions (MOREIRA et al., 2009).

In its most general form, the term “professional stress” can be understood as a set of work characteristics associated with the risk of professional burnout, that is, a negative reaction of the psyche and the body (MOSS 2016, p. 133).

Initially, the term “professional burnout” was introduced by the American psychiatrist H. Freudenberger in 1974. At first, it was understood as a general state of exhaustion combined with a feeling of uselessness and dissatisfaction. K. Maslach, one of the leading experts in the study of Burnout, has described this phenomenon in detail as a special state, which includes the following parameters on the part of the personality: feeling of emotional exhaustion (decreased activity, loss of interest, frustration);



depersonalization, formality in interacting with people, signs of insensitivity and cynicism); reduction of personal accomplishments (negative view of oneself and of the professional point of view – feeling of loss of professional competences) (MASLACH et al., 2001).

In 1983, in his work, E. Macher compiled a list of symptoms of this phenomenon, which included: physiological symptoms: chronic fatigue, overwork, exhaustion, insomnia and concomitant chronic illnesses; psychological symptoms: negative attitude towards customers, bosses, colleagues and workers with responsibilities; negative emotions and states (anger, irritability, anxiety, agitation, guilt). Unproductive coping: tobacco, coffee, alcohol, drugs, overeating (SHANAFELT et al, 2012).

Burnout is presented as a widespread phenomenon in modern society, increasingly attracting the attention of researchers and professionals [9]. However, the question of whether Burnout should be considered a disease remains a matter of scientific controversy (MORNEO et al., 2009).

The diagnosis of “Burnout” is absent in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders, while in the 10th edition of the International Classification of Diseases (ICD-10), Burnout has the code Z73. 0 and is defined as a state of vital exhaustion. In addition, the diagnosis of Burnout has been recognized as a legal basis for sick leave in several countries, such as Sweden and Norway (MUROFUSE et al., 2005).

Above all, it was noticed that the main reasons for Burnout in the interviewed lawyers were personal factors and the insufficient capacity of professionals with a tendency to Burnout to take care of themselves (MOREIRA et al., 2009).

Thus, it became evident that, if the symptoms of Burnout are detected, the issue is not in the psychological factors of the personality, but in the environmental factors and in the organization of work Moss (2016, p. 133).



Aronson et al. (2016) performed a systematic review of 25 scientific articles to find systematic evidence of a link between working conditions and the development of burnout symptoms in analyzed studies from 1990-2013 in Europe, North America, Australia and New Zealand.

The GRADE system was used with a 4-point evidence scale. High levels of social support and justice in the workplace have been found to protect against emotional exhaustion. High demands, low control in the workplace, high workload, low pay and job insecurity increase the risk of Burnout (MUROFUSE et al., 2005).

The lack of standards of care, as well as the presence of social stigma in relation to Burnout, leads to the emergence of unproductive coping strategies that support and enhance this condition (SHANAFELT et al, 2012).

To be considered a stress situation in phase I called alert, it is necessary that 7 (seven) or more symptoms occur. For this study, a prevalence of 20.00% of indications for each symptom was considered. In this case, the items indicated with more than 20.00% of occurrences were: Boca Seca (100.00); 60.00% Knot or stomach pain; 60.00 increase in sweating (a lot of sweat); 80.00% muscle tension (muscle pain); 80.00% jaw clenching/tooth grinding; 100.00% insomnia, difficulty sleeping; 60.00% of wheezing, ragged; 80.00% of sudden and transient hypertension; 100.00% change in appetite (a lot or a little); 100.00% sudden decrease in motivation. In Lipp's studies (2013), the alert phase is the least prevalent, a fact that was confirmed from the data provided by the research subjects.

The same criterion of phase I was adopted for phase II called resistance (fight), the most significant results were the following: 100.00% of problems with memory, forgetfulness; 100.00% generalized malaise, without cause; 100.00% of constant physical wear and tear; 100.00% change in appetite; 80.00% of arterial hypertension (high blood pressure); 100.00% constant tiredness; 80.00% of excessive emotional sensitivity; 100.00% self-doubt; 60.00% thoughts on a single subject Excessive irritability; and 40.00% decrease in libido=sexual desire (MUROFUSE et al., 2005).



For the diagnosis of stress, the occurrence of 4 (four) or more (Intermediate phase in which the body seeks to return to balance, which occurred with most respondents, as also shown in the study by Rossetti *et al.* (2011, p. 4): “of the participants who presented high levels of stress, the Resistance phase was the most prevalent among the participants, with 65.75%”.

Thus, in this context, the person acts automatically in an attempt to deal with their stressors in order to maintain their internal homeostasis. This was observed in the study with military personnel in the city of Natal - RN, which managed to identify a higher frequency of participants who were very resistant to stress (ROSSETTI *et al.*, 2011).

Thus Lipp (2013) found the same results as Rossetti's (2011) studies. Lipp's study (2013) was carried out in the city of Rio de Janeiro, where 50% of people presented stress in the resistance phase, which is in line with the social crisis that the city has been facing for many years, in terms of urban violence, although the author has not tested this hypothesis.

So the studies by Rossetti (2011) are perfectly in line with this study, since the resistance phase was also the most prevalent among military police officers in the Raimundo Vidal Pessoa public chain.

In the third phase called Exhaustion (exhaustion), to be considered stress, it is necessary to have 9 (nine) or more (“critical and dangerous” phase, with a kind of return to the first phase, but aggravated and with physical impairments in different ways). of diseases) (ROSSETTI, 2011).

In this sense, the results were as follows: 40.00% of sexual difficulties; 100.00% insomnia; 80.00% of confirmed arterial hypertension; 100.00% extreme change in appetite; 60.00% of nightmares; 100.00% feeling of incompetence in all areas; 100.00% willingness to run away from everything; 100.00% apathy, willingness to do nothing, depression; 100.00% excessive tiredness; 40.00% of constant thinking on the same subject; 80.00% irritability with no apparent cause; 100.00% of daily





anguish or anxiety; 100.00%) of emotional hypersensitivity; and, 100.00%) of loss of sense of humor (ROSSETTI, 2011).

In stage IV, 4 symptoms must occur. The results were as follows: 40.00% of sexual difficulties; 80.00% of confirmed arterial hypertension; 100.00 of feeling incompetence all areas; 100.00% willingness to run away from everything. 100.00% apathy, willingness to do nothing, depression; and 100.00 for excessive tiredness. In the event of 9 (nine) or more ("Critical and dangerous" phase, there is a kind of return to the first phase, however aggravated and with physical impairments in forms of diseases) (ROSSETTI, 2011).

In this way, the instrument used led to the following conclusion, for the lawyers who are in the resistance phase, there was a predominance of psychological symptoms, such as anxiety and depression, the same occurs in the exhaustion phase, concluding that they are in Burnout Syndrome (ROSSETTI, 2011).

## **6. FINAL CONSIDERATIONS**

This article answered the following question: what are the reflexes in the face of the daily confrontations and struggles of the woman lawyer in relation to the Burnout Syndrome? And according to research that relates the activity of advocacy to stress and Burnout Syndrome, it is observed that the attributions of this profession clash with the lack of full conditions for carrying out the work that these professionals are responsible for.

The environmental variables refer to a set of impeding factors present in the lawyers' double shift, chosen as the object of study, also extending to other environments; the presence of the lawyer in the process is necessary and in the case of women lawyers in the daily life of their homes. The data collected in the questionnaire and in the Stress Symptoms Inventory indicate a high incidence of stress in these professionals, with the possibility of evolving to Burnout Syndrome or even depression with the presence of physical and psychological symptoms, perceived by these professionals as a result of a high burden of obligations imposed within the scope of their



attributions. The study of stressful environmental variables, physical and psychological symptoms that demonstrate the presence of stress and the study of psychological vulnerabilities directed to the occupational universe served as the basis for data collection through the questionnaire and the inventory of stress symptoms.

Thus, in this research, it was possible to perceive the association of environmental factors with the professional condition and the manifestation of physical and psychological stress reactions, evidenced by the nature of the activity attributions, particularly in the performance of double shift activities in confrontation with the limitations of resources employed. of, institutional, social, family support and the prejudice stimulated by social media.

As seen in the theoretical framework, individual differences delineate psychological vulnerabilities in individuals, demonstrating how each one deals with stressors in the occupational environment and the intensity with which they experience the events that these agents trigger.

The data provided confirm the studies of several authors mentioned in this work, leading us to reflect on the negative impact of stress on the occupational universe of military police officers and contributing to the understanding of the phenomena that arise from the interaction between police and civil society, ethics and deviance of conduct.

Burnout among several professionals, including doctors and nurses, has been the subject of numerous psychological and medical studies in recent years, due to the higher rate of Burnout compared to most professions. But among lawyers it has been very little studied. The main factors of Burnout among workers are: professional factors and a high level of responsibilities;



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## **APPENDIX 1 - QUESTIONNAIRE**

### **1 - Socio-demographic situation**

#### **1.1 - Marital status**



( ) Married ( ) Single ( ) Separated ( ) Widow ( ) Other

1.2 Do you have children?

( ) Yes ( ) No

1.2.1 If you have children, how many: \_\_\_\_\_

1.2.2 If you have children, how many are minors?

1.3 Time in the profession

( ) Less than 1 year ( ) More than 1 year and less than 5 years ( ) More than 5 years

1.4 Average private income

( ) Less than BRL 10,000.00 ( ) Between BRL 10,000.00 and BRL 20,000.00

( ) More than BRL 20,000.00

1.5 Do you have a health plan?

( ) Yes ( ) No

1.5.1 If so, does the plan cover psychological care?

( ) Yes ( ) No

2 Copenhagen Burnout Inventory

2.1 Are you tired of working with law on a daily basis:

( ) A lot ( ) A little ( ) Always ( ) Often

2.2 How often are you tired?





( ) Daily ( ) Occasionally ( ) Never

2.3 Do you feel exhausted after a day at work?

( ) A lot ( ) A little ( ) Always ( ) Often

2.4 How often do you feel drained?

( ) A lot ( ) A little ( ) Always ( ) Often

2.5 Do you feel exhausted when you wake up and think that it will be another day at work?

( ) A lot ( ) A little ( ) Always ( ) Often

2.6 Do you wonder how long you will have to work as a lawyer?

( ) A lot ( ) A little ( ) Always ( ) Often

2.7 How often do you feel emotionally exhausted?

( ) A lot ( ) A little ( ) Always ( ) Often

2.8 Do you feel that every hour of the workday is exhausting?

( ) A lot ( ) A little ( ) Always ( ) Often

2.9 How often do you say that you “can't take it anymore”?

( ) A lot ( ) A little ( ) Always ( ) Often

2.10 Do you often think you will get sick because you feel fragile?

( ) A lot ( ) A little ( ) Always ( ) Often

2.11 Are you willing to spend time with family and/or friends?



( ) A lot ( ) A little ( ) Always ( ) Often

2.12 Does your job cause you emotional distress because it is exhausting?

( ) A lot ( ) A little ( ) Always ( ) Often

2.13 Does your work cause frustration?

( ) A lot ( ) A little ( ) Always ( ) Often

2.14 Do you think your work is irrelevant at the moment?

( ) A lot ( ) A little ( ) Always ( ) Often

2.15 Are you burnt out because of the peculiarities of your work?

( ) A lot ( ) A little ( ) Always ( ) Often

## **APPENDIX 2 - LIPP TEST**

Lipp Test -ISS- Stress Symptoms Inventory. DATE        /        /

Phase I - Alert (alarm)

**SYMPTOMS IN THE LAST 24 HOURS**

( ) Cold hands and/or feet

( ) Dry mouth

( ) Knot or pain in the stomach

( ) Increased sweating (a lot of sweating)

( ) Muscle tension (muscle pain)

( ) Jaw clenching/tooth grinding



- ( ) Transient diarrhea
- ( ) Insomnia, difficulty sleeping
- ( ) Tachycardia (rapid heartbeat)
- ( ) Panting, ragged breathing
- ( ) Sudden and transient hypertension
- ( ) Change in appetite (a lot or a little)
- ( ) Sudden increase in motivation
- ( ) Sudden enthusiasm
- ( ) Sudden desire for new projects

#### Phase II - Resistance (fight)

#### SYMPTOMS IN THE LAST MONTH

- ( ) Problems with memory, forgetfulness
- ( ) Generalized malaise, without cause
- ( ) Tingling extremities (feet/hands)
- ( ) Sensation of constant physical wear and tear
- ( ) Change in appetite
- ( ) Emergence of dermatological problems (skin)
- ( ) Arterial hypertension (high blood pressure)
- ( ) Constant tiredness



( ) Prolonged gastritis, burning, heartburn

( ) Dizziness-feeling of being floating

( ) Excessive emotional sensitivity

( ) Doubts about yourself

( ) Thoughts on a single subject

( ) Excessive irritability

( ) Decreased libido=sexual desire

Phase III - Exhaustion (exhaustion)

SYMPTOMS IN THE PAST 3 (THREE) MONTHS

( ) Frequent diarrhea

( ) Sexual Difficulties

( ) Tingling extremities-hands/feet

( ) Insomnia

( ) Nervous tics

( ) Confirmed arterial hypertension

( ) Prolonged skin problems

( ) Extreme change in appetite

( ) Tachycardia (rapid heartbeat)

( ) Frequent dizziness



- ( ) Ulcer
- ( ) Inability to Work
- ( ) Nightmares
- ( ) Sensation of incompetence in all areas
- ( ) Willingness to run away from everything
- ( ) Apathy, willingness to do nothing, depression
- ( ) Excessive tiredness
- ( ) Constant thinking on the same subject
- ( ) Irritability without apparent cause
- ( ) Daily distress or anxiety
- ( ) Emotional hypersensitivity
- ( ) Loss of sense of humor

Phase IV - Exhaustion (total speaks of resistance)

SYMPTOMS IN THE PAST 3 (THREE) MONTHS

- ( ) Sexual Difficulties
- ( ) Tingling extremities-hands/feet
- ( ) Insomnia
- ( ) Nervous tics
- ( ) Confirmed arterial hypertension



- ( ) Prolonged skin problems
- ( ) Extreme change in appetite
- ( ) Tachycardia (rapid heartbeat)
- ( ) Frequent dizziness
- ( ) Ulcer
- ( ) Inability to Work
- ( ) Nightmares
- ( ) Sensation of incompetence in all areas
- ( ) Willingness to run away from everything
- ( ) Apathy, willingness to do nothing, depression
- ( ) Excessive tiredness

- In the event of 7 symptoms or more: the phase of contact with the source of stress, with its typical sensations in which the organism loses its balance and prepares to face the established situation due to its adaptation. They are unpleasant sensations, providing conditions for reaction to them, being fundamental for the individual's survival).
- Occurrence of 4 symptoms or more: it is an intermediate phase in which the organism seeks to return to balance. It is exhausting, forgetful, tiring and doubtful. Adaptation or elimination of stressors and consequent rebalancing and harmony may occur in this phase, or progress to the next phase as a result of non-adaptation and/or elimination of the source of stress).
- In the event of 9 symptoms or more: it is the “critical and dangerous” phase, with a kind of return to the first phase, however aggravated and with physical impairments in forms of diseases).



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