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REVIEW ARTICLE

Occupational challenges: burnout syndrome and brazilian legislation

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Abstract:

The article addresses the intersection between Burnout Syndrome and changes in Brazilian legislation, offering a holistic view of the clinical, psychological and legal implications of this phenomenon in the workplace. By exploring the trajectory of Burnout Syndrome as a new occupational condition, the analysis highlights the evolution of legal perspectives in Brazil. Using a desk research approach, the study reviews Brazilian legislation and analyzes related studies, revealing increasing attention to mental health and specific changes in legislation to protect workers. Furthermore, the ethical discussion and employers' responsibilities are addressed, expanding the scope of the analysis. The research contributes to an ongoing dialogue about mental health, legislation and work practices, promoting a deeper understanding and prevention of Burnout in Brazilian professional environments.

Keywords: Burnout syndrome; brazilian legislation; occupational challenges; working relationships.

BACKGROUND

Amidst the ever-shifting sands of the professional world, Burnout Syndrome has emerged as a pressing challenge to workers' mental health, gaining visibility as a newly recognized occupational disease. This analysis delves into the intricate web woven between Burnout's psychological and clinical dimensions and the evolving tapestry of Brazilian legislation. Understanding this phenomenon necessitates not only a thorough study of its individual impact but also the investigation of how legal changes shape our collective approach to this growing challenge.

This analysis seeks to explore the trajectory of Burnout Syndrome as a new occupational condition, focusing on the evolution of legal perspectives in Brazil. As this syndrome gains prominence in discussions about occupational health, Brazilian legislation is undergoing transformations that reflect the growing understanding of the psychosocial implications of the work environment.

Throughout this article, we will examine the clinical and psychological aspects of Burnout Syndrome alongside the legislative changes that aim to offer adequate support to affected workers. We will highlight how the inclusion of Burnout Syndrome in Brazilian legislation not only recognizes its importance, but also signals a growing commitment to adapting labor regulations to the complex demands of the contemporary professional world.

To conduct this analysis, we used a desk research approach. We reviewed Brazilian work-related legislation, including specific laws that address mental health and Burnout

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Syndrome. Additionally, we examined studies and research that analyze the relationship between workers' mental health and recent legal changes.

The results of this analysis highlight the growing legislative attention to mental health in the workplace. We observed specific changes in Brazilian legislation that recognize Burnout Syndrome as an occupational condition, outlining guidelines for the protection of affected workers. We also identified the inclusion of preventive and compensatory measures, indicating a more comprehensive response to the psychosocial complexities of work.

The discussion focuses on the interrelationship between current legislation and emerging demands in the context of Burnout. We analyze the impacts of legislative changes on mental health awareness, preventing burnout and promoting healthy work environments. Additionally, we explore the ethical implications and responsibilities of employers in mitigating the risks associated with Burnout Syndrome.

By integrating the results with the discussion, we seek to understand how legislative changes shape the perception and practices in relation to Burnout Syndrome in the Brazilian workplace. This analysis aims to contribute to a deeper understanding of the complex dynamics between mental health, legislation and work practices, promoting an ongoing dialogue on how to better address and prevent Burnout in professional environments in Brazil. Initially, it is important to conceptualize what occupational diseases are.

WHAT ARE OCCUPATIONAL ILLNESSES?

Lazzari and Castro[1] (2021) state that occupational diseases are those caused by the work activity performed by an individual. It is the result of constant exposure to physical, chemical and biological agents, or even the inappropriate use of new technological resources, which, little by little and continuously, wear the person down. They are divided into occupational diseases and work-related illnesses, according to art. 20 of Law No. 8,213/1991[2].

These occupational diseases are triggered by professional practice peculiar to some specific activity. They are common among professionals in a certain area, such as pneumoconiosis among miners. They are also known as ergopathies[4] or typical occupational diseases. Due to its typicality, it is not necessary to prove the link with work. There is a legal presumption. They result from small and continuous traumas that daily attack and violate the body's defenses, and which, with a cumulative effect, trigger a morbid process. They are provided for in Decree N. 3,048, of May 6, 1999, Annex II[3], or, if the link between the disease and the injury is proven, that which is recognized by Social Security, regardless of whether it is included in the list[4].

Work-related illnesses are those acquired due to peculiar conditions in which the work is carried out and are directly related to it, and are also listed in the aforementioned Annex II of Decree No. 3,048/1999, or recognized by Social Security. This is the case of a security guard who works in a concert venue with the atmosphere thrumming with music that pierces their eardrums, exceeding safe decibel levels. The work alone would not typically generate any disease or auditory disturbance, however, due to the conditions in which they carry out their work, they are subject excessive noises that can lead to hearing problems[1].

In these types of diseases, the characteristics are different in relation to typical accidents: the external factor of the cause remains. It turns out that many diseases are predictable and do not depend on a violent and sudden event; It is the circumstances of the work performed continuously and permanently that establish the causality between the work activity and the disease1. Regarding this, Lazzari, Castro[5] (2021) ensure that "Regardless of whether it appears in the list of regulations, Social Security must recognize the work accident when it is proven that the illness was triggered by the special working

conditions to which the insured person was subjected – § 2 of art. 20 of Law No. 8,213/1991 ."

In this sense, article 19 of law 8,213, of 1991[2] states [...] "occurs through the exercise of work in the service of a company or domestic employer or through the exercise of work by the insured persons referred to in section VII of art. 11 of this Law, causing bodily injury or functional disturbance that causes death or the loss or reduction, permanent or temporary, of the ability to work (BRASIL, 1991, online)[6]."

Subsequently, the same legal diploma abovementioned, by means of article 20[2] and subsections, equates work-related accidents with occupational diseases, subdivided into occupational and work-related illnesses "The following morbid entities are considered to be occupational accidents, under the terms of the previous article: I - occupational disease, understood as that produced or triggered by the exercise of work peculiar to a given activity and included in the respective list drawn up by the Ministry of Labor and Social Security; II - occupational disease, understood as being acquired or triggered due to special conditions in which the work is carried out and is directly related to it, included in the relationship mentioned in section I (BRASIL, 1991, online)[7]."

The scope of equating occupational and work-related illnesses with accidents at work is the granting of benefits from the INSS – Instituto Nacional do Seguro Nacional (National Social Security Institute). It is clear that Brazilian legislation requires that, in order to be considered occupational, a disease must necessarily result from work. However, not all diseases that apparently were developed during work can be considered occupational diseases.

Lazzari, Castro[5] clarify that "The following are not considered occupational diseases: degenerative disease – caused by endogenous agents, with the gradual loss of physical or mental integrity; the disease inherent to the age group (related to old age, such as arteriosclerosis and osteoporosis); that did not produce incapacity for work; the endemic disease acquired depending on the territorial region in which it develops (malaria, yellow fever, dengue fever, cholera), except for exposure or direct contact due to work. However, the worsening of a degenerative disease due to work should be considered an occupational disease[8]."

It is noteworthy that the worsening of degenerative diseases as a result of working conditions must be recognized as a form of occupational disease. This distinction underscores the complexity in delimiting the boundaries between health and work, highlighting the importance of recognizing the work environment as a potential aggravating factor for certain health conditions.

According to the guidelines of the International Labor Organization (ILO), occupational diseases are conditions resulting from exposure to specific factors in the work environment, and occupational stress, including Burnout Syndrome, is a relevant manifestation of these conditions. The ILO highlights the need for effective prevention and management to protect the health and well-being of workers, and emphasizes the importance of early identification of psychosocial risks in the workplace[6].
Furthermore, the ILO promotes the implementation of intervention strategies that aim to not only treat, but also prevent the occurrence of these conditions. The organization emphasizes the responsibility of employers to build healthy work environments, promoting actions that reduce excessive workload, encourage work-life balance, and offer psychosocial support to workers[6].

The COVID-19 pandemic has brought renewed attention to burnout, highlighting the additional challenges faced by healthcare professionals, essential workers and those who have faced significant changes in working conditions. This highlighted the importance of approaching Burnout as an individual problem and, furthermore, as a phenomenon influenced by systemic factors. However, the roots of this syndrome date back to the last century.

Historical Evolution

In recent years, Burnout has become a popular way to describe the exhausting stress of everyday work. The word originates from the English language and means complete combustion, to burn completely, evoking the image of a flame being reduced to ashes[7].

Despite the relative publicity in recent times, Burnout is a very common professional experience and, according to Wolfgang Kaskcha[8] (2011), it has probably existed at all times and in all cultures, since the beginning of history, even having been mentioned in the book of Exodus, chapter 18, verses 17 and 18[9]: "Moses' father-in-law said to him, "What you do is not good! You will certainly faint, you and the people who are with you, because the task is too heavy for you; you will not be able to do it alone".

As mentioned previously, in 1974, in the United States, the psychologist Herbert Freudenberger had already coined the term that is currently used. His article - Staff Burnout published in the Journal of Social Issues is essential for the study of Burnout Syndrome as it is the first production in the area. The work was the result of his personal experience as a volunteer psychologist at a clinic for drug addicts in New York City[10].

Parker and Tavella[11] (2021) believe that the ancient European concept of acedia referred to burnout, not depression, as many think. Burnout Syndrome has existed for centuries, being experienced by monks in the 5th century AD and then described as acedia, one of the eight deadly sins before they were reduced to seven sins. Parker[12] (2021) explains "In fact, when there were eight deadly sins, acedia or exhaustion were separated from tristitia or depression, before Pope Gregory I said they were the same and combined them into a single sin, today known as laziness."

In 1869, George Beard[13] used the term "neurasthenia" to describe a very broad condition caused by exhaustion of the nervous system, which was believed to be particularly found in "civilized and intellectual communities".

The concept soon became popular, and many people in the United States believed they had this condition, which some came to call Americanitis. Rest was a commonly prescribed treatment to restore health. In 1952, the American Psychiatric Association introduced the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), which encompassed the condition called "psychophysiological nervous system reaction", encompassing the "psychophysiological asthenic reaction" with general fatigue as the main complaint, and associated visceral complaints[14].

Later, in 1968, the DSM-II replaced the aforementioned "psychophysiological nervous system reaction" with the condition of neurasthenic neurosis (neurasthenia), characterized by complaints of chronic weakness, fatigue and, sometimes, exhaustion. In this same edition, the asthenic personality was included, highlighted by fatigue, low energy level, lack of enthusiasm, marked inability for enjoyment or pleasure and hypersensitivity to physical and emotional stress[14].

In 1980, the DSM-III was released and this new document abolished the concepts of neurasthenia and asthenic personality, both with an explanation. "This DSM-II category has been rarely used." Neither has been directly replaced, although the DSM-III index directs people to look for the former for "dysthymic disorder" (a long-term and relatively mild form of depression), and the latter for "dependent personality disorder"[14].

Since the 1990s, there has been a growing concern and recognition of Burnout as a relevant manifestation of occupational disease among workers. The term Burnout has gained prominence in scientific literature, delineating a state of emotional exhaustion, depersonalization and reduced personal fulfillment, particularly associated with the work context[15].

Tracing the evolution of Burnout as an occupational disease can be associated with its inclusion in diagnostic classification systems, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD). In the revision of the DSM-IV to the DSM-5, in 2013, Burnout was recognized as a

condition associated with chronic stress in the occupational context, solidifying its position in the clinical and occupational domains[16].

Furthermore, the World Health Organization (WHO) incorporated Burnout into the International Classification of Functioning, Disability and Health (ICF), emphasizing its relevance at the interface between health and the work environment[17].

Epidemiological and longitudinal studies have corroborated the growing prevalence of Burnout, highlighting its association with organizational factors, excessive work demands and the competitive nature of the job market[18].

Thus, the evolution of Burnout as an occupational disease in recent decades is evidenced by its inclusion in international classification systems and by the breadth of research that elucidates its complex relationship with the work environment. This progression reflects the recognition of the importance of mental health in the professional scenario and the need for effective interventions to prevent and treat Burnout, thus contributing to the promotion of workers' well-being[19].

METHODS

This article is a literature review that was prepared through a structured investigation of bibliographic data. In order to locate relevant articles for the research, searches were carried out on the following research platforms: Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (Medline) and in the Google Scholar Database. The following DeCS (Health Sciences Descriptors) were used: Burnout; Occupational Stress; Occupational Health; Occupational Health; Work-related illnesses.

The inclusion criteria were available complete articles, published between 2003 and 2023, in Portuguese and English. The exclusion criteria were paid articles or articles without public access, undergraduate papers, theses and dissertations.

The research was based on Preferred methodological recommendations Reporting Items for Systematic Reviews and Meta- Analyses - PRISMA . Below, the flowchart (Figure 01) shows all the steps followed.

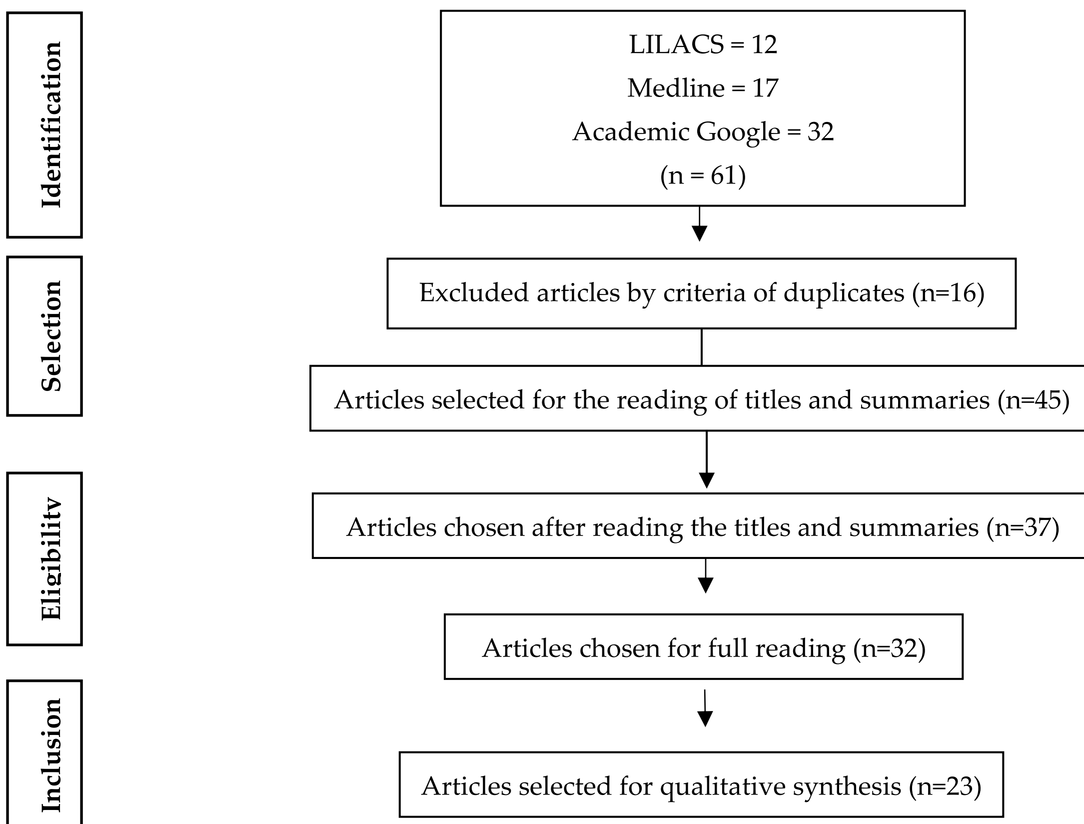

Figure 1. Selection process Study sample according to the PRISMA method.

The final stage involved the analysis of the selected articles and the elaboration of the study discussion. After selecting the bibliographic collection, a preliminary analysis was carried out, through exploratory reading, to identify the most relevant texts related to the topic. Then, all articles and texts were read thoroughly to extract relevant information to achieve the proposed objective.

RESULTS AND DISCUSSION

After systematically checking whether the titles and texts fit the study profile, an indicative table was produced to better understand the "findings". For this research, 12 articles were used.

An analytical reading of the selected articles was carried out, which made it possible to organize the subjects and synthesize the results of each study, which aimed to characterize the essential ideas. After critically reading the studies, the covered topics were organized and the findings of each study were summarized. To this end, two categories emerged from the information found: Clinical characteristics of Burnout Syndrome and Legislative Evolution.

CLINICAL FEATURES OF BURNOUT SYNDROME

Burnout Syndrome, also known as Professional Exhaustion Syndrome, is an emotional disorder with symptoms of extreme exhaustion, stress and physical exhaustion resulting from exhausting work situations. Burnout Syndrome is characterized by three components: emotional/physical exhaustion; loss of feeling of fulfillment at work with reduced productivity and extreme depersonalization manifested by negative attitudes towards interpersonal relationships in the workplace[20].

The term Burnout was coined from the English verb "to burn out", which means gives the idea of complete combustion, burnt to ashes. Initially, the phenomenon was centered on the disillusion of professionals entering the job market, where they experienced a reality that was contradictory to what was expected. Gradually, the problem was attributed more specifically to internal conflicts related to the work environment[15].

Souza, Lima[10] (2022) claim that the nature of the work triggers Burnout Syndrome, and is not associated only to the characteristics of the employee. Thus, the environment is an important risk factor for damage to mental health, which can extend to the person's family and social life. The author states that not only people who are overworked can become victims of Burnout. Employees who do not have the freedom and autonomy to do their job, those who feel undervalued for what they do, or who suffer some type of harassment are also included in this risk group.

This Syndrome is evidenced as a state of physical and mental exhaustion, directly related to the work environment, characterized by direct contact with stressful factors or even with people in suffering situations, generating an emotional burden. Faced with this, the employee feels exhausted, without energy, irritated and nervousness[15].

It is worth mentioning that there are several factors that trigger this syndrome, the most common being occupational stress. This is a personal experience that causes negative feelings and attitudes, directly affecting the worker in their job, leading to exhaustion, dissatisfaction and even loss of commitment. With this decrease in professional performance, undesirable results are brought to the organization, such as, for example, low productivity, abandonment of work and absenteeism[15].

Burnout Syndrome, often associated with the occupational environment, manifests itself through a complex set of clinical characteristics that reflect the impact of chronic stress and emotional exhaustion on the individual. Among these characteristics, the feeling of physical and mental exhaustion, depersonalization in relation to work and reduced personal fulfillment stand out[21].

Studies have shown that emotional exhaustion, a central component of the syndrome, is correlated with sleep disorders, compromised immune function and increased

risk of cardiovascular disorders. Depersonalization, in turn, is associated with social and interpersonal dysfunctions, contributing to the deterioration of the individual's professional and social relationships[22].

Additionally, Burnout Syndrome has been associated with psychosomatic problems, including gastrointestinal disorders, muscle pain and chronic headaches. The reduction in personal fulfillment, in turn, perpetuates the Syndrome cycle by compromising motivation and professional satisfaction, contributing to a progressive decline in the worker’s well-being[22].

Regarding functional disabilities, Burnout Syndrome has been identified as a determining factor for absenteeism in the workplace, resulting in loss of productivity and significant economic impacts. Furthermore, the syndrome is associated with a substantial increase in the risk of developing more serious mental disorders, such as depression and anxiety.

BURNOUT - DISEASE OR SYNDROME?

After all, is Burnout a disease or a syndrome? What is the difference?

Burnout is a syndrome and, in medicine, there are reasons to separate syndrome from disease. According to the Merriam -Webster dictionary[23], illness is “An impairment of the normal state of the living body of an animal or plant or one of its parts that interrupts or modifies the performance of vital functions, is typically manifested by distinct signs and symptoms and is a response to environmental factors (such as malnutrition, industrial hazards or climate), specific infectious agents (such as worms, bacteria or viruses), defects inherent to the organism (such as genetic anomalies) or combinations of these factors.”

Thus, the term “disease” encompasses the impairment of a person’s functions, which gives rise to characteristic symptoms and signs. For a condition to be considered a disease, it must meet three criteria: have a recognized cause, manifest itself through specific symptoms and cause changes in the body, whether visible or detected through examinations.

The term “Syndrome” originates from the Greek word syndromé , which means “meeting”. When brought to the field of medicine, the Syndrome is defined as a collection of symptoms and signs associated with one or more causes. In other words, unlike what happens in a disease, the symptoms of Syndromes are non-specific. Thus, while diseases have a known and defined reason behind their clinical manifestation, Syndromes are conditions that can have different origins. Therefore, some patients diagnosed with Syndromes may never reach a definitive diagnosis related to the cause of their signs and symptoms. Syndromes can be part of several diseases. According to Toledo (2016), Syndrome is not a disease, it is a medical condition[24].

LEGISLATION ANALYSIS

The mainstream modern definition of Burnout was developed in 1981 by American psychologist Christina Maslach , who created the Maslach Burnout Inventory (MBI). The MBI defines Burnout by three symptoms – exhaustion, depersonalization or loss of empathy and decreased or compromised work performance[11].

The International Labor Organization (ILO) has not formalized the recognition of Burnout Syndrome as an occupational condition. The ILO approach focuses on issues of occupational stress and mental health in the workplace, without categorizing Burnout Syndrome specifically. The divergence in formal recognition can be observed in other entities, such as the International Classification of Diseases (ICD) of the World Health Organization (WHO), which includes Burnout Syndrome as a manifestation related to chronic stress in the work context. Similarly, the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) of the American Psychiatric Association recognizes Burnout Syndrome as an occupational condition[10].

The Brazilian Ministry of Health25 defines Burnout as "Burnout Syndrome or Professional Exhaustion Syndrome is an emotional disorder with symptoms of extreme exhaustion, stress and physical exhaustion resulting from exhausting work situations that demand a lot of competitiveness or responsibility. The main cause of the disease is precisely overwork. This syndrome is common in professionals who work daily under pressure and with constant responsibilities, such as doctors, nurses, teachers, police officers, journalists, among others ."

Also, the Brazilian Ministry[25] explains [...] "Burnout Syndrome can also happen when the professional plans or is guided by very difficult work objectives, situations in which the person may feel, for some reason, that they do not have sufficient skills to fulfill them".

As defined, the medical condition arises from negative situations in the work environment, bringing drastic consequences for the worker and, consequently, for the work environment.

In Brazil, legislation relating to workers affected by Burnout Syndrome is predominantly linked to occupational health and safety standards, with an emphasis on the employer's responsibility for providing a healthy work environment. The Federal Constitution, in its article 7, item XXII, ensures the reduction of risks inherent to work, aiming to preserve the health and physical integrity of the worker[2,26].

The Consolidation of Labor Laws (Consolidação das Leis de Trabalho - CLT) provides that it is the employer's duty to adopt measures aimed at preventing occupational diseases, including stress and Burnout Syndrome. Furthermore, Law No. 8,213/1991 establishes the granting of social security benefits in the case of work incapacity resulting from illness, and it is possible to a benefit or pension when the illness is considered work-related[2,27].

According to Franco[28] (2019), Burnout Syndrome was recognized as an occupational illness equivalent to a work-related accident through Decree Law 6,042/07. This recognition makes it possible to grant pensions to workers affected by this syndrome, as well as ensuring job stability after recovery, as recommended by article 118 of Law 8,213/1991, which regulates Social Security Benefit Plans.

With the inclusion of Burnout Syndrome In the Work-Related Diseases Law (Lei de Doenças Relacionadas ao Trabalho - LDRT), holding employers responsible for physical, mental and emotional harm inflicted on workers emerges as a legal possibility. As a result, the legislation not only provides financial support to workers affected by Burnout, but also establishes legal bases for holding employers responsible for the damages associated with this work condition.

From this perspective, it is imperative to pay attention to the principles and values enshrined in the Federal Constitution, which outline the protection of human dignity and the search for the construction of a fair and supportive society. Respect for labor rights and the promotion of healthy working environments not only constitute an ethical obligation, but also emerge as a pressing need for building equitable and fair working relationships.

When considering the impact of work environment on employee well-being, it becomes evident that employers have a responsibility to implement strategies fostering work-life balance. These strategies should aim to reduce excessive pressure and minimize unnecessary exposure to unpredictable or stressful situations. However, in cases where the nature of the employment relationship demonstrably aggravates the employee's mental health, leading to moral damages and subsequent inability to work, the employer may face sanctions. These sanctions would serve both a compensatory and a deterrent purpose, ensuring fairness for the employee and encouraging the employer to adopt better practices.

This measure aims not only to repair the damage caused, but also to raise awareness among employers, so that they internalize this experience as a lesson and avoid similar

practices in the future. The intention is, therefore, to guarantee a healthier, fairer and more equitable working environment, where the mental and emotional conditions of workers are preserved, and their dignity and well-being respected in accordance with the fundamental principles enshrined in the Federal Constitution of 1988[28].

CONCLUSION

Burnout manifests itself as a discrete occupational condition, often escaping detection due to its predominance of mental nature. This intricate scenario adds greater complexity to the diagnosis on the part of health professionals, often resulting in an initial mistaken identification, notably commonly associated with depression due to the similarity of symptoms between these conditions.

In the Brazilian context, significant progress has been observed in the field of Labor and Social Security Law and in the recognition of Burnout Syndrome as an occupational pathology. This advance is echoed in legislation and decrees that define worker protection measures in this specific context. However, it is essential to establish a clear link between the work environment and the Syndrome, a condition sine qua non for granting social security benefits to workers.

The recognition of Burnout Syndrome as an occupational disease represents a significant advance in Brazilian labor legislation, reflecting a sensitive response to the complexities of contemporary labor demands. The historical evolution of this Syndrome, now coded as an occupational challenge, highlights not only the growing awareness about the psychosocial implications of work, but also the commitment to providing protection and support to affected workers. The rooting of Burnout Syndrome in the legal framework gives workers clear rights, offering them the possibility of seeking preventive and compensatory measures.

At the same time, this recognition imposes on employers the responsibility to adopt healthy work practices, preventing professional exhaustion and providing an environment that favors psychophysical well-being. In this way, the inclusion of Burnout Syndrome in Brazilian legislation not only validates workers' experiences, but also instigates a reflection on the continuous need to adapt labor regulations to the changing dynamics of the professional world, thus promoting an organizational culture that privileges mental health and quality of life at work.

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