



Towards a Healthy and Sustainable
Practice of Law in Canada

PHASE I | 2020-2022

RESEARCH REPORT

National Study on the Health and
Wellness Determinants of Legal
Professionals in Canada

This study was carried out through a partnership between the Université de Sherbrooke, the Federation of Law Societies of Canada and the Canadian Bar Association, as well as with the mobilization of the law societies of Canada and the Chambre des notaires du Québec. The Federation of Law Societies of Canada and the Canadian Bar Association funded the first phase of this project.



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Law Societies
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THE CANADIAN
BAR ASSOCIATION
L'ASSOCIATION DU
BARREAU CANADIEN



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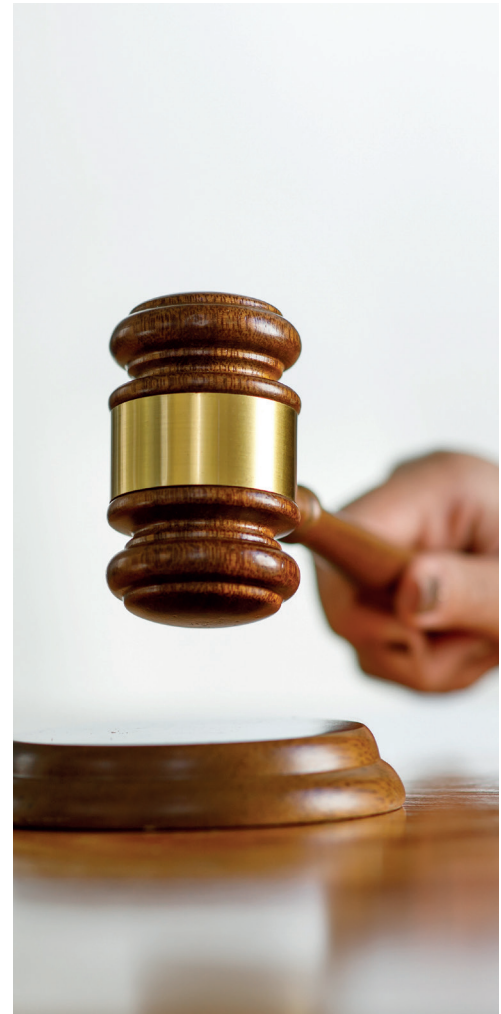


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"Individually, we are one drop. Together, we are an ocean."

– Ryunosuke Satoro, Japanese writer (1892-1927)

Exploring a difficult topic such as the health and wellness of an entire community at work requires a tremendous amount of humanity, sensitivity, listening, dedication, expertise, skill and courage. Thankfully, I have met people and institutions who are endowed with all these qualities, and they have made this extraordinary project possible. I would like to thank them here.

As the principal investigator for this project, and on behalf of my entire team, I would first like to thank the Federation of Law Societies of Canada and the Canadian Bar Association for funding the first phase of this project; their assistance has made it all possible. In particular, I would like to thank the leaders of the Federation, especially Stephanie Spiers and her team members, Me Kiara Paylor and Me Phillip B. Turcotte, who took part in our many meetings, discussions and reflections. These steps contributed greatly not only to advancing our knowledge but also to developing measurement tools that reflect the real experiences of legal professionals in Canada.

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AUTHOR PROFILES

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Professor Cadieux is the principal investigator for this research project, which is conducted in partnership with the Federation of Law Societies of Canada and the Canadian Bar Association. She holds a Ph.D. in Industrial Relations from the Université de Montréal and specializes in the mental health of regulated professionals. A passionate and creative researcher, Nathalie Cadieux is an associate professor in the Department of Management and Human Resource Management at the Business School of the Université de Sherbrooke. A leading Canadian researcher and lecturer on the health and well-being of legal practitioners, she has authored many international academic publications on the mental health of regulated professionals. In addition to her role as a researcher at the Centre de recherche Lemaire en gestion responsable, Professor Cadieux is an associate member of research teams at IntelliLab and at the Observatoire sur la santé et le mieux-être au travail (OSMET). Funded by the Fonds de recherche du Québec – Société et culture (FRQSC), the Social Sciences and Humanities Research Council of Canada (SSHRC) and other private partners, her work has driven several large-scale research projects in recent years. One such project, completed in partnership with the Barreau du Québec between 2015 and 2019, looked at the workplace mental health of Quebec lawyers, and saw more than 2,500 practitioners take part.

Jean Cadieux, Ph.D., Investigator

Jean Cadieux holds a Ph.D. in Mathematics from the Université de Sherbrooke and is a full professor within its Business School. He specializes in data analysis and statistical modelling related to organizational culture. Professor Cadieux is also co-author of the research report submitted to the Barreau du Québec on the mental health of Quebec lawyers in 2019, where he was actively involved during the second phase of the research project. An experienced researcher, he also specializes in sustainable development and is the author of numerous academic publications on the subject, including one book. He is also in charge of developing the BNQ 21000 standard for the Bureau de normalisation du Québec, which provides companies with a self-assessment tool for integrating sustainable development into their management practices.

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Marie-Michelle Gouin, who holds a Ph.D. from Université Laval, is an assistant professor at the Université de Sherbrooke's Business School. She leads several occupational health and safety programs and is a regular member of the Team on Health Organizations. For the past ten years, she has worked on research projects looking at the health of workers from a psychosocial perspective. She specializes in the process of group decision-making after workers return from a long-term absence, and is currently developing a tool that will facilitate negotiations between key stakeholders in the return to work. Her doctoral and postdoctoral research explored group decision-making in relation to employment rehabilitation, and evaluated its effectiveness for a successful return to work. In addition to leading her own projects, Professor Gouin has collaborated with other experienced researchers who are experts in the field of return to work after prolonged disability leave. She is the author of numerous academic publications based on research funded by the SSHRC and the Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST).

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Pierre-Luc Fournier is an assistant professor at the Université de Sherbrooke's Business School. He holds a Ph.D. in Administration from HEC Montréal and is interested in behavioural sciences, professional hegemony, and approaches to managing and improving organizational performance—particularly at public institutions that hire regulated professionals. He specializes in complex quantitative analysis and measurement scale validation in support of organizations that are seeking to improve performance. Currently, he is working closely with the School of Public Health at the University of California, Berkeley, on a major study related to the impact of change on the psychological health of physicians, nurses and other health professionals in North America.

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Martine holds a bachelor's degree in Psychology and a master's degree in Administration (with a concentration in Intervention and Organizational Change) from the Université de Sherbrooke. Between 2017 and 2019, she contributed to its research project on workplace psychological health among Quebec lawyers. Her master's thesis focused on legal practitioners in Quebec and compared the sexes in relation to different stressors that cause psychological distress, and the effect of billable hours on such distress. Since 2020, she has worked with Professor Nathalie Cadieux as a research professional while also teaching at the Université de Sherbrooke Business School.

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Marie-Louise holds a bachelor's degree in Psychology and is currently a master's candidate in Intervention and Organizational Change at the Université de Sherbrooke. She has been working as a research assistant with Professor Cadieux's team for over a year. With a keen interest in organizational psychology, she puts well-being and mental health in the workplace at the centre of her research focus.

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A WORD FROM THE PRINCIPAL INVESTIGATOR

There is an old proverb in French: *Le travail, c'est la santé*—to stay healthy, we need to work! This is a maxim that has been passed down through generations, and highlights the centrality of work in our lives. Week after week, month after month, year after year, we spend more time with our colleagues than with our own families. Work is an essential part of social, personal, family and financial balance, and should be a fulfilling environment.

For a highly qualified professional, this is especially true. Belonging to the chosen profession becomes the core of the professional's identity over the years. What do you do in life? *I am a lawyer*. This statement is made with a sense of pride, with a feeling of affiliation, with a professional commitment to a community that identifies with the values it perpetuates.



In recent decades, several studies around the world have identified significant health and wellness issues within the legal community. To understand these issues, we must weigh the magnitude of the challenges that shape the practice of law: sustained emotional demands, work overload, long hours worked, billable hour targets to meet, job insecurity, and other stressors. The list of stressors is long and the resources for coping with them are few and of limited effectiveness.

A few years ago, following a number of observations I formulated during my research, I began to dream of a Canadian Task Force—a committee seeking to understand the challenges that arise from the practice of law in Canada and, unfortunately, cause a significant number of legal professionals to experience mental health issues during their practice, sometimes even driving them away from the profession entirely, despite a sincere affection for it.

In 2019, following a Federation of Law Societies of Canada conference on the role of the regulator regarding wellness in the practice of law, many stakeholders in the Canadian legal community decided to act. They made it possible to turn that "Task Force" dream into a reality. The Federation, the Canadian Bar Association, the law societies across the country and my research team mobilized around a working committee. The Federation and the Canadian Bar Association agreed to fund and collaborate on this research project, which we believe to have unprecedented importance for the Canadian legal community.

These stakeholders worked together on facilitating and contributing to the following three objectives: 1) to develop a portrait of health and wellness issues in the Canadian legal community; 2) to identify the main risk and protective factors that contribute to the psychological health of legal professionals; and 3) to develop recommendations specific to the practice of law in Canada that will improve the health of professionals, in alignment with the mission of its law societies to protect the public.

In any field, the first step towards improvement is measurement. Without rigorous measurement of health issues, and of the stressors that cause them, we would be unable to take sustainable action to support and maintain the health of legal profession.

As the legal profession is a heterogeneous one, your experience may sometimes differ from those described in this report. However, the results we present are based on the responses from an overall sample of 7,300 legal professionals working in each province and territory of Canada. This sample was also weighted to take sex and law society representation into account, as well as ensure the most accurate and representative portrait of legal practice in Canada.

This report is presented in two parts. The first contains an overview of the findings of the research conducted by my team in collaboration with the project partners. The second part presents the detailed recommendations that we have formulated on the basis of those findings. In the present document you will find the first part of this report. Its second part will be the subject of a second consolidated publication, including parts 1 and 2 of the research report, to be issued by the end of 2022.

All of the results presented in this research report have been subjected to a diligent statistical analysis that is governed by a highly rigorous methodological and ethical protocol. The results are in no way intended to express an opinion or to issue a judgment. They are simply intended to describe the reality observed in light of the data collected, and are the sole responsibility of the researchers who wrote this report.

We hope you will enjoy and benefit from this work. Our wish is that it will help to make life better for Canadian professionals—because *le travail, c'est la santé*.



Prof. Nathalie Cadieux, Ph.D., CRHA

Associate Professor and Principal Investigator
Business School, Université de Sherbrooke

A WORD FROM PHASE I REPORT SPONSORS

The Federation of Law Societies of Canada and the Canadian Bar Association are pleased to support this important work – the first comprehensive national study on the wellness of legal professionals in Canada. Healthy legal professionals are happier, more productive and better able to achieve positive outcomes for their clients. Yet stress, depression and substance use are often linked to the rigours of a career in law. We all know this anecdotally but have needed a better understanding of the extent, causes and specific dimensions of the problem in order to take steps toward meaningful change. Measurement is unquestionably the first step. Still, while this was a huge endeavour, it is a relatively small first step in making the needed cultural and systemic shift. We look forward to working together, and with the profession as a whole, to normalize discussions about mental health in the legal profession and to effectively address the conditions that challenge our mental health.

SCIENTIFIC METHODOLOGY

Scientific research: refers to "a process of acquiring knowledge that uses various quantitative and qualitative research methods to find answers to specific questions that one wishes to pursue. It consists of describing, explaining, predicting and controlling phenomena." [Free translation] (Fortin, 2010, p. 3).

Preliminary steps before data analysis

Preparing the database. The data were collected through a self-completed questionnaire and then subjected to statistical analysis. For this analysis, the data were first imported and aggregated in SPSS Statistics software. Then, the database was "cleaned," i.e., we proceeded with treatment of the missing data. Two non-random (i.e., deterministic) methods were used: 1) regression imputation, and 2) individual mean imputation (Bono et al., 2007; Shrive et al., 2006). First, when a participant had omitted some responses to questions (also referred to as items) on a reflective measurement scale, but a majority of the questions were complete (more than 70%), the missing values were replaced by the average of the questions completed by the individual. The person-mean imputation method is commonly used in epidemiological studies (Bono et al., 2007). In a second step, when the established threshold was not met, i.e., more than 30% of the responses to the questions of a reflective scale were missing, the data were imputed by regression. For treatment of missing values on the formative scales, only the regression imputation method was used. Both deterministic imputation methods are consistent with state-of-the-art research approaches (Särndal et al., 1997).

Weighting. Overall, the collected data were weighted by the key demographic characteristics of the target population, namely sex (proportion of males and females for each law society) and number of members in each Canadian law society. Information on sex and number of members per law society was obtained from the Federation of Law Societies of Canada. The purpose of weighting is to reduce sampling bias while maintaining the precision of the survey estimates (Kalton & Flores-Cervantes, 2003; Loosveldt & Sonck, 2008). The selected weighting technique is post-stratification adjustment (raking), which is an iterative technique of proportional adjustment to the population through the selection of relevant demographic characteristics one by one (Kalton & Flores-Cervantes, 2003).

As part of the weighting process, a "dummy variable" was added to the database to reconcile each practitioner's affiliation with a single primary law society. The reconciliation process imposed an affiliation on about 10 respondents who reported practising with more than one law society. Using the baseline data (proportion of men and women, and number of members per law society) and the "dummy variable", we created a weighted variable to adjust the proportions of the collected data to that of the target population. That being said, the weighted data are applied to most of the statistical analysis we present. When they are not applied (e.g., analyses conducted with LGBTQ2S+ legal professionals or articling students, sample size too small)¹, the reader is informed accordingly.

Statistical analysis

Descriptive analysis. This type of analysis provides a general picture of the sample and indicates the variables included in the survey. Overall, the bivariate descriptive analysis allows for the identification of different demographic profiles as a function of different mental health indicators.

Comparison tests. Comparison of means (t-test) or comparison of proportions (chi-square) tests were used to verify whether the difference in means or proportions between two groups is significant (e.g., gender, age, industry). When three or more groups were involved (e.g., self-employed vs. employees vs. partners), an analysis of variance (ANOVA) test was used.

Hierarchical multiple regression. Hierarchical multiple regression analysis lets one explore relationships between a dependent variable (i.e., a variable that one is trying to explain; in this report, these are often mental health indicators such as psychological distress or burnout) and several independent variables (variables that explain the dependent variable) entered sequentially (in blocks). Entering the variables sequentially allows us to separate the effect of each grouping of variables. For example, variables can be grouped by spheres of life (societal variables and work variables), or whether they are conceptualized as risk factors (e.g., high emotional demands, work overload, job insecurity) or protective factors (e.g., autonomy at work, consistency of values, support from colleagues).

Methodological considerations. For every type of analysis, the **significance level** was set at $p \leq .05$. Whenever the results of a statistical analysis exceeded this threshold, the null hypothesis was retained, meaning that we concluded there was no significant difference or no relationship between two or more variables.

The results we present are derived from data collected at a single point in time (**cross-sectional design**). Consequently, since causes (e.g., high psychological demands, billable hours) and effects (e.g., psychological distress, depressive symptoms) are measured at the same time, it is impossible to establish causality between the variables under study. Where directionality is sometimes assumed, findings are derived from the results, combined with the current state of knowledge.

Depending on the analysis conducted, and due to the weighting of data, the **sample size** (represented by the symbol " n ") may vary. In fact, the sample size is larger or smaller depending on the number of participants who responded to all the variables included in a given analysis.

Lexical precisions. Due to data weighting, individuals identifying as non-binary and those who preferred not to specify were excluded from several analysis topics where the research team did not have data on the distribution of such professionals and on their respective representation in each law society.

1. The weighting technique can only be applied if the information on the characteristics of the target population is available. Unfortunately, not all law societies had figures on the number of LGBTQ2S+ legal professionals and the number of articling students. In addition, the weighting technique is not preferred when the sample size is too small.

However, because we asked participants to identify their gender (not their sex), the term **gender** is preferred throughout the report, even though non-binary people were not always included in the comparative analysis. Conversely, where the analysis did not include gender, and in section 2.4.1.5 on the LGBTQ2S+ community, professionals identifying as non-binary were included.

The term **telework** is used throughout the report. It is synonymous with working remotely, work from home, or telecommuting and has been preferred because it is the term used in the scientific literature.

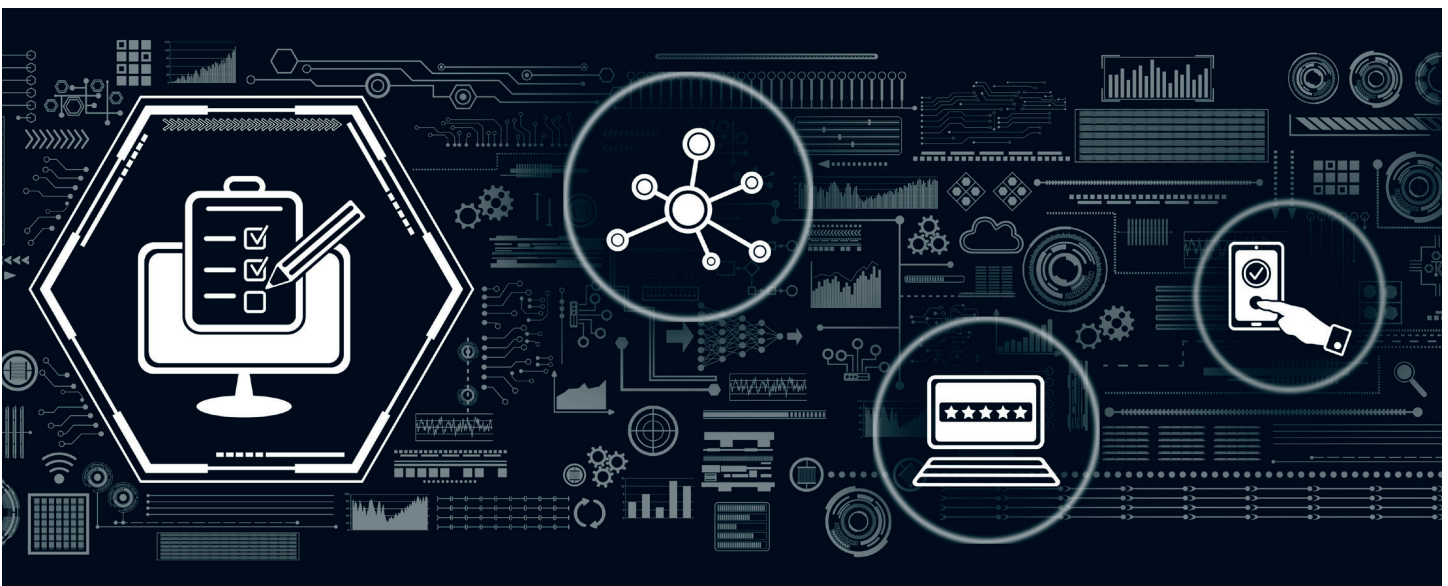
The term **score** refers to the sum of a participant's responses to questions associated with a measurement scale.

Measuring tool

Validation process of the measurement tool

The final version of the questionnaire was composed of seven parts.

- Part 1: Socio-demographic questions
- Part 2: Questions related to mental health indicators
- Part 3: Questions related to organizational factors and contexts
- Part 4: Questions related to family and non-work life
- Part 5: Questions about individual characteristics
- Part 6: Questions related to medical leave
- Part 7: Questions on perceived discrimination by different individual characteristics



Parts 2 to 7 of the questionnaire include questions with binary and categorical modalities, seven-point Likert scales, and slider-type modalities for questions with numerical responses (e.g., number of hours, months or years). Table 1 shows the variables measured in this project for each of the parts listed.

Table 1
List of variables measured in the study

Part	Variables
1. Socio-demographic questions	Profession; Practising law; Employment status; Work setting; Planning a return to legal practice; NCA Certification; Years since licensed; Law society of affiliation; Area of practice; CBA membership; Age; Gender; Indigenous, LGBTQ2S+; Ethnicity; Disability; Medical leave
2. Mental health indicators	Psychological distress; Perceived stress; Depression; Anxiety; Burnout; Compassion fatigue
3. Organizational factors and work contexts	Stressors related to the regulated profession; Stressors related to professional inspection; Technologies used; Technostress; Psychological and emotional demands; Decision authority (autonomy); Skill utilization; Lack of resources; Consistency of values; Pressure to perform; Pressure to perform billable hours; Recognition; Job insecurity; Career opportunities; Intention to leave the profession; Commitment to the profession; Having clients; Support from colleagues and from supervisor; Incivility and violence; Agility; Organizational support during COVID-19; Telework adjustment
4. Family and personal life	Marital status; Having children; Work-life conflict; Fear of starting a family; Social support outside of work
5. Individual characteristics	Assertiveness; Psychological detachment; Resilience; Alcohol consumption; Drug use
6. Extended medical leave	Difficult relationships with employer/colleagues; Apprehension of a relapse; Cognitive difficulties; Difficulties related to medication; Job requirements; Sense of organizational injustice; Work-life conflict; Loss of motivation to return to work
7. Perceived discrimination based on different individual characteristics	Being a member of the LGBTQ2S+ community; Being a woman; Identifying with an ethnicity other than White; Being Indigenous; Living with a disability; Age; Being or having been on extended leave for a mental health issue

The questionnaire was prepared in each of Canada's official languages, English and French. Both versions (English and French) contain the same measurement scales. Furthermore, the scales that were adapted, translated or created for the purposes of this study underwent a validation process in both languages. This validation process was performed to improve the comprehension and psychometric qualities of the final tool. The process applied was aligned with best practices to confirm the psychometric qualities of the selected scales (Boateng et al., 2018).

A pre-test was conducted first. Accordingly, more than 60 legal professionals (29 Anglophones and 35 Francophones) were asked to complete and comment on the questionnaire prior to the launch of Phase 1 of the study. The pre-test tool initially consisted of 387 questions and was designed to confirm the validity of the measurement scales, as well as to assess completion time and the relevance of the questions asked. Participants were also invited to provide feedback to the principal researcher for the purpose of making adjustments, where necessary, in the final process to collect data from all members of the Federation of Law Societies of Canada.

After validity analysis of the scales used for the pre-test and for the participants' comments, a few questions were removed and others were added, resulting in a questionnaire with a total of 403 questions and covering about 50 constructs. These constructs cover the different spheres of an individual's life and issues related to the return to work after a prolonged absence (relevant for some participants who were on medical leave at the time of data collection). Following socio-demographic and mental health questions, the first sphere of life covered is the work environment (e.g., recognition, co-worker support). Next, the questionnaire addresses the individual sphere (e.g., alcohol use, ability to psychologically detach from work). The third life sphere is family and life outside of work (e.g., marital status, work-life conflict, fear of starting a family). Lastly, issues related to perceived discrimination based on different individual characteristics (e.g., being Indigenous, being a woman, being LGBTQ2S+) are addressed.

After the final collection of data, the new scales created within the project (e.g., fear of starting a family) or significantly adapted (e.g., removal of items from the out-of-work support scale) underwent a comprehensive validation process aligned with best practices adhering to the principles and steps outlined by Boateng et al. (2018) and MacKenzie et al. (2011). Thus, exploratory factor analysis was first conducted with SPSS Statistics, and this analysis was followed by confirmatory analysis through the use of structural equations with Amos software. Tables A1 to A12 presenting the psychometric qualities of the scales used are shown in Appendix A of this report.

Description of the participants

A total of 7,817 participants completed the self-report questionnaire via a link on the Qualtrics survey platform. Among the participants, 512 did not respond to any questions regarding mental health, which correspond to the core variables of the study and are essential for analysis. For this reason, those participants were removed from the final sample, leaving 7,305 participants². Among that number, 825 completed the questionnaire in French, and 6,480 completed it in English. Graphs numbered 1 through 5 and Tables 2 and 3 describe the overall sample in terms of its distribution across Canadian law societies as well as some key individual and organizational characteristics (e.g., gender, age, work setting).

Graph 1 presents the distribution of the overall sample by provincial and territorial law societies. Graph 1 shows that the provincial law societies with study participants in the thousands are the Law Society of Ontario ($n = 2,805$) and the Barreau du Québec ($n = 1,380$). These law societies are followed by the Law Society of Alberta ($n = 806$), the Law Society of British Columbia ($n = 770$), the Chambre des notaires du Québec ($n = 214$), the Nova Scotia Barristers' Society ($n = 176$), the Law Society of Saskatchewan ($n = 146$) and the Law Society of Manitoba ($n = 123$). Next are participants from the Law Society of New Brunswick ($n = 92$) and the Law Society of Newfoundland and Labrador ($n = 54$). The law societies with the fewest participants were the Law Society of the Northwest Territories ($n = 28$), the Law Society of Yukon ($n = 20$), the Law Society of Prince Edward Island ($n = 18$) and the Law Society of Nunavut ($n = 17$).

2. Note that sample size may vary from one analysis to another due to omission of some questions or due to sample weighting by sex and main law society.

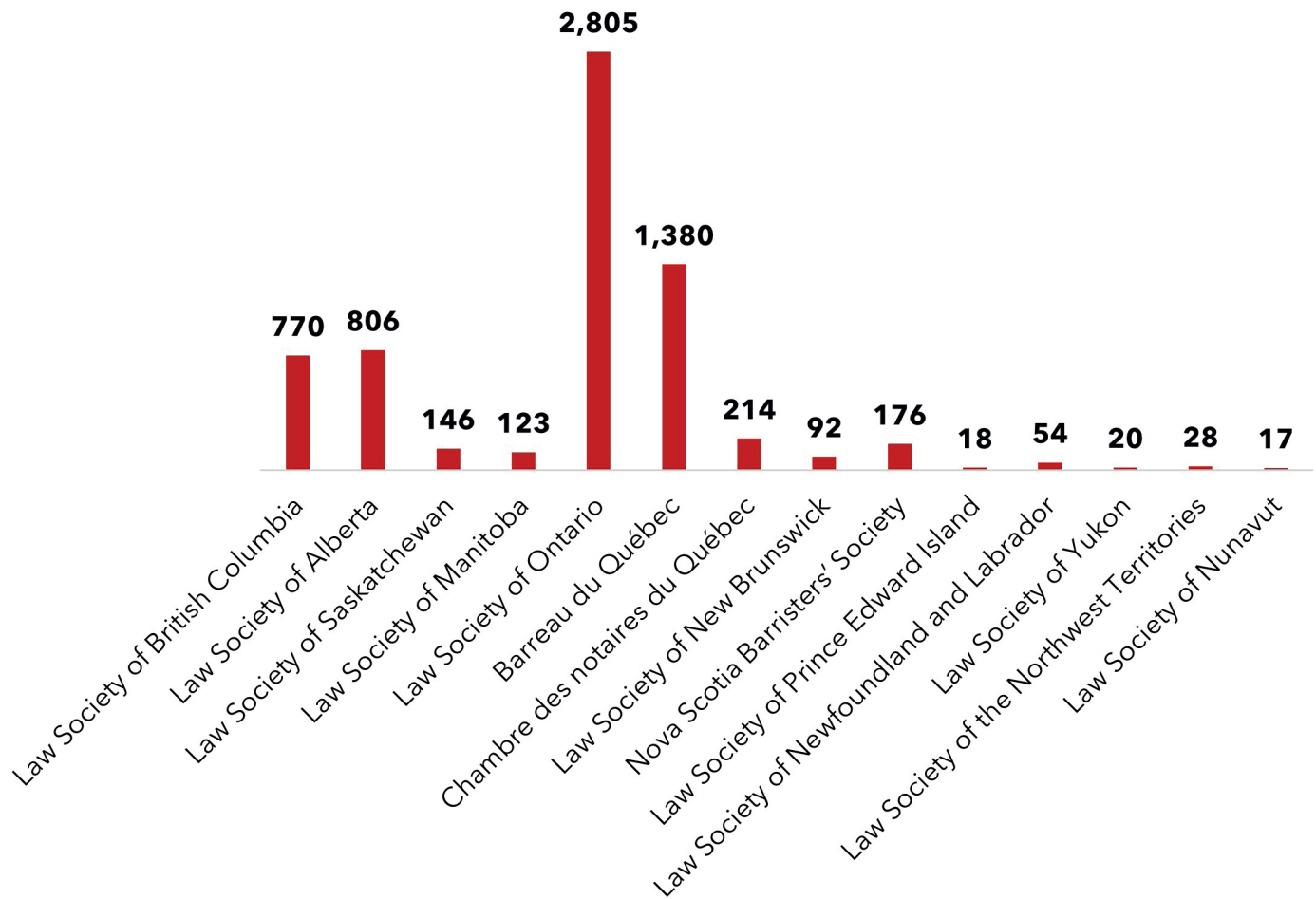
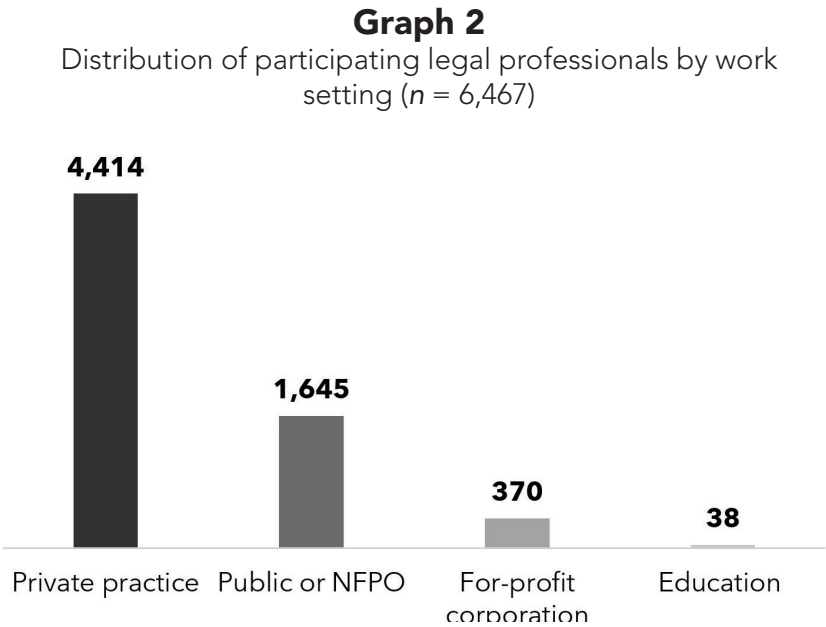
Graph 1Distribution of participating legal professionals by Canadian law society ($n = 6,650$)

Table 2 shows the distribution of the sample by profession, i.e., lawyer, Quebec notary, Ontario paralegal, and articling student. A fifth category, "Other(s)", includes participants who did not identify with the proposed nomenclature. Table 2 shows that lawyers make up the majority of the sample ($n = 6,365$). The distribution of Quebec notaries ($n = 217$), Ontario paralegals ($n = 261$) and articling students ($n = 264$; unweighted) varied between 217 and 264 participants. Some participants selected the "Other" category ($n = 67$).

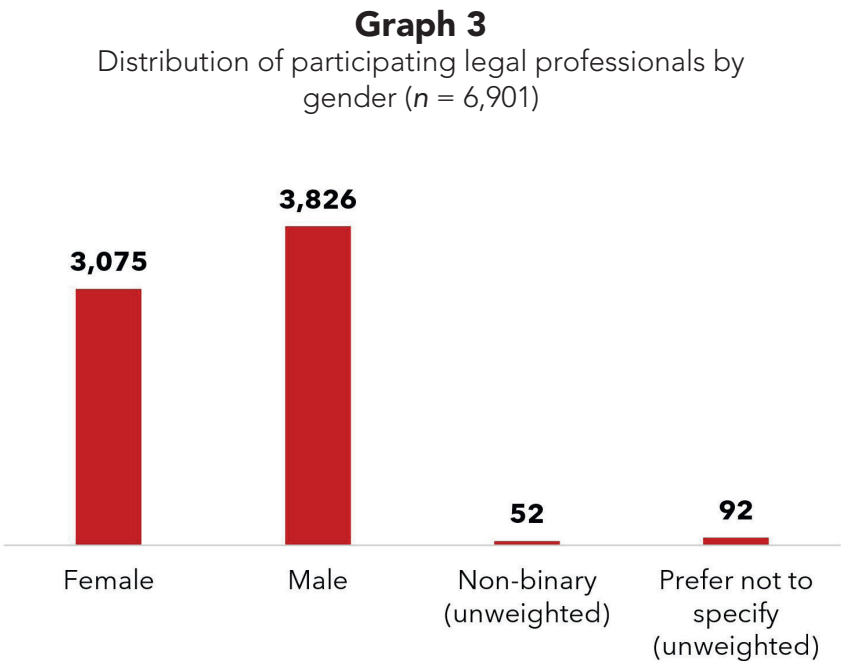
Table 2Distribution of participating legal professionals by profession ($n = 7,174$)

Profession	Number of participants
Lawyers	6,365
Quebec notaries	217
Ontario paralegals	261
Articling students	264
Other(s)	67

Graph 2 presents the distribution of the sample by sector of activity ($n = 6,467$). Graph 2 shows that the work setting for the majority of legal professionals is private practice ($n = 4,414$), followed by a public or NFPO ($n = 1,645$), a for-profit corporation ($n = 370$) and the education sector ($n = 38$).



Graph 3 presents the gender distribution of the sample. The majority of participants identified as men ($n = 3,826$). The second-largest group represented is those who identified as women ($n = 3,075$). Non-binary participants ($n = 52$; unweighted) and those who preferred not to specify their gender ($n = 92$; unweighted) together comprised 2.0% of the overall sample.



Graph 4 shows the age distribution of the sample. The average age of the 7,305 participants in the study was 43 years. The vast majority of respondents (75.6%) were between 26 and 55 years of age.

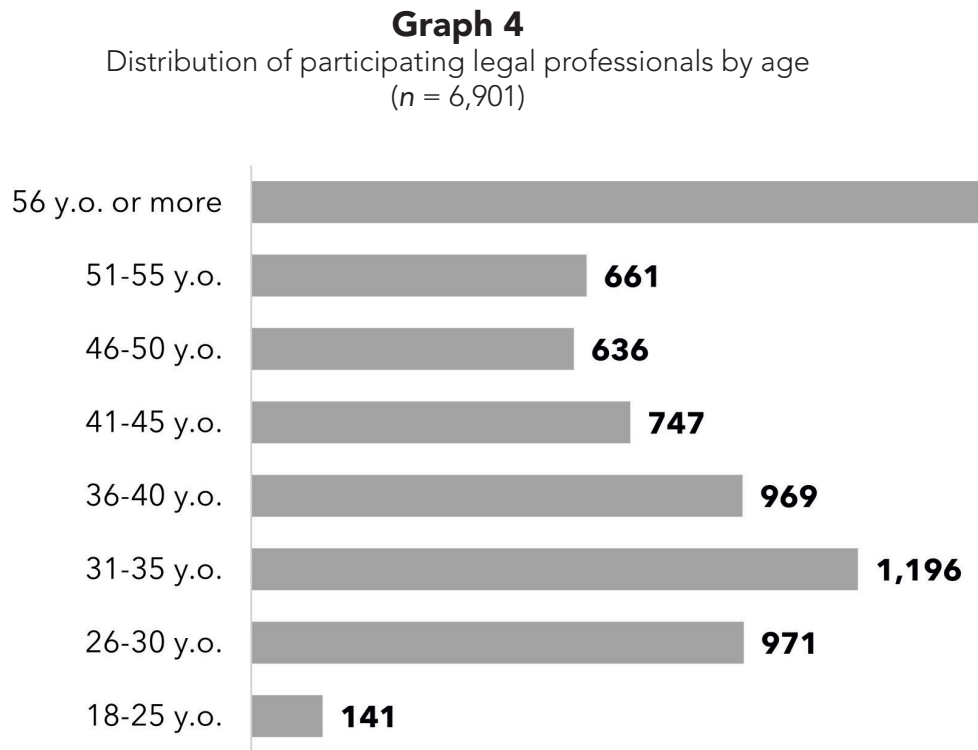
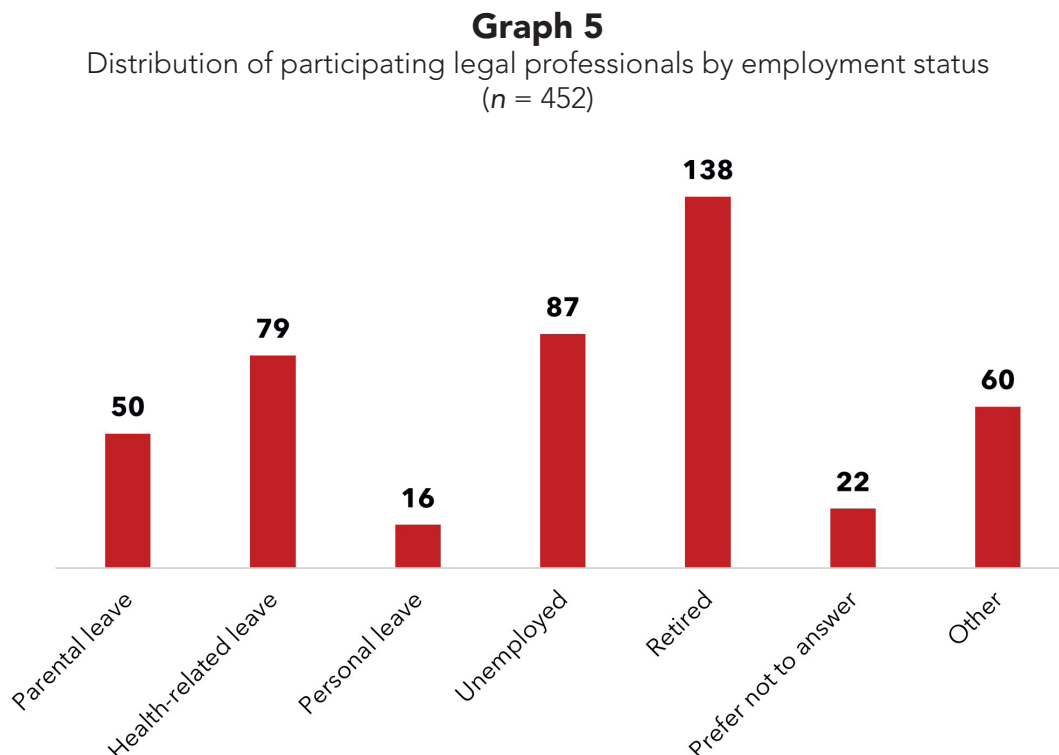


Table 3 presents the distribution of the sample of participants who completed their legal education outside Canada and obtained a Certificate of Qualification from the National Committee on Accreditation (NCA). Of the legal professionals with a law degree (6,366), 361 of our participants responded that they had obtained a Certificate of Qualification because they completed their legal education outside Canada.

Table 3
Number of participants who completed legal training abroad and obtained a Certificate of Qualification from the NCA (n = 6,366)

	Number of participants
Yes	361
No	6,005

When asked "Are you currently working?", 91.1% of participants answered "yes" while 1.8% of participants answered "no". The latter group were asked to specify the employment status that best described their situation. Graph 5 presents the distribution of these legal professionals according to their employment status. First, it shows that 138 of them were retired and 87 were unemployed. Second, 79 of the legal professionals were on health-related leave, 50 on parental leave, and 60 selected "Other." There were 16 participants on personal leave, and 22 who chose not to respond.



PART I

GENERAL FINDINGS ON MANY HEALTH AND WELLNESS INDICATORS AMONG CANADIAN LEGAL PROFESSIONALS



The pandemic and the feelings of exhaustion it generates towards work have compounded the difficulties encountered by professionals who are struggling to reconcile their work and their personal obligations. Being forced to work from home, and facing pressure to meet deadlines, client expectations and concerns, are just some of the personal challenges that many people have experienced since the beginning of the pandemic. The personal challenges can include home schooling, distress in the immediate environment, pressure on the caregiver role, more limited access to products or services, health issues related to COVID-19 or other factors, limited access to certain care, and so on. The list is long while the list of resources is getting shorter. The result is chronic stress that contributes to the fatigue of professionals—who, let's not forget, are also parents, caregivers and friends with all the same human needs and obligations.

Furthermore, the pandemic disrupted many traditional coping strategies that people used for reducing stress, psychological distress, and even feelings of fatigue. Closed gyms, cancelled yoga classes, restrictions on contact with friends, family and colleagues, and curfews prohibiting outdoor activities in the evenings—these are just a few examples of the resources to which professionals no longer had access.

This context of profound change has helped to exacerbate occupational health problems across the country, including those experienced by legal professionals.

The following sections portray the key indicators of mental health and wellness among Canadian legal professionals at the time of data collection in the autumn of 2021, following the third wave of the COVID-19 pandemic in Canada. Section 1.1 first presents the indicators of psychological distress among Canadian legal professionals. Section 1.2 presents the indicators associated with depressive symptoms, anxiety and suicidal ideation experienced since the beginning of professional practice. Section 1.3 looks at burnout, a phenomenon that affects a significant proportion of legal professionals. Lastly, section 1.4 examines whether legal professionals seek help when they need it during their career. This last section also discusses the barriers sometimes limiting the ability of legal professionals to seek help at such times.

A NOTE ON THE METHODOLOGY

IMPORTANT

The reader should interpret this section by first understanding the scientific methodology that led to the findings it contains. We therefore recommend that you read section Scientific methodology before reading this section.

The results presented in this report are based on the analysis of data collected from nearly 8,000 legal professionals in Canada. These results are not intended at any time to pass judgment or express an opinion.

Data weighting	For analysis purposes, the collected data were weighted by the key demographic characteristics of the target population, including sex (proportion of males and females in each law society) and the number of members of each law society. The purpose of weighting is to reduce sampling bias while maintaining the precision of the survey estimates.	
Interpretation of results	Threshold of $p \leq .05$	Consistent with research best practices, a minimum threshold of $p \leq .05$ was used to interpret the results. That being said, when we rule on a significant difference between two groups (e.g., women vs. men, LGBTQ2S+ vs. non-LGBTQ2S+) or on a significant relationship between two variables (e.g., relationship between emotional demands and burnout), the .05 threshold means there is a possibility of error only 1 in 20 times.
	Cross-sectional design	The results are derived from data collected at a single point in time (cross-sectional design). Since causes (e.g., high psychological demands, billable hours) and effects (e.g., psychological distress, depressive symptoms) were measured at the same time, it is impossible to establish causality between the variables under study. Where directionality is sometimes assumed, findings are derived from the results, combined with the state of current knowledge.
	Sample size	As a function of the analysis conducted and the weighted approach, there may be variation in the sample size (represented by the symbol " n "). The size will be larger or smaller depending on the number of participants who responded to all the variables included in each analysis topic.
Lexical precisions	Gender	Due to data weighting, individuals identifying as non-binary and those who preferred not to specify their gender were excluded from several analysis topics where the research team did not have data on the distribution of these professionals and on their respective representation in each law society. However, because we asked participants to identify their gender (not their sex), the term <i>gender</i> is preferred throughout the report, even though non-binary people were not always included in the comparative analysis. Conversely, where the analysis did not include gender, and in section 2.4.1.5 on the LGBTQ2S+ community, professionals identifying as non-binary were included.
	Telework	The term <i>telework</i> is used throughout the report. This term is synonymous with <i>working remotely</i> , <i>work from home</i> , or <i>telecommuting</i> and has been preferred because it is the term used in the scientific literature.
	Score	The term <i>score</i> refers to the sum of a participant's responses to questions associated with a measurement scale.

1.1 | PSYCHOLOGICAL DISTRESS: WARNING SIGNS FOR CANADIAN LEGAL PROFESSIONALS



AUTHORS OF THIS SECTION :

Prof. Nathalie Cadieux, Ph.D., CRHA

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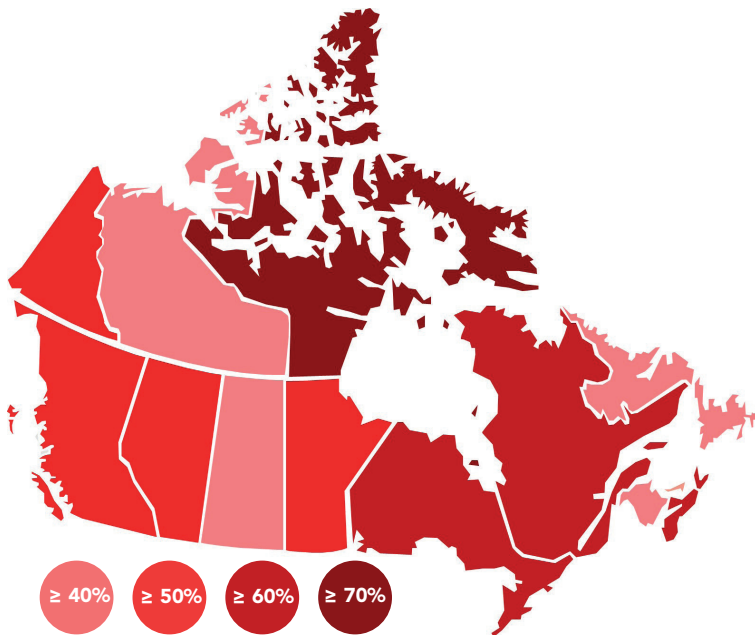
Josbert Gahunzire, Master's candidate

Psychological distress

Psychological distress: An unpleasant subjective state that combines a set of physical, psychological and behavioral symptoms which cannot be attributed to a specific pathology or disease. These symptoms, such as fatigue, irritability, concentration problems, anxiety or insomnia, are sometimes similar to depression and sometimes to exhaustion.

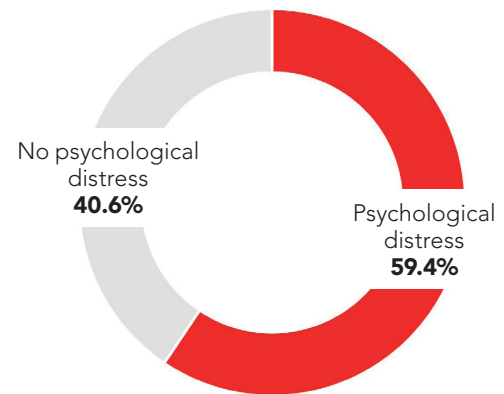
Figure 1

Proportion of psychological distress by province and territory



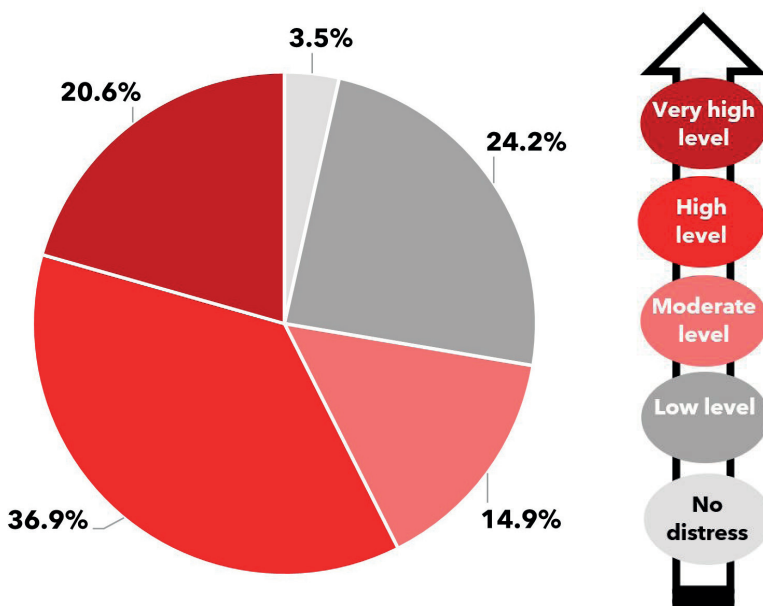
Graph 1

Proportion of psychological distress observed among legal professionals (n = 6,626)



Graph 2

Proportion of levels of psychological distress among legal professionals (n = 6,900)



Groups with the highest proportions of psychological distress

- Women legal professionals (63.7%)
- Legal professionals working in the public sector or NFPO (58.0%) and private practice (58.4%)
- Legal professionals between the ages of 26 and 35 (71.1%)
- Legal professionals with less than 10 years of experience (70.8%)
- Articling students (72.0%; unweighted), Ontario paralegals (65.9%) and Quebec notaries (65.9%)
- Legal professionals living with a disability (74.3%)
- Legal professionals identifying as members of the LGBTQ2S+ community (69.3%)
- Legal professionals working in Nunavut (76.4%)

When it comes to mental health, psychological distress is an early warning signal that should not be ignored.

Psychological distress is the product of perceived stress. This stress occurs when people feel that the constraints they are facing exceed the resources available to them, thus compromising their wellness (Lazarus & Folkman, 1984).

All of us are likely to experience some degree of psychological distress over the course of our lives. When we experience psychological distress, it does not mean that we are ill, but that we are experiencing symptoms that are similar to those exhibited in more serious mental health issues such as burnout or depression (Vézina et al., 2011). These symptoms can take various forms, depending on our unique situation or the intensity of the stressors. Table 1 summarizes the different symptoms described in the literature on psychological distress.

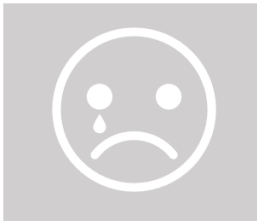
Did you know?

Following the introduction of physical distancing measures during the COVID-19 pandemic, a Statistics Canada (2020) survey of the Canadian population found that over 52% of participants perceived their mental health to be "worse" or "much worse" since the introduction of this measure.

Source: <https://www150.statcan.gc.ca/n1/en/daily-quotidien/200527/dq200527b-eng.pdf?st=UqoaP6GF>



Table 1
Examples of symptoms associated with psychological distress

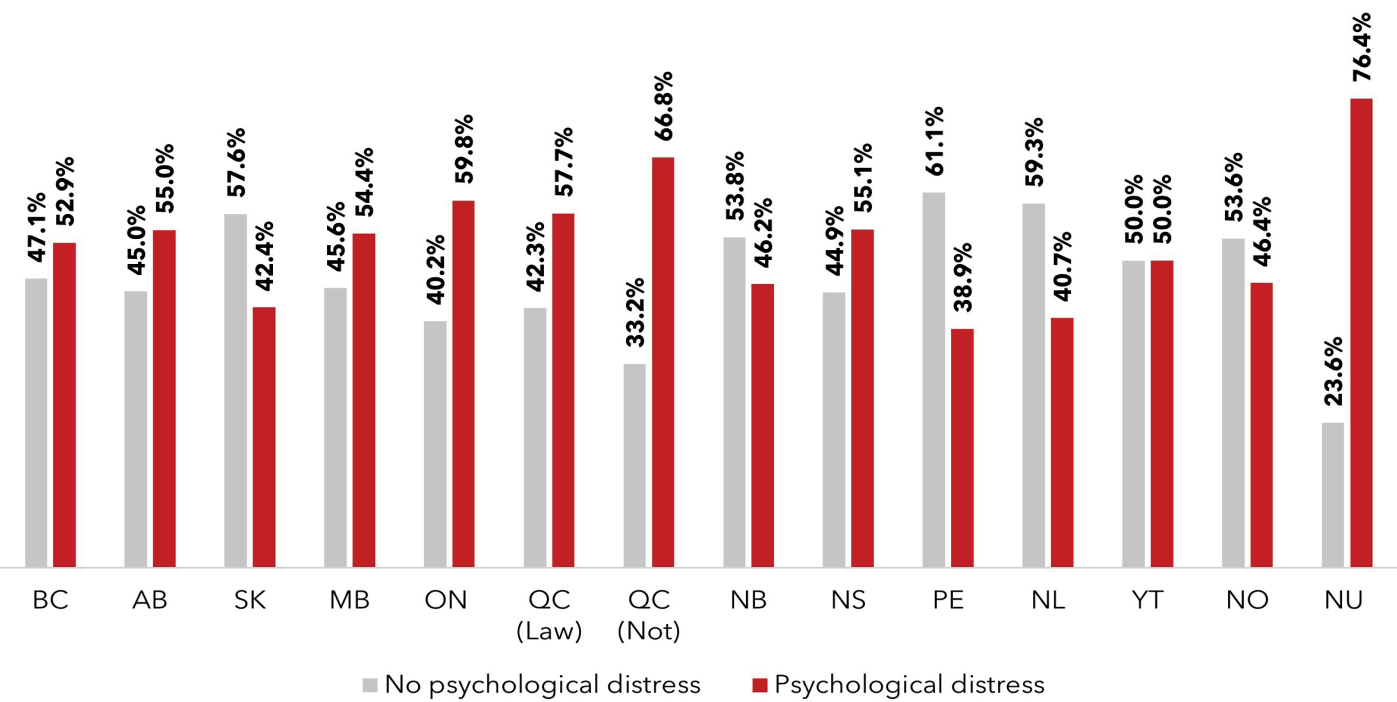
DEPRESSIVE	ANXIOUS	AGGRESSIVE	COGNITIVE
			
Feeling lonely	Being fearful	Getting angry more easily	Having memory lapses
Being discouraged	Being negative towards others	Being irritated	Having difficulty remembering things
Weeping easily	Being internally agitated	Getting upset over minor things	

Psychological distress among legal professionals across Canada

When analyzing the distribution of psychological distress within each province and territory, we find that the highest proportions are observed among participants working in Nunavut (76.4%), Ontario (59.8%) and Quebec. In Quebec, the proportion of psychological distress is 66.8% among notaries, compared to 57.7% among lawyers—a significant difference of 9.1%. It can also be seen from Graph 3 that, all things being equal, the proportion of psychological distress appears lower in the Maritime Provinces as well as in Saskatchewan and the Northwest Territories. Legal professionals in British Columbia, Alberta and Manitoba appear almost equally affected by psychological distress, with proportions around 55%, which remains high.

Graph 3

Proportion of psychological distress among legal professionals by province and territory (n = 6,651)



Reports of psychological distress by profession

When analyzing the proportion of psychological distress by profession, the highest proportions of psychological distress were observed among Quebec notaries (65.9%), Ontario paralegals (65.9%) and articling students (72.0% - unweighted).

Did you know?

A study of Canadian workers estimates the rate of psychological distress at 40% since the beginning of the pandemic.

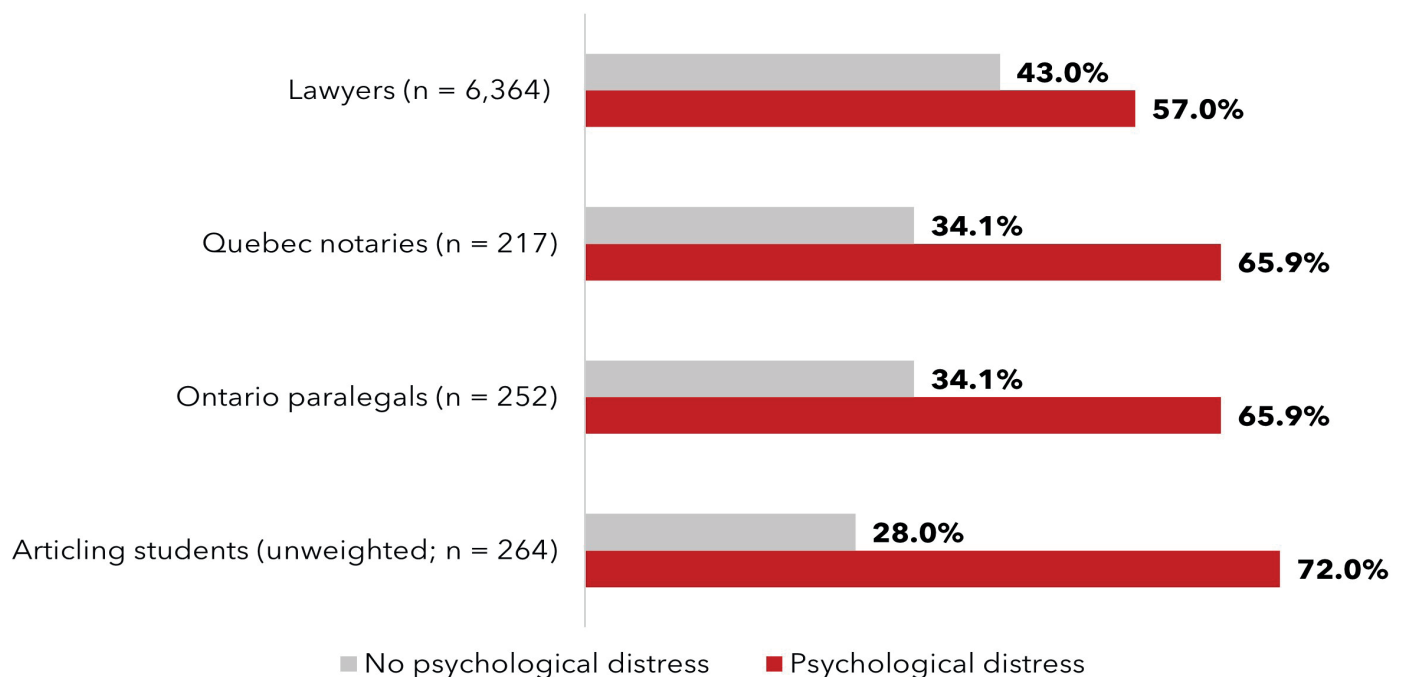
Source: <https://www.osmet.umontreal.ca/en/publications-2/flash-research/flash-research-mental-health-in-the-workplace-during-a-pandemic/>

The proportion of psychological distress observed among lawyers, who make up the majority of the sample, is estimated at 57.0%. Graph 4 displays the proportions of psychological distress by profession within the sample.

Overall, the proportion of psychological distress observed among legal professionals is higher than in the working population in Canada. As a matter of fact, the proportion of psychological distress observed among Canadian workers during the pandemic was around 40% at the time the data was being collected from legal professionals. However, this difference is not surprising given that before the pandemic, the average proportion of psychological distress in the working population was between 21% and 25% (Camirand et al., 2016), while a study conducted in Quebec in 2018 (Cadieux et al., 2019) had already revealed distress in over 40% of Quebec lawyers. Hence, it can be said that a discrepancy continues to exist in rates of distress among the legal population as compared to the Canadian workforce.

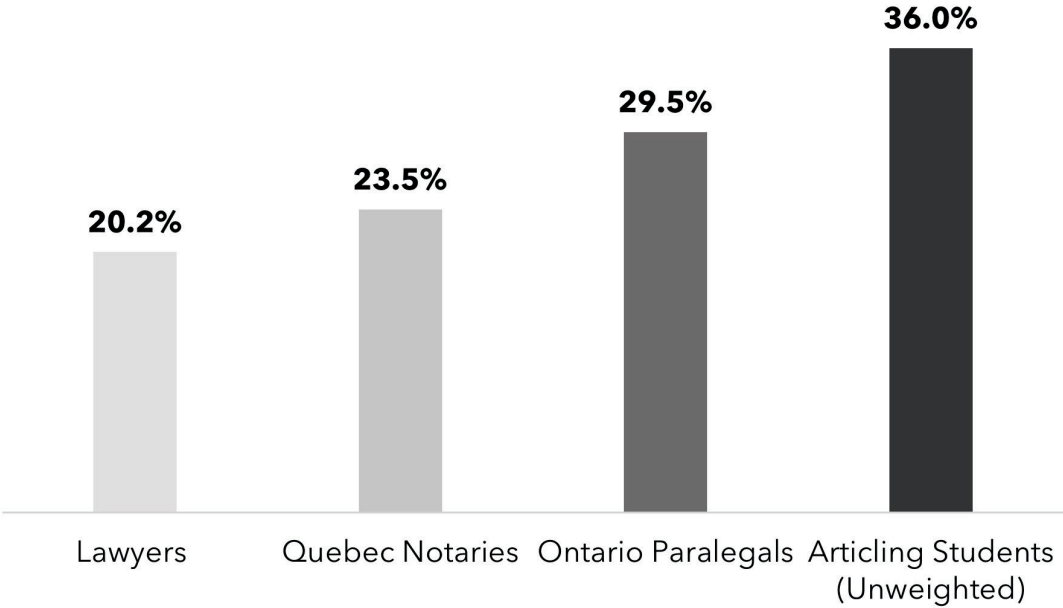
Graph 4

Proportion of psychological distress by profession (n = 7,097)



As shown in Graph 5, when we examine the proportions of psychological distress observed within each profession, the proportion of psychological distress is significantly higher among articling students (72.0%; unweighted) compared to the rest of the sample. Articling students also experience a significantly higher proportion of "very high" level of psychological distress (i.e., scores above 13 on the Kessler et al. (2002) scale). Thirty-six percent of articling students were at the "very high" level of psychological distress, as compared to lawyers (20.2%), Quebec notaries (23.5%) and paralegals in Ontario (29.5%).

Graph 5
Proportion of "severe" psychological distress for each profession (score ≥ 13 ; $n = 7,097$)



The **voice** of legal professionals



"We need to be looking at wellness beyond mental health. I always thought because my mental health was strong, the insane stresses and workload that I had when I was in private practice was being carried okay. Not so. My physical and heart health came crashing down and forced the closure of my law firm after I was unable to work. Mental health is important, but we need to pay attention to all the ways that the stress of legal profession impacts our health."

"I was in private practice as a sole practitioner for the vast majority of the time. It is extremely stressful, sometimes almost debilitatingly so. One has to push on in the belief that the current issues will resolve. Further the long hours required to maintain a busy practice add to the stress and exhaustion. I have been retired for just over one year and find the lessening of stress very helpful. I was even more stressed than I realized."

"I really love the law and (mostly enjoy the practice of it). But the profession is broken. The pressure to meet billable hours and the expectation to be constantly available to senior lawyers have caused me serious mental health problems. I am exhausted all the time and feel like I can't get through a regular work day. Yet, my health insurance barely covers the medication I've had to go on just to be able to do this job (first time in my life I've ever been diagnosed with mental health problems and prescribed anti-depressants). The insurance also covered about only two sessions of therapy. [...] I cannot afford proper therapy on my salary. The profession is all talk: firms do not actually care about the mental health of its employees. I am DESPERATE to get a job outside of law, or at least outside of the firm structure, but I feel like I'm trapped. My heart is also broken that I can't practice in the field I actually enjoy, because the legal profession demands so much of its lawyers and it is mentally and physically destroying me"

1.2 | DEPRESSIVE SYMPTOMS, ANXIETY AND SUICIDAL THOUGHTS AMONG CANADIAN LEGAL PROFESSIONALS: FINDINGS



AUTHORS OF THIS SECTION : Prof. Marie-Michelle Gouin, Ph.D., CRIA
Prof. Nathalie Cadieux, Ph.D., CRHA
Martine Gingues, M.Sc.

Depressive and anxiety symptoms among Canadian legal professionals

Definitions: Depression and anxiety are mental health disorders (common or transitory) that are included in the DSM-5 and require diagnosis by a trained health care professional. The severity of their associated symptoms varies from mild to severe.

- **Anxiety:** refers to a disorder characterized by an excessive and uncontrollable feeling of worry and fear about some subjects (Anxiety & Depression Association of America, 2021).
- **Depression:** refers to a mood disorder characterized by feelings of sadness, loss of interest or pleasure, guilt or low self-esteem, disturbed sleep or appetite, fatigue, and difficulty concentrating. In its most severe form, depression can lead to suicide (Beck & Alford, 2009).

1) Groups with the highest proportions of depressive and anxiety symptoms (depressive symptoms; anxiety symptoms):

- Legal professionals living with a disability (50.1%; 49.6%)
- Articling - Law Practice Program Students (43.6%; 49.8% - unweighted)
- Ontario paralegals (43.3%; 42.1%)
- Legal professionals who identify as members of the LGBTQ2S+ community (37.0%; 45.4%)

2) Groups in which depressive symptoms are the highest:

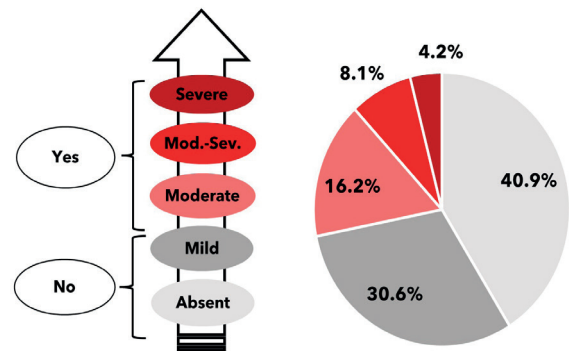
- Legal professionals with less than 10 years of professional experience (36.4%)
- Legal professionals under 40 years of age (34.4%)
- Indigenous legal professionals (33.3%)
- Legal professionals working in the education sector (31.4%)

3) Groups in which anxiety symptoms are the highest:

- Legal professionals aged 35 and under (52.1%)
- Legal professionals with less than 15 years of experience (45.2%)
- Women legal professionals (42.6%)
- Legal professionals working in private practice (36.8%)

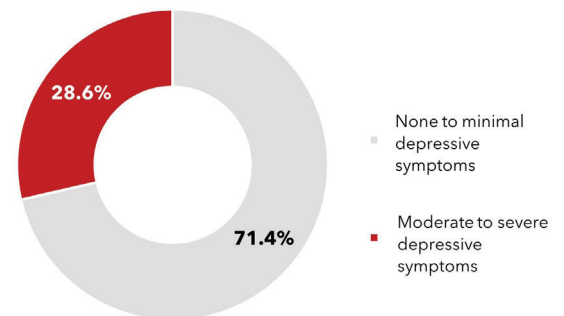
Graph 1

Proportion and severity of depressive symptoms reported by Canadian legal professionals ($n = 6,785$)



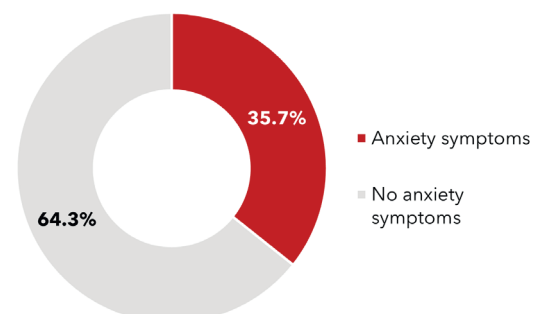
Graph 2

Proportion of moderate to severe depressive symptoms among legal professionals ($n = 6,785$)



Graph 3

Proportion of anxiety reported by participating legal professionals ($n = 6,719$)



The symptoms of depression and anxiety can vary from one person to another. Figure 1 presents the most common symptoms. Their severity also varies from mild to severe. Starting from the level of moderate symptoms, it is possible to consider a mental illness, i.e., **depression (moderate to severe)** and **anxiety disorders (moderate to severe)**¹. Given that an individual's normal functioning and daily activities are significantly disrupted, these disorders are not to be taken lightly—especially since, in its most severe form, depression can lead to suicide.

Figure 1

Common symptoms of depression and anxiety, ranging from mild to severe



Depression and anxiety are **multifactorial** disorders, meaning they arise from a complex interaction of several factors, whether biological, psychological or social. It follows that experiencing **painful events** (e.g., emotional trauma) increases an individual's likelihood of developing depressive and anxiety symptoms. Moreover, **women** seem to be more affected by these two disorders, which are often associated with each other. For example, a depressed person could have anxiety symptoms and vice versa. Thus, the disorder's risk of chronicity increases, leading to longer-term impairment.

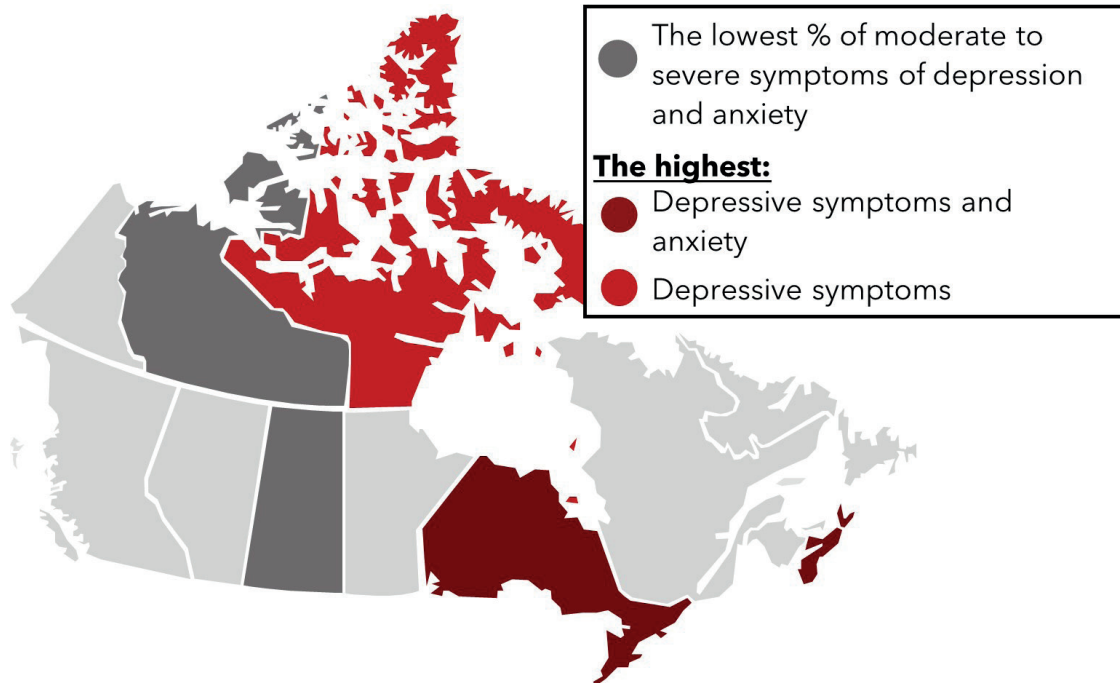
Depressive and anxiety symptoms among legal professionals across Canada

Data show that the proportion of legal professionals affected by depressive symptoms and anxiety during the pandemic is substantially higher than the same proportion in the general Canadian population (see "Did you know?"). The lowest proportions were in Saskatchewan (17.4%) for depressive

1. The results presented in this section do not constitute a formal diagnosis. Only a trained health care professional can make such a diagnosis. However, the scale we have used allows us to identify the presence of symptoms of anxiety that are sufficiently worrying for the individual to consult a professional in order to further investigate the symptoms experienced.

Figure 2

Canadian distribution according to the proportions of moderate to severe symptoms of depression and anxiety among legal professionals



symptoms, and in the Northwest Territories (23.1%) for anxiety (see Figure 2). The highest combined ratios (for depressive symptoms and anxiety, respectively) were in Ontario (32.4% and 40.3%) and Nova Scotia (30.9% and 36.6%).

Graph 4 shows that specifically for depressive symptoms, Nunavut has the highest rate of all the provinces (35.4%). Quebec (specifically the Barreau du Québec) and New Brunswick are among the provinces with the fewest legal professionals reporting depressive symptoms, with numbers similar to those of Saskatchewan and Newfoundland and Labrador.

Did you know?

A study conducted by Statistics Canada (2021) between September and December 2020 (second wave of the pandemic) estimates the proportion of Canadians affected at:

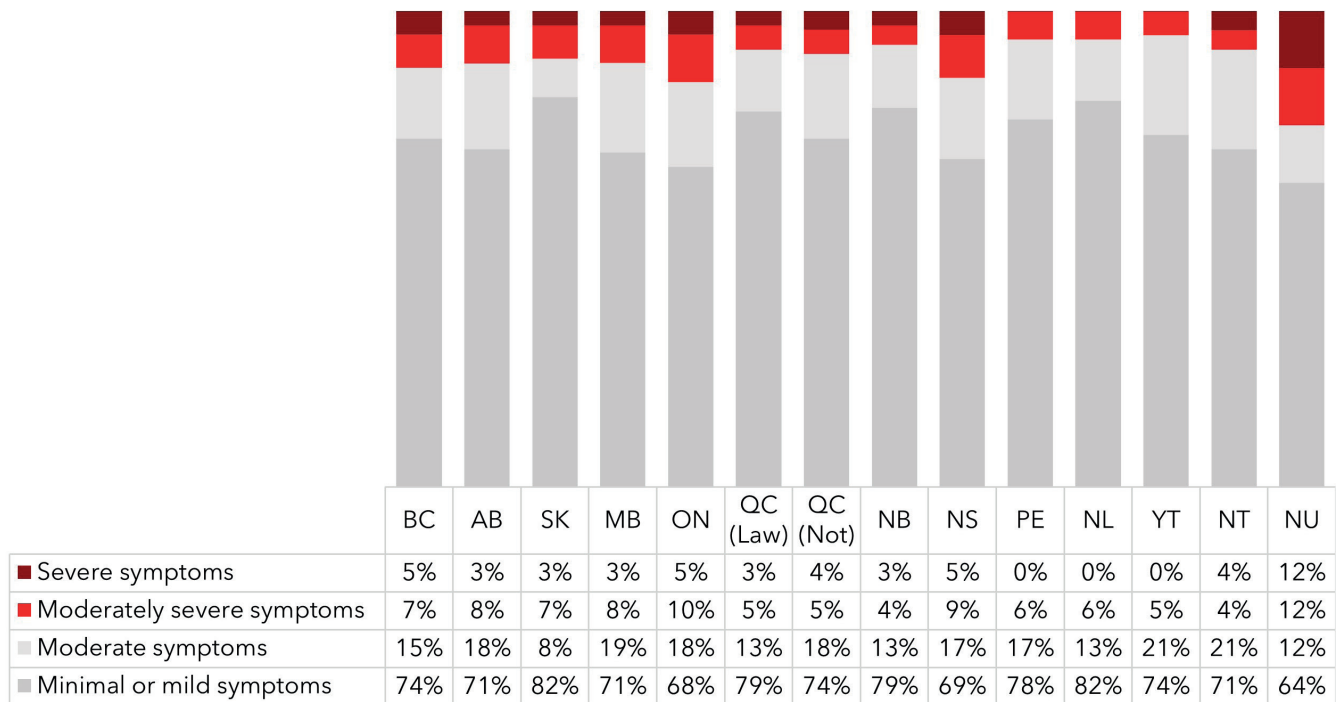
- **15%** for major depressive disorder (vs. 28.6% among legal professionals);
- **13%** for generalized anxiety disorder (vs. 35.7% among legal professionals).

In addition, these disorders are one of the leading causes of long-term disability in the workplaces (Inserm, 2021).

Source: <https://www150.statcan.gc.ca/n1/daily-quotidien/210318/dq210318a-eng.htm>

Graph 4

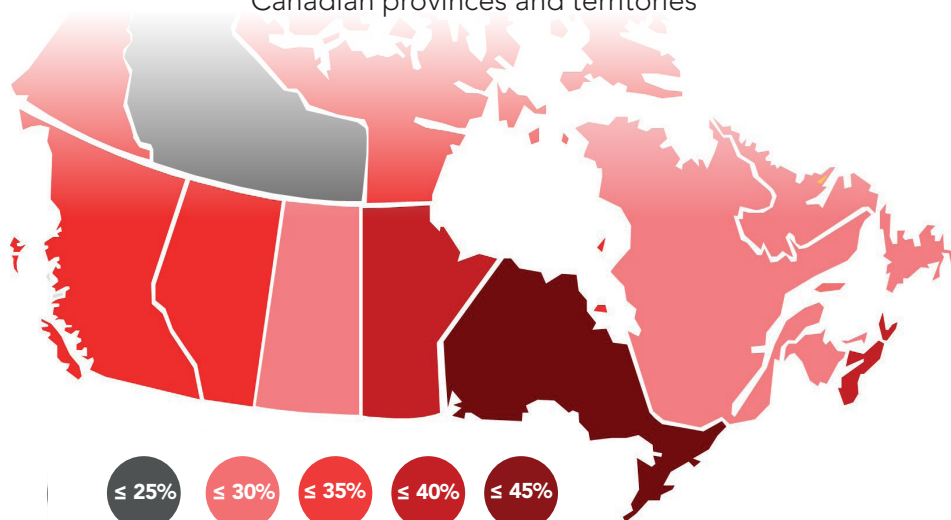
Proportion of levels of depressive symptoms among legal professionals for each Canadian province and territory (n = 6,540)



With regard specifically to anxiety, Figure 3 shows that Ontario (40.3%), Nunavut (33.3%), Manitoba (36.1%), and Nova Scotia (36.6%) have some of the higher rates of anxiety. In Ontario, the proportions of paralegals and lawyers affected by anxiety are 42.1% and 40.3%, respectively; these rates are relatively high compared to the other Canadian provinces and territories. It is worth noting that, as shown in Figure 3, 31.0% of lawyers in Quebec are experiencing anxiety. This figure rises to 37.3% for notaries in Quebec.

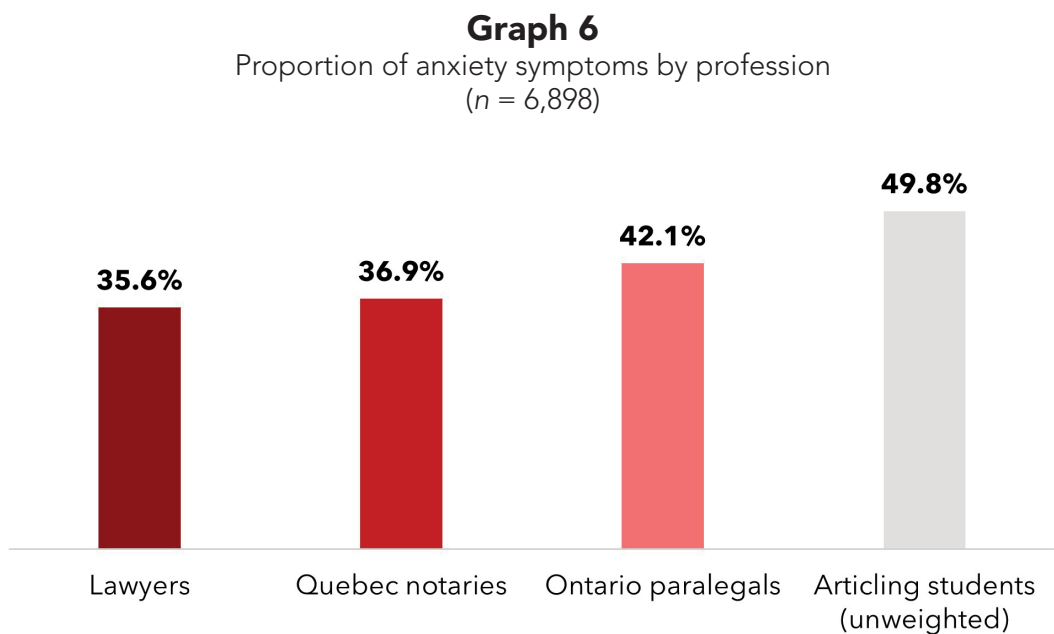
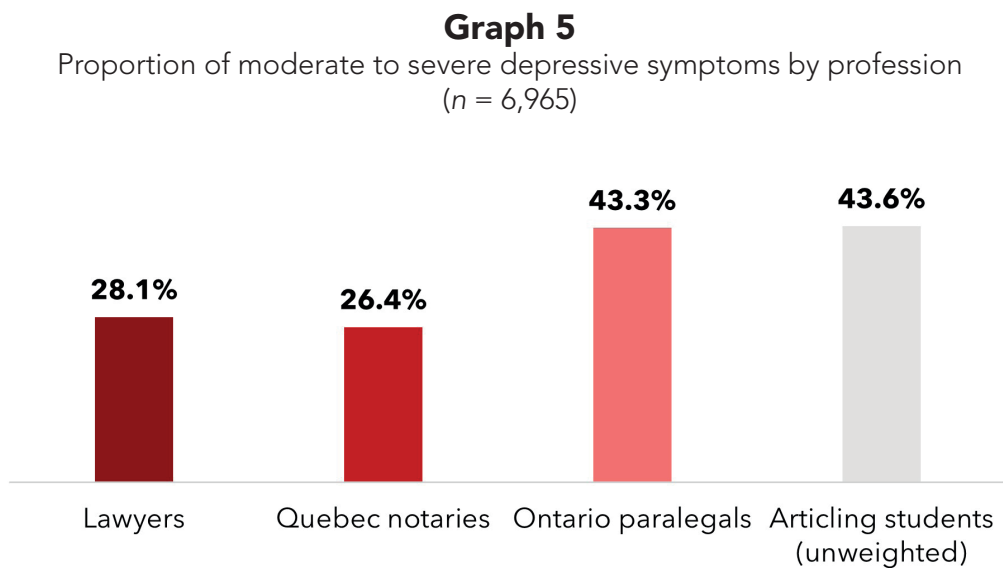
Figure 3

Proportion of legal professionals with anxiety symptoms of concern in Canadian provinces and territories



Overview of depressive and anxiety symptoms by profession

Among all respondents, a significantly higher proportion of Ontario paralegals and articling students report symptoms of depression (moderate to severe) and anxiety. Indeed, as shown in Graph 5, the proportion of Ontario paralegals and articling students with moderate to severe symptoms is 43.3% and 43.6%, respectively. The situation is even more serious with regard to anxiety symptoms: 42.1% among Ontario paralegals and 49.8% among articling students (see Graph 6).



Suicidal thoughts



CAUTION: The following section contains information about suicide that may be difficult to read and may be triggering for some people.
If you feel the need, please contact Crisis Services Canada.
<https://www.crisisservicescanada.ca/en/looking-for-local-resources-support/>

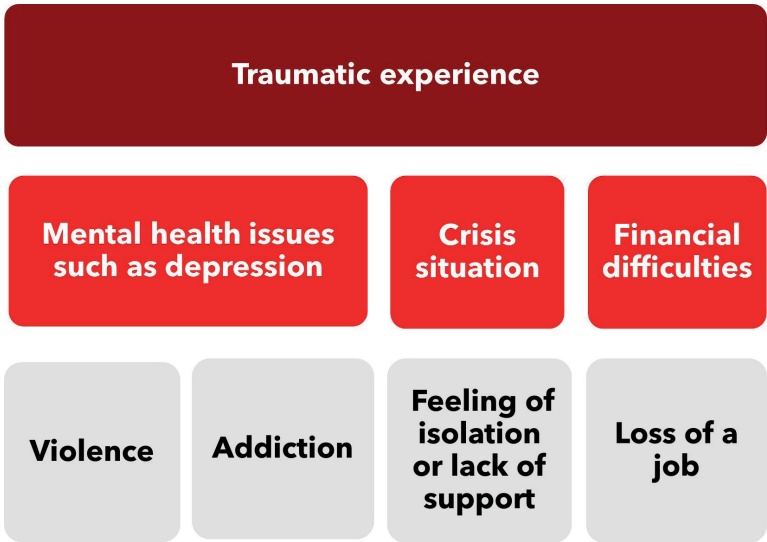
1-833-456-4566 | Texte 45645

Suicidal ideations:"refers to thoughts (cognitions) or intentions to take one's life. Research indicates that 'serious' ideations are more associated with the risk of suicide attempts and suicide" [Free translation] (Laforest et al., 2018, p. 318).

Groups with the highest proportions of suicidal ideation:

- Legal professionals working in the Canadian territories (29.7%)
- Lawyers (24.4%)
- Legal professionals working in the public sector or NFPO (27.2%)
- Legal professionals who identify as non-binary (61.9%)

Figure 4
Examples of risk factors that may explain suicidal thoughts



Source: <https://www.quebec.ca/en/health/advice-and-prevention/mental-health/preventing-suicide>

As with the other indicators in this research report (e.g., psychological distress, burnout), suicidal ideation arises from multiple factors. Thus, the person experiencing these thoughts is usually exposed to suffering that emerges from a traumatic event or a combination of factors that momentarily generate a sense of hopelessness. Therefore, for a professional, it is understandable that experiencing suicidal thoughts is generally the result of a systemic problem that should be taken seriously. Figure 4 presents risk factors that may explain suicidal ideation.

**"Suicidal thoughts
are not a disease,
but a symptom that
indicates something is
wrong."**

(Gouvernement du Québec, 2021)

Did you know?

A study conducted by Liu et al. (2021) found that the proportion of adults reporting suicidal ideation since the start of the pandemic was 2.44%. This percentage would not be significantly different from the percentage of adults who reported suicidal ideation in the year before the pandemic, in 2019 (2.73%).

The individual perceives suicide as an end to their suffering and as a definitive solution to a temporary problem. Therefore, it is essential that we understand the origin of this suffering and identify the resources available to professionals who are experiencing these suicidal thoughts. This better understanding of the elements that lead to suicidal ideation could improve how we deliver the prevention, support and safety net they need.

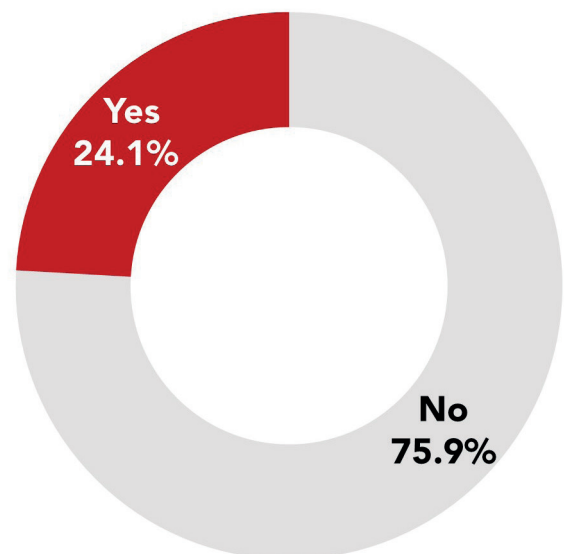
Suicidal ideation among Canadian legal professionals

Graph 7 presented above shows that just over 24% of the 5,836 legal professionals who answered the question "Since you began practising professionally, have you ever had suicidal thoughts?" said that they had experienced suicidal thoughts since the beginning of their professional practice. On the face of it, this figure seems very significant. However, to understand the extent of the phenomenon, it is important that we highlight certain data.

First, just over 2% of the Canadian population is estimated to have suicidal thoughts annually. Throughout their lifetime, 11.8% of members of the Canadian population have had suicidal thoughts. Of this percentage, approximately 4% have planned to die by suicide in their lifetime (Government of Canada, 2020).

Graph 7

Proportion of the participating legal professionals who have had suicidal thoughts since starting their professional practice ($n = 5,836$)



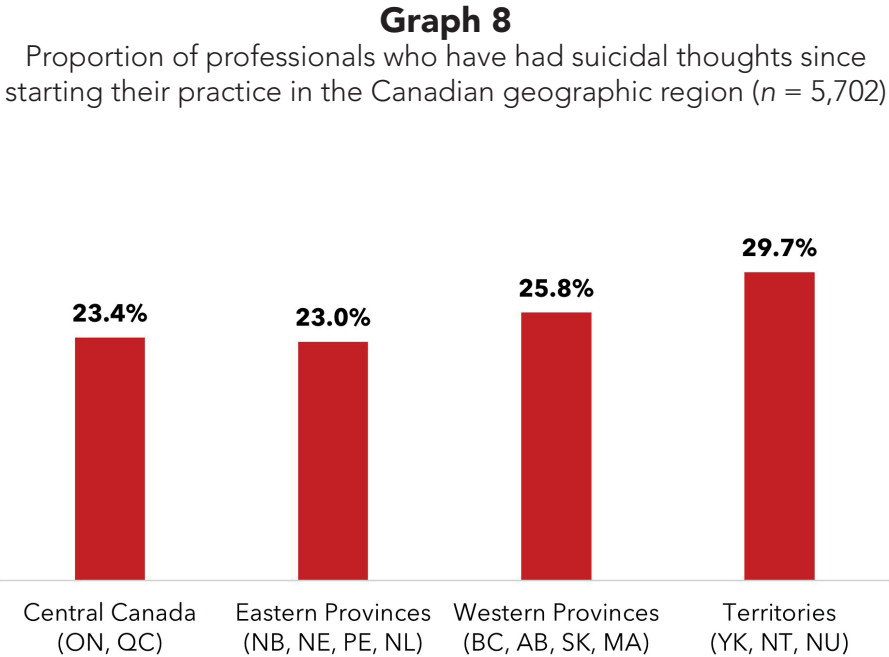
While the subject is complex and the data shocking, the issue exists and deserves deep reflection. Let us note that 24.1% of Canadian legal professionals have had suicidal thoughts since beginning their professional practice, a remarkably high proportion. But other studies of regulated professional groups show comparable statistics—for example, 19% of Canadian physicians will experience suicidal thoughts during their lifetime. It should also be noted that a study conducted in the United States among 12,825 lawyers in 19 states shows that 11.5% of them have had suicidal thoughts during their careers (Krill et al., 2016). The issue does not seem to be unique to Canada, but the figures do highlight the extent of the phenomenon here.

Although professionals working in the Canadian territories (Yukon, Northwest Territories, and Nunavut) are more likely to have experienced suicidal ideation (29.7%), the phenomenon is nevertheless more widespread than one would think, with proportions between 23% and 26% across the other Canadian law societies (see Graph 8).

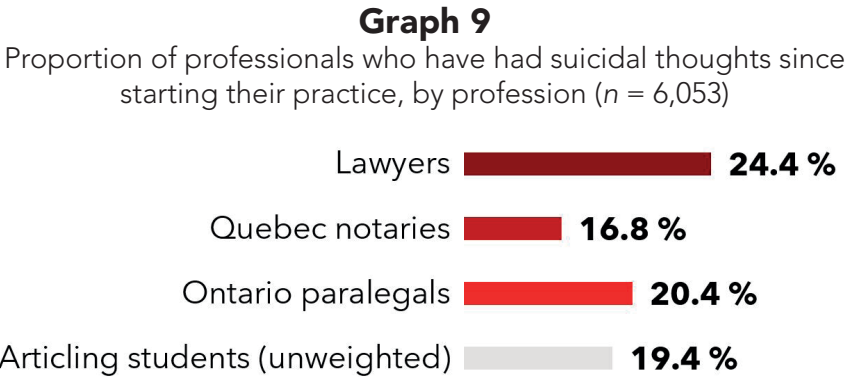
Did you know?

The Crisis Centre of Canada offers many suicide prevention resources, 24/7, 365 days a year. It is there to help, whether you are having suicidal thoughts or you know someone who is thinking about suicide.

Source: <https://www.crisisservicescanada.ca/en/>

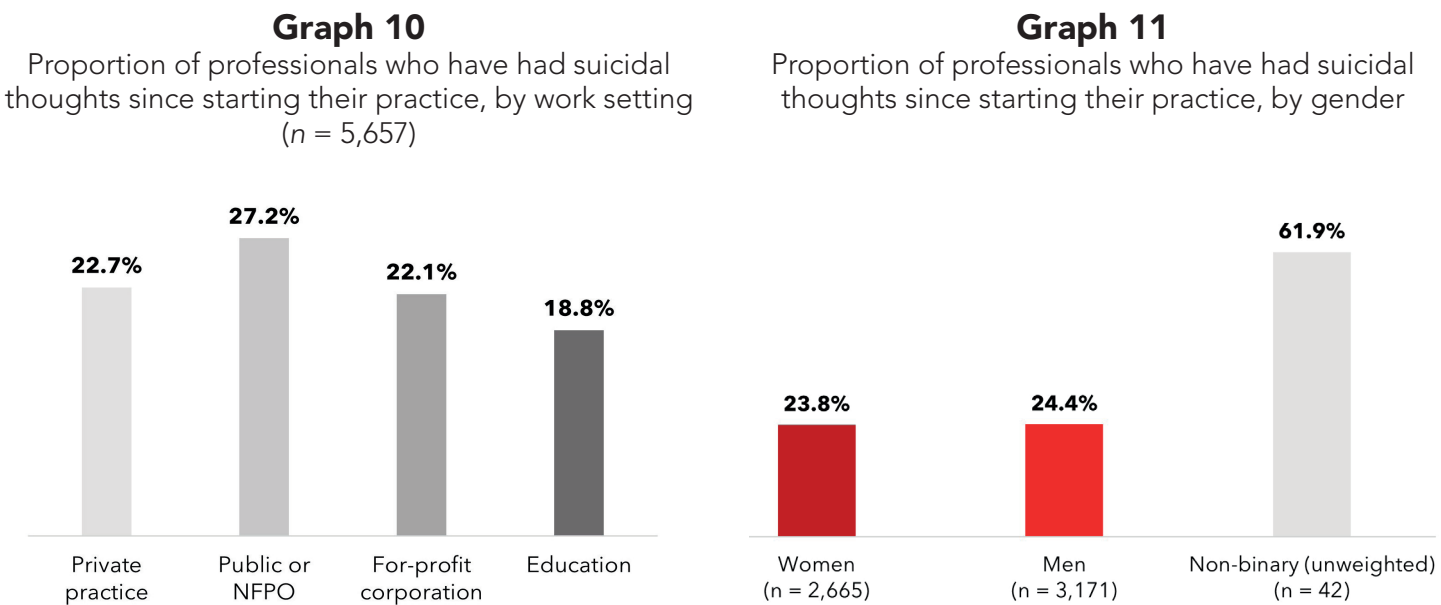


According to Graph 9, lawyers (24.4%) are more likely to have had suicidal thoughts than other professions. Quebec notaries (16.8%) have had the fewest suicidal thoughts since the beginning of their careers.



Graph 10 shows that legal professionals in the public sector or NFPO experience the most suicidal ideation in their work (27.2%), compared to 18.8% and 22.1% in the education sector and for-profit corporations, respectively. Furthermore, as Graph 11 demonstrates, both men (24.4%) and woman (23.8%) legal professionals have experienced these thoughts.

On the other hand, although the group is proportionately smaller, 61.9% of non-binary-identifying professionals have experienced suicidal ideation in their work. However, it is important to interpret this percentage with caution, considering the low representation of professionals identifying as non-binary in the sample of 6,212 professionals.



Lastly, Table 1 shows that suicidal ideation affects legal professionals across all age groups. Although fewer practitioners under 25 years of age have experienced such thoughts (19.3%), the proportion observed in other age groups varied between 21.2% and 27.2%.

Table 1
Proportion of professionals who have had suicidal thoughts since starting their practice, by age (n = 5,836)

Age groups	Proportion observed
25 years old and under	19.3%
26 to 30 years old	23.6%
31 to 35 years old	25.1%
36 to 40 years old	27.2%
41 to 45 years old	23.4%
46 to 50 years old	26.8%
51 to 55 years old	24.3%
56 years and older	21.2%

In light of these findings, the first step in addressing them must be to raise awareness of the problem, no matter how challenging it is. It is also essential that the legal community be made aware of the warning signs indicating that a person is at risk (see Figure 5).

Figure 5

Less obvious signs that could mean someone is at risk



Note. This image was taken from Crisis Services Canada and was taken from the following site: <https://talksuicide.ca/>

The **voice** of legal professionals



"Basically, I suffer from anxiety and depression. The job is stressful beyond what I imagined in law school. The stress testing has gotten worse and worse. [...] Despite having my own firm and having grown it and having lots of opportunities ahead, I constantly feel like a failure. If I don't get the result I or the client wanted, I berate myself. If I get the result the client wanted and that I wanted I still berate myself because I think that I should have aimed even higher and maybe I left money on the table or something. Thoughts of self harm and suicide ("intrusive thoughts," a friend of mine called them) became quite prevalent during the Pandemic and during stressful times before it."

"I don't think "hours worked" is always the best measure of a good or bad workplace. I find that the unclear expectations and isolation that comes with lack of guidance at my job (especially working from home) drains me of energy to the extent that I cannot work the long hours expected of me. Since starting work from home, I usually work 9-5 and have not been hitting my billable hour targets. From their perspective, I have "nothing to complain about" then, because I'm not actually working the crazy hours expected of lawyers. But, I feel drained everyday and deeply depressed on Sunday nights, and Monday mornings (such as right now). Every single working day, I scheme plans to get out of the profession or at least transition to an in-house position. I regret going to law school every day and every night I beg God to kill me in my sleep so I don't have to continue working the next day. [...]."

"J'ai quitté la pratique traditionnelle du droit pour un poste [nom et lieu] car j'estime que la pratique traditionnelle du droit n'est pas adaptée à notre génération et on a peu (voir aucun) soutien des confrères/consœurs plus expérimenté(e)s ou des juges. Je suis encore membre du Barreau, mais je n'occupe pas le poste d'avocate au sein de mon organisation. Le système des heures facturables en pratique privée engendre énormément d'anxiété chez les jeunes avocats. Plusieurs de mes collègues d'université ont également quitté la pratique privée après moins de 2 ans de pratique, comme moi. Les jeunes avocats sont laissés à eux-mêmes dans certains bureaux, seuls avec leurs dossiers et leurs clients, sans support. L'anxiété est donc souvent causée par la peur de faire des erreurs, le syndrome de l'imposteur et le fait de ne pas savoir comment avancer ses dossiers. L'anxiété et la dépression occupent une grande place dans la vie des jeunes professionnels du droit, et ce, depuis l'École du Barreau ou même plus tôt. J'ai d'ailleurs perdu un collègue d'université l'an dernier pour cause de suicide. Lorsque le sujet est abordé, que ce soit avec des professeurs ou des juristes d'expérience, on n'est pas pris au sérieux. On se fait dire qu'il s'agit d'un passage obligé dans la profession et qu'il n'y a rien à faire."

"If this survey had been taken about 3 years ago, my answers would have been very different. Suicide was becoming more and more of a possibility. I had been hospitalized a number of times due to substance use, and that almost killed me as well. Today everything is pretty much on the level but yeah, this profession almost literally killed me many times over."

"Mental health is a huge issue. [...] I am currently in a pretty well supported role, but while in private practice no one really cared and my concerns over the lack of support fell on deaf ears. This is an epidemic of lack of empathy and expectation to work harder. I am perpetually exhausted."

"There are very few resources for parents of infant children during this Pandemic. I don't have family assistance due to fears of exposure to the virus. We have already missed many milestones that only my wife and I can witness. It is heartbreaking. Candidly, I told my wife that I am feeling suicidal. I felt that way LAST WEEK. She asked me why and I told her: "Because I hate myself. I hate myself for allowing myself to be boxed into a corner of the profession that is very high risk and high pressure. Real estate law is not a piece of cake." I know my wife understands and she has counselled me and is trying her best. It is really hard [...]. My hope and pressure [sic] is that it will pass. I believe my employer has guidelines and rules and "values" - but they don't really mean them. At the end of the day - the firm is a business and they really don't give a shit about people. That's my honest opinion. If you disappoint my firm, they will terminate you - plain and simple. I know I need to seek help - but I am incredibly discouraged. I dedicated and built my life around this profession. I have spent 3 years in law school and the past [number] years in practice to be where I am - and I am completely MISERABLE. I would tell anyone thinking about going into the legal profession to not do it. The pain and stress is not worth it."

1.3 | BURNOUT: A VERY REAL PHENOMENON IN THE CANADIAN LEGAL COMMUNITY



AUTHORS OF THIS SECTION :

Prof. Nathalie Cadieux, Ph.D., CRHA

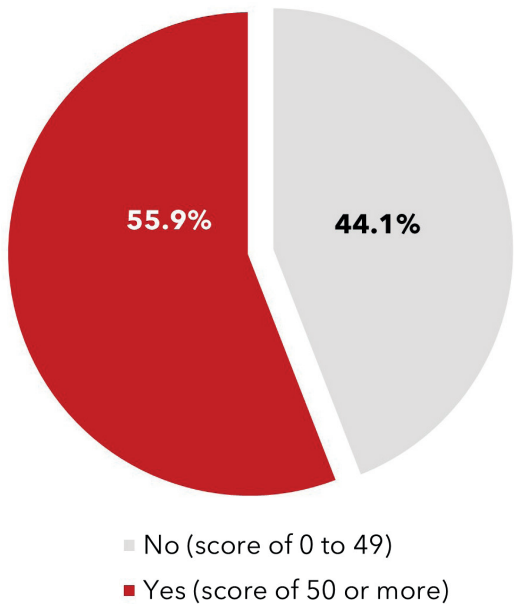
Martine Gingues, M.Sc.

Josbert Gahunzire, Master's candidate

Work-related burnout: refers to "the degree of physical and psychological fatigue and exhaustion that is perceived by the person as related to [their] work" (Kristensen, 2005, p. 197).

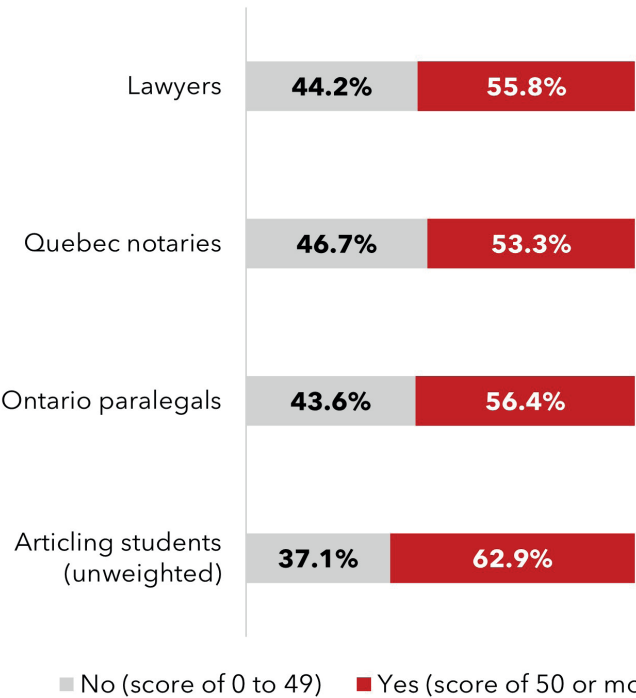
Graph 1

Proportion of burnout among Canadian legal professionals (n = 5,975)



Graph 2

Proportion of burnout by profession (n = 5,939)

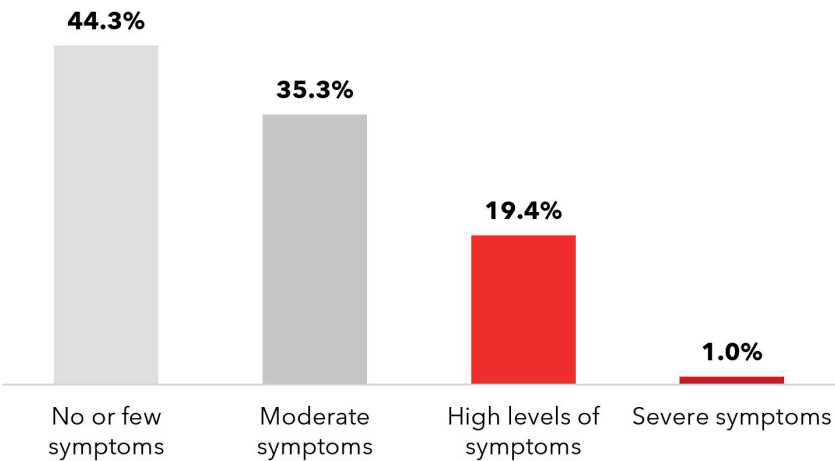


Groups with the highest proportions of burnout

- Legal professionals between the ages of 31 and 35 (67.0%)
- Women legal professionals under 40 years of age (67.4%)
- Legal professionals working in Nunavut (81.2%)
- Legal professionals living with a disability (69.8%)
- Legal professionals who identify as members of the LGBTQ2S+ community (62.7%)

Graph 3

Proportion of intensity of burnout symptoms observed among Canadian legal professionals (n = 5,570)



Burnout is a concept that measures the degree of fatigue and exhaustion a person experiences due to their work (Kristensen et al., 2005). Burnout can lead to cynicism, detachment, and an undervaluing of personal accomplishments (Schaufeli et al., 2017).

Unlike depression, burnout is 1) necessarily work-related and 2) affects people who are exposed to chronic stress. Table 1 shows how burnout scores are classified into different levels on the Copenhagen Burnout Inventory (CBI) scale as prescribed by the scientific literature (Creedy et al., 2017; Kristensen et al., 2005).

Table 1

Levels of burnout recognized in the literature according to the score obtained on the CBI scale

Levels of burnout	Score from a maximum of 100
No or few symptoms of burnout	Score < 50
Moderate symptoms	Score between 50 and 74
High levels of symptoms	Score between 75 and 99
Severe symptoms	Score of 100

Source: Creedy et al. (2017)

Beyond the levels presented in the CBI scale, the literature generally shows that burnout occurs when a score greater than or equal to 50 is obtained by the participant (Creedy et al., 2017). Graphs 1, 2 and 3 show that, overall, 55.9% of participating legal professionals score 50 or more on a scale of 100. In assessing the different levels of burnout reported by Canadian legal professionals, we see that Canadian lawyers (55.8%), Quebec notaries (53.3%) and Ontario paralegals (56.4%) have relatively comparable proportions of burnout. Although articling students had the highest proportion (62.9%; unweighted), the difference compared to other professional categories was not significant. This means that all legal professions are affected by burnout in a comparable manner.

When burnout is analyzed by level (see Graph 3), we find that one-third of participants who obtain a burnout score higher than 50 have high levels of symptoms (scores ranging from 75 to 99/100) or severe symptoms (maximum score of 100/100). Lastly, 35.3% of the overall sample are affected by moderate symptoms (scores ranging from 50 to 74/100).

Did you know?

A Quebec study conducted at the same time as this study (fall 2021) showed that almost half of the Quebec population was experiencing pandemic fatigue. Interestingly, the highest rate of pandemic fatigue (64%) was among people aged 18 to 34.

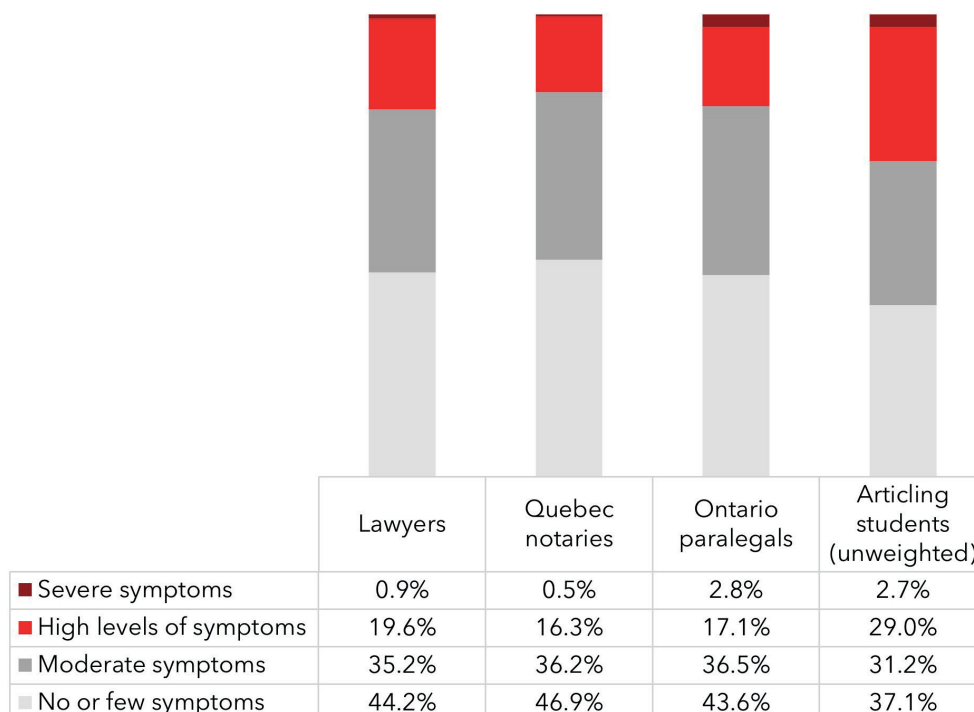
Source: <https://ici.radio-canada.ca/ohdio/premiere/emissions/Par-ici-l-info/segments/entrevue/376250/fatigue-epuisement-covid-vaccin-enfants-sherbrooke>



Graph 4 also allows us to assess the proportion of symptom intensity levels within the different professions represented in the sample. It shows that articling students are still proportionately more likely to experience high levels of symptoms and severe symptoms. At the national level, lawyers are also slightly more likely to experience high levels of symptoms (19.6%) as compared to Quebec notaries (16.3%) and Ontario paralegals (17.1%). Nevertheless, the difference between groups is not significant, which implies that the professions are affected by serious burnout symptoms in a comparable manner.

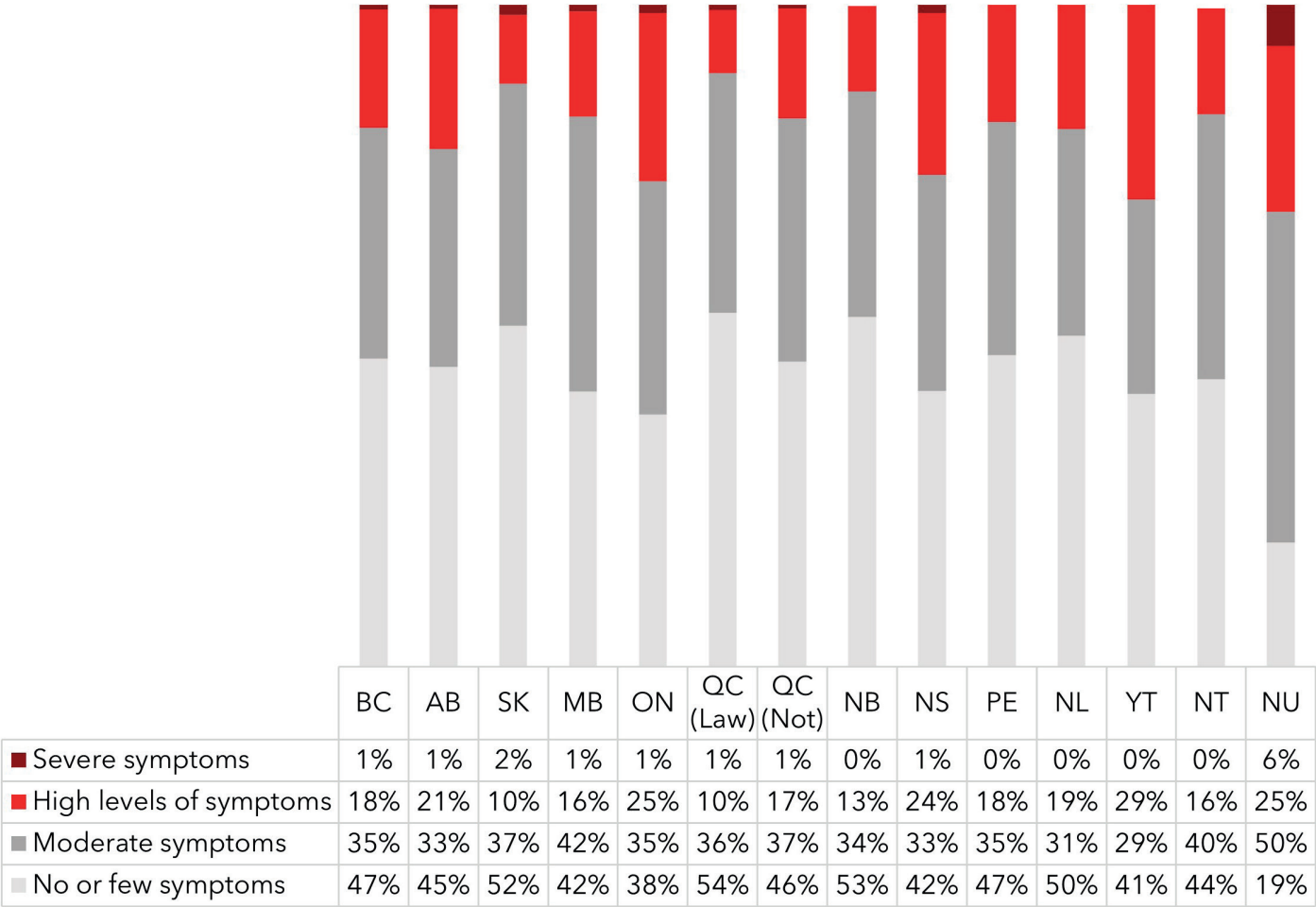
Graph 4

Proportion of levels of burnout by profession (n = 5,938)



Graph 5 allows us to assess the proportion of levels of burnout felt within each province and territory. Overall, it was observed that proportion of burnout levels generally appear lower in the Maritime provinces, particularly in Prince Edward Island, Newfoundland and Labrador, and New Brunswick. In contrast, Nova Scotia appears to have higher levels of burnout as compared to its neighbouring provinces. Similarly, there are differing realities in the Western provinces; for example, burnout levels appear lower in Manitoba and Saskatchewan than in British Columbia and Alberta. In this regard, Alberta has the highest levels of burnout in Western Canada, although these levels are below those observed in Ontario, where 26% of respondents report "high levels" to "severe" burnout symptoms.

Graph 5
Proportion of levels of burnout across province and territory
(n = 5,793)



The **voice** of legal professionals



"[...] Having said all that, this job takes so much of your life and energy - the expectations for perfection and immediate responses are crushing - that I would not recommend it to others. Thanks for doing this survey."

"I did experience an episode of burnout [...], which caused me to work as a non lawyer for a few years. Several months before leaving my job at a firm where the billable arrangement was that I had to bill 3x the value of my salary, I approached the office manager to let them know I was struggling and that I wanted a break on my billable targets and I was willing to take a proportionate pay cut. The office manager told me to go get some medication for stress and it would all blow over and be fine. I did not want to do this, I knew I just needed time for a few months to sleep, exercise, and take care of a couple very difficult family matters that had arisen. My request for lower billables in exchange for lower pay, culminated in a meeting with the partners who simultaneously praised my work quality and berated me for billing too low, working for too low of rates (it had been an ongoing tension between myself and the partners); and said they couldn't accommodate my request, or do anything to help besides raise my rates, despite my clear mental struggles, because if they did it for me it would set a precedent and others would seek the same. Anyways [few] months later I ended up going on a stress leave for several months- by that point I was a real mental mess. During the stress leave I did seek help and learned some CBT techniques and the importance of physical exercise. But really, I don't think I even would have needed that if I hadn't been subjected to such ridiculous expectations, and if I'd been given a helping hand when I asked for one. After the stress leave I was afraid to go back to law, I felt like I was a failure even though I had left a very good practice that was really taking off. I was embarrassed and it felt like some former colleagues treated me patronizingly, and commented that it was good I got out if I couldn't handle the pressure."

"J'ai fait un épuisement professionnel (dépression) dans les 10 premières années de ma pratique. Cette réalité m'a amené à demeurer toujours plus vigilante par la suite, pour ne surtout pas revivre cela."

"Family law is beyond exhausting. I stay in the profession because I care about my clients, but I permanently work burned out. I work with legal aid and we are insanely overworked and underpaid, however we do care about our clients so we choose to stay in the profession. I am often ashamed to say I am overwhelmed or need help and do not have the energy or financial resources to access the supports needed. It is a difficult cycle, but one that many female lawyers feel trapped in."

"Currently on an antidepressant which I think had a lot to do with being burnt out after articling and having little energy to put into my first year of practice."

1.4 | BEYOND INDICATORS: DO LEGAL PROFESSIONALS SEEK HELP WHEN THEIR MENTAL HEALTH IS AT RISK?



AUTHORS OF THIS SECTION :

Prof. Nathalie Cadieux, Ph.D., CRHA

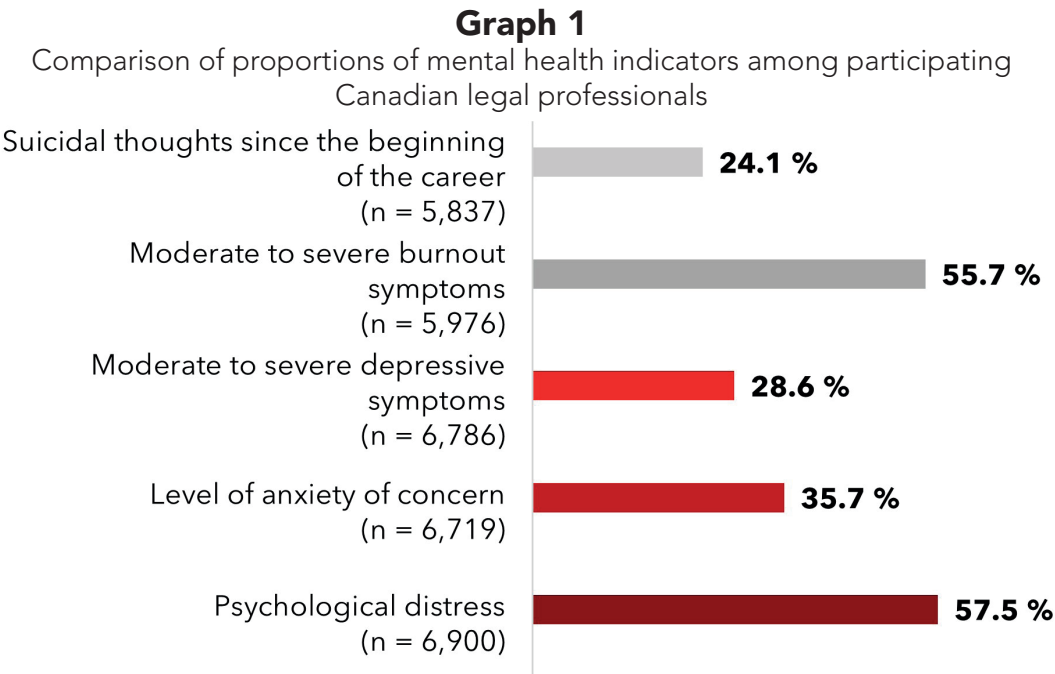
Martine Gingues, M.Sc.

Barriers to seeking help

The general findings presented in Part I of our report highlight the prevalence of health and wellness issues in the Canadian legal community.

Graph 1 compares the different mental health indicators. We found that psychological distress (57.0%) and burnout symptoms (56.0%) affect a large number of professionals in the Canadian legal population. One can also observe that 36.0% of legal professionals experience a worrying level of anxiety and 29.0% of participants experience moderate to severe depressive symptoms. Most disturbingly, the data showed that nearly one professional in four (24.1%) has had suicidal thoughts since the beginning of their professional practice.

Viewed as a whole, these indicators prompt a fundamental question: Will legal professionals affected by psychological health issues seek help when their mental health is at risk?



Did you know?

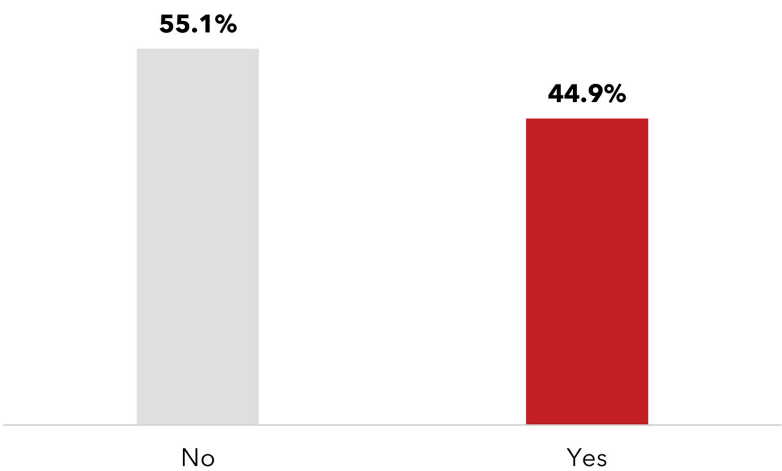
Le The National Center for Chronic Disease Prevention and Health Promotion in the United States estimates that workplace health and wellness issues cost \$1,685 per employee annually. In contrast, studies have shown that each dollar invested in employee health has a return on investment of up to \$1.62 in the first year and \$2.18 after three years. These data highlight the significant financial impact of inaction on occupational health and the relevance of initiatives.

Source: https://www.cdc.gov/chronicdisease/resources/publications/factsheets/workplace-health.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fchronicdisease%2Fresources%2Fpublications%2Faag%2Fworkplace-health.htm

Do legal professionals seek help for mental health issues?

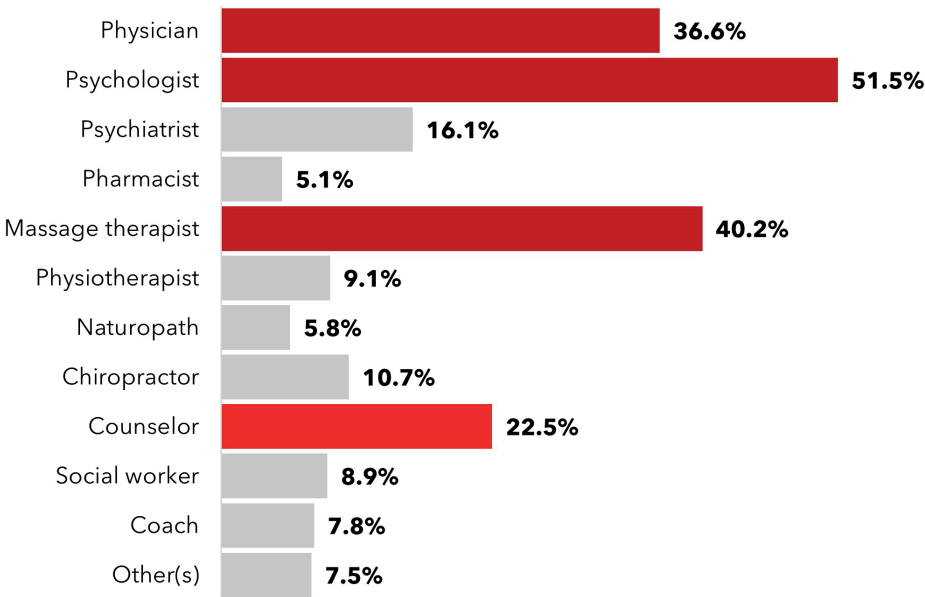
Graph 2 shows the proportion of participants who sought help for dealing with stress in their professional practice. We find that 44.9% had sought such help.

Graph 2
Proportion of practitioners who sought external professional help to cope with stress in their professional practice (n = 6,728)



If we look at the types of health professionals whose help was engaged, we see that psychologists (51.5%), massage therapists (40.2%) and physicians (36.6%) were the most frequently consulted. Graph 3 shows the different types of health professionals being consulted by members of the legal community to deal with the stress they face in their practice.

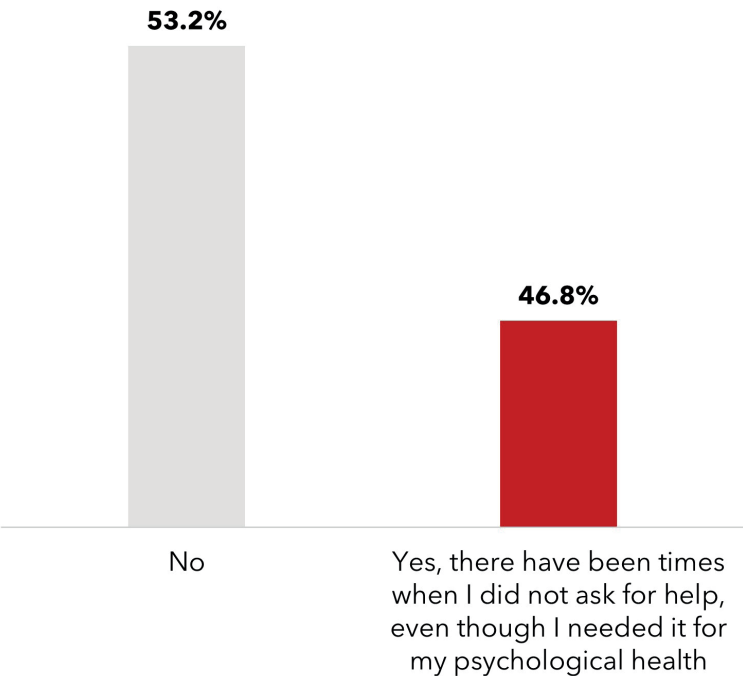
Graph 3
Proportion of categories of health professionals consulted for help in coping with the stress experienced (n = 3,020)



While a large proportion of legal professionals have sought help in the past, many others have not been able to do so. Indeed, when asked, "Have you ever felt the need to seek professional help for psychological health problems, but not done so?", 46.8% of the 6,710 professionals who provided an answer to this question stated that they did not seek help despite needing it, as shown in Graph 4.

Graph 4

Proportion of responses to the question, "Have you ever felt the need to seek professional help because of psychological health problems, but did not?"
(n = 6,710)



Further analysis shows that 66.8% of participants who had had suicidal thoughts since the beginning of their practice did not seek help when they felt the need to do so. When we add a layer of analysis by gender, it appears that this proportion is almost as prevalent among men (65.8%) as women (68.1%).

When we consider the reasons why these legal professionals did not seek help, more than half (55.8%) responded that it was only temporary and that it would pass. Furthermore, as illustrated in Graph 5, 37.6% did not have the energy to engage in such a process, 26.3% lacked the time and 23.2% lacked financial resources. In addition, 23.2% were unsure whether professional help was appropriate.

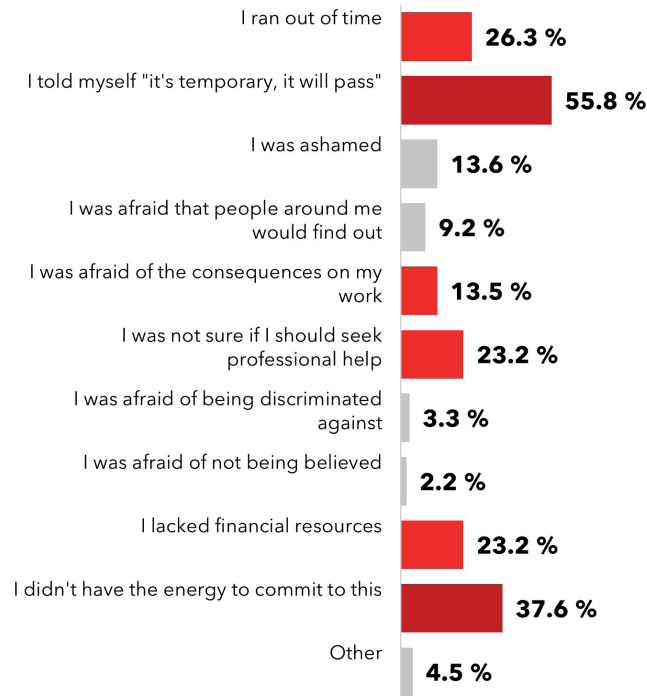
Did you know?

According to the Research Chair in Mental Health and Work, 70% of people who experience depression do not seek help.

Source: <https://www.mentalhealthwork.ca/>

Graph 5

Proportion of reasons given by participating legal professionals for not seeking psychological health support
(n = 3,139)



Lastly, it appears that many professionals feared the repercussions of using such assistance. In this regard, 13.5% were afraid of the impact on their work, 3.3% feared being discriminated against, and 9.2% were afraid that others would find out. These numbers highlight that mental health and wellness issues may still be taboo within the legal community, where 13.6% of professionals do not seek the help they need because they are ashamed to do so.

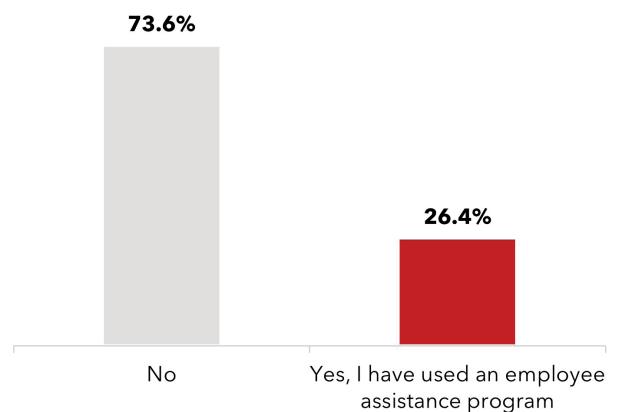
What about assistance programs?

As shown in Graph 6, 26.4% of participants have used an organizational employee assistance program to manage stress over the course of their career.

Participants were also asked if they would have confidence in an assistance program associated with their organization or their law society if they needed to use it.

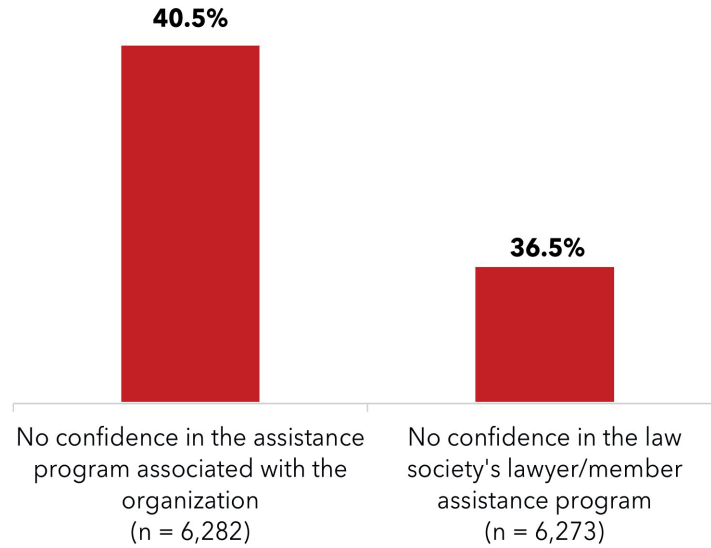
Graph 6

Proportion of legal professionals who used an employee assistance program to cope with stress in their practice
(n = 6,295)



Graph 7

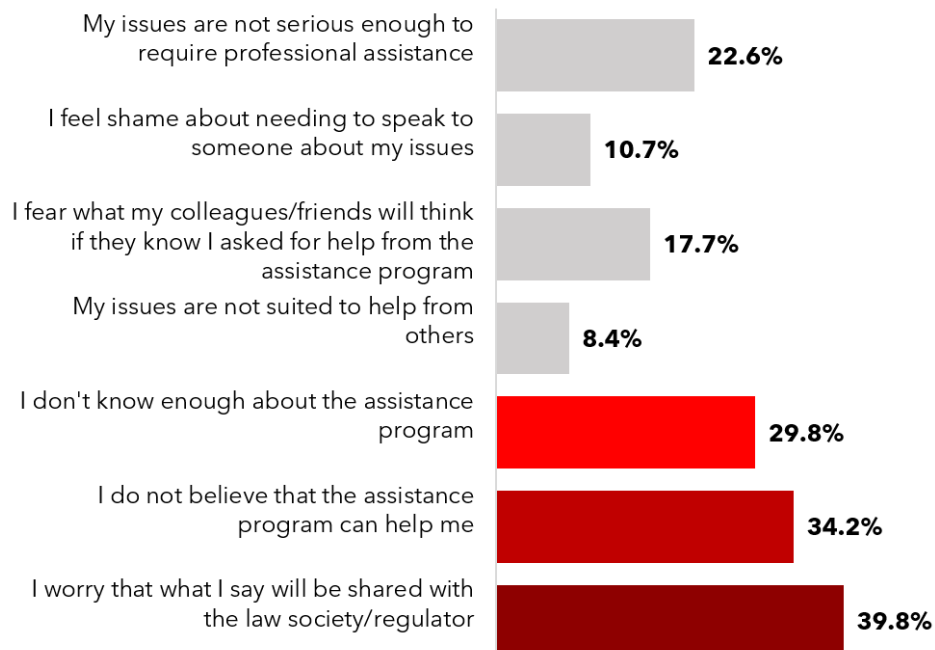
Proportion of legal professionals who responded no to the questions "If you need to get help related to your psychological health, would you be confident using 1) an organization's employee assistance program and/or 2) your law society's lawyer/member assistance program"



Graph 7 summarizes the responses given by the participants. The results show that most respondents would have confidence in an assistance program if they needed to use it. However, 40.5% of respondents would not have confidence in the assistance program offered by their organization. As for law society assistance programs, 36.5% of participating professionals would not be comfortable using them. Graph 8 shows the reasons why the professionals were apprehensive about using the assistance program endorsed by their law society.

Graph 8

Proportion of reasons given for not using the assistance program associated with their law society among legal professionals who indicated that they were not confident in using this program (n = 2,289)



Among the reasons given by professionals for not using the assistance program associated with their regulator, 39.8% mentioned fearing that the content of their discussions would be shared with their regulator. The second most-cited reason was a belief that the assistance program would not help them (34.2%). 29.8% said they did not know enough about their assistance program, and 22.6% perceived that their problems were too serious for the assistance program to be of use. Nearly one in five professionals (17.7%) said they feared that colleagues or friends might learn they had used the assistance program, while 10.7% of these professionals felt ashamed to talk openly about their problems.

These results demonstrate that there is still a long way to go to deconstruct preconceived notions about mental health in the Canadian legal community. The stigma associated with mental health in the workplace, whether perceived by the individual or experienced through relationships with colleagues or supervisors, is discussed in greater depth in section 2.5.1 of this report.

The **voice** of legal professionals



"The reason I said that I'm unwilling to use the mental health assistance offered by the profession is that I've gotten the distinct impression that they're there to help me as a lawyer to be more productive, not to help me as a person to feel human."

"To elaborate on my response to the question as to why I have thought I need mental health assistance but have not obtained it, I find the process of finding a therapist daunting. Each session is so expensive, that trying various therapists until you're lucky enough to find one with whom you work well is an expensive endeavor, and a barrier to entry for seeking out help."

"I count myself lucky as I was going down a dark path and after I found my spouse and readjusted my life, she is an incredible source of support. I get through the difficult aspect of the work I do by reminding myself that it is for her and my son that I do it. If I did not have such a strong support system at home, I am certain I would be a different beast. In my opinion, the resources available in this province as well as in this profession is lacking and accessing these resources is considered to be a double-edged sword as any application in the future for insurance or membership always asks about mental health treatment and, if you have consulted a specialist, they deny any coverage for mental health related illnesses, i.e., burn outs, depression, etc... Although I do not currently see a psychologist or psychiatrist, it would be beneficial in certain cases to have access to same for a debriefing after disturbing cases fall on our desks."

"Finances are a real barrier to me fully accessing mental health support. I can afford to see my psychologist once per month. If I had a higher income, I would get more help. I wish that each lawyer could have an annual budget for mental health supports which we could use how we choose. I also wish that we had occupational therapists free to consult about how to run our practices."

"I was reluctant to access the services of the Law Society's EAP because the counselors are not known to be good, as they pay so little, that they only get the worst of the worst signing up."

"[Province] has a lawyer's assistance program, but it is of limited help. Often, the employees are very busy and will not have time to speak with you more than once every two weeks. My understanding is that they are also lawyers, and not medically trained professionals capable of giving therapeutic advice. This also makes things complicated as everyone seems to know everyone and it makes it very uncomfortable to speak frankly knowing that the person you are speaking with likely knows the person you are talking to them about. I also make not very much money for the hours I work and the position I

hold, and this further prevents me from accessing therapy or counselling. If I knew years ago what I know now about the legal profession, I probably would have chosen a different career path. The prestige of the profession, the moderate income and the interesting work do not make up for the immense stress, demands on your time, and emotional taxation."

"The ASSIST program is great, but it would be very helpful if there was a list of all ASSIST-partnered therapists/psychologists available to lawyers. Finding the right practitioner is very difficult and a huge barrier to people seeking help, and the fact that you have to guess who you're going to get, without being to do your own research on the practitioners, is a pretty large barrier to seeking help - especially for lawyers."

"Offrir une réduction sur des services de psychothérapie serait un bon moyen d'encourager les avocats à consulter."

"The counsellor I got through the [law society] program was awful. She said I only was eligible for [x] counselling sessions. She checked her phone during our counselling sessions. I would like [law society] to pay for any therapist that a Member chooses. So, I find a counsellor that I LIKE and [law society] pays for it. The health benefits offered through Lawyers Financial DO NOT pay for counselling unless you have a mental health diagnosis."

"I have been unable to obtain professional counselling due to an absolute lack of qualified professional counsellors in my area and the financial costs of going outside the Health System. I have discussed this matter with the [assistance program] and while they were polite and cooperative they were unable to provide assistance and indicated that it sounded like the steps I have been taking have allowed me to keep my issues under control. The worst side effect in general is that I find that at the mere mention of a mental health issue, people generally feel that a person is mentally ill and somehow mentally defective. There is definitely a stigma attached which is destructive."

"We need mental health coverage in the province, just as we have for traditional medicine. This past year has demonstrated that most people are suffering, and our society will not be able to sustain itself at this pace without real change in this regard. Right now, taking care of your mental health is something exclusive to those with money and access and it shouldn't be."

PART II

WELLNESS IN LAW: EXPLANATORY FACTORS



A NOTE ON THE METHODOLOGY

IMPORTANT

The reader should interpret this section by first understanding the scientific methodology that led to the findings it contains. We therefore recommend that you read section Scientific methodology before reading this section.

The results presented in this report are based on the analysis of data collected from nearly 8,000 legal professionals in Canada. These results are not intended at any time to pass judgment or express an opinion.

Data weighting	For analysis purposes, the collected data were weighted by the key demographic characteristics of the target population, including sex (proportion of males and females in each law society) and the number of members of each law society. The purpose of weighting is to reduce sampling bias while maintaining the precision of the survey estimates.	
Interpretation of results	Threshold of $p \leq .05$	Consistent with research best practices, a minimum threshold of $p \leq .05$ was used to interpret the results. That being said, when we rule on a significant difference between two groups (e.g., women vs. men, LGBTQ2S+ vs. non-LGBTQ2S+) or on a significant relationship between two variables (e.g., relationship between emotional demands and burnout), the .05 threshold means there is a possibility of error only 1 in 20 times.
	Cross-sectional design	The results are derived from data collected at a single point in time (cross-sectional design). Since causes (e.g., high psychological demands, billable hours) and effects (e.g., psychological distress, depressive symptoms) were measured at the same time, it is impossible to establish causality between the variables under study. Where directionality is sometimes assumed, findings are derived from the results, combined with the state of current knowledge.
	Sample size	As a function of the analysis conducted and the weighted approach, there may be variation in the sample size (represented by the symbol " n "). The size will be larger or smaller depending on the number of participants who responded to all the variables included in each analysis topic.
Lexical precisions	Gender	Due to data weighting, individuals identifying as non-binary and those who preferred not to specify their gender were excluded from several analysis topics where the research team did not have data on the distribution of these professionals and on their respective representation in each law society. However, because we asked participants to identify their gender (not their sex), the term <i>gender</i> is preferred throughout the report, even though non-binary people were not always included in the comparative analysis. Conversely, where the analysis did not include gender, and in section 2.4.1.5 on the LGBTQ2S+ community, professionals identifying as non-binary were included.
	Telework	The term <i>telework</i> is used throughout the report. This term is synonymous with <i>working remotely</i> , <i>work from home</i> , or <i>telecommuting</i> and has been preferred because it is the term used in the scientific literature.
	Score	The term <i>score</i> refers to the sum of a participant's responses to questions associated with a measurement scale.

2.1 | A MULTIDIMENSIONAL PERSPECTIVE ON THE PSYCHOLOGICAL HEALTH AND WELLNESS OF LEGAL PROFESSIONALS IN CANADA



AUTHORS OF THIS SECTION :

Prof. Nathalie Cadieux, Ph.D., CRHA

Martine Gingles, M.Sc.

2.1 | A MULTIDIMENSIONAL PERSPECTIVE ON THE PSYCHOLOGICAL HEALTH AND WELLNESS OF LEGAL PROFESSIONALS IN CANADA

The mental health of a legal professional must not be examined in a vacuum; it is influenced by many factors from which it cannot be dissociated.

Looking at these factors, the literature has recognized for many years that many mental health issues in the workplace are influenced by a certain trade-off in a person's mind—an appraisal they make at a given moment regarding the constraints and resources they must deal with (Demerouti et al., 2001; Lazarus & Folkman, 1984).

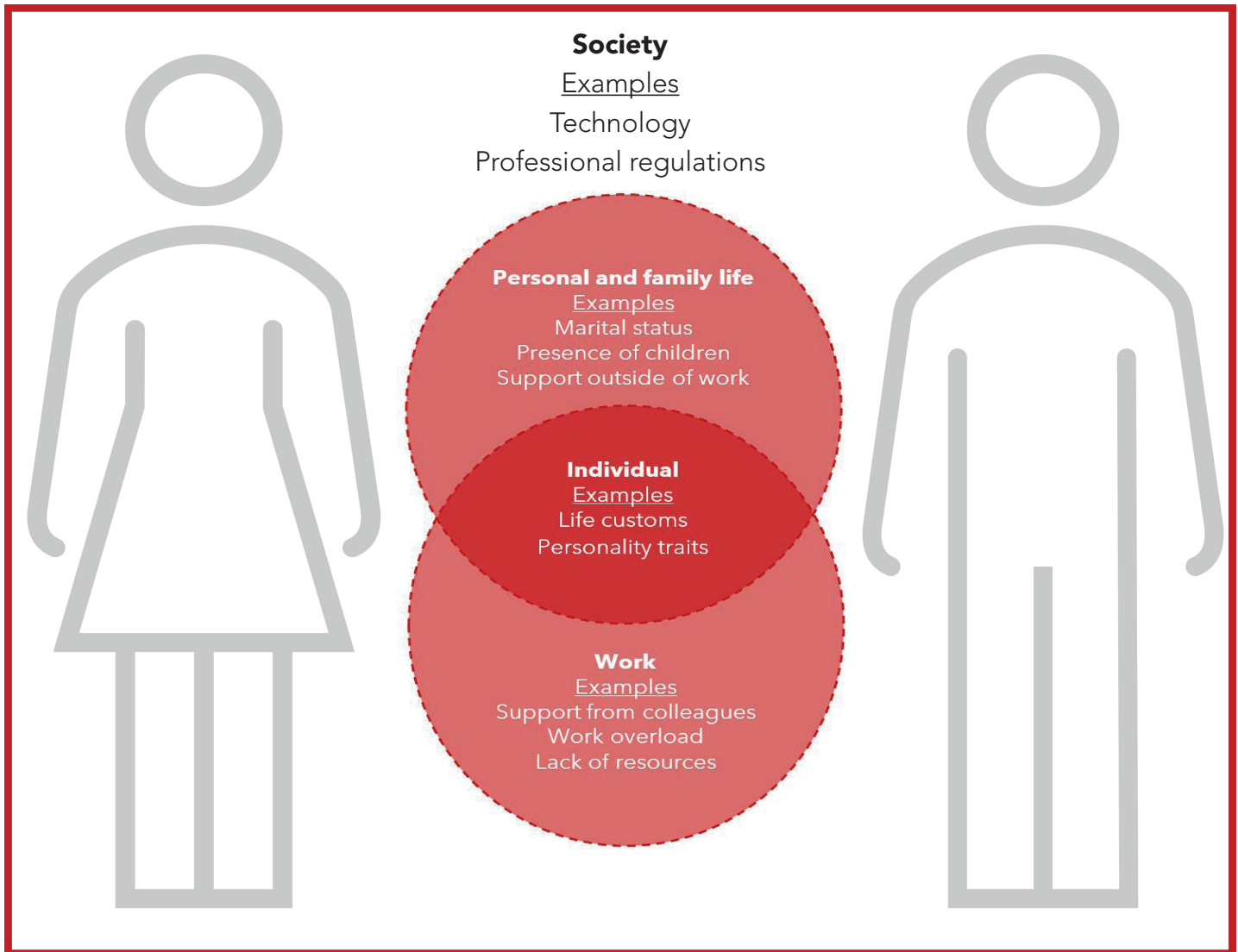
On the one hand, **constraints** are **risk factors** (such as work overload, intense emotional demands or lack of experience) that can affect mental health. On the other hand, **resources** are **protective factors** (such as recognition at work, support from colleagues or a healthy lifestyle) that can protect the individual from developing or aggravating health problems. These resources may also partially counter-balance the constraints to which a person is exposed, thus reducing their impact on personal health.

While at first glance it may seem easy to point to specific factors in the work environment that cause an imbalance between stresses and resources, it appears that the development of mental health issues is most often attributable to a combination of factors, and these factors emerge from the different spheres of a person's life (Beauregard et al., 2011; Cadieux et al., 2019; Cadieux & Marchand, 2014; Marchand, 2004). Figure 1 illustrates this reality and shows that constraints and resources come from personal and family life (e.g., support outside of work, presence of children), from work (e.g., workload, lack of resources), from individual factors (e.g., individual personality) and, lastly, from the society in which these spheres of life are situated (e.g., technology, professional regulations, professional culture). Factors from these different spheres of life can influence the health of professionals directly, but also indirectly through the accumulation of constraints and resources to which the individual is exposed. The dotted lines between each of the spheres also illustrate that they are fluid and can influence each other.

For example, a person who works in a high-stress, low-resource environment, but has a lot of support outside of work, may fare better in terms of health than someone who is isolated in their personal life. The same is true for a person who adopts a healthy lifestyle (e.g., good sleeping habits, responsible alcohol consumption, or regular physical activity), compared to an individual who has poor personal

Figure 1

Risk factors (constraints) and protective factors (resources) that influence the health of professionals



habits and works in the same stressful work environment. It should also be noted that certain risk or protective factors may interact. For example, a person may experience significant depressive symptoms that are not related to their workload but to the accumulation of constraints they are facing, including their workload, if they find themselves repeatedly exposed to intense emotional demands.

Thus, any study that examines the mental health of legal professionals should consider and assess both the risk and the protective factors within their various spheres of life to obtain a clear picture of the levers that may influence their state of health. Accordingly, the following sections will address the risk and protective factors identified within each of the spheres in the lives of Canadian legal professionals who participated in this study.

2.2 | THE PRACTICE OF LAW IN CANADA: AN OVERVIEW OF THE STRESSORS ARISING FROM ITS PROFESSIONAL ENVIRONMENTS

The practice of law in Canada is heterogeneous. The truth of this statement becomes clear when we observe the many different types of legal practitioner: engaged in private or public practice, with or without targets for billable hours, working directly with clients or not, working in specific areas of practice, operating independently or within a large firm. The realities of practice are multiple and diverse. However, despite the heterogeneity in the practice of law, the findings of this project tend to highlight that legal professionals face many common challenges, regardless of the context in which they work. These challenges include work overload, emotional demands, lack of resources, and the importance of support by colleagues and supervisors.

The following sections are devoted to an in-depth analysis of the stressors that arise from the work environments where legal professionals operate. These stressors are related to their 1) working conditions, 2) areas of practice and work setting, 3) the impact of billable hours, 4) technostress, 5) adjustment to telework, 6) the agility of their firm or organization; and 7) the psychological consequences that may result from working with clients, such as compassion fatigue.



A NOTE ON THE METHODOLOGY

IMPORTANT

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Data weighting	For analysis purposes, the collected data were weighted by the key demographic characteristics of the target population, including sex (proportion of males and females in each law society) and the number of members of each law society. The purpose of weighting is to reduce sampling bias while maintaining the precision of the survey estimates.	
Interpretation of results	Threshold of $p \leq .05$	Consistent with research best practices, a minimum threshold of $p \leq .05$ was used to interpret the results. That being said, when we rule on a significant difference between two groups (e.g., women vs. men, LGBTQ2S+ vs. non-LGBTQ2S+) or on a significant relationship between two variables (e.g., relationship between emotional demands and burnout), the .05 threshold means there is a possibility of error only 1 in 20 times.
	Cross-sectional design	The results are derived from data collected at a single point in time (cross-sectional design). Since causes (e.g., high psychological demands, billable hours) and effects (e.g., psychological distress, depressive symptoms) were measured at the same time, it is impossible to establish causality between the variables under study. Where directionality is sometimes assumed, findings are derived from the results, combined with the state of current knowledge.
	Sample size	As a function of the analysis conducted and the weighted approach, there may be variation in the sample size (represented by the symbol " n "). The size will be larger or smaller depending on the number of participants who responded to all the variables included in each analysis topic.
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	Telework	The term <i>telework</i> is used throughout the report. This term is synonymous with <i>working remotely</i> , <i>work from home</i> , or <i>telecommuting</i> and has been preferred because it is the term used in the scientific literature.
	Score	The term <i>score</i> refers to the sum of a participant's responses to questions associated with a measurement scale.

2.2.1 | WORKING CONDITIONS: WEIGHING RISK FACTORS AND PROTECTIVE FACTORS



AUTHORS OF THIS SECTION:

Prof. Nathalie Cadieux, Ph.D., CRHA

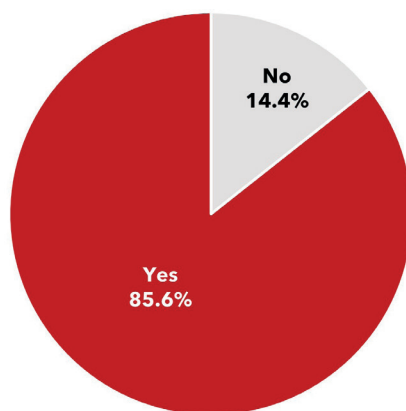
Martine Gingues, M.Sc.

2.2.1 | WORKING CONDITIONS: WEIGHING RISK AND PROTECTIVE FACTORS

When we consider both the risk and protective factors associated with the work environment, we cannot ignore the additional constraints brought on by COVID-19 and related health measures. Practically overnight, the pandemic forced many Canadian professionals into telework. In the midst of these unplanned changes, many legal professionals had to show great resilience and adapt to the new constraints triggered by this state of emergency. "Constraints, you say. Are they really?" Some legal professionals would argue that teleworking was more an advantage than a constraint. However, we observed in our study that while teleworking may have constituted a resource for some professionals, for others it layered additional risk factors on top of the many constraints already linked to their work. This is especially true for individuals who were unprepared to telework and whose home environment was not conducive to effective teleworking (e.g., lack of proper installation, poor Internet connection, presence of other people at home). Over 85% of participants in the study were teleworking during the pandemic, as shown in Graph 1.

Graph 1

Proportion of participating Canadian legal professionals who were teleworking during the COVID-19 pandemic
($n = 4,948$)



Since this contextual factor can influence perceptions of certain stressors, our analysis of work-specific risk and protective factors takes teleworking into account. It also considers the gender and age of the participants, since these two factors are closely related to mental health in the literature (Gleixner & Aucoin, 2015; Ramos, 2012). Indeed, that correlation may be even more pronounced in the context of the pandemic (Salari et al., 2020; Xiong et al., 2020).

Our analysis of the effects of both risk and protective factors associated with the work environment shows that risk factors have a greater impact on the mental health of legal professionals than protective factors do. Work-specific risk factors account for

- 30.3% of the perceived stress;
- 29.7% of the psychological distress;
- 26.0% of the depressive symptoms; and
- 47.3% of the professional burnout.

Not surprisingly, it appears that burnout results more often than any other health indicator from work-related risk factors. This stands to reason, since burnout is traditionally perceived as the result of constraints linked exclusively to work (Bakker et al., 2000; Maslach, 1978, 1982, 1993), whereas the other indicators (such as psychological distress or depressive symptoms) result from the accumulated constraints from the different spheres of life (Marchand et al., 2006). Tables 1 and 2 allow us to assess the effects of risk and protective factors specific to the work environment.

Table 1

Risk factors from the workplace in the overall sample while accounting for protective factors, teleworking experience, age and gender

RISK FACTOR	EXAMPLE	IDENTIFIED IMPACTS
Emotional demands	The work requires the professional to become emotionally involved with a client or their loved ones.	Highly significant increase ($p \leq .001$): - Perceived stress - Psychological distress - Depressive symptoms - Burnout
Job insecurity	The professional fears being transferred to a position against their will or losing their job.	
Hours worked	Total number of hours worked per week (including hours worked at home and related professional activities such as business development).	Highly significant increase ($p \leq .001$): - Perceived stress - Burnout Significant increase ($p \leq 0.01$): - Depressive symptoms Notable increase ($p \leq 0.05$): - Psychological distress
Quantitative overload	Having too much workload that does not allow for the completion of all the tasks scheduled in a day.	Highly significant increase ($p \leq .001$): - Perceived stress - Psychological distress - Depressive symptoms - Burnout
Qualitative overload	Having too many different cases or too many different tasks at the same time.	Highly significant increase ($p \leq .001$): - Perceived stress - Burnout
Lack of resources	Lack of resources to carry out their work, including human, material, financial and time resources, etc.	Highly significant increase ($p \leq .001$): - Perceived stress - Burnout

Note. The risk factors are listed in the table in descending order of impact, i.e., the darker the red, the more the factor impacts a large number of psychological health indicators. The impacts identified in the right-hand column are those that appear to be significant, even after we consider protective factors in the workplace, teleworking experience, age and gender.

Table 1 shows that when the effects of several constraints and resources, telework experience, age and gender are considered together, emotional demands, job insecurity and number of hours worked are the factors with the greatest deleterious impact on participants' health. These constraints are associated with significantly higher levels of perceived stress, psychological distress, depressive symptoms and burnout. Psychological demands at work resulting from qualitative and quantitative overload are

associated with very significant increases in several key indicators, including burnout and perceived stress. Despite a smaller impact on health indicators than other risk factors, lack of resources in the day-to-day work environment also affects participants' mental health as it is associated with higher levels of stress and burnout.

As opposed to risk factors, protective factors generally account for less than 5% to the explanation of the selected mental health indicators, even though several protective factors are significantly associated with health. Specifically, protective factors account for

- 1.9 % of perceived stress;
- 3.2% of psychological distress;
- 4.2% of burnout; and
- 2.4% of depressive symptoms.

In Table 2, we see that protective factors have the greatest impact on burnout compared to the other indicators, which allows us to gauge the different relationships between protective factors and the health of participants.

Table 2

Protective factors from the workplace in the overall sample while accounting for risk factors, teleworking experience, age, and gender

PROTECTIVE FACTOR	EXAMPLE	IDENTIFIED IMPACTS
Autonomy	The legal professional is free to decide on working methods.	Highly significant decrease ($p \leq .001$): • Perceived stress • Psychological distress • Depressive symptoms • Burnout
Consistency of values	The legal professional's values and goals are aligned with those of the workplace.	Highly significant decrease ($p \leq .001$): • Psychological distress • Depressive symptoms • Burnout
Support from colleagues	Colleagues listen and offer help and recognition listen when the professional faces problems in the implementation of their work.	Highly significant decrease ($p \leq .001$): • Perceived stress • Psychological distress • Depressive symptoms
Career opportunities	The legal professional feels that they can progress quickly within the organization, that they are being offered opportunities for advancement.	Notable decrease ($p \leq .05$): • Perceived stress • Burnout
Telework	The legal professional teleworks on an occasional or regular basis.	Notable decrease ($p \leq .05$): • Burnout

Note. The protective factors are listed in the table in descending order of impact, i.e., the darker the red, the more the factor impacts a large number of psychological health indicators. The impacts identified in the right-hand column are those that appear to be significant, even after we control for workplace risk factors, age, and gender.

We found that autonomy is the resource that has the most decisive impact on health as it is associated with significantly lower levels of stress, psychological distress, depressive symptoms, and burnout. Support from colleagues and the consistency of one's values with those of the work environment also appear to be associated with positive health outcomes, particularly in reducing psychological distress and depressive symptoms. Lastly, career opportunities and teleworking are protective factors against burnout. Moreover, further analysis of these relationships, controlled by gender and experience (less than 10 years vs. 10+ years), reveal that these protective factors (career opportunities and teleworking) are particularly effective against burnout for young women with less than 10 years of experience.

Regarding career opportunities, it is also important to apply certain nuances according to the context. A study completed recently in Quebec (Gingues, 2020) shows that career opportunities in a context of billable hours could have deleterious effects on health. This relationship would be particularly true for men. In fact, career opportunities would generate greater psychological distress for male lawyers when considering the multiplicative effect of billable hours (moderating effect) (Gingues, 2020). Having career opportunities or the possibility of being promoted to an associate position can come with increased performance pressure, which can generate additional psychological distress. Moreover, a report by the Barreau du Québec (2016) has stated that promotions in the context of billable hours are generally synonymous with devotion among lawyers since promotions are strongly linked to the number of worked hours. Studies conducted by Cadieux et al. (2019) and by Gingues (2020) have in fact confirmed this finding.

It should be noted that three protective factors examined in the analysis are not included in Table 2 due to their non-significant contribution to the health of the participants for all the health indicators selected. These protective factors are support from supervisor, job recognition, and skill utilization. Although this may seem surprising at first glance, the fact remains that in the context of the pandemic, it is likely that the sum of the constraints and the preponderant weight of these constraints will mitigate the contribution of traditionally recognized protective factors such as recognition at work and support from supervisor.



In a telework context, it is possible that the absence of daily proximity to co-workers, clients, supervisors, etc., also leads to the reduced impact of certain resources such as recognition and support from supervisor, since these factors are less present from the outset given the physical distance from the workplace.

Altogether, these findings lead us to reflect on the specific resources to be deployed in a telework context. Indeed, both the low impact of resources on health and the insignificant impact of traditional resources require us to rethink what resources can sustain health in a telework context. This is because whatever resources are deployed, their impact is generally lower than the constraints themselves. Figures 1, 2 and 3 show the relative weight of each of the significant risk and protective factors for the main mental health indicators selected.

Note that the most significant constraints with the highest impact on the health indicators include emotional demands, quantitative work overload and job insecurity.

In this respect, Figure 1 illustrates the relative weight of each constraint and resource in relation to the psychological distress of legal professionals. Overall, we can see that the risk factors outweigh the resources in accounting for the psychological distress. Given that psychological distress is an early warning sign of mental health problems in the workplace, any preventive action must address the risk factors at the core of that psychological distress.

Figure 1
Relative weight of risk and protective factors on psychological distress

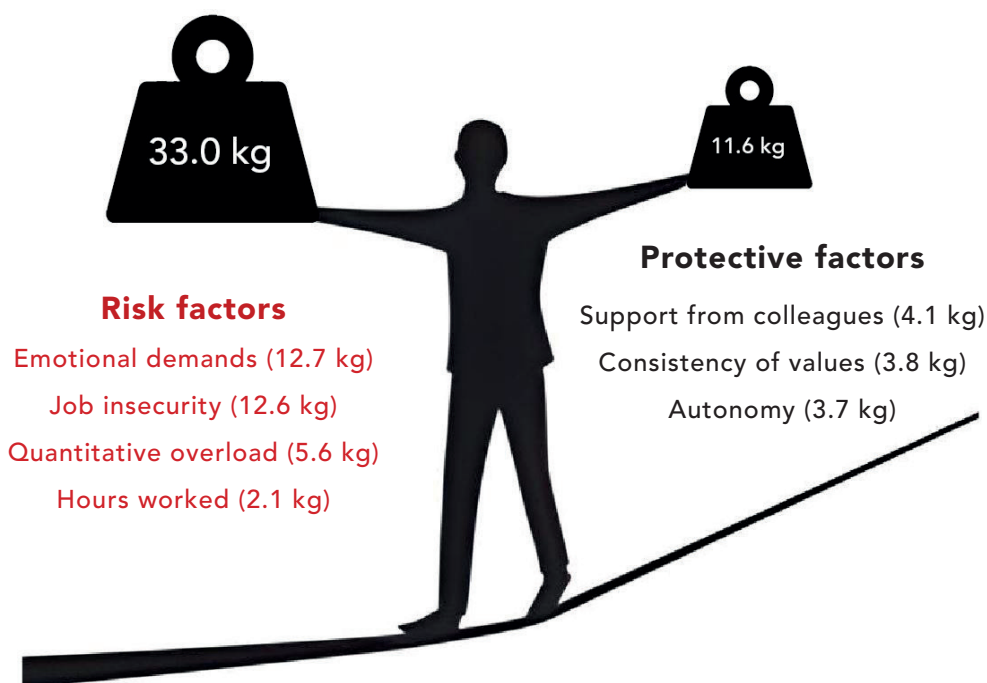
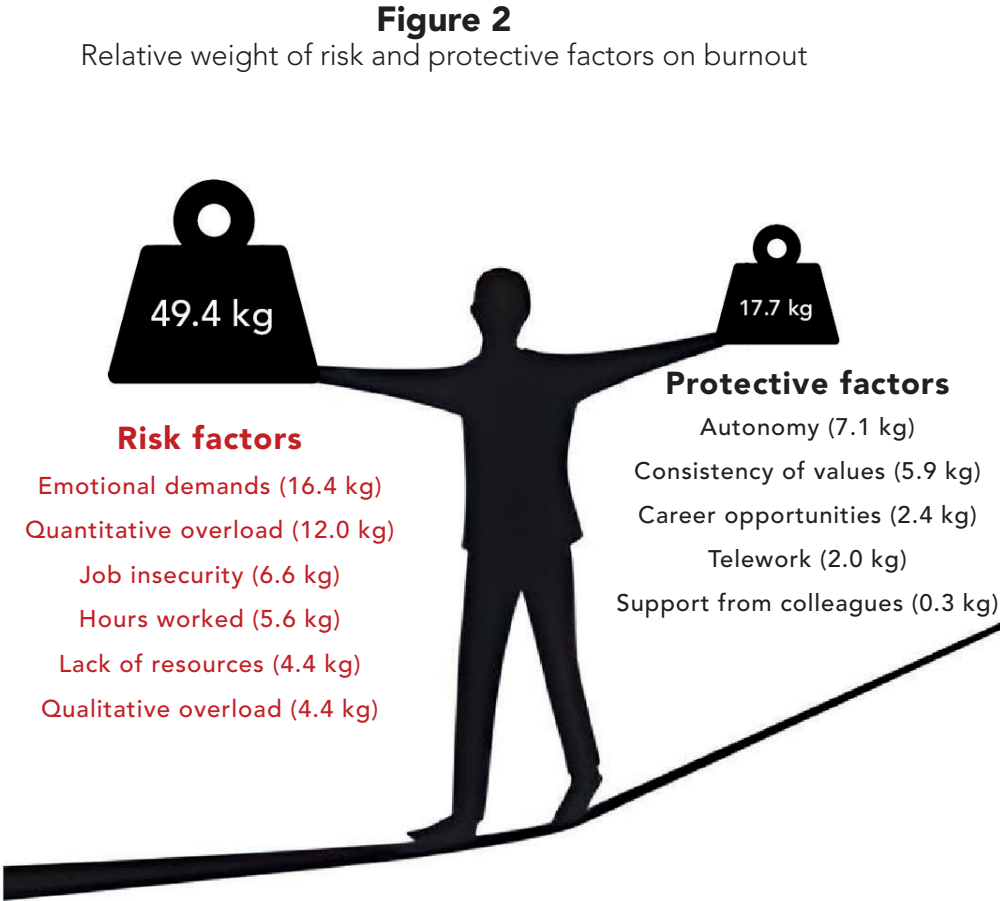


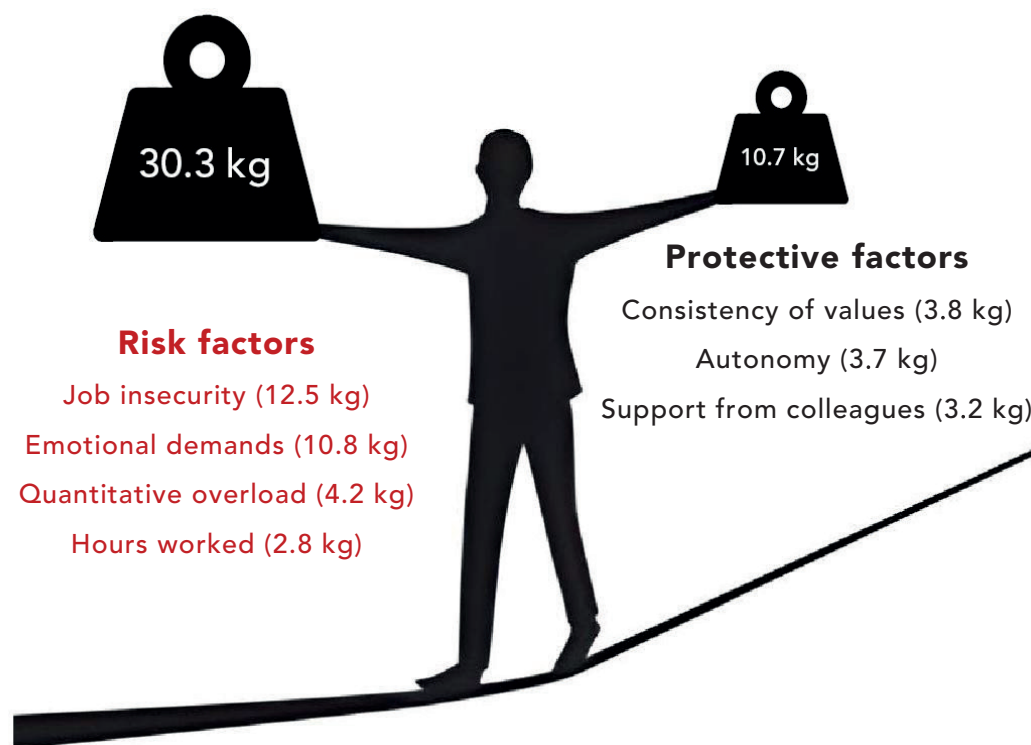
Figure 2 illustrates the relative influence of risk and protective factors on the burnout score. In this respect, we see once again that constraints have a stronger impact than resources on burnout. However, unlike psychological distress, the finding is more mixed. While certain constraints (including emotional demands and quantitative overload) have significant impacts on a person's health, it turns out that some resources also carry considerable weight. In this regard, autonomy and consistency of one's values with those of their work environment seem to have a very significant effect on reducing burnout symptoms, even surpassing the effect of certain risk factors such as hours worked and qualitative overload.



Lastly, Figure 3 illustrates the relative weight of risk and protective factors in relation to depressive symptoms. Once again, we can see the predominant effect of work constraints, where apart from hours worked, all the risk factors outweigh the resources. However, while emotional demands were the main risk factor for psychological distress and burnout, for depressive symptoms they are surpassed by job insecurity, which is the most influential factor affecting health.

Figure 3

Relative weight of risk and protective factors on depressive symptoms



All of these findings suggest that employers should implement targeted interventions to reduce the constraints associated with the legal profession, rather than deploying more resources. Addressing the root causes of mental health problems, such as qualitative work overload or exposure to excessive emotional demands, would therefore be more promising in the long term, even if access to resources has a significant and positive influence on day-to-day health.

The **voice** of legal professionals



"Few things have been as deleterious to my mental health and wellness as the billable hour. Coupled with the rampant open discrimination and arrogance of members of the profession, being a lawyer, my childhood dream, turned out to be completely unappealing. At one point I was crying on my drive to work, and then crying again on my drive home from work, while contemplating just ramming my car into a tree just so I could have a break. At least the [name of an organization] helped me get past that. All that being a lawyer has left me with is difficulty in obtaining non-law jobs, and a complete and utter disgust for the legal system which I had previously put so much faith in. How can I have faith in a system that demands the least-efficient possible functioning from its participants, that rewards bad behaviour, and which doesn't actually do any justice instead favouring resource rationing?"

"If I am suffering from exhaustion due to understaffing and an increased workload, asking me to find better work-life balance or to "perform" more self-care is disingenuous when the workload is not being ameliorated in any way. All the massages in the world will not change the fact that the workload exceeds what is reasonable."

"The most serious issue that I have with the profession is that we are constantly bombarded with resources for mental health, but absolutely zero effort is made to deal with what I view to be the number one causative factor of mental health issues, being that myself and my colleagues are completely overworked. If my workload was reduced by 10-20%, I would feel a significant reduction in stress. Instead of reducing workloads, my firm is constantly increasing it and increasing the salary or bonus to reflect this. Never once have I been asked if I would wanted a reduced workload. I would take a reduced salary for a reduced workload. The firm provides perverse incentives for us to work more, while at the same time spouting nonsense about how they are there to support our mental health. If the profession actually cared about mental health, the firms would be working relentlessly to reduce the workload, but absolutely no effort has been made in this regard. My firm has talked at length about how well it is doing financially, yet in my group all of the associates are working hours well in excess of our target hours. Instead of hiring enough people to make this manageable, my firm is throwing money at us. At a certain point, an increased salary is meaningless to me. What's the point of making more money if I have absolutely zero time or energy to enjoy it."

"The unprecedented volume of work and changes during COVID-19 have made an already difficult practice almost inhuman. The expectations of clients and of myself have been physically, mentally, and emotionally draining. [...] I doubt my health can take much more of this profession. While I enjoy the work, the volume of work and demands of clients make doing a good job and keeping a private life very difficult. The only answer seems to be to set limits for the work I am willing to accept and it seems many firms in my area are starting to do the same. I only started after other firms took this step, as I was worried about getting a reputation that my firm could not handle the work."

"Selon moi, il y a un véritable problème dans le domaine du droit criminel [...] eu égard à la santé mentale. Les intervenants sont continuellement dans un contexte de confrontation et vivent tous avec une charge émotionnelle très forte dû au contexte social de ce droit. Toutefois, au lieu de comprendre les problématiques des autres, les intervenants se permettent de se critiquer ouvertement. Les jeunes avocats sont particulièrement la cible de commentaires des juges et victimes d'une pression qui ne devrait pas exister de leur part. J'ai pu constater que mes collègues [...] étaient TOUS en détresse à un moment ou un autre. J'ai constaté la même chose suite à mon arrivée [dans mon organisation]. Les jeunes dans cette profession doivent rapidement être apte à faire une pratique de volume sans égard à leur expérience et sans soutien des avocats expérimentés qui n'ont pas le temps de faire de mentorat."

2.2.2 | DIFFERENT CONTEXTS, SAME RISKS: MENTAL HEALTH INDICATORS AND THEIR DETERMINANTS ACCORDING TO WORK SETTING AND AREA OF PRACTICE



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2.2.2 | DIFFERENT CONTEXTS, SAME RISKS: MENTAL HEALTH INDICATORS AND THEIR DETERMINANTS ACCORDING TO WORK SETTING AND AREA OF PRACTICE

Regardless of the professional field or work environment, psychological distress, depressive symptoms, and burnout are complex human problems that must be taken seriously.

To further understand these phenomena and their impact, the first step is to take stock of the status quo using measurements. With these measurements, an important assessment can be made to ascertain two things: is there a problem, and if so, what is the extent of the problem?

As the results presented in Part 1 of this report show, legal professionals are not immune to psychological distress, depressive symptoms and burnout during their careers.

This section focuses on the extent of these problems by work setting and area of practice. More specifically, it evaluates the impact of the main risk and protective factors on mental health based on the legal professional's work setting and area of practice. The goal of this analysis is to understand the different realities experienced by people who practise law.

METHODOLOGICAL CONSIDERATIONS

First, we will present the methodological considerations that inform our approach to the sample, the work settings, the areas of practice, and the variables of interest in the analysis. These considerations guide how our research findings are generalized and what scope can be given to the hypotheses and conclusions that are drawn.

The work settings and areas of practice under study

To establish broad findings and organize the information in a meaningful way, it was agreed with our research partners that work settings would be organized into four broad categories. The areas of practice were grouped into ten categories. This methodological approach made it possible to draw conclusions that would be beneficial to professionals. However, this categorization does not claim to be perfect nor to represent all the



circumstances that characterize the heterogeneity of legal practice in Canada. Nevertheless, these groupings are an optimal representation of most work settings and areas of practice that share common characteristics.

The typology of the four work settings under study is as follows:

1. Private practice
2. Public or NFPO
3. For-profit corporation
4. Education

The typology of the ten areas of practice analyzed in this section are:

1. Family Law
2. Criminal Law
3. Civil Litigation
4. Business, Corporate and Commercial Law
5. Human Rights, Public and Administrative Law
6. Labour and Employment Law
7. Real Property
8. Wills, Estates and Trusts
9. Alternative Dispute Resolution
10. Other



Risk and protective factors under study

This report also analyzes the impact of risk and protective factors on the three health indicators (psychological distress, depressive symptoms and burnout) for each work setting and area of practice. Although several other factors contribute to the progression of these three indicators, our analysis focuses on the key factors measured in the questionnaire.

The risk factors studied and which are likely to aggravate the three indicators are:

- Quantitative overload
- Qualitative overload
- Emotional demands
- Lack of resources
- Average hours worked per week since the pandemic began
- Job insecurity

The protective factors studied which may mitigate the three health indicators are:

- Autonomy at work
- Skill utilization
- Consistency of values
- Recognition
- Career opportunities

Sample size

The combination of the health indicators and the above factors influenced the sample size used for analysis. To provide a more comprehensive picture of how the factors affect each indicator, it was agreed to study only legal professionals who responded to all the selected indicators. With the exception of the education sector ($n = 21$), the sample sizes were sufficient to meet the empirical requirements for all components of the statistical analysis included in this section. For this reason, only descriptive statistics for the education sector will be presented. No other simultaneous analysis of multiple variables will be conducted in this section for the education sector. Tables 1 and 2 show the minimum sample sizes on which the analysis is based. Thus, sample sizes could be larger when fewer variables are included.

Table 1

Minimum sample size (number of participants) by work setting

Work setting	Number of participants (n)
Private practice	1,011
Public or NFPO	1,204
For-profit corporation	260
Education	21
All work settings	2,496

Table 2

Minimum sample size (number of participants) by area of practice

Area of practice	Number of participants (n)
Family Law	269
Criminal Law	539
Civil Litigation	752
Business, Corporate and Commercial Law	994
Human Rights, Public and Administrative Law	1,052
Labour Employment Law	333
Real Property	293
Wills, Estates and Trusts	254
Alternative Dispute Resolution	129
Other	362
All areas	2,676

Alternatively, sample sizes could be smaller when more factors are considered simultaneously. However, the sample size will never fall below the minimum sizes presented in Tables 1 and 2.

As in the other sections of this report, the data has been weighted according to best practices. Thus, based on known data provided by Canadian law societies, the data has been weighted by gender and number of professionals per province and territory, to ensure the sample is representative of the profession in Canada.

Lastly, legal professionals may work in more than one area of practice. For the statistical analysis conducted in this study, it was agreed that the groups would be exclusive (i.e., meaning that individuals can only be included in one category) so as to allow for the scientific comparison of one group with another.

PRESENTATION OF THREE HEALTH INDICATORS BY WORK SETTING AND AREA OF PRACTICE

To present the statistics and examine the presence and extent of the three health indicators (psychological distress, depressive symptoms and burnout), it was agreed that the survey results would be divided into groups. For each measure, the indicators were analyzed in their dichotomous form, meaning the results were divided into two categories (e.g., presence of distress vs. moderate distress or less), as shown in Table 3.

Table 3
Example of grouping to isolate the dominant effect

No distress	Mild distress	Moderate distress	Significant distress	Very significant distress
Moderate distress or less (%)			Presence of distress (%)	

The benchmarks provided in Table 4 will help the reader interpret the presence and extent of the health indicators (psychological distress, depressive symptoms, and burnout). **Presence** refers to the existence of a phenomenon. **Extent** indicates the extent to which the different stakeholders are aware that the phenomenon exists. **Internal stakeholders** are, for example, co-workers or management. **External stakeholders** are clients and members of society in general. The more widespread a problem is, the more it will be known not only to internal stakeholders but to external stakeholders as well. Table 4 presents some benchmarks that allow us to understand the different empirical thresholds at which internal and external stakeholders are aware of the phenomenon. Of course, the greater the proportion of people affected by a phenomenon, the more difficult it is to contain. This means that a variety of stakeholders, including external ones, will be aware of the phenomenon.

Table 4

Benchmarks for interpreting percentages indicating proportionate presence of a phenomenon and stakeholders awareness inside and outside the profession

10% to 15% of people are affected by a phenomenon	An HR professional, with his or her heightened senses, sees the problem in a group of employees in a department. If caught at the source, the issue is quickly resolved.
15% to 30% of people are affected by a phenomenon	Even without HR training, managers in other departments see the dissatisfaction in the department. These internal stakeholders can't tell what it's about, there are rumors. For the department, a strategy is needed and quickly.
30% to 50% of people are affected by a phenomenon	Unions, stakeholders outside the organization, are knocking on the door. Without a major shift supported by senior management, nothing will happen. The department head is no longer the person to do it.
More than 50% of people are affected by a phenomenon	Even families, clients and members of the community are aware of the issue that is out of control. The subject is the talk of the town. It's an open secret.

Tables 5 and 6 summarize the presence and extent of psychological distress, depressive symptoms, and burnout for each work setting and area of practice. Based on the benchmarks in Table 4, here are some points worth emphasizing:

- Psychological distress is a well-established, prevalent, and known phenomenon affecting well over 50% of respondents. Regardless of the work setting (except for for-profit corporations) and area of practice, more than one in two professionals feel they are experiencing psychological distress.
- The presence of moderate to severe depressive symptoms is between 21.5% and 32.4%, with a general tendency to be closer to 30%. The overall statistics illustrate that this indicator of health is present and problematic. It is not out of control, but the time to act is now.
- Affecting well over 50% of respondents in the vast majority of cases, burnout is also a well-established phenomenon that is almost as widespread and known as psychological distress. Across all work settings, burnout measures range from 43.8% in education to 57.2% in private practice. In areas of practice, it ranges from 43.5% in the Other category to 62.7% in criminal law.

Table 5

Proportion of psychological distress, moderate to severe depressive symptoms, and burnout by work setting

	Psychological distress	Moderate to severe depressive symptoms	Burnout
Private practice	58.5%	28.9%	57.2%
Public or NFPO	58.0%	27.8%	55.9%
For-profit corporation	48.5%	22.5%	44.7%
Education	54.1%	32.4%	43.8%

Table 6

Proportion of psychological distress, depressive symptoms, and burnout by area of practice

	Psychological distress	Moderate to severe depressive symptoms	Burnout
Family Law	60.8%	30.3%	60.2%
Criminal Law	62.5%	31.4%	62.7%
Civil Litigation	57.3%	30.0%	55.2%
Business, Corporate and Commercial Law	54.7%	26.3%	51.8%
Human Rights, Public and Administrative Law	56.7%	27.4%	51.9%
Labour Employment Law	56.8%	29.1%	54.1%
Real Property	59.8%	29.0%	56.6%
Wills, Estates and Trusts	57.9%	29.3%	57.4%
Alternative Dispute Resolution	52.0%	24.1%	48.0%
Other	50.2%	21.5%	43.5%

With such data, the situation is worrisome for all three mental health indicators. It would be dangerous to compare these numbers to those of other countries in order to downplay the problem or justify it as normal. If another country reported similar statistics, it would simply mean that the problem is as bad and as significant as it is here.

It must be understood that when this type of statistic exceeds the 50% mark, everyone talks about it. An organization or a profession is not a silo; it is in osmosis with its external stakeholders. While psychological distress, depressive symptoms and burnout may be taboo topics, this does not prevent stakeholders from talking about them or from interpreting the visible signs, even behind closed doors. Even though depressive symptoms are the "least prominent" of the three health indicators, clear and unequivocal action must be taken to address them, given the proportions observed. And again, it is necessary not simply to treat the symptoms but to identify their sources.

Given the extent of the statistics observed in Tables 5 and 6, it is important to recognize—even though it is not easy to hear—that the entirety of the profession is suffering and has been for quite some time. These proportions suggest that the issue has become so pervasive that it has practically become normalized as an integral part of the culture. Without drastic measures, nothing will change.

THE EFFECT OF RISK AND PROTECTIVE FACTORS ON HEALTH INDICATORS

This sub-section examines the effect of risk factors and protective factors on improving or aggravating psychological distress, depressive symptoms and burnout. Are there toxic combinations or positive compensating initiatives? Is the experience the same across work settings and areas of practice? These are the questions addressed in this sub-section of the report.

The primary analysis method used in this sub-section is hierarchical multiple regression. In essence, this analysis weighs all the risk and protective factors to determine which ones significantly affect the mental health indicator being analyzed by work setting or area of practice.

We will examine how the risk and protective factors may have different effects, depending on the work setting or area of practice, when compared to the average effects observed for all professionals across all work settings and areas of practice.

To read the results and understand the meaning of the colours in Tables 8 to 13, it is imperative to read the following note.

IMPORTANT NOTE

Tables 8 through 13 in this sub-section provide an overall view of all the effects of risk and protective factors on three major health indicators: psychological distress, depressive symptoms and burnout.

To explain the differential impact that risk or protective factors may have, a colour chart was used. Thus, the absence of effect, the positive effect or the negative effect of a given factor are visually organized as follows:

- When a factor is associated with an increase in the health indicator, **red** is used.
- When a factor is not significantly associated with a variation in the health indicator, grey is used. Considering the other variables, the effect is said to be neutral because it neither helps nor harms.
- When a factor is associated with a decrease in the health indicator, **pink** is used.
- Each table has a line centred at zero, indicating the baseline of neutrality. This neutral point (zero point) is the dividing line between the protective effects (**pink**) and the adverse effects (**red**) on health.

Next, the average effect of all legal professionals is represented by a bar whose colour and width are as follows:

- When a bar is **red**, **grey**, or **pink**, it respects the pattern described above.
- The narrower the bar, the more similar the perceived reality is across groups; their experience is essentially the same.
- The wider the bar, the more differently the effect of the factor manifests between groups.

Lastly, Tables 8 through 13 also show the different experiences perceived within the work settings and the areas of practice. It is possible to assess the perceived realities as follows:

- For a risk or protective factor, when a group belonging to a work setting or an area of practice does not appear, it is then included in the average effect on all professionals. The situation of this group is comparable to the general situation of Canadian legal professionals.
- For a risk or protective factor, when the average of a given work setting or area of practice differs from that of all Canadian legal professionals, the work setting or area of practice is outside the range and appears in its own colour. The abbreviations associated with each work setting and area of practice are presented in the table below.
- The nature of the factor's effect (**positive**, neutral or **negative**) on the group is consistent with the colour scheme described above; an effect can be more positive or more harmful for a given group.

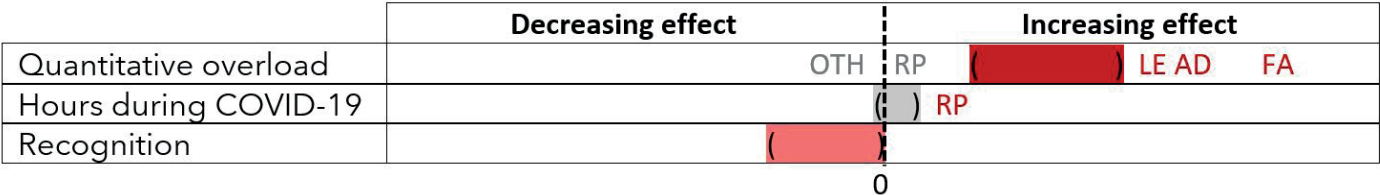
The following is a list of the work settings, areas of practice, and abbreviations used to facilitate the understanding of the Tables 8 to 13:

Work settings	
Work setting	Acronym used
Private practice	PR
Public or NFPO	PU
For-profit corporation	FP
Education	<i>Insufficient sample size</i>
Areas of practice	
Area	Acronym used
Family Law	FA
Criminal Law	CRI
Civil Litigation	CIV
Business, Corporate and Commercial Law	BC
Human Rights, Public and Administrative Law	HU
Labour Employment Law	LE
Real Property	RP
Wills, Estates and Trusts	WE
Alternative Dispute Resolution	ADR
Other	OTH

Table 7 provides an example with three factors to demonstrate how the data is presented in the Tables 8 to 13.

- On average, quantitative overload is associated with higher psychological distress for all professionals. The large bar associated with quantitative overload indicates that there is significant variation across areas of practice with respect to this risk factor. The adverse effect is more pronounced in labour and employment law (LE) and alternative dispute resolution (ADR), and even more so in family law (FA). However, the effect of quantitative overload is smaller or even neutral for other areas of practice (OTH) and real property (RP).
- Overall, the average number of hours worked per week during COVID-19 does seem to have an impact on psychological distress. The small width of the grey bar illustrates that the areas of practice under study all responded in essentially the same way and there is not much variation between them. Only real property law (RP) differs from the other areas, meaning average hours worked per week since the start of the pandemic are associated with significantly higher psychological distress.
- Overall, regardless of the area of practice, the pink bar shows that recognition significantly reduces the psychological distress of professionals.

Table 7
Example: Effect of three factors on psychological distress across areas of legal practice



Examining psychological distress across work settings and areas of practice

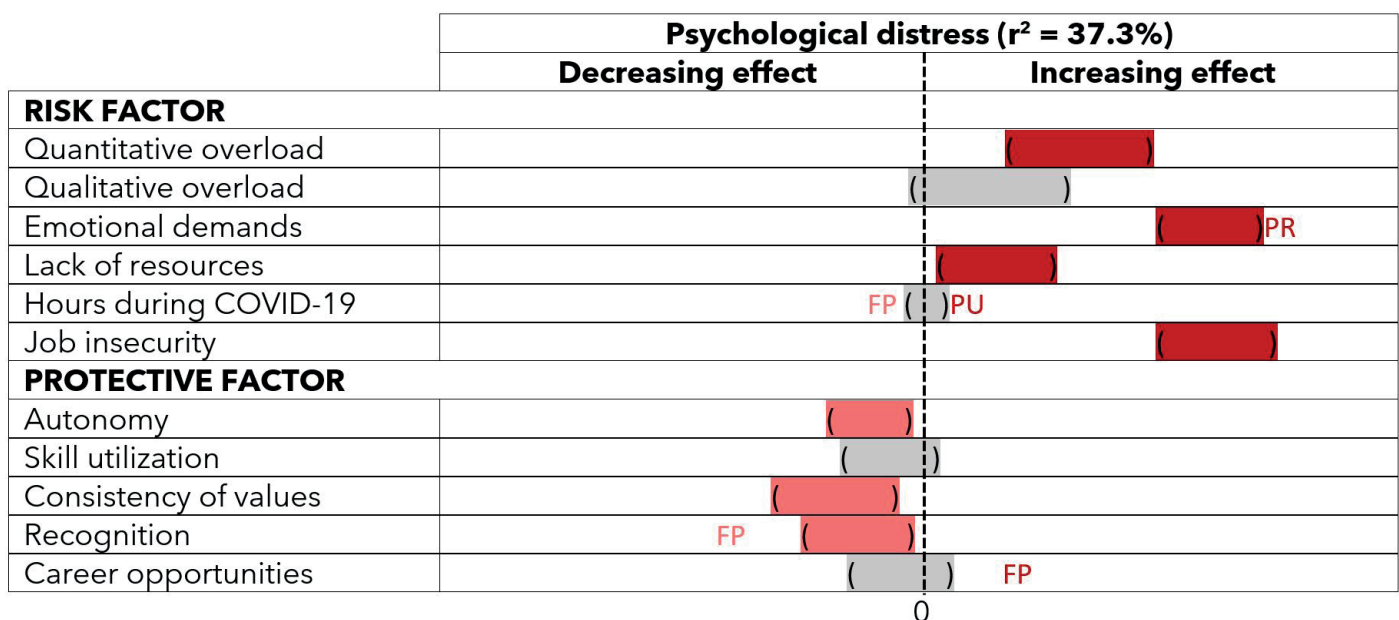
First, in relation to the dotted central line in Table 8, the colours and the left–right spread of the bars show that the risk factors of the job have a greater overall effect on psychological distress than protective factors do. Thus, when considering all the factors (both risk and protective), we see that the combined effect of the protective factors is insufficient to offset the pressure exerted by the risk factors. Besides qualitative overload and the hours worked on a weekly basis since the pandemic began (which are neutral and therefore in grey), the other risk factors generate psychological distress across all areas of practice.

Generally, professionals in all work settings are experiencing similar realities, with a few exceptions:

- Although emotional demands negatively affect all professionals, the impact is significantly greater for those in private practice (PR).
- Hours worked since the start of the pandemic are associated with higher psychological distress in the public sector or NFPO (PU). Inversely, the hours worked since the pandemic began are associated with a decrease in psychological distress among professionals working in for-profit corporations (FP).

Table 8

Effect of risk and protective factors on psychological distress across work settings, considering the effect of gender and experience



- Regardless of the work setting, autonomy at work, consistency of values and recognition help to reduce psychological distress. Recognition at work is an even more important protective factor for professionals working in for-profit corporations (FP).
- Lastly, in grey, skill utilization and career opportunities do not show a significant protective effect against psychological distress. However, it appears that career opportunities are associated with higher psychological distress among professionals in for-profit corporations (FP). Although such opportunities can be a source of professional fulfillment, they also generally mean increased workload, high performance demands, and an increase in hours worked—all significant risk factors for the health of professionals. This may explain why career opportunities, a factor normally known to protect health, may ultimately act as a risk factor for professionals working in for-profit corporations.

Table 9 presents the effect of risk and protective factors on psychological distress, but this time by area of practice. The effects of risk factors are not experienced in the same way from one area of practice to another, in contrast with what was observed for the work settings.

Table 9 provides information on the following points:

- Quantitative overload is associated with higher psychological distress. Its impact is more prevalent in the areas of labour and employment law (LE), alternative dispute resolution (ADR), and family law (FA).
- Qualitative overload is generally neutral overall in terms of impact on psychological distress. However, it generates more psychological distress in labour and employment law (LE) and real property (RP).
- Emotional demands have an overall increasing impact on psychological distress. However, their harmful effect is greater for professionals working in civil litigation (CIV) and in wills, estates and trusts (WE).
- Lack of resources significantly increases psychological distress, but the situation is more serious in alternative dispute resolution (ADR).
- The hours worked since the pandemic began may not significantly affect psychological distress overall. However, an important exception is real property (RP), an area of practice where hours worked are associated with significantly higher psychological distress. This may be explained by the real property boom experienced in Canada during the pandemic, which put considerable pressure on professionals in this area of practice.

Table 9

Effect of risk and protective factors on psychological distress across areas of legal practice considering the effect of gender and experience

	Psychological distress ($r^2 = 37.3\%$)	
	Decreasing effect	Increasing effect
RISK FACTOR		
Quantitative overload	OTH RP ()	LE ADR FA
Qualitative overload	FA WE ()	RP LE
Emotional demands		OTH ADR () CIV WE
Lack of resources		() ADR
Hours during COVID-19		() RP
Job insecurity		RP WE FA () OTH
PROTECTIVE FACTOR		
Autonomy	HU BC LE RP WE CIV ()	OTH
Skill utilization	CRI OTH ()	FA
Consistency of values	ADR ()	
Recognition	()	
Career opportunities	()	

0

- Job insecurity is causing increasing psychological distress in all areas of practice, except among legal professionals working in real property (RP), for whom this factor was not associated with psychological distress at the time of data collection. Once again, it is logical to believe that the real estate boom that generated a meteoric rise in real estate transactions may have led these professionals to experience less job insecurity. It should also be noted that professionals working in family law (FA) and in wills, estates and trusts (WE) appear to be less affected by job insecurity than the average. Nevertheless, job insecurity remains a risk factor for both areas of practice.

Table 9 illustrates that all protective factors appear on the proper side of the zero line for reducing psychological distress, but without having the expected counterbalancing effects. Here are some interesting observations:

- Autonomy at work has a protective effect against psychological distress. It appears to have a greater protective effect for six areas of practice. Only the other (OTH) areas of practice is neutral on this point.
- Skill utilization has an overall neutral effect. However, skill utilization is associated with significantly lower psychological distress in criminal law (CRI) and other (OTH) areas.
- Regardless of the area of practice, consistency of values significantly reduces psychological distress. This is especially true in alternative dispute resolution (ADR).
- Regardless of the area of practice, recognition acts significantly as a balm on psychological distress.
- Lastly, when everything is weighed, career opportunities do not offer the expected compensating effect on psychological distress.

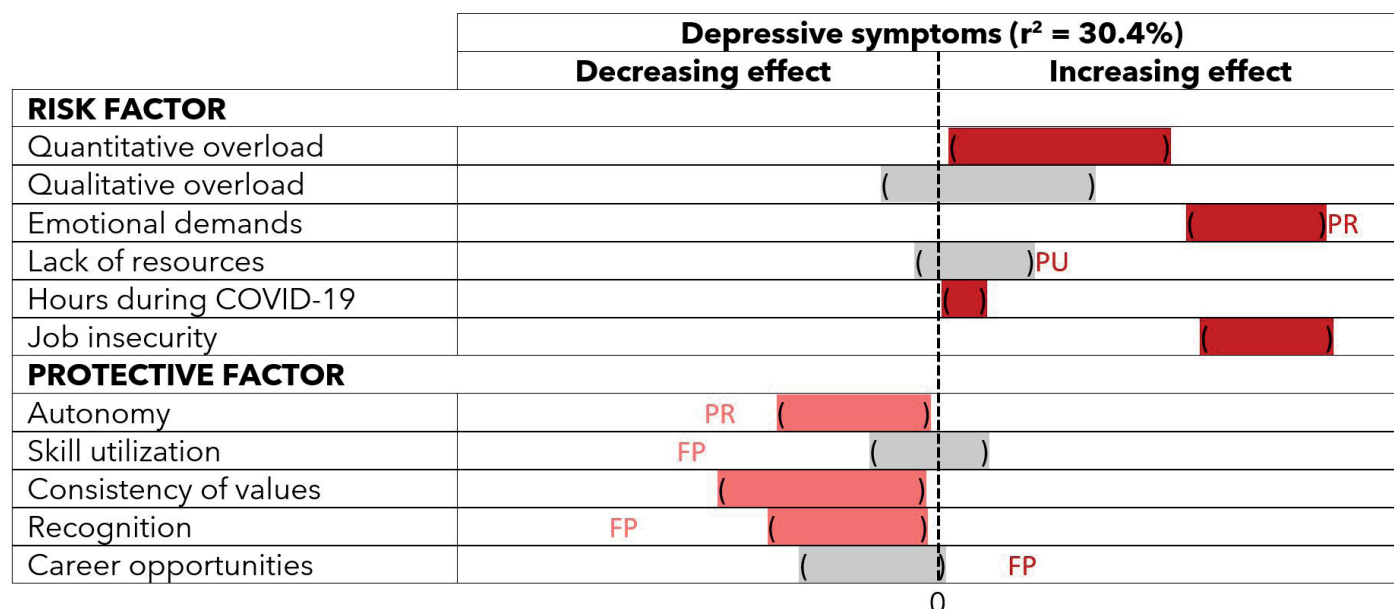
Overall, the proposed model explains 37.5% of the variation in psychological distress among legal professionals. Although there is still room to include other explanatory factors from the various spheres of life, the links are strong between psychological distress and the selected risk factors (Hair, 2019). This is also true for the associations between psychological distress and protective factors. It is an excellent starting point for taking stock of the status quo.

Examining depressive symptoms across work settings and areas of practice

When we observe the dotted zero line of Table 10, the colours and left–right spread of the bars illustrate that the negative effect of risk factors on depressive symptoms is greater overall than the positive effect of protective factors.

Table 10

Effect of risk and protective factors on depressive symptoms across work settings considering the effect of gender and experience



In short, professionals in all work settings are experiencing similar realities, with a few exceptions:

- Quantitative overload has a negative effect on everyone and is associated with an increase in depressive symptoms across all work settings.
- Qualitative overload has a neutral effect; it neither alleviates nor aggravates depressive symptoms. There is no distinction between work settings in this aspect.
- Although emotional demands negatively affected all professionals, the impact was significantly stronger for professionals in private practice (PR).
- Lack of resources has a neutral effect on depressive symptoms—except in the public sector or NFPO (PU), where it is associated with an increase in these symptoms.
- The number of hours worked since the pandemic began is associated with a significant increase in depressive symptoms for all work settings. This is also the case (even more so) for job insecurity.

Regarding protective factors, Table 10 shows that:

- Autonomy at work positively affects everyone by being associated with a decrease in depressive symptoms. This is especially true for private practice (PR).
- Consistency of values and recognition reduce depressive symptoms. In terms of recognition, its beneficial effect on health appears greater for professionals working in for-profit corporations (FP).

- Overall, skill utilization and career opportunities are not significant protective factors. However, skill utilization significantly reduces depressive symptoms among legal professionals working in for-profit corporations (FP). Inversely, career opportunities are associated with increased depressive symptoms among these same professionals (FP). Again, this finding is likely due to the fact that while career opportunities can be a source of professional fulfillment, they also generally mean increased workload, high-performance demands, and more hours worked, all of which are significant risk factors for the health of professionals.

Table 11 presents the effect of risk and protective factors on depressive symptoms according to the area of practice. From the results obtained and presented in Table 11, we can make the following observations:

- Although quantitative overload is associated with significantly higher depressive symptoms in almost all areas of practice, the results indicate that it is more significant in the areas of alternative dispute resolution (ADR) and family law (FA). It is neutral for the other (OTH) areas of practice.
- Qualitative overload generally has a neutral effect. However, it is associated with an increase in depressive symptoms in the area of human rights, public and administrative law (HU).
- Emotional demands are associated with a significant increase in depressive symptoms, even more so among legal professionals working in civil litigation (CIV) and business, corporate and commercial law (BC).
- Lack of resources has a neutral effect across all areas of practice.

Table 11

Effect of risk and protective factors on depressive symptoms across areas of legal practice considering the effect of gender and experience

	Depressive symptoms ($r^2 = 30.4\%$)	
	Decreasing effect	Increasing effect
RISK FACTOR		
Quantitative overload	OTH ()	FA ADR
Qualitative overload	()	HR
Emotional demands		OTH LE () BC CIV
Lack of resources	()	
Hours during COVID-19		() OTH RP ADR
Job insecurity		FA WE RP ADR () OTH
PROTECTIVE FACTOR		
Autonomy	WE BC HU FA LE RP ()	OTH CRI
Skill utilization	CRI ()	BC FA
Consistency of values	ADR OTH ()	
Recognition	()	
Career opportunities	()	FA

0

- Hours worked since the pandemic began are associated with an increase in depressive symptoms in all areas of practice. This is most pronounced in the following areas: other (OTH), real property (RP) and alternative dispute resolution (ADR).
- Job insecurity is associated with a significant increase in depressive symptoms, except among legal professionals in family law (FA).

With the exception of skill utilization and career opportunities, the protective factors are associated with a decrease in depressive symptoms. More specifically, we observe that:

- Autonomy at work has an overall protective effect against depressive symptoms. Still, this protective effect is greater for six areas of practice: business, corporate and commercial law (BC), wills, estates and trusts (WE), human rights, public and administrative Law (HU), family law (FA), labour and employment law (LE) and real property (RP). Its protective effect is, however, neutral for other (OTH) areas of practice and criminal law (CRI).
- Overall, skill utilization has a neutral effect. However, a significant protective effect is observed for professionals working in criminal law (CRI).
- Regardless of the area of practice, consistency of values significantly reduces depressive symptoms, and this is especially true for other (OTH) areas of practice and alternative dispute resolution (ADR).
- Regardless of the area of practice, recognition was significantly associated with lower depressive symptoms.
- Lastly, when everything is weighed, career opportunities are not significantly associated with depressive symptoms.

Overall, the set of risk and protective factors included in the analysis explain 30.4% of the variation in depressive symptoms among legal professionals.

Examining burnout across work settings and areas of practice

Once again, if we look at the dotted zero line of Table 12, we see that, overall, the negative effects of risk factors on burnout outweigh the positive effects of the protective factors. The negative spread is even more pronounced than it was for the other two health indicators, meaning burnout is the issue most affected by the risk factors under study. Compared to the other two health indicators, protective factors here are not more effective; but one more factor—career opportunities—is added to the defensive arsenal for the health of professionals.

Based on Table 12, we can see that all work settings experience similar realities, with a few exceptions:

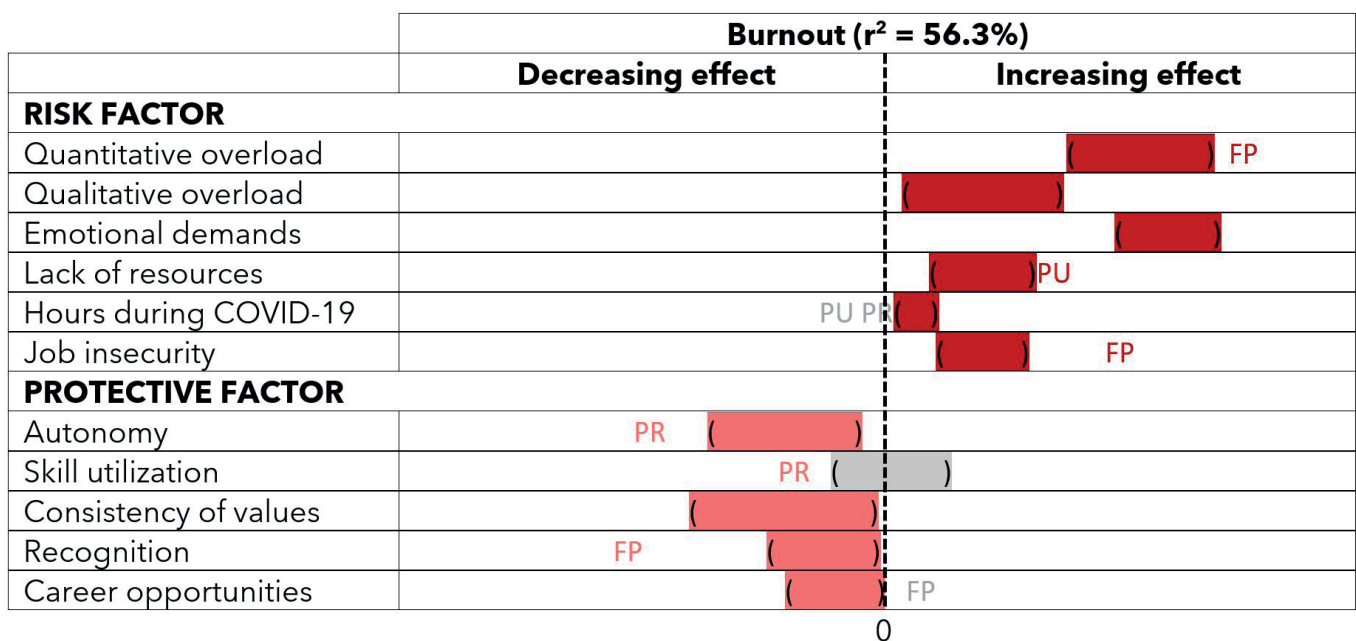
- Quantitative overload negatively affects everyone, especially professionals from for-profit corporations (FP).
- Qualitative overload and especially emotional demands have a negative effect on burnout for all work settings.
- Lack of resources is associated with higher burnout, more intensely so in the public sector or NFPO (PU).
- Average hours worked per week since the pandemic began are associated with an increase in reported burnout. This trend is less pronounced in the public sector or NFPO (PU) and private practice (PR).
- Job insecurity is associated with greater burnout, especially for professionals working in for-profit corporations (FP).

Regarding protective factors, Table 12 shows the following:

- Autonomy at work positively affects all work settings, particularly private practice (PR).
- Skill utilization does not have a protective effect against burnout, except in private practice (PR).
- Consistency of values has a protective effect against burnout, regardless of the work setting.

Table 12

Effect of risk and protective factors on burnout across work settings considering the effect of gender and experience



- Recognition and career opportunities have a protective effect against burnout. However, recognition has an even more positive effect on professionals working in for-profit corporations (FP). Inversely, career opportunities do not significantly affect professionals working in for-profit corporations (FP), unlike other work settings.

Table 13 focuses on burnout in the various areas of practice. The following findings emerged regarding risk factors:

- Quantitative overload is associated with significantly higher burnout, except in the area of wills, estates and trusts (WE). Quantitative overload is even more detrimental to the health of professionals in alternative dispute resolution (ADR).
- Qualitative overload has a negative effect on burnout. However, it has a greater effect on burnout among professionals working in labour and employment law (LE).
- Emotional demands are associated with increased burnout, except in the area of alternative dispute resolution (ADR), where the effect of emotional demands appears to be neutral.
- Lack of resources has a negative effect on everyone, but least so in the areas of alternative dispute resolution (ADR) and wills, estates and trusts (WE). Inversely, in the areas of labour and employment law (LE) and criminal law (CRI), lack of resources further contributes to burnout.
- Average hours worked since the pandemic began are associated with higher burnout across all areas of practice. The pattern is worse for those practising in the other (OTH), alternative dispute resolution (ADR) and real property (RP) areas.

Table 13

Effect of risk and protective factors on burnout across areas of legal practice considering the effect of gender and experience

	Burnout ($r^2 = 56.3\%$)	
	Decreasing effect	Increasing effect
RISK FACTOR		
Quantitative overload		WE LE HU () ADR
Qualitative overload		() LE
Emotional demands		ADR OTH LE () BC
Lack of resources	ADR WE ()	CRI LE
Hours during COVID-19		() OTH ADR RP
Job insecurity		RP () OTH
PROTECTIVE FACTOR		
Autonomy	BC FA CIV HU LE WE ()	CRI
Skill utilization	ADR WE OTH RP FA ()	
Consistency of values	RP ADR FA ()	
Recognition	RP ()	
Career opportunities	CRI ()	FA

0

- Job insecurity is associated with increased burnout everywhere, except among legal professionals working in real property (RP).

In terms of factors that protect against burnout by area of practice, we note the following:

- Autonomy at work has an overall protective effect against burnout. However, this protective effect is not equal from one area of practice to another. Six areas are better protected: business, corporate and commercial law (BC), family law (FA), civil litigation (CIV), human rights, public and administrative law (HU), labour and employment law (LE) and wills, estates and trusts (WE). Only professionals in criminal law (CRI) seem to be poorly protected by this resource, which has no significant effect on burnout.
- Skill utilization has an overall neutral effect. However, a significant protective effect is observed in the areas of alternative dispute resolution (ADR) and wills, estates and trusts (WE).
- Regardless of the area of legal practice, consistency of values protects against burnout. This is especially true in the areas of family law (FA), alternative dispute resolution (ADR) and real property (RP).
- Regardless of the area of practice, recognition has a significant effect on burnout, and this effect is even greater in real property (RP).
- Finally, career opportunities offer a protective effect against burnout. This effect is even more pronounced in criminal law (CRI). Inversely, the effect of career opportunities on burnout is neutral in family law (FA).

All in all, the risk and protective factors included in the analysis explain 56.3% of the variation in burnout—quite a high proportion. Compared with the other health indicators measured (psychological distress and depressive symptoms), these factors explain burnout even more than they explain any other indicator. Since psychological phenomena are subjective and intangible, they are shaped and affected by a huge number of factors, including age, experience, personality traits and life outside work. Thus, if we can ascribe 56.3% of burnout to work related factors alone, this provides a strong baseline of data and a clear starting point for taking action to improve health in legal professions in Canada.

CONCLUSION

In conclusion, although some groups stand out, the simultaneous analysis of the results illustrates that most of the effects observed in the different work settings or areas of practice are similar to the overall effects. For example, average hours worked since the pandemic began are associated with higher burnout across all areas; this situation worsens in only three areas of practice, namely other (OTH), alternative dispute resolution (ADR) and real property (RP) law. Thus, the differences observed remain relatively minor and do not justify having completely different interventions from one area of practice or one work setting to another. At most, the results obtained make it possible to prioritize the actions to

be taken in one work setting or one area of practice compared to another. Here again, the generalized effect of several risk and protective factors on the health indicators analyzed makes it clear that action needs to be taken to improve the health of legal professionals. There is little room for interpretation, and the main effects are too great to focus on any single group's particular result. Dealing with single details at this time would be like worrying about a broken rear-view mirror when the car won't start. The effort would be futile. Accordingly, a systemic and wide-ranging effort must be made to improve the health of legal professionals working in all work settings and all areas of practice.

Mostly, the protective factors analyzed do not sufficiently compensate for the harmful effects of the risk factors to which professionals are exposed daily.

These risk factors are high emotional demands, long working hours, and quantitative work overload, to name just a few. In the long run, they wear legal professionals down, as two of them will testify:

"If you know what I mean! I was putting pressure on myself, but... I seemed to deal well with that stress. I liked it, it was new to me, it was...new challenges. I think I was looking at it more positively. I think that it's in the long run that it wears you down."

[Translated from French]

"...You don't see the exhaustion that is setting in [...] you function like a maid [...] you don't notice at the time that it is wearing you down...."

[Translated from French]



These effects and their widespread presence in the field of legal practice demonstrate that the issues have become normalized over time, implicitly permeating the professional culture. It is this "implicit normal" that needs to be addressed. But where to start?

First, measurement and assessment. Not only the measurement and assessment that have been done in this report, but ongoing and regular measurement and assessment of health issues. Otherwise, how will we know if we are getting better? Health is not a finite goal but a process of continuous improvement that must remain on the agenda.

Secondly, it is important to multiply actions at all levels of the legal community so as to initiate a significant change in the professional culture—one that is driven by stakeholders such as the Federation of Law Societies of Canada, the various Canadian law societies and bar associations, universities, workplaces, support programs, and the individual legal professionals themselves. Only actions that are deeply aligned with outcomes will bring about such change.

Although these subjects are taboo, the extent of psychological distress, depressive symptoms and burnout among legal professionals means that all internal and external stakeholders must be aware of what is happening. Perhaps they cannot put the situation into words, but they can likely sense it. Admitting the problem is unquestionably the starting point for real change.

The **voice** of legal professionals



"I switched out of private practice and into the public sector, which made many of my responses different than had I been asked them while still in private practice. I left private practice due to: stress and inability to have a family without sacrificing career goals."

"I am just now returning from [...] leave, and have already had several comments from my employer about the need to increase my billable hours. I am actively seeking to leave private practice."

"Private practice is simply too demanding. Accessibly [sic] through social media, email and text messaging has only made things worse. We are at our clients' beck and call and our work-life balance suffers. I would take less money for less hours. But that does not seem to be an option, outside of retirement or government work. As for mental health, the prevailing sentiment at my firm is generally supportive but with an undertone of 'suck it up, its part of the job'."

"The reason things are as good as they are is because I left private practice and went to government."

"I am lucky to work [for my organization] where the work environment (which I have sought out specifically for these reasons) is supportive of work-life balance, and generally fairly progressive when it comes to mental health issues. (Private practice, where I used to work, was a whole different ball game - for me it was a very stressful and unsupportive environment). However, I still stress out about the amount of work to be done in the time I have with the resources I have, and it is a bit demoralizing knowing I will not be able to hit these targets."

"[...] Depuis [x], je travaille pour une organisation publique. Ce changement de milieu a considérablement amélioré ma santé mentale pour les raisons suivantes: horaire de travail stable de 37.5 heures, peu de contacts avec le public/les clients, responsabilité professionnelle moins importante et moins de risque d'erreurs professionnelles, meilleur salaire et conditions de travail, excellentes relations entre les employés, et possibilités d'avancement intéressantes."

"Je suis beaucoup moins stressée depuis que je suis dans le secteur public que quand j'étais en pratique privée. Je ressens beaucoup moins de pression des intervenants externes et un moins grand devoir de performance. Beaucoup moins stressée par rapport à mes livrables et par rapport à la possibilité de recevoir une plainte de mes clients."

"Avant d'exercer le droit [emploi actuel], j'ai exercé le droit dans un cabinet au privé. Bien que le stress lié à la profession, de manière générale, soit toujours présent dans les deux milieux, je dois dire que mes conditions de travail et ma sécurité d'emploi se sont nettement améliorés et que la culture professionnelle est beaucoup plus saine qu'au privé. Dans mon expérience personnelle, les avocats au privé entretiennent une culture de compétition très malsaine et je dirais même toxique. Personnellement, je trouvais que la culture professionnelle au privé était très "old school" et se concentrait presque exclusivement sur les revenus et les heures facturables en oubliant presque complètement le bien-être des employés."

"I currently work in professional regulation. Although it has its own challenges, it is much better than working in private practice. I can't imagine ever going back to private practice. I remember when I was in private practice I would frequently take work home on evenings and weekends. I would turn down plans with friends because I had so much work to do, but then I was too exhausted and unmotivated to actually get much done on the weekends. So I'd miss plans with friends and still not get work done, and feel guilty come Monday. I spent the first five-ish years of my career in private practice being afraid that I wasn't good enough. I finally left because I didn't want to spend my evenings and weekends working."

"Je considère qu'une grande part du stress que je ressens dans le cadre de ma profession provient de ma pratique en litige. Le stress n'est pas nécessairement causé par mes clients, mais plutôt par les courts délais souvent imposés par la Cour ainsi que par le comportement de certains juges à l'égard des avocats."

"Jusqu'en [x], je travaillais à titre d'avocate plaideuse. Depuis, je fais un travail de nature plus administrative et je ne vais plus à la Cour. Il y a une différence énorme entre le niveau de stress que j'ai vécu avant et après mon changement de fonction et sur ma qualité de vie."

"I used to do family litigation but the stress was too much for me - it consumed my life, affected me at home and adversely affected my relationships. [...] I'm now feeling reasonably content with what I'm doing in my life, but I do regret ever becoming a lawyer; I don't have a thick enough skin for this job and wasn't well-suited to it, although I think the clients I have now (as I'm very choosy) appreciate what I do for them."

"Family law is beyond exhausting. I stay in the profession because I care about my clients, but I permanently work burned out. I work with legal aid and we are insanely overworked and underpaid, however we do care about our clients so we choose to stay in the profession. I am often ashamed to say I am overwhelmed or need help and do not have the energy or financial resources to access the supports needed. It is a difficult cycle, but one that many female lawyers feel trapped in."

2.2.3 | BEYOND THE MONEY: THE DARK SIDE OF BILLABLE HOURS



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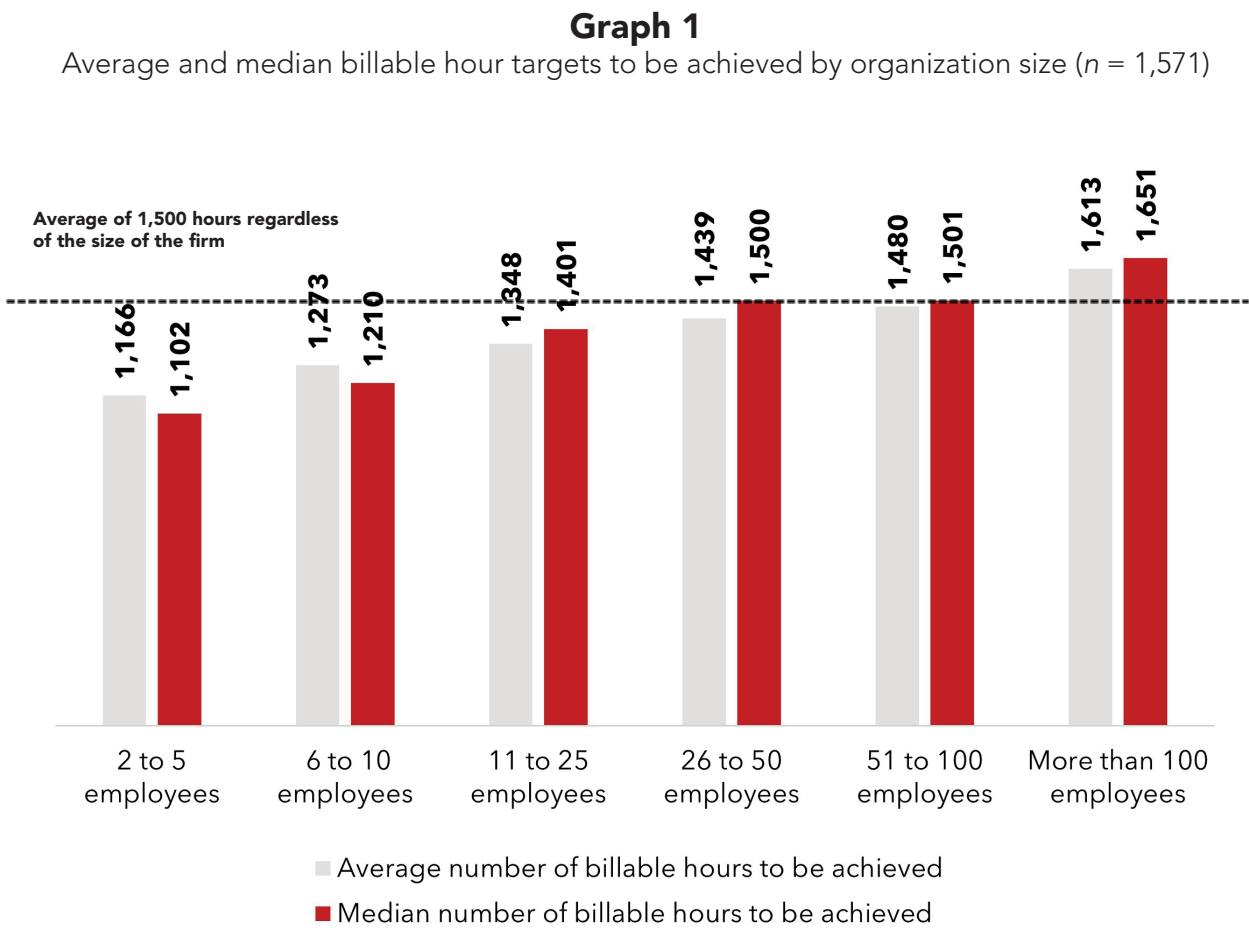
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2.2.3 | BEYOND THE MONEY: THE DARK SIDE OF BILLABLE HOURS

Billable hours: refers to the number of work hours that a professional formally charges a client for professional services.

Working as a legal professional in private practice is often synonymous with meeting billable hour targets. Graph 1 shows that the average target number of billable hours across Canada is 1,500 hours annually in Canadian private practices. It also presents the average and median number of billable hours to be achieved, grouped by size of law practice. We can see that the larger the firm, the greater the required targets for those billable hours.



These billable hours are used by law firms as a performance indicator (Bergin & Jimmieson, 2014; James, 2017). Reaching or exceeding the targets is very often associated with significant monetary compensation, such as annual bonuses, and with non-monetary rewards, such as internal congratulatory memos and promotions (James, 2017). Conversely, legal professionals who have difficulty reaching their targets often question their skills, their ability to meet the expectations associated with their field of expertise, or their professional choices (James, 2017).

Why are billable hours important for understanding the wellness of Canadian legal professionals?

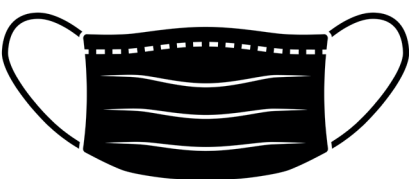
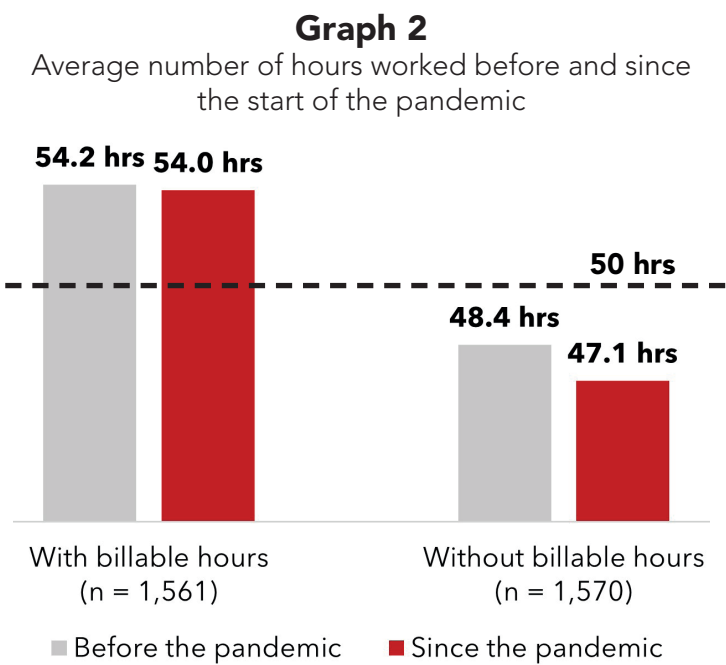
Even if the business model based on billable hours undeniably guarantees success from an economic point of view, the social consequences of that model for the wellness of legal professionals are more nuanced and carry more risk.

Pressure of billable hours on hours worked

Firstly, professional performance through the achievement of billable hours, although it may be received positively by legal professionals who meet or exceed their objectives, is not without its health consequences. Billable hours only represent a portion of the time worked. In this regard, an analysis shows that billable hours represent, on average, only 67.9% of the actual hours worked by the participating Canadian legal professionals. This gap between billable hours and actual hours worked leads legal professionals to extend their working hours to meet their objectives, thereby increasing the pressure on their work–life balance. In this regard, Graph 2 compares the number of hours worked per week, before and during the pandemic, by professionals who work with billable hours and those who do not.

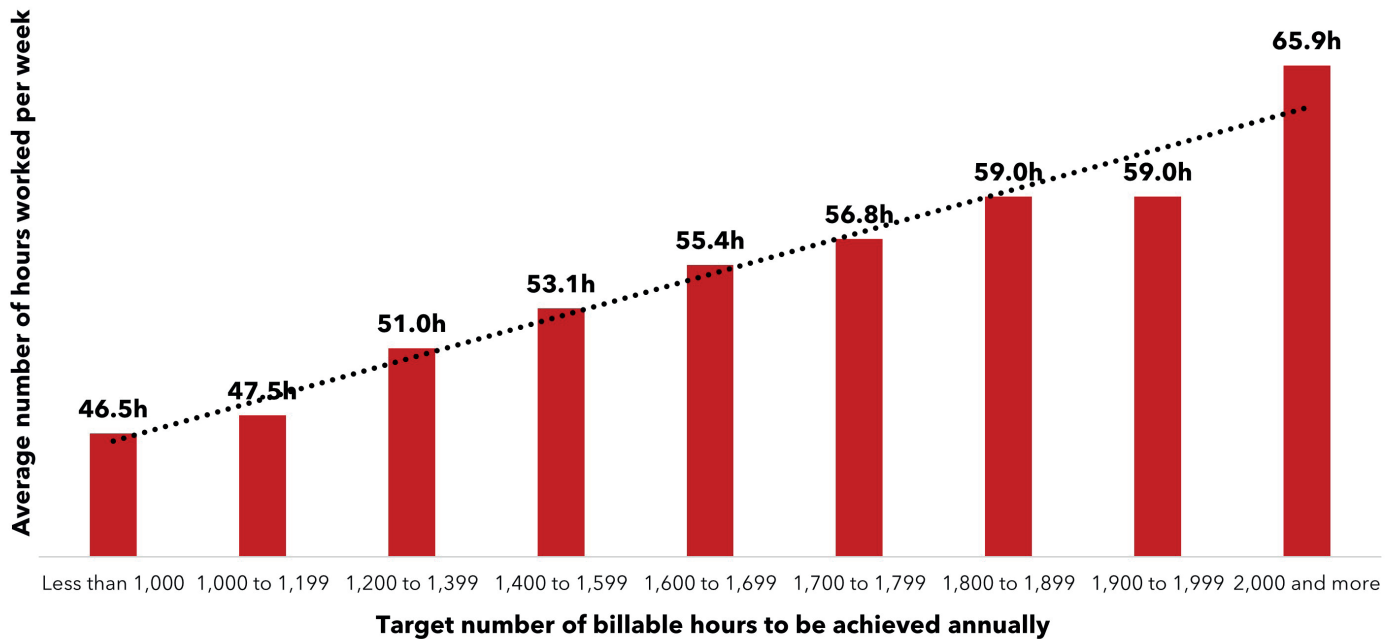
The pandemic has not significantly changed the number of hours worked by legal professionals. However, Graph 2 shows that professionals with billable hour targets work an average of 54 hours per week, while professionals who do not work in this type of business model work fewer hours on average— between 47.1 and 48.4 hours per week, a statistically significant difference.

If the number of hours worked varies, we may also suppose that the higher the targets are, the greater the number of hours worked will be. Moreover, the analysis findings presented in Graph 3 confirm this hypothesis. Graph 3 shows the steady rise in the average number of hours worked per week along with the number of billable hours achieved. The higher the target, the greater the number of hours worked, reaching an average of 65.9 hours per week for professionals who must perform



Graph 3

Average number of hours worked per week based on annual billable hours target ($n = 1,542$)

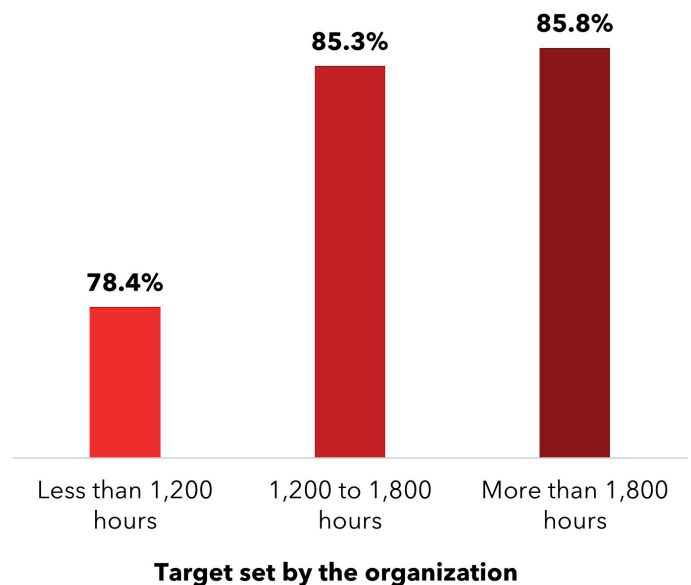


2000 or more billable hours. Considering that very long working hours, i.e., a schedule exceeding 50 hours per week, are harmful to the health of professionals (Cadieux & Marchand, 2015), we quickly understand that from 1,200 billable hours onwards, the individual's equilibrium is put to the test, or even compromised.

By examining the impact of billable hours on the health of professionals, it can also be observed that it is not so much the number of billable hours to be achieved that is problematic, but rather the pressure felt by the professional to satisfy the goals and expectations of their organization. Furthermore, although one might anticipate that this pressure would increase somewhat proportionally to the billable hours target, this is not the case. In fact, Graph 4 shows that the proportion of people who feel pressured is comparable, whether they must reach 1,200 hours or more than 1,800 billable hours.

Graph 4

Proportion of professionals who feel pressure to meet billable hours target based on the organization's target ($n = 1,158$)



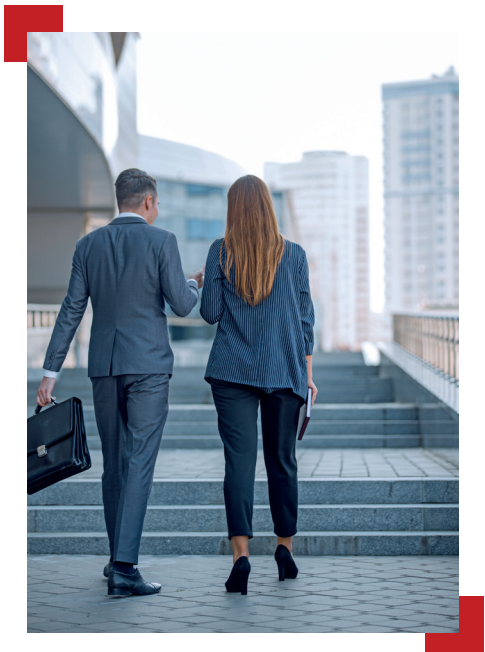
The data also reveal that the pressure felt is more widespread among participants who work in an organization with billable hour targets to be met, and that the proportion is greater where targets are set at 1,200 hours and above.

Meet your goals at all costs...or not...

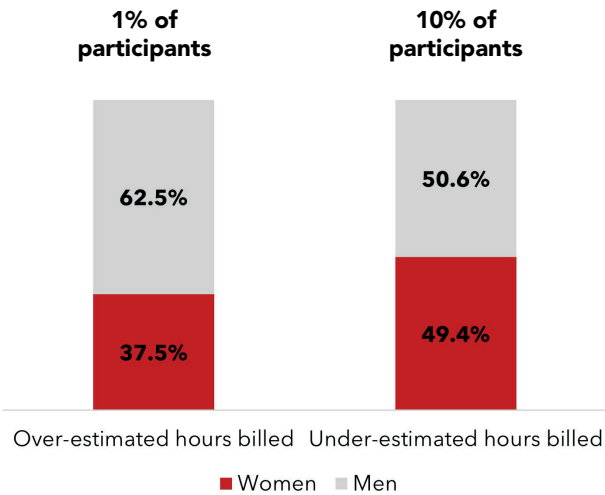
The trade-off that legal professionals are forced to make in the face of extended hours worked, combined with the increased pressure on hours described above, leads some professionals to fail to report their billable hours accurately. Of the surveyed participants, 11% answered they did not report their billable hours accurately. Among these, 1% would overestimate the billable hours truly worked, while 10% of practitioners would report a lower number. Graph 5 shows the distribution of men and women participants who do not report their billable hours accurately. It shows that men are more likely than women to overestimate their billable hours truly worked. However, as many men as women in the sample underestimate their billable hours.

The difficulties and pressure of meeting billable hour targets lead many legal professionals, regardless of gender, to give up on having a fulfilling family life (Wallace, 1997; Bergin & Jimmieson, 2014). Moreover, studies have shown that of the professionals who decide not to have children because of their professional obligations, just over 60% have billable hour targets to meet. This observation is relatively consistent when we compare the proportions of professionals who fear starting a family to the target number of billable hours to be reached. Graph 6 shows that, out of 902 professionals, the proportion of professionals who are afraid to start a family increases with the billable hour targets, reaching 81.5% for professionals who must achieve 1,800 hours or more.

Nevertheless, it must be acknowledged that the pressure associated with the work demands of legal professionals leads even the majority of those with no billable hours—at a proportion of 66%—to have concerns about starting a family. This topic is discussed in section 2.3.2 of this report.

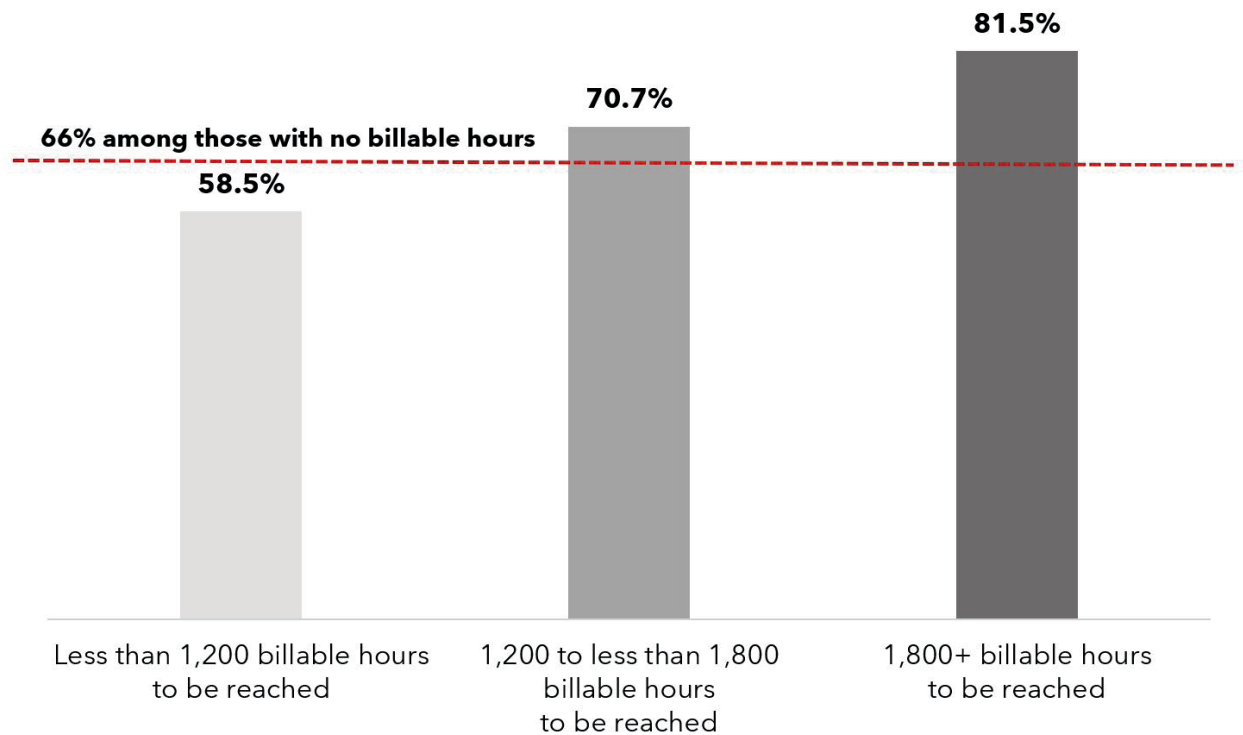


Graph 5
Proportion of estimated billable hours (over vs. under) by gender among participants not reporting billable hours accurately (n = 170)



Graph 6

Proportion of professionals who fear having a family even though they would like to have children, by billable hours target to be reached ($n = 902$)



The following sub-section summarizes the impacts of billable hours on organizations and the health of individuals, including longer work hours, feelings of pressure to meet billable hour targets, and fear of starting a family.

...no matter the health cost

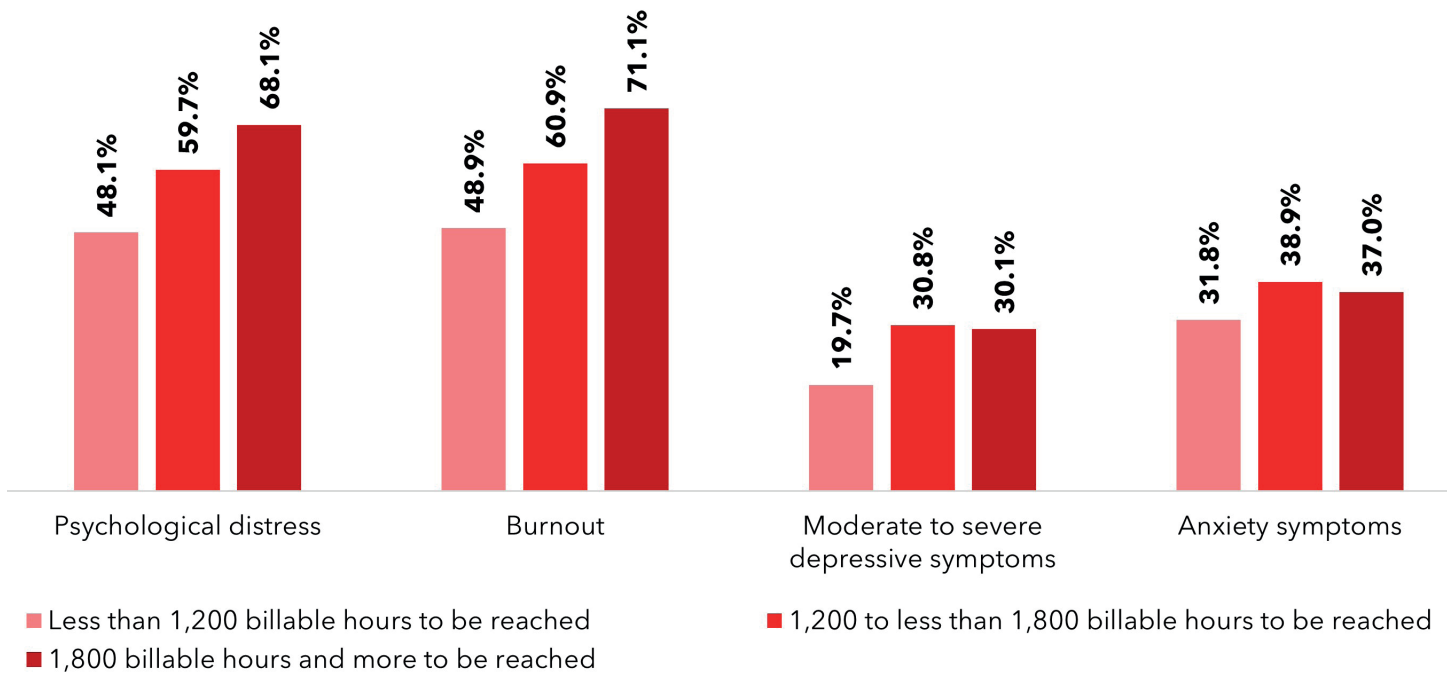
The pressure of billable hours on health is evident when we analyze and contrast the various mental health indicators with the magnitude of the target. In this regard, Graph 7 shows the proportion of professionals affected by health issues according to the billable hours target. Although the proportion of professionals affected by these psychological health issues is worrying, regardless of the target, the picture darkens significantly as the targets increase.

Under pressure,

- 68.1% of legal professionals who have to bill more than 1,800 hours per year experience psychological distress;
- 71.1% are affected by high levels of burnout;
- more than 30% experience moderate to severe depressive symptoms; and
- 37.0% are affected by anxiety symptoms of sufficient concern for them to seek medical attention.

Graph 7

Observed mental health indicators by billable hours target to be reached ($n = 1,569$)



These disturbing results highlight the urgent need for action in the legal community employing this business model. They also emphasize the importance of initiating a fundamental reflection on alternative models.

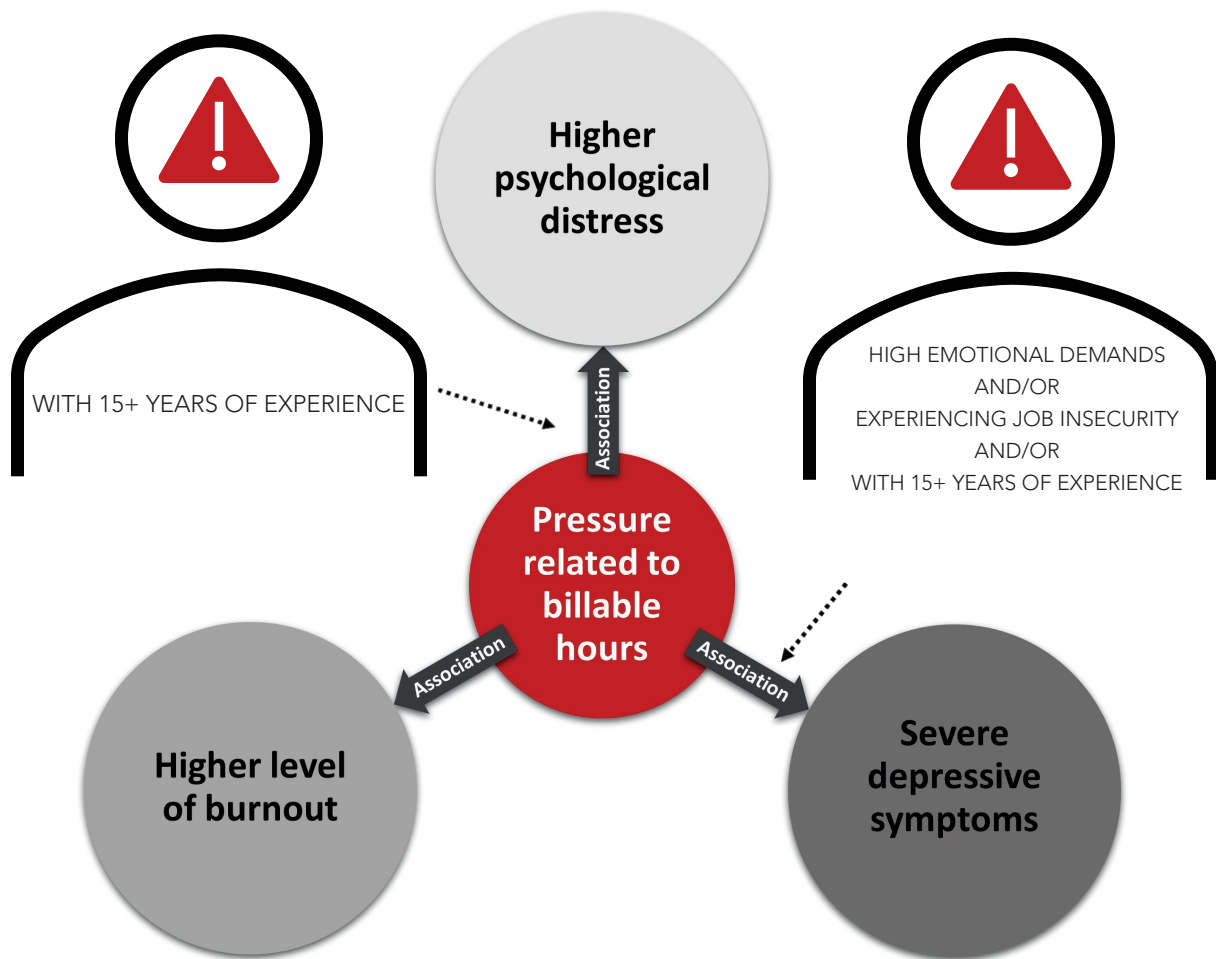
Beyond the generalized impact of billable hours on professionals' mental health, our team was interested in delving into the dynamics that gradually lead professionals to experience mental health issues in law practices using this business model.

To do so, the team used each mental health indicator to analyze factors such as perceived pressure to meet billable hours. To ensure consistency in this analysis, the three greatest constraints on the health of legal professionals who participated in the study were also included: emotional demands, quantitative work overload, and job insecurity. Likewise, the most critical resources observed among Canadian legal professionals were included: support from colleagues, autonomy, and consistency of values. Lastly, the analysis considered the gender and experience of participants, two individual characteristics that carry significant weight in terms of mental health.

Figure 1 summarizes and illustrates the results. It shows that, all other things being equal, billable hour pressure is significantly associated with higher psychological distress, greater depressive symptoms, and higher levels of burnout. These associations with health indicators are significant, even after we account for the effects of the greatest constraints and the best resources for professionals.

Figure 1

The illustration of the dynamic between the pressure of billable hours, mental health indicators, and selected risk factors among Canadian legal professionals



Stress . . . it wears you out!

Besides this direct effect, the research team was also interested in the indirect impact that the pressure of billable hours may have on the mental health of professionals, with the aim of clearly identifying the cocktail of factors that are potentially toxic to people's health. Thus, the interaction between the main constraints (high emotional demands, high quantitative workload, and job insecurity) and the pressure felt due to billable hours was analyzed. The interaction between this pressure and the participants' years of experience was also examined, to see if the pressure may prove less harmful to their health over the long term, as they gain experience.

As illustrated in Figure 1, the results tend to show that, unlike most legal professionals, the professionals subject to billable hours pressure do not benefit from the protective effect of experience for their psychological health. For those with more than 15 years of experience, there was a significant interaction between experience and perceived pressure on two levels. First, the effect of billable hours pressure

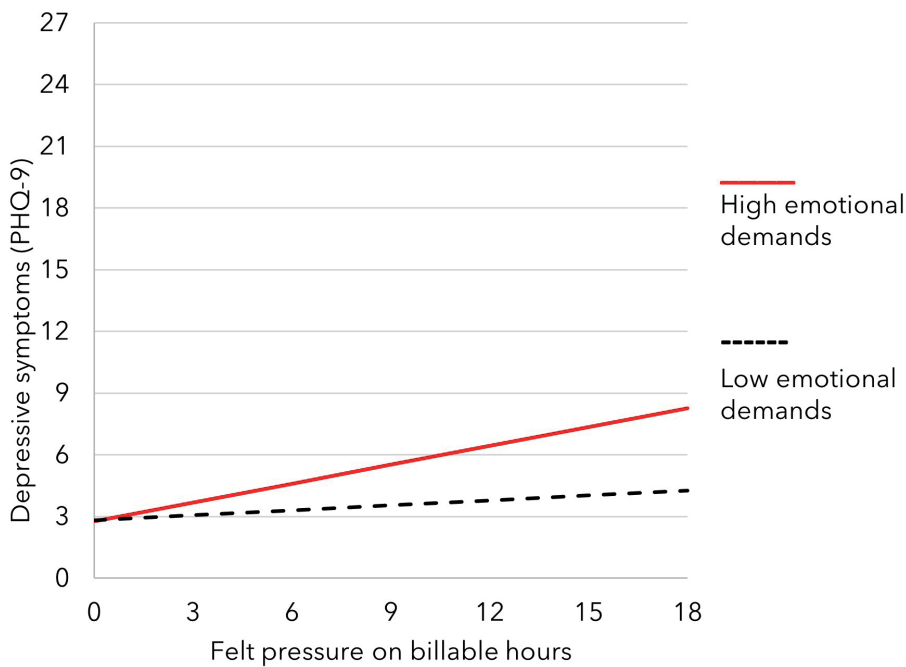
on the intensity of psychological distress may be even more detrimental. Secondly, this finding was also observed for depressive symptoms since pressure on depressive symptoms was exacerbated in professionals with more than 15 years of experience.

In sum, the pressure of billable hours on health, far from diminishing with experience, gradually drains professionals' resources while being associated with greater psychological distress, depressive symptoms, and feelings of burnout.

Particularly harmful combinations for professionals working with in billable hours

Our analysis of the various interactions described above also reveals combinations or "cocktails" of factors that are particularly harmful and significant for the health of professionals working in billable hours. The first harmful combination observed involves high emotional demands. Indeed, regardless of whether one works in billable hours, emotional demands are among the most critical risk factors contributing to mental health issues among Canadian legal professionals. However, when combined with billable hours pressure, emotional demands seem to be a catalyst, particularly for depressive symptoms. Graph 8 clearly illustrates the impact of the pressure felt by professionals exposed to high emotional demands compared to professionals who are not subject to high emotional demands but work billable hours.

Graph 8
Effect of pressure on billable hours on depressive symptoms based on exposure to emotional demands (high or low)

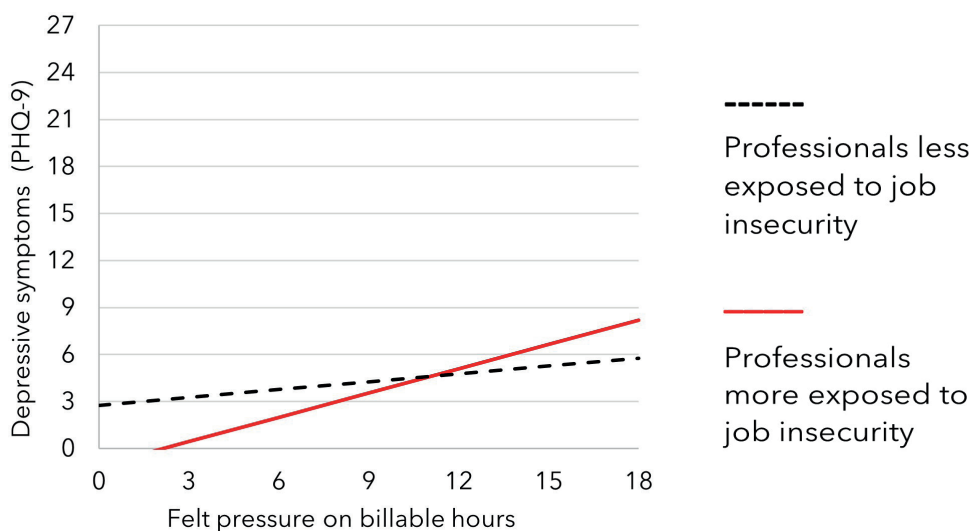


The impact of billable hour pressure on depressive symptoms is strongly heightened in professionals who are exposed to high emotional demands.

The second-most harmful combination for the mental health of professionals involves job insecurity. Thus, as illustrated in Graph 9, perceived billable hour pressure on depressive symptoms may be even more damaging for legal professionals who experience job insecurity.

Graph 9

Effect of perceived billable hour pressure on depressive symptoms, by degree of job insecurity



Beyond individual impacts: the hidden costs of billable hours for organizations and the legal profession

Although many organizations have gradually been moving away from this business model, billable hours are still widely used in large Canadian private practices.

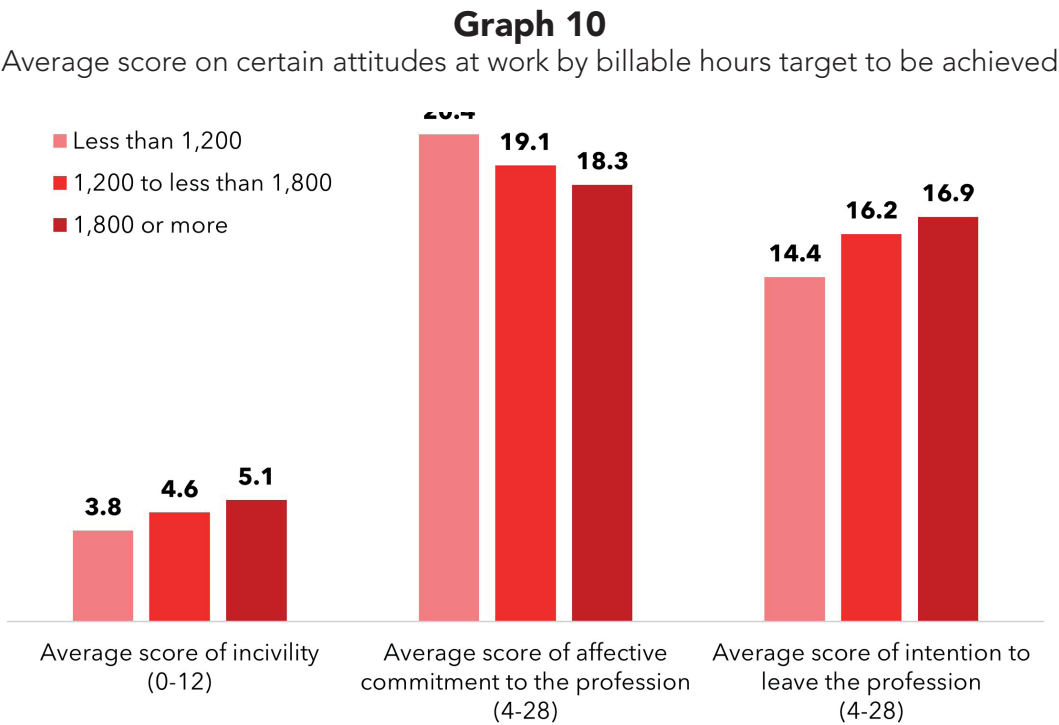
Described as "corrosive" by the American Bar Association (2002), the billable hours system has indirect consequences for organizations. Indeed, a research report filed in Australia shows that in this type of system, "qualities such as customer service attitude, customer retention rates, creativity and innovation, willingness to delegate, mentoring and teaching skills, and practise development activities are all diminished in value because of the emphasis placed upon production of billable hours" (Kendall, 2011, p. 13).

In addition to these intangible consequences, the results we obtained from participants working within such a business model show that the greater the targets to be achieved, the more negative

the effects seem to be on professionals' attitudes. Thus, Graph 10 demonstrates that as billable hour targets increase, so do incivility scores among participants. This difference is significant between legal professionals with billable hour targets of less than 1,200 hours and the other two categories.

Conversely, Graph 10 highlights that the average score for commitment to the profession decreases as the billable hour targets increase. It also shows that the score for intention to leave the profession rises higher and higher as the billable hour targets increase. These differences in mean scores are again significant between professionals with targets of less than 1,200 billable hours and those from the other two groups. In other words, the breaking point for the impact of billable hours pressure on key attitudes at work—incivility, commitment, and intention to leave—seems to come with the target of 1,200 billable hours.

In short, if billable hours and their targets have consequences on the health of individuals, it is understandably a double-edged sword. On the one hand, the pressure exerted by the required targets directly affects the health of professionals by contributing to higher psychological distress, depressive symptoms, and burnout. On the other hand, there are many indirect effects. As explained above, certain factors such as experience, exposure to high emotional demands, or feelings of job insecurity appear to exacerbate the pressure felt, which is associated in turn with greater psychological health problems. We also see that incivility, a key factor influencing people's mental health in the workplace, seems to increase in line with the billable hour targets. Lastly, billable hours affect two key attitudes at work that are central to the health of professionals, namely commitment and intention to leave. These findings are significant and should serve as a starting point for evaluating alternative models designed to better protect professionals and ensure a more sustainable practice of law in Canada.



Note. The score of incivility used is from Cortina et al. (2001).

The **voice** of legal professionals



"We need to provide options for LESS billable hours. My whole life is work and I hate it. I'm good at it, but I want to work less and don't feel I can. Lawyers have a monopoly. Why isn't this the best profession? We could make it that way, if we would all set healthy boundaries."

"The corporate culture in private practice is very toxic to young associates' mental health. We are expected to work every day, every evening and every weekend to keep up with client demands without any concern for us being able to take a break or recharge after work. Work is our life and that is what is expected from partners. Firms do not care about the mental health of their associates, they just want high billables."

"The greatest problem for me is the difficulty in meeting billable targets and the expectation that I will be in the office 10 hours a day. I am always exhausted and find it difficult to have friendships, do hobbies, exercise, or even clean my apartment. I hired a cleaner because I couldn't manage - even though I had time on weekends, I couldn't find the motivation and energy to clean up. And I am behind on billings so I will need to work weekends but I feel that if I do, I will have an even harder time focusing and reaching my targets the next week. No one told me that law was so all-consuming before I went to law school. I kind of regret going into this profession but I haven't entirely given up on finding a practice that is aligned with my professional values as well as allowing for a healthy lifestyle. I'm suffering through this job now as a training opportunity and step towards that."

"Another aspect of the legal profession that has always bothered me is the 'sink or swim' philosophy. This job is stressful enough without feeling that you have to make it on your own as well as that you are a burden or wasting billable time by asking for advice/help. The whole culture is so focused on money and billable hours that you even feel guilty stopping to chat with a fellow associate, as you imagine them glancing at the clock every few seconds to see how much of their billable hours you are taking up. And then, I find myself doing that very same thing, when someone pauses at my office door to chat, feeling resentful that I am losing billable minutes. I also resent the 'old boys club' nature of law [...]. I have no desire to pursue partnership because I would not want to be a partner with these greedy men, who only seem to care about profits and not about mental health/family life. I want to have children some day, and I have heard from female partners elsewhere that they were not supported in taking time off and that they did not even receive income from the partnership when they took a few months off. When an associate of mine had a child, she said that the firm did not even have a maternity leave policy."

2.2.4 | TOWARDS A BETTER UNDERSTANDING OF TECHNOSTRESS AMONG LEGAL PROFESSIONALS



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2.2.4 | TOWARDS A BETTER UNDERSTANDING OF TECHNOSTRESS AMONG LEGAL PROFESSIONALS

Technostress: refers to the stress experienced by individuals due to the use of information and communication technologies in organizations (Brod, 1984; Ragu-Nathan et al., 2008; Tarafdar et al., 2007, 2010).

It is now a truism that technological developments have transformed organizations and their management methods (Alsène, 1990; Brangier et al., 2010). More specifically, information and communication technologies (ICTs) have not only facilitated but accelerated interactions between professionals, organizations and government institutions (Vuori et al., 2019). For legal professionals, technology enables electronic record keeping and rapid, diverse follow-ups with associates and clients (Kaivo-Oja et al., 2017). This has been particularly true since the beginning of the COVID-19 pandemic, which has thrown the world into a digital era where everyone has had to work and interact to the best of their ability through ICTs.

The legal community's efforts to gradually integrate ICTs into professional practice have not been without their challenges. This section of the report discusses the impact of technology on the psychological health of Canadian legal professionals, a phenomenon better known as "technostress".



Did you know?

Technostress stems from the three main characteristics of technology:

- 1) the utility feature driving us to adopt technology by reason of its usefulness, complexity, and reliability;
- 2) the dynamic feature representing the pace of change in technology that leads to conflicting work and learning requirements;
- 3) the intrusive feature referring to the pervasive nature of technology that fosters presenteeism and anonymity

(Ayyagari et al., 2011).

During Phase I of data collection for this project, the questionnaire offered respondents the opportunity to share comments or thoughts about the study and its topics. Feedback from the respondents was also elicited to shed light on the relationship that legal professionals have with technology and the impact it can have on their psychological health. Several respondents mentioned seeing an increase in their efficiency with the proper use of technological tools. Figure 1 presents excerpts from their comments, which discuss the benefits of ICTs for the participating legal professionals. From the various statements they make about technology, we can discern several favourable observations about it. The integration of technology reduces real estate costs and travel time, which in turn allows more money and time to be invested in practising law. At the same time, these tools can make the practice of the profession more flexible and efficient.

Figure 1

Benefits of technology as reported by legal professional participants



"The covid experience has shown that lawyers, properly assisted by technology, don't have to spend all their working hours in a law office" - *Legal professional 1*



"If my workplace had better or more sophisticated technology, that would make work more efficient." - *Legal professional 2*



"Technology might lower our overhead if we no longer need as much real estate because lawyers and staff can work remotely. Technology has blurred the lines between work and home life but it has also added flexibility." - *Legal professional 3*

Did you know?

Technological innovations are also leading to the emergence of new business models that promote greater access to justice by citizens while reducing the workload of legal professionals (Venne, 2020).

However, the pervasiveness of ICTs in organizational environments favours the emergence of new psychosocial risks (Brangier et al., 2010; Vuori et al., 2019). In addition to typical work stressors such as emotional demands and autonomy (Karasek, 1979), technostress adds pressure by contributing to psychological health problems such as psychological distress (Cadieux et al., 2019). Beyond the expected efficiencies associated with ICTs, the negative consequences (e.g., information overload, communication overload, misinformation of clients) resulting from their use are not to be neglected. Figure 2 presents excerpts from the comments that mention the disadvantages of ICTs. The rapid changes in procedures that accompany technological transitions can overwhelm the ability of users to adapt, and this conflict leads directly to technostress.

Figure 2

Disadvantages of technology as reported by legal professional participants



"Technology was meant to make life easier. Instead, it has increased workload, increased competition (lowering profits), increased demands, and created clients who first need to be corrected before they can be helped." - *Legal professional 4*



"The fast-changing requirements and the stresses being caused by the amount of time now dedicated to learning to adapt to new forms, new filing procedures, new technologies and what stress it is putting on people, firms, court staff and clients. While overall these changes are much needed, the fast pace of these changes are dangerous to the overall profession and public perception of Justice."

Legal professional 5



"There are always emails to verify, emergencies to deal with and guilt for work that hasn't been done." - *Legal professional 6*

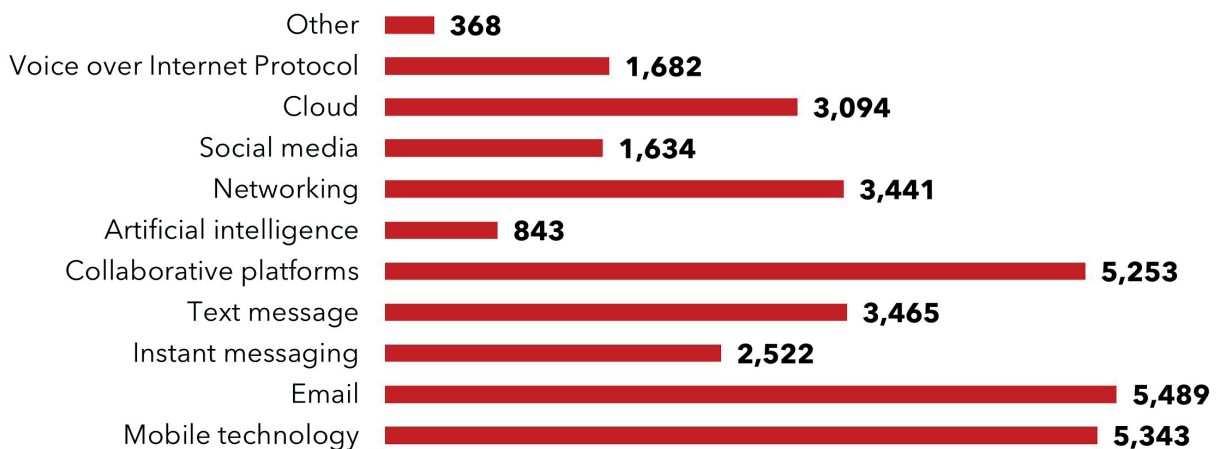


"Our profession needs to take stock of the mental health consequences associated with traditional success, particularly in view of emerging technological changes within the industry." - *Legal professional 7*

Recognizing that legal professionals are in the process of making a digital transition in their professional culture and working environments, legal associations have issued information technology guides to support their members through this transition (Barreau du Québec, 2016). These guides present the technological tools available and the ethical rules governing legal practice in relation to the inherent risks of digital technology (e.g., data confidentiality, data management, storage of client files). A non-exhaustive list of technologies was presented to questionnaire respondents using one of these guides¹. For instance, Graph 1 shows the breakdown of survey respondents' use of ICTs.

Graph 1

Number of legal professionals by type of information and communications technology used



1. The list of technologies was taken from the "Guide des TI" published by the Barreau du Québec (guideti.barreau.qc.ca).

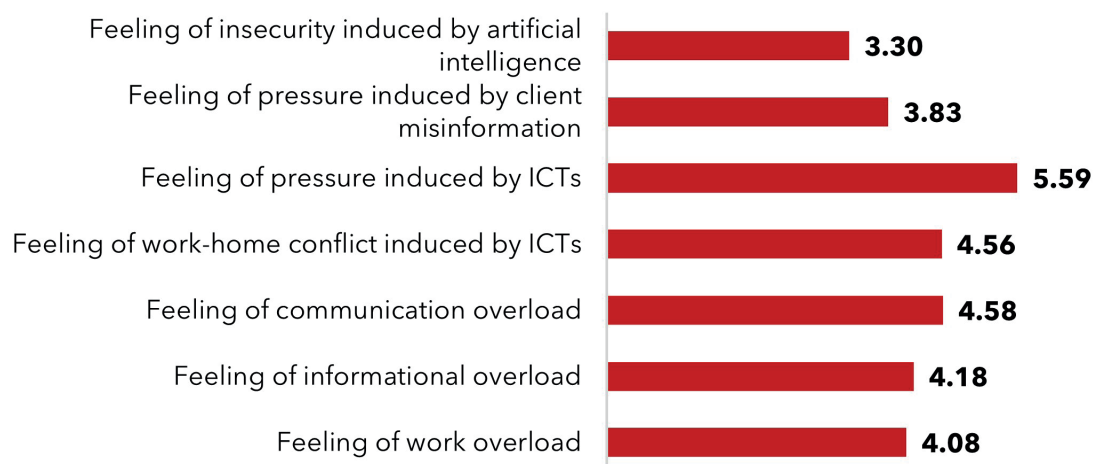
Despite the IT guides and training available, the overall benefits of the technologies are often overshadowed by the negative consequences of their use (Brod, 1984; Tarafdar et al., 2007). Our analysis reveals that ICTs contribute to the emergence of technostressors that may adversely affect the health of the user. Table 1 shows the definition of technostressors measured in our study.

Table 1
Definition of the technostressors

Technostressor	Definition
Feeling of work overload	Describes situations where ICTs force users to work faster and longer. (Ragu-Nathan et al., 2008; Tarafdar et al., 2010; Turel & Gaudioso, 2018)
Feeling of informational overload	Occurs when an individual is presented with more information than the individual has the time or cognitive ability to process or, in other words, when an individual's information processing capabilities are exceeded by the information processing requirements (Karr-Wisniewski & Lu, 2010).
Feeling of communication overload	Occurs when a third party solicits the attention of the knowledge worker through such means as email, instant messaging, or mobile devices that cause excessive interruptions in his or her job to the point the knowledge worker becomes less productive (Karr-Wisniewski & Lu, 2010).
Feeling of work-home conflict induced by ICT	Describes the invasive effect of ICTs in terms of creating situations where users can potentially be reached anytime, employees feel need to be constantly 'connected,' and there is a blurring between work-related and personal contexts (Ayyagari et al., 2011; Turel & Gaudioso, 2018).
Feeling of pressure induced by ICTs	Refers to the technology-related pressure felt when employees have to leave work; the user feels the obligation to maintain the connection (Harris et al., 2011; Holland & Bardoel, 2016)
Feeling of pressure induced by clients' misinformation	Describes situations where professionals have to correct erroneous information held by clients and thus feel challenged in their credibility (Cadieux et al., 2021).
Feeling of insecurity induced by AI	Describes situations where professionals whose role in society is defined by their unique and complex knowledge, fear being replaced by AI-enhanced technology (Cadieux et al., 2021).

Graph 2 presents the average score of survey respondents for each of these technostressors. It shows that pressure induced by ICTs, communication overload and work-home conflict induced by ICTs appear to be the most important technostressors for legal professionals.

Graph 2
Average score for each technostressor among Canadian legal professionals (score from 1 to 7)



From technology to technostress

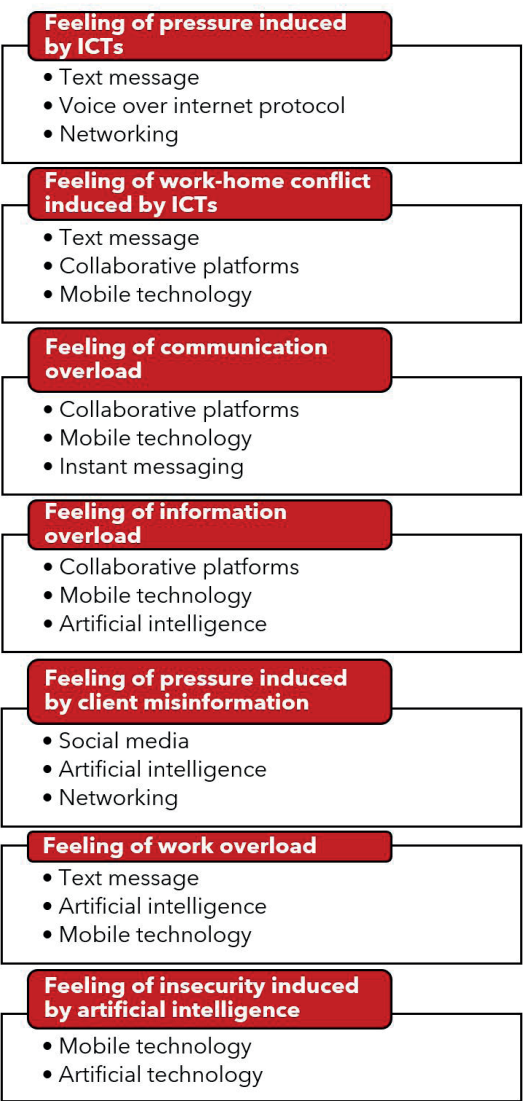
By cross-referencing the technostressors and the technologies used by respondents, we can discern the complexity of the technostress phenomenon. Undeniably, technology is everywhere, and while technological tools facilitate daily life and enhance work flexibility for professionals, they also contribute to exacerbating tensions. Often overwhelmed and struggling to balance work and family, legal professionals can now access emails via their smartphones and leave the office earlier. However, this flexibility is not without consequences. It can increase the feeling of work–family conflict, a feeling which technology should, paradoxically, help to mitigate because of its flexibility.

Figure 3 presents the technologies that are associated with the technostressors being experienced by the respondents. Text message, Voice over Internet Protocol, and networking tool users experience a greater sense of pressure induced by ICTs. Note that an additional analysis indicates that nearly one-fifth of artificial intelligence users ($n = 452$) feel insecure about the emergence of these technologies in the legal community.

Who are the "technostressed"?

Figure 4 on the next page lists the demographic characteristics of participants who reported higher feelings of technostress. Interestingly, having children seems to be a family characteristic that widens the gap between men and women regarding technostress. Thus, our analysis shows that mothers between the ages of 36 and 40 are more likely to experience technostress, regardless of their profession.

Figure 3
Association between technostressors and the technologies used by Canadian legal professionals



When work exacerbates technostress

Certain risk factors predominantly contribute to the technostress experienced by Canadian legal professionals. Thus, when we consider several variables of the organizational sphere (risk and protective factors), we can see that the variables listed in Figure 5 still have significant effects on technostress.

The red arrow indicates the organizational factors that act as risk factors for technostress. Inversely, the factors that protect professionals from technostress are shown next to the grey arrow.

Although surprising at first glance, several risk and protective factors are not included in the representation because of their insignificant contribution to technostress. Indeed, in the context of the pandemic and telework, the preponderance of certain work-related constraints may lessen the effect of specific resources and vice versa.

The impact of technostressors on wellness

Stressors generate physiological, psychological, emotional and behavioral consequences (Ganster, 2008). Over periods of chronic exposure, these stressors can lead to psychological strain, including burnout (Atanasoff et Venable, 2017; Kristensen et al., 2005).

We analyzed the data to identify the relationship between the technostressors and the wellness indicators included in the survey. Unsurprisingly, technostressors are significantly associated with poorer mental health ($p \leq .001$). Therefore, the psychological consequences of technostressors are greater perceived stress, greater anxiety and depressive symptoms, psychological distress, and

Figure 4

The demographic characteristics that describe individuals who experience technostress

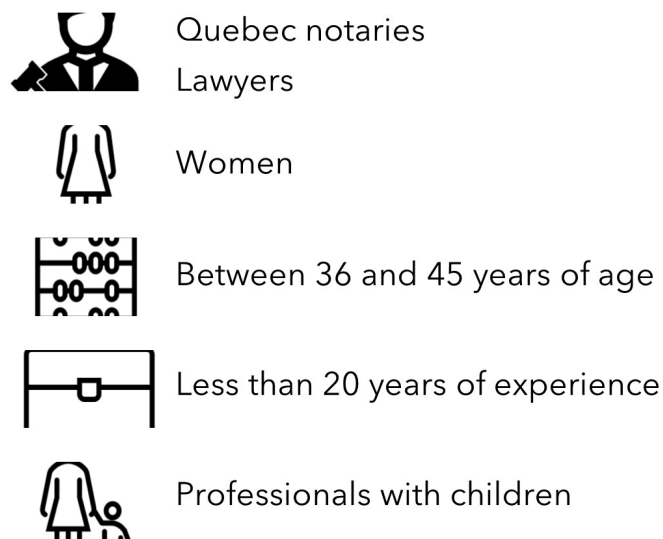
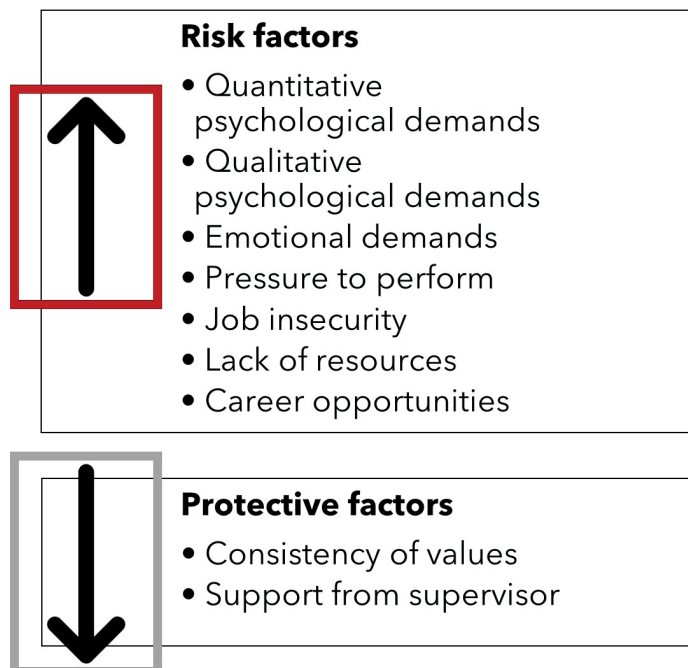


Figure 5

Risk and protective factors that contribute to the explanation of the perceived technostress



increased feelings of burnout. These results are in line with findings from other occupational groups that confirm the relationship between technostressors and burnout (Khedhaouria et Cucchi, 2019; Maier et al., 2015; Srivastava et al., 2015).

As they become more adept in using ICTs (Venne, 2020), legal professionals have the opportunity to invest the travel time they save thanks to digital technology into practising law. However, the results reveal a need for greater support in the profession for those still making the digital transition. Because of the correlation between technostress and mental health indicators, implementing policies that address risk and protective factors can support legal professionals who may be experiencing technostress. Furthermore, these measures are likely to help alleviate the psychological consequences associated with technostressors, including burnout (Ayyagari et al., 2011; Kristensen et al., 2005; Maier et al., 2015).

2.2.5 | HOW LEGAL PROFESSIONALS ADJUSTED TO TELEWORK DURING THE COVID-19 PANDEMIC



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2.2.5 | HOW LEGAL PROFESSIONALS ADJUSTED TO TELEWORK DURING THE COVID-19 PANDEMIC

Telework adjustment: refers to the ability of an employee to adapt to the new demands created by the implementation of telework (Raghuram et al., 2001).

The COVID-19 pandemic has drastically changed the habits of knowledge workers, including legal experts. Over the past two years, telework has established itself as the primary mode of work for Canadians, and traditional office space has, by necessity, largely been vacated. But what about the ability of workers to adjust to this new reality of working from home, where dependence on information and communication technologies (ICTs) has been exacerbated? In this section, we explore the concept of telework adjustment, a theme that is essential to understanding how legal professionals are able to adapt to unpredictable, complex and turbulent work circumstances.

Over the course of this study, this requirement to shift to telework was due to the COVID-19 pandemic crisis. The telework adjustment can be observed through different behaviours such as

- individuals' ability to remain effective, motivated and happy while teleworking, and
- their intention to telework in the post-pandemic future.

Understanding the factors that promote or inhibit the ability to adjust to telework is essential. Only then can recommendations be formulated to ensure telework policies within the legal profession take these factors into account.

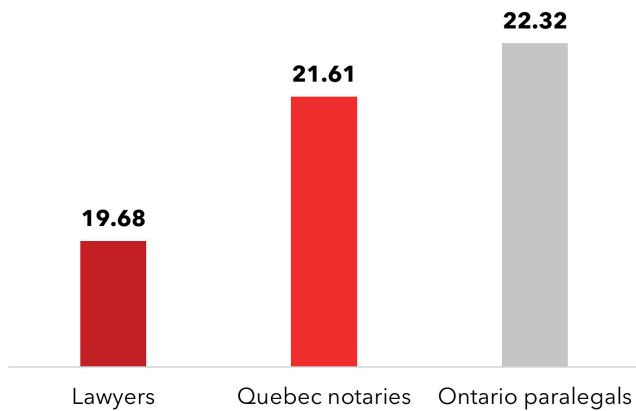


Did you know?

According to a recent study conducted by Gartner (2021), more than 50% of North American knowledge workers want to continue working from home between 2 and 3 days a week once the pandemic is over. Only 13% want to return to the office full-time. It certainly seems like teleworking is here to stay!

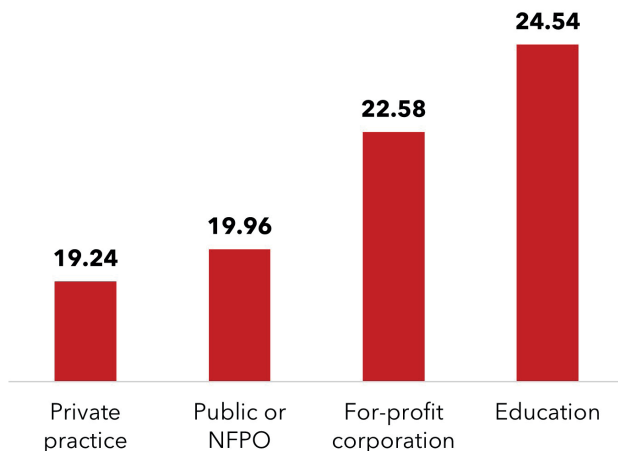
Graph 1

Average score of adjustment to telework by profession (score ranging from 5 to 35)



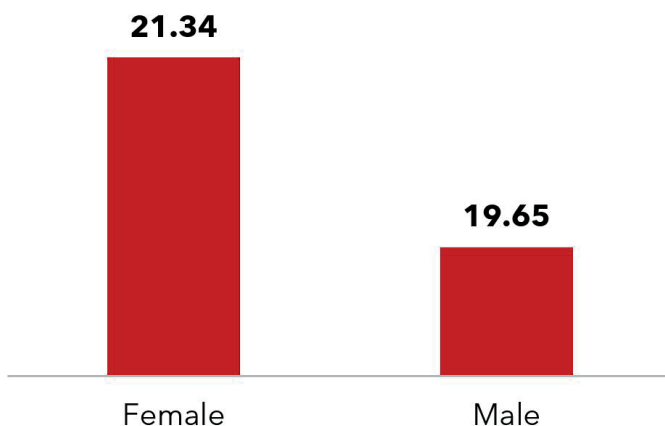
Graph 2

Average score of adjustment to telework across work settings (score ranging from 5 to 35)



Graph 3

Average score of adjustment to telework by gender (score ranging from 5 to 35)



The Canadian legal community's adjustment to telework: a mix of challenges and opportunities

Our analysis shows that telework adjustment varies according to the specific socio-demographic characteristics of the participants in the study. When we compare the level of adjustment to telework across professions, two findings emerge. First, telework adjustment levels for lawyers are lower than those of other professions identified in the study, namely Quebec notaries and Ontario paralegals. Secondly, Ontario paralegals have a higher level of adjustment to telework than Quebec notaries do. Graph 1 illustrates these differences.

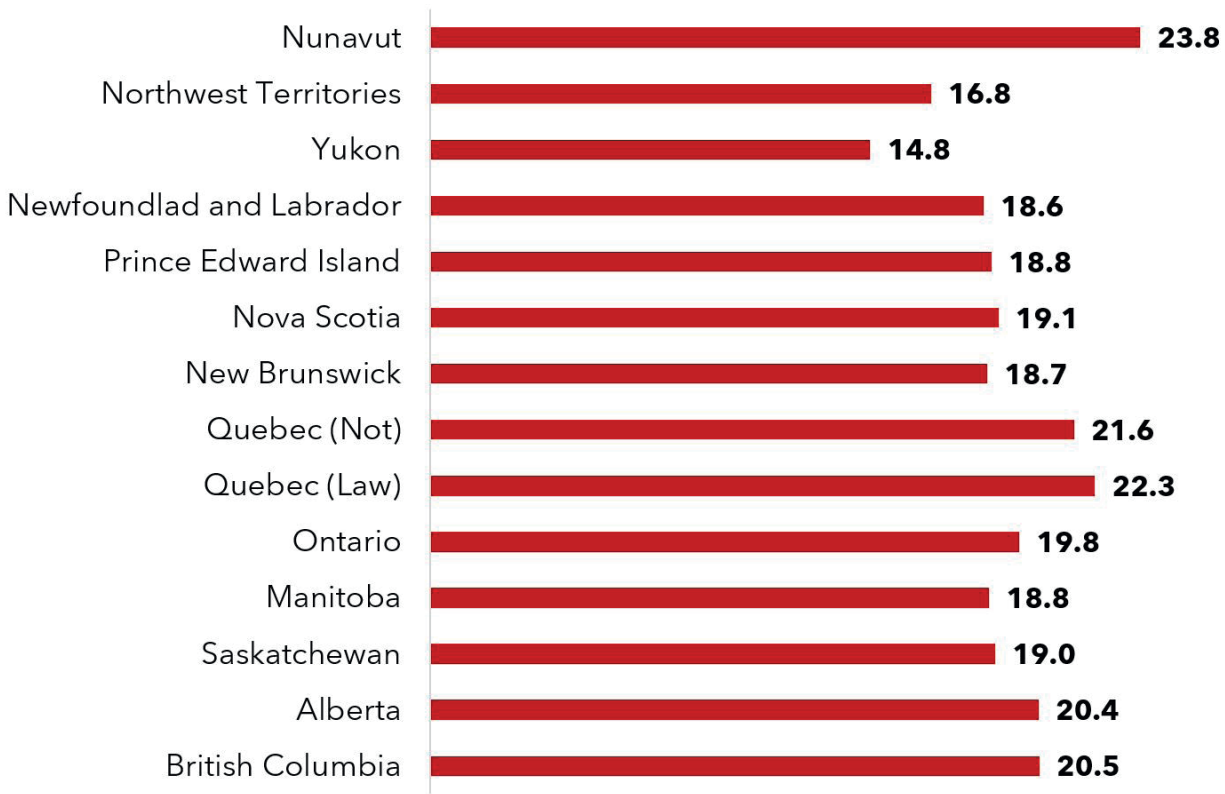
When examining the various work settings (whether public or NFPO, private practice, for-profit corporation, or education), many differences were observed in the respondents' levels of telework adjustment. As shown in Graph 2, members of the educational sector indicate the highest level of telework adjustment, followed respectively by those in for-profit corporations, those in the public sector or NFPO and those working in private practice, with the latter demonstrating the lowest level of adjustment to telework.

Finally, a remarkable difference emerges in telework adjustment levels between genders. Specifically, women have a significantly higher level of telework adjustment than men (see Graph 3).

To better understand the factors that affect respondents' levels of telework adjustment, we conducted further analysis, this time considering the respondents' province or territory (see Graph 4). Interestingly, lawyers in the Barreau du Québec and Quebec notaries have a higher level of telework adjustment than

legal professionals in several other provinces: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Prince Edward Island, and Newfoundland and Labrador. Finally, it should be noted that legal professionals in the Yukon and the Northwest Territories expressed the lowest level of telework adjustment. At the same time, Nunavut has the highest level of telework adjustment¹.

Graph 4
Average score of adjustment to telework by province and territory (score ranging from 5 to 35)

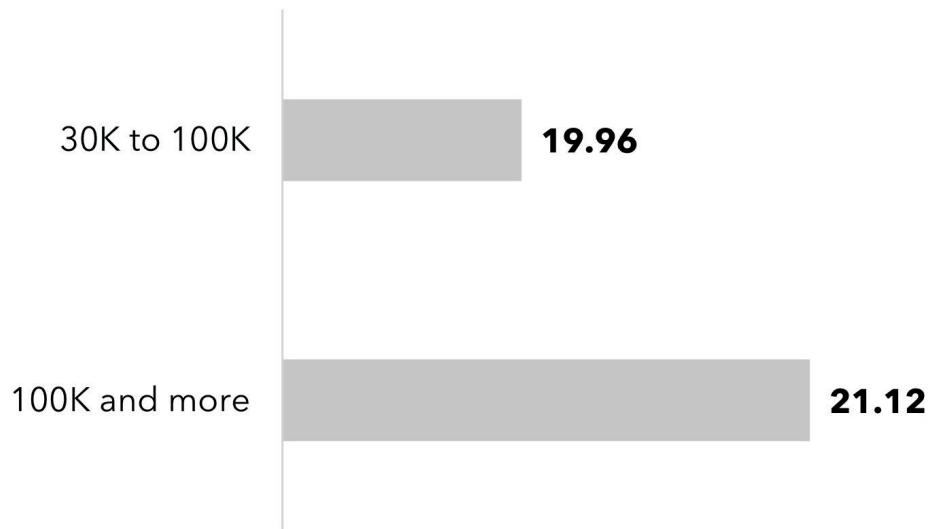


While there were variations across jurisdictions regarding adjustment to telework, we also observed other differences when considering the size of the city in which professionals teleworked. Indeed, the analysis revealed that respondents who reside in a city with more than 100,000 residents adjusted better to telecommuting than those in cities with 30,000 to 100,000 residents (see Graph 5 on the next page). Working in a large urban centre likely results in long and frequent commutes that may influence people's perceptions of telework. It is also possible that teleworking was perceived to be safer by people in larger cities more than by those in smaller cities, given the higher potential for COVID-19 contagion in larger urban centres. Overall, the positive elements of teleworking were likely more prevalent for legal professionals residing in larger cities.

1. It should be noted that the number of respondents from the Law Society of Nunavut remains relatively low compared to other provinces and territories. This under-representation makes the generalization of the results more difficult.

Graph 5

Average score of adjustment to telework by city size (score ranging from 5 to 35)

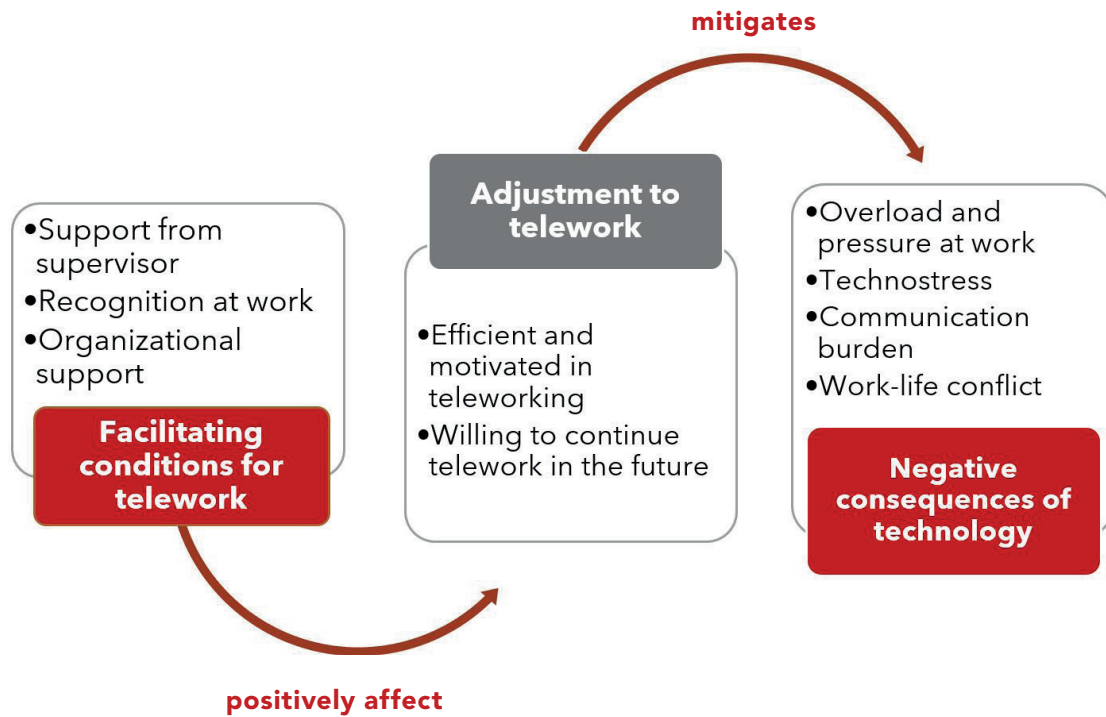


Additional analysis involved establishing relationships between the concept of telework adjustment and other variables associated with ICT use. This correlational analysis was necessary since, by definition, telework requires the use of ICTs. Interestingly, the respondents' ability to adjust to telework is related to several factors positioned as adverse outcomes of ICT. Specifically, the ability to adapt to telework is associated with a decrease in the level of technostress felt by legal professionals; it reduces their perception of technology-induced overload and pressure to work. This adjustment also contributes to a decline in the perception that technology adds a communication burden. By optimizing the teleworking experience, the ensuing adjustment may also be associated with a reduction in work–life conflicts. These results suggest that telework adjustment acts as a shield against many of the unhealthy and even dysfunctional consequences of ICT.

These findings raise a fundamental question: "How do we develop telework adjustment capacity in the legal profession?" The correlational analysis revealed that support from supervisor, perceived recognition at work, and organizational support during the COVID-19 pandemic are associated with improved telework adjustment capacity (see Figure 1 on the next page). The implementation of clear telework policies or the fine-tuning of existing ones, in synergy with a flexible management approach to telework, could improve the adjustment capacity of teleworkers, and thus promote the sustainability of this work arrangement.

Figure 1

Facilitating conditions and consequences of adjustment to teleworking



The **voice** of legal professionals



"My work place was very difficult to deal with when the pandemic restrictions first came into play. The schools closed and my employer threatened me with a cut in pay if I wasn't "willing" to come in to the office to work. Willingness had nothing to do with it--the schools and daycares were all closed, my in-laws are elderly and were vulnerable and unvaccinated [...]. It was ridiculous. I put in hundreds of extra hours working from home during the day and in the office in the evening to see my clients--there was zero appreciation from my workplace [...]."

"[...] Working remotely has completely cut off the casual mentoring I would receive if I were in office with my senior colleagues, and my firm has made next to zero effort to foster community or connection."

"I finished my articling term [...] and will start as an associate [...]. The articling term was all-consuming and very stressful. Working remotely was isolating and put strain on my relationship."

"La profession est en crise. Les avocats travaillent trop dur, sans aucune séparation entre leur vie privée et leur vie professionnelle. La pression pour facturer les heures est manifeste et les petits cabinets d'avocats n'offrent pas un meilleur équilibre travail-vie privée que les grands cabinets. La mentalité est la même. Les clients attendent des réponses hier. Le travail à domicile a exacerbé tout ce qui précède et a brouillé les lignes entre le travail et la maison. Les jours de vacances ne sont pas des vacances. Il y a toujours des courriels à vérifier, des urgences à gérer et de la culpabilité pour le travail qui n'a pas été fait."

"The pandemic has definitely created greater feelings of social and professional isolation for me. Working from home, while helpful, has also been problematic in terms of logistics and space/resource allocation within a family. I often feel that my family doesn't respect that my home office is now my law practice office and that can cause conflict. I miss actually being, physically, in court and interacting with other counsel and staff. And sometimes I feel like my skills have eroded, due to lack of use over this past year. Fundamentally, law is a collegial profession and right now, I just feel alone and concerned for the future. [...] Thanks for listening."

2.2.6 | AGILITY: A KEY FACTOR FOR THE WELLNESS OF CANADIAN LEGAL PROFESSIONALS



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2.2.6 | AGILITY: A KEY FACTOR FOR THE WELLNESS OF CANADIAN LEGAL PROFESSIONALS

Agility: refers to the ability of organizations, teams or professionals to adapt quickly to a dynamic environment where constraints and demands change quickly.

The importance of agility in legal organizations

Agility is a crucial component of organizational performance. The concept of agility was operationalized at the turn of the 21st century in information technology project management and software development (Fowler & Highsmith, 2001). Inspired by Lean Management approaches (Womack, 2002), agile approaches use various management principles and tools to improve client satisfaction, simplify business processes, improve team collaboration and increase the ability to adapt to internal and external changes.



Agility enables organizations and workers to cope with constant change in dynamic and volatile business environments. Unlike factories and other similar settings, firms that offer legal services cannot afford a high level of standardization and require a more flexible approach in terms of managing the work. Legal professionals must frequently juggle changing demands, particularly those imposed by external parties. For example, think of the transformations and increased pressures caused by the Jordan decision, a postponed trial, a change of plea from a client or any other significant change affecting how the work is organized.

These changes are bound to have a domino effect on workload and perceived pressure, and lead to increased stress and psychological distress. Combined with other stressors, agility is therefore essential for reducing, at the source, the constraints experienced by legal professionals, which account for most of the psychological health issues experienced.



Furthermore, the health measures from the last two years in response to the global pandemic have imposed additional constraints and challenges on organizations. The legal community has had to rapidly adapt to new realities such as teleworking, remote trials and secure electronic case management. Agility is an essential organizational capability for overcoming these challenges.

Beyond the performance-related benefits (Pulakos et al., 2019), agility can also positively affect the health and wellness of employees and managers, particularly in knowledge-based businesses (Fernandez & Fernandez, 2008). Agile work practices allow managers and employees to adjust more quickly to changes and unforeseen events, which in turn decreases their feelings of work overload, fatigue and stress while enhancing their commitment to the work and to the organization (Grant & Russell, 2020; Rietze & Zacher, 2022). Given that the pandemic context of the last two years has significantly impacted the health and wellness of professionals (OSMET, 2021), agility can be a powerful solution for organizations to help workers overcome the challenges of COVID-19 and adapt to health measures.

The scientific literature suggests that there are two distinct components of agility: internal and external agility (see Table 1). For this section of the report, we used a three-step analysis: 1) a descriptive and comparative analysis of agility among legal professionals, 2) an analysis of the effects of agility on the respondents' health indicators, and 3) an analysis of the elements that influence agility.

Table 1
Definition of both agility components

Concept	Definition
Internal agility	"A firm's ability in its internal business processes to physically and rapidly cope with market or demand changes" (Lu & Ramamurthy, 2011, p. 936).
External agility	"A firm's ability to quickly respond to/ capitalize on changes through continuously monitoring and quickly improving product/service to address customers' needs" (Lu & Ramamurthy, 2011, p. 936).

Agility among different occupational groups

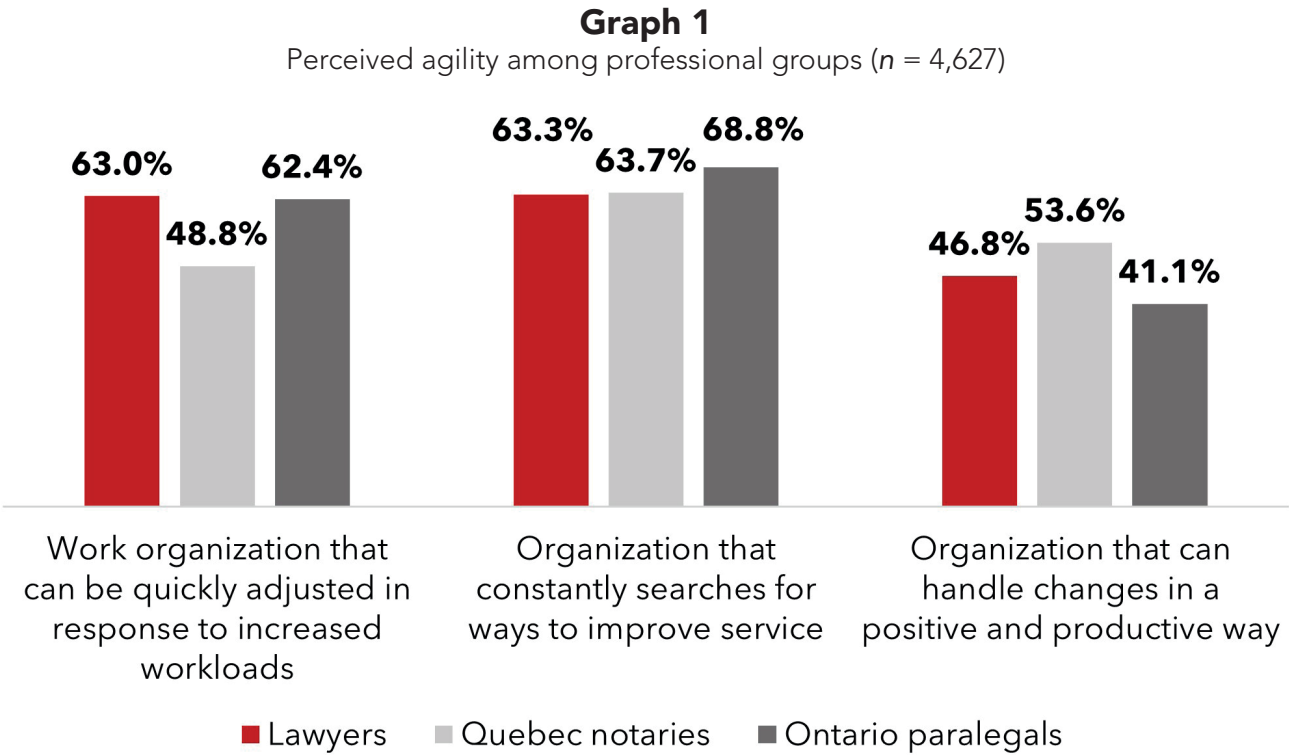
The data collected consisted of 5,205 responses regarding internal and external agility. Both variables were measured using summative scales ranging from 3 to 21.

The level of internal agility experienced by Quebec notaries is lower than that of other professions, with an average of 13.8/21, compared to 14.9 for lawyers and 15.4 for paralegals in Ontario. Since the data was collected during the pandemic, the results of Quebec notaries could be explained by

considering certain contextual elements, including a significant increase in the number of deaths and the overheating of the real estate market caused by the COVID-19 pandemic. However, although all the differences in averages are statistically significant, the association between **internal agility** and professional group remains tenuous.

The level of **external agility** is lower for lawyers than for other professions. The average perceived external agility for lawyers is 13.7/21, compared to 14.1 for Quebec notaries and 14.6 for Ontario paralegals. Again, as was the case with internal agility, although there are statistically significant differences between occupations regarding external agility, these differences remain small.

Graph 1 does, however, allow for a more in-depth look at certain interesting phenomena. First, a smaller proportion of Quebec notaries (48.8%) appear to adapt quickly to an increase in workload (compared to 63.0% and 62.4%, respectively, for lawyers and paralegals). Second, all occupational groups show a similar proportion of organizational willingness to improve services for their clients. For example, 63.3% of lawyers, 63.7% of Quebec notaries, and 68.8% of Ontario paralegals believe their organization is continually looking for ways to improve their services. Finally, of all the professional groups, paralegals were less likely to feel that their organization deals with change positively. For example, 46.8% of lawyers and 53.6% of Quebec notaries, compared to 41.1% of Ontario paralegals, felt that their organization could use external changes (e.g., political, social, legal) as concrete opportunities for improving the organization of work and the services offered. In other words, for a significant proportion of all participants, the organizations where they work sometimes have difficulty reorganizing work in response to external changes.



The public sector — generally less agile

A descriptive analysis was also carried out based on work setting. The data collection yielded 4,907 responses regarding internal and external agility with one of the following two work setting options¹:

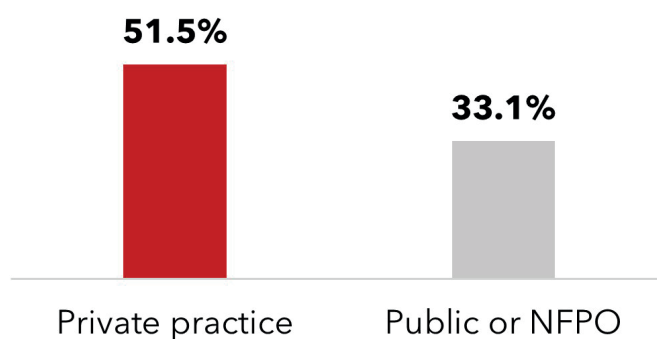
1. private practice;
2. public sector or NFPO.

The results show that legal professionals in the public sector or NFPO work in environments with statistically lower internal and external agility than those in private practice. Specifically, on average, perceived internal and external agility in the public sector or NFPO are about 14% and 18% lower, respectively, than in private practice.

However, a closer look at the results of the analysis reveals significant differences between legal professionals working in the public sector or NFPO and those in private practice. In general, perceived agility is significantly higher in private practice than in the public sector. In particular, according to the data collected, only 33.1% of legal professionals working in the public sector or NFPO believe that their organization sees changes (political, social, legal, etc.) as opportunities for improving their services, as opposed to 51.5% of legal professionals working in private practice (see Graph 2).

Graph 2

Proportion of legal professionals who feel that their organization can handle changes in a positive and productive way, by work setting (n = 4,379)

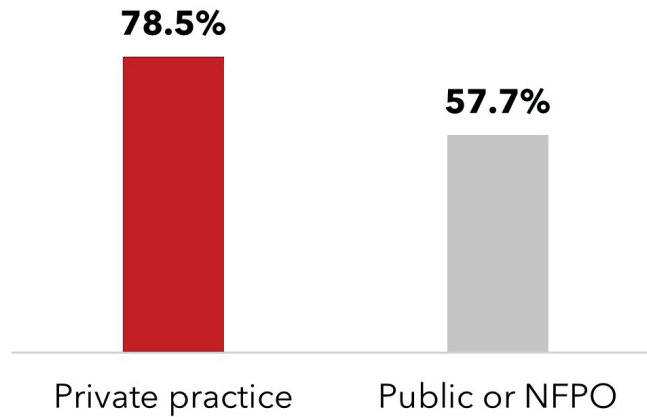


The difference between legal professionals working in the private practice and working in the public sector or NFPO can also be seen in the gap between their perceived ability of the organizations they work for to implement solutions quickly. Specifically, only 57.7% of legal professionals working in the public sector or NFPO see their organization as agile in implementing solutions to changes from clients or partners (external to the organization). This is a significant difference from the private practice, where this proportion is 78.5% (see Graph 3 on the next page).

1. Note that the legal professionals working in for-profit organizations and in education were excluded from the analyses because the samples were too small.

Graph 3

Proportion of legal professionals who feel that their organization can rapidly implement solutions in response to external changes, by work setting ($n = 4,379$)

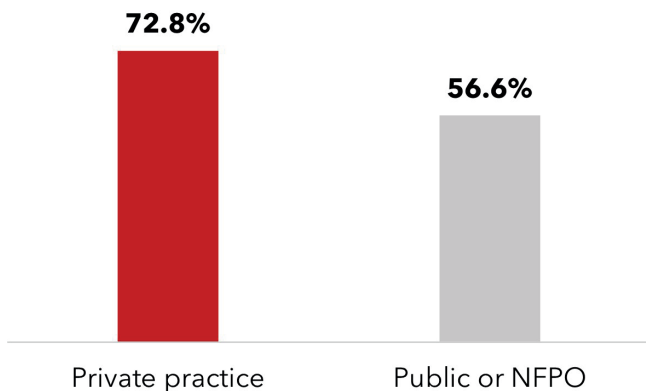


This agility disparity is also observed in how participants perceive their organization's ability to adjust quickly, in daily practice, to increased workloads or disruptions that impact how work is organized. More precisely, only 56.6% of people working in the public sector or NFPO believe their organization can adjust quickly to events disrupting the organization of daily work, compared to 72.8% of people working in private practice (see Graph 4). A similar pattern emerges regarding the ability to adjust quickly to an increased workload. Only 51.5% of people from the public sector or NFPO rate this ability favourably, as opposed to 67.7% of people working in private practice (see Graph 5).

The results presented above are not very surprising. Public sector organizations are known to be less agile than private companies, mainly because they typically have fewer resources available. As we will see below, lack of resources is an important factor in the decrease of agility at work as perceived by legal professionals.

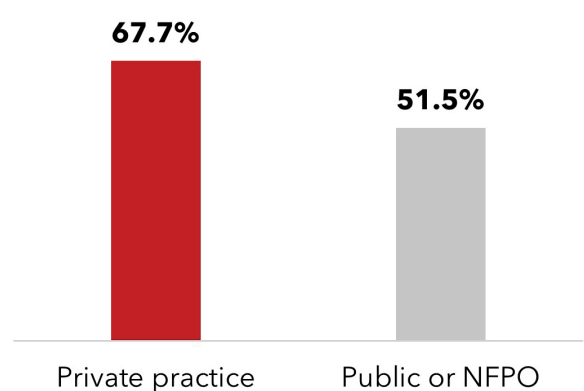
Graph 4

Proportion of legal professionals who feel that their organization is agile in handling disruptions to how their work is organized, by work setting ($n = 4,379$)



Graph 5

Proportion of legal professionals who feel that their organization is agile in responding to increased workloads, by work setting ($n = 4,379$)



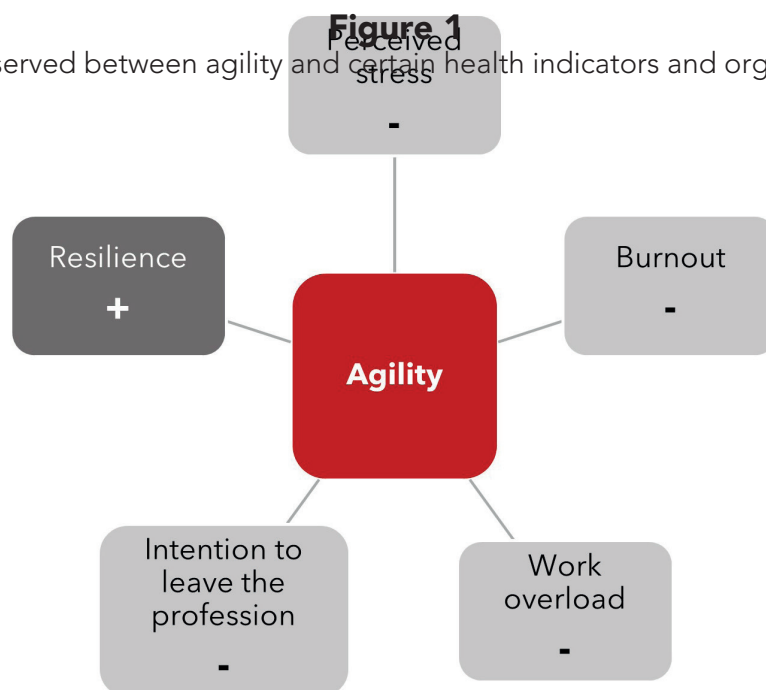
How agility can contribute to health and wellness

Figure 1 shows agility's observed effects on certain health indicators and determinants. It is clear from Figure 1 that internal and external agility are associated with lower levels of perceived stress by individuals. Thus, a legal professional who works in a more agile workplace will tend to have a lower level of perceived stress. Figure 1 also shows that, on average, legal professionals who work in an environment where management is more agile experience symptoms of burnout less often. Internal and external agility are also associated with lower levels of work overload and intention to leave the profession. That being said, an environment where the work is organized flexibly and responsively allows for a better response to unforeseen events in the business environment. This contributes to lower levels of stress and burnout among legal professionals, since they can cope with change by expending a more reasonable level of effort. Agility allows professionals to handle administrative or operational problems that can otherwise generate frustration and quickly drain efforts and resources without creating added value in their daily life. The observed positive effects of agility on legal professionals' perceived stress, burnout, work overload and intention to leave confirm its importance.

In contrast, agility seems to be associated with higher resilience in the individual, allowing them to cope with difficult situations with greater ease. More specifically, internal and external agility are both associated with increased resilience in the individual. Thus, an individual who works in an environment where work is more agile will tend to have a greater ability to bounce back from stressful situations, adapt to stressful circumstances, and function at a higher level despite stress and adversity.

The effect is twofold: agility is associated with better health and wellness, while also promoting resilience.

Figure 1
Main effects observed between agility and certain health indicators and organizational factors



Autonomy, resources, and support: essential elements of agility

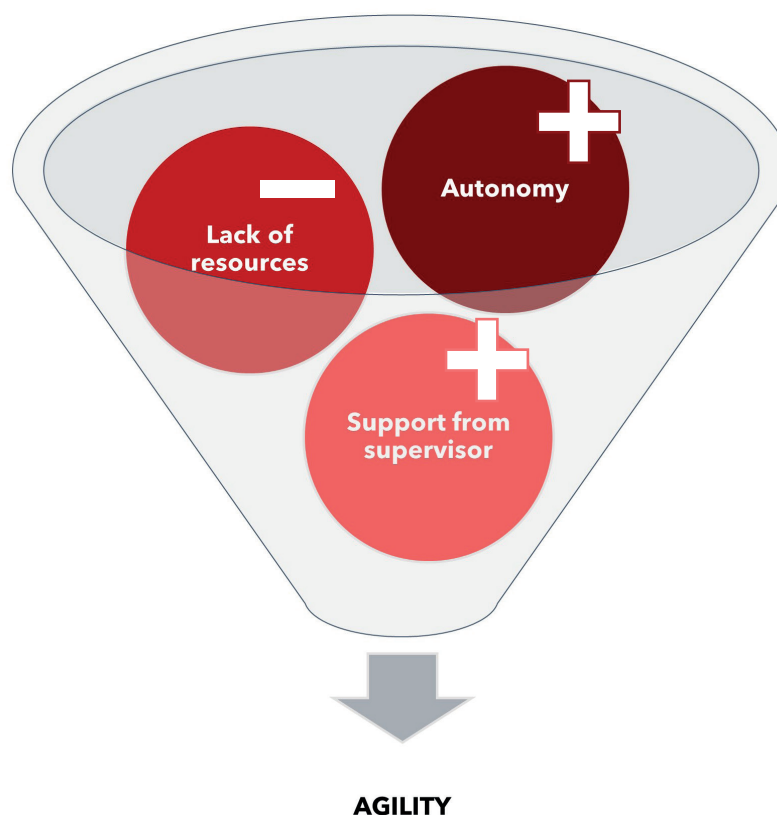
Figure 2 highlights three determinants that have statistically significant impacts on the level of internal and external agility experienced by the respondents.

First, the data show that autonomy is associated with higher internal and external agility levels. Thus, autonomy promotes quickly responding to and efficiently handling unexpected events. Therefore, autonomy seems to contribute to agility among respondents.

Secondly, lack of resources plays an important role in internal and external agility, as it is significantly associated with lower levels of both. To adjust quickly to internal and external changes in the business environment, workers must have access to the necessary physical, technological and professional resources. For example, the new reality of teleworking means that organizations must be mindful of providing employees with the necessary resources and support to perform their tasks at home. In this respect, it is unsurprising that a lack of resources is associated with reduced agility.

Thirdly, the individual's perceived support from their supervisor(s) was also identified as a significant determinant of agility. Particularly, a perceived low level of support from supervisor is linked to decreased internal and external agility, requiring the worker to act quickly when confronted with an unexpected event, and sometimes to take risks due to missing information. When they feel supported by their supervisor, they are more inclined to take rapid action.

Figure 2
Determinants that affect agility



Conclusion

The business environment of the legal community is dynamic and volatile. From relationships with clients and other members of the legal profession to legislative changes, legal professionals often face uncertainty, so they must be able to adapt, make decisions and execute them quickly. Over the last two years, due to the COVID-19 pandemic and the associated health measures, the legal world has also experienced a profound reconfiguration of its workplace landscape. This transformation has had many adverse effects on Canadian legal professionals, particularly in terms of health and wellness.

Our results support the principle that organizations and the legal community must pay considerable attention to how their work is organized. The legal services business environment requires a high level of agility. When legal professionals have autonomy, which contributes to that agility, the positive effects on their health and wellness are quite apparent.

2.2.7 | WORKING WITH CLIENTS: THE RISK OF COMPASSION FATIGUE



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2.2.7 | WORKING WITH CLIENTS: THE RISK OF COMPASSION FATIGUE

Compassion fatigue: refers to a phenomenon experienced by those providing care to others. It involves a state of tension and preoccupation with the suffering of those being cared for, to the point of creating traumatic stress for the caregiver (Figley, 2020).

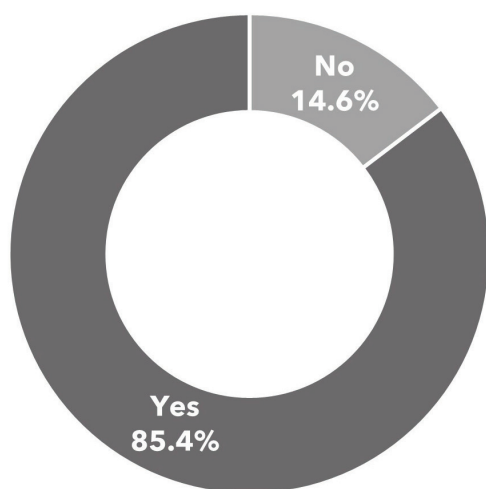
Between satisfaction and fatigue: understanding how compassion affects Canadian legal professionals

Compassion fatigue is a phenomenon that may be observed among legal professionals who interact closely with clients, and is particularly prevalent when emotional demands are high. In our sample, 85.4% of participating professionals work directly with clients, as shown in Graph 1.

Compassion fatigue began to draw the interest of the scientific community in the early 1990s. Initially, compassion fatigue was studied among professionals with high exposure to traumatic stress, such as physicians. Later studies were broadened to include other professionals, such as lawyers, who face recurrent emotional demands from their interactions with clients.

Graph 1

Proportion of participants who work directly with clients ($n = 6,286$)



"The meaning of compassion is to bear suffering. Compassion fatigue, like any other kind of fatigue, reduces our capacity or our interest in bearing the suffering of others"

(Figley, 2002, p. 1 434)

The compassion experienced by a professional who is exposed to the suffering of a distressed client is likely to generate three elements: compassion satisfaction, burnout, and secondary traumatic stress (vicarious trauma). Why "satisfaction"? The answer lies in a paradox at the core of the concept of compassion. On the one hand, professionals who help clients in distress derive a sense of fulfillment from doing their job well.

They feel they are making a positive contribution to society by helping others in need. On the other hand, professionals who are exposed to these intense emotional demands are more likely to deplete their resources and experience frustration and anger. Moreover, exposure to traumatic situations is likely to take its toll, since the professional is unlikely to forget traumatic client situations experienced at work. Figure 1 presents the different parts of this complex and still emerging phenomenon as studied by the scientific community. Table 1 then defines each of the components illustrated in Figure 1.

Figure 1
Illustration of the effects of compassion in relationships with clients

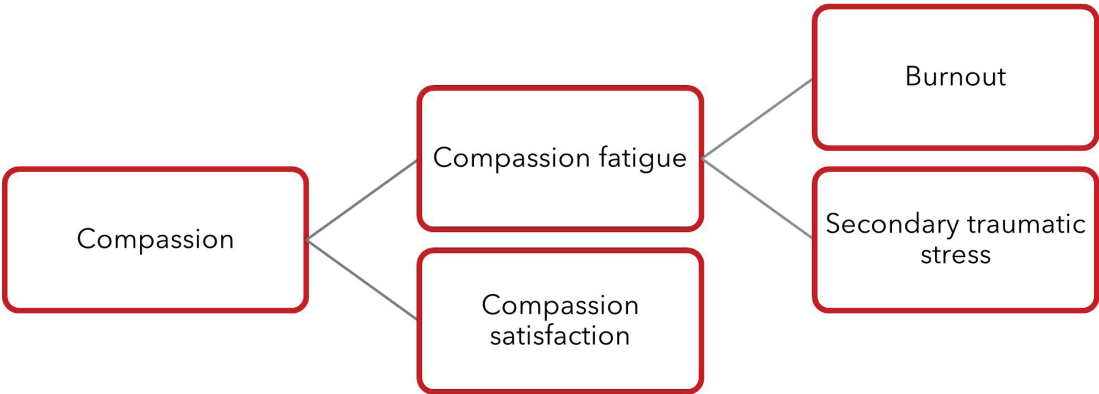


Table 1
Definition of the components associated with compassion

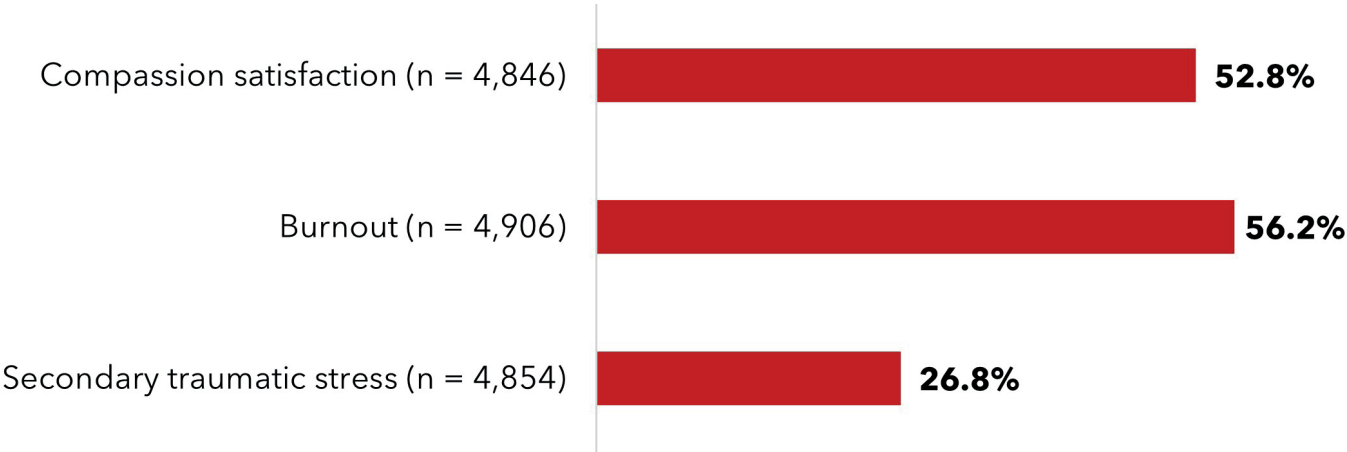
	Concept	Definition
Satisfaction	Compassion satisfaction	"Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society." (Stamm, 2010, p. 12)
Fatigue	Burnout	"[B]urnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment." (Stamm, 2010, p. 13)
	Secondary traumatic stress	"[Secondary Traumatic Stress] is about work-related, secondary exposure to people who have experienced extremely or traumatically stressful events. The negative effects of STS may include fear[,] sleep difficulties, intrusive images, or avoiding reminders of the person's traumatic experiences." (Stamm, 2010, p. 13)

Scope of the phenomenon and risk profiles

As with other health indicators, it is possible to analyze the occurrence of compassion fatigue and the intensity of the symptoms within the Canadian legal community. Graph 2 reveals that the participating professionals derive considerable satisfaction from the compassion in their relationships with clients. In fact, 52.8 % of the legal professionals surveyed felt good after helping others in their professional capacity.

Graph 2

Proportion of legal professionals affected by the components of compassion in the client relationship

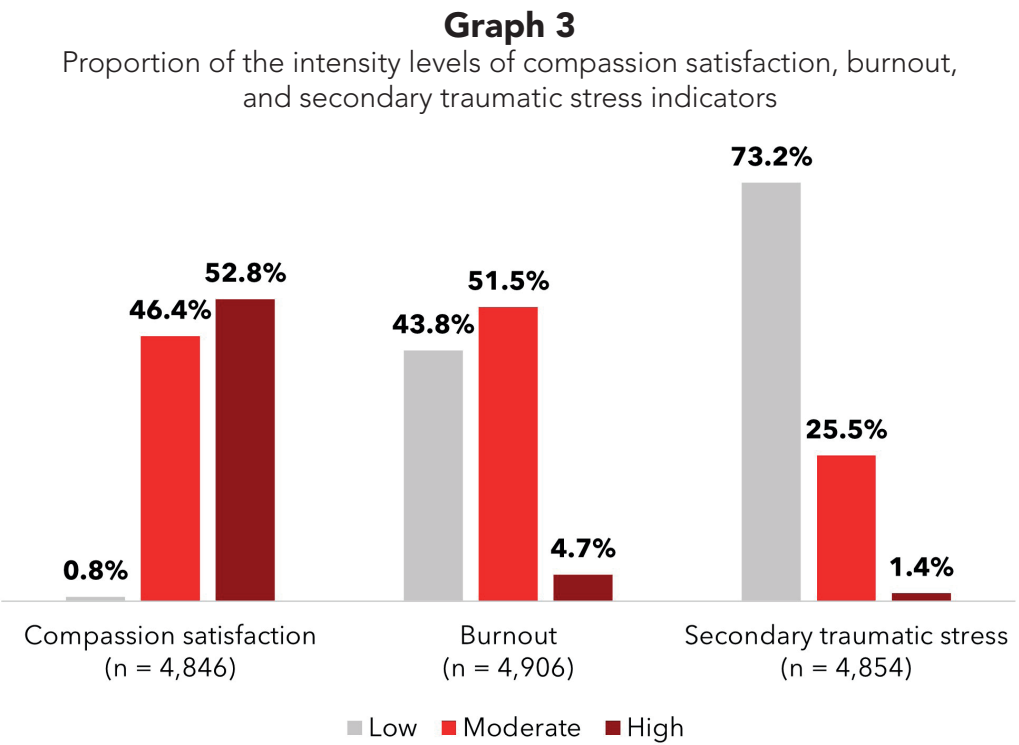


Did you know?

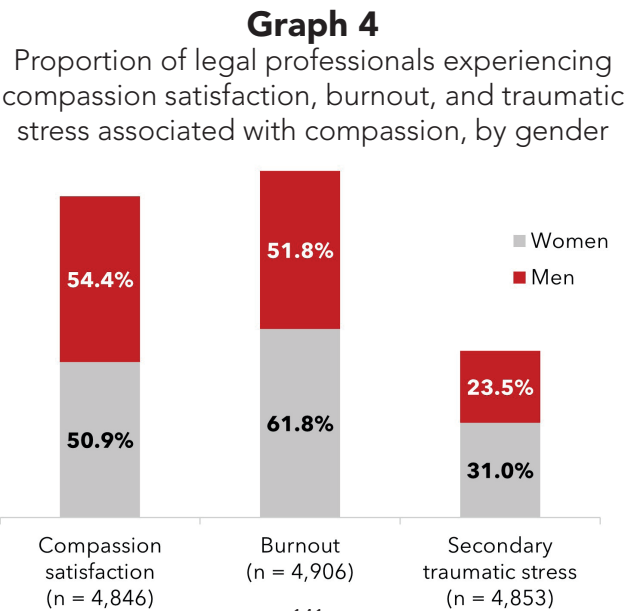
As opposed to empathy, compassion increases the activity of brain areas involved in dopaminergic reward and oxytocin-related affiliative processes and enhances positive emotions in response to adverse situations. (Klimecki et al., 2013).

Despite the satisfaction derived from compassion, legal professionals may also gradually drain their emotional resources until they experience burnout from this compassion; this applies to 56.2% of participants. In some more extreme cases, exposure to suffering can draw professionals into secondary traumatic stress, whereby they involuntarily and continuously recall the suffering of their clients, even to the point of dreaming about it or experiencing intrusive thoughts. Although less common, this phenomenon still affects 26.8% of the 4,854 participants working with clients. This means that more than one in four legal professionals are exposed to secondary traumatic stress. While this proportion may seem high, secondary traumatic stress is less prevalent among legal professionals than among health professionals such as nurses (Zhang et al., 2018). Indeed, a meta-analysis conducted in 2018 found that more than 50% of nurses may be affected by secondary traumatic stress (Zhang et al., 2018). However, it is worth noting that the same study found that the proportions of exhaustion (52.5%) and satisfaction (47.5%) were comparable to those observed among the legal professionals participating in this study.

As shown in Graph 3, when we consider the intensity of the different phenomena associated with compassion, we see that many professionals working with clients experience moderate to high satisfaction in this exchange relationship. As Graph 3 demonstrates, participants affected by burnout and secondary traumatic stress are predominantly affected by moderate symptoms. In contrast, a small proportion is affected by severe symptoms for both indicators.



In Graph 4, we can see that compassion is not exclusively a women's issue. The figures highlight that more men than women practitioners experience compassion satisfaction (54.4% for men compared to 50.9% for women). Women are more negatively impacted than men practitioners in this relationship with clients. Graph 4 shows that 51.8% of the men surveyed experience burnout; this proportion rises to 61.8% for women. In addition, 31.0% of women legal professionals experienced secondary traumatic stress, as compared to 23.5% of men.

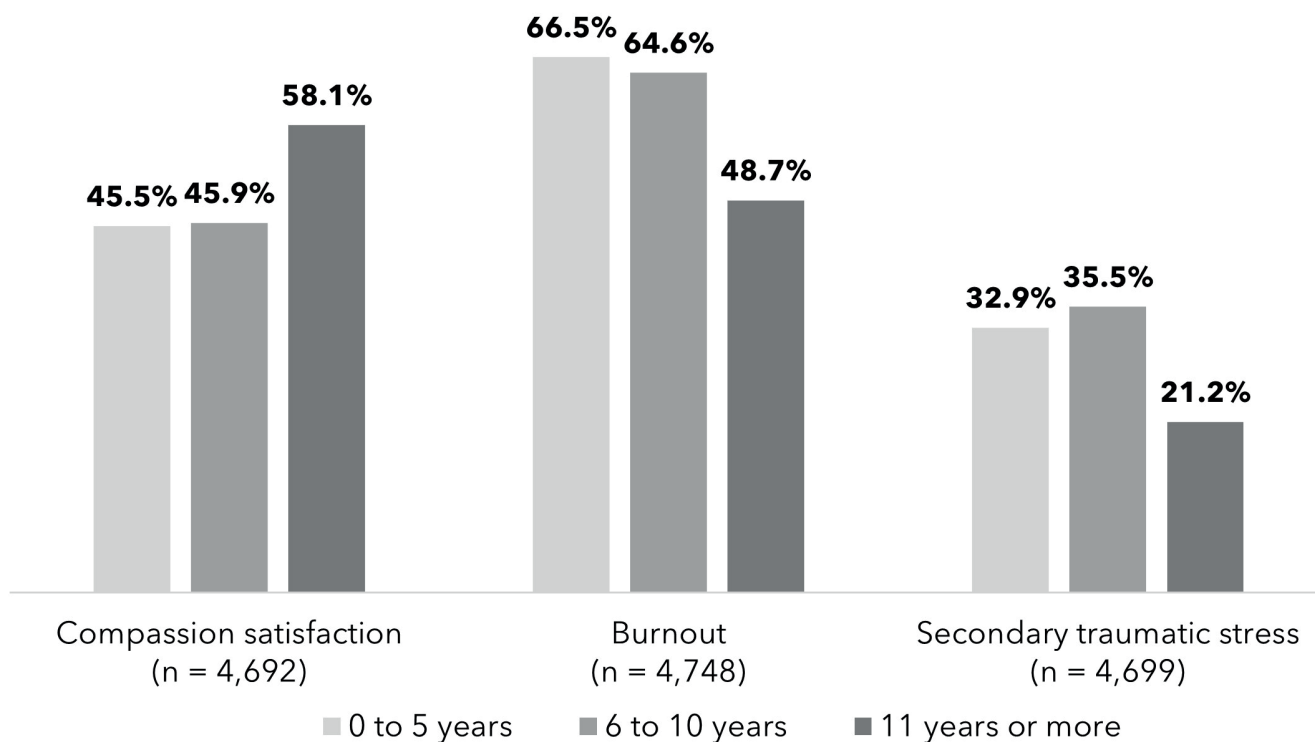


Lastly, when analyzing compassion satisfaction, burnout, and secondary traumatic stress looking specifically at the participants' years of experience, it is not surprising that gaining experience appears to have a protective effect. However, much of our analysis suggests that this protective effect is slow to emerge, as shown in Graph 5:

- Compassion satisfaction plateaus in the first 10 years of practice, then increases significantly after 10 years of practice.
- Burnout experienced by professionals remains relatively stable during the first 10 years of their careers. Although it decreases slightly after five years, it is at 10 years of experience that it decreases significantly.
- The cumulative effect of the first five years of experience causes the secondary traumatic stress to increase in practitioners with six to ten years of experience, then decreases sharply after that.

Graph 5

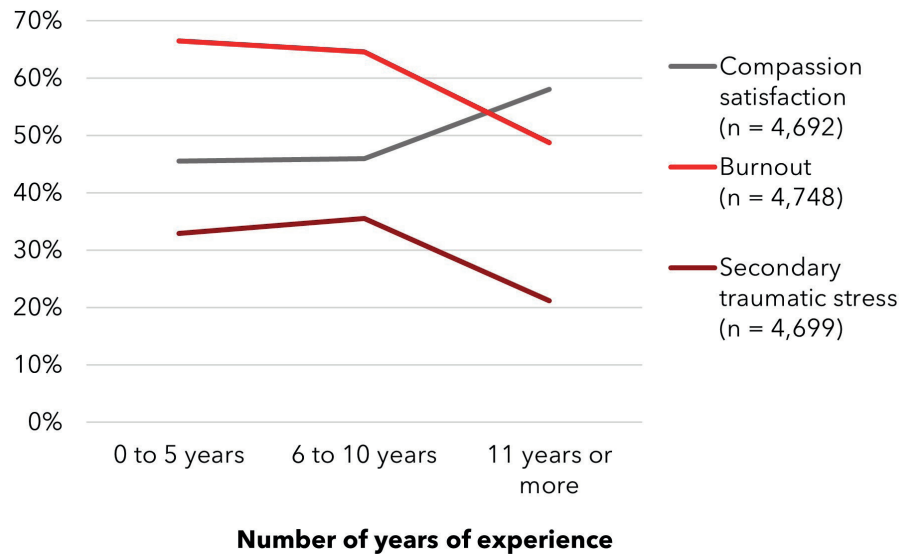
Proportion of legal professionals experiencing compassion satisfaction, burnout, and traumatic stress, by years of experience



Hence, as shown in Graph 6, it is only after 10 years of experience in law that the benefits of compassion (compassion satisfaction) outweigh its adverse effects (compassion fatigue, including burnout and secondary traumatic stress).

Graph 6

Evolution of the proportion of intensity levels indicators associated with compassion over the course of career

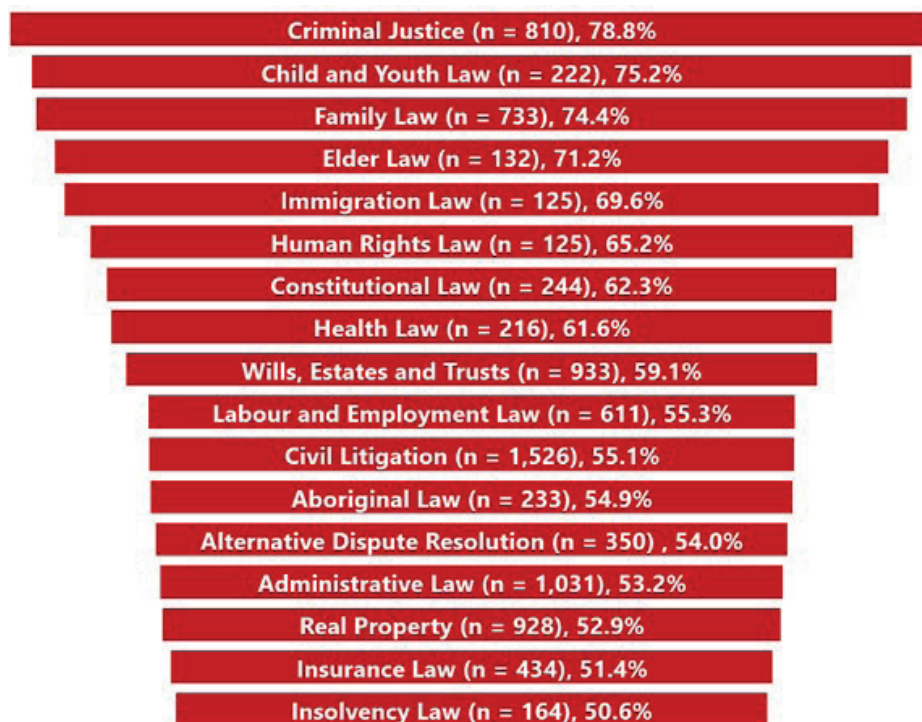


The compassion paradox in areas of practice with high emotional demands

The compassion required of professionals is particularly called upon when the emotional demands at work are intense. Graph 7 shows the areas of legal practice that are most prone to these high emotional demands among the survey participants.

Graph 7

Areas of practice with most exposure to high emotional demands in the sample



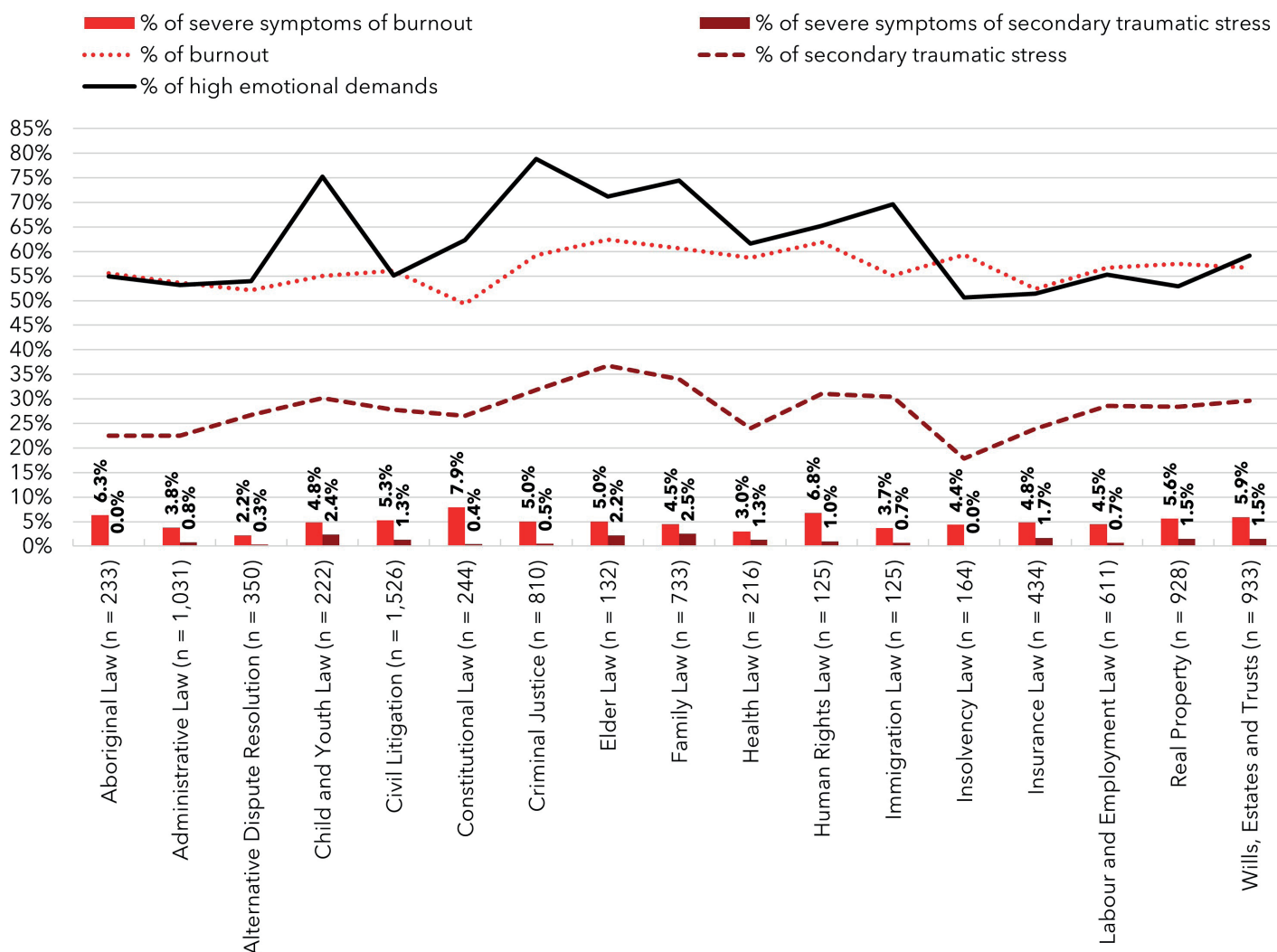
Note. Only practice areas with a minimum of 100 or more participants and for which more than 50% of participants reported high emotional demands were considered for analysis.

Professionals working in criminal law, children's law, family law and elder law are the professional groups most exposed to high emotional demands, with proportions exceeding 70%. However, several other areas of practice follow closely behind and are therefore highly exposed, with proportions exceeding 50%. These statistics are not without consequence. First and foremost, as discussed in section 2.2.1 of the report, emotional demands in legal practice appear to be the risk factor with the most significant impact on professionals' health. Secondly, as shown in Graph 8, the variation in emotional demands across areas of practice appears to synchronize with the variation in burnout and secondary traumatic stress.

In Graph 8, the dark line indicates the prevalence of high emotional demands for each of the areas of practice with a proportion of high emotional demands exceeding 50%. For its part, the dotted red curve shows the proportion of burnout observed for each area of practice. The lowest curve (in dark red) shows the prevalence of secondary traumatic stress. When we examine the three lines, both burnout and secondary traumatic stress tend to follow the same pattern as high emotional demands throughout the areas of practice. In general, the higher the emotional demands, the higher the two

Graph 8

Prevalence of indicators of compassion burnout and secondary traumatic stress for selected areas of practice most exposed to intense emotional demands



indicators associated with compassion fatigue. Lastly, Graph 8 shows the proportion of professionals exposed to severe symptoms of burnout and secondary traumatic stress.

All things being equal, Table 2 presents compassion's relative impact on Canadian legal professionals' mental health. More specifically, Table 2 analyzes the impact of constraints (block 1), resources (block 2) and compassion (block 3) while considering gender and experience (block 4) on the following health indicators: perceived stress, psychological distress, anxiety, depressive symptoms and burnout. For the purposes of our analysis, only the four constraints and four resources with the greatest impact on the health indicators were included. Variations of R2 (ΔR^2) indicate the proportion of the variation in the mental health indicator resulting from the factors included in the blocks.

Table 2

Impact of indicators associated with compassion satisfaction, burnout, and secondary traumatic stress on health indicators, controlling for key constraints and resources, gender, and experience

(n = 1,922)		Perceived stress	Psychological distress	Anxiety	Depressive symptoms	Burnout
ΔR^2		Constraints				
		30.0% of contribution	32.2% of contribution	25.3% of contribution	27.8% of contribution	46.6% of contribution
	Emotional demands	↑	↑↑	ns	ns	↑↑↑
	Qualitative overload	↑↑↑	↓	ns	ns	↑↑↑
	Quantitative overload	↑↑↑	↑	ns	ns	↑↑↑
	Job insecurity	ns	↑↑↑	↑↑	↑↑↑	↓↓↓
ΔR^2		Resources				
		+ 4.0% of contribution	+ 4.1% of contribution	+ 2.8% of contribution	+ 3.9% of contribution	+ 7.2% of contribution
	Autonomy	↓↓↓	ns	↓↓	ns	↓↓↓
	Support from supervisor	ns	ns	↑↑	↑↑	ns
	Support from colleagues	↓↓↓	↓	ns	↓↓	ns
	Consistency of values	↑↑↑	ns	↑↑↑	ns	ns
ΔR^2		Compassion				
		+ 16.4% of contribution	+ 24.6% of contribution	+ 22.7% of contribution	+ 22.8% of contribution	+ 20.7% of contribution
CF*	Compassion satisfaction	ns	ns	ns	ns	↓↓
	Burnout	↑↑↑	↑↑↑	↑↑↑	↑↑↑	↑↑↑
	Secondary traumatic stress	↑↑↑	↑↑	↑↑↑	↑↑↑	↑
ΔR^2		Sociodemographics				
		+ 2.7% of contribution	+ 1.5% of contribution	+ 1.4% of contribution	+ 0.1% of contribution	+ 0.7% of contribution
	Gender - men	↓↓↓	ns	↓↓↓	ns	↓↓↓
	Experience	↓↓↓	↓↓↓	↓↓↓	ns	↓↓↓

Note. ns means that the relationship is nonsignificant; ↓ implies that the determinant associates with a decrease in the indicator; ↑ implies that the determinant associates with an increase in the indicator.

*CF: abbreviation that stands for Compassion Fatigue, the latter being the addition of the dimensions 1) burnout and 2) secondary traumatic stress.

Table 2 reveals that when constraints are accounted for, the effects of compassion seem to outweigh the protective effect of resources. The data show that 16.4% of the variation in perceived stress is due to compassion satisfaction and compassion fatigue. Similarly, compassion accounts for 24.6% of the variation in psychological distress, 22.7% of anxiety, 22.8% of depressive symptoms and 20.7% of burnout.

Even more alarming data show that specific resources that normally act as protective factors for legal professionals' health, such as consistency of values, are associated with increased perceived stress and anxiety ($p \leq .001$) when the effects of compassion are considered. This result highlights the reasoning that professionals whose values are consistent with those of the workplace may be more likely to engage in the helping relationship with their clients. Although professionals experience satisfaction in almost all cases, this satisfaction is not significant in accounting for health indicators—except for depression, where compassion satisfaction was associated with a decrease in depressive symptoms among participants.

Other observations include the paradoxical effect of support from supervisor, where increased support appears to be significantly associated with anxiety and depressive symptoms. However, considering the difficulties associated with talking openly about mental health in many professional settings, it seems plausible that this result may be explained by the fact that professionals most affected by anxiety and depressive symptoms tend to seek out support from supervisor, thus explaining the mathematical synchronicity between these factors.

Lastly, the widespread and significant effect of compassion fatigue on all mental health indicators studied cannot be overstated. These findings highlight the importance of adequately preparing professionals to deal with high emotional demands. They also highlight how important it is for legal professionals to update their skills throughout their career to benefit from the positive effects of compassion while minimizing its detrimental effects on their health.

The **voice** of legal professionals



"Late in life, I tried to be more buddhist in my approach to the practice of law, and being more mindful, but nothing in my view prepares you or can prepare you for the sheer volume of work that comes along [my area of practice], much less the damaged people that we deal with on a daily basis. I presently carry over [x] cases, and the past two weeks have dealt with [case high emotional demands]. The following week I did a [other case high emotional demands]. Each day you think you've reached the bottom of the septic tank of humanity but you don't. And then you get judges who issue crazy decisions or yell at you for doing your job and generally being miserable because they can. It is great to be able to talk about these things instead of sweeping it under the rug but at the end of the day the system is constructed in a manner where all of this will be perpetuated on and on and on. It is the system, not the people in it necessarily. And that's never gonna change."

"I am a criminal lawyer. As such I and my colleagues are routinely exposed to cases involving gruesome death and violence. I have been practicing for [x] years. I am somewhat used to the daily exposure to difficult material. I am concerned that at some point, I may develop PTSD. I don't currently have any symptoms of this condition. I am concerned that not enough is done for younger lawyers, who often work alone, to ensure there is adequate support for the mental trauma our jobs produce."

"I practice family and child protection law & both my work and my life would be better if I could have direct support from trained professionals about the very emotionally distressing work I do. Without that piece, I find lawyers are very limited in our ability to access mental health resources because our counsellors do not understand our work and we cannot explain it. This is especially true when lawyers come to the profession with experiences of violence, trauma, mental health & substance issues — vicarious trauma really affects us."

"I think the issue in Criminal Law has mostly to do with Vicarious Trauma and PTSD. You see things which are just far beyond the ken of a normal nine to five job. Conduct which knocks off kilter one's sense of right and wrong (good and evil). It's like living in a Cormac McCarthy novel. Knowing one person who has died of suicide arising from PTSD [...]. Knowing that the deceased was strikingly like the rest of us tells us that we are all vulnerable to this illness. By observing the above I do not mean to diminish the role of anxiety and depression that are often found in "helping" professions. Thank you for undertaking this important work."

"I have a counsellor on retainer and I meet with him every [regularly]. Every family law practitioner should be required to have this because of vicarious trauma. I do not see this as a weakness but the opposite as a necessity to deal with processing so much vicarious trauma. I feel like we talk about this

a lot but there are not supports in place to facilitate it. [...] I have no benefits so paying for all my family medical, dental, and health needs on one salary is difficult. It would be helpful if the profession itself put some money into supporting a counsellor of choice for up to [x] sessions a year."

"Mes réponses à plusieurs questions auraient été très différentes il y a quelques années. Pendant plusieurs années mes responsabilités professionnelles ont eu un impact négatif sur ma vie personnelle alors que je m'inquiétais de façon régulière (quasi quotidienne) pour mes client(e)s. J'ai ainsi développé un problème d'anxiété alors que je sentais que ma vie était entièrement absorbée par mon travail (non pas au niveau des heures de travail mais plutôt au niveau émotif parce que je n'arrivais pas à faire la coupure et continuais à penser à mes dossiers soirs et weekends). J'ai finalement parlé à mon médecin et consulté un psychologue (la recherche d'un psychologue en soi a été très difficile et j'ai dû attendre plusieurs mois avant de pouvoir obtenir un rendez-vous car la plupart d'entre eux avaient une liste d'attente). J'ai atteint un point où je voulais tout simplement abandonner la profession et me réorienter dans un autre domaine. Le compromis dans mon cas est que j'occupe depuis quelques années un poste avec beaucoup moins de contacts avec les clients et davantage de tâches administratives, ce qui a considérablement amélioré ma situation (poste qui m'occasionne encore de grandes périodes de stress mais pas de façon aussi constante et continue que mon poste précédent). Depuis un certain nombre d'années, j'observe avec optimisme une ouverture à parler du stress et autres défis associés à notre profession, ce que je ne voyais pas en début de carrière. C'est encourageant. Merci!"

"It was helpful and insightful to do this survey. There was one section I found really emotional, and it was where I answered questions about the satisfaction I get from my work. I think this is a key to our mental health, because most lawyers want to help people and enjoy giving help. The problem arises when we must do that with unhealthy people, victims of abuse, and people with extremely difficult problems due in part to their own upbringing and life circumstance. We WANT to help these people, and identify with them as a result of that, BUT IT IS VERY HARD ON US when things don't always go their way. I love my work, but it is killing me slowly. [...]"

2.3 | BEYOND PROFESSIONAL PRACTICE: HOW PERSONAL LIFE AND FAMILY FACTORS AFFECT WELLNESS

Although work–life balance, and the challenges to achieving it, were already a major concern prior to the pandemic, the health crisis has certainly contributed to the merging of stressors from different spheres of life. In addition to this fusion of stressors, the sudden nature of unplanned telework has contributed to a feeling of disorganization, and even increased stress for legal professionals who must balance all the stressors arising from the pandemic situation: use of new technological tools, forced remote work, closures of daycare centres, loss of family support, the need for homeschooling, and so on.

Family, and more generally life outside of work, is foundational to an individual's health. In the past, it was often asserted—unrealistically—that professionals should leave their personal problems at the door to the office. Today, no one doubts the relevance of personal life to an individual's professional development. Indeed, many organizations now seek to attract new talent by specifically promoting their work–life balance policies.

Many factors increase pressure on the personal lives of professionals and create conflicts between the demands that arise from their different spheres of life. In the life outside of work, we can identify dual-career couples, lack of support outside of work, caregiving roles, parenthood, and even single parenthood. On the work side, there is work overload, long working hours, lack of flexibility in how work is organized, pressure induced by performance targets, and advances in technology that in recent years have increased the permeability between the spheres of an individual's life.

The following sections examine the impact of life outside of work on the wellness of legal professionals in Canada.

The first section looks at the support available to professionals outside the workplace and at conflicts between their work and their personal lives. The second section looks at a phenomenon that is still little understood in the academic community, but is no less present in professional environments: the fear of starting a family. This fear arises from the anticipation of work–life conflict, from a perception of incompatibility between the expectations of the workplace and the demands of parenthood, and from apprehension about the potential consequences of child-rearing on professional careers.

A NOTE ON THE METHODOLOGY

IMPORTANT

The reader should interpret this section by first understanding the scientific methodology that led to the findings it contains. We therefore recommend that you read section Scientific methodology before reading this section.

The results presented in this report are based on the analysis of data collected from nearly 8,000 legal professionals in Canada. These results are not intended at any time to pass judgment or express an opinion.

Data weighting	For analysis purposes, the collected data were weighted by the key demographic characteristics of the target population, including sex (proportion of males and females in each law society) and the number of members of each law society. The purpose of weighting is to reduce sampling bias while maintaining the precision of the survey estimates.	
Interpretation of results	Threshold of $p \leq .05$	Consistent with research best practices, a minimum threshold of $p \leq .05$ was used to interpret the results. That being said, when we rule on a significant difference between two groups (e.g., women vs. men, LGBTQ2S+ vs. non-LGBTQ2S+) or on a significant relationship between two variables (e.g., relationship between emotional demands and burnout), the .05 threshold means there is a possibility of error only 1 in 20 times.
	Cross-sectional design	The results are derived from data collected at a single point in time (cross-sectional design). Since causes (e.g., high psychological demands, billable hours) and effects (e.g., psychological distress, depressive symptoms) were measured at the same time, it is impossible to establish causality between the variables under study. Where directionality is sometimes assumed, findings are derived from the results, combined with the state of current knowledge.
	Sample size	As a function of the analysis conducted and the weighted approach, there may be variation in the sample size (represented by the symbol " n "). The size will be larger or smaller depending on the number of participants who responded to all the variables included in each analysis topic.
Lexical precisions	Gender	Due to data weighting, individuals identifying as non-binary and those who preferred not to specify their gender were excluded from several analysis topics where the research team did not have data on the distribution of these professionals and on their respective representation in each law society. However, because we asked participants to identify their gender (not their sex), the term <i>gender</i> is preferred throughout the report, even though non-binary people were not always included in the comparative analysis. Conversely, where the analysis did not include gender, and in section 2.4.1.5 on the LGBTQ2S+ community, professionals identifying as non-binary were included.
	Telework	The term <i>telework</i> is used throughout the report. This term is synonymous with <i>working remotely</i> , <i>work from home</i> , or <i>telecommuting</i> and has been preferred because it is the term used in the scientific literature.
	Score	The term <i>score</i> refers to the sum of a participant's responses to questions associated with a measurement scale.

2.3.1 | EFFECTS OF FAMILY AND PERSONAL SUPPORT ON THE HEALTH OF CANADIAN LEGAL PROFESSIONALS



AUTHORS OF THIS SECTION:

Prof. Nathalie Cadieux, Ph.D., CRHA

Martine Gingues, M.Sc.

2.3.1 | EFFECTS OF FAMILY AND PERSONAL SUPPORT ON THE HEALTH OF CANADIAN LEGAL PROFESSIONALS

Social support: refers to "a relational transaction between individuals [...] and is integral to an individual's physical and psychological well-being." (Hardan-Khalil & Mayo, 2015, p. 258)

No professional evolves in a vacuum. While this was true before the COVID-19 pandemic, it is likely even more evident now, following the health crisis which, overnight, propelled most legal professionals into teleworking. On top of this, schools were closing, businesses and restaurants had to shut their doors, and social isolation became a daily challenge for everyone.

Looking back, to truly understand the effects of the pandemic, it seems essential to look at life outside of the working environment and its impact on the psychological health of the participating legal professionals.

Four factors are particularly important in life outside work in the context of the COVID-19 pandemic:

- the perception of conflict between the work and personal life spheres;
- presence or absence of children at home;
- presence of a supportive spouse; and
- social support received from friends and family.

Table 1 summarizes the explanatory factors for each selected mental health indicator.

Did you know?

Among the professionals who participated in this study, Quebec notaries are those who teleworked the least during the pandemic, with nearly 30% of them not teleworking during this period.

Table 1
Effect of non-work factors on major mental health indicators considering the effect of age and gender

	Perceived stress	Psychological distress	Depressive symptoms
Work-life conflict	↑	↑	↑
Presence of children in the household	ns	↓	↓
Having a spouse	↓	ns	ns
Support outside of work	↓	↓	↓

Note. Arrows indicate the direction of the significant relationship between the risk factor and the health indicator. "ns" indicates no relationship.

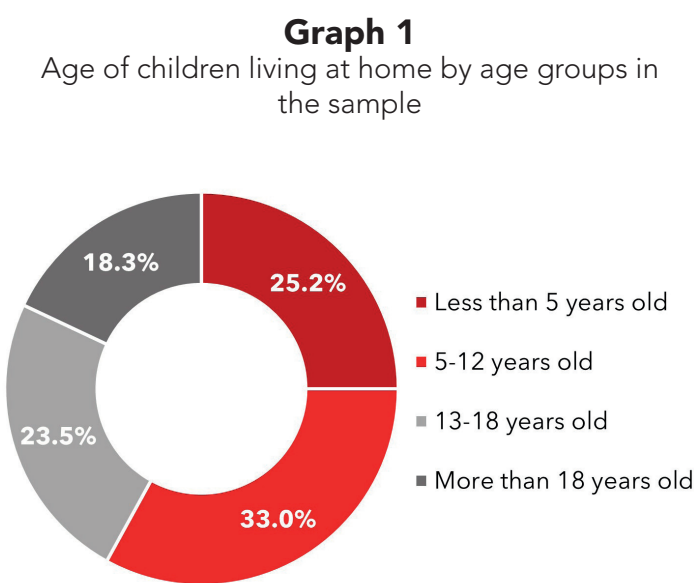
The study found that work–life conflict is the most important risk factor in the personal and family sphere. This sense of conflict stems from the perception of work spilling over into the personal and family sphere to the point where it prevents the professional from fully assuming some of their non-work responsibilities. The analysis shows that work–life conflict is associated with a significant increase in perceived stress, psychological distress and depressive symptoms. The next section is devoted to an in-depth analysis of this phenomenon.

The social support outside of work that legal professionals can count on constitutes a noteworthy protective factor for all health indicators.

As for family composition, the presence of a spouse significantly reduces the stress experienced by the participants, while the presence of children in the household is associated with significantly lower psychological distress and depressive symptoms among the participating legal professionals.

Furthermore, while one might be tempted to suppose this finding would be due to participants having older children, this is not the case, as the proportion of children of preschool or elementary-school age (12 years or younger) is greater than the number of children of secondary or post-secondary age (13 years or older). Graph 1 presents the age brackets of the participants' children.

While this may seem counter-intuitive when we consider the responsibilities associated with children during the pandemic, the fact remains that children are a source of significant personal gratification and may also reduce feelings of isolation in the health and social contexts of the pandemic. However, the spillover of work into family life is a real challenge for many legal professionals. Consequently, the following section looks at whether work–life conflict and fear of starting a family represent significant health factors for the Canadian legal population.



Did you know?

More than half of Canadian couples with children work full time.

Source: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2015001/article/14202-eng.htm>



The **voice** of legal professionals



"I count myself lucky as I was going down a dark path and after I found my spouse and readjusted my life, she is an incredible source of support. I get through the difficult aspect of the work I do by reminding myself that it is for her and my son that I do it. If I did not have such a strong support system at home, I am certain I would be a different beast. In my opinion, the resources available in this province as well as in this profession is lacking and accessing these resources is considered to be a double-edged sword as any application in the future for insurance or membership always asks about mental health treatment and, if you have consulted a specialist, they deny any coverage for mental health related illnesses, i.e., burn outs, depression, etc... Although I do not currently see a psychologist or psychiatrist, it would be beneficial in certain cases to have access to same for a debriefing after disturbing cases fall on our desks."

2.3.2 | BEING A PROFESSIONAL AND A PARENT: ARE LEGAL CAREERS COMPATIBLE WITH FAMILY LIFE?



AUTHORS OF THIS SECTION:

Prof. Nathalie Cadieux, Ph.D., CRHA

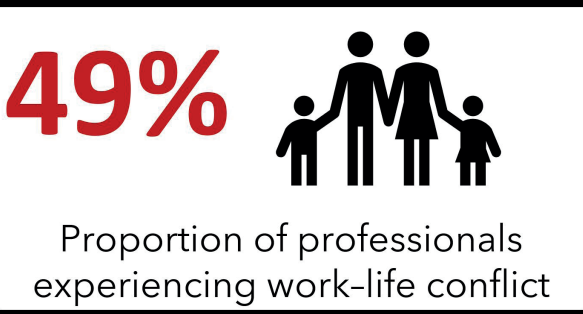
Martine Gingués, M.Sc.

2.3.2 | BEING A PROFESSIONAL AND A PARENT: ARE LEGAL CAREERS COMPATIBLE WITH FAMILY LIFE?

Work-life conflict: refers to a negative feeling caused by the spillover of work responsibilities into one's personal life or by the incompatibility of the different roles a person must fulfill in their life.

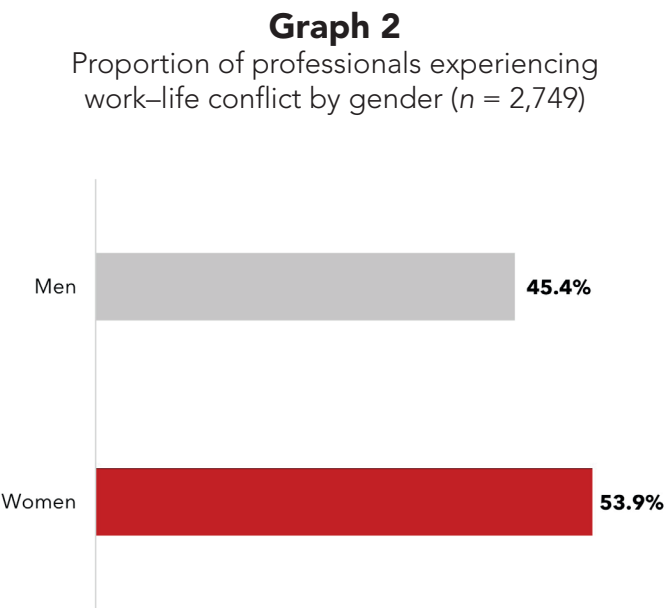
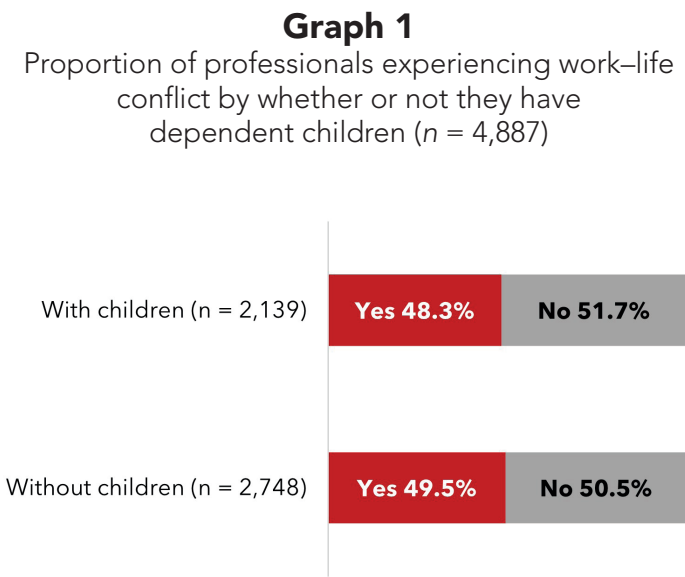
Fear of starting a family: refers to an apprehension by a professional who wishes to start a family but fears the consequences of this decision on their employment or future career opportunities due to a perceived incompatibility between the job and the requirements of parenthood.

Work-life conflict is a critical stressor in the lives of professionals. Resulting from the inability to effectively balance personal and family life demands with demands from work, work-life conflict affects a significant proportion of legal professionals. Although it can be tempting to attribute this phenomenon simply to having or not having children, this conflict can also occur in the absence of parenthood. Incidentally, Graph 1 shows that work-life conflict is as prevalent among Canadian legal professionals with children as it is among those without children.



Does work-life conflict remain a women's issue?

Although the answer to this question is yes, a high proportion of legal professionals who are men also experience work-life conflict. In this respect, Graph 2 shows that 45.4% of the participating men feel a conflict between their professional obligations and their personal commitments. In contrast, the percentage for women colleagues is 53.9%, a statistically significant difference ($p \leq .001$).



One reason for this discrepancy is that feeling discriminated against based on gender is associated with greater work–life conflict ($p \leq .001$). This difference could also be explained by the fact that women continue to be more inclined to assume family obligations (Gleixner & Aucoin, 2015).

Another hypothesis explaining the gender gap in work–life conflict is the age of dependent children. While professionals seem to experience a sense of conflict between work and family regardless of the presence or absence of dependent children, it remains plausible that having young children may be a factor. Not only do younger children require more care and time, but in the context of the pandemic, the pressure on professionals with young children was greater than ever. In a time of overwhelming constraints (such as homeschooling, mandatory teleworking, and lack of support from people outside the household due to health regulations), the resources for dealing with such constraints were minimal.

As shown in Table 1, more women in the sample have young children, which may explain this greater work–life conflict, especially in the context of the pandemic where elementary schools were closed on several occasions, and parents had to home-school or supervise remote learning, which brought additional pressure on both work and family.

Table 1

Age of dependent children by gender of participating professionals ($n = 2,277$)

Age of the children	Women	Men
Less than 5 years	29.9%	27.5%
Between 5 and 12 years old	44.3%	35.5%
Between 13 and 18 years old	27.5%	29.4%
18 years and older and still at home	18.8%	24.4%

Did you know?

A company founded by a lawyer in 2005 was created with the goal of improving work–life balance. Flexibility and autonomy are at the heart of this new business model where professionals no longer have to choose between their profession and their personal life. This model does not involve racing for partnership or reaching billable hour targets. However, lawyers are making more money than before and report that they are more successful, happier and more balanced, confirms the entrepreneur and lawyer (Venne, 2019).

Family and work–life conflict have an impact on the commitment, intention to leave the profession and health of legal professionals

Given the widespread feeling of work–life conflict among the legal professionals who participated in the study, it is important to assess the impact of this conflict on commitment to the profession, intention to leave the profession, psychological distress, depressive symptoms, and burnout, while taking into account other factors relating to the family sphere. Table 2 summarises the survey results by assessing the impact of having children, being in a relationship, having support outside of work (friends or family members) and work–life conflict. The analysis considers the effect of the three most prominent risk factors (emotional demands, quantitative overload, and job insecurity), the three greatest resources (support from colleagues, autonomy, and consistency of values), gender and age, as well as the family factors.

Table 2

Impact of family factors on major health indicators, commitment, and intention to leave the profession of participants

	Commitment to the profession (n = 2,529)	Intention to leave the profession (n = 2,551)	Psychological distress (n = 2,529)	Depressive symptoms (n = 2,650)	Burnout (n = 2,650)
					
Family contribution (ΔR²)	+ 2.9% of contribution	+ 4.6 % of contribution	+ 6.4 % of contribution	+ 7.9 % of contribution	+ 9.9 % of contribution
Having children	ns	↓	↓↓	↓	ns
Being in a relationship	↓↓↓	ns	ns	ns	ns
Support outside of work	↑↑↑	↓	↓↓↓	↓↓↓	↓↓↓
Work-life conflict	↓↓↓	↑↑↑	↑↑↑	↑↑↑	↑↑↑

Note. These results consider the effect of the three top risk factors among participating legal professionals (emotional demands, quantitative overload, and job insecurity), the top three resources (support from colleagues, autonomy, and consistency of values, gender, and age, as well as the family factors included in this table. "ns" means the relationship is non significant; ↓ means the determinant associates with a decrease in the indicator; ↑ means the determinant associates with an increase in the indicator.

Thus, family factors, including work–life conflict, have a greater impact on professionals' health than on commitment or intention to leave the profession. Accordingly, family factors explain a larger proportion of the variation in health indicators, i.e., contribute to 6.4% of the variation in psychological distress, 7.9% of the variation in depressive symptoms and nearly 10% of the variation in professional burnout symptoms. At the same time, even though we know from the literature that professional burnout is principally a phenomenon resulting from work, we understand that work and family are interconnected. Therefore, the constraints experienced in the professional sphere can put considerable pressure on the professional's ability to cope with the conditions in their personal life, gradually wearing down their resources to the point of imbalance.

Among the most critical factors, and in all the analyses carried out, it is observed that support outside of work and work–life conflict have the greatest impact. As such, out-of-work support is associated with a significant increase in commitment ($p \leq .01$), a decrease in the intention to leave ($p \leq .05$), a decrease in psychological distress ($p \leq .01$), and lower levels of both depressive symptoms ($p \leq .01$) and professional burnout ($p \leq .01$). Likewise, work–life conflict is associated with a significantly lower level of commitment to the profession ($p \leq .01$), a substantially higher level of intention to leave ($p \leq .01$) and significantly higher scores for all health problems analysed ($p \leq .01$). Therefore, these results highlight the importance of considering the impact of non-work factors in addressing the health issues of legal professionals.

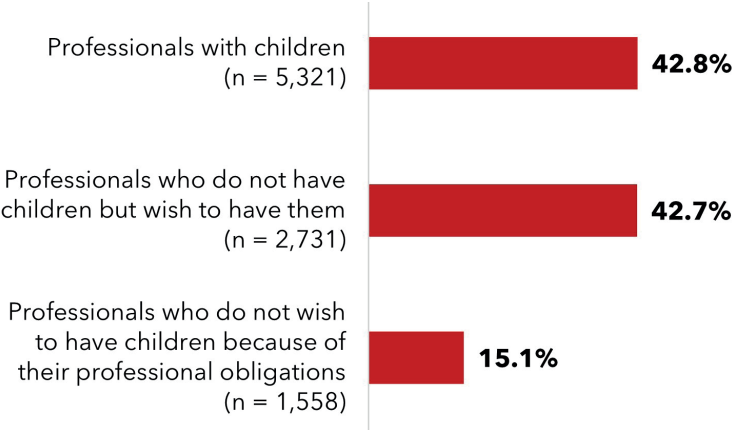


To have or not to have children, that is the question

Beyond their direct effects on the health of professionals, the observations made above also tend to have the effect of postponing the decision by some professionals to have children. Some professionals go so far as to decide not to have children at all, fearing the consequences of this decision on their work and their career advancement opportunities. Graph 3 shows the proportion of professionals with children in the sample compared to those who either wish to have children or do not wish to have children due to their professional obligations.

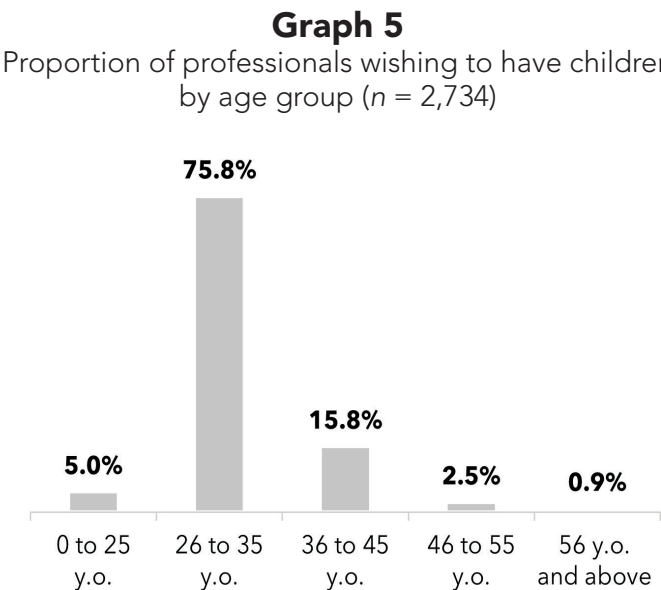
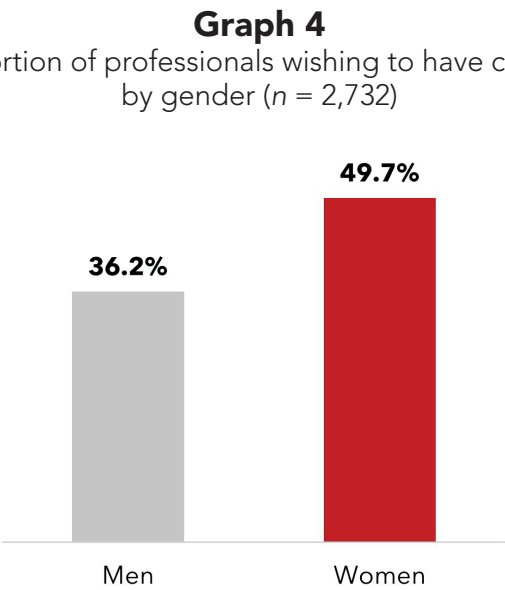
Graph 3

Proportion of professionals with children, without children, but wishing to have children, or not wishing to have children due to professional obligations

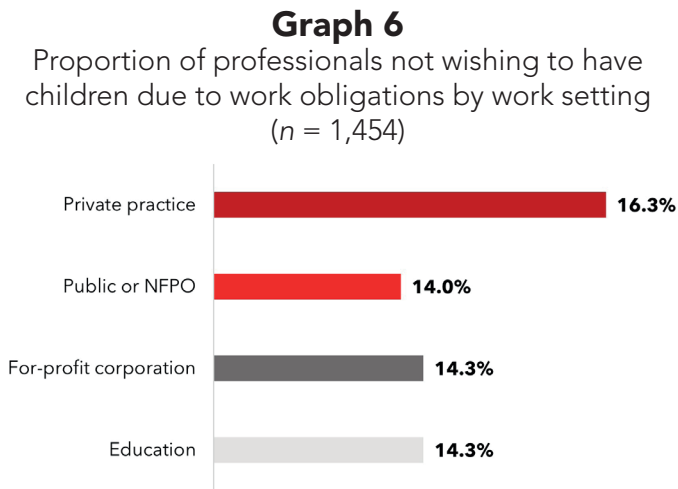


Further analysis of the participants who wish to have children reveals, as shown in Graph 4, that women legal professionals are more likely to want to start a family than their counterparts who are men. For instance, among the 2,732 professionals who said they wanted to have children, 49.7% were women, and 36.2% were men.

Graph 5 shows that most professionals who wish to start a family are between 26 and 35 years of age. Nevertheless, almost one in five professionals wishing to start a family is over 36 years of age. This means that nearly 20% of participants wishing to start a family are above the average age of fertility in Canada, which in 2016 was 30.8 years old¹.



Moreover, some professionals who do not wish to have children decide not to because of their professional obligations. Graph 6 shows that people working in private practice are slightly more likely (16.3%) than those in other work settings (on average, around 14%) to choose not to have children explicitly because of their professional obligations. However, this difference between work settings is not statistically significant.



Did you know?

The average age of mothers at childbirth in the Canadian population has risen to over 30 years old since 2010 and has steadily increased since the mid-1960s.

Source: <https://www150.statcan.gc.ca/n1/pub/91-209-x/2018001/article/54956-eng.htm>

1. <https://www150.statcan.gc.ca/n1/pub/91-209-x/2018001/article/54956-eng.htm>

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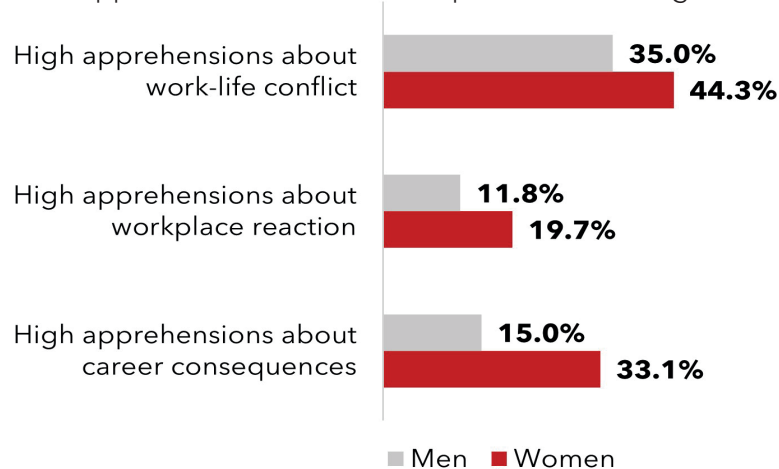
Why is there a fear of starting a family?

Professionals whose fear of having a family was related to their work obligations were then surveyed on the reasons for this fear. Three main categories of apprehension emerged from the analysis of the responses provided by 1,399 participants: 1) apprehension regarding work–family conflict, 2) apprehension regarding the reaction in the workplace, and 3) apprehension regarding the potential consequences on the career. Graph 7 shows the respective importance of each of these apprehension categories, according to the gender of the participants.

Globally, women are more likely to have high levels of apprehension on all grounds measured. Graph 7 also shows that the main apprehension is related to work–family conflict, followed by the potential impact on career and the reaction in the workplace. 44.3% of women legal professionals have a high level of apprehension regarding the potential work–family conflict that may result from starting a family, whereas this percentage is 35.0% for legal professionals who are men. The gap between men and women legal professionals increases further when it comes to career impact: 33.1% of women anticipate high levels of negative career consequences from having a family, as compared to 15.0% of men.

Graph 7

Proportion of professionals' apprehensions of the consequences of starting a family by gender (n = 1,398)



Did you know?

A survey conducted in the United States in December 2021 involving 584 parents (49% female and 51% male) working full-time and having at least one child under the age of 10 during the pandemic found that a significant number of working parents felt that having a child had a negative impact on their career and job security. In this study, 17% of working mothers reported that having a child had a moderately to an extremely negative impact on their career advancement opportunities, compared to only 5% of fathers surveyed.

Source: <https://www.betterup.com/blog/working-mothers-fear-that-parenthood-is-negatively-impacting-their-careers>

Furthermore, there is evidence from a recent study of health professionals that career obstacles and perceived support are likely to influence commitment to the profession and intention to leave the profession (Chang et al., 2019). Therefore, it is possible to believe that the very anticipation of these obstacles, whether real or not, influences commitment to the profession, particularly for women legal professionals. Lastly, one in five women legal professionals who fear having children experience high levels of apprehension regarding the potential reaction of their colleagues to the announcement of a pregnancy. Among men legal professionals, this proportion decreases to almost one in ten (11.8%).

Is the fear of starting a family affecting the Canadian legal community?

A more detailed analysis of the impact among Canadian legal professionals of the fear of having a family reveals that the strongest direct effect is on the attitudes of professionals rather than on their health. Figure 1 provides an overview of the effects found in the sample.

All other things being equal, the fear of starting a family is associated with a significantly lower commitment to the legal profession ($p \leq .01$), even after considering the effects of the main constraints and resources at work as well as age and gender. Inversely, the fear of starting a family is significantly associated with a greater intention to leave the profession among participants ($p \leq .01$).

Figure 1

Illustration of the effect of fears associated with having a family by considering the contribution of work constraints, resources at work, age, and gender on commitment and intention to leave the profession ($n = 942$)



Despite this direct impact on attitudes, both commitment and intention to leave are core attitudes of professional health that are likely to be associated with more severe psychological health problems such as burnout (Chang et al., 2017; Jourdain & Chênevert, 2010; Lee & Ashforth, 1993). Thus, the fear of starting a family among professionals who would like to have children, but choose not to because of their professional obligations, should not be taken lightly as one of the risk factors affecting professionals working in Canadian legal environments. Moreover, considering that the fear of starting a family affects more women than men in the sample and that, in parallel, the proportion of women in the various Canadian law societies is constantly increasing, the matter is surely more relevant than ever before.

The **voice** of legal professionals



"Les femmes désirant avoir des enfants dans notre profession sont mises de côté lorsqu'il est question de promotions, malgré le fait qu'elles représentent plus de la moitié des membres du Barreau. Il est grand temps que les mentalités au sein de notre profession changent, et je vous remercie de tendre l'oreille avec ce sondage pour écouter ce que nous avons à dire sur la détresse psychologique dans la profession."

"I worked for approximately [x] years in a demanding legal job. I left the profession to raise my children. I don't regret it in the least, but it was extremely stressful trying to combine a demanding career where I was in court for extended periods of time with my family."

"I switched out of private practice and into the public sector, which made many of my responses different than had I been asked them while still in private practice. I left private practice due to: stress and inability to have a family without sacrificing career goals."

"The pressures on lawyers to be practicing at a level of perfection or near perfection is mentally exhausting and has negative impacts on both our mental and physical health. Those in managerial positions are sometimes unaware of the day to day pressures on counsel and how they manage their workloads. It would be nice to have a better sense of balance for lawyers to be able to properly disconnect without fearing ramifications at work or with clients."

"[...] I only applied for firms that would enable me to continuing being a good parents [sic]. The positive responses I provided in this survey were 100% the result of a deliberate choice I made. I felt that I could not apply to many firms, or work in many industries because I would have to compromise my family life. So while I personally have a good situation now, my ability to fully choose from areas of law or firms was limited by how the legal profession conducts itself. I did not have as many choices as my non-parent colleagues. Additionally, while I was in school and my future was uncertain, I experienced a lot of stress over my future. I was worried I would have to accept a position at a firm that did not value my family life. That stress, over whether I might end up at a firm that negatively affected my family, was the most stressful part of law school, more than any exam. Lastly, when I was considering law school as well as while I was in law school, I frequently spoke about how the legal profession chooses to conduct business in a way that undermines women, parents, and healthy lifestyles. I was called naive, flat-out wrong, and otherwise dismissed and diminished by legal professionals. When I suggested lawyers could make less money to improve their personal lives, I was called ridiculous and not business-savvy. This experience did not cause me to waiver from my belief that the legal profession is capable of being

a health industry, but it did make me feel unwelcome and unheard. Often these comments came from men and I felt, as a woman, that I was being told I was unsuited for the legal profession. The root of many of the problems in the legal industry, in my opinion, is the relentless pursuit of profit. While not all lawyers make exuberant [sic] amounts of money, many firms place an undue focus on increasing partners' profits over associates' well-being."

"Being a mother is a stressor that just doesn't get addressed. The legal community expects everyone to work as if they are single young men - my career impacts my children's lives in ways that tear me up inside. I did this for them, but sometimes I feel like they would have been better off with a smaller home and less money, but more me."

"[...] I want to have children, but I will leave the legal profession [...] if I become pregnant, for a different job, so that I can have a fully-paid maternity leave. EI is insufficient. Paid maternity leave and the lack of opportunity to work as a lawyer part-time are two MASSIVE barriers for me to stay in the legal profession. Billable hours/targets are one of the biggest attributors to workplace stress, it is a very large reason I expect I will leave, in the least, private practice. I think that the legal profession should have a graduated system such as "residencies" for junior lawyers with an obligation on legal professionals to assist junior lawyers in their practice."

"Merci pour votre sondage, très facile à répondre. Veuillez noter que les réponses auraient été autres, si j'étais en début de pratique ou lorsque mes enfants été plus jeunes. Il est très difficile de concilier le travail et la famille lorsque l'on est notaire."

"I am a mother [...]. I feel that I am constantly having to choose between my career and being a present parent, even though I have had the benefit of very accommodating employers. However, the "accommodation" comes with guilt that I feel arises out of the expectations of what makes a "successful" lawyer. I have been accommodated but overlooked as a result. The fact that private practice is almost always tied to billable hours makes it impossible for working parents to be successful in work performance and be as present for family as may be needed for our mental health and wellbeing. It's a constant struggle and I feel like I've been in this career for as long as I possibly can and it's time to pull the ejection seat. I guess this is what burnout feels like. In [province], there has been talk throughout my entire career ([x] years) of the importance of retention of women in the practice of law, and yet, nothing has changed in over a decade. I still feel like I can't succeed as a mother and a lawyer. For me, the choice is clear and I will choose my family and mental health. The problem is finding an alternative position that will still financially support my family."

"I want to have children some day, and I have heard from female partners elsewhere that they were not supported in taking time off and that they did not even receive income from the partnership when they took a few months off. When an associate of mine had a child, she said that the firm did not even have a maternity leave policy."

"Je viens tout juste de quitter la pratique privée. Je crois qu'il est très clair en pratique privée que le choix de fonder une famille est une question qui va affecter la progression de carrière. Il ne faut surtout pas mentionner le désir de fonder une famille, ou de le suggérer autrement. J'ai souvent senti le besoin de prendre un verre avec mes collègues pour ne pas qu'ils s'imaginent que j'étais enceinte. Depuis avoir quitté la pratique privée, je ne ressens plus ceci."

"I think that younger lawyers are terribly burdened by the debt they incur to get through law school and face enormous pressure to get a very well-paying job with a future once they have graduated. Young single women worry about whether their life will go by, absorbed in the law, without them ever having a chance to have children. Women lawyers with children are tied up in knots about how to parent their children especially during covid when the kids are not able to go to school."

"I strongly believe that we have a problem in our profession with how we treat women and why so many women choose to leave the profession within a few short years of practice. The time pressures and stress of this profession has made me think about not being a lawyer in the future, particularly if I have children."

"J'ai changé d'emploi pour passer d'un cabinet privé [...] à une pratique publique parce que je n'avais aucune possibilité de fonder une famille dans mon ancienne pratique. J'ai un emploi qui me satisfait maintenant, mais je trouve très dommage de devoir mettre une partie de mes ambitions pour ce faire. Dans mon ancienne organisation, j'ai subi des commentaires à l'effet que j'arrivais à l'âge d'avoir des enfants, que c'était normal de partir s'établir dans un emploi calme et plate dans ce cas, etc. Il n'y avait aucune aide accessible pour les femmes enceintes et aucun soutien ou avantage prévu à cet effet...ces conditions m'inquiétaient, mais je n'en ai jamais parlé, ni de mon désir d'avoir une famille. [...]"

"The questions were way too general. [...] doesn't deal at all with the huge regret of not having children due to prioritizing work and then finding it too late to have children and the job is not worth any type of sacrifice, and the job gets less and less rewarding every year."

2.4 | A LOOK AT WELLNESS IN LAW FROM AN INDIVIDUAL PERSPECTIVE

In tandem with the influence exerted on mental health by spheres of life outside the office, there are the specific individual factors—and these are very important for understanding the health and wellness of professionals. The following graphic illustrates the three broad categories of individual factors that influence an individual's ability to cope with stress in the work environment. These categories are individual characteristics, lifestyle, and individual skills.



Gender, age and years of experience are among the individual characteristics that have the greatest impact on health. Other types—such as ethnicity, sexual identity or living with a disability—also have an influence on health. Each of these characteristics will be explored further in section 2.4.1. Section 2.4.2 then presents the main coping strategies measured in the survey, including alcohol and drug use. Lastly, section 2.4.3 presents the main individual skills that are likely to protect the psychological health of legal professionals: psychological detachment, assertiveness (the ability to set limits), and resilience in facing the challenges of professional life.

2.4.1 | WELLNESS IN LAW FROM A DIVERSITY PERSPECTIVE: SPECIFIC PROFILES, SPECIFIC CHALLENGES

"It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences."

– Audre Lorde, American writer (1934–1992)

The Canadian legal community is highly diversified—and not only in its practice contexts. This diversity also extends to the composition of the community itself, in the diversity of the professionals practising in the various cities and regions of the country.

For the legal profession, successful diversity management means reducing the costs associated with inequality and the discrimination resulting from it (St-Onge et al., 2021). The full integration of professionals with diverse profiles is a driver of economic growth for Canada (St-Onge et al., 2021) and also helps to sustain levels of commitment to the profession over the long term.

That being said, the legal profession faces challenges in relation to diversity, much like other types of Canadian workplaces, and diversity remains an important topic for the profession, organizations and for the professionals themselves.

For organizations that employ legal professionals, proactive diversity management promotes a better work environment, greater productivity, and enhanced competitiveness while facilitating the attraction and retention of professionals (St-Onge et al., 2021).

Legal professionals also benefit from more diverse workplaces: for example, by developing their careers in open workplaces that encourage and promote inclusion and innovation. Managing diversity—which includes contributing to the perception of fairness and equity—helps a law firm to improve career opportunities while providing fertile ground for personal and professional growth.

However, success in managing diversity is a shared responsibility and depends on 1) the commitment of the legal community to integrating professionals with diverse backgrounds, 2) the training of professionals and raising their awareness of the issues faced by particular socio-professional groups, and 3) the fight against stereotyping (Saba & Dolan, 2021).

Challenges related to diversity management in the Canadian legal community have the potential to contribute to health and wellness issues in the profession. They also have the potential to affect a

professional's level of commitment and their intention to leave the profession as a result of perceived discrimination in their environment. In this regard, professionals participating in the study responded to measuring scales on perceived discrimination at work based on different personal characteristics:

- being an Indigenous person;
- identifying with an ethnicity other than White;
- living with a disability;
- being a woman;
- being of a different age;
- taking or having taken prolonged medical leave for a mental health issue.

Table 1 on next page summarizes the answers obtained on 11 items composing the scale of perceived discrimination at work, according to the participants' profiles. For each of the items, it is possible to assess the proportion of professionals who responded to the survey who agree with the proposed statements according to the profiles.

Firstly, it can be seen that the groups who perceive the most discrimination are professionals who have already taken extended health medical leave for a mental health issue such as depression or burnout, professionals living with a disability, and women. Indigenous people and legal professionals who identify as non-White also perceive that they experience discrimination, but somewhat less compared to other groups.

Finally, identifying as LGBTQ2S+ and age emerged as characteristics that would be less discriminating, at least according to the perception of the legal professionals who responded to these two scales. Even so, it is important to mention that nearly half of the legal professionals who identified as members of the LGBTQ2S+ community said that people at their workplace did not know they identified as LGBTQ2S+. This may explain why, on the basis of that characteristic, they feel less discriminated against at work.

At first it may seem that "visible minorities"—namely, "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour" (Employment Equity Act, 1995)—may perceive that they experience more discrimination. However, it is important to keep in mind that the legal professionals in our sample are heterogeneous. For example, people who did not identify themselves as White sometimes preferred to specify their ethnicity by writing that they were "Jewish," "Western European," and so on. Now, although they answered the scale of perceived discrimination at work, we may still suppose that in the eyes of others, they are perceived as White and experience less discrimination because of this characteristic. There is therefore a great degree of heterogeneity within the groups themselves.

Discrimination also seems to take different forms depending on the profiles of the professionals. Thus, women seem more likely to perceive that they are sometimes ignored or taken less seriously, while professionals living with a disability or who have taken an extended medical leave for mental health issues seem to be more affected when their performance is evaluated.

Table 1

Proportion of legal professionals who responded to the discrimination scales according to different profiles

At work, because I [...] ...	...identify as LGBTQ2S+	...am Indigenous	...identify as an ethnicity other than White	...live with a disability	...am a woman	...of my age	...have been on leave for a mental health issue
1) ...I have been discriminated against.	11.2%	22.4%	20.4%	25.3%	34.7%	10.1%	28.7%
2) ...I have been ignored or taken less seriously.	12.0%	25.0%	22.1%	24.9%	40.5%	13.4%	33.4%
3) ...I have been given fewer career opportunities.	9.1%	21.6%	21.9%	25.6%	28.0%	9.5%	37.5%
4) ...I have been passed over for a work role/task.	8.8%	21.6%	17.9%	23.0%	26.8%	9.5%	31.7%
5) ...my contributions are not valued as much.	7.1%	17.9%	14.4%	18.5%	24.9%	7.9%	28.3%
6) ...I have been given fewer opportunities to express my ideas.	6.8%	18.6%	14.3%	15.7%	22.9%	7.4%	26.0%
7) ...my performance evaluations have been affected.	4.8%	14.9%	10.7%	25.4%	15.3%	3.9%	31.7%
8) ...many people have stereotypes and treat me as if they were true.	11.6%	19.6%	22.0%	26.8%	21.8%	8.0%	27.6%
9) ...I receive less social support.	10.6%	18.0%	16.7%	22.1%	14.8%	6.0%	27.4%
10) ...I have been treated as though I am less capable.	6.4%	18.8%	14.6%	24.4%	19.3%	7.3%	31.5%
11) ...I feel that others exclude me from their activities.	9.7%	16.9%	13.8%	18.2%	14.6%	5.1%	26.2%

The following sections focus on the specific challenges experienced by professionals in light of their individual and demographic characteristics.

A NOTE ON THE METHODOLOGY

IMPORTANT

The reader should interpret this section by first understanding the scientific methodology that led to the findings it contains. We therefore recommend that you read section Scientific methodology before reading this section.

The results presented in this report are based on the analysis of data collected from nearly 8,000 legal professionals in Canada. These results are not intended at any time to pass judgment or express an opinion.

Data weighting	For analysis purposes, the collected data were weighted by the key demographic characteristics of the target population, including sex (proportion of males and females in each law society) and the number of members of each law society. The purpose of weighting is to reduce sampling bias while maintaining the precision of the survey estimates.	
Interpretation of results	Threshold of $p \leq .05$	Consistent with research best practices, a minimum threshold of $p \leq .05$ was used to interpret the results. That being said, when we rule on a significant difference between two groups (e.g., women vs. men, LGBTQ2S+ vs. non-LGBTQ2S+) or on a significant relationship between two variables (e.g., relationship between emotional demands and burnout), the .05 threshold means there is a possibility of error only 1 in 20 times.
	Cross-sectional design	The results are derived from data collected at a single point in time (cross-sectional design). Since causes (e.g., high psychological demands, billable hours) and effects (e.g., psychological distress, depressive symptoms) were measured at the same time, it is impossible to establish causality between the variables under study. Where directionality is sometimes assumed, findings are derived from the results, combined with the state of current knowledge.
	Sample size	As a function of the analysis conducted and the weighted approach, there may be variation in the sample size (represented by the symbol " n "). The size will be larger or smaller depending on the number of participants who responded to all the variables included in each analysis topic.
Lexical precisions	Gender	Due to data weighting, individuals identifying as non-binary and those who preferred not to specify their gender were excluded from several analysis topics where the research team did not have data on the distribution of these professionals and on their respective representation in each law society. However, because we asked participants to identify their gender (not their sex), the term <i>gender</i> is preferred throughout the report, even though non-binary people were not always included in the comparative analysis. Conversely, where the analysis did not include gender, and in section 2.4.1.5 on the LGBTQ2S+ community, professionals identifying as non-binary were included.
	Telework	The term <i>telework</i> is used throughout the report. This term is synonymous with <i>working remotely</i> , <i>work from home</i> , or <i>telecommuting</i> and has been preferred because it is the term used in the scientific literature.
	Score	The term <i>score</i> refers to the sum of a participant's responses to questions associated with a measurement scale.

2.4.1.1 | Age and experience: key factors for wellness challenges in the Canadian legal community



AUTHORS OF THIS SECTION:

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Prof. Nathalie Cadieux, Ph.D., CRHA

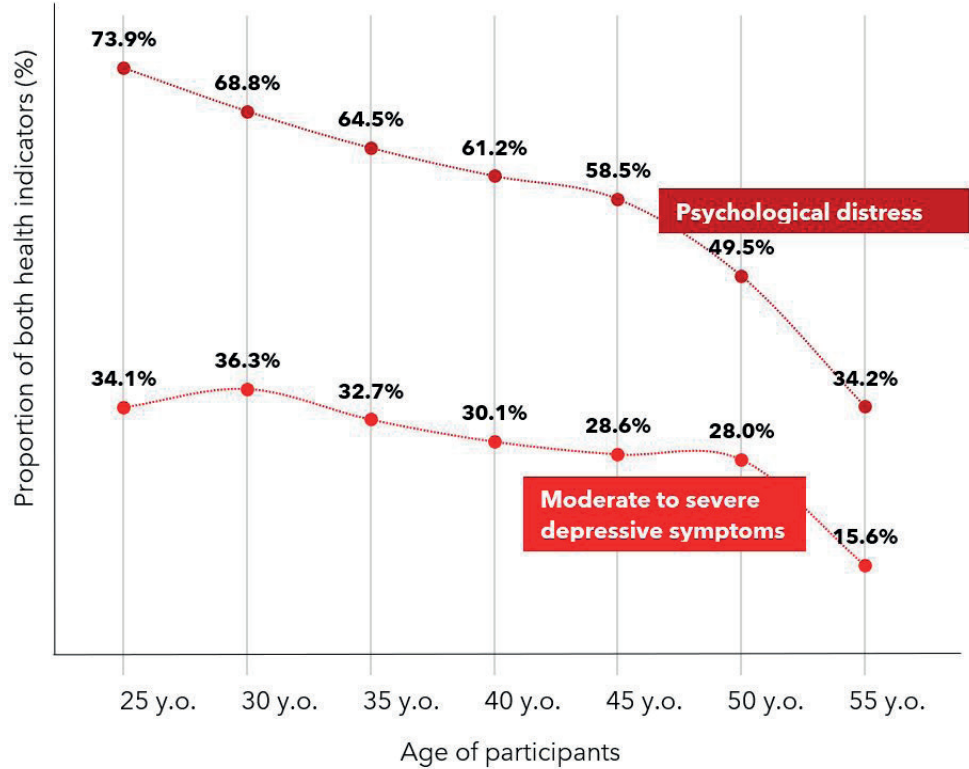
2.4.1.1 | Age and experience: key factors for wellness challenges in the Canadian legal community

To understand the health and wellness issues concerning legal professionals in Canada, two key factors must be considered: years of experience, and age. In this regard, the legal profession is no different from many other professions in the country.

Among the lawyers, Quebec notaries and Ontario paralegals who participated in the study, the highest proportions of psychological distress are found among the youngest age groups. In this respect, Graph 1 presents two curves. The first, in the upper part of the graph, shows the pronounced decrease in the proportion of psychological distress as the age of participants increases. Although the decline is not as pronounced for moderate to severe depressive symptoms, the second curve shows a slight increase between 25 and 30, and then a gradual reduction in the proportions observed as the age of the participants increases. The most significant decrease in depressive symptoms is observed among legal professionals aged 50 to 55. Note also that a comparison of the proportions of moderate to severe depressive symptoms reveals no significant difference between ages , except between people aged 55 and over and those in all other age groups. These results are not surprising, as the causes of depressive symptoms are numerous and not necessarily age-related, e.g., genetics, lifestyle habits, and life events (Larose, 2021).

Graph 1

Proportion of psychological distress (n = 6,902) and moderate to severe depressive symptoms (n = 6,786) by age of participants



Did you know?

Workers in their early careers are generally more affected by both depression and anxiety (Santomauro et al., 2021).

During the pandemic, estimates indicate that the proportion of Canadians experiencing these disorders was almost twice as high for workers in their early careers:

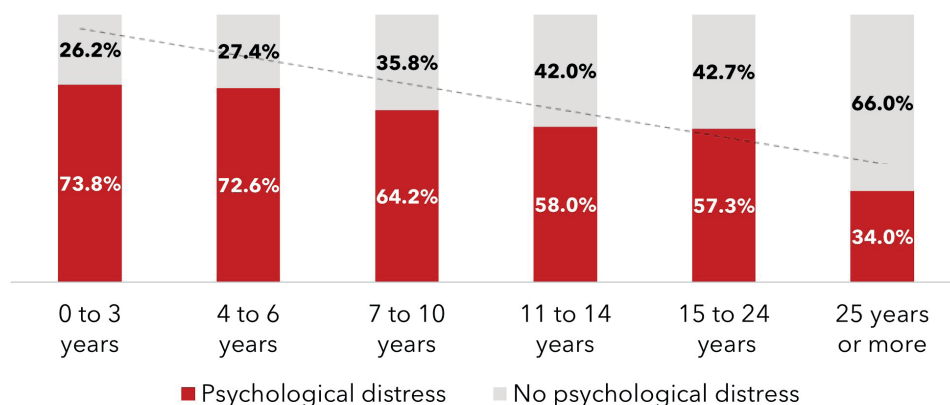
Age groups	Depression	Anxiety
18-24	27%	21%
25-44	18%	15%
45-64	13%	12%

Source: <https://www150.statcan.gc.ca/n1/daily-quotidien/210318/dq210318a-fra.htm>

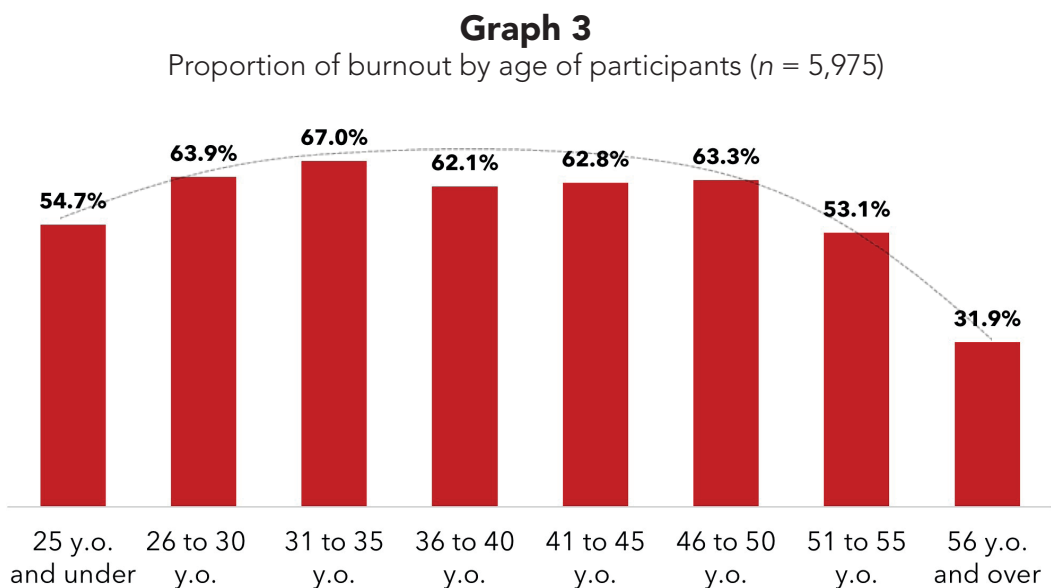
Similarly, Graph 2 illustrates the proportions of psychological distress observed according to the number of years of experience of participants. It shows that nearly three-quarters of the participating legal professionals (73.8%) with three years of experience or fewer reported experiencing psychological distress. In contrast, as participants gain more experience, the proportion experiencing psychological distress decreases. However, we note that psychological distress remains relatively high, even in those with 15 to 24 years of experience (57.3%). It appears to take 25 or more years of experience to see a significant decrease in psychological distress (34.0%; $p \leq .001$). This decrease in their psychological distress over time is unsurprising, since their confidence and expertise are likely to increase through professional achievements. Note, as well, that more experienced professionals working in private practice usually have an established portfolio of clients, and this may reduce the effort required to meet targets such as billable hours. Lastly, as professionals establish their expertise and diversify their experience, they are more likely to maintain a balanced perspective regarding their daily professional challenges, even in moments of overload or increased tension.

Graph 2

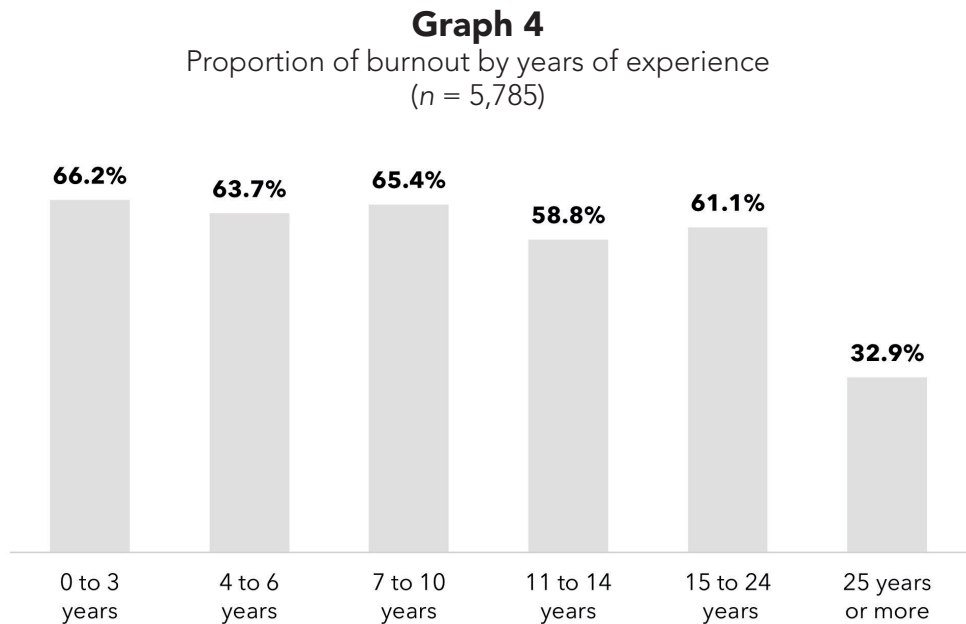
Proportion of psychological distress by years of experience (n = 6,657)



Compared to psychological distress and depressive symptoms, the findings regarding burnout seem somewhat different. Graph 3 presents the proportion of burnout observed among the participating legal professionals according to their age. The observed trend of reported burnout is not a declining line but an inverted U-shaped curve. However, upon further analysis, one can see that there is little significant difference between the 25-and-under age group and the 51–55 age group. The most noticeable difference is between lawyers aged 56 and over and those in all other age groups.



In Graph 4, a similar pattern can be observed regarding the association between years of experience and burnout. Similarly, there is no significant difference between the groups ranging from 0–3 years to 15–24 years of experience. The difference in reported burnout is from 25 years of experience onwards, when legal professionals report much less burnout (32.9%) compared to an average of 63.0% for the other categories of experience level.



The high proportions and the slight differences between the categories of age and experience with regard to burnout could be partly explained by the fact that the legal profession is highly oriented around performance, and imposes heavy and continuous emotional demands and workloads upon its practitioners.

Does experience really help prevent health issues?

By controlling for several constraints (emotional demands, qualitative overload, quantitative overload, job insecurity) and organizational resources (autonomy, support from colleagues, consistency of values), as well as for gender, Table 1 shows that experience (separated into those with more or less than 10 years of experience) accounts for 3.4%, 1.0% and 1.2% of the variation in psychological distress, depressive symptoms and burnout, respectively. In other words, experience plays a protective role in relation to mental health indicators, but its overall effect remains marginal for legal professionals, whereas organizational constraints have a much greater impact in contributing to mental health issues (between 26.2% and 47.2%).

Table 1

Impact of experience on health indicators by controlling for main constraints, main resources and gender

	Psychological distress (n = 2,679)	Depressive symptoms (n = 2,679)	Burnout (n = 2,679)
ΔR^2	30.0% of contribution	26.2% of contribution	47.2% of contribution
Constraints	Emotional demands Qualitative overload Quantitative overload Job insecurity		
ΔR^2	+ 3.6% of contribution	+ 3.2% of contribution	+ 5.2% of contribution
Resources	Autonomy Support from colleagues Consistency of values		
ΔR^2	+ 0.1% of contribution	ns	+ 0.4% of contribution
Sociodemographics	Gender		
ΔR^2	+ 3.4% of contribution	+ 1.0% of contribution	+ 1.2% of contribution
Experience (+/- 10 years)	↓↓↓	↓↓↓	↓↓↓

Note. "ns" means the relationship is non-significant; ↓ means the determinant is associated with a decrease in the indicator; ↑ means the determinant is associated with an increase in the indicator.

Impact of attitude, work context and lifestyle

In Table 2, by controlling for the same organizational constraints and resources as above, as well as for gender again, we can see that the experience of professionals does not affect their ability to adjust to teleworking. Arguably, it is not so much work experience that helps professionals adjust better to teleworking, but rather having a flexible work context (e.g., accessibility to digital files) or a telework-friendly home environment (e.g., home office).

Table 2

Impact of experience on commitment to the profession, intention to leave the profession, teleworking adjustment and work–life conflict by controlling for main constraints, main resources, and gender.

	Commitment to the profession (n = 2,564)	Intention to leave the profession (n = 2,579)	Teleworking adjustment (n = 2,378)	Work-life conflict (n = 2,569)
ΔR^2	11.8% of contribution	19.4% of contribution	1.4% of contribution	39.2% of contribution
Constraints	Emotional demands Qualitative overload Quantitative overload Job insecurity			
ΔR^2	+ 10.9% of contribution	+ 11.9% of contribution	1.0% of contribution	+ 3.8% of contribution
Resources	Autonomy Support from colleagues Consistency of values			
ΔR^2	ns	ns	1.5% of contribution	ns
Sociodemographics	Gender			
ΔR^2	+ 1.2% of contribution	+ 1.3% of contribution	ns	+ 1.6% of contribution
Experience (+/- 10 years)	↑↑↑	↓↓↓	ns	↓↓↓

Note. "ns" means the relationship is non-significant; ↓ means the determinant is associated with a decrease in the indicator; ↑ means the determinant is associated with an increase in the indicator.

Although having more than 10 years of experience is associated with an increase in commitment to the profession and a decrease in intention to leave the profession, experience accounts for less than 1.5% of the variation in these work attitudes. These results are unsurprising, given that both attitudes are multifactorial and cannot be explained by a single cause. Moreover, it is logical to assume that legal professionals who have remained in the profession for over 10 years are the most committed and have the least intention of leaving the profession.

Looking at work–life conflict, more years of experience may well serve to reduce this conflict. We can suppose that people develop strategies for managing this conflict. In addition, for professionals with

families, their advancing age goes hand in hand with an increase in the age of their dependent children, which consequently reduces the demands associated with childcare.

That being said, although experience explains some of the variations in health indicators and several other variables of interest, it is far from exclusive and does not carry the most significant weight.

A new generation of legal professionals

In addition to legal professionals, articling students were also invited to participate in this study. Figure 1 presents the characteristics of the trainees who took part.

The majority of participating articling students are concentrated in the law societies of Ontario (52.7%) and British Columbia (26.1%). In terms of personal characteristics, more of the articling students as compared with the other practitioners are from the LGBTQ2S+ community (15.5% compared to 8.8% of other legal practitioners), are ethnically diverse (40.7% compared to 17.3% of other legal practitioners) and are living with a disability (12.2% compared to 7.9% of other legal practitioners). These findings appear to demonstrate a shift in both the composition of the workforce and the diversity in the Canadian legal community, since more diverse individuals are now practising law.

Moreover, 49.8% of articling students reported having had a mental health diagnosis since starting their practice. This shows it is important not only to talk about mental health issues, since they arise even before the start of professional practice, but also to implement workplace initiatives (e.g., prevention, right to disconnect) that protect the health of legal professionals.



Figure 1
Sociodemographic characteristics of participating articling students



Note. Data are unweighted.

Incivility and intent to leave: a matter of concern for all

Despite being in the early stages of their careers, articling students reported experiencing incivility and violence. While firms should have zero-tolerance policies on these matters, Graph 5 shows that a proportion of articling students reported experiencing unwarranted criticism (12.6%) and bullying (7.8%) on a monthly to daily basis. In addition, 1.8% of the articling students reported having received unsolicited sexual advances at least monthly over the past year. Including those who reported receiving unsolicited sexual advances a few times (9.6%), the total proportion of articling students who received unsolicited sexual advances was 11.4%.

In terms of intention to leave, the data shows that some articling students are already thinking of leaving the profession, even though they represent the profession's future. In fact, Figure 2 indicates that more than a quarter of articling students have considered leaving the profession. More alarmingly, over half (55.9%) reported that they were likely to leave the practice of law to take another job at the same pay level. These results demonstrate the importance of changing the culture within the legal profession, even as early as the first year of law school.

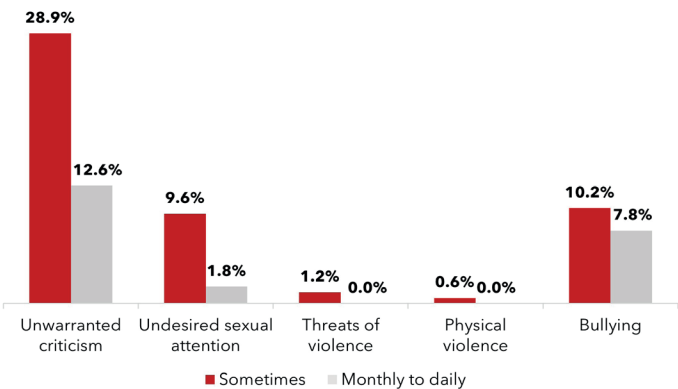
Skills to develop in practitioners who are starting their careers

Legal professionals can develop a variety of skills for reducing the risks or levels of symptoms associated with mental health concerns. These skills include assertiveness (or the ability to set limits) and the ability to psychologically detach from work outside office hours.

However, the study data show that articling students are less able to be assertive—i.e., to set limits and to psychologically detach themselves

Graph 5

Frequency of incivility and violence experienced by articling students in the last year (n = 166)



Note. Data are unweighted.

Figure 2

Proportion of articling students intending to leave the profession (n = 168)



from work—compared to practising legal professionals. These skills are important for coping with stressors in the legal profession. As a result, it would be beneficial to provide training at the beginning of articling to help students acquire these two skills. For more information, you can refer to section 2.4.3 specifically dedicated to skills.

Lastly, it is important to remember that articling students are the next generation and will be the future prosecutors, defence lawyers and judges of the profession. It is therefore essential to welcome them with open arms and protect their commitment to the profession, particularly in the first five years of practice.

At the same time, this commitment is directly linked to the health issues and significant challenges experienced by these practitioners early in their careers. Accordingly, protecting the commitment of legal professionals in their early careers is synonymous with transforming the practice at all levels, from the moment law students enter university or begin their articling, as these are the pivotal moments in forming professional culture. It also means redefining the ways in which performance is viewed and work is structured, as well as the place of legal professionals in their early careers in a profession that is now going through a period of renewal. These challenges will be addressed in the recommendations of our research report.

Assertiveness is characterized by confidence in interpersonal relationships, which is manifested by the capacity for spontaneous emotional expression (Osborn & Harris, 1975) and the ability to set boundaries by respecting one's rights, thoughts, and feelings without denying those of others (Alberti & Emmons, 1986).

Psychological detachment is defined as the ability to mentally disengage from work outside office hours (Sonnetag & Fritz, 2007).

Did you know?

According to a report by the Retention of Women in Law Task Force (2009), "[w]hile older lawyers are retiring, firms are recruiting from a new generation of lawyers, the so-called 'Generation Y' or 'Millennials'. Members of this generation are more diverse and their expectations about the practice of law differ from those of preceding generations. The majority of these young women and men are seeking equal opportunities, interesting and challenging work, and transparency about advancement to partnership. They are more likely to insist on work-life balance and flexibility. They evaluate firms accordingly and will not join or will leave if their expectations are not met. Firms competing for young talent need to consider how to ensure their work environments effectively engage the new lawyers they need to recruit." (p. 5)

Source: <https://www.lawsociety.bc.ca/Website/media/Shared/docs/publications/reports/Retaining-women-business-case.pdf>

The **voice** of legal professionals



"Selon moi, il y a un véritable problème dans le domaine du droit criminel et pénal eu égard à la santé mentale. Les intervenants sont continuellement dans un contexte de confrontation et vivent tous avec une charge émotionnelle très forte dû au contexte social de ce droit. Toutefois, au lieu de comprendre les problématiques des autres, les intervenants se permettent de se critiquer ouvertement. Les jeunes avocats sont particulièrement la cible de commentaires des juges et victimes d'une pression qui ne devrait pas exister de leur part. J'ai pu constater que mes collègues de l'aide juridique étaient TOUS en détresse à un moment ou un autre. J'ai constaté la même chose suite à mon arrivée au DPCP. Les jeunes dans cette profession doivent rapidement être apte à faire une pratique de volume sans égard à leur expérience et sans soutien des avocats expérimentés qui n'ont pas le temps de faire de mentorat."

"This research instrument does not address the entrenched culture of exploitation, harassment and abuse of junior lawyers and students. This can only be willful blindness - this historic issue is well-known and persists today. [...] There is simply no interest in the upper levels of the profession to meaningfully deal with this issue. [...]"

"If you had asked me these questions [x] years ago, when I was just starting in the profession, my answers would have been very different. I struggled with depression and anxiety for several years, I had little to no support system in place to help me through my mental health challenges, and I constantly felt like I could not disclose those challenges at work. As a young lawyer who moved [...] to pursue their career goals, I did not make enough money or get any benefits so I couldn't seek professional help when I needed it. I didn't have a regular support system, and I made poor life decisions as a result. I share this because I think it's important to contextualize the answers I've provided in light of the fact that, these days, I work for myself, have a large amount of autonomy over my day-to-day life, and have made significant improvements in my personal life to stay healthy. The opportunity to do those things did not always exist for me, and it doesn't exist for many other young lawyers who are struggling to climb out of law school debt, not being paid well, working extreme hours to meet expectations, and have limited social supports."

"The greatest sources of stress (that weren't simply my own damn fault) were a lack of training and support from the firm when I was a junior lawyer. It made it more difficult to do a good job for the clients. My stress was made worse by some toxic personalities in the firm and in the profession who were working out their anxieties and mental health problems on anyone who they perceived as being weaker."

"We need to emphasize the importance of work life balance from the top down, it needs to come from manager level and encourage people to have work life balance. We need to encourage people to be inaccessible on vacation, and encourage managers to stop emailing employees on vacation and expecting people to deal with it. The profession needs a shift and overhaul, most people I speak to hate being lawyers and regret choosing this profession. The management level lawyers also need to realize that the younger generation don't aspire to be [partners in a big firm] who work 80 hours a week and make 700 000 a year but have no lives and are divorced and unhappy, and their kids are raised by nannies. Nobody in my generation wants that anymore. But the pressures that billable hours and business development put on our profession are still too much, and it needs a shift away from that mindset. The profession also needs to shift to do away from only valuing the "Type A" loud well-spoken lawyer who talks a lot. There is a lot of value to be drawn out of quieter people, minority women, people who are more shy and reserved in speaking up but who are brilliant and have very good ideas and opinions. Law firms and employers don't value those types."

"[...] I am already worried about burnout and the impact of my desire to have children on my legal career. The more data available to help our profession understand the impact of overwork on individuals' lives, the more likely we are to develop meaningful solutions to the crisis of overworking in law."

"[I work] as an articling student and this has been the worst experience of my entire life. I have worked 10+ hours every day of the week so far, with no lunch break. I am working these hours because it is what is expected of me - I am also expected to come in on weekends. I am not getting paid anything NEAR enough to be working those kinds of hours. [...] Its no wonder theres so many mental health issues in this profession. There is no work life balance here. I work 8-6:30 every single day. I have a 30 minute commute each way. And then my [boss] thinks its appropriate to text me after work asking about files or telling me what to do tomorrow???? Have you not taken enough of my time yet? Law school did not prepare me for a single thing that I have done so far, which in most jobs would be fine because they would give you some training and maybe some feedback here and there. I have not received a single piece of feedback since I started other than "no, that's wrong". Well obviously its wrong, its literally my first day. I'm sure in a months time I will have significantly more to say and absolutely none of it will be good. This is god awful. I have worked for a total of 7 days so far, plus a Saturday. I have today and tomorrow off of work (Thurs and Friday) because I have bar course sessions. My boss texted me [at time x] this evening saying a file had to be done for Sunday evening. I have to go in. Drive 1 hour, pay for gas with my very meager salary, to finish a file. I have these two days off of work. And I should have this weekend off as well. [...] The articling experience is used as a way of hazing and exploiting workers. The system is ridiculous."

"Thanks for doing this important work. I was hoping to be asked for feedback about junior lawyers. I feel that they have a harder time getting support. I think that our profession ignores articled students who are very vulnerable and know the least about how to get help if they need it."

2.4.1.2 | Being a woman and practising law in Canada: towards an inclusive approach beyond gender



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2.4.1.2 | Being a woman and practising law in Canada: towards an inclusive approach beyond gender

In the early 2000s, Cooper et al. (2004) argued that the growing numbers of women working in law was certainly transforming the culture of the legal profession to better integrate and retain them. However, it is clear that, despite a timid transformation, changes are still needed to create a more inclusive and sustainable legal culture.



While the legal profession used to be predominantly male, there has been a significant increase in the number of women working in law over the last three decades (Gregg et al., 2011). However, the profession is still rooted in an intensely masculine and hierarchical tradition in which women are still struggling to find their place (Gleixner & Aucoin, 2015; Gorman, 2005). In fact, the professional culture is marked by a strong competitive spirit where legal professionals must demonstrate a high and sustained level of performance (e.g., long working hours, highly complex cases, a "win at all costs" mentality). This culture is particularly incompatible with family obligations (e.g., parenting, housework) that women, in general, still take on more than men do (Cadieux & Gladu-Martin, 2016; Gleixner & Aucoin, 2015; Gorman, 2005). Nevertheless, this masculine culture, and the organizational structures that stem from it, may be hindering the retention and advancement of women in the legal field (Gleixner & Aucoin, 2015).

Given this professional environment, there are two main questions we should ask:

- What factors might explain this difficulty in retaining women and hinder their progression? Are these the same factors that impact the wellness of their counterparts who are men?
- Are there tools that organizations can use to anchor the place of women in the legal profession?

Based on the data we have collected, we can offer several observations about the situation of women in this profession. First, we present a brief description of the different health indicators. Then, based on two of these indicators (depressive symptoms and burnout), we analyze the determinants that may explain the mental health issues faced by these women legal professionals.

Did you know?

According to a study conducted during the pandemic (Santomauro et al., 2021), women generally experience more depression and anxiety than men.

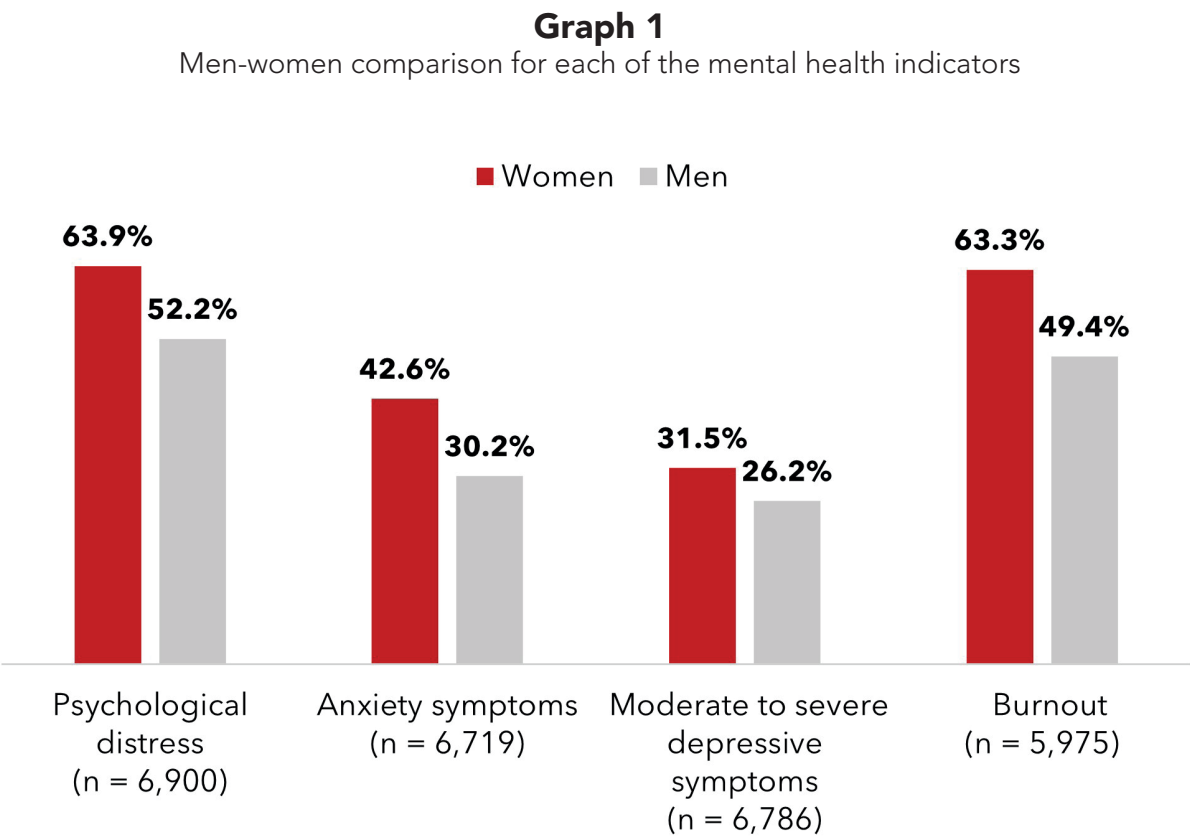
According to a study conducted by Statistics Canada (2020) during the pandemic, women were affected in the following proportions:

- 17% experienced depressive disorder (vs. 12% of men)
- 16% experienced generalized anxiety disorder (vs. 10% of men)

Source: <https://www150.statcan.gc.ca/n1/daily-quotidien/210318/dq210318a-eng.htm>

Women are more affected by mental health concerns

There is a significant difference between men and women for all of the mental health indicators used in this study—psychological distress, anxiety, depressive symptoms, and burnout ($p \leq .001$). Therefore, women in the legal profession may be more affected by mental health issues than their counterparts who are men. Graph 1 highlights this finding by comparing the prevalence of psychological distress, anxiety, depressive symptoms, and burnout in men and women.



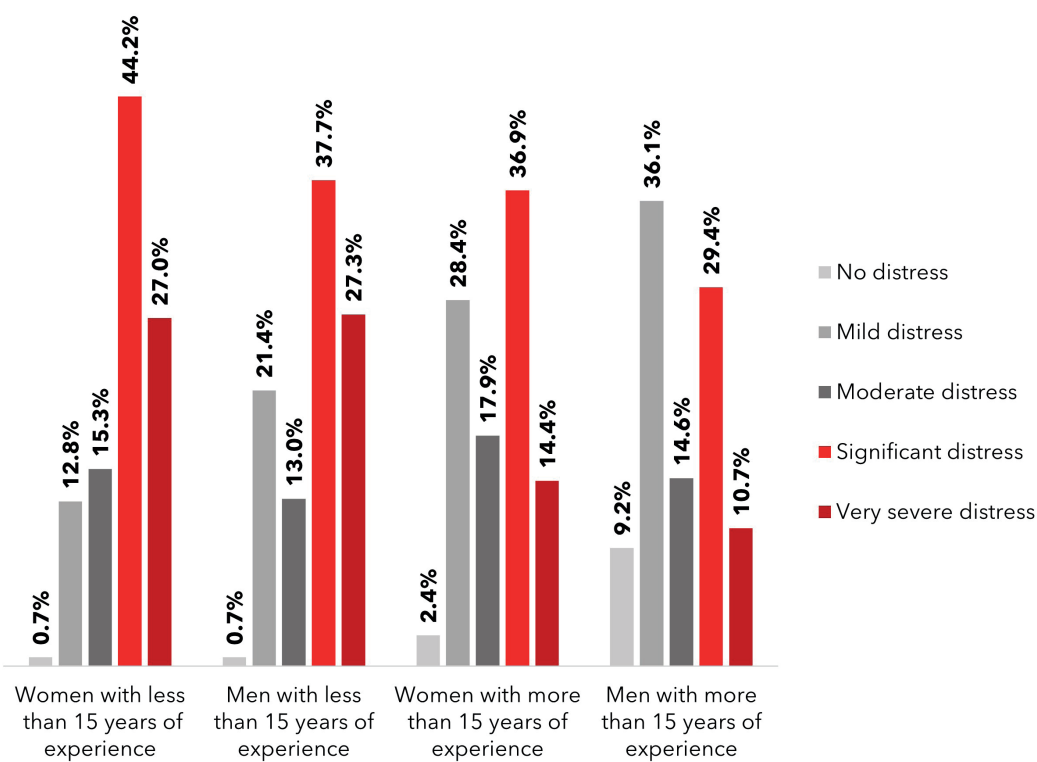
This finding is not surprising as several studies on different populations have reached the same conclusion (Almeida & Kessler, 1998; Marchand et al., 2005; Piccinelli & Wilkinson, 2000). One of the reasons for this difference between men and women in terms of the various health indicators is that women are more likely to report their symptoms than men (Piccinelli & Wilkinson, 2000). Social roles and cultural influence may also explain this prevalence of depression in women. In fact, because of the demands related to family obligations, the parental role may lead to an overload of responsibility for the mother, who must respond to these demands and also perform well at work (Piccinelli & Wilkinson, 2000). In short, competing demands from different spheres of life may be making women more exposed to the risk of experiencing not just psychological distress (Giacalone & Promislo, 2010), but symptoms of depression and burnout as well. This aspect will be explored in more detail below.

When experience deepens the gap between men and women

Beyond gender, professional experience plays a crucial role in mental health. For example, both women and men participants with less than 15 years of experience were more exposed to mental health issues than their more experienced colleagues.

As illustrated in Graph 2, the intensity of the psychological distress experienced appears to be generally comparable among practitioners in their early careers. However, women with fewer than 15 years of experience seem to be more likely than their men colleagues to experience significant distress (44.2% compared to 37.7% for men).

Graph 2
Proportion of psychological distress by gender and professional experience (n = 6,658)



However, a greater gender gap in levels of psychological distress appears as men and women progress in their careers. For example, among practitioners with more than 15 years of experience, men were more likely not to experience any psychological distress (9.2% compared to 2.4% for women). They also appeared to be less likely than women to experience significant or very significant distress.

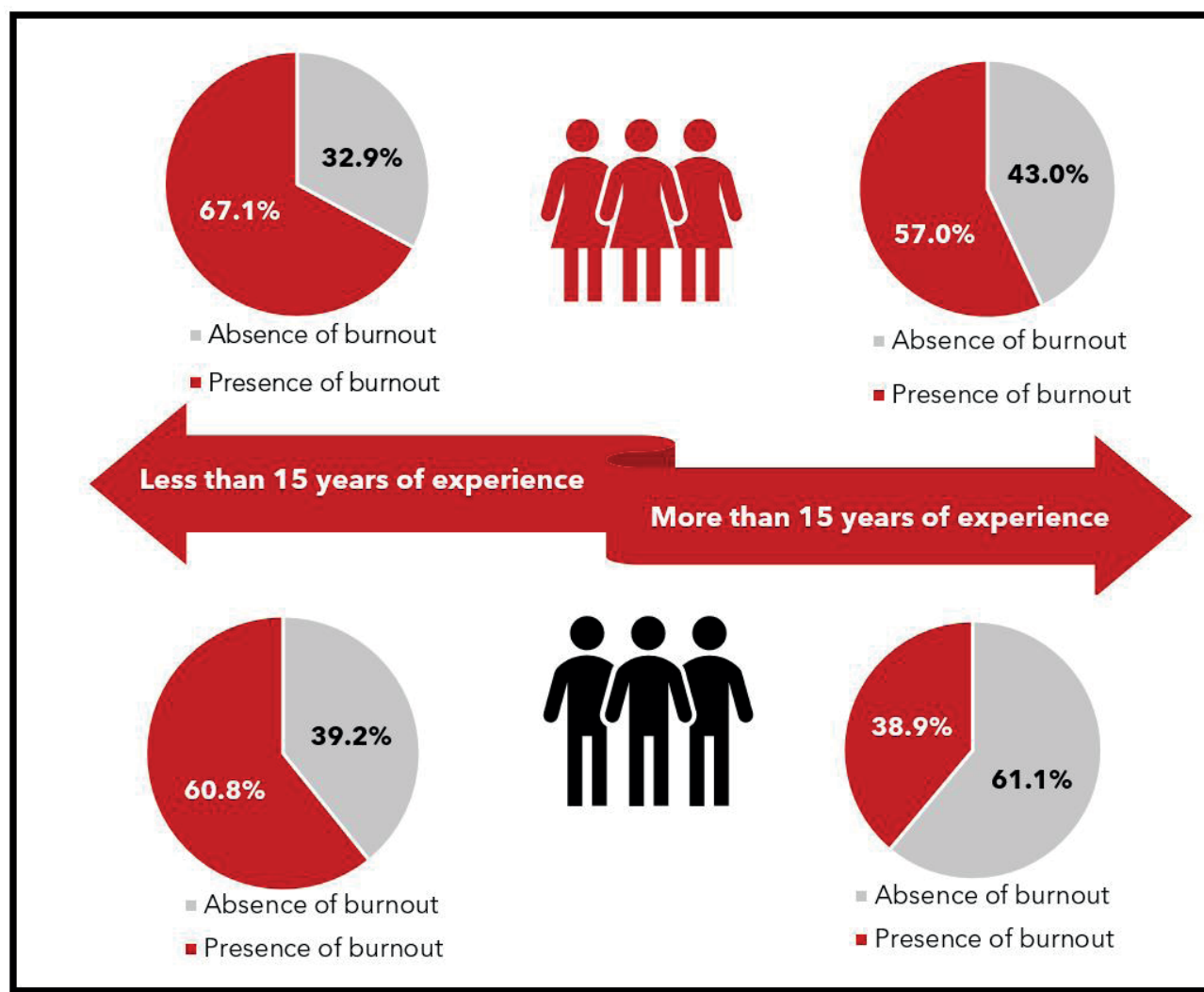


Figure 1 illustrates an unfortunately similar finding for levels of burnout. Indeed, Figure 1 shows that women and men with fewer than 15 years of experience face significant levels of burnout. Most of them scored 50 or more on a scale of 100, reflecting that they are experiencing burnout (67.1% for women compared to 60.8% for men). It is important to note that while the gap between the two genders is not that large, it is still significant ($p \leq .001$).

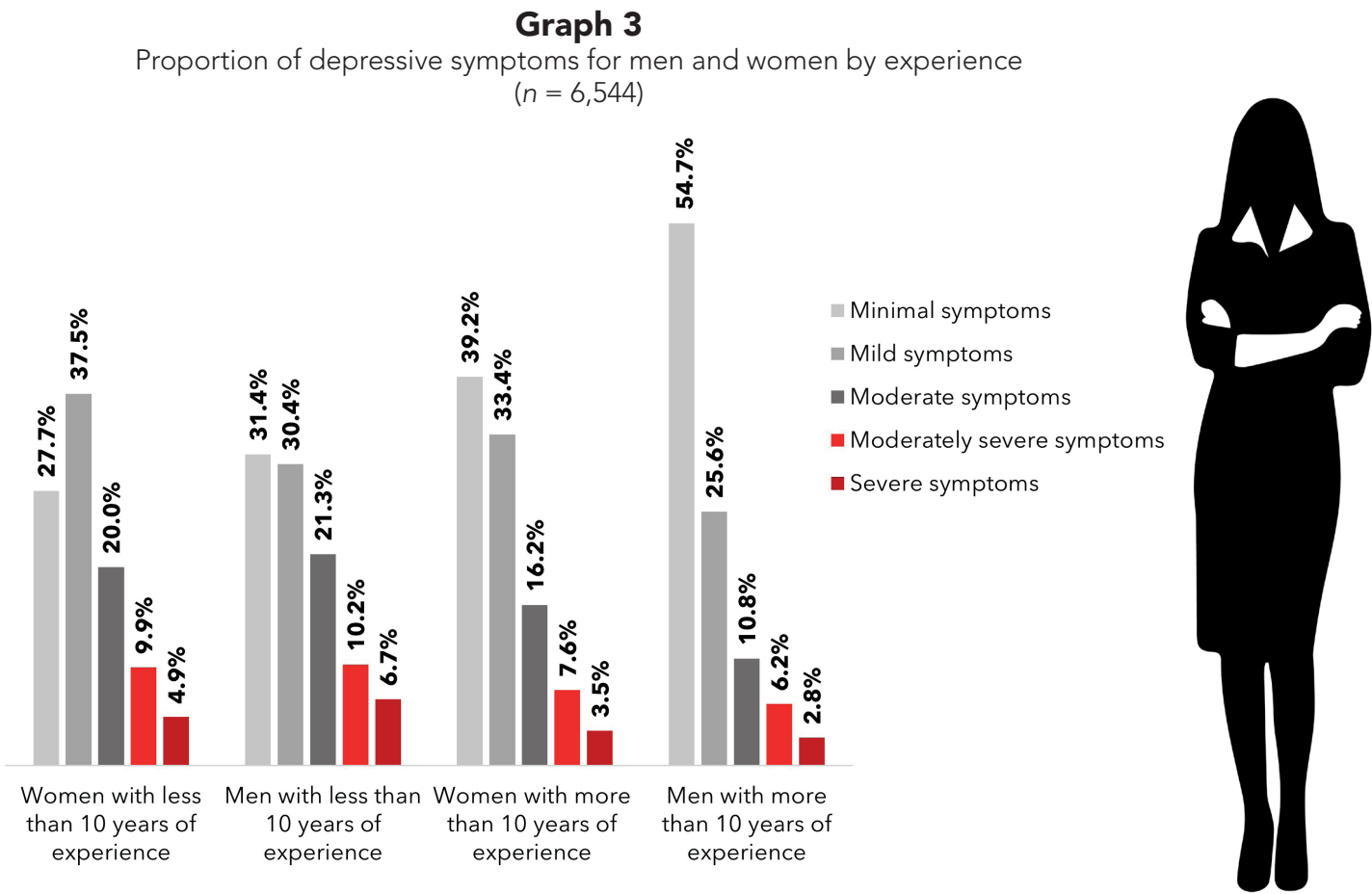
It should also be noted that, as with psychological distress, the gap between men and women is even greater among the most experienced professionals. Thus, 57.0% of women with more than 15 years of experience would appear to be experiencing a situation of burnout, compared to 38.9% of more experienced men. These findings are significant and highlight how persistent stress over the course of a career widens the gap between men and women in the profession.

Figure 1

Observed proportions of burnout by gender and experience of participants



Lastly, this gender gap that emerges when experience is taken into account is also observed for depressive symptoms. Graph 3 shows that "severe" and "moderately severe" symptoms are more prevalent among legal professionals with less than 10 years of experience, for both women and men. Nevertheless, it is essential to note that women with more than 10 years of experience are more affected by "moderate to severe" depressive symptoms (27.3%) than their colleagues who are men (19.8%).



Mental health determinants: a matter of experience and gender

In light of the findings above, the following few pages discuss the difference between men and women, but examining experience as a contributing factor, i.e., whether having more or less than 10 years of experience contributes to mental health issues. To facilitate this, our study sample was segmented into four sub-samples based on gender (men or women) and experience (less than 10 years of experience, or 10 or more years of experience).

Did you know?

Despite a lack of evidence, it is known that many women leave private practice after 5 to 10 years. Some even leave the profession altogether.

Source: <https://www.lesaffaires.com/archives/generale/ces-tendances-qui-changent-la-donne/506453>

Women with less vs. more experience: what do they have in common?

Several organizational factors are common to both groups of women in contributing to depressive symptoms and feelings of burnout. Thus, by simultaneously considering more than fifteen organizational and family factors, Table 1 makes it possible to assess the factors associated with an increase or decrease in depressive symptoms and feelings of burnout, regardless of the level of experience held by the participating legal professionals. A more in-depth analysis of the working conditions of women in their early career shows that

- **lack of resources** is associated with an **increase** in feelings of burnout, and
- **consistency of organizational and personal values** and **telework** are associated with **decreased** depressive symptoms and feelings of burnout.

For women with more than 10 years of experience, it appears that

- **recognition** is associated with a **decrease** in depressive symptoms and feelings of burnout, and
- **being in a relationship** is associated with an **increase** in depressive symptoms.

Table 1

Risk and protective factors associated with depressive symptoms and burnout in women legal professionals regardless of experience

Risk factors that increase depressive symptoms and/or feelings of burnout	Protective factors that reduce depressive symptoms and/or feelings of burnout
Quantitative work overload Emotional demands Job insecurity Work-life conflict	Autonomy Career opportunities

Women vs. men their early career: what equality?

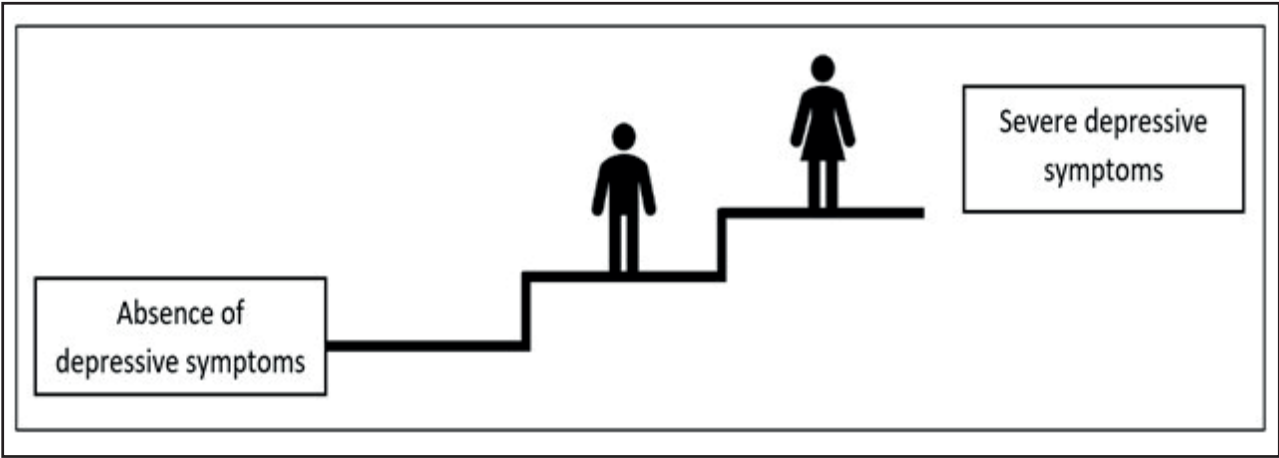
The following results demonstrate that men and women with fewer than 10 years of experience are on an equal footing in terms of mental health. Indeed, several organizational and family variables are associated with either an increase or a decrease in depressive symptoms and/or feelings of burnout.

The following factors are therefore associated with both health indicators for women and men in their early career:

- **emotional demands**, **lack of resources**, **job insecurity**, and **work-life conflict** are associated with **increased** depressive symptoms and feelings of burnout, and
- **autonomy** is associated with a **decrease** in feelings of burnout.

It is interesting that although **job insecurity** significantly increases depressive symptoms for both women and men in their early career, data show that **job insecurity** is even more damaging for women. Figure 2 illustrates this association between **job insecurity** and depressive symptoms in women and men in their early career. More specifically, even though both men and women are affected, women seem to experience more depressive symptoms in the face of job insecurity, which is why they are depicted one step higher than men in Figure 2.

Figure 2
Association between job insecurity and depressive symptoms in men and women with less than 10 years of experience



Lastly, Table 2 shows the differences between men and women in their early career in terms of the factors that increase or decrease their depressive symptoms and feelings of burnout.

Table 2
Comparisons of risk and protective factors associated with depressive symptoms and burnout in women and men with less than 10 years of experience

	Female legal professionals with less than 10 years of experience	Male legal professionals with less than 10 years of experience
Associated with an increase in depressive symptoms and/or feelings of burnout	Quantitative work overload	Qualitative work overload
Associated with a decrease in depressive symptoms and/or feelings of burnout	Career opportunities Telework Consistency of values	Support from supervisor Support from colleagues



Gender comparisons among experienced practitioners

When comparing women legal professionals with more than 10 years of experience with their counterparts who are men, we find points of convergence and divergence between them. In this regard, in terms of conjunctions, the following factors influence men and women with more than 10 years of experience in an equivalent manner:

- **quantitative work overload, emotional demands, job insecurity, and work-life conflict** are associated with **increased** depressive symptoms and feelings of burnout, and
- **career opportunities** are associated with **decreased** depressive symptoms and feelings of burnout.

By contrast, Table 3 shows what differentiates experienced men and women practitioners in the risk factors and protective factors that may influence their psychological health—more precisely, their depressive symptoms and professional burnout.

Table 3

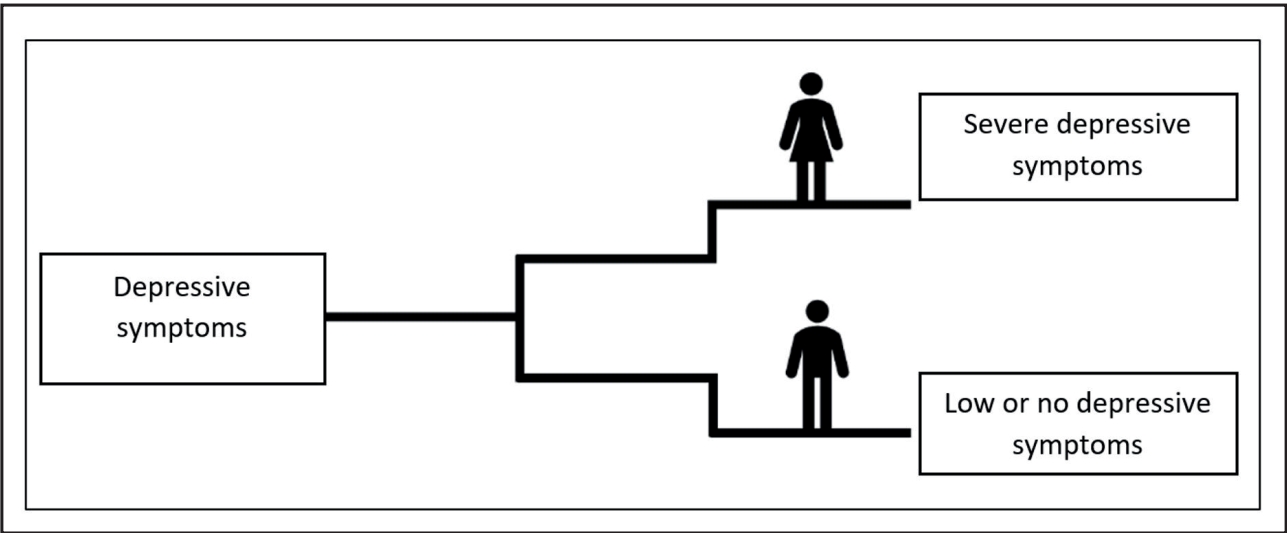
Comparisons of risk and protective factors associated with depressive symptoms and burnout in female and male legal professionals with more than 10 years of experience

	Female legal professionals with more than 10 years of experience	Male legal professionals with more than 10 years of experience
Associated with an increase in depressive symptoms and/or feelings of burnout	Being in a relationship	Qualitative work overload Having children
Associated with a decrease in depressive symptoms and/or feelings of burnout	Autonomy Recognition	Support from colleagues Being in a relationship

If we examine the differences between men and women with more than 10 years of experience, it is surprising that **being in a relationship** is associated with increased depressive symptoms for women, while the opposite phenomenon is observed for men. This difference between men and women, illustrated in Figure 3, is significant.

Figure 3

Association between marital status and depressive symptoms in men and women with 10+ years of experience



An inclusive approach to occupational health

Beyond the discrepancies between men and women at all levels of experience, the data shows that **emotional demands**, **job insecurity**, and **work–life conflict** are all factors that are associated with an increase in symptoms of depression and feelings of burnout. Therefore, it is possible to believe that these three risk factors weigh heavily on an individual's mental equilibrium. In this sense, it is crucial to focus on these risk factors and address them directly to have a positive effect on the health of legal professionals.

Considering all the women in the sample in general, regardless of their level of work experience, Table 4 presents the determining factors of depressive symptoms and feelings of burnout that may affect their psychological health.

Table 4 shows that several determinants (marked with asterisks) are common to men and women. It is possible to believe that implementing inclusive interventions would be highly relevant for both men and women. Moreover, although it was mentioned earlier that gender plays a role in whether or not people experience mental health issues and is, therefore, necessary to understanding health and wellness issues among legal professionals, gender in and of itself is insufficient as a contributing factor since

mental health is multifactorial. From this perspective, it is vital to implement inclusive interventions that could benefit the entire legal profession. It is also important to note that there is no one-size-fits-all solution. Depending on the organizational context, one measure for addressing mental health issues may work, and another may have no effect.

Table 4

Determinants of depressive symptoms and feelings of burnout in women

Determining factor	Health indicator
Qualitative work overload	*Burnout +
Quantitative work overload	*Burnout +++
Emotional demands	*Depressive symptoms +++ *Burnout +++
Lack of resources	Burnout +
Job insecurity	*Depressive symptoms +++ *Burnout +++
Autonomy	*Burnout - - -
Support from supervisor	Depressive symptoms +
Recognition	Burnout -
Consistency of values	Depressive symptoms - - *Burnout - - -
Telework	Burnout - -
Being in a relationship	Burnout +++
Having children	Depressive symptoms - - - Burnout - -
Work-life conflict	*Depressive symptoms +++ *Burnout +++

Note. Asterisks indicate that the factors are also significant for men. The + sign means that the factor associates with an increase in the health indicator, while the - sign means that the factor associates with a decrease in the health indicator. +++ or - - - means that $p \leq .001$; ++ or - - means that $p \leq .01$; + or - means that $p \leq .05$.

The **voice** of legal professionals



"I frequently spoke about how the legal profession chooses to conduct business in a way that undermines women, parents, and healthy lifestyles. I was called naive, flat-out wrong, and otherwise dismissed and diminished by legal professionals. When I suggested lawyers could make less money to improve their personal lives, I was called ridiculous and not business-savvy. This experience did not cause me to waiver from my belief that the legal profession is capable of being a health industry [sic], but it did make me feel unwelcome and unheard. Often these comments came from men and I felt, as a woman, that I was being told I was unsuited for the legal profession."

"I strongly believe that we have a problem in our profession with how we treat women and why so many women choose to leave the profession within a few short years of practice. The time pressures and stress of this profession has made me think about not being a lawyer in the future, particularly if I have children."

"I do not believe that remote work is helping most of us. I believe what we lose is more than we gain. This is a hard and an isolating profession. I believe that women, for the most part are better at and do a better job for our clients than most of our male counterparts do, but, that the better job we do is viewed as barely equivalent to a job I consider to be woefully inadequate if done by our mail [sic] counterparts. It is an unfortunate reality I continue to see. I believe we are treated differently by our colleagues, our clients and others such as service providers we deal with. I am happy to be great at what I do. I am sometimes sad that my being great is at times barely appreciated while I see my male counterparts often doing a horrible, disappointing or just adequate job that is given praise or made excuses for while my work excellent work will often be barely noticed."

"I had no idea when I began law school that this profession would impact every aspect of my life. It's not like most professions where you put in your eight hours and go home and forget about work. You have to work long hours, weekends, miss special events. Sometimes the issues your clients are dealing with are so stressful that it stays with you even after you've left work. This profession is also much more emotionally taxing than I would have thought. Sometimes I feel like I am the only thing standing between my clients and a disastrous situation and the pressure is immense. Additionally, being a young female in this profession is very difficult. In my experience, a disturbing number of older male counsel will try to bully you, underestimate you, and treat you as incompetent or irrelevant. I have been mistaken for an assistant many times because of my age and gender. [My law society] has a lawyer's assistance program, but it is of limited help. Often, the employees are very busy and will not have time to speak with you more than once every two weeks. My understanding is that they are also lawyers, and not medically trained professionals capable of giving therapeutic advice. This also makes

things complicated as everyone seems to know everyone and it makes it very uncomfortable to speak frankly knowing that the person you are speaking with likely knows the person you are talking to them about. I also make not very much money for the hours I work and the position I hold, and this further prevents me from accessing therapy or counselling. If I knew years ago what I know now about the legal profession, I probably would have chosen a different career path. The prestige of the profession, the moderate income and the interesting work do not make up for the immense stress, demands on your time, and emotional taxation."

"I worked for a number of years in private practice. As a woman I was treated like garbage. Left out of impromptu lunches with the "boys" club, constantly having my assistants taken from me and reassigned to the male lawyers because they were a good and valuable resource and sticking me with the new assistants to train. When the students came in each summer, I as a female was always tasked with mentoring them despite the fact that there were other, more junior associates that should have also been asked to share the burden. Overall the whole experience was completely demoralizing and dehumanizing. [...]"

"Additionally, for a lot of my answers about "work" and discrimination, the source of the discrimination or lack of faith in my work as a young woman lawyer is from CLIENTS. I have had MANY clients show a sincere lack of faith in my ability since I was called to the bar, despite me providing them with highly competent representation."

"Cette initiative est nécessaire dans la profession juridique. Le milieu est tout simplement toxique. Je ne suis pas surprise de voir plusieurs collègues femmes quitter la profession. Les stéréotypes conservateurs sont nombreux. Le "système" en place (du moins, dans les cabinets) encourage la promotion de ceux (plus que de celles) qui perpétuent les stéréotypes conservateurs. Les femmes sont considérées comme le deuxième salaire de leur famille ou de leur couple. C'est très frustrant pour la femme qui souhaite progresser au sein de l'organisation et qui est le salaire le plus élevé de son couple, car elle sait que ses collègues masculins seront toujours mieux rémunérés qu'elle. Cette frustration et ce sentiment d'être dénigrée, c'est lourd. Une femme qui a l'air jeune se fait dire que les clients ne la prendront pas au sérieux et que le client sera donc confié à un homme... de son âge. Elle ne pourra jamais rattraper son collègue masculin au niveau de la rémunération ou même du rayonnement. Ce genre de geste perpétue les inégalités entre les femmes et les hommes au sein de l'organisation. Les femmes sont considérées et traitées comme des exécutantes plus souvent que leurs collègues masculins, et ce, même lorsqu'elles deviennent associées. Un jeune associé aura rapidement un(e) junior pour l'aider dans ses dossiers, alors qu'une jeune associée devra continuer à faire du travail d'exécutante tout en étant responsable de la formation des juniors."

"I am extremely fortunate to work at an all female law firm. I believe if I worked for male partners, my work life would be terrible and I would be forced to choose whether I wanted to be a mom or a lawyer. Very few of my law school classmates are still in private practice and I believe that is due to burnout and lack of support. They do not have the work life balance I am afforded at my firm. I am happy to see a

survey like this. We need to keep having conversations and normalizing not being okay and normalizing reaching out for help. A law school classmate of mine took her own life [...]. I did not know her well but I believe it was related to her practice. I'm heartbroken for her family and friends. I hope some positive changes can come from this survey."

"Dès que j'ai annoncé mon changement de carrière, on m'a demandé quand je tomberais enceinte, que je choisissais une vie plate parce que j'étais une femme et que j'aurais des enfants, etc. Je sais que ces commentaires étaient des blagues, mais j'ai vraiment trouvé ces commentaires répétitifs déplacés. Je crois vraiment que l'ensemble des avocats devraient devoir suivre des formations sur la question de l'égalité homme-femme (tout comme sur le respect des choix personnels, la discrimination au travail envers les minorités, la manière de traiter les avocats juniors, etc.) afin de les sensibiliser à l'impact de certains commentaires, de certaines attitudes et de certaines blagues."

2.4.1.3 | Being Indigenous and practising law in Canada: building a holistic and integrated perspective on health



AUTHORS OF THIS SECTION:

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Prof. Nathalie Cadieux, Ph.D., CRHA

2.4.1.3 | Indigenous legal practitioners in Canada: building a holistic and integrated perspective on health

miyo-âyâwin

"Good health, prosperity" in the Cree language

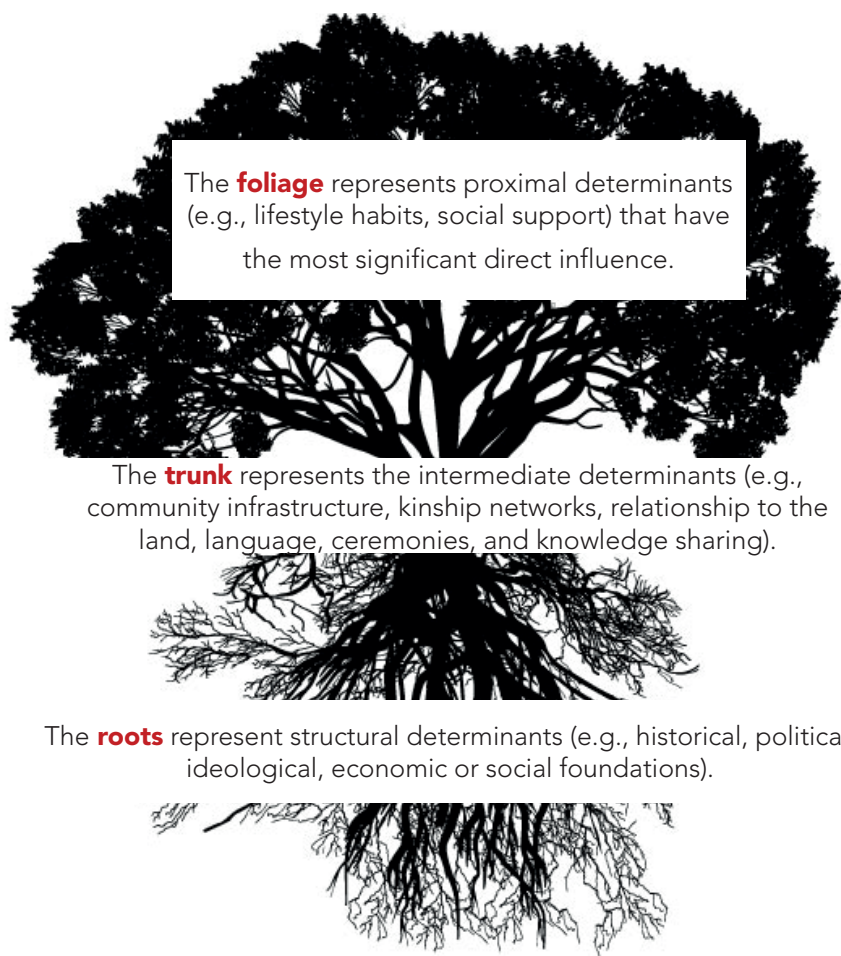
A report issued in 2018 by the Public Health Agency of Canada, based on their national survey of health inequalities, points to the colonial structure intended to "assimilate Indigenous peoples into the dominant Euro-Canadian culture" (p. 7) as one of the essential factors "responsible for destabilizing the determinants of Indigenous health" (p. 7). The report also states that several pivotal elements of Canadian history related to "the colonial structure have contributed to the health inequalities that exist today" (p. 7).

"Traditionally, Indigenous peoples have viewed health in a balanced and holistic way, with connections between spiritual, emotional, mental and physical dimensions."
(p. 7)

Source: https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/key-health-inequalities-canada-national-portrait-executive-summary/key_health_inequalities_full_report-fra.pdf

Figure 1

Tree metaphor illustrating the determinants of health



Note. This figure is based on a report published by the Public Health Agency of Canada (2018) entitled *Key Health Inequalities in Canada: A National Portrait*.

Figure 1 on the previous page uses a tree metaphor to illustrate the holistic perspective of health determinants among Indigenous people. According to this metaphor, health is seen to have three interconnected areas of influence, symbolized respectively as the foliage, the trunk, and the roots of a tree. Each area contains a group of determinants for an individual's health. Taken together, they form the tree representing the organic whole and providing a complete understanding of human health.

For analysis and comparison purposes, we divided the overall sample into three distinct groups: Indigenous, White and Other Ethnicities. This decision was based on the fact that, although other ethnicities do not necessarily have a similar experience as Indigenous legal professionals, they may also experience discrimination because they are not White. However, these comparisons do not imply that each group is not particularly affected by stressors specific to that group, but that those stressors may not have been measured in this study. Also, these comparisons are intended only to assess what distinguishes legal professionals belonging to the Indigenous community from those of other ethnicities.

Did you know?

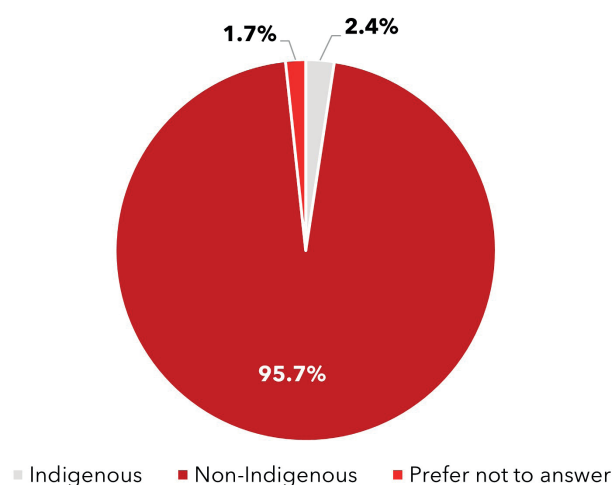
Data compiled by Statistics Canada in the 2016 census indicated that there were 1,673,780 Aboriginal people in Canada. They account for 4.9% of the total Canadian population, an increase from the 3.8% recorded in 2006. That points to a significant fact: "Since 2006, the Aboriginal population has grown by 42.5%—more than four times the growth rate of the non-Aboriginal population over the same period" (p. 1). This confirms the assertion that "Aboriginal peoples are both young in age and growing in number" (p. 1) in Canada.

Source: <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025a-eng.htm>

Socio-demographics of Indigenous legal professionals¹

Individuals identifying as Indigenous represent 2.4% of our total sample (and 4.9% of the total Canadian population). Note that 1.7% of participants selected "Prefer not to answer" (see Graph 1) when asked if they identified as Indigenous. The Indigenous respondents are mainly distributed within the First Nations (44.6%) and Métis (47.5%) categories. Approximately 8% of Indigenous respondents selected the Inuit group or noted that their Indigenous group was not listed.

Graph1
Proportion of legal professionals identifying as Indigenous (n = 7,305)



1. Depending on the analyses conducted and due to the small number of Indigenous participants, the exact number of respondents will not always be disclosed. However, our team made sure to perform all appropriate statistical tests to validate descriptive findings in this section.

The Indigenous legal professionals in our survey sample are mostly concentrated in the Western provinces (about 55% of them, mainly in British Columbia and Manitoba) and in the Eastern provinces (about 35%, mostly in Ontario). The remaining 10% are in the Maritimes and the Territories. Tables 1 and 2 present their gender ratio and their distribution by occupation within the legal profession.

Table 1
Proportion of Indigenous legal professionals by gender

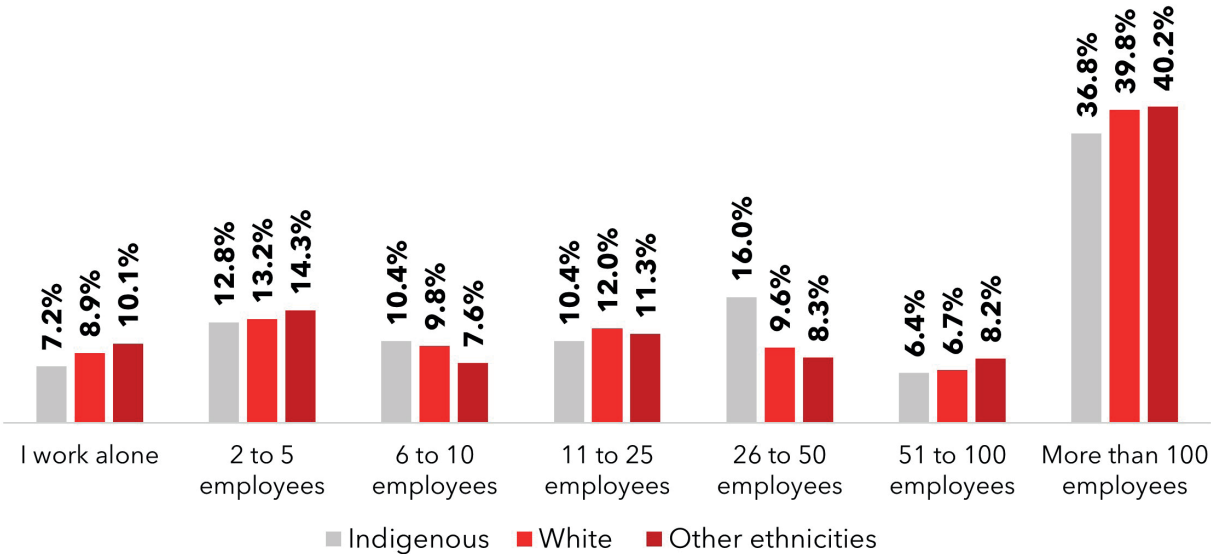
	Women	Men	Do not identify with the binary system	Prefer not to answer
Gender	64.5%	32.0%	2.3%	1.2%

Table 2
Proportion of Indigenous legal professionals by profession

	Lawyers	Quebec notaries	Ontario paralegals	Articling students (unweighted)	Others
Profession	84.9%	1.2%	6.4%	4.7%	2.9%

Looking at Graph 2, we can see that Indigenous legal professionals are distributed in fairly even proportions across the various small- and medium-sized organizations, but are much more present in large organizations (those with more than 100 employees). This pattern is very similar to the distribution of whites and other ethnicities. In terms of the different work settings, we note that once again, the distribution of Indigenous legal professionals is very comparable to that of the other respondents (Whites and other ethnicities), where 61.8% work in private practice, 35.7% in the public sector or a not-for-profit organization, and 2.5% in a for-profit corporation (see Graph 3).

Graph 2
Distribution (%) of Indigenous, White and Other-ethnicity legal professionals by size of organization in which they work (n = 5,174)

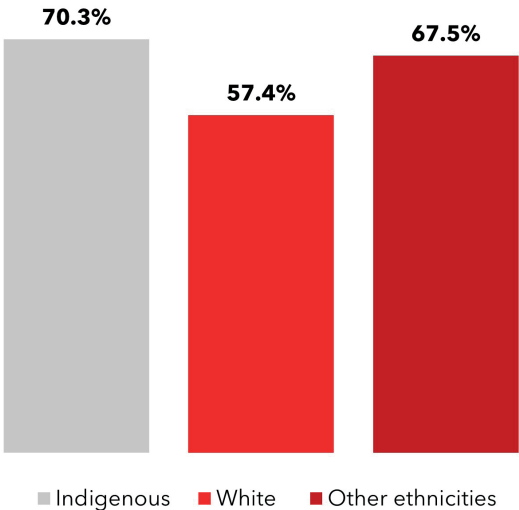


Health indicators and lifestyle among Indigenous legal professionals: comparative analysis²

As seen in Graph 4, the rate of psychological distress among Indigenous legal professionals (70.3%) is significantly higher than among Whites (57.4%). However, if we compare the rate for other ethnicities (67.5%), we see that the distress rate for Indigenous legal professionals is only slightly higher, and so in this respect, the difference between Indigenous legal professionals and other ethnicities is not significant. A similar observation can be made when we consider the rates of moderate to severe depressive symptoms (Graph 5). Indigenous legal professionals (41.2%) are still overrepresented in comparison to other categories but especially compared to White legal professionals (28.9%). Lastly, as illustrated in Graph 6, the proportions observed for the three groups are different for burnout. Thus, 66.2% of Indigenous legal professionals may be affected by burnout, as compared to 59.1% of white legal professionals and 64.2% of legal professionals belonging to other ethnicities. Although the distinctions are less pronounced than those observed for the other health indicators, they remain significant.

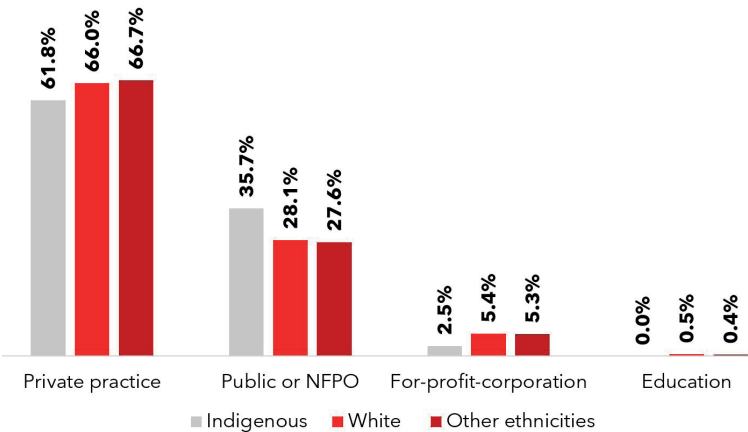
Graph 4

Proportion of Indigenous, White and Other-ethnicity legal professionals experiencing psychological distress (n = 6,990)



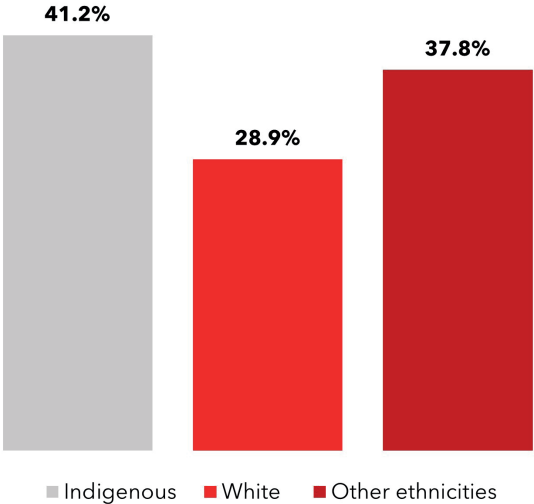
Graph 3

Distribution (%) of Indigenous, White and Other-ethnicity legal professionals by work setting (n = 6,261)



Graph 5

Proportion of Indigenous, White and Other-ethnicity legal professionals with moderate to severe depressive symptoms (n = 6,894)

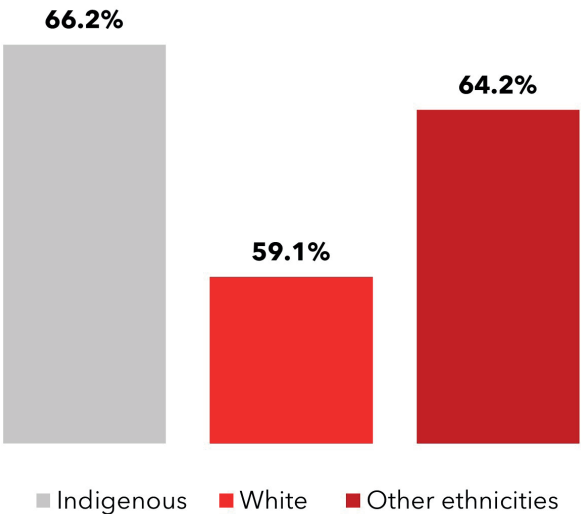


2. The analyses in this section were not weighted, since the small number of Indigenous respondents meant that weighting had a significant impact on the results.

These findings regarding mental health indicators demonstrate the importance of focusing on diversity in the Canadian legal community as a means of better understanding the inherent reasons for the observed disparities.

Our analysis shows that the proportion of Indigenous professionals who have experienced suicidal ideation since beginning their professional practice is comparable to the proportion observed in the other groups. Thus, 24.5% of Indigenous professionals have had suicidal thoughts since they began their career, whereas the proportions are 24.7% and 25.1%, respectively, for White legal professionals and those identifying with other ethnic groups.

Graph 6
Proportion of Indigenous, White and Other-ethnicity legal professionals experiencing burnout (n = 6,077)



Comparison of different risk and protective factors

To further understand the experience of Indigenous people working in the legal profession, our team compared Indigenous, White and Other-ethnicity legal professionals for several key variables. Figure 2 lists fifteen variables that were compared across the three groups. The results show that the experience of the Indigenous legal professionals is very similar overall to that of Whites and other ethnicities. All other things being equal, the Indigenous respondents only differed in two areas: emotional demands and alcohol consumption. It is important to note that these differences are only observed between Indigenous and White legal professionals. However, Indigenous respondents were more likely than White respondents to feel pressure due to emotional demands. It cannot be specified whether this pressure from emotional demands is more closely associated with a greater sense of professional burnout or with more depressive symptoms.

Figure 2

Risk and protective factors used to compare Indigenous, White and Other-ethnicity legal professionals

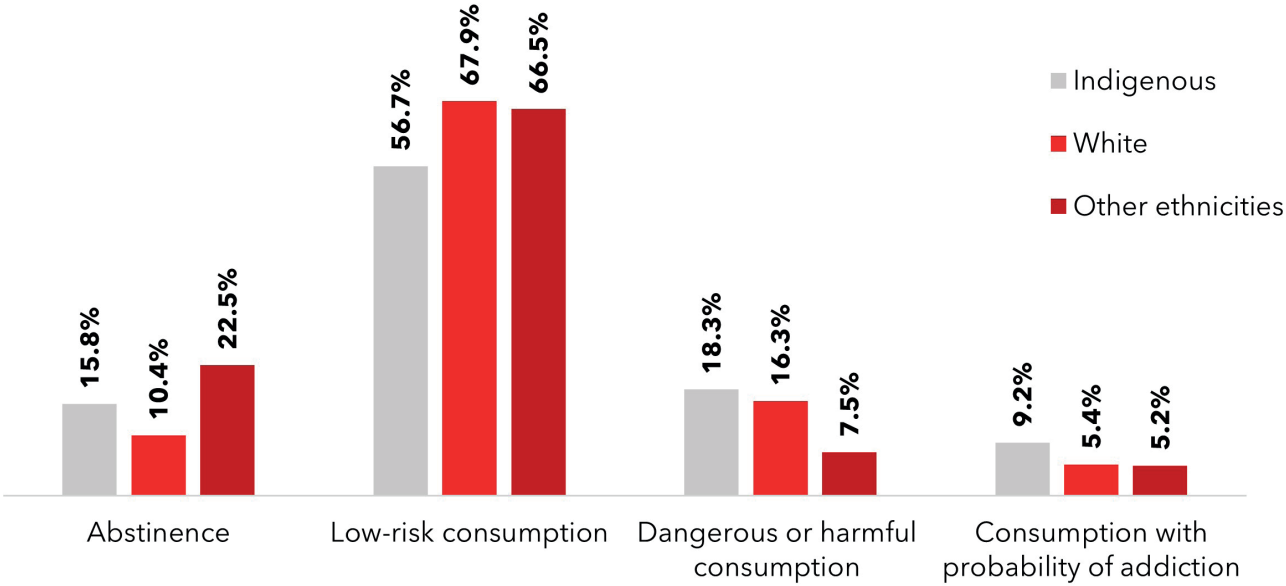
Workplace incivility	Career opportunities	Consistency of values
Support from colleagues	Support from supervisor	Recognition
Commitment to the profession	Emotional demands	Performance pressure
Psychological demands (qualitative)	Intention to leave the profession	Job insecurity
Psychological demands (quantitative)	Adjusting to telework	Alcohol consumption

Note. Variables boxed in grey show a significant difference between Indigenous and White legal professionals.

Lastly, Graph 7 looks at patterns of alcohol consumption. It shows that the proportions of "dangerous or harmful use" and of "consumption with a probability of addiction" are higher among Indigenous (9.2%) professionals than among White professionals (5.4%) and those of other ethnicities (5.2%). Still, this finding should be interpreted with great caution, as the number of Indigenous respondents in these two categories was low.

Graph 7

Distribution (%) of Indigenous, White, and Other-ethnicity legal professionals by drinking pattern (n = 5,405)



The **voice** of legal professionals



"Most of the professional and mental health support that was suggested or offered to me was not cultural appropriate/competent to me as an Indigenous person [...]. Any and all of the professional and mental health supports that I did finally receive that were helpful were resources I had to find myself, and go through long, agonizing series of administrative steps to acquire access to. Additionally, as soon as my mental health challenges were made known to the [law society], they have treated me like an incompetent criminal (even though I have no history of discipline or malpractice at all), and all of my interactions with the [law society...] have directly or indirectly made my condition worse or at least aggravated my return to work journey. My experiences with [law society] member assistance plan [name] have all been very "professional", but completely ineffective in helping me manage my challenges with mood disorder, alcohol use, trauma, and gender dysphoria. All of the treatment that I have receive that have been effective in assisting with my recovery have been Indigenous-first, trauma-first, LGBTQ2S+-first, or just resources I have had to find and obtain access to outside of the legal profession or mainstream healthcare. Thank you so much for researching this very important and pertinent issue."

2.4.1.4 | Wellness among ethnicized groups: a comparative analysis



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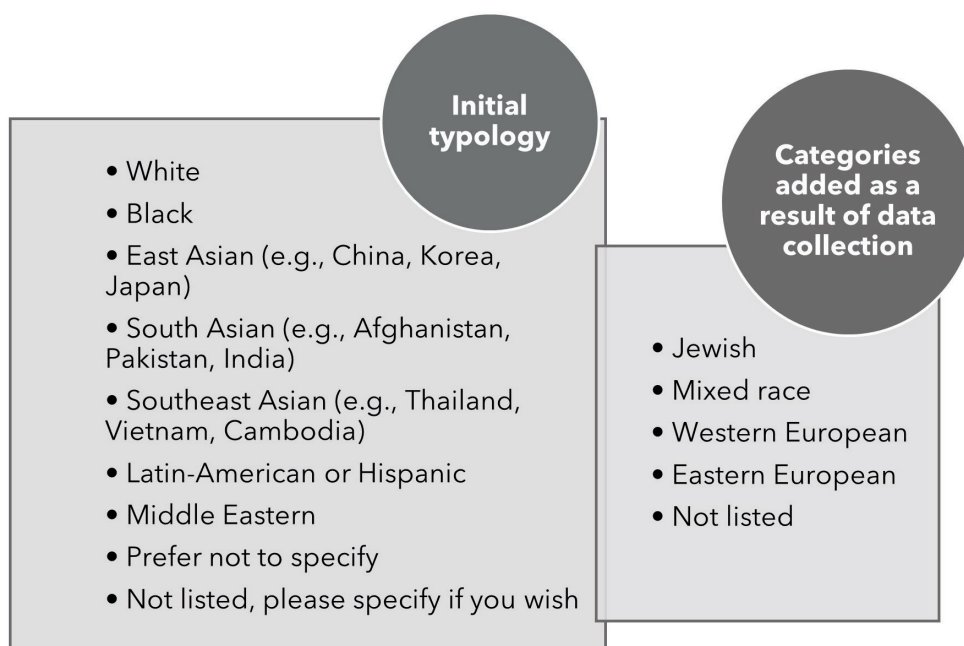
Prof. Nathalie Cadieux, Ph.D., CRHA

2.4.1.4 | Wellness among ethnicized groups: a comparative analysis

Firstly, we must note that the typology used in this study to categorize different ethnicized groups was borrowed from the Ontario Human Rights Commission, and its use was authorized by the Federation of Law Societies of Canada. However, several responses from participants required reconsideration. Precisely 225 participants selected the option of "Not listed, please specify if you wish" and then specified their ethnicity. This resulted in five new categories: "Jewish," "Mixed race," "Western European," "Eastern European," and "Not listed" (see Figure 1).

Figure 1

List of initial and revised typologies used to classify racial or ethnic categories



A brief definition of ethnicity

Ethnicity is defined primarily from two perspectives, either 1) ethnicized identity or 2) ethnicity of origin. The first refers to "self-identification with a particular cultural group or groups" (Clarke et al., 2008, p. 146), while the second refers to "classification according to the cultural or ethnic groups to which the person's ancestors belong" (Clarke et al., 2008, p. 146). However, the term ethnicity itself is poorly or inconsistently defined in the literature. Depending on the

A lack of consensus on the definition of ethnicity makes it difficult to conceptualize it. The term can be seen as applying to ethnic origin, ethnic identity or a combination of ethnic and racial origin.

author, ethnicity may be seen as ethnicity of origin, ethnicized identity, or ethnicity and race (Clarke et al., 2008). At the same time, some authors apply the term in a broader sense while others have a more specific definition of the concept. Because there is no consensus in the literature, we have opted, in this study, for the typology shown in Figure 1 on the previous page.

Distribution of legal professionals from different ethnic backgrounds¹

Of the 6,698 participants, 1,159 identified as non-White or not solely White. Table 1 provides an overview of the distribution of participants in the different categories.

Among the participants who identify as belonging to an ethnicity other than "White," there is an average age of 41.26 years (compared to 44.84 years for "Whites") and a ratio of 48% women to 52% men.

Of the 992 legal professionals (which excludes articling students), 91.7% are lawyers, 1.1% are Quebec notaries, and 6.0% are Ontario paralegals. Notably, 40.7% of articling students have a background other than "White", which equates to 8.6% of the overall sample. This suggests that there are more visible minorities among articling students than among notaries and paralegals combined. This finding would in turn suggest that the profession is becoming more ethnically diverse.

Table 1
Representation of different ethnicities among participating non-White legal professionals (n = 1,159)

Ethnicity	Representation in sample
Black	8.6%
East Asian	16.2%
South Asian	17.5%
Southeast Asian	3.0%
Latin American or Hispanic	2.9%
Middle Eastern	9.2%
Jewish	6.7%
Mixed race	12.3%
Western European	1.6%
Eastern European	0.7%
Not listed	6.9%
Prefer not to specify	14.4%

Among legal professionals who self-identify as non-White, 59.9% work in private practice, 21.8% work in the public sector or NFPO, 5.1% work for a for-profit corporation, and 0.5% work in education. Lastly, most legal professionals from other ethnicities are registered with the Law Society of Ontario (55%), followed by the Law Society of British Columbia (14.7%), the Barreau du Québec (10.9%), and the Law Society of Alberta (7.7%). The proportion of ethnicized legal professionals in the other law societies ranges from 0% to 1.4%.

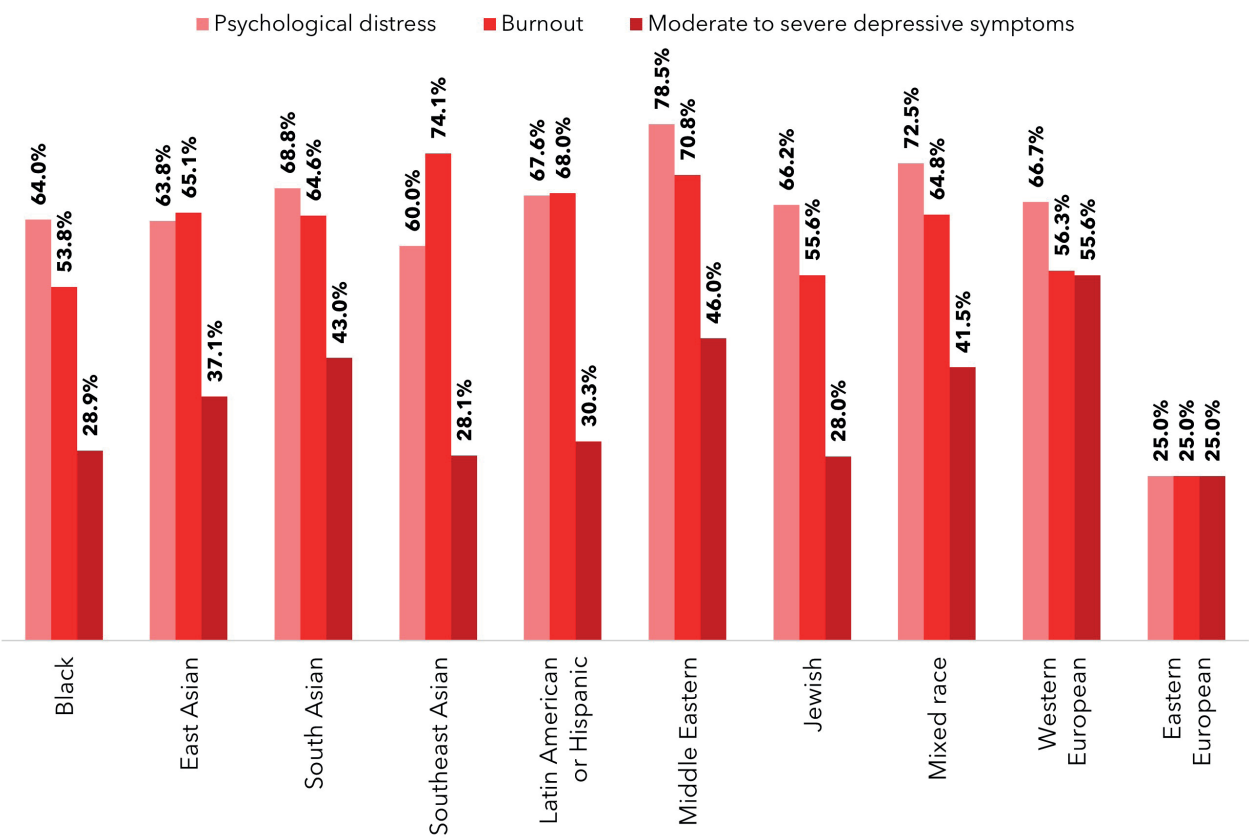
1. It is important to note that in this study, and throughout the report, the term "ethnicized people" refers to people who do not identify as White or not solely White.

Multiple health indicators among various ethnicized groups²

Graph 1 presents the proportions of psychological distress, moderate to severe depressive symptoms, and burnout for each ethnicized group represented in the sample.

Graph 1

Proportion of psychological distress (*n* = 990), moderate to severe depressive symptoms (*n* = 967), and burnout (*n* = 825) within each ethnicized group



First, we note that the proportions of psychological distress are relatively comparable between all ethnicized groups except for two. Although legal professionals of Middle Eastern decent appear to experience psychological distress more significantly than legal professionals of Eastern European decent, the number of respondents in these groups does not allow this conclusion to be drawn from a statistical standpoint.

When we look at the proportion of professionals experiencing moderate to severe depressive symptoms, we see that the averages for ethnicized legal professionals range from 25.0% to 55.6%.

Finally, the proportion of professionals from ethnicized groups experiencing burnout ranges from 25.0% to 74.1%. While this difference seems quite large, no significant differences exist between the groups when the analysis is taken a step further.

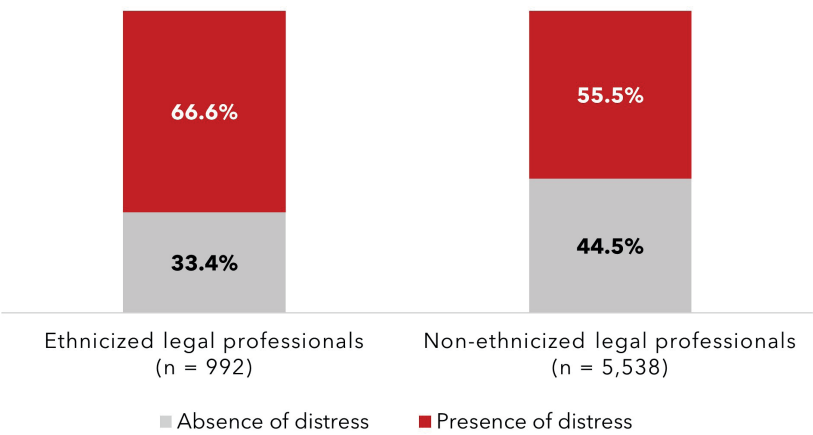
2. It is important to remain cautious in interpreting the analysis that follows, since the sample size for some ethnicized categories is smaller, making it impossible to generalize for the entire ethnicized legal population. Also note that because it was not possible to know the exact ethnicity for legal professionals in the "Other" and "Prefer not to answer" categories, we have removed these from the comparative analysis of the different ethnicized groups.

Psychological distress, depressive symptoms, and burnout: challenges for ethnicized groups compared to Whites

First, Graph 2 shows that 66.6% of ethnicized legal professionals experience psychological distress, compared to 55.5% of Whites—a statistically significant difference of just over 10%.

Graph 2

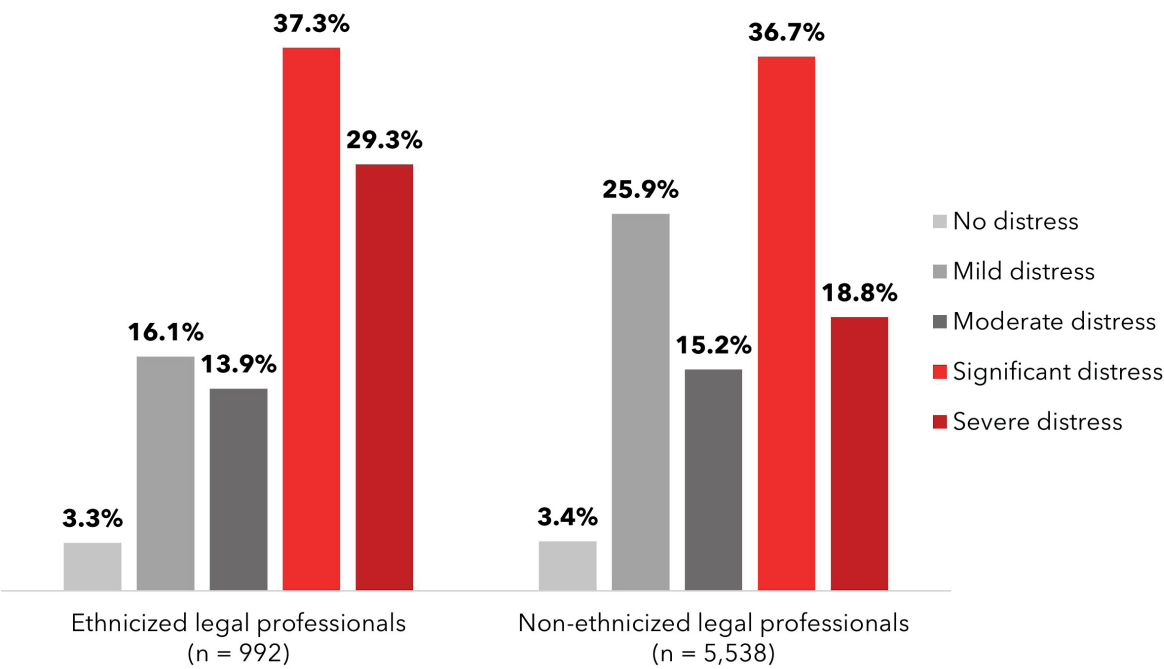
Proportion of psychological distress among ethnicized legal professionals compared to non-ethnicized legal professionals



Looking at Graph 3, we can see that the differences between the two groups are found mainly in the "Mild Distress" and "Significant Distress" levels. Moreover, there is a significant difference between ethnicized and non-ethnicized people at the "Significant Distress" level.

Graph 3

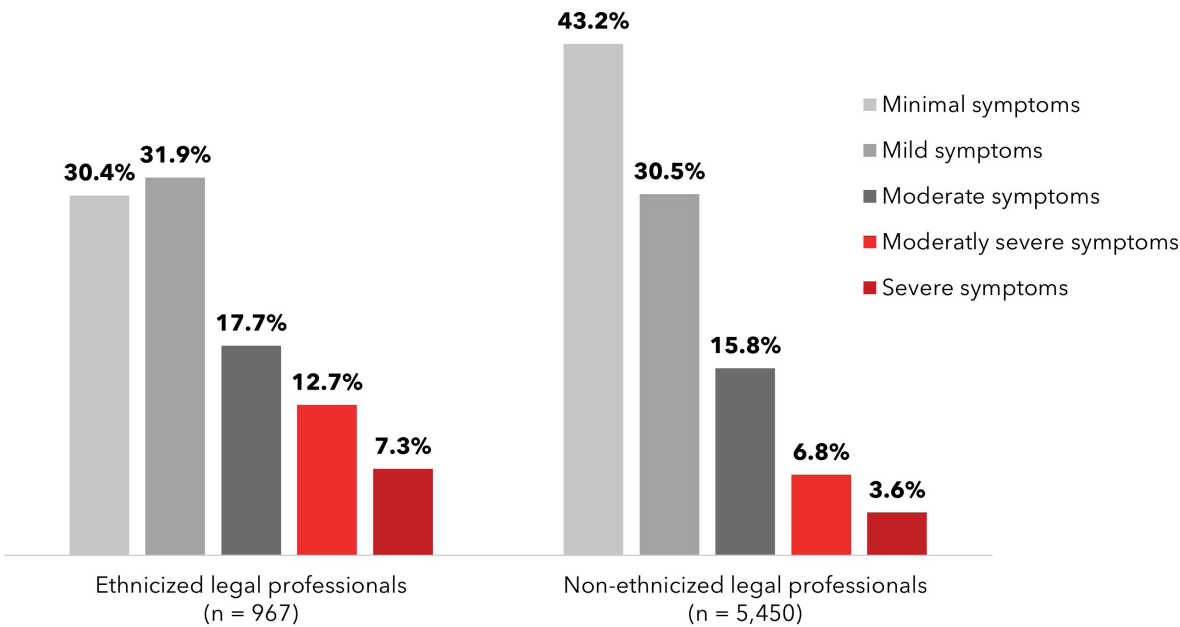
Proportion of psychological distress levels by ethnicized and non-ethnicized legal professionals



For depressive symptoms, the data indicate that 37.7% of ethnicized individuals experience moderate to severe depressive symptoms, compared to 26.2% of non-ethnicized individuals. Graph 4 allows us to appreciate where these differences lie between the groups. There is a clear gap of almost 20% between ethnicized and non-ethnicized people experiencing "Moderately severe" and "Severe" depressive symptoms.

Graph 4

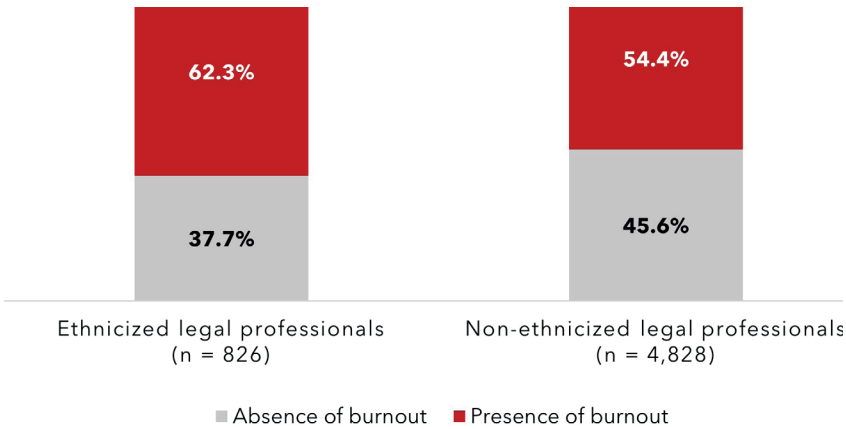
Proportion of depressive symptom levels among ethnicized and non-ethnicized legal professionals



Lastly, along with psychological distress and depressive symptoms, the presence of professional burnout is significantly higher among ethnicized individuals in the sample (62.3%) as compared to non-ethnicized individuals (54.4%) (see Graph 5).

Graph 5

Proportion of burnout among ethnicized and non-ethnicized legal professionals



Health determinants that differentiate ethnicized legal professionals

Simultaneously analyzing and comparing the impact of approximately 20 factors (e.g., risk and protective factors, age, gender) on the two distinct groups (ethnicized and White) reveals the differential impact of specific resources on the health of ethnicized professionals compared to Whites. For example, Table 2 summarizes the three organizational factors that were significant in explaining burnout among ethnicized professionals: use of skills, support from supervisor, and support from colleagues. The first two factors were associated with decreased levels of burnout, whereas these protective factors were not significant for White legal professionals. Interestingly, support from colleagues is associated with higher burnout among ethnicized professionals. Two hypotheses are worth exploring to understand this relationship. On the one hand, ethnicized minority professionals may wait until they reach a high level of burnout before seeking support from colleagues. On the other hand, it is also possible that this support from colleagues occurs only when burnout is perceived. This finding is paradoxical, to say the least, because the opposite effect was found in the sample of White legal professionals, who tend to feel less supported by colleagues when experiencing high depressive symptoms. It is possible that, for these professionals, experiencing depressive symptoms makes them less likely to seek help from colleagues so they can avoid discussing their situation or health issues. Another explanation that cannot be ignored is a negative perception of the support received when professionals experience depressive symptoms.

Table 2

Organizational factors significantly associated with the health of ethnicized legal professionals but not significant or leading to different effects for White legal professionals

Protective factors that differentiate ethnic individuals
Skill utilization
Support from supervisor
Support from colleagues*

Note. *Support from colleagues is usually associated with a decrease in mental health indicators (and so it is seen as a protective factor) whereas for ethnicized individuals, support from colleagues is associated with higher levels of burnout.



How different are the two groups?

Beyond the differences in risk and protective factors that may negatively affect wellness among legal professionals, several factors for both ethnicized and non-ethnicized people are significant. The following list shows the factors associated with an increase (in red) and a decrease (in green) in depressive symptoms or feelings of burnout for all legal professionals, regardless of their racial or ethnicity.

- **Emotional demands**
- **Lack of resources**
- **Job insecurity**
- **Career opportunities**
- **Consistency of values**
- **Work-life conflict**
- **Age**

The analysis conducted in this section regarding the specificities of challenges to health and wellness among professionals from an ethnicized minority group highlights the importance of further investigation into the underlying dynamics of diversity in Canadian legal environments.

The **voice** of legal professionals



"I am a racialized woman and have experienced serious instances of bigotry, racism, [...], and misogyny within my organization. [...] When I was in practice, I also experienced much of the same from clients, Court workers and even some judges. I am so exhausted and burn out [sic]. I know I don't "look" like I belong to the legal profession, and I've had to do so much work and self-deny much of my identify to appear "acceptable" as a lawyer. This profession has some of the most entrenched problems when it comes to diversity and inclusion of folks from equity-seeking groups. I am so tired of year of call being used as a proxy for age and to discredit my contributions and competency."

"There is a lot of big talk in this profession, but never any practical changes. They happily use racialized lawyers' photos and names to show how diverse and inclusive they are, but they actually don't give these racialized lawyers a seat at the table or any decision-making power. And the ones that do make it to that level get torn down, disrespected, doubted, questioned."

"The movement within the [law society] to challenge the existence of racism, systemic bias and discrimination within the profession affects my feeling of belonging within the profession. The [law society] has even begun examining whether equity supporting committees should continue to exist or have a voice. It causes stress and I worry that if my professional work is investigated by the regulator, that I will be unfairly treated due to my race and gender. The [law society's] bench elections have revealed a strong opposition to racial justice initiatives amongst those running for bench and those supporting those benchers. The environment feels like the Jim Crow south. It feels like I am being told to shut up about injustice. As a racialized [person], although I am competent, I feel very vulnerable to criticism given the failure of the [law society] to follow through on its previous initiatives to respond to the barriers faced by racialized licencees. As a result, I am hesitant to offer my voice to racial justice initiatives or educational programming. I would not use the Member Assistance Program offered as I have no confidence that counselors would understand the issues faced by racialized licencees. It is important for regulators to understand that mental health is affected by discrimination, harassment and feeling like one does not belong to the profession due to one's race, gender or ethnicity. It is happening in our workplaces. It is happening in society at large. And it is happening within the profession. How the regulators embrace racial justice issues will impact the mental health of racialized lawyers for better or worse."

"At my own firm now, I am alone and have started to like my job again. I try to take on a manageable workload and do not take on cases that will be time-consuming and cause me excessive stress. At my previous firm, I was expected to answer emails at all hours of the day and night and answer the phone

24/7. My employer would contact me whenever he decided to work - which would almost always be after hours or weekends. I did not have a life outside of work in case I needed to be near my laptop to answer a question. I was miserable and told by family and friends that my personality had changed. My only focus was my job. Despite that, I never felt I had enough time to learn what I needed to stay competent in my job because the caseload was poorly managed and I received little guidance. I was often yelled at, spoken to in a condescending manner, and my intelligence was questioned. I did not dress up or wear makeup in order to be taken more seriously as a female [area of practice] lawyer. I was often told I was the least observant member of my faith that my boss had ever met - because I made a conscious decision not to be a stereotype of people of my ethnic or religious group. I made a conscious effort to be as 'white' as possible. This was in contrast to colleagues who were treated badly for taking days off for religious holidays i.e. given work on those days even though [sic] they were days off provided for in our contracts. [...]"

2.4.1.5 | Being LGBTQ2S+ and practising law in Canada: a comparative analysis



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2.4.1.5 | Legal professionals from the LGBTQ2S+ community in Canada: a comparative analysis

LGBTQ2S+: acronym that stands for Lesbian, Gay, Bisexual, Transgender, Questioning, Two-Spirited and additional sexual orientations and gender identities.

The vocabulary relating to the LGBTQ2S+ community has been evolving rapidly in recent years. Beyond these rapid changes, the meaning given to each of the letters in the acronym even varies from person to person. That being said, the terminology used for the purposes of our study is presented in Glossary 1 at the end of this section.

Before going into the substance of the study, it is important to note that professionals in the survey sample who identified as non-binary were not initially included in those identifying as LGBTQ2S+, as the question on gender identity (i.e., How would you describe your gender?) was asked early in the survey. However, for the purposes of our analysis, the "non-binary" category was included since non-binary people are generally considered to be members of the LGBTQ2S+ community (see Glossary 1). It should also be noted that the analysis in this section could not be weighted because not all professional associations have data on the representation of certain groups in the Canadian legal community. This must be kept in mind when interpreting the results, as it may slightly influence the percentages.

The LGBTQ2S+ community across Canada...

The Canadian Community Health Survey (2021) found that Canada's LGB population (i.e., lesbian, gay and bisexual people) represented 3.2% of the total population. Data on the LGBTQ2S+ community is relatively recent and quite limited, as data on the proportions of each category (e.g., queer, two-spirited, asexual) is not yet available. However, the 2018 Safety in Public and Private Spaces Survey reported that the LGBTQ2S+ community—i.e., people who identify as gay or lesbian or have a sexual orientation other



Important distinction!

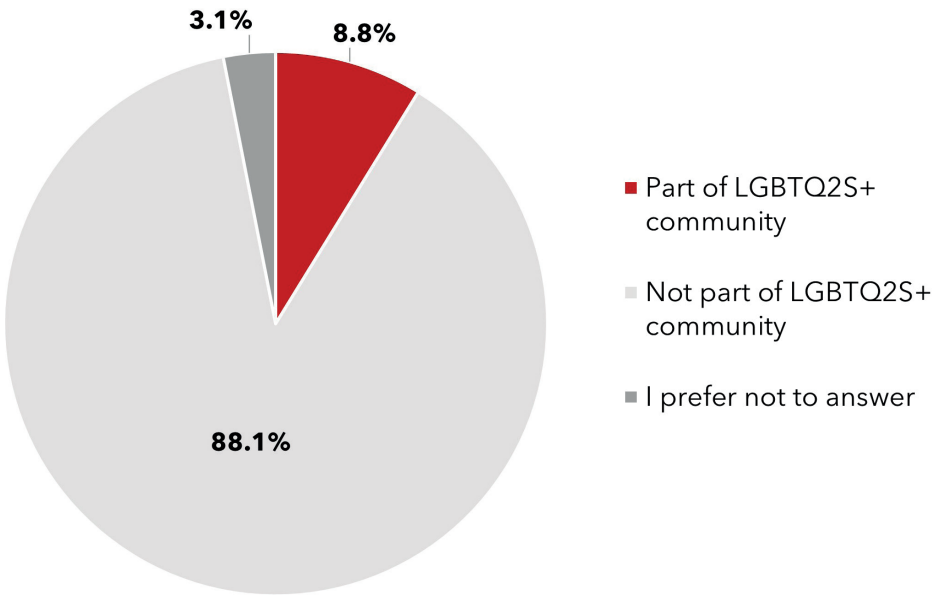
When it comes to gender identity, it is important to distinguish between sex and gender. According to the Institute of Gender and Health (2018), gender refers to a social construct that includes roles and behaviours associated with girls, women, boys, men or people of various genders. In contrast, sex refers to the physiological attributes of a human being. In the scope of this study, since we posed the question "What gender do you identify with", we will always refer to gender rather than sex, even in section 2.4.1.2 on women.

than heterosexual—represented 4% of the total Canadian population. In addition, the data reported that transgender or non-binary people represented 0.24% of the Canadian population (Propokenko & Kevins, 2020). Lastly, it is interesting to note that since 2018, Canada has had a Gender, Diversity and Inclusion Statistics Hub¹.

...and in the Canadian legal community

As Graph 1 shows, survey participants who identify as LGBTQ2S+ represent 8.8% of the total sample, a higher proportion than in the Canadian population.

Graph 1
Proportion of LGBTQ2S+ legal professionals (n = 7,289; unweighted)



The sample of LGBTQ2S+ legal professionals is 57.9% women (compared to 62.3% for non-LGBTQ2S+ professionals) and 32.9% men (compared to 36.4% in the overall sample)². The average age is 37.81 years and 43.91 years for LGBTQ2S+ and non-LGBTQ2S+ legal professionals respectively. This difference in average age represents a significant difference and is consistent with Statistics Canada data indicating that people who identify as sexually diverse are younger (Propokenko & Kevins, 2020).

Lastly, Tables 1 and 2 present the distribution of LGBTQ2S+ legal professionals for each category included in the study and the representation of LGBTQ2S+ legal professionals by profession and work setting, respectively. The distribution of profession and practice areas is comparable to what is seen for non-LGBTQ2S+ legal professionals.

1. https://www.statcan.gc.ca/en/topics-start/gender_diversity_and_inclusion
2. Proportions of men and women differ slightly from the overall sample because data in this section have not been weighted.

Table 1

Distribution of LGBTQ2S+ legal professionals by category

Category	Number of participants
Lesbian	102
Gay	174
Bisexual	241
Trans	21
Queer	122
Two-Spirited	10
Questioning	13
Intersex	2
Asexual	17
Pansexual	45
Non-binary	52
Prefer not to answer	24

Note. There are more responses than participants identifying as a member of the LGBTQ2S+ community, as people could select more than one response.

Table 2Distribution of LGBTQ2S+ legal professionals by profession ($n = 633$) and work setting ($n = 563$)

	Category	Percentage
Profession	Lawyers	82.9%
	Quebec notaries	3.0%
	Ontario paralegals	6.4%
	Articling students	6.4%
Work setting	Private practice	61.5%
	Public or NFPO	33.4%
	For-profit corporation	5.0%
	Education	0.2%

Note. Total does not add up to 100% because some respondents answered "Other" to the questions "Which of the following best describes your profession?" and "Which of the following statements best reflects your primary work setting?"

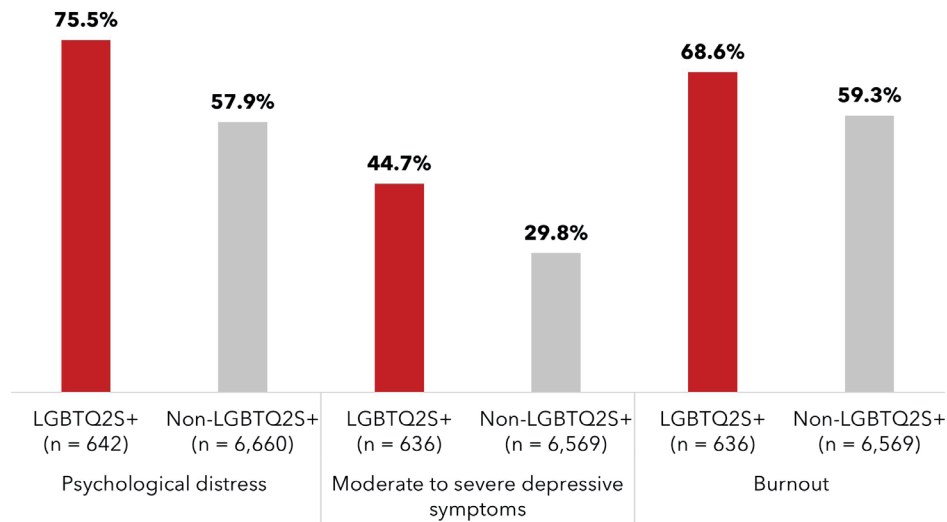
Mental health among LGBTQ2S+ legal professionals in numbers

In general, and not surprisingly, sexually diverse legal professionals have proportionately higher mental health indicators compared to non-LGBTQ2S+ legal professionals. Indeed, Graph 2 shows that the occurrence of psychological distress, moderate to severe depressive symptoms, and burnout is significantly higher among LGBTQ2S+ legal professionals than among their non-LGBTQ2S+ counterparts.

The gap between the two groups is as high as almost 20% for psychological distress. Looking at psychological distress in more detail, we can see that the gap occurs at the level of "severe distress", where 36.4% of LGBTQ2S+ legal professionals reported experiencing severe distress compared to 20.4% of non-LGBTQ2S+ legal professionals, as shown in Graph 3.

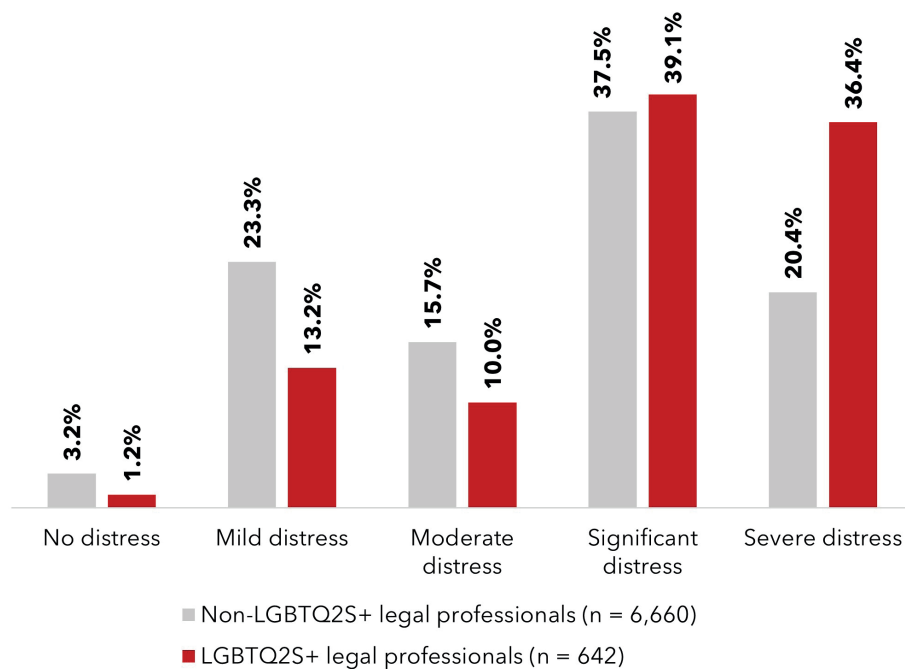
Graph 2

Proportion of psychological distress, moderate to severe depressive symptoms, and burnout among LGBTQ2S+ and non-LGBTQ2S+ legal professionals



Graph 3

Proportion of levels of psychological distress among LGBTQ2S+ and non-LGBTQ2S+ legal professionals



Did you know?

A study conducted by Statistics Canada (2021) indicates that 35% of LGBTQ2S+ Canadians reported high stress levels on most days compared to 24% of non-LGBTQ2S+ Canadians.

Source: <https://www150.statcan.gc.ca/n1/daily-quotidien/210924/dq210924a-eng.htm>

While our analysis has shown that belonging to a gender or sexual identity minority would explain some of the higher proportions of mental health indicators, it is important to note that the average age of LGBTQ2S+ legal professionals in the sample is lower than that of their non-LGBTQ2S+ counterparts. This representation is consistent with the Canadian population, where LGBTQ2S+ individuals are reported to be 34 years of age or younger on average (Statistics Canada, 2021). However, as presented in section 2.4.1.1, there is evidence of a significant association between being younger and experiencing more mental health issues.

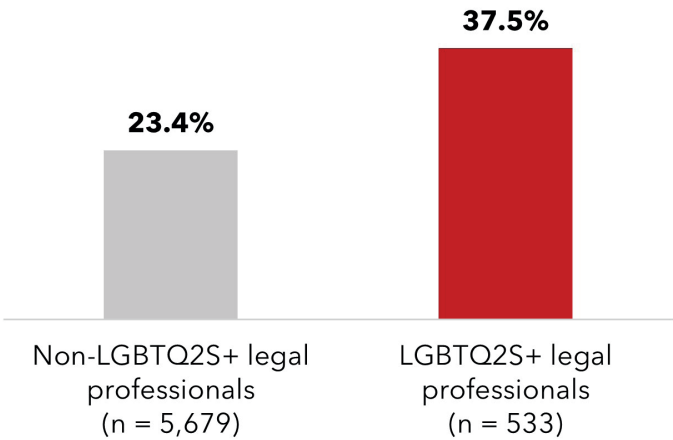
More suicidal thoughts in the LGBTQ2S+ community

Graph 4 illustrates that once again, there is a higher occurrence of mental health issues among LGBTQ2S+ legal professionals, with 37.5% of them having had suicidal thoughts since beginning their professional practice, compared to 23.4% of non-LGBTQ2S+ legal professionals. These observations are not surprising since an analysis of the relationship between self-identification as gender- or sexually diverse and suicidal ideation reveals a significant association between the two, i.e., belonging to the LGBTQ2S+ community increases the likelihood of suicidal ideation while practising law.



Graph 4

Proportion of legal professionals experiencing suicidal ideation since starting professional practice, among LGBTQ2S+ and non-LGBTQ2S+



Did you know?

According to Statistics Canada (2021), 40% of LGBTQ2S+ Canadians reported having seriously considered suicide, compared to 15% of non-LGBTQ2S+ Canadians.

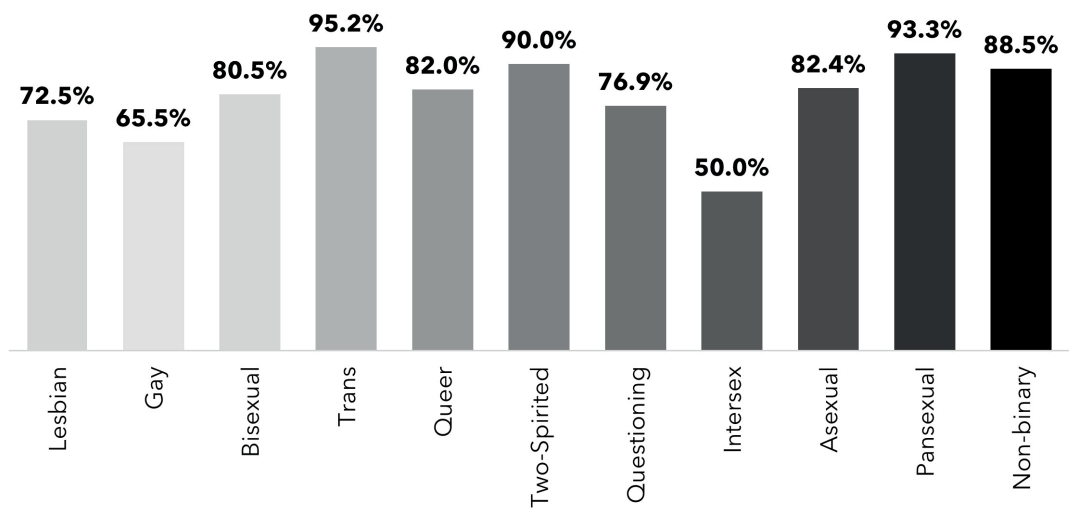
Source: <https://www150.statcan.gc.ca/n1/daily-quotidien/210615/dq210615a-eng.htm>

The multiple profiles of minority gender- and sexual-identity diversity

While belonging to the LGBTQ2S+ community is associated with higher proportions of mental health issues at work, it is also possible to observe several realities even within the LGBTQ2S+ community. Analyzing each category included in the study reveals differing proportions of psychological distress, moderate to severe depressive symptoms, and burnout depending on the LGBTQ2S+ category, as shown in Graphs 5, 6 and 7.

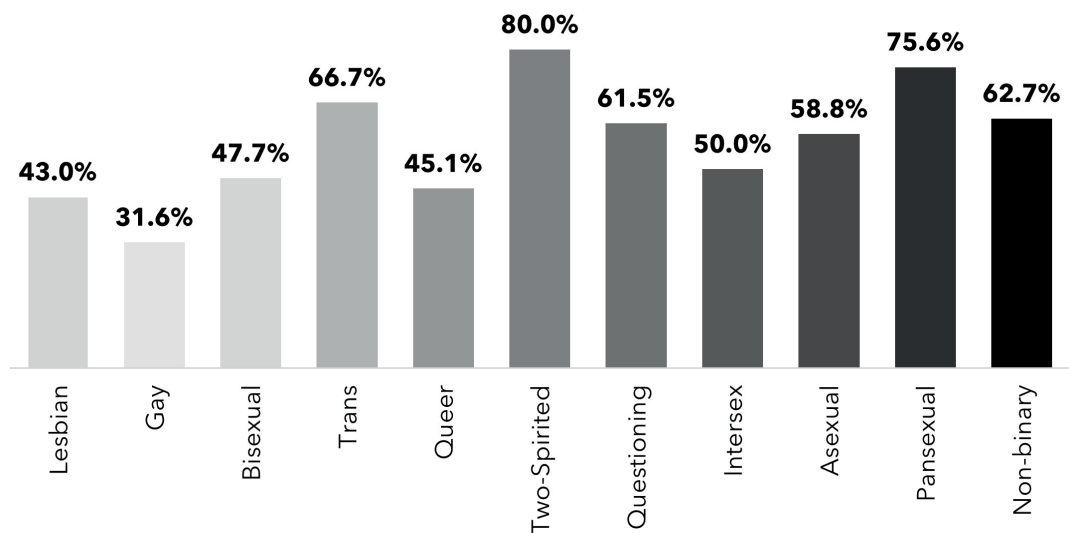
Graph 5

Proportion of psychological distress for each LGBTQ2S+ category



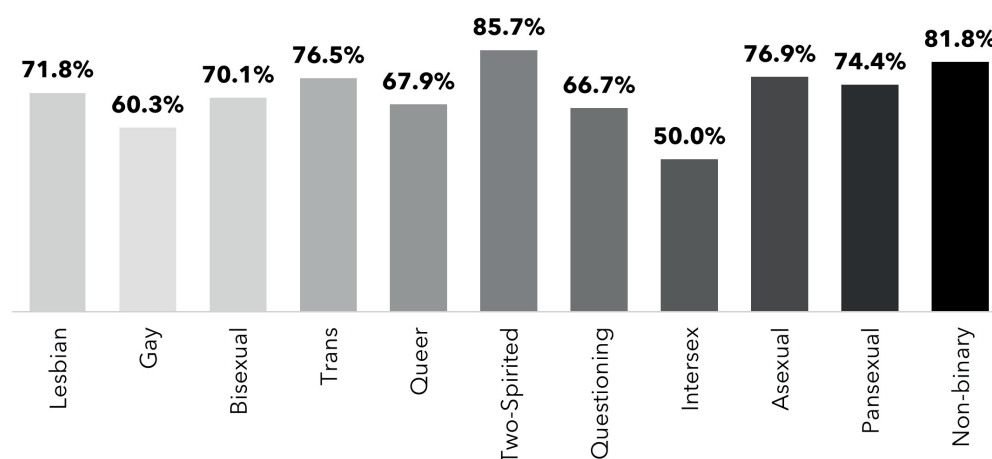
Graph 6

Proportion of moderate to severe depressive symptoms for each LGBTQ2S+ category



Graph 7

Proportion of burnout for each LGBTQ2S+ category



This significant variability between different LGBTQ2S+ groups suggests that there may be slight nuances to these findings. In this context, let us consider a specific gender as an example. Gender is often the focus when analyzing mental health in the workforce, and being woman is associated with a higher occurrence of mental health issues. However, it would be false to say that women experience more psychological distress or have more depressive symptoms than men simply because they are women. Instead, gender should be seen as having an indirect effect on health and its impact should be considered through the lens of gender dynamics (e.g., stereotypes that affect career opportunities). Similarly, it would be false to say that individuals with a minority sexual orientation or gender identity may experience psychological distress simply because they belong to the LGBTQ2S+ community. Given that 40.2% of the legal professionals in the study said that they had not revealed their sexual or gender identity to their colleagues, this reality could lead to more superficial relationships in the professional environment and, consequently, could make it more challenging for these individuals to seek the support they need. Ultimately, not being able to develop meaningful relationships at work may even lead to greater difficulties seeking promotional opportunities. This being said, the variability between LGBTQ2S+ categories in terms of health indicators is a complex dynamic that needs to be studied further, as few studies have focused on heterogeneity within the LGBTQ2S+ community. By examining Graph 8, a similar observation can be made regarding suicidal ideation where, once again, the proportions vary by category.

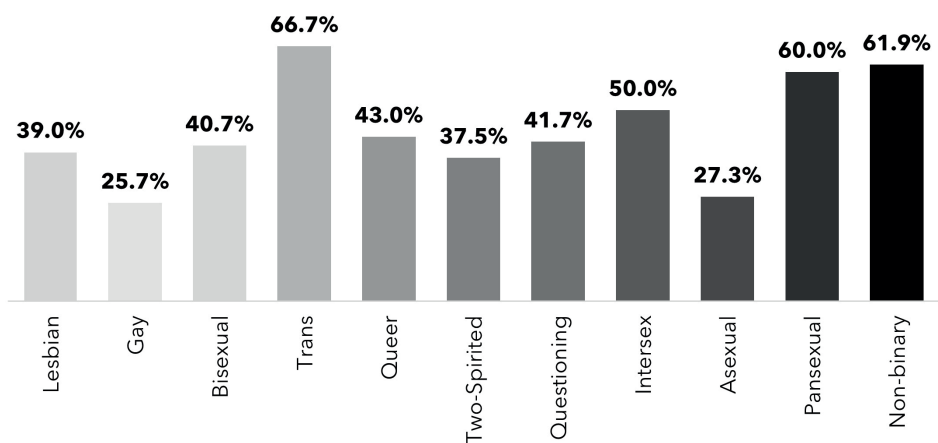
Did you know?

Selon une étude réalisée auprès de la communauté LGBTQ2S+ canadienne, « de nombreuses personnes LGBTQ2S+ ne se sentent pas à l'aise ou en sécurité de partager leur identité de genre ou leur orientation sexuelle dans des contextes de santé, d'éducation, de logement et/ou de travail. [...] Il a été démontré que le fait de devoir dissimuler son identité a des effets directs sur le stress et l'anxiété. Cela peut également avoir des effets indirects sur les relations et les réseaux sur le lieu de travail ainsi que sur les possibilités d'avancement » [Traduction libre] (Brennan et al., 2021, pp. 26-27).

Lastly, several risk factors are correlated with having had suicidal thoughts while practising law. The following sub-section shows that LGBTQ2S+ legal professionals stand out for certain organizational variables.

Graph 8

Proportion of legal professionals experiencing suicidal thoughts since starting professional practice, for each LGBTQ2S+ category



Work among LGBTQ2S+ legal professionals

Figure 1 shows that when the three most significant risk factors (quantitative psychological demands, emotional demands, job insecurity) and three protective factors (autonomy, consistency of values, support from colleagues) are included in the analysis, and we control for gender and age, all are significant factors in burnout among non-LGBTQ2S+ legal professionals. However, when analyzing LGBTQ2S+ legal professionals, job insecurity, autonomy and support from colleagues are not significant factors in burnout.

Figure 1

Risk and protective factors for burnout and other differentiating factors between LGBTQ2S+ and non-LGBTQ2S+ legal professionals



Note. Factors marked with an asterisk indicate items where LGBTQ2S+ and non-LGBTQ2S+ legal professionals differ.

40.2%



Proportion of LGBTQ2S+ legal professionals mentioning that their colleagues do not know that they identify



That being said, two of the three factors that usually protect someone from experiencing burnout, namely autonomy and support from one's supervisor, are not significant factors in this context for members of the LGBTQ2S+ community³.

Lastly, a simple comparison between LGBTQ2S+ and non-LGBTQ2S+ legal professionals shows that LGBTQ2S+ legal professionals tend to experience more **incivility** (section 2.5.4 will deal exclusively with incivility experienced by particular groups), be less **committed to the profession** and have a greater **intention of leaving**.

Beyond the numbers...

Beyond the numbers, a primary barrier to understanding the mental health issues of the LGBTQ2S+ community is the taboo still associated with it by some. Although the LGBTQ2S+ reality is becoming more and more recognized and accepted, it seems there is still a long way to go. This is evidenced by the fact that 40.2% of the LGBTQ2S+ legal professionals have not told the people in their workplace that they belong to that community. At the same time, for many people, belonging to the LGBTQ2S+ community is a major part of their identity.

Indeed, considering the nature of identity of a young man or woman or non-binary person, one might ask what it means to be an LGBTQ2S+ person in 2022. Because they are perceived as different, people in the LGBTQ2S+ community may be exposed to discrimination as early as puberty. Although the LGBTQ2S+ reality is becoming more accepted within the legal community, several generations of legal professionals still work alongside each other. Thus, while some workplaces may be more open and even have inclusion policies, it seems that for LGBTQ2S+ individuals, the ability to openly display their sexual identity or gender is far from a given.

Considering that the workplace is an environment of fulfilment where the individual seeks to maximize their full potential, this also means being able to be yourself and express yourself and do so in a way that is psychologically safe. An important question to ask about not being able to express one's sexual or gender identity openly and uninhibitedly is whether this has an impact on relationships with colleagues or supervisors (e.g., avoidance of the staff room, deviation from discussing certain topics) and, consequently, whether this affects other working conditions as well (e.g., job insecurity, emotional

3. In this study, data from the LGBTQ2S+ and non-LGBTQ2S+ groups were treated independently. Because the groups were not directly compared, we must exercise caution when interpreting any differences.

demands, consistency of values). The question remains unanswered at this stage but it is nonetheless of significant interest to the entire Canadian legal community and to the law schools from which future generations of professionals are emerging.

Glossary 1

Definitions of the sexual and gender diversity categories used in the study

Category	Definition
LGBTQ2	Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirited. This is the acronym used by the Government of Canada to refer to the Canadian community.
Lesbian	Typically, a woman who is sexually and/or romantically attracted to other women.
Gay	A person who is sexually and/or romantically attracted to people of their same sex or gender identity. Traditionally this identity was reserved for men, but it has been adopted by people of all gender identities.
Bisexual	A person who is sexually and/or romantically attracted to two or more genders.
Trans	(also 'transgender'). A person whose gender identity differs from what is typically associated with the sex they were assigned at birth.
Queer	Historically a derogatory term used as a slur against LGBTQ2 people, this term has been reclaimed by many LGBTQ2 people as a positive way to describe themselves, and as a way to include the many diverse identities not covered by common LGBTQ2 acronym.
Two-Spirited	(also, Two Spirit or Two-Spirited). An English term used to broadly capture concepts traditional to many Indigenous cultures. It is a culturally specific identity used by some Indigenous people to indicate a person whose gender identity, spiritual identity, and/or sexual orientation comprises both male and female spirits.
Questioning	A person who is uncertain about their sexual orientation and/or gender identity; this can be a transitory or a lasting identity.
Intersex	An umbrella term to capture various types of biological sex differentiation. Intersex people have variations in their sex characteristics, such as sex chromosomes, internal reproductive organs, genitalia, and/or secondary sex characteristics (e.g., muscle mass, breasts) that fall outside of what is typically categorized as male or female.
Asexual	A person who lacks sexual attraction or interest in sexual expression. An asexual person's sexual and romantic orientations may differ (e.g., biromantic asexual), and they may have sexual and/or romantic partners.
Pansexual	A person whose choice of sexual or romantic partner is not limited by the other person's sex, gender identity or gender expression.
Non-binary	(also 'genderqueer'). Referring to a person whose gender identity does not align with a binary understanding of gender such as man or woman. It is a gender identity which may include man and woman, androgynous, fluid, multiple, no gender, or a different gender outside of the "woman—man" spectrum.

Note. The definitions are taken from the following site: <https://women-gender-equality.canada.ca/en/free-to-be-me/lgbtq2-glossary.html>

The **voice** of legal professionals



"You asked questions about being a minority. I am [member of LGBTQ2S+ community]. At the point where I am in my career, I have support - but, when I was younger, I don't think I had any. Being out as a senior lawyer is far different than being junior. Also, while I work for [a supportive employer] at this time, private practice was a brutal place full of misogyny, transphobia, racism, and discrimination. People in this profession do not support minorities. So long as one appears to fit within the majority, life is relatively easy (though still with many problems). But those problems obviously compound when a person is a minority - and I can only imagine how much they further compound if a person is an intersectional minority."

2.4.1.6 | Living with a disability and practising law in Canada: supporting professionals and removing barriers for a sustainable practice of law



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2.4.1.6 | Living with a disability and practising law in Canada: supporting professionals and removing barriers for a sustainable practice of law

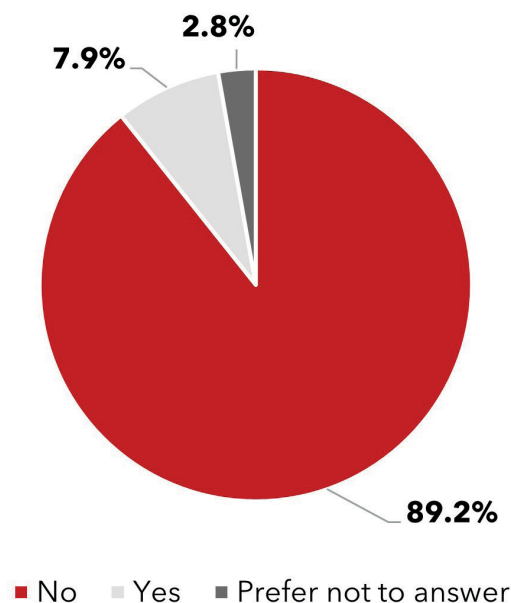
Disability: "refers to the interaction between individuals with a health condition (e.g., cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g., negative attitudes, inaccessible transportation and public buildings, and limited social supports)" [Free translation] (WHO, 2021).

A person with a disability: refers to a person with an impairment causing a significant and persistent disability, who is likely to encounter barriers in performing everyday activities (OPHQ, 2021).

To identify people living with a disability, participants were asked the question, "Are you a person with a disability?" They could indicate "yes" or "no" in response. The third option, "I prefer not to answer", allowed participants to decline to answer the question. For this report, the data presented is primarily for those legal professionals who answered "yes" to the question. Graph 1 shows that 545 legal professionals, or 7.9% of the total sample, reported having a disability.

Our study focused only on identifying legal professionals with disabilities using the question mentioned above to include all people with significant and persistent or temporary and more mild disabilities. As such, no data on the nature of the disability was collected. Nevertheless, the results provide some insight into the importance of addressing the working environment for this group of legal professionals.

Graph 1
Proportion of participants living with a disability
(n = 6,897)



The comments left by participants upon completion of the questionnaire also provided some insights on the intersections between living with a disability and the inclusivity of the legal profession. These comments support the need to address this situation. Figure 1 illustrates the challenges that arise from accessibility barriers in the legal community as described in the participants' comments.

Figure 1



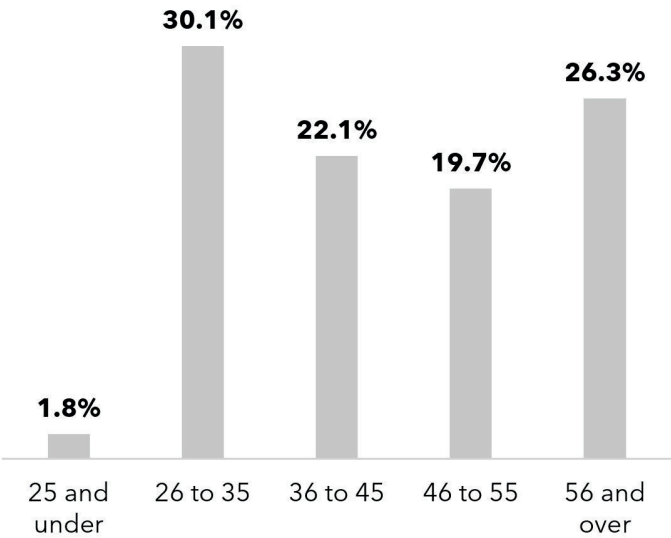
A demographic breakdown of legal professionals living with a disability

The main findings from the analysis indicate that the average age of participants identifying themselves as living with a disability is 45.6 years (compared to 44.2 years for the non-disabled participants).

Graph 2 illustrates the distribution of legal professionals living with a disability by age. Legal professionals aged 26 to 35 are the most likely to be living with a disability (30.1%), followed closely by those aged 56 and older (26.3%). The proportions of people living with a disability aged 36 to 45 and aged 46 to 55 are close, at 22.1% and 19.7% respectively. Professionals aged 25 and under are the group with the lowest proportion (1.8%).

People living with a disability are present in all age groups, which shows that inclusive and barrier-prevention measures could significantly contribute to the inclusivity of the legal community.

Graph 2
Distribution of legal professionals living with a disability by age (n = 6,896)



In terms of gender, 65.0% of respondents living with a disability identified as women and 30.4% as men. Figure 2 shows the proportion of those who reported having a disability.

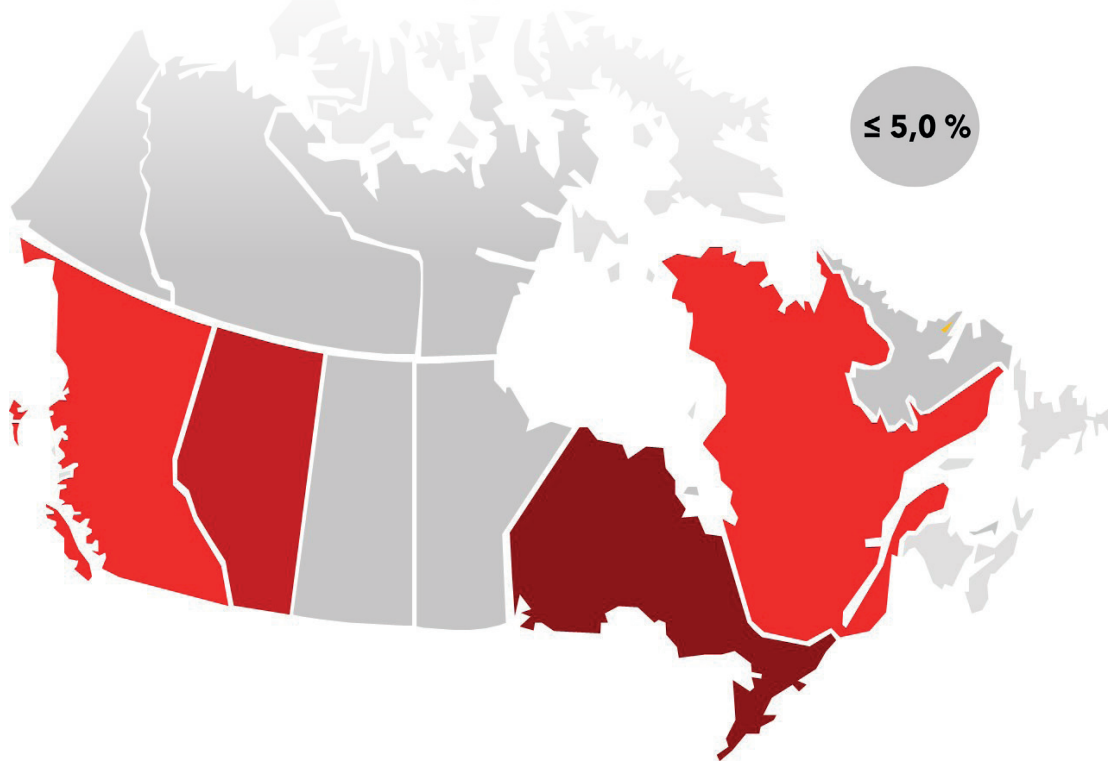
Figure 3 presents the distribution of legal professionals living with a disability across Canada's provinces and territories. Proportionally, Ontario has more legal professionals living with a disability than the rest of Canada, accounting for 58.9% of the subsample of professionals living with a disability. Alberta is the next largest jurisdiction, with 14.0% of professionals who self-identify as a person with a disability licensed in that province. Overall, the map shows that such professionals are present in every province and territory in Canada.

Figure 2
Proportion of legal professionals living with a disability by gender (n = 6,897)



Note. This gendered figure was selected to illustrate only the man and woman gender and not the nature of the disability (physical, hearing, visual or mental) as it was not included in the questionnaire.

Figure 3
Proportion of legal professionals living with a disability by law society (n = 6,646)



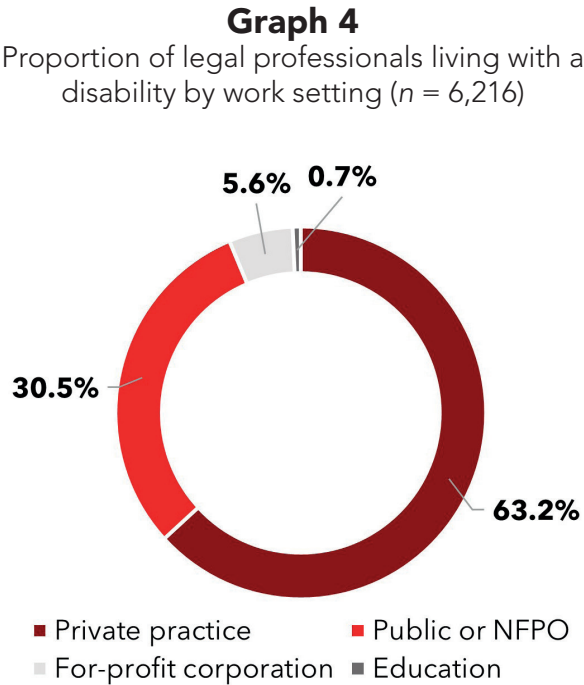
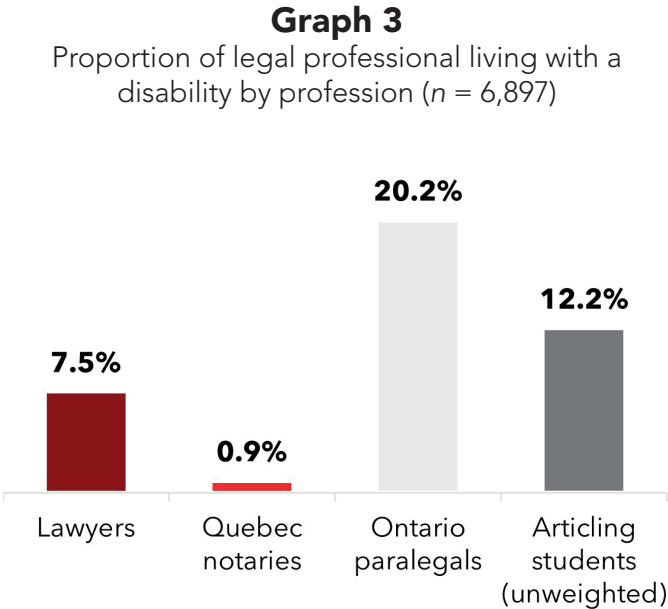
Graph 3 shows the distribution by occupation of professionals identifying themselves as living with a disability. Note that Ontario paralegals represent the largest proportion (20.2%). Articling students (unweighted) and lawyers follow with 12.2% and 7.5%, respectively. Lastly, Quebec notaries living with a disability are the least represented in the sample.

Where do legal professionals living with a disability practise?

Graph 4 shows that 63.2% of the legal professionals reporting a disability in the survey work in the private practice. Legal professionals from the public sector or NFPO represent 30.5% of the participants living with a disability. Legal professionals living with a disability from the for-profit corporations represent 5.6% of the group, and 0.7% work in education. This distribution is consistent with the distribution of legal professionals in the overall sample practising within the different work settings.

The impact of disability and mental health issues

We conducted different types of analysis to understand the relationship between the experience of disability and the various health indicators included in the survey (psychological distress, depressive symptoms, anxiety, and



Did you know?

In addition to anti-discrimination laws, many jurisdictions in Canada also have accessibility laws, which focus on proactive and systemic barrier-removal to promote better accessibility and inclusion for persons living with disabilities. For example, Ontario has the *Accessibility for Ontarians with Disabilities Act, 2005* and the *Accessible Canada Act* (adopted in 2019) applies across federally-regulated sectors.

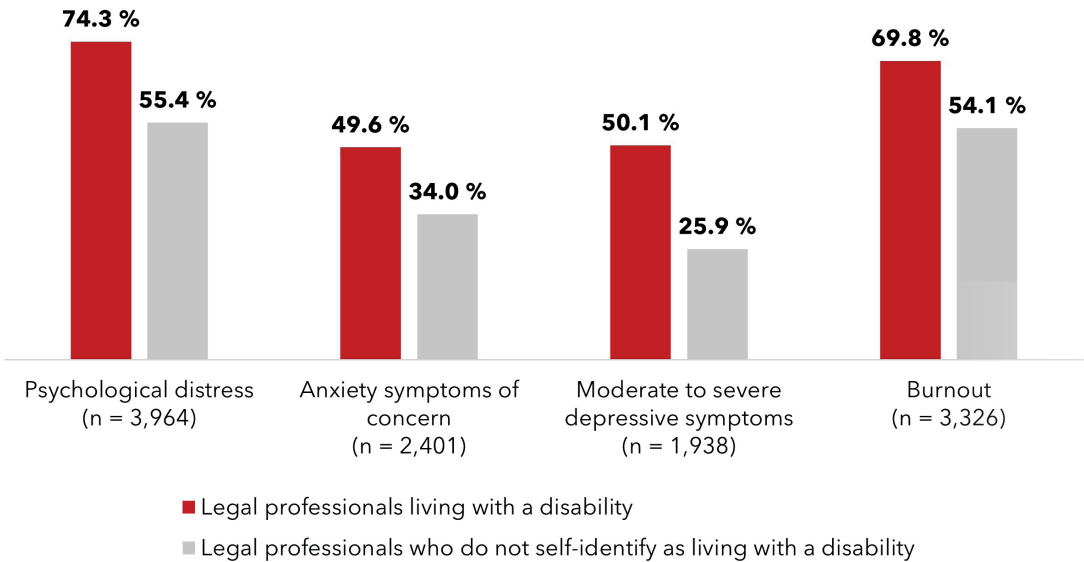
burnout). The analysis revealed significant differences between legal professionals living with a disability and other participating professionals in terms of the mental health issues that were measured.

First, Graph 5 shows the proportions observed for each main mental health indicator measured, based on whether or not a person lives with a disability. We observe that the proportions of mental health issues are not only higher among people living with a disability, but also that this difference is significant. The most significant gaps can be seen in the categories of psychological distress (74.3% among people living with a disability compared to 55.4% among other professionals) and moderate to severe depressive symptoms (50.1% among people living with a disability compared to 25.9% among professionals who do not self-identify as having a disability).

Table 1 on the next page also reveals that, all other things being equal, the respondents living with a disability experience significantly higher depressive symptoms. The results also indicate substantially higher symptoms of anxiety and psychological distress among legal professionals living with a disability compared to those without disabilities. The same observation holds true for perceived stress and

Graph 5

Comparison of proportions of mental health indicators among professionals living with or without a disability



burnout; however, with these two indicators, the difference is less pronounced among the professionals living with a disability than among the other participating professionals who do not self-identify as having a disability. Note that the results presented in Table 1 consider the simultaneous effect of several risk factors (psychological demands, emotional demands, lack of resources, job insecurity and performance pressure) and protective factors (autonomy, recognition, skills utilization, consistency of values and career opportunities), as well as the number of years of experience and the gender of the participants.

Considering the risk and protective factors mentioned, the mental health of legal professionals living with a disability is a matter of concern. It appears that living with a disability may have a negative impact on the mental health of professionals. Also, it is possible that controlling for the type of disability could change this outcome; this aspect could be further explored in future studies. It is important to examine the support that professionals living with a disability receive for coping with job-related constraints so as to fully understand their situation.

Table 1
Roles of mental health indicators among legal professionals living with a disability

	Depressive symptoms (n = 1,426)	Anxiety (n = 1,424)	Psychological distress (n = 1,427)	Perceived stress (n = 1,427)	Burnout (n = 1,427)
Living with a disability	↑↑↑	↑↑↑	↑↑↑	↑↑	↑

Note. The more ↑ symbols, the more significant being disabled is in contributing to the health indicator, considering all variables included in the hierarchical multiple regression.

Asking for help

Despite the concerns raised above, the results indicate that legal professionals living with a disability seek help more than their counterparts who reported not having a disability. Indeed, 64.3% of legal professionals living with a disability answered yes to the question, "Have you used professional help to cope with stress at work (e.g., psychologist, massage therapist)," compared to 42.5% of legal professionals without disabilities—a significant difference. Figure 4 shows the range of specialists consulted by individuals living with a disability to cope with stress in descending order of use.

As shown in Figure 4, psychiatrists are the most-sought resource for coping with perceived stress. Pharmacists come second, followed closely by social workers. Several physiological health specialists are also among the top resources sought. Some disabilities naturally require the support of specific specialists. For example, frequent consultation with a physician or physiotherapist may be required to treat a physical disability.

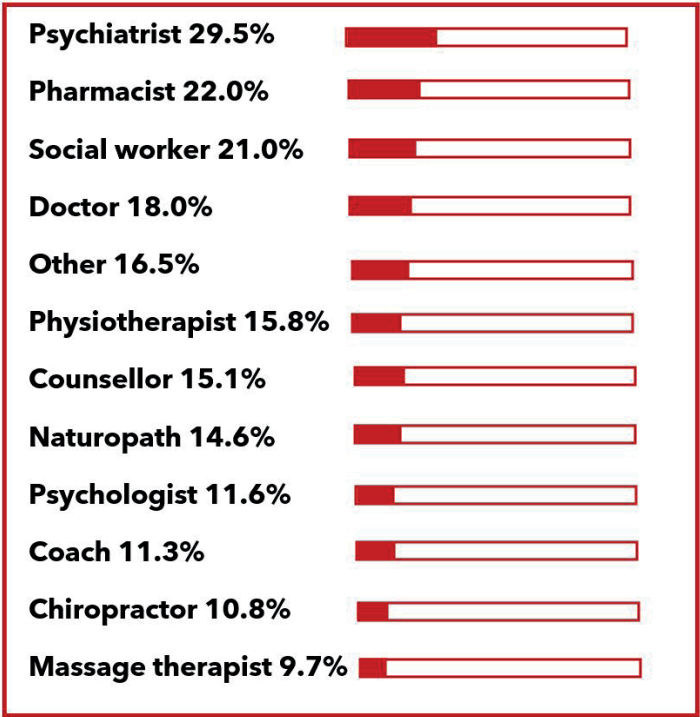
While it may seem surprising that legal professionals living with a disability make greater use of external assistance, we may suppose that persons living with disabilities may be more experienced with the processes for seeking external supports and may feel less of a stigma associated with doing so. And the more regular use of these specialised services may increase propensity among these professionals to seek help for their work-related stress. It is also impossible to dismiss this finding from the results presented above, as all the mental health issues measured are proportionately more present among the professionals living with a disability who participated in the study. This could explain why more of them seek help for the stress they encounter.

Despite this, the results indicate that there are still many barriers with regard to the help that can be obtained for psychological health problems; 60% of people living with a disability stated that they had not sought help when they felt the need, compared to 45.1% of professionals who did not report having a disability. The five most common reasons given by professionals living with a disability for not seeking support were the temporary nature of the disability, lack of energy to devote to it, lack of time, uncertainty about the need, and lack of financial resources.

Many employers and law societies offer an employee or member assistance program. Surprisingly, a lack of financial resources nonetheless appears at the top of the list. However, when asked about employee assistance programs, almost two-thirds of the respondents, or 61.1%, reported that they had not used the program. In addition, as with all participating professionals, many professionals living with a disability indicated that they did not feel comfortable seeking help from the EAP offered by their organization (48.5%) or their law society (44.8%).

In conclusion, this section has painted a general portrait of legal professionals living with a disability. These legal professionals are the lawyers, Ontario paralegals, Quebec notaries, and articling students of today and tomorrow. They practise in all work settings and in all provinces and territories of Canada. The ubiquity of legal professionals living with a disability demonstrates that their full inclusion is paramount and essential for their mental health.

Figure 4
Types of resources sought by legal professionals living with a disability



The **voice** of legal professionals



"I should never have gotten into law after my disability. No one cares. They say they do but it's just to make themselves feel better about themselves."

"Also, as a disabled lawyer, the accommodations I now know firms can make thanks to Covid should be offered ALWAYS so that disabled lawyers actually have a chance. The most discrimination I have experienced in the profession (especially at law school, even the most "progressive" law school) was connected to my disabilities. It's appalling and the profession needs to do as much awareness raising about disability as it has about mental health."

"I have been in the profession for a long time and everyone hides their mental health issues. One big issue is getting insurance; I know many people who did not seek help as it would impact future jobs/insurance/opinions/behaviours from others. I think it is a complete travesty that I have had to hide my issues for my whole life. I am a fully capable person who is unique because of my disability and have much to offer. However, I cannot tell people for fear they think me not confident etc. I almost did not become a Partner at my firm due to my disabilities and insurance."

"In the questions about the effects of having a disability on my work etc. if these questions weren't narrowed within a specific time-frame, I went back to my experiences in private practice and to the time I left private practice. Private practice was an incredibly isolating experience because it was not accessible. Here are some examples that may help you to understand the problem: I did not feel I was able to request accommodation (more time to complete tasks) from managing partners because of billable hours and target billings, even though the firms I worked for were not as demanding as some. I found the courtroom inaccessible because of my physical disability - difficult to move quickly into and out of the courtroom as my matters were called etc, and also received (unintended I think), pressure from the bench not to have notes with me because they were perceived as needed simply because I was new and nervous, rather than a necessary tool to help me get my point across effectively etc., because of my disability. [...]"

2.4.2 | NEGATIVE COPING STRATEGIES AND WELLNESS: A DOUBLE-EDGED SWORD



AUTHORS OF THIS SECTION : Prof. Nathalie Cadieux, Ph.D. CRHA
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2.4.2 | NEGATIVE COPING STRATEGIES AND WELLNESS: A DOUBLE-EDGED SWORD

According to transactional stress theory (Lazarus & Folkman, 1984), stress is the result of a transaction between a person and their environment. The subject exposed to a constraint (a stressor or risk factor) in their environment will assess their ability to overcome this constraint (the "appraisal" stage) based on the resources available to them, or based on their individual characteristics (personality, gender, ethnic origin, disability, etc.). When the constraints exceed the available resources, the individual will generally try to restore the balance—for example, by delegating responsibilities, rescheduling or venting through the employee assistance program. Despite the simplicity of the equation, this appraisal process is complex and different for everyone.

In work environments where stress is omnipresent, it is common to see people adopt a variety of coping strategies to reduce stress. Two types of coping strategies are likely to be considered. Some of these strategies are directed at the problem itself (e.g., delegating in the face of work overload, or rescheduling). Others are directed at regulating the negative emotions felt in response to stress (e.g., venting or reinterpreting a situation positively).

Most people are aware that the elements of a healthy lifestyle—such as a nutritious diet, restful sleep, physical activity and mindfulness exercises—play a role in reducing stress and, consequently, the onset of health problems. Adopting a healthy lifestyle also becomes more important when the workplace is home to multiple stressors. However, in such circumstances, many people resort to harmful strategies such as alcohol and drug abuse (Baqtayan, 2015; Bowen et al., 2021; Irizar et al., 2021; Lindsay & Shelley, 2009; Thompson et al., 2021; Van Schalkwyk et al., 2016). Although these strategies can reduce the stress experienced in the short term, they also risk having the opposite effect (i.e., increasing the stress) after a certain point or may even lead to the development of alcohol or drug addiction and more serious diseases such as cirrhosis of the liver (Babor et al., 2001; Lieber, 1997).

Alcohol and drug consumption are therefore seen as negative coping strategies used instead to avoid these feelings (Carver et al., 1989; Lazarus & Folkman, 1984).

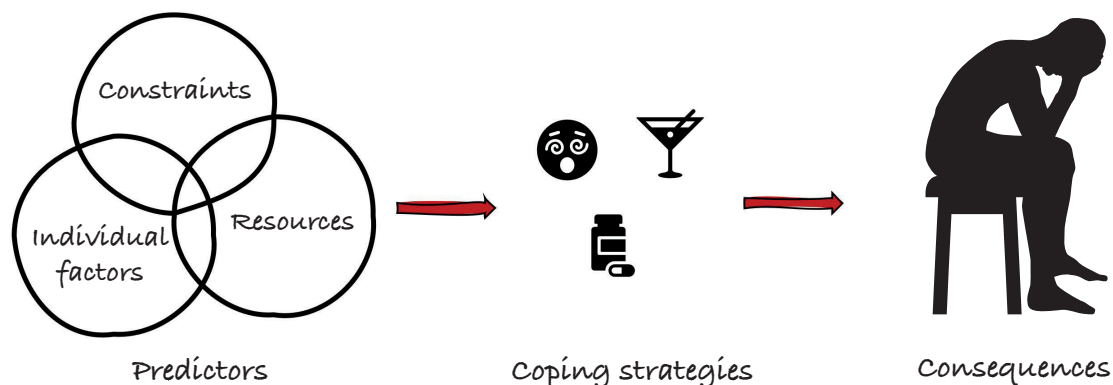
Alcohol and drug use in the legal profession have been the subject of various studies worldwide (Anker & Krill, 2021; Krill et al., 2016; Listokin & Noonan, 2021; Schrever et al., 2021). A number of these studies have reported that legal professionals may be at greater risk than the general population of developing addictions due to higher consumption tendencies. Cocktail parties, after-work happy hours with plenty to drink—the opportunities for alcohol consumption are frequent in the legal community, especially in the private sector.

The use of alcohol or drugs is not uniquely a strategy for coping with work-related stress. However, the multidimensional nature of stressors experienced by legal professionals, combined with risky drinking or drug-taking habits, may plunge legal professionals into a dynamic that can become grave and complex.

Additionally, the COVID-19 pandemic—characterized by high stress and low control over events—has led to an exacerbation of pre-existing problems (Rosa-Alcázar et al., 2021).

Unfortunately, negative behaviours such as excessive alcohol consumption and drug use are associated with a deterioration of mental health among the professionals who resort to them. Thus, as illustrated in Figure 1, our analysis supports the conclusion that alcohol consumption and drug use are associated with a significantly higher likelihood of psychological distress and depressive symptoms, even after the main risk and protective factors, and the personal characteristics of the professionals, are taken into account.

Figure 1



In all instances, unhealthy behaviours remain significantly associated with increased health and wellness issues among legal professionals.

These results reveal and highlight the complexity and multiple ramifications associated with the stress experienced by legal professionals in Canada and elsewhere in the world (Anker & Krill, 2021; Krill et al., 2016).

All things considered, the difficulties experienced by professionals can take many forms, depending on their experience, and have many different consequences. Some difficulties relate to attitude (e.g., disengagement or intention to leave the profession). Other difficulties relate to psychological states (e.g., psychological distress, anxiety, depression) and even to certain behaviours (e.g., alcohol consumption, drug use). However, such consequences are only symptoms of bigger structural problems, which are themselves fuelled by the professional culture as a whole. This culture is intangible and

invisible, but still dominates the space like the proverbial elephant in the room. It upsets the emotional equilibrium of the professionals and hinders their efforts to restore that balance.

To better understand the scope of the findings on the negative coping strategies used by legal professionals, we chose the same measurement scales for alcohol and drug use as those used in other international research studying legal professionals or the general population. Therefore, the results obtained concerning alcohol consumption and drug use will be compared with those of a study conducted in the United States on legal professionals (Krill et al., 2016). However, despite these comparisons, certain precautions must be taken in interpreting the results, since the present study's data were collected after the third wave of COVID-19. If we accept the indications from recent studies that alcohol consumption and drug use in the population increased during the pandemic (Irizar et al., 2021; Thompson et al., 2021), this aspect must be considered in every interpretation of the results. The same point is made in several different sections as a reminder to the reader.

A NOTE ON THE METHODOLOGY

IMPORTANT

The reader should interpret this section by first understanding the scientific methodology that led to the findings it contains. We therefore recommend that you read section Scientific methodology before reading this section.

The results presented in this report are based on the analysis of data collected from nearly 8,000 legal professionals in Canada. These results are not intended at any time to pass judgment or express an opinion.

Data weighting	For analysis purposes, the collected data were weighted by the key demographic characteristics of the target population, including sex (proportion of males and females in each law society) and the number of members of each law society. The purpose of weighting is to reduce sampling bias while maintaining the precision of the survey estimates.	
Interpretation of results	Threshold of $p \leq .05$	Consistent with research best practices, a minimum threshold of $p \leq .05$ was used to interpret the results. That being said, when we rule on a significant difference between two groups (e.g., women vs. men, LGBTQ2S+ vs. non-LGBTQ2S+) or on a significant relationship between two variables (e.g., relationship between emotional demands and burnout), the .05 threshold means there is a possibility of error only 1 in 20 times.
	Cross-sectional design	The results are derived from data collected at a single point in time (cross-sectional design). Since causes (e.g., high psychological demands, billable hours) and effects (e.g., psychological distress, depressive symptoms) were measured at the same time, it is impossible to establish causality between the variables under study. Where directionality is sometimes assumed, findings are derived from the results, combined with the state of current knowledge.
	Sample size	As a function of the analysis conducted and the weighted approach, there may be variation in the sample size (represented by the symbol " n "). The size will be larger or smaller depending on the number of participants who responded to all the variables included in each analysis topic.
Lexical precisions	Gender	Due to data weighting, individuals identifying as non-binary and those who preferred not to specify their gender were excluded from several analysis topics where the research team did not have data on the distribution of these professionals and on their respective representation in each law society. However, because we asked participants to identify their gender (not their sex), the term <i>gender</i> is preferred throughout the report, even though non-binary people were not always included in the comparative analysis. Conversely, where the analysis did not include gender, and in section 2.4.1.5 on the LGBTQ2S+ community, professionals identifying as non-binary were included.
	Telework	The term <i>telework</i> is used throughout the report. This term is synonymous with <i>working remotely</i> , <i>work from home</i> , or <i>telecommuting</i> and has been preferred because it is the term used in the scientific literature.
	Score	The term <i>score</i> refers to the sum of a participant's responses to questions associated with a measurement scale.

2.4.2.1 | Alcohol consumption among legal professionals in Canada: a comparative analysis



AUTHORS OF THIS SECTION :

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2.4.2.1 | Alcohol consumption among legal professionals in Canada: a comparative analysis

Alcoholism: refers to "[a] primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic." (Morse & Flavin, 1992, p. 1012)



This section of our report focuses on the alcohol use of Canadian legal professionals. The screening tool used to score and report on drinking patterns is the AUDIT-10 (Babor et al., 2001). The AUDIT-10 comprises three groups of questions for a total of 10 items. The textbox on the next page provides a brief description of the AUDIT-10, as well as benchmarks and scores that characterize the behaviours associated with alcohol use and identify at-risk profiles. Some questions focus on the extent of alcohol consumption, while others focus on symptoms of dependence or on drinking habits that are considered harmful or hazardous.

The AUDIT-10 is internationally recognized and has been used in numerous studies around the world involving diverse populations. Its validity is therefore well established, and studies highlight its capacity to predict risky consumption levels (Babor et al., 2001). Note that the AUDIT-10 was also used in the most recent study by Krill et al. (2016) to survey more than 10,000 American lawyers from 19 states. In short, this tool was a natural fit for this project and allowed us to draw comparisons with international findings. The AUDIT-10 was also used by Statistics Canada during the pandemic to assess alcohol use within the Canadian population.

IMPORTANT INFORMATION - AUDIT-10 (Babor et al., 2001)

The Alcohol Use Disorders Identification Test (AUDIT-10) is an internationally recognized test developed under the supervision of the World Health Organization (WHO) and several countries (Babor et al., 2001). It consists of 10 questions that allow a score to be determined between 0 and 40. Several studies have indicated that a score of 8/40 or higher represents risky alcohol use. However, other research has shown that this threshold is more sensitive (i.e., that it could include "false positives"). This threshold is nevertheless the one that is used most in research (Chen et al., 2013; de Luna et al., 2014; Domingues & Domingues, 2011; Krill et al., 2016). Note that the authors of the test suggest a score of 10/40, i.e., a more specific threshold (Babor et al., 2001). This threshold minimizes the risk of false positives.

Although two scores (8/40 or higher and 10/40 or higher) were used for analysis, the $\geq 8/40$ score was chosen mainly because it allows us to compare results with other research, including research studying lawyers in the United States. In addition to these two baseline scores, the literature categorizes the scores as follows:

Type of alcohol consumption	AUDIT-10 score (between 0 and 40)
Low-risk consumption	Score between 0 and 7
Hazardous or harmful consumption	Score between 8 and 14
Risk of alcohol dependence - moderate to severe drinking disorder	Score of 15 and above

Beyond the two threshold scores and the categorization of scores, the 10 questions can also form three broad groups. Group 1 (AUDIT-C) is often used in the literature to identify alcohol abuse and possible dependence. The other two groups are normally interpreted in conjunction with the Group 1 scores. The three groups are as follows:

Group 1 (also known as **AUDIT-C**) consists of questions 1 through 3 on the AUDIT-10. A score between 0 and 12 is possible on this subgroup of items. This first subset focuses on the frequency of alcohol use and quantity consumed. The literature has identified that a score equal to or greater than 4/12 for women and 5/12 for men is associated with a positive identification of alcohol abuse and possible alcohol dependence (Bradley et al., 1998 ; Bush et al., 1998).

Group 2 consists of questions 4 to 6 on the AUDIT-10. This grouping focuses on symptoms of dependence such as morning use or inability to stop drinking.

Group 3 consists of questions 7 to 10 on the AUDIT-10 and focuses on harmful and hazardous use (e.g., memory blanks, injuries inflicted on self or others).

A detailed portrait of the responses to the AUDIT-10

The first part of the AUDIT-10 consists of three questions. These questions, as explained in the textbox on the previous page, are designed to establish the amount and frequency of alcohol use. The overall score associated with the three questions forms a whole, referred to as the AUDIT-C in addictions literature (Bradley et al., 1998; Bush et al., 1998).

Graph 1 provides the results of the first question on the AUDIT-C and indicates that most legal professionals in Canada (53.1%) drink alcohol at least twice a week. Of these professionals, 24.8% drink four or more times a week.

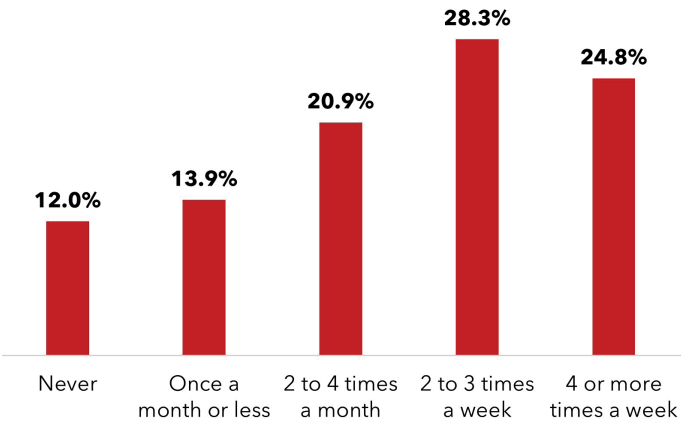
Regarding the number of drinks consumed in a day (second question on the AUDIT-C), 60.9% of respondents report typically consuming one to two drinks, and over 25% report consuming three or more drinks, as shown in Graph 2.

Finally, the third and last question of the AUDIT-C assesses the number of times six or more drinks were consumed on one occasion in the past 12 months. In this context, Graph 3 shows that 52.6% of respondents never consumed that much on a single occasion in the year preceding the survey. However, 11.1% said they had consumed six or more drinks on one occasion two to four times a month, while 7.7% said they did so two to three times a week, and 1.1% consumed six or more drinks at least four times in a week.

The score obtained from these first three AUDIT-10 items is usually a first step (AUDIT-C) that is then helpful for interpreting the other two groups of items.

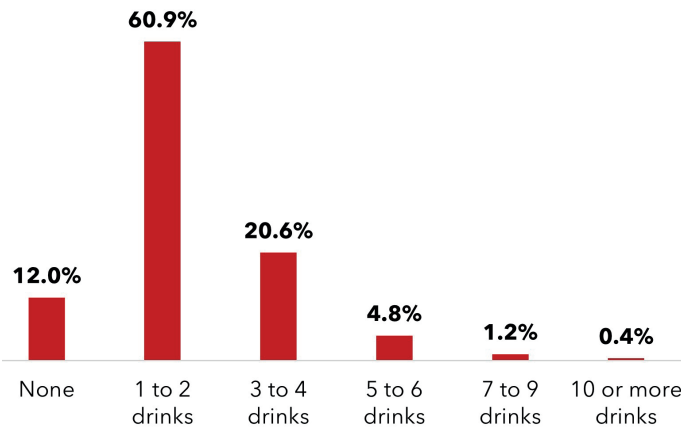
Graph 1

Proportions of responses to the question "How often do you drink?" among Canadian legal professionals (n = 5,335)



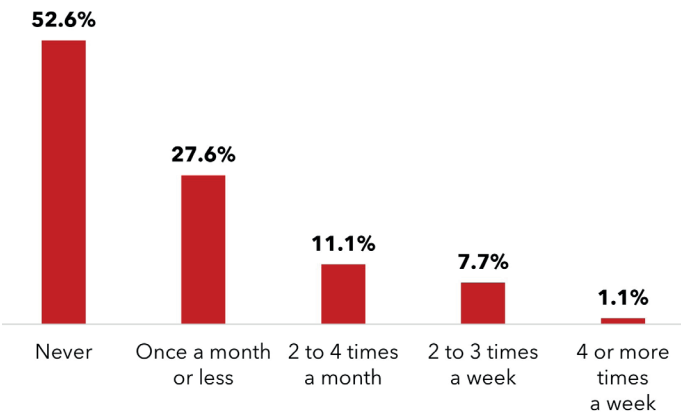
Graph 2

Proportion of drinks consumed on a typical day among Canadian legal professionals (n = 5,325)



Graph 3

Proportion of responses to the question "How often have you had 6 or more drinks on one occasion?" among Canadian legal professionals (n = 5,328)



The second group of items consists of items 4 to 6 of the AUDIT-10 and focuses on the symptoms of addiction. Table 1 summarizes the results obtained.

Table 1

Proportion of responses obtained for items 4 to 6 of the AUDIT-10 ($n = 5,322$)

Over the past year...	Never	Less than once a month	Once a month	Once a week	Every day or so
How often have you found that you were unable to stop drinking after you started?	83.2%	9.5%	3.3%	3.2%	0.9%
How many times has drinking alcohol prevented you from doing what is normally expected of you?	89.7%	8.6%	1.2%	0.6%	0.1%
How many times, after a period of heavy drinking, have you had to drink alcohol first thing in the morning to get back in shape?	98.7%	1.0%	0.1%	0.2%	0.1%

Among the symptoms of addiction included in the AUDIT-10, the inability to stop drinking after starting emerges as the most prevalent, with nearly 1% of respondents saying they experience this every day (or almost every day), and 3.2% having difficulty stopping once a week.

The last group of items on the AUDIT-10 consists of items 7 through 10. Since the scoring method for items 7 and 8 differs from the method for items 9 and 10, the results are presented in two separate tables.

Table 2 presents the results for items 7 and 8. It shows that just over 8% of legal professionals in Canada have, in the past year, felt guilty at least once a month about their drinking. It was also found that 2.1% of legal professionals had difficulty remembering what had happened the previous night because of alcohol consumption, and 0.6% experienced these memory lapses once a week.

Table 2

Proportion of responses obtained for items 7 and 8 of the AUDIT-10 ($n = 5,322$)

Over the past year...	Never	Less than once a month	Once a month	Once a week	Every day or so
In the past year, how often have you felt guilt or regret after drinking?	71.0%	20.3%	5.1%	2.6%	0.9%
How many times have you been unable to remember what happened the night before because you were drinking?	84.6%	12.5%	2.1%	0.6%	0.2%

Lastly, Table 3 presents the answers obtained for items 9 and 10. Compared to the previous items, these two only have three possible responses: 1 = no; 2 = yes, but not in the last year; 3 = yes, during the last year.

The results show that 5.7% of legal professionals, in the year prior to the survey, had been advised by a friend, doctor or other professional to cut down on their drinking. A slightly greater proportion (6.6%) had received such advice in the past but not in the 12 months before the survey.

These detailed results for each AUDIT-10 item now allow us to look at the risk of dependence according to the scores obtained on the AUDIT-C and the AUDIT-10 according to different profiles of the participating professionals.

Table 3
Proportion of responses obtained for items 9 and 10 of the AUDIT-10 (n = 5,327)

	No	Yes, but not in the last year	Yes, within the last year
Have you hurt yourself or someone else because you were drinking?	93.0%	6.0%	1.0%
Has a friend or doctor or other health professional ever been concerned about your drinking and advised you to cut down?	87.7%	6.6%	5.7%

AUDIT-C scores and possible alcohol dependence

According to the literature on drinking behaviour, there are thresholds above which people are considered likely to develop alcohol dependence. For the AUDIT-10, this threshold is established in the first three questions (AUDIT-C) through a score ranging from 0 to 12. These questions can be asked as part of a medical check-up, and the score is used to establish the risk of alcohol dependence. The threshold can differ depending on the study (Nadkarni et al., 2019). Almost all studies, however, generally establish separate thresholds for men and women.

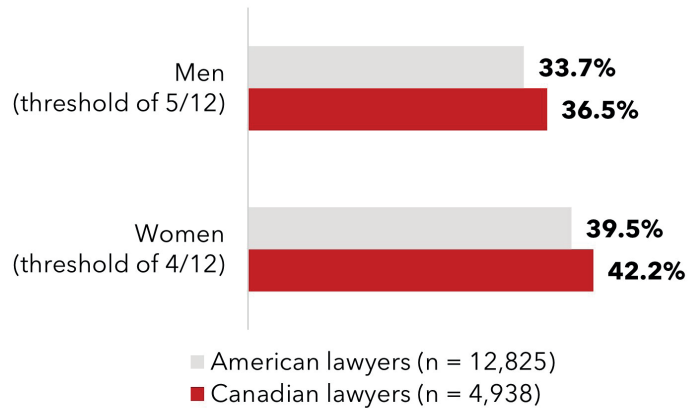
In order to be able to make comparisons with the study of American lawyers by Krill et al. (2016), our team set a threshold of 5/12 for men and 4/12 for women on the AUDIT-C (Bradley et al., 1998; Bush et al., 1998). Graph 4 compares the proportion of professionals whose score is associated with possible alcohol dependence according to the thresholds established for each gender. In Graph 4, only lawyers (n = 4,938) were included, as they represent the bulk of the Canadian sample. This choice was made because the Krill et al. (2016) study focuses specifically on lawyers.

There is evidence that men and women practising law in Canada are slightly more likely to meet the thresholds dictated in the literature than American lawyers are. Again, it is important to recall that the data for this study were collected during a pandemic, which may have pushed the results upwards. On the whole, however, the Canadian and American proportions appear to be relatively comparable. The AUDIT-C results also show that, as is the case in the U.S., a higher proportion of women lawyers than men lawyers exceeds the established thresholds.

To compare the various occupations under study, Graph 5 presents the proportions of men and women in each profession who meet or exceed the prescribed AUDIT-C thresholds (5/12 for men and 4/12 for women).

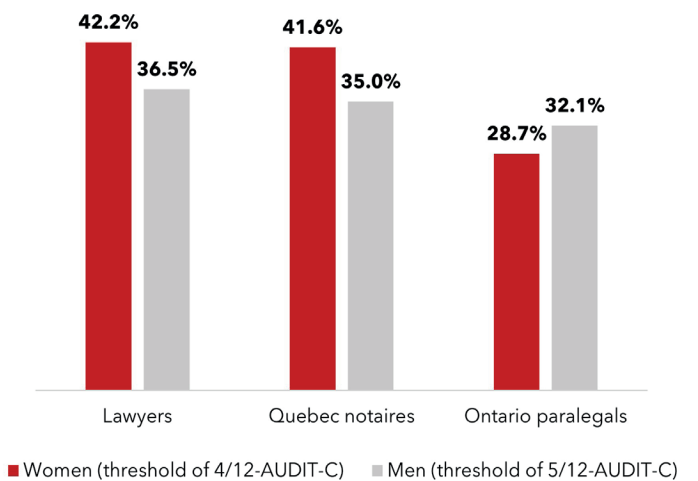
The consumption of alcohol among both men and women lawyers is relatively similar to that of Quebec notaries. Once again, women notaries and lawyers are proportionately more likely to exceed the AUDIT-C threshold than their men colleagues. Interestingly, while men paralegals in Ontario do not differ significantly from men lawyers or notaries in their alcohol consumption, the alcohol consumption of women paralegals in

Graph 4
Canada–U.S. comparison of the proportion of lawyers with possible alcohol dependence (AUDIT-C)



Note. The data for the United States were published in 2016 (Krill et al., 2016), before the COVID-19 pandemic. It is therefore important to interpret and compare the results within certain limitations. The Canadian data were collected following the third wave of COVID-19 in Canada, which may have increased the proportions.

Graph 5
Comparison of the proportion of Canadian legal professionals with possible alcohol dependence (AUDIT-C) by gender and profession (n = 5,109)



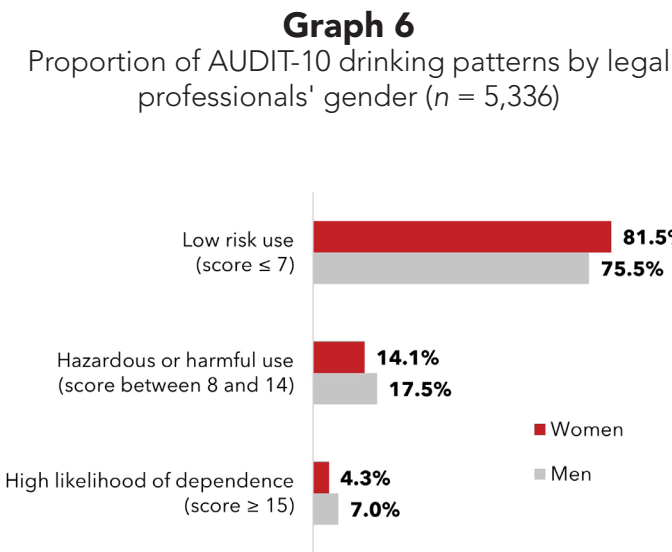
Ontario is, at first glance, lower than that of women in other professional groups (28.7% compared to 41.6% for women notaries and 42.2% for women lawyers). However, this difference between the groups is not significant.

Consumption habits across different AUDIT-10 thresholds

As mentioned earlier, it is possible to obtain a score between zero and 40 on the AUDIT-10. Our team selected the main thresholds used in the field, in order to take stock of the most important observations regarding the alcohol use habits of Canadian legal professionals.

First, some authors establish three profiles with the AUDIT-10 (Babor et al., 2001). The first profile includes professionals who score 7/40 or less. These are low-risk users. Within the sample, 81.5% of women and 75.5% of men fall into this category. The second category contains those with a score between 8 and 14, whose alcohol use is considered hazardous or harmful to health. Among the participating professionals, 14.1% of women have a hazardous or harmful level of use, compared to 17.5% of men. Finally, the AUDIT-10 assesses the proportion of people who are likely to be highly dependent on alcohol, i.e., those who score 15/40 or higher. More than four percent (4.3%) of women and 7.0% of men had scores in this category. Graph 6 synthesizes the results obtained.

Beyond this three-group categorization, studies using the AUDIT-10 generally use two main thresholds to establish proportions of risky drinking in a sample or population. The first threshold is 8/40. Note that the study by Krill et al. (2016) uses this threshold; therefore, this threshold will be used at various points in this section for comparison purposes. The second threshold is 10/40 (Babor et al., 2001). Graph 7 shows the proportions of risky consumption observed for each of the thresholds in the sample.



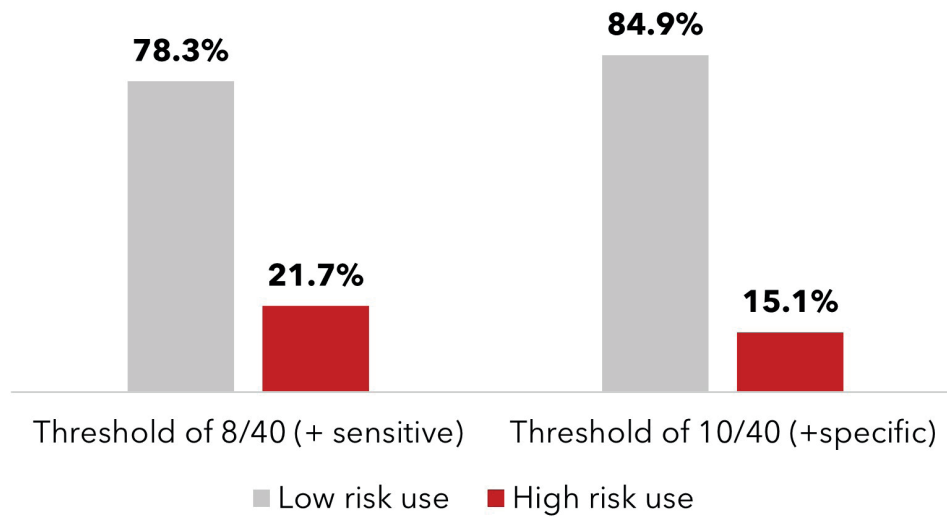
Did you know?

In the study conducted by Krill et al. (2016) with over 10,000 lawyers from 19 U.S. states, the researchers found that 20.6% of lawyers in the United States are at risk for substance abuse. This number considers all participants who scored above 8/40 on the AUDIT-10.

Using the same threshold, this proportion rises to 22.2% for Canadian lawyers and 21.7% for all legal professionals in Canada (lawyers, Quebec notaries, Ontario paralegals).

Graph 7

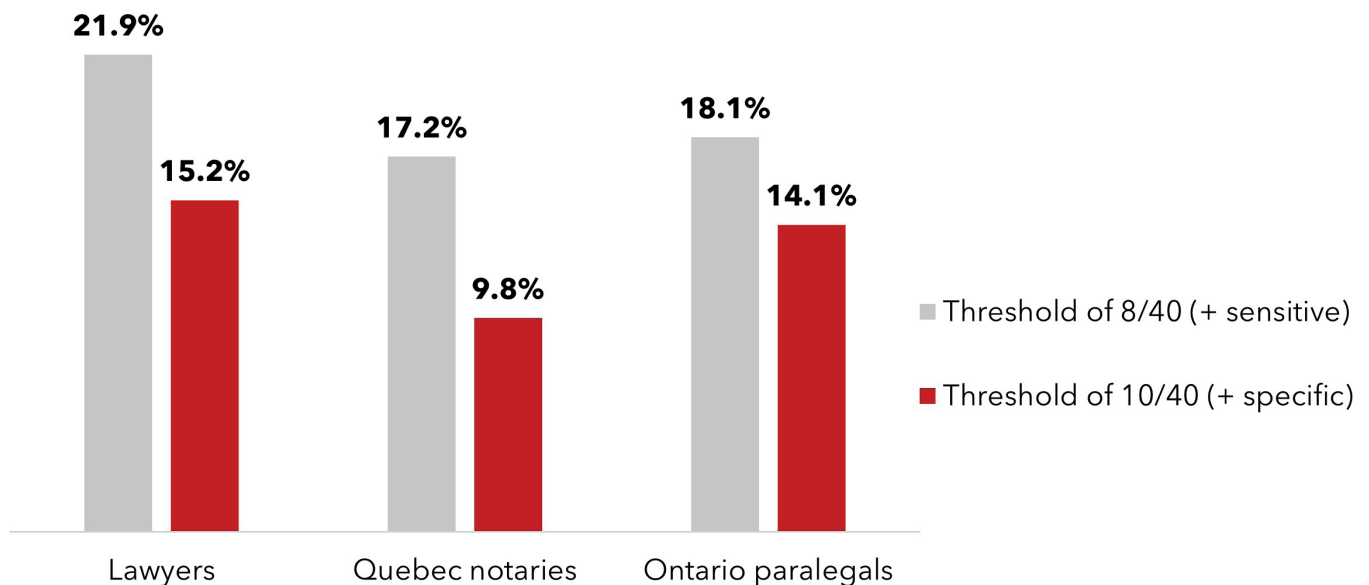
Proportion of risky drinking habits on the AUDIT-10 among Canadian legal professionals based on a cut-off score of 8/40 or 10/40 ($n = 5,336$)



Graph 8 presents the proportions of risky consumption according to the two thresholds, 8/40 and 10/40 (Babor et al., 2001), for the different professions under study. Although there are some differences between the Quebec notaries and the lawyers or Ontario paralegals, the differences between these professional groups are not statistically significant. Consequently, consumption habits are relatively similar from one profession to the next.

Graph 8

Proportion of at-risk drinking habits on the AUDIT-10 based on a threshold of 8/40 or 10/40 by profession ($n = 5,336$)



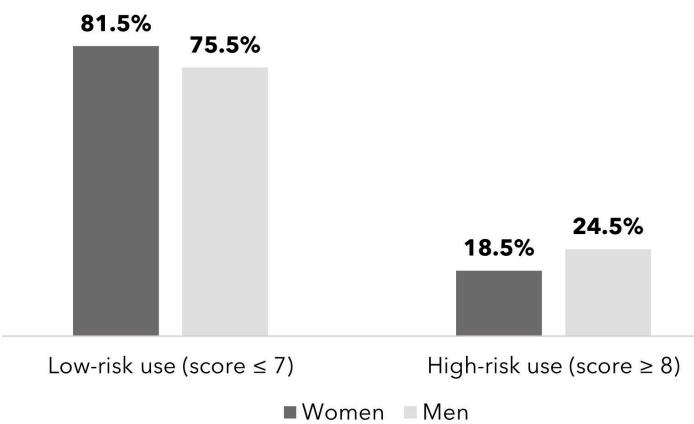
As shown in Graph 9, when we compare men and women based on the 8/40 cut-off used by Krill et al. (2016), a higher proportion of men (24.5%) than women practising law in Canada (18.5%) score above 8/40. This difference between genders is statistically significant.

Moreover, it must be noted that the proportion of risky drinking observed is closely linked to perceived stress. Graph 10 shows the proportion of professionals with risky drinking habits based on participants' perceived stress, and their gender.

We note that women legal professionals and their counterparts who are men have significantly higher proportions of hazardous drinking (i.e., a score greater than or equal to 8/40) when perceived stress is high. Thus, in the context of low perceived stress (score $\leq 15/20$), 17.1% of women and 23.4% of men present risky consumption behaviours, with a score equal to or greater than 8/40. In comparison, 23.3% of women and 30.0% of men in high perceived stress situations (score $\geq 16/20$) have an AUDIT-10 score equal to or greater than 8/40.

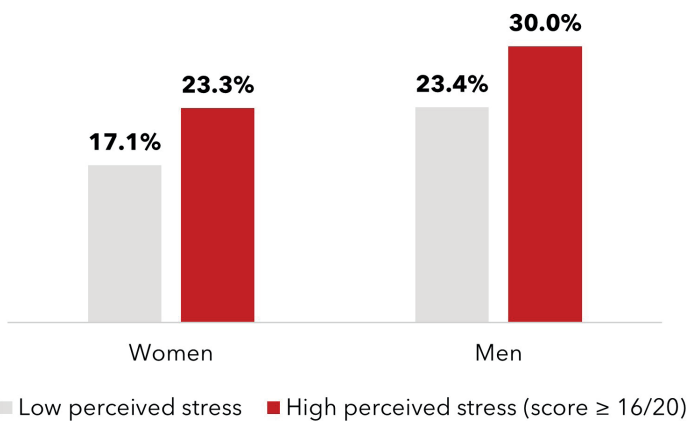
Graph 9

Proportion of at-risk drinking on the AUDIT-10 (score ≥ 8) by gender of participants (n = 5,336)
(n = 5,336)



Graph 10

Proportion of at-risk drinking on the AUDIT-10 (score ≥ 8) by gender and perceived stress (n = 5,335)



Did you know?

A recent study of American lawyers practising in California found that harmful drinking is associated with an increased intention to leave the profession. The study also found that levels of risky, and hazardous, drinking were higher for female lawyers than for their male colleagues (Anker & Krill, 2021).

This result is not too surprising, however, given that several studies have highlighted the observed links between perceived stress and alcohol consumption, the latter of which is often a coping strategy in the face of stress. Unfortunately, since the present study is based on data collected at a single point in time (cross-sectional design), it is not possible to rule on the direction of the association between perceived stress and alcohol consumption. In other words, do people perceive more stress because they drink more alcohol, or do they drink more alcohol because they are more stressed? The literature shows that people under stress normally hope to reduce the tensions experienced during the day by consuming a few drinks. However, past a certain threshold, this strategy seems to have the opposite effect and could even increase perceived stress.

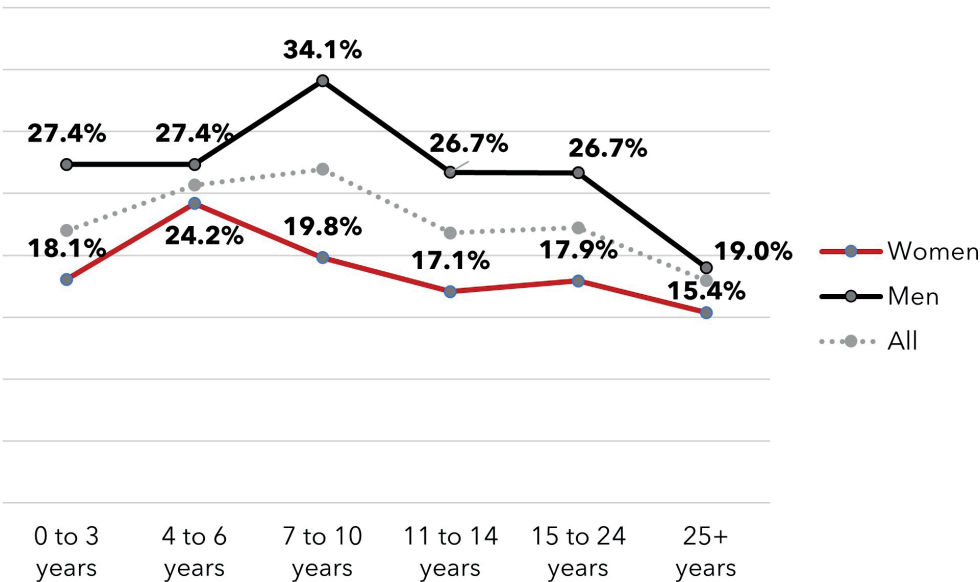
Changes in alcohol use throughout a career

If we look at changes in alcohol use as a function of work experience and gender, we observe differences in the drinking habits of men and women in the legal profession. Graph 11 shows that alcohol consumption is relatively stable for men legal professionals during the first five years of their careers. After 5 years of experience, particularly between 5 and 10 years of experience, the proportion of men with risky drinking behaviour increases from 27.4% to 34.1%.

After 10 years of experience, the proportion of men professionals who engage in hazardous drinking gradually decreases, although a certain plateau is observed between 11 and 20 years of experience. These findings are particularly interesting since the trend observed for women is different. The proportion of women with risky drinking behaviour increases more significantly in the first 5 years of their career, then gradually decreases until they reach 11 years of experience. However, as with men, the use of alcohol among women stagnates or even increases slightly between 11 and 20 years of experience. These results warrant closer attention.

Graph 11

Proportion of high-risk drinking on the AUDIT-10 (score ≥ 8) among legal professionals in Canada, by years of experience and gender ($n = 5,154$)



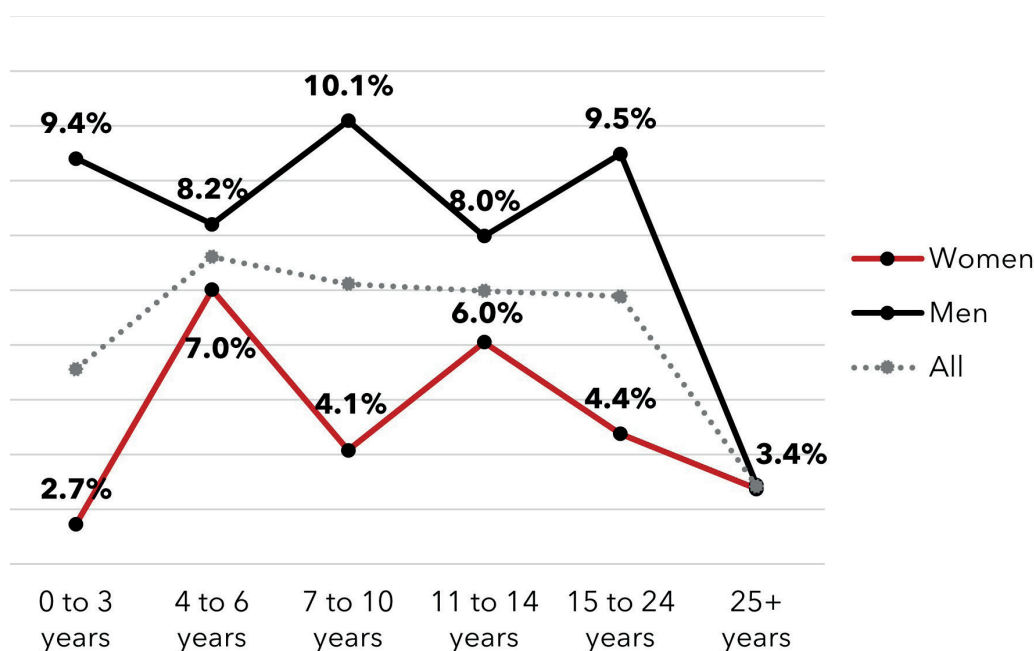
First, it appears that the first 5 years are particularly critical for women, compared to their men colleagues, whose use increases between 5 and 10 years of experience. To explain this result, it may be hypothesized that women who wish to have children might do so in the first 5 years of their career. In contrast, for men, the period between 5 and 10 years may be a time to move up the organizational hierarchy, a phase likely to involve greater stress.

Second, by comparing the patterns for men and women, a plateau is observed between 11 and 20 years of experience, regardless of gender. Nevertheless, the proportions of hazardous drinking (score higher than or equal to 8/40) are higher for men, regardless of experience, and the gender gap widens as the career progresses. Only at the end of the career, i.e., after 25 years of experience, do the proportions for men and women tend to converge. Graph 12 confirms these findings.

We can make comparable observations by analyzing the proportions of users with a high probability of dependence (score equal to or greater than 15/40) according to gender and experience. Between zero and 5 years of experience, the proportion of women with a high probability of dependence more than doubles, rising from 2.7% to 7.0%. This percentage decreases between 5 and 10 years of experience but tends to increase again between 10 and 15 years of experience. These proportions go up and down for both men and women throughout their careers. At first, the proportion of professionals in the beginning of their career and with a high probability of dependence decreases then increases between 5 and 10 years of experience. As for women, there is also an increase later in men's careers. However, this increase occurs between 15 and 20 years of experience, whereas for women, it occurs earlier. Lastly, at 25 years of experience or more, the proportion of men and women with a score equal to or greater than 15/40 is the same, i.e., 3.4%.

Graph 12

Proportion of high likelihood of dependence according to AUDIT-10 (score ≥ 15) among legal professionals in Canada, by years of experience and gender ($n = 5,154$)



Experience-based changes in risky drinking: a comparison with American lawyers

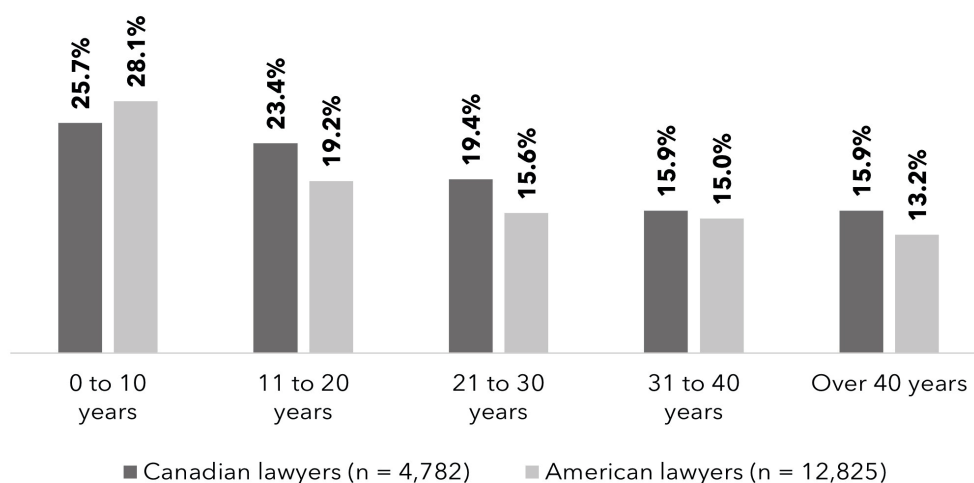
To compare changes in alcohol use among Canadian legal professionals throughout their careers with levels of use observed among American lawyers, we first isolated lawyers from the rest of the sample, since the Krill et al. (2016) study only included lawyers. We again looked at alcohol use over the course of legal careers, this time taking the same categorization as Krill et al. (2016), i.e., 10-year increments. Graph 13 presents the result of this analysis and compares the proportions of alcohol use considered risky (score greater than or equal to 8/40) among Canadian lawyers with those of American lawyers over the course of their careers.

We find that the changes in consumption levels

among Canadian lawyers are comparable to those observed among American lawyers, even though the latter are proportionately more likely to exhibit risky consumption early in their careers. Also, even though alcohol use by Canadian lawyers appears higher after 10 years of experience, the data collected by Krill et al. (2016) predate the COVID-19 pandemic. Since studies show that alcohol consumption in the general population increased during the pandemic (Thompson et al., 2021), one may reasonably suppose that these discrepancies between Canadian and American lawyers result from the stress and uncertainty brought on by the pandemic.

Graph 13

Comparison of proportion of risky drinking (score ≥ 8 on AUDIT-10) between Canadian and American lawyers by years of experience



Note. Data for the U.S. study come from Krill et al. (2016).

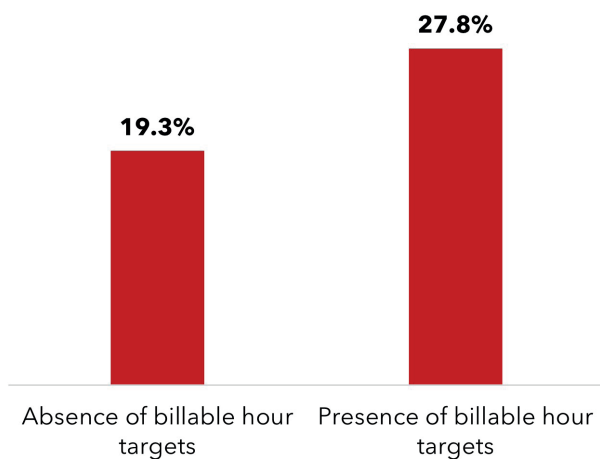
Alcohol consumption and billable hours: another argument against this business model

Considering that professionals working in the context of billable hours are generally expected to take part more often in business development activities where alcohol is consumed, it seems logical to assess whether the billable hours model is associated with different proportions of risky alcohol consumption. It is also likely that legal professionals with the additional stressors of billable hours are using alcohol to cope. All things being equal, Graph 14 shows the considerable gap between the professionals who work with a billable hours model, compared to those who do not. Consequently, professionals with billable hours are proportionately more likely to report risky drinking and this difference is statistically significant.

This observation strengthens the argument in favour of abandoning the billable hours model, not only because of the stress it causes legal professionals, but because of the collateral effects associated with this stress, including alcohol consumption.

Graph 14

Proportion of Canadian legal professionals with risky drinking habits (score ≥ 8 on AUDIT-10) based on presence or absence of billable hour targets
($n = 3,052$)



The **voice** of legal professionals



"I am an addict, and I am active in recovery. Part of me having a healthy and responsible attitude toward alcohol is complete abstinence from alcohol. I have not knowingly consumed alcohol in over five years. My sobriety is hard won, and I do not take it lightly. I avoid the glorification of addiction whenever possible. My sobriety has had a negative effect on my professional life. I have missed out on professional opportunities and growth by not engaging in alcohol misuse (heavy drinking, binge drinking, drinking as a coping mechanism, stress release or bonding activity, etc.) as a networking tool. I am currently in a profession that is rife with alcohol and substance misuse. This misuse of alcohol and other substances is often characterized by members, media and the public as an unavoidable aspect of the legal profession. I watch other lawyers cope with the stresses of their jobs through alcohol and drug misuse, and it breaks my heart. Sadly, the resources available from the Law Society are inadequate to deal with these situations meaningfully. As an example, the short-term counseling offered through the EFP is a joke."

"My children [...] estranged themselves from me as a result of a combination of my work and separating from my spouse and alcohol consumption. [...] Being a lawyer and a mother of [x] and married to a toxic spouse was too much for me. I answered 'no' to using alcohol over the past [x] months because I have completely abstained for [period]. Prior to that, I drank too much."

"I am currently in recovery from a severe alcohol use disorder. I have experienced in my 30 years of practice that large law firms are not psychologically healthy places to work. I found it very difficult to ask for the appropriate help when I needed it most."

"Drinking to excess is a problem in this profession, with pressure starting in law school. I did start to drink after I entered law school, and drank to excess for a few years. [...]"

2.4.2.2 | Drug use among legal professionals: findings



AUTHORS OF THIS SECTION :

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Éveline Morin, Master's candidate

2.4.2.2 | Drug use among legal professionals: findings

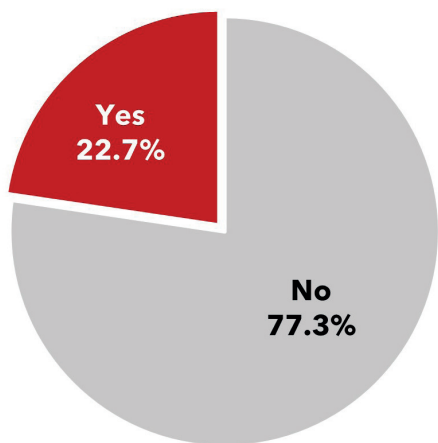
Participants were asked to report on their drug use habits, an important aspect associated with health. Graph 1 shows that almost a quarter of respondents in the sample (22.7%) report having used drugs for non-medical purposes.

The drugs used include prescription drugs (used for non-medical purposes), cannabis (and its derivatives), and various types of illegal drugs. Note that more than 95% of participants who indicated that they use drugs are cannabis users. A smaller proportion of these participants (17.9%) use illegal drugs such as cocaine, and 10.9% use prescription drugs for non-medical purposes.

Additional analysis indicates that among all the participants who use drugs, some consume more than one type. Thus, Graph 2 shows that 18.4% of participants who use drugs use two of the three types of drugs (medication, cannabis, illegal drugs) and 3.5% use all three types of drugs (medication, cannabis, illegal drugs).

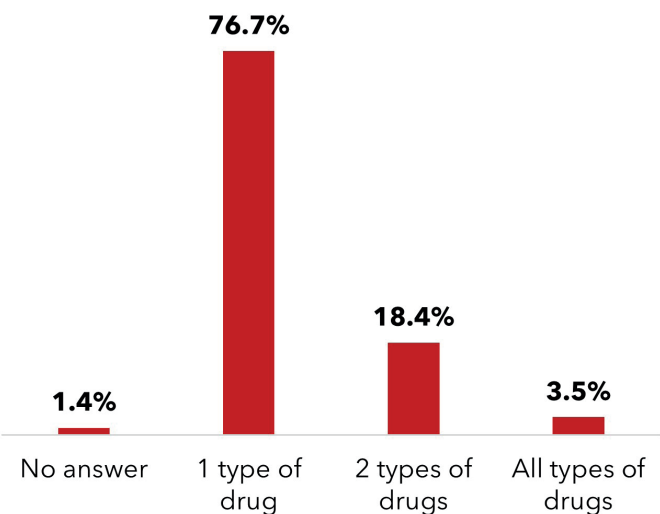
Graph 1

Proportion of participants who used drugs for non-medical purposes in the previous 12 months (n = 5,325)



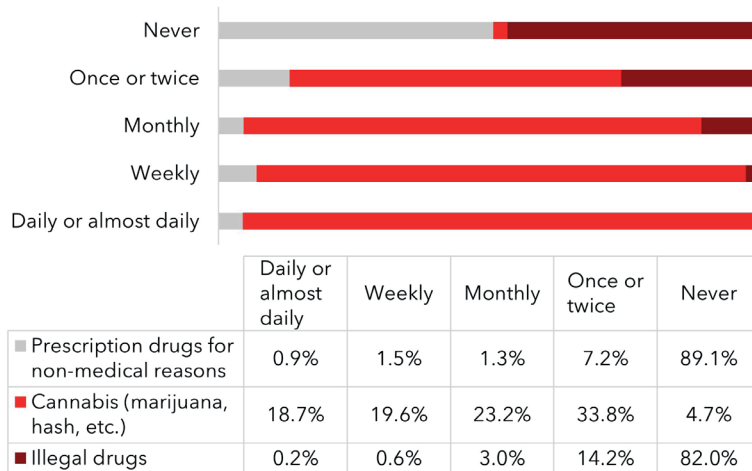
Graph 2

Drug use patterns by number of drug types used (n = 1,205)



Graph 3

Frequency of drug use by category (n = 1,205)

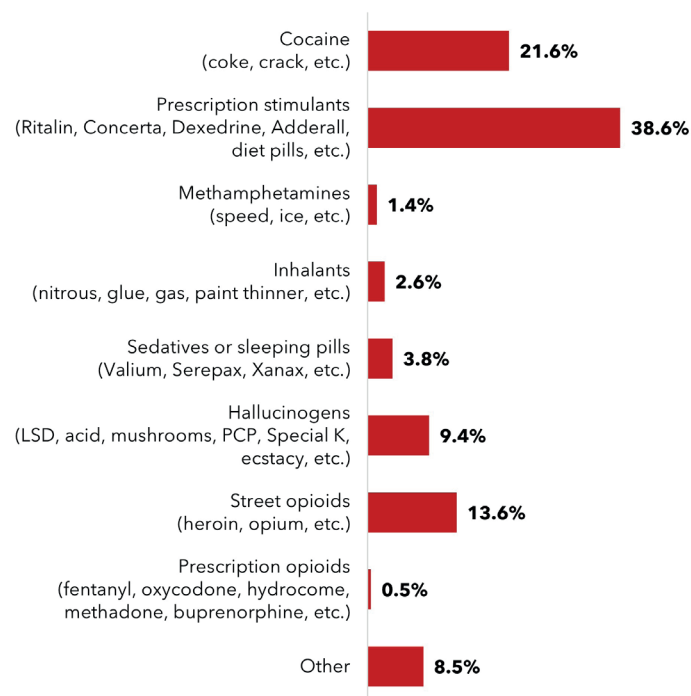


The frequency of drug use by the participants is analyzed in Graph 3. It reveals that cannabis is the drug most frequently used by those professionals who use drugs, with 19.6% of them using it every week. Furthermore, among the respondents who had used illegal drugs such as cocaine, 14.2% had done so only once or twice, while 3.0% had used them monthly.

Of all the professionals using illegal drugs, 38.6% have used stimulants such as those used to treat attention disorders (e.g., Ritalin, Concerta) or cocaine and its derivatives, such as crack (21.6%). As shown in Graph 4, opioids such as heroin or opium come third in frequency of usage, with 13.6% of professionals consuming them.

Graph 4

Types of drugs used as reported by participants (n = 425)



Risks associated with drug abuse (DAST-10) among legal professionals in Canada

The DAST-10 scale (Skinner, 1982) is used worldwide to assess the risks associated with drug abuse (such as engaging in illegal activities or experiencing withdrawal symptoms) in various populations. Recognized for its validity (Bohn et al., 1991; Yudko et al, 2007), the scale consists of 10 questions and provides a score between zero and 10. The higher the score, the higher the level of risk. Table 1 lists the scores associated with the different levels of risk established in the literature.

Table 1

Risk levels associated with drug use based on DAST-10 score

DAST-10 score (max. 10)	Level of associated risk
Score of 0	No risk
Score from 1 to 2	Low risk
Score from 3 to 5	Moderate risk
Score from 6 to 8	Substantial risk
Score from 9 to 10	Severe risk

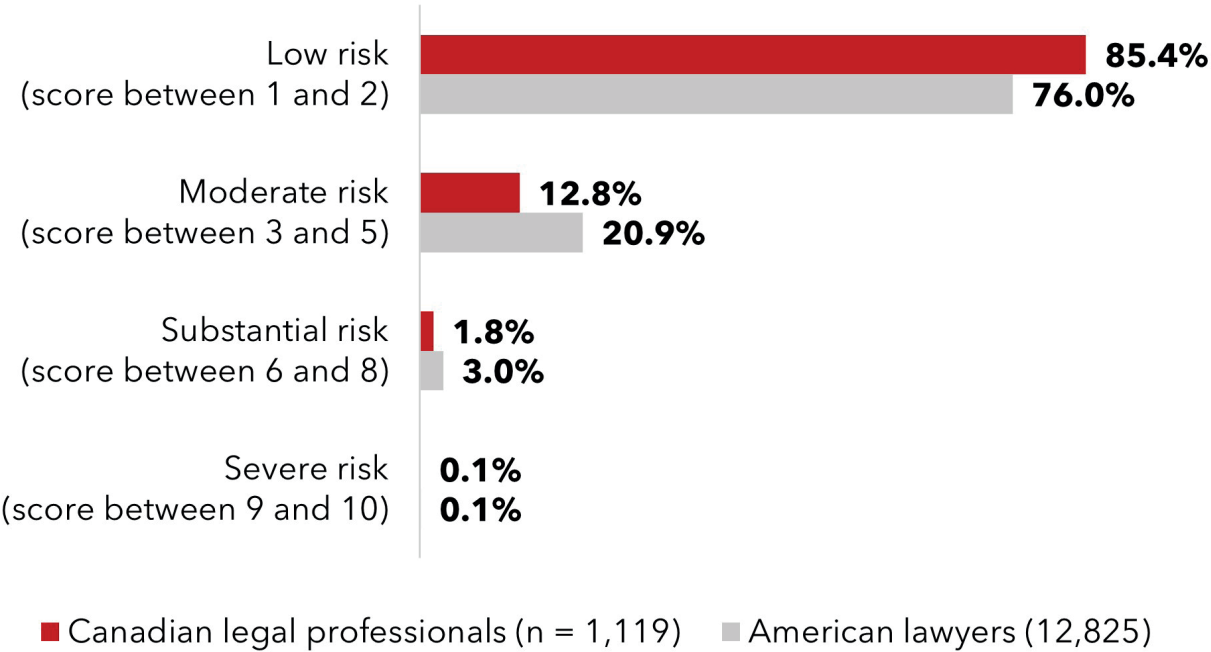
Note. DAST-10 comes from Skinner (1982).

When analyzing the DAST-10 scores for the various levels of risk, 12.8% of participants scored between 3 and 5, representing a moderate risk. While this number appears high, it is lower than the proportions observed among American lawyers, as

shown in Graph 5. Indeed, the study conducted before the pandemic by Krill et al. (2016) estimated the proportion of lawyers scoring between 3 and 5 at 20.9% (Krill et al., 2016). Similarly, 3.0% of American lawyers scored between 6 and 8 (Krill et al., 2016), a level which is identified as a substantial risk according to the DAST-10 categorization. This proportion is higher than that observed in the present study, where only 1.8% of Canadian legal professionals obtained a score categorized as "substantial risk." All other things being equal, the proportion of severe risk associated with drug consumption among legal professionals is comparable between Canada and the United States, at 0.1% (Krill et al., 2016).

Graph 5

Comparison of observed risk levels for drug use between American lawyers and Canadian legal professionals



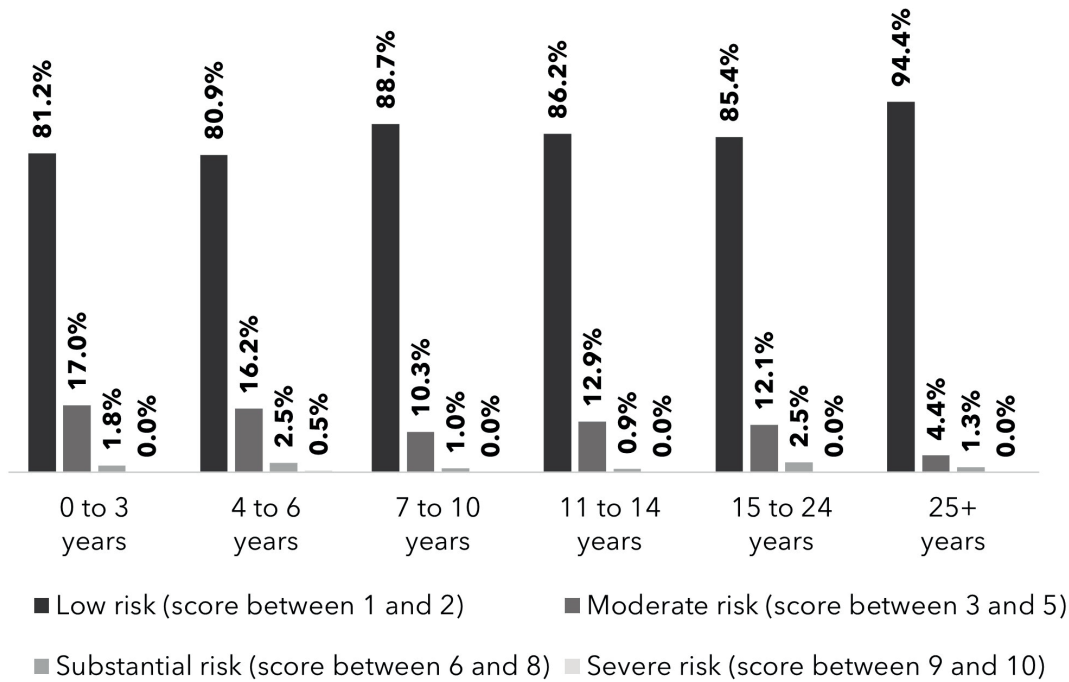
Note. Data for the U.S. study come from Krill et al. (2016).

Did you know?

A study published in the United States by Krill et al. (2016) estimated the average obtained on the DAST-10 scale for American lawyers to be 1.97/10. In Canada, a study estimated the average for Canadian legal professionals to be 1.65/10, which is lower than the U.S. average.

As shown in Graph 6, an analysis of risk level according to level of professional experience indicates that severe risks are found only among professionals with 4 to 6 years of experience. Among professionals with zero to 3 years of experience, 1.8% score between 6 and 8, which is considered a substantial risk. This proportion increases for professionals with 4 to 6 years of experience. It then decreases and increases again after mid-career, i.e., among professionals with 15 to 24 years of experience, when 2.5% score between 6 and 8 on the DAST-10.

Graph 6
Change in risks associated with drug use as experienced based on experience of Canadian legal professionals
(n = 1,165)



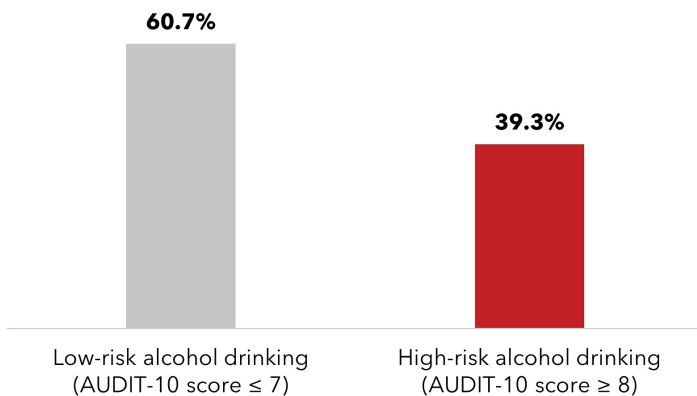
Mixing alcohol and drugs: a dangerous combination significantly associated with depressive symptoms among legal professionals in Canada

The literature is quite consistent on this point: heavy alcohol consumption and high-risk drug use are associated with an increase in depressive symptoms (Martínez-Vispo et al., 2018; McHugh & Weiss, 2019; Miller et al., 1996). The literature also suggests that people who use drugs are also likely to have higher levels of alcohol use (Burns & Teesson, 2002). As seen in section 2.4.2.1 on alcohol use, 21.7% of legal professionals in Canada are at risk for alcohol use, with a score of 8/40 or higher on the AUDIT-10 scale (Babor et al., 2001). When the AUDIT-10 score is analyzed in conjunction with drug use, it is observed that 39.3% of professionals who have used drugs for non-medical purposes in the past 12 months also have a risk of alcohol abuse (i.e., they have a score of 8 or more on the AUDIT-10 scale) (Babor et al., 2001), as shown in Graph 7.

When examining the depressive symptoms reported by respondents, we find that legal professionals who report moderate to severe depressive symptoms are proportionately and significantly more likely to have engaged in high-risk alcohol consumption (with a score of 8 or more on the AUDIT-10 scale).

Graph 7

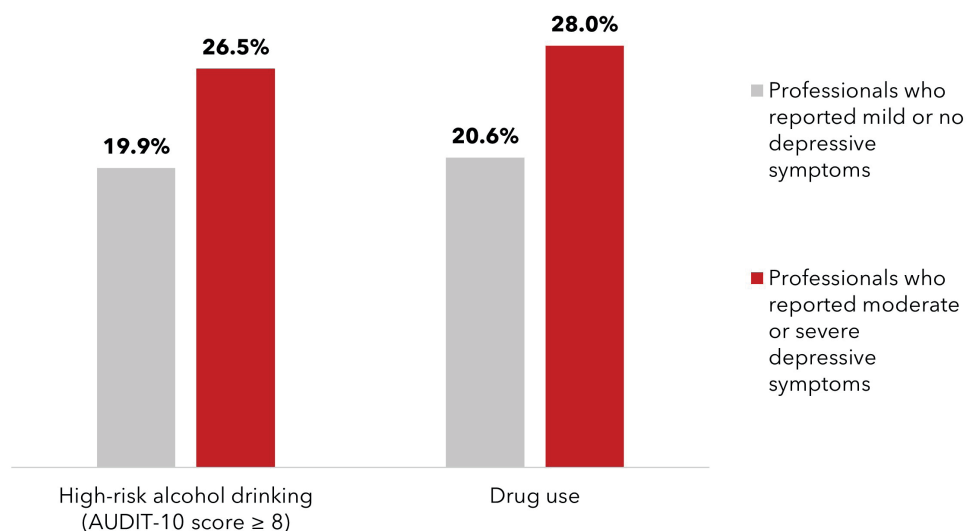
Proportion of legal professionals who used drugs for non-medical use in the previous 12 months by AUDIT-10 alcohol use score ($n = 1,207$)



Note that these same professionals are also proportionately and significantly more likely to have used drugs in the 12 months preceding the survey. These findings highlight the importance of addressing the stressors that cause these depressive symptoms, with a view to preventing the development of direct and indirect stress-related problems. It also seems important to raise awareness in the legal community of the importance of using healthy coping strategies (e.g., exercise, venting, social activities) rather than resorting to maladaptive coping strategies such as alcohol or drug consumption.

Graph 8

Proportion of professionals with high-risk alcohol drinking and/or non-medical drug use, by reported depressive symptoms ($n = 5,322$)



2.4.3 | KEY SKILLS TO PROTECT WELLNESS IN LAW



AUTHORS OF THIS SECTION : Prof. Nathalie Cadieux, Ph.D., CRHA
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2.4.3 | KEY SKILLS TO PROTECT WELLNESS IN LAW

Skill: refers to a person's ability to apply knowledge, know-how or soft skills in a given situation.

All through our lives, we acquire skills. Some of them are learned in everyday life, while others are learned through formal training. Some are also developed through interactions with others or through experience.

Nevertheless, certain key skills that may protect our health are closely linked to who we are as individuals, to the path we have taken in life, or to specific traits of our personality. Among these skills, psychological detachment from work and assertiveness contribute to the resilience of professionals and prove to be key abilities with the potential to shield people against specific stressors such as work overload (Sandoval-Reyes et al., 2019) or high emotional demands (Haun et al., 2018; Sonnentag et al., 2010). Skills have a direct or indirect effect on the evaluation of a stressor to which an individual is exposed, yet they also act directly on health. Table 1 defines each of the two key skills included in this study.

Table 1
Definition of two key protective skills

Skill	Definition
Psychological detachment	"Ability of individual to disengage oneself mentally from work during time off the job" (Sonnentag & Fritz, 2015, p. 72).
Assertiveness	Confidence in interpersonal relationships manifested by the ability to express their emotions spontaneously (Osborn & Harris, 1975) and the ability to set boundaries that respect their rights, thoughts, and feelings without denying those of others (Alberti & Emmons, 1986).

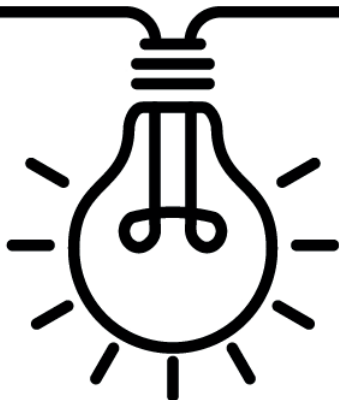
Psychological detachment and assertiveness can be addressed through training or developed through mentoring or coaching. These skills can also be fostered by the implementation of policies (e.g., the right to disconnect after office hours), by management practices (e.g., clarifying expectations) or by psychosocial environment policies (e.g., psychological safety).

Prevalence of key skills in the Canadian legal community

Graph 1 presents the proportion of professionals with the two key skills for health and wellness.

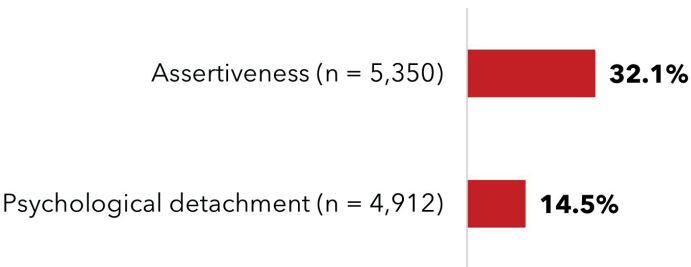
The most prevalent skill in the Canadian legal community is the assertiveness. Conversely, only 14.5% of participants said they were able to psychologically detach from work outside of office hours. This relatively small proportion highlights the permeability of the boundaries between the various spheres of life, particularly in the pandemic context.

Graph 2 presents participants' possession of the two skills and their years of work experience. Unsurprisingly, both skills are found in higher proportions among professionals with ten years or more of experience, compared to their colleagues in their early careers. However, experience does not seem to influence the acquisition of these skills evenly. Although the ability to detach psychologically from work appears to have fluctuated slightly upward among practitioners with ten years or more of experience, the gap widens among practitioners with less experience for assertiveness.



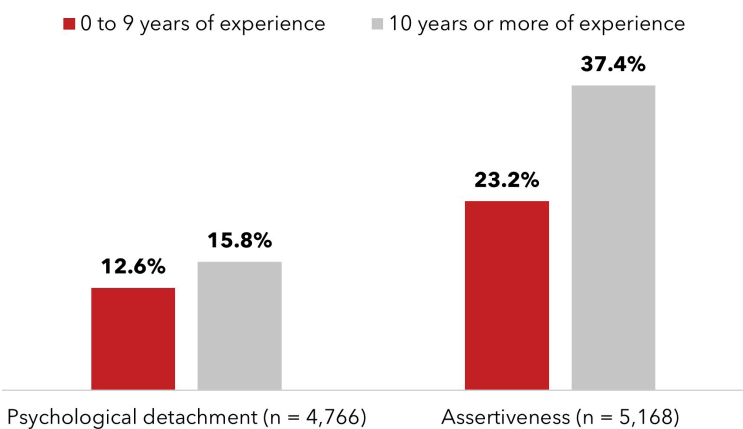
Graph 1

Proportion of professionals with key skills for psychological health and wellness



Graph 2

Proportion of legal professionals with psychological detachment or assertiveness, by experience



Did you know?

A study published in 2022 found that psychological detachment is generally lower among professionals who telework full-time (Lazauskaitė-Zabielskė et al., 2022). The effects of this low detachment are reflected in symptoms of burnout that may resurface several months after intensive telework periods. The researchers explain that teleworkers are more sensitive than non-teleworkers to the high expectations of their organizations.

Beyond the role of experience, we can see from Graph 3 that men are more likely than women to set their limits and to be assertive.

Nevertheless, our results suggest that both men and women legal professionals find it challenging to detach themselves psychologically from work outside of office hours. It can be argued that the pandemic, which forced a majority of professionals to telework, may have played a role in this ability to detach. The spheres of life became not only permeable, but practically superimposed.

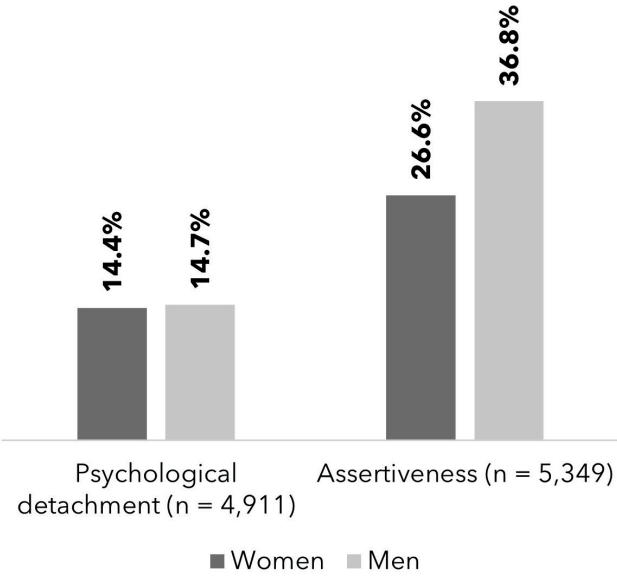
To complete the descriptive portrait of the skills with protective effects on the health of professionals, an analysis by work setting allows us to observe that professionals working in the education sector are proportionally less likely to be able to detach themselves psychologically from work after office hours. At the same time, professionals working in the education sector are the group with the highest proportion of assertiveness, as illustrated in Graph 4.

Our results also show that for-profit corporations tend to have a higher overall proportion of legal professionals with all of these key skills. Thus, professionals working for for-profit corporations are proportionally more likely to be able to detach themselves psychologically from work. But they are also not far behind education professionals in their assertiveness.

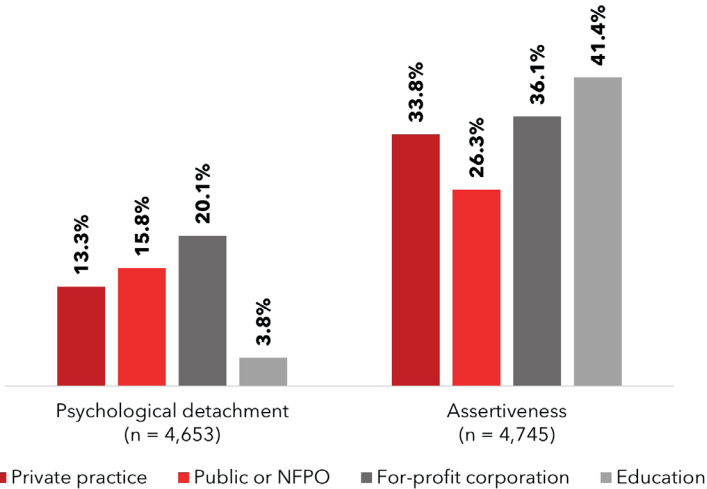
Mental health in the workplace: A question of skill?

The answer to that question is clearly "yes," even though it must be qualified with several nuances. First, it would be incorrect to believe or affirm that an individual's lack of—or inability to fully

Graph 3
Proportion of legal professionals with psychological detachment or assertiveness, by gender



Graph 4
Proportion of legal professionals with psychological detachment or assertiveness, by work setting



exert—any of these skills necessarily leads to health issues. However, these skills undeniably constitute psychological health resources that not only have a direct impact on mental health indicators but also an indirect impact through their alleviating effect on certain constraints.

Therefore, as outlined in Table 2, the two skills under analysis contribute significantly to reduce burnout, depressive symptoms and psychological distress experienced by the participating professionals. Moreover, psychological detachment and assertiveness, reinforcing the resilience of professionals in the face of stress, are estimated to contribute to 7.1% of the variation in burnout, to 9.7% of the variation in depressive symptoms, and to over 10% of the variation in psychological distress.

Even when we consider the most important risk and protective factors simultaneously, as well as participants' experience and gender, these skills are significantly ($p \leq .001$) associated with lower psychological distress, depressive symptoms, and burnout among participants.

Table 2
Contribution of key skills to health indicators

	Burnout (<i>n</i> = 2,650)	Depressive symptoms (<i>n</i> = 2,650)	Psychological distress (<i>n</i> = 2,529)
			
Contribution of skills (ΔR²)	+ 7.1% of contribution	+ 9.7% of contribution	+ 10.9% of contribution
Psychological detachment	↓↓↓	↓↓↓	↓↓↓
Assertiveness	↓↓↓	↓↓↓	↓↓↓

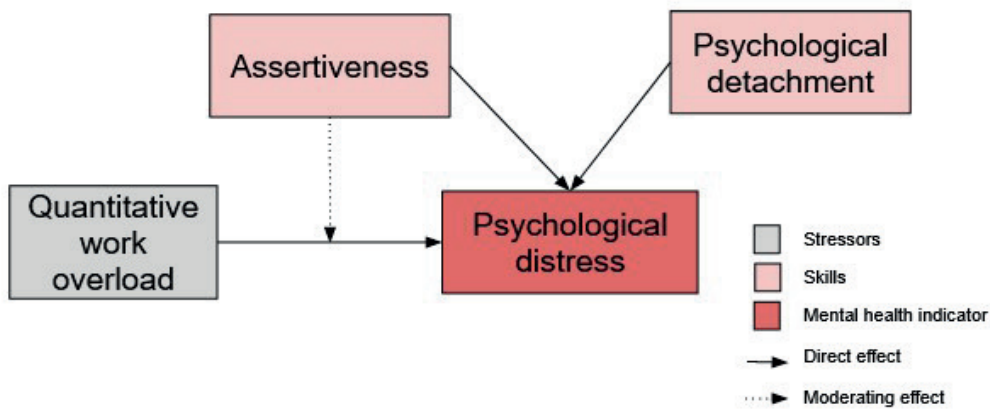
Note. Results consider the effects of the top three risk factors (emotional demands, quantitative overload, and job insecurity), the top three resources (support from colleagues, autonomy, and consistency of values), gender, and participant experience. The analyses consider the contribution of individual resilience; "ns" means the relationship is nonsignificant; ↓ means the determinant associates with a decrease in the indicator.

Indirect effects must not be underestimated

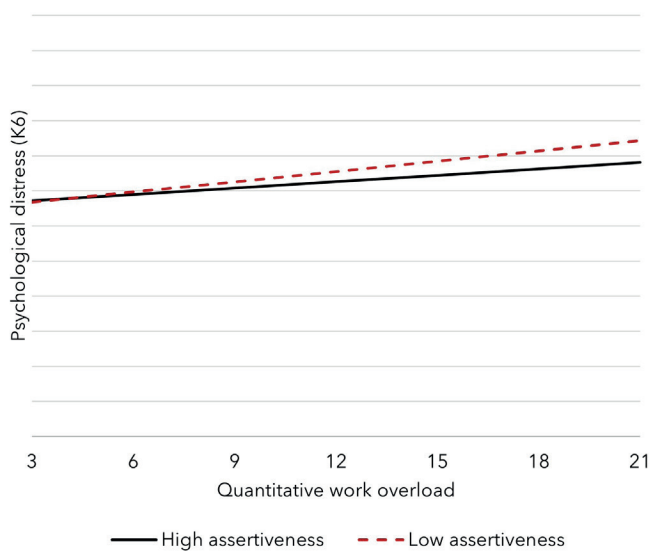
In addition to the direct effects observed on psychological health in the workplace, the analysis highlights the complex dynamics between skills and certain risk factors to which legal professionals are exposed. For the three leading mental health indicators (psychological distress, depressive symptoms, and burnout), the analysis identified numerous indirect effects of skills on health. These indirect effects occurred through the mitigation of certain major stressors.

Thus, Figure 1 emphasizes that beyond the direct effects of the skills measured regarding psychological distress, the legal professional's assertiveness appears to reduce the impact of quantitative work overload on the psychological distress experienced.

Figure 1
Direct and indirect (moderating) effects of key skills on psychological distress in Canadian legal settings by simultaneously considering the effects of most important constraints and resources, experience, and gender



Graph 5
Indirect effect of assertiveness in the relationship between quantitative work overload and perceived psychological distress (K6)
(n = 2,529)



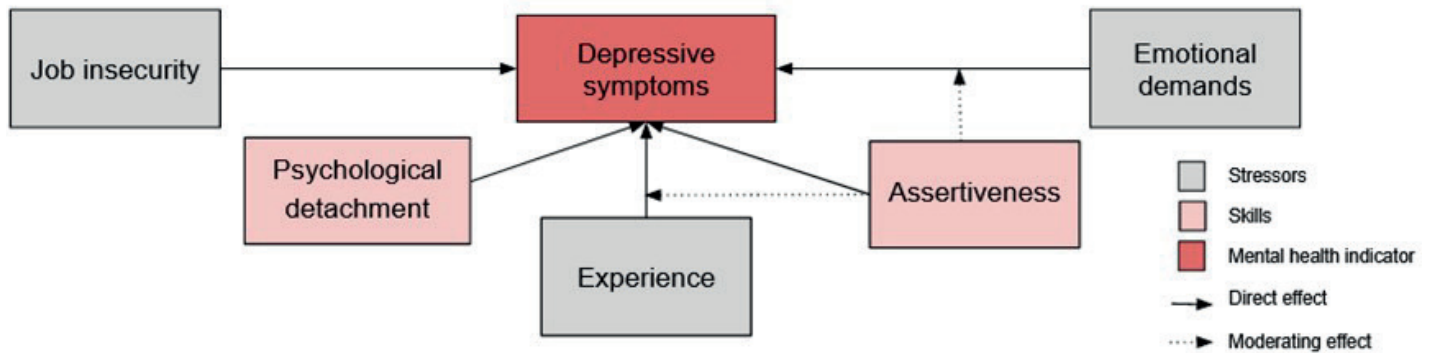
Graph 5 illustrates the interaction between these variables, showing that the psychological distress experienced by the participants increases in line with the burden of quantitative work overload. However, this increase in psychological distress appears to be more significant among professionals who are less assertive.

Similarly, additional analysis identified the many direct and indirect effects that skills can have on depressive symptoms, as illustrated in Figure 2. In this figure, we can see that assertiveness has several indirect effects.

Thus, we observe that the individual's assertiveness has a direct impact on the intensity of depressive symptoms and mitigates the adverse effect of emotional demands. Similarly, Graph 6 shows that while an increase in depressive symptoms is directly correlated to an increase in the emotional demands to which the professional is exposed,

Figure 2

Direct and indirect (moderating) effects of key skills on depressive symptoms in Canadian legal settings by simultaneously considering the effects of most important constraints and resources, experience, and gender



the impact will depend on the individual's assertiveness. When emotional demands are high, individuals who are more assertive seem to experience a lower increase in depressive symptoms than those who are less assertive. This finding is even more critical given the crippling effect of emotional demands on the health of legal professionals.

Our results suggest that assertiveness would enable professionals to better capitalize on their acquired experience in order to safeguard their health. Graph 7 illustrates this protective effect. For all professionals, the professional experience they have gained is synonymous with a decrease in depressive symptoms.

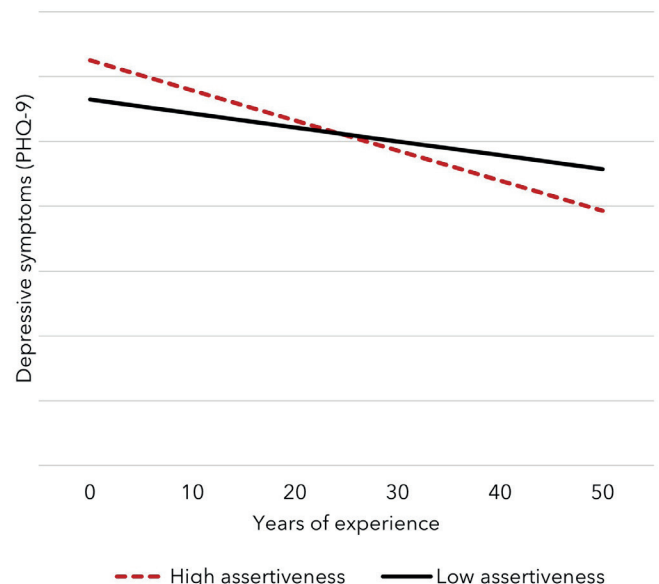
Graph 6

Indirect effect of assertiveness in the relationship between emotional demands and depressive symptoms (PHQ-9) ($n = 2,650$)



Graph 7

Indirect effect of assertiveness in the relationship between experience and depressive symptoms (PHQ-9) of participating legal professionals ($n = 2,650$)



Did you know?

Assertiveness is a skill that has been the subject of many studies of professionals worldwide. Some studies even conclude that an increase in this skill among professionals is associated with a significantly lower risk (up to 25%) of experiencing professional burnout (Suzuki et al., 2009).



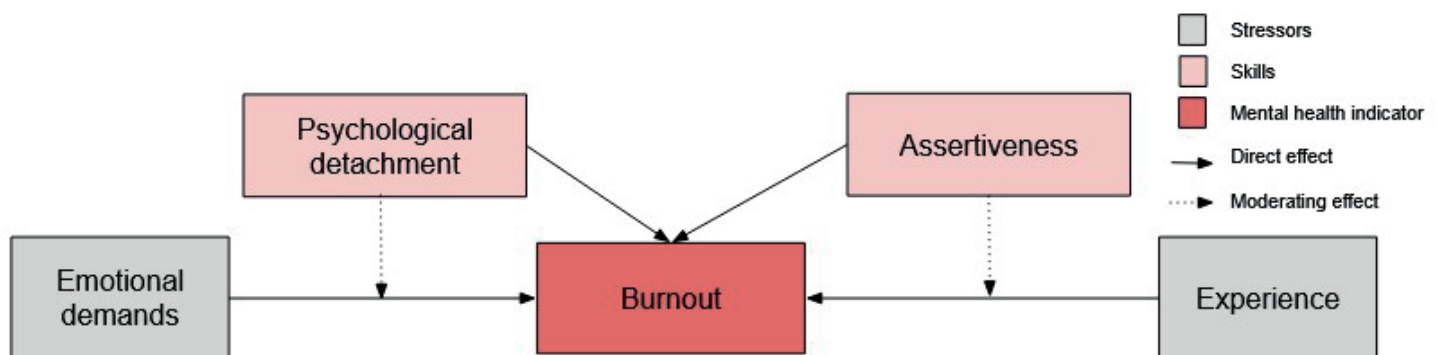
The decline in depressive symptoms appears to be more pronounced in assertive professionals who can set limits. However, the protective effect of experience decreases for less assertive professionals who struggle to set limits, especially after 20 years of professional practice.

An in-depth analysis of the direct and indirect effects of skills on burnout revealed not only the direct protective effects for each of the skills, but also some of their indirect effects. Figure 3 illustrates the main points of the findings.

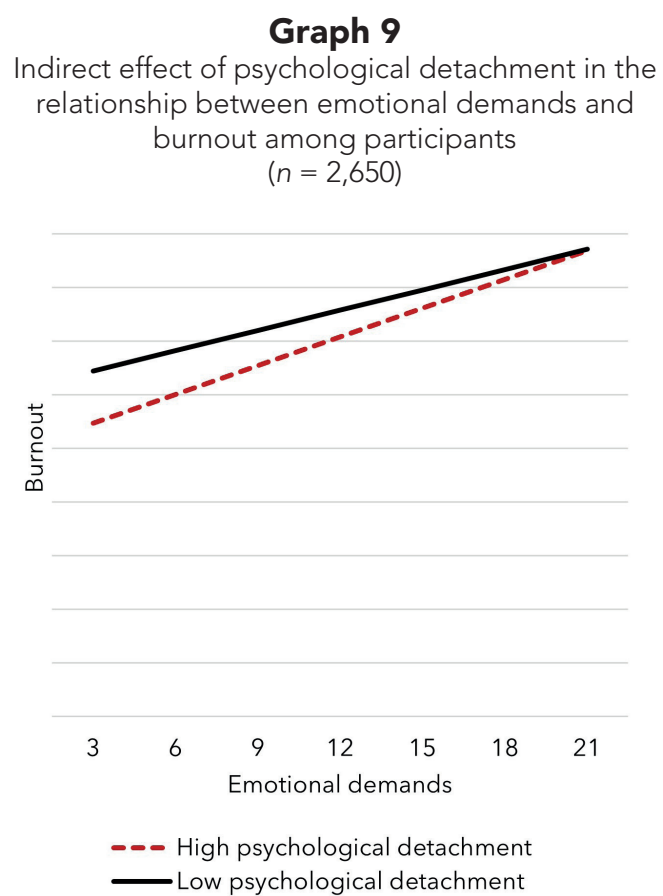
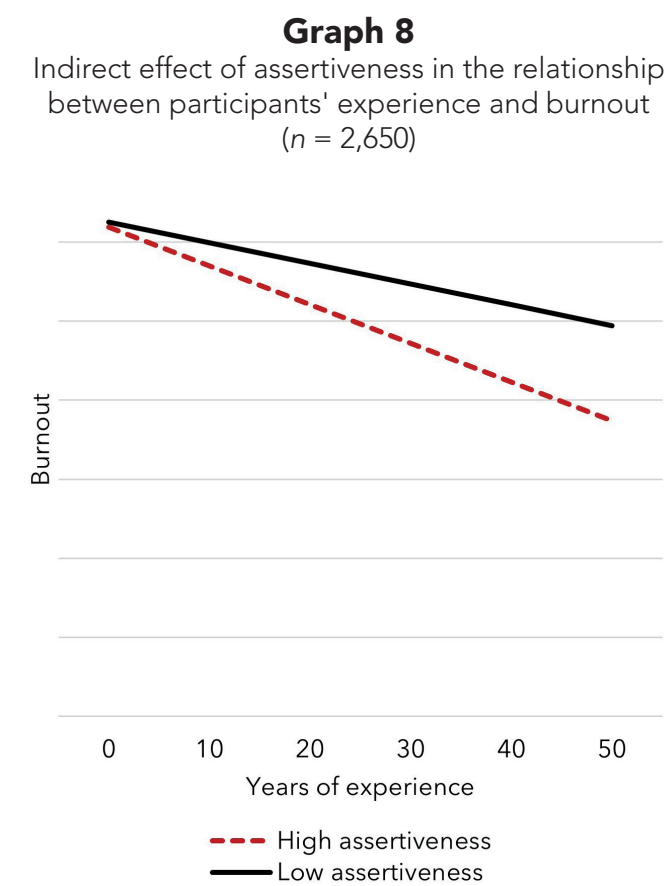
Figure 3 shows that assertiveness is once again a crucial resource in dealing with burnout. Beyond its direct effect, assertiveness tends to increase the protective effect of experience for burnout, as shown in Graph 8. Despite their experience, professionals who are less assertive show a smaller decrease in burnout than their more assertive colleagues.

Figure 3

Direct and indirect (moderating) effects of key skills on burnout in Canadian legal settings by simultaneously considering the effects of most important constraints and resources, experience, and gender



Unfortunately, although Figure 3 indicates that psychological detachment may have a protective effect against the emotional demands put on the participating professionals, the findings require more nuance. Granted, professionals who are able to detach psychologically experience lower baseline symptoms of burnout in comparison to professionals who are not able to detach. However, emotional demands are unlike other demands. It is not a matter of just one more case or administrative task to be done; it involves demands that expose professionals to the suffering of others or require them to anticipate adverse outcomes for their clients. The greater the emotional demands, the greater the level of burnout, regardless of whether a professional can detach themselves psychologically from work (see Graph 9). Consequently, detachment seems essential yet insufficient in combatting burnout.



Other collateral effects of skills

In addition to the direct and indirect effects of key skills on the health of legal professionals, our team examined their effects on certain attitudes toward the profession, on other organizational and non-work stressors, and on certain lifestyle habits. Table 3 summarizes the many observations made.

First, we observe that the professionals' assertiveness is associated with a significant increase in commitment to the profession. This skill is also associated with a substantial decrease in the intention to leave the profession.

Second, while psychological detachment reportedly has no significant relationship with commitment and intention to leave the profession, it would be associated with other organizational factors. On the one hand, the professionals' ability to detach from work outside of office hours is associated with a better adaptation to teleworking and with a decrease in work–life conflict. On the other hand, assertiveness is not associated with professionals' adaptation to telework, but is associated with a reduced feeling of work–life conflict experienced by professionals.

Lastly, the relationship between the skills and lifestyle habits of professionals is more blurred. Although psychological detachment and assertiveness are associated with decreased alcohol use, no skills appeared to be significantly associated with drug use.

These findings highlight the complexity of mental health in the workplace and, above all, the relevance of skills to understand a wide range of factors that are related, both directly and indirectly, to the health of legal professionals.

Table 3

Contribution of key skills to attitudes toward the profession, adaptation to telework, work–life conflict, and consumption habits

		KEY SKILL	
		Psychological detachment	Assertiveness
Effects on attitudes toward the profession	Commitment to the profession	ns	↑↑↑
	Intention to leave the profession	ns	↓↓↓
Effects on other stressors	Adaptation to telework	↑	ns
	Work-life conflict	↓↓↓	↓↓↓
Effects on consumption habits	Alcohol consumption	↓↓	↓↓
	Drug consumption	ns	ns

Note. The results in the table consider the effects of the top 3 risk factors (emotional demands, quantitative overload, and job insecurity), the top 3 resources (support from colleagues, autonomy, and consistency of values), gender, and participant experience. The analyses consider the contribution of individual resilience; "ns" means the relationship is nonsignificant; ↓ means the determinant associates with a significant decrease in the factor and ↑ means the determinant associates with a significant increase in the factor. The higher the number of ↓ and ↑ indicated, the more significant the relationship.

Learning to say no: assertiveness as a key protective factor against many major mental health stressors

As highlighted in the previous section, the skills measured have multiple effects, both direct and indirect, on participants' health. However, of all the skills measured, assertiveness—the ability to say no, to draw the line—appears to be the most critical because of the many direct and indirect effects noted above. As a reminder, the following is a list of eight key findings regarding assertiveness:

1. It is directly associated with the reduction of the three health indicators measured: psychological distress, depressive symptoms and burnout.
2. It reduces the negative impact of work overload on psychological distress.
3. It reduces the increase of depressive symptoms associated with emotional demands.
4. It enhances the protective effect of experience on depressive symptoms.
5. It increases the protective effect of experience on burnout.
6. It is associated with an increased commitment to the profession and decreased intention to leave it.
7. It is associated with a decrease in work–life conflict.
8. It is associated with lower alcohol use.

In conclusion, these skills must be seen for what they are: additional tools for alleviating the significant stressors that legal professionals are exposed to. In this context, the skills not only improve health but also have an impact on a person's response to stressors. To overcome the constraints they face, each professional must take stock of their own resources, namely their experience and skills. Beyond the professional skills expected of legal professionals, the results presented here highlight the importance of valuing other skill types that are just as important in the context of professional practice. These skills can be developed through training or mentoring programs and allow the professional to put into perspective the constraints to which they are exposed, set limits, and establish a healthy distance between themselves and the sources of stress.

The **voice** of legal professionals



"The issues that I have relate to time management and pressures to be productive and responsive to every requestor [sic] needs at a moment's notice. I do not have time to learn or focus on building my professional skills. This affects my job satisfaction and confidence in my ability to keep up with advancements in the law. I often feel like people expect me to be a machine and generate quality succinct advice at a moment's notice, with no preparation time. I often do not have enough time to finish my work to the quality that I would like."

2.5 | THE PROFESSION AS A SOCIAL CONSTRUCT: SOCIAL CONTEXTS THAT INFLUENCE WELLNESS IN LAW IN CANADA

A profession is a social construct. It does not evolve in a vacuum, nor do the professionals who practise it. Although many conceptual models have emerged to explain health and wellness at work over the last century, many of these models do not reflect the multidimensional reality of an individual and, by extension, the influence of the society in which the professional works. However, there are stressors specific to the social sphere in which the individual evolves, identifies and engages professionally.

Social stressors can be rooted in the professional culture itself, and in the values that drive it. They may derive from the rules that govern the practice of the profession, or from the preconceived ideas that dictate the behavioural patterns of professionals and affect their development or even their commitment to the profession.

This section examines three social dimensions that shape the practice of law in Canada.

First, we present a subsection on the stigma perceived and experienced by legal professionals in relation to mental health. It enables an appreciation of the considerable gap that sometimes exists between what professionals perceive about mental health issues and what they believe members of their profession perceive. Addressing this gap between individual and collective perceptions is a first step in reducing the stigma associated with mental health issues in the legal profession in Canada. Reducing stigma also means breaking down the barriers that limit the ability of professionals to seek help when they need it.

The next subsection looks at the specific risks that arise from the regulatory framework of the legal professions. Professionals are autonomous actors, but they are accountable. This responsibility can lead not only to the fear of making a mistake, but to a sense of isolation and a fear of being exposed to an ethics prosecution. Practising a regulated profession also involves a responsibility to constantly update one's knowledge in a hyperconnected, ever-fluctuating environment. With its potential for both challenges and opportunities, the updating of knowledge may constitute an additional stressor for the professional who is already struggling with time constraints and heavy workload.

Lastly, all the stressors to which legal professionals are exposed also influence their level of commitment to the profession, and even to their intention to leave it. A subsection on commitment to the profession and intention to leave the profession is therefore presented as well. Leaving a profession after successfully completing a long training period is an extremely difficult personal choice and a complex matter. It not only perpetuates certain inequalities within the profession, but generates significant individual, organizational and social costs.

The following subsections therefore focus on those social factors that contribute to or derive from wellness issues in the legal profession.

A NOTE ON THE METHODOLOGY

IMPORTANT

The reader should interpret this section by first understanding the scientific methodology that led to the findings it contains. We therefore recommend that you read section Scientific methodology before reading this section.

The results presented in this report are based on the analysis of data collected from nearly 8,000 legal professionals in Canada. These results are not intended at any time to pass judgment or express an opinion.

Data weighting	For analysis purposes, the collected data were weighted by the key demographic characteristics of the target population, including sex (proportion of males and females in each law society) and the number of members of each law society. The purpose of weighting is to reduce sampling bias while maintaining the precision of the survey estimates.	
Interpretation of results	Threshold of $p \leq .05$	Consistent with research best practices, a minimum threshold of $p \leq .05$ was used to interpret the results. That being said, when we rule on a significant difference between two groups (e.g., women vs. men, LGBTQ2S+ vs. non-LGBTQ2S+) or on a significant relationship between two variables (e.g., relationship between emotional demands and burnout), the .05 threshold means there is a possibility of error only 1 in 20 times.
	Cross-sectional design	The results are derived from data collected at a single point in time (cross-sectional design). Since causes (e.g., high psychological demands, billable hours) and effects (e.g., psychological distress, depressive symptoms) were measured at the same time, it is impossible to establish causality between the variables under study. Where directionality is sometimes assumed, findings are derived from the results, combined with the state of current knowledge.
	Sample size	As a function of the analysis conducted and the weighted approach, there may be variation in the sample size (represented by the symbol " n "). The size will be larger or smaller depending on the number of participants who responded to all the variables included in each analysis topic.
Lexical precisions	Gender	Due to data weighting, individuals identifying as non-binary and those who preferred not to specify their gender were excluded from several analysis topics where the research team did not have data on the distribution of these professionals and on their respective representation in each law society. However, because we asked participants to identify their gender (not their sex), the term <i>gender</i> is preferred throughout the report, even though non-binary people were not always included in the comparative analysis. Conversely, where the analysis did not include gender, and in section 2.4.1.5 on the LGBTQ2S+ community, professionals identifying as non-binary were included.
	Telework	The term <i>telework</i> is used throughout the report. This term is synonymous with <i>working remotely</i> , <i>work from home</i> , or <i>telecommuting</i> and has been preferred because it is the term used in the scientific literature.
	Score	The term <i>score</i> refers to the sum of a participant's responses to questions associated with a measurement scale.

2.5.1 | FINDING THE PATH TO WELLNESS: REDUCING STIGMATIZATION IN THE LEGAL PROFESSION



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2.5.1 | FINDING THE PATH TO WELLNESS: REDUCING STIGMATIZATION IN THE LEGAL PROFESSION

Personal stigma: refers to "the respondent's personal attitudes to people with a mental disorder [...] or their emotional responses to them" (Griffiths et al., 2014, p. 163).

Perceived stigma: refers to "the individual's beliefs about the attitudes of others to mental illness" (Griffiths et al., 2014, p. 161).

Internalized stigma: refers to the personal and subjective experience of an individual who is dealing with or has dealt with a mental health issue, whether diagnosed or self-diagnosed.

Stigma and discrimination are related—yet distinct—concepts. Stigma is a negative stereotype, while discrimination is a behaviour that stems from this negative stereotype (CMHA, 2022). Since stigma occurs prior to discriminatory actions, it follows that improving our understanding of stigma and acting on it can help prevent the resulting discrimination—hence the importance of addressing this issue.

To gain a better understanding of stigma and its impact on the health of legal professionals, we first sought to understand its different forms. As a result, to gain an overview of stigma in the legal profession, our study explored three angles on the subject: perceived, personal and internalized stigma.

"Labels are for jars not people"
– Anonymous

Personal versus perceived stigma

The legal professionals who participated in the study first assessed their own level of **personal stigma** by indicating how much they personally agreed or disagreed¹ with the following four statements:

1. People with mental health issues could snap out of it if they wanted to.
2. People with mental health issues are to blame for their problems.
3. Mental health issues are a sign of personal weakness.
4. People who experience mental health conditions are not as capable of working in law as those who do not.



1. The possible answers were on a seven-point scale ranging from strongly disagree to strongly agree.

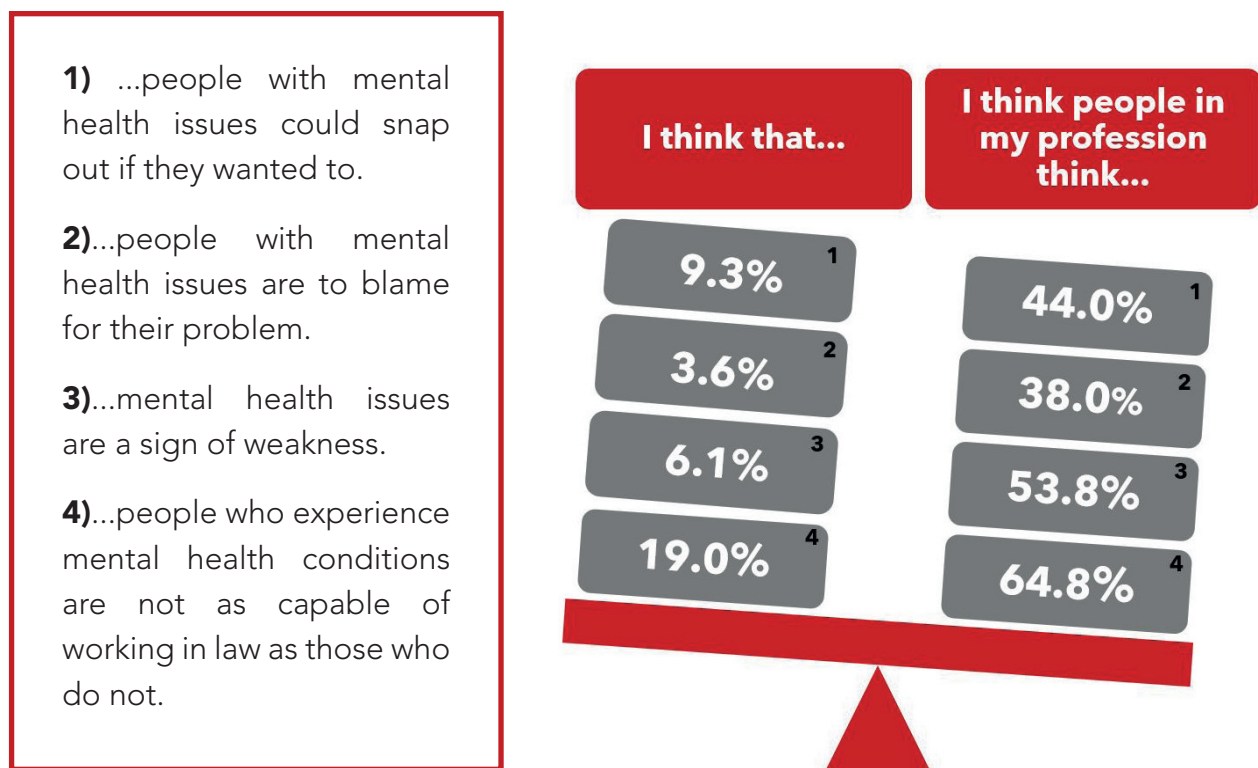
Participants then rated their level of **perceived stigma**, indicating how much they thought most members in their profession agreed or disagreed² with the following four statements:

1. Most people in my profession think that people with mental health issues could snap out of it if they wanted to.
2. Most people in my profession think that people with mental health issues are to blame for their problems.
3. Most people in my profession think that mental health issues are a sign of personal weakness.
4. Most people in my profession think that people who experience mental health conditions are not as capable of working in law as those who do not.

Figure 1 shows an average difference of 40.7% between personal stigma and perceived stigma for all statements. This means there is a considerable discrepancy between what professionals think about people with mental health issues and how they perceive what members of their profession think about

Figure 1

Proportion of personal and perceived stigma among legal professionals ($n = 6,158$)



2. The possible responses were on a seven-point scale ranging from strongly disagree to strongly agree.

people with mental health issues. For example, more than half of the participating legal professionals (53.8%) believe that members of their profession think that people with mental health issues are weak. In comparison, only 6.1% of the legal professionals indicated they somewhat to strongly agree with this statement. These findings confirm the need for discussions on aligning perceptions, reducing existing gaps, and ultimately creating a more humane perception of the work environment.

Furthermore, Figure 1 shows that the proportions associated with the first three personal stigma statements are all below 10%, suggesting that legal professionals overwhelmingly disagree with the negative stereotypes associated with individuals with mental health issues. However, almost 20% of legal professionals believe that people with mental health issues are less suitable for legal work than those without mental health issues. This negative stereotype, therefore, seems to be more prominent in the profession.

Although a very large majority of legal professionals do not endorse the social labels used to describe mental health issues, it seems that experiencing depression or anxiety does not fit with the image of the superhero that is strongly embedded in the culture of the profession. The idea of the superhero and, more broadly, the high-performance culture seem to weigh heavily when legal professionals assess their perceptions.



Did you know?

The theory known as the "Theory of Mind" refers to our capacity to impute mental representations to ourselves and others and to understand them.

The affective or cognitive states of other people are inferred from their emotional expressions, attitudes or assumed knowledge of reality (Duval et al., 2011). This theory may therefore provide insight into the differences in personal and perceived stigma among professionals and argues for the importance of open dialogue on mental health in the legal profession.

Perceived stigma across different profiles of the Canadian legal community

A mean score was calculated for each professional who answered the questions. These scores provide an overall picture of the perceived stigma in the professional environment (i.e., the perception of what members of the profession think). Professionals were grouped into two categories: those who perceive stigma in their profession and those who do not. The data reveal that of all participants ($n = 6,066$), 34.6% said that most people in their profession stigmatize people with mental health issues. This proportion is higher among professionals from the LGBTQ2S+ community (50.5%), those who are or have been on sick leave (50.5%), professionals whose colleagues know about their mental health diagnosis (44.9%), those living with a disability (44.6%), women (40.2%), professionals under 40 years of age (39.3%), and professionals working in a firm with billable hours (36.9%).

It is important to remember that stigma has several consequences, including the tendency not to talk about mental health issues or seek help when needed (see section 1.4).

Internalized stigma

As mentioned at the beginning of this section, internalized stigma refers to the personal and subjective experience of an individual dealing or having dealt with a mental health issue, whether diagnosed or self-diagnosed. As a result, only legal professionals who indicated that they currently have or previously had a mental health diagnosis (whether received by a health professional or self-diagnosed) were asked questions about internalized stigma ($n = 3,276$). This type of stigma includes three components: 1) feeling alienated, 2) social withdrawal, and 3) experience of discrimination (perceived relationship with others).

Feelings of alienation or inferiority

The feeling of alienation measures the subjective experience that affects the professional's self-image as a result of the mental health issues they are facing (Ritsher et al., 2003). Figure 2 provides an example of the type of statements provided by respondents under the "alienation" aspect.

Did you know?

Despite advances in mental health awareness in recent years, "fear and misunderstanding often lead to prejudice against people with mental illness and addictions, even among service providers. It's one of the main reasons why many people don't consider it a real health issue. This prejudice and discrimination leads to feelings of hopelessness and shame in those struggling to cope with their situation, creating a serious barrier to diagnosis and treatment. [...]" (CAHM, 2022). According to the Centre for Addiction and Mental Health, "stigma prevents 40% of people with anxiety or depression from seeking medical help".

Source: <https://www.camh.ca/en/driving-change/addressing-stigma>

Graph 1 shows that 43.3% of participating professionals with mental health issues say they feel alienated due to their mental health issues. This proportion is even higher for professionals living with a disability (59.6%), those who are or have been on medical leave (57.3%), professionals from the LGBTQ2S+ community (53.5%) and ethnicized people (52.3%).

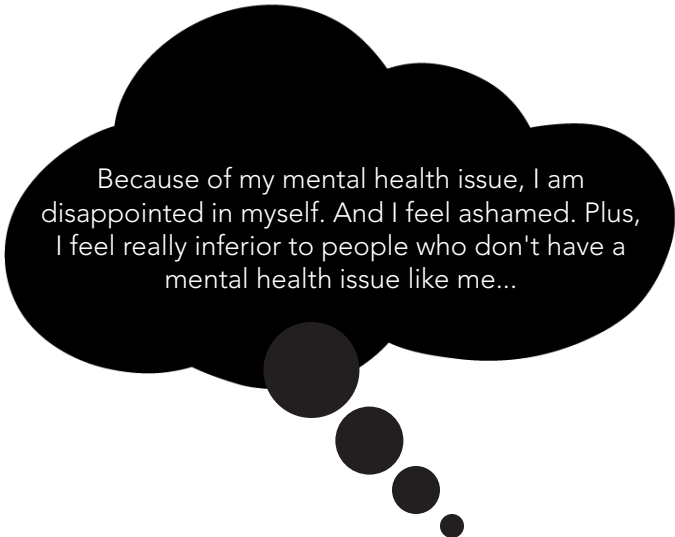
A more detailed analysis shows that 52.8% of legal professionals who have or have had mental health issues feel inferior to their colleagues who have not. However, only 8.1% of these professionals indicate that they somewhat to strongly agree with the statement, "Mental health issues are a sign of personal weakness." There is, therefore, a discrepancy between the image that people have of themselves and the image they have of others. Not surprisingly, the image that legal professionals in Canada have of their own mental health issues is harsher than the image they have of others.

Social withdrawal triggered by fear of judgment

The second component of internalized stigma is social withdrawal. In this component, the person with a mental health issue fears rejection and feeling embarrassed or inadequate in social interactions, leading them to isolate themselves from others.

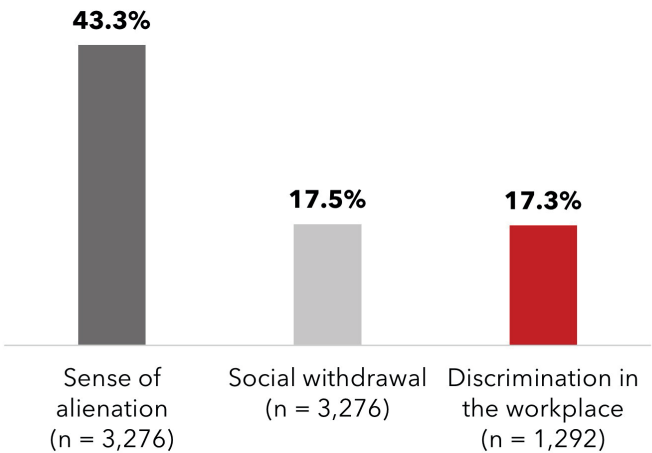
According to Graph 1, 17.5% of legal professionals reported socially withdrawing because of mental health issues. This proportion is higher for legal

Figure 2
Sample statement from an individual with a mental health issue



Graph 1

Proportion of the three components of internalized stigma among participating legal professionals



professionals living with a disability (28.8%), those who are or have been on medical leave (28.4%), those from the LGBTQ2S+ community (26.6%), Indigenous people (24.3%) and ethnicized legal professionals (23.9%). Although these proportions are lower than those observed for feelings of alienation, they are still quite high.

These results show that mental health issues are not like others, and that much work remains to be done in terms of raising awareness. One need only ask whether a person would feel the same embarrassment if they had a broken leg or a cancer diagnosis. Grappling with a mental health issue is not something that should be hidden, yet a significant proportion of professionals choose to live with these issues in isolation.

Mental health and discrimination in the workplace

The final component of internalized stigma is discrimination in the workplace. It reflects the negative impact perceived by the individual because of their mental health issue (e.g., being taken less seriously, having fewer job opportunities).

Graph 1 shows that 17.3% of legal professionals who are facing or have ever faced a mental health issue perceived that they had been discriminated against by their colleagues, superiors and other members of the legal community because of it. This perception was even more prevalent among people living with a disability (38.8%), those taking medical leave (35.1%) and Indigenous legal professionals (35.7%).

Gradually dismantling taboos around mental health

The legal profession, much like Canadian society as a whole, has a long way to go in raising awareness of mental health issues. Several of the findings presented in this section support this observation.

The findings highlight significant gaps between the personal stigma that individuals carry and the stigma that they perceive among members of their profession. Such a discrepancy could have a significant impact on the internalized stigma of people who experience mental health issues during their careers.

Among legal professionals, as in many regulated professions, a sense of belonging to the profession is important. The professional culture is a major part of each professional's identity. When they perceive that their colleagues' image of people with mental health issues is out of step with the performance culture that prevails in their profession, they will tend not to talk about their mental health issues for fear of being judged.

These results could also explain why a significant proportion of professionals have not sought help for mental health issues in the past, even though they felt the need to do so. By isolating themselves from their peers or even by stigmatizing themselves, they compromise their own development and

wellness. This Catch-22 shows us the importance of raising awareness and educating people about mental health, with the aim of breaking the cycle and dismantling, one by one, the taboos that hinder better health management for members of the legal profession.

Stress affects everyone—all legal professionals, all humans, without exception. No one is spared, although the severity of the consequences may vary from one individual to another. Improved awareness will promote better health for people who are dealing with mental health issues, and will make professionals more aware of the need to seek help when stress is endangering their health.

Taking off the superhero suit means accepting the vulnerability that makes us human. This vulnerability requires us to set our limits and respect our abilities, with the goal of fostering sustainable professional commitment and, ultimately, a more humane workplace.

Use the **STOP criteria to recognize attitudes and actions that support the stigma of mental health conditions. It's easy, just ask yourself if what you hear:**

- **S**tereotypes people with mental health conditions (that is, assumes they are all alike rather than individuals)
- **T**rivializes or belittles people with mental health conditions and/or the condition itself
- **O**ffends people with mental health conditions by insulting them
- **P**atronizes people with mental health conditions by treating them as if they were not as good as other people

Source: <https://ontario.cmha.ca/documents/stigma-and-discrimination/>

The **voice** of legal professionals



"The discrimination related to invisible disabilities starts in law school. For mental health issues, the application to the Law Society asked about even minor depression and flagged it as a reason that I might not be fit to practice. All of that can shake a person's confidence."

"Disclosing a mental disability (depression) in law will end your career."

"I believe that various laws and corporate policies and benefit plans are in place now much more than in past decades to support people with various disabilities; and recently the culture in society has become more open and accepting of various conditions and experiences and disabilities overall. However, I understand from friends in HR and Mgmt that the stigma of staff who do admit to revealing disability factors continues; and this does still feed into 'damaged goods' type stereotypes, with stigma with isolation and worse, that continue behind the scene, but more carefully handled and disguised than in past."

"I would agree that the problem of stress, anxiety, and depression in the legal profession is great. Further, the stigma of talking about it prevents people from dealing with it. In spite of having the above feelings when I was working, I would not have sought assistance due to the stigma and concern that people / colleagues would find out."

"After the stress leave I was afraid to go back to law, I felt like I was a failure even though I had left a very good practice that was really taking off. I was embarrassed and it felt like some former colleagues treated me patronizingly, and commented that it was good I got out if I couldn't handle the pressure."

2.5.2 | TO BE OR NOT TO BE A PROFESSIONAL: THE SPECIFIC RISKS FOR REGULATED PRACTITIONERS



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2.5.2 | TO BE OR NOT TO BE A PROFESSIONAL: THE SPECIFIC RISKS FOR REGULATED PRACTITIONERS

Regulated profession: refers to a profession whose title and professional practice are regulated by law to protect the public. Only professionals holding a licence issued by the regulatory body (a professional order) may practise the profession in compliance with the rules set out in their code of conduct.

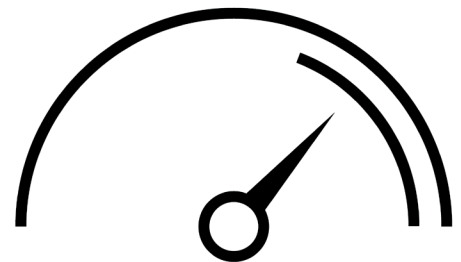
Stressors linked to working in a regulated profession: refer to stressors arising specifically from working in a regulated profession with ethical obligations and obligations imposed by the regulatory body (professional order) for maintaining the licence to practice the profession (e.g., mandatory training hours).

The legal professions in Canada (lawyers, Quebec notaries, Ontario paralegals) are regulated, just as they are elsewhere in the world. This means that to use a related professional designation and practise one of these professions, one must have a licence issued by the regulatory body. In Canada, law societies play this role. While licences provide a guarantee for the quality of professional practice and thus public safety, the associated conditions (e.g., adherence to the code of conduct, accountability, training requirements) can create stress. This stress is specific to the regulated professions (Cadieux & Marchand, 2014).

In recent years, several studies have highlighted the mental health issues experienced by some professionals in regulated professions. For example, 35% of ophthalmologists are reported to experience high levels of burnout (Viviers et al., 2008). Dentists, doctors, and veterinarians are reportedly highly affected by depression and suicide (Hem et al., 2005; Moreau, 2011; Stack, 2001). As noted in this report, all mental health indicators are in the red for legal professionals in Canada. This is no exception from the results of other studies around the world (Anker & Krill, 2021; Benjamin et al., 1990; Bergin & Jimmieson, 2013; Brown & MacAlister, 2006; Hopkins & Gardner, 2012; James, 2008; Krill et al., 2016; Ramos, 2013).

So much stress, but why?

Despite the findings on the alarming proportions of stress in several regulated professions, information on the stressors to which these professionals are specifically exposed is still fragmentary and scattered in the literature.



Most current studies have been carried out outside Canada, which precludes accounting for the specific nature of the constraints and resources that contribute to psychological health among professionals working in a regulated profession in Canada. For legal professionals as for other regulated Canadian

professions (e.g., doctors, nurses, engineers), their work is subject to institutional practices specific to each country or province. These jurisdictions determine the conditions that characterize the practice of legal professionals (e.g., confidentiality of information exchanged, degree of knowledge required to practise, accountability associated with the professional designation).

Lastly, we should note that to date, very few studies have looked at the fundamental characteristics of the legal professions as regulated professions and at the impact of these characteristics on psychological health (Cadieux et al., 2019).

Innovating in research on regulated professions

Based on the assumption that regulated professions are exposed to stressors that are specific to them and result from the regulatory framework of the profession, our team has developed a measurement scale that can be applied to most professionals practising a regulated profession. This scale is the result of 10 years of research with regulated professionals.

These stressors are likely to be ones that not every worker would be exposed to, such as being subject to a professional inspection or exposure to an ethics dispute. Table 1 defines each of the stressors measured in this study and associated with practising a regulated profession.

Table 1
Definition of the different stressors related to professional regulations

Stressor related to the practice of a regulated profession	Definition
Title-related accountability and ethics dispute	Stress arising from the degree of accountability associated with the professional duties.
Potential for error and severity of resulting harm to the client	Stress arising from the seriousness of the human or managerial consequences of making a mistake.
Constant updating of knowledge required to practise a regulated profession	Stress arising from the constant updating of knowledge and the fear of not being up to date on certain essential aspects of professional practice.
Isolation due to professional secrecy	Stress resulting from the isolation generated by the confidential nature of the relationship between the professional and the client (professional secrecy).
Potential for professional inspection	Stress resulting from the possibility of being subject to a professional inspection or audit by the professional order following a complaint from a client.

These stressors stem from:

- the accountability associated with the professional designation and from the possibility of experiencing related disputes;
- the potential for error and severity of resulting harm to the client and of triggering negative consequences for clients;
- the constant challenge of keeping knowledge up to date in a hyper-connected and ever-changing world;
- the isolation which professionals are sometimes exposed to when bound to secrecy regarding their clients; and
- the ever-present potential for professional inspection, a control mechanism that professional associations use to enforce standards among certified practitioners.

Table 2 presents a comparative analysis, by gender and practice context (profession and work setting), of the proportion of professionals who said they were particularly affected by these different stressors.

Thus, the accountability arising from the professional duties (47.8%) and the potential for error and severity of resulting harm to the client resulting in serious consequences for clients (60.9%) appear to represent the most dominant stressors experienced by professionals in connection with the regulatory framework of their profession. In third place, not far behind accountability, comes the constant updating of knowledge required to practise a regulated profession (45.8%), followed by the potential for professional inspection (30.4%). The isolation due to professional secrecy is not the most significant stressor (16.2%), despite the particularly heavy emotional burden on legal professionals.

Table 2

Proportion of professionals affected by different stressors relating to professional regulation, by profession, work setting and gender (n = 5,217)

		Title-related accountability	Potential for error and severity of resulting harm to the client	Constant updating of knowledge	Isolation due to professional secrecy	Potential for professional inspection
Global	All	47.8%	60.9%	45.8%	16.2%	30.4%
Profession	Lawyers	47.0%	60.5%	45.7%	16.3%	30.0%
	Quebec notaries	75.0%	71.0%	53.1%	8.6%	41.0%
	Ontario paralegals	44.1%	63.2%	39.6%	21.0%	31.7%
Work setting	Private practice	51.4%	63.6%	44.7%	17.2%	33.8%
	Public or NFPO	42.1%	57.3%	50.2%	14.5%	24.6%
	For-profit corporation	33.8%	49.5%	42.0%	11.1%	19.7%
	Education	38.7%	33.3%	48.3%	17.2%	0.0%
Gender	Women	49.0%	64.9%	52.6%	18.5%	33.4%
	Men	46.9%	57.6%	40.1%	14.2%	27.9%

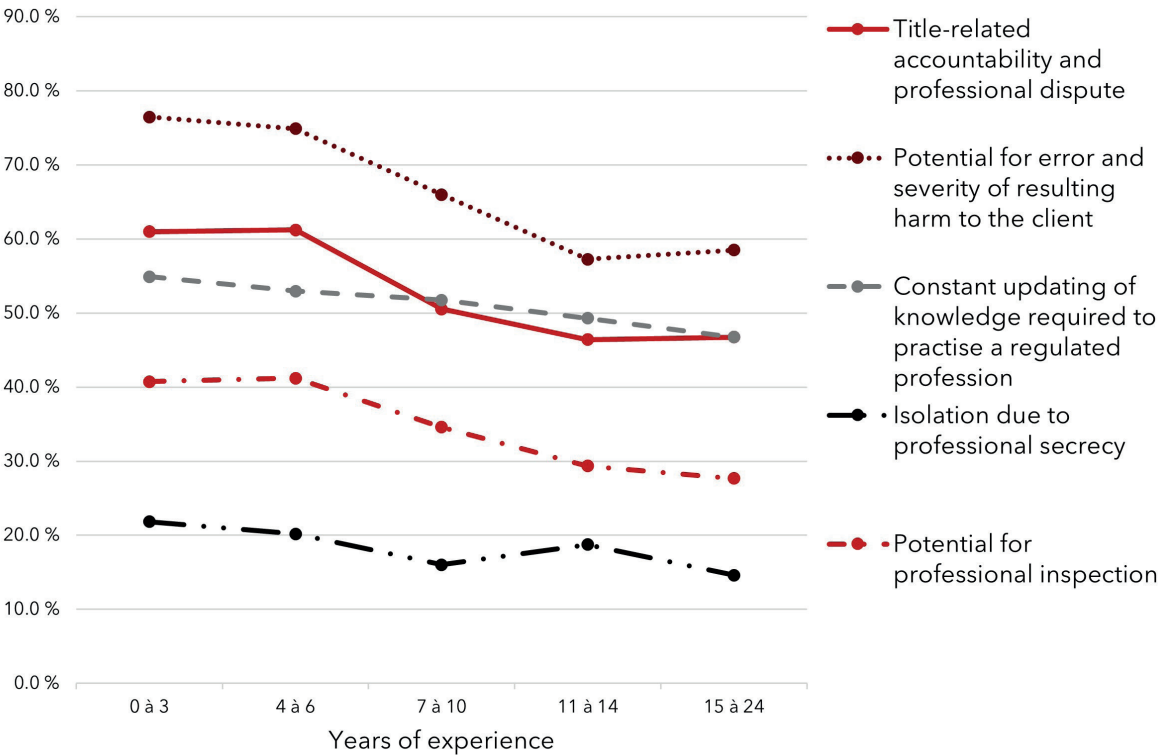
When we look more closely at the presence of these stressors according to different characteristics, we see that Quebec notaries are particularly affected by the stressors associated with professional regulation. Although the order of prominence of the various stressors hardly differs between the professions, there is a considerable difference (over 25%) in the stress experienced by notaries due to professional accountability. There is also a gap of more than 10% between notaries and lawyers in terms of stress linked to the potential for error and severity of resulting harm to the client (71% of Quebec notaries compared to 60.5% of Canadian lawyers). Stress related to keeping up to date and to the potential for professional inspection is also higher among Quebec notaries than among the other groups. In contrast, the isolation due to professional secrecy is less prevalent among notaries.

Impact of experience on the stressors of a regulated profession

Graph 1 shows the changes in stressors linked to the regulated profession over the course of the respondents' careers. Each curve represents a specific stressor.

Our analysis shows that the order of prominence of the stressors follows the same pattern as presented above (see Table 1). However, while some stressors decrease as experience levels go up (as is the case with the potential for error and severity of resulting harm to the client), other stressors are more stable throughout the career. In this regard, the constant updating of knowledge required to practise a regulated profession shows the smallest variation, with barely a 10% difference between professionals at the beginning of their career and those with more experience.

Graph 1
Proportion of professionals affected by different stressors relating to professional regulation, by years of experience (n = 5,218)



It should also be noted that three stressors show a comparable pattern: the potential for error and severity of resulting harm to the client, the accountability associated with the professional designation, and the potential for professional inspection. In fact, after five years of practice, the number of professionals affected by these stressors decreases markedly. This observation argues in favour of introducing specific measures at the beginning of professional careers to limit the negative effects on professionals' health.

Lastly, we note that between 10 and 15 years of experience, there is a slight upward shift in the number of professionals affected by isolation due to professional secrecy. However, this proportion decreases thereafter. This finding suggests a need to raise awareness for professionals in this stage of their career, particularly regarding ways to vent the emotions generated by the accumulated years of stress to which they have been exposed in serving their clients.

The following subsection presents the results associated with questions not included in the measurement scale but developed for descriptive purposes.

Stress associated with the possibility of disputes and potential consequences for clients

Table 3 presents the proportion of professionals concerned about the possibility of experiencing a regulatory complaint during their practice according to the law society to which they belong.

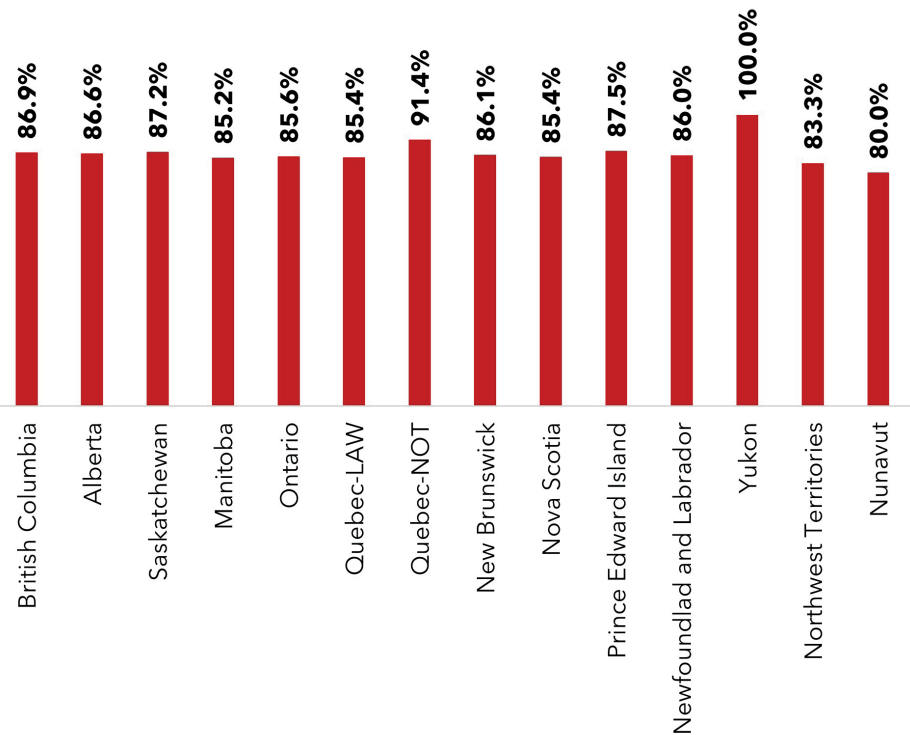
Table 3

Proportion of professionals concerned about the possibility of experiencing an ethical dispute in their practice, by province and territory (n = 5,358)

	British Columbia	Alberta	Saskatchewan	Manitoba	Ontario	Quebec-LAW	Quebec-NOT	New Brunswick	Nova Scotia	Prince Edward Island	Newfoundland and Labrador	Yukon	Northwest Territories	Nunavut
Yes, if I had to go through an ethical dispute, I would find it difficult, regardless of whether it was justified or not.	62.6	59.3	57.9	55.0	54.6	88.3	97.7	64.6	59.7	60.0	64.3	41.2	75.0	56.3
Yes, I am concerned about the possibility of an ethical dispute.	53.8	56.2	50.0	58.7	51.3	40.9	63.3	57.0	54.9	62.5	47.6	35.3	66.7	50.0
Yes, I feel stressed about the consequences of an ethical dispute in my professional practice.	56.8	57.6	57.9	57.8	54.2	52.5	74.0	58.2	62.5	68.8	53.5	35.3	58.3	50.0

The results show that anticipation of the possibility of an ethical dispute, whether justified or not, is a source of stress for professionals across all law societies. This phenomenon is more pronounced among Quebec notaries (97.7%), lawyers working in Quebec (88.3%) and professionals working in the Northwest Territories (75%). Notaries also appear to be more concerned by the consequences of an ethical dispute on their practice. It should be noted here that these potential consequences generate more significant stress among lawyers in Prince Edward Island (68.8%) and Nova Scotia (62.5%) than among professionals in the other Canadian law societies.

Graph 2
Proportion of professionals stressed about the potential for error and severity of resulting harm to the client, by primary province or territory of practice (n = 5,344)



Graph 2 shows that the proportion of professionals who report experiencing stress due to the anticipation of significant consequences on clients due to a professional error is very high and relatively comparable across the provinces. However, Quebec notaries again have a slightly higher proportion than other provinces (91.4%). This was also the case for professionals working in the Yukon, where 100% of respondents reported being stressed by this distinctive feature of the regulated profession¹.

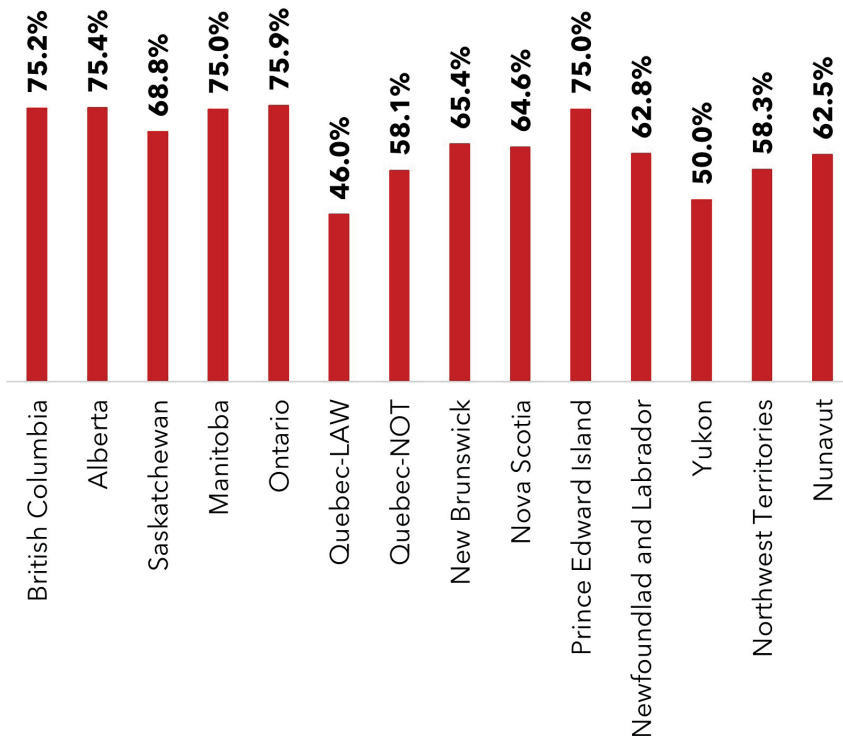
Updating professional expertise: a continuous and significant pressure

Regulated professionals have highly specialized knowledge which they have acquired through many years of training. However, this expertise is not static, and keeping it up to date is a challenge. Knowledge rapidly evolves as legislation is introduced, as courts make decisions, and as specialized fields adapt to new needs. The extent of this challenge is exacerbated by a culture of work overload, where the time available to develop one's knowledge is marginal, and other obligations take priority.

1. It is important to interpret this result with caution due to a sample size of less than 30 respondents for the Law Society of Yukon.

Graph 3

Proportion of professionals who feel pressure to constantly update their knowledge by jurisdiction (n = 5,311)

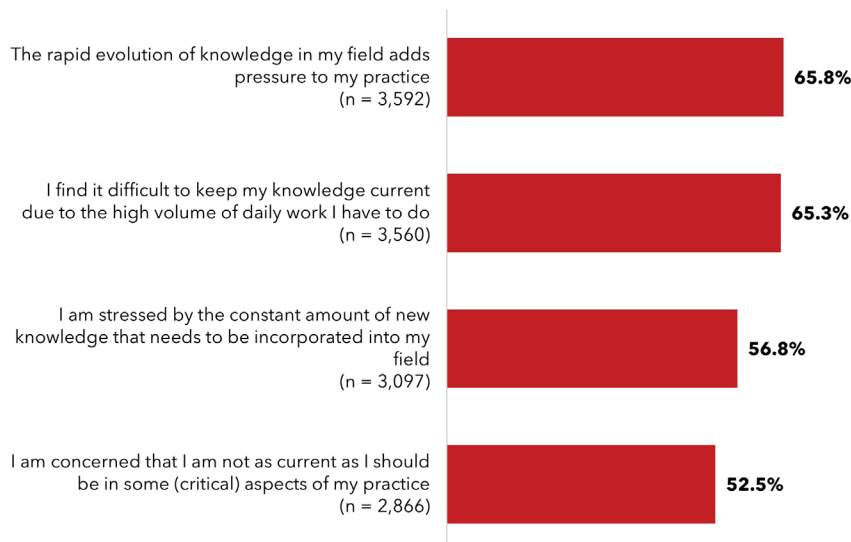


Graph 3 presents the proportions of professionals who feel pressure related to constant updating of knowledge required to practise a regulated profession according to their place of practice at the time of the survey.

Paradoxically, while Quebec notaries and lawyers appear to be more stressed overall by the other stressors linked to their regulatory framework, constant updating of knowledge required to practise a regulated profession seems to affect a smaller proportion. Also, except for Prince Edward Island, lower ratios are observed in the law societies of Eastern Canada and the Territories. However, in Western Canada, Graph 3 shows that the proportions are higher and similar across the Western provinces: 75.2% in British Columbia, 75.4% in Alberta, 75% in Manitoba and 68.8% in Saskatchewan.

Graph 4

Proportion of professionals who strongly agree with given statements about the stress associated with constant updating of knowledge required to practise a regulated profession



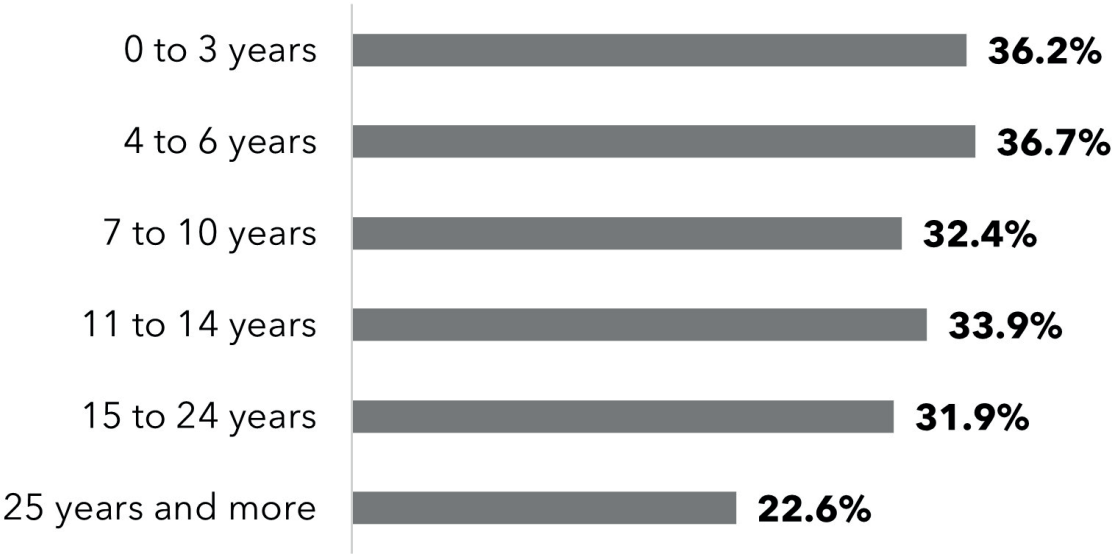
Graph 4 identifies four statements highlighting the most stressful elements related to constant updating of knowledge required to practise a regulated profession. The first concerns the rapid evolution of knowledge, a stressor affecting 65.8% of respondents. The second most significant element involves high workloads (65.3%). Next, the constant amount of new knowledge to be integrated into the field causes 56.8% of professionals stress. Lastly, 52.5% of participants are concerned about not being sufficiently up to date on the essential aspects of their practice.

Feeling alone with professional problems

Graph 5 shows that, based on experience, more than one-third of Canadian legal professionals would feel isolated, although isolation does not appear to be the most prevalent stressor compared to others.

Graph 5

Proportion of legal professionals who report feeling alone with their work problems, by years of experience
(n = 5,275)



We can observe that the isolation due to professional secrecy associated with the burden of professional problems is relatively constant at the beginning of the career (up to six years of experience), and that a slight increase in this feeling occurs after 10 years of experience. Thus, while experience can facilitate a legal professional's daily work, there remains a certain burden associated with 1) the problems encountered while working and 2) the problems experienced by clients. This reality weighs heavily on the shoulders of professionals throughout their careers.

Anticipating or experiencing a regulatory inspection

In addition to the measurement scale we developed to evaluate the health impact of anticipating a regulatory inspection, two extra questions were included in the survey. The first question sought to evaluate professionals' feelings about having to expose the details of their practices to an inspector. The second concerned fears about the possibility of non-compliance issues being identified during the inspection.

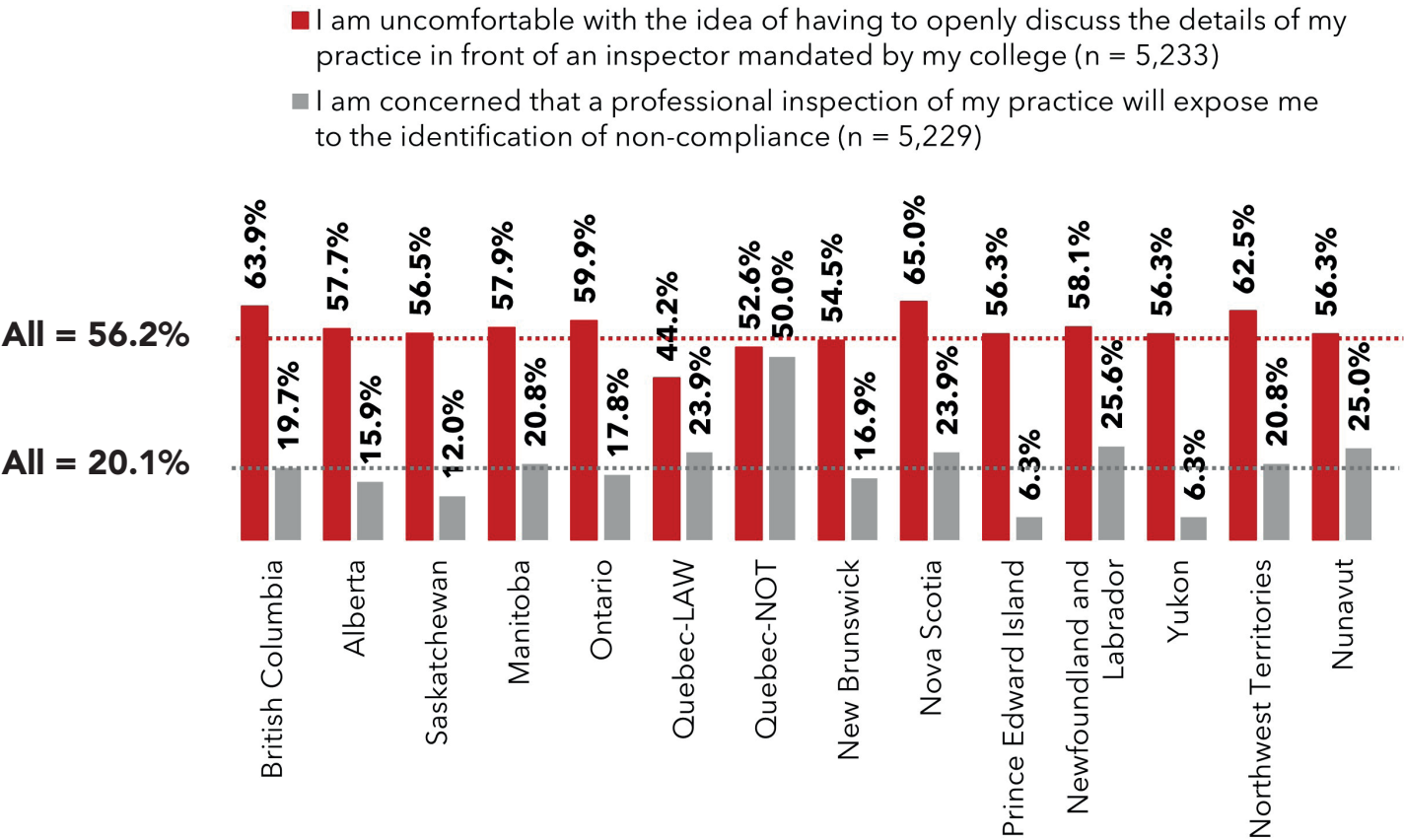
Graph 6 illustrates that the idea of having to openly discuss the details of one's professional practice is more stressful for professionals (average of 56.2% across Canada) than the possibility of non-compliance issues being identified during the inspection process (average of 20.1% across Canada).



Professionals in Nova Scotia (65.0%), British Columbia (63.9%) and some of the Territories were most uncomfortable with having to openly discuss the details of their practice with an inspector appointed by their law society. Concern about the potential identification of non-compliance issues is much higher among Quebec notaries than the average among Canadian law societies. Half (50.0%) of notaries fear this possibility, whereas the Canadian average is 20.1%. Thus, there is a gap of more than 30.0% with other law societies. These data highlight that it is primarily the inspection's potential consequences, not the inspection itself, that are the source of stress for notaries. Lastly, while some law societies are slightly above the Canadian average regarding fear of non-compliance, these differences are insignificant.

Graph 6

How professionals feel about the potential for professional inspection, by province or territory



Contribution of work-related stressors to mental health

Interestingly, the study shows that stressors linked to professional regulation affect mental health comparably across different legal professions. When we look at the stressors related to professional regulation and controlling for gender and experience, we find that all the stressors associated with professional regulation (title- related accountability and ethics dispute, potential for error and severity of resulting harm to the client, constant updating of knowledge required to practice a regulated profession, isolation due to professional secrecy and potential for professional inspection) are significantly associated with higher levels of psychological distress and greater symptoms of burnout and depression, regardless of the legal profession.

A detailed analysis was performed to identify and compare the influence of stressors on each mental health indicator (psychological distress, burnout, depressive symptoms), while taking into account the combined effect of the most important constraints and resources at work (emotional demands, work overload, job insecurity, autonomy, co-worker support, consistency of values) as well as gender and experience. Table 4 shows the results of this analysis.

Table 4

Contribution of regulatory stressors to the mental health of Canadian legal professionals, by controlling for the effect of key work constraints and resources, gender, and experience

	PSYCHOLOGICAL DISTRESS (<i>n</i> = 2,563)	BURNOUT (<i>n</i> = 2,562)	DEPRESSIVE SYMPTOMS (<i>n</i> = 2,562)
Contribution of stressors related to the regulatory framework (ΔR^2)	+ 23.4% of contribution	+ 29.6% of contribution	+ 19.2% of contribution
Title-related accountability and ethics dispute	↑↑↑	↑↑↑	↑
Potential for error and severity of resulting harm to the client	ns	↑↑↑	ns
Constant updating of knowledge required to practise a regulated profession	ns	↑↑↑	↑↑
Isolation due to professional secrecy	ns	ns	ns
Potential for professional inspection	↑	ns	↑↑↑

Note. These results consider the effect of the three most important risk factors among participating legal professionals (emotional demands, quantitative overload, and job insecurity), the top three resources (support from colleagues, autonomy, and consistency of values), gender, and experience. "ns" means the relationship is nonsignificant; ↑ means the determinant associates with an increase in the indicator. The number of arrows indicates the strength of the observed relationship.

Thus, stressors related to regulation contribute most significantly to the variation in burnout (29.6%). To a lesser extent, they explain psychological distress (23.4%) and depressive symptoms (19.2%). The data also show that title-related accountability and ethics dispute is a stressor associated with a significant increase in all health indicators. Second, some stressors have a differential effect. For example, the potential for error and severity of resulting harm to the client and the constant updating of knowledge required to practise a regulated profession are associated with significantly higher symptoms of burnout. However, these same stressors have no impact on psychological distress, and the potential for error and severity of resulting harm to the client is not significantly related to depressive symptoms. Lastly, the potential for professional inspection is associated with a significant increase in psychological distress and depressive symptoms.

These results highlight the importance of not underestimating the stressors arising from the regulatory framework, which exist even before the working experience itself. Indeed, before being hired, professionals obtain a licence to practise that is issued by their professional order. This licence is subject to certain conditions, responsibilities and obligations that may cause the professionals stress. As a result, these findings show the importance of preparing professionals in advance for the official conditions of their licence, including the potential for professional inspection, which also seems to be a source of stress for professionals.

Is Quebec different in terms of its professional inspections?

In Quebec, all professional orders, including the Chambre des notaires and the Barreau du Québec, are subject to a strict framework of regulation under the Professional Code, the enforcement of which is managed by the Office des professions.

Considering the in-depth nature of professional inspections, and of the obligations of Quebec's professional orders in terms of performing inspections for compliance, professionals working in Quebec who have already received a visit from an inspector were invited to answer additional questions relating to their inspection experience. These notaries and lawyers were surveyed on three elements:



1. Perceived level of preparation for the inspection.
2. Positive interaction with the inspector at the time of the professional inspection.
3. Overall experience of the professional inspection.

Table 5 defines these elements.

Table 5

Definition of the various stressors related to professional inspections for Quebec lawyers and notaries who have taken part in a professional inspection

Stressors related to professional inspection	Definition
Level of preparation for the inspection	The feeling that the professional was prepared before the inspection, including knowing what the inspection was going to focus on.
Positive interaction with the inspector at the time of the inspection	Feeling of having had a positive experience with the inspector, namely through the use of a constructive approach, which reassures the professional overall in the event of another inspection.
Overall inspection experience	Feeling of having had a positive inspection experience overall, of having felt assured by the inspector, thus dispelling any concerns about going through a professional inspection.

Next, Table 6 presents the statements that professionals were asked to judge in relation to the first two dimensions: level of preparation for the inspection, and positive interaction with the inspector at the time of the inspection.

Table 6

Responses obtained from Quebec notaries and lawyers regarding the level of preparation and interaction with the inspector among Quebec notaries and lawyers ($n = 399$)

		Quebec notaries	Quebec lawyers
Sufficient level of preparation for the inspection	I knew in advance what my professional inspection would focus on.	74.8%	69.1%
	I knew what the inspector was coming to evaluate during this inspection.	76.3%	78.4%
	I felt prepared for the inspection.	63.4%	72.0%
Positive interaction with the inspector at the time of the inspection	The inspector understood the issues inherent in my professional practice.	59.8%	68.3%
	The inspector's approach to the inspection was constructive.	68.7%	72.9%
	At the time of the inspection, I felt that the inspector was there to improve my practice.	61.1%	61.7%
	The inspector answered all my questions well at the time of the inspection.	28.8%	53.4%
	I was reassured by the inspector's approach.	60.3%	62.7%
	The way the inspector conducted the inspection generally reassured me in the event of future inspections.	54.2%	59.9%

Graph 7 shows the responses of Quebec notaries and lawyers on the third dimension of a professional inspection, namely the overall experience.

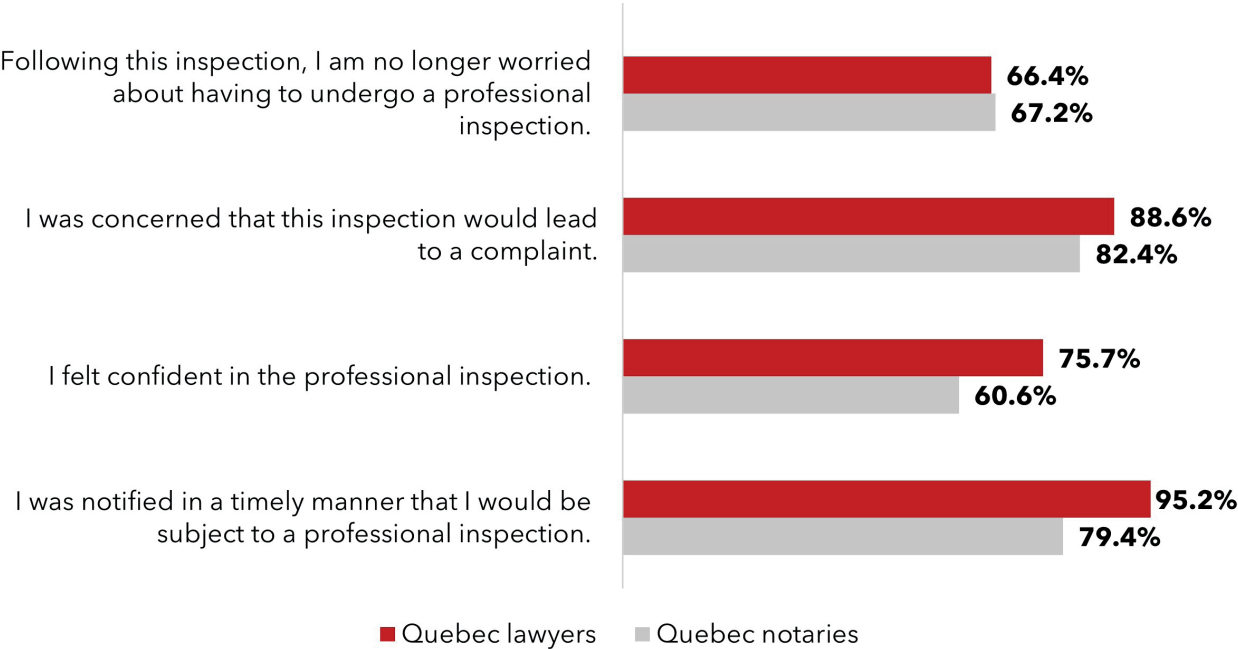
The results show significant differences between the responses of notaries and lawyers. Firstly, 63.4% of the notaries said they felt well prepared before the inspection, whereas this proportion was higher among lawyers, at 72.0%. Secondly, concerning the positive interaction with the inspector, 53.4% of the lawyers indicated that the inspector answered all their questions properly at the time of the inspection, compared to only 28.8% of the notaries. Furthermore, a smaller proportion of notaries perceived that the inspector understood the issues inherent in their professional practice.

These differences are reflected in Graph 7, where lawyers are generally more likely to speak positively about their professional inspection experience.

These results demonstrate the importance of rigorously preparing Quebec lawyers and notaries for the potential for professional inspection. They also highlight the need to provide training that raises awareness among inspectors about the existence of these very real stressors for legal professionals in Quebec. While this awareness is particularly important in Quebec, it is essential that it be done across Canada.

Graph 7

Responses from Quebec notaries and lawyers regarding the overall experience of the professional inspection
(n = 394)



The **voice** of legal professionals



"The issues that I have relate to time management and pressures to be productive and responsive to every requestor needs at a moment's notice. I do not have time to learn or focus on building my professional skills. This affects my job satisfaction and confidence in my ability to keep up with advancements in the law. I often feel like people expect me to be a machine and generate quality succinct advice at a moment's notice, with no preparation time. I often do not have enough time to finish my work to the quality that I would like."

"Je suis beaucoup moins stressée depuis que je suis dans le secteur public que quand j'étais en pratique privée. Je ressens beaucoup moins de pression des intervenants externes et un moins grand devoir de performance. Beaucoup moins stressée par rapport à mes livrables et par rapport à la possibilité de recevoir une plainte de mes clients."

"J'ai réorienté ma carrière dans la fonction publique, avec un employeur qui assume le risque lié à ma prestation de travail, car la responsabilité professionnelle des notaires au Québec en pratique privée est trop lourde. Elle provoque un stress énorme en tout temps, car chaque dossier génère un stress qui s'additionne à celui déjà accumulé (la responsabilité est sur une longue durée). Les avocats ont une obligation de moyens, tandis que les notaires ont une obligation de résultat et ça change la donne. Les tribunaux ont souvent tendance à retenir la responsabilité du notaire à cause de la solvabilité du Fonds d'assurance, mais ils ne tiennent pas compte des impacts négatifs pour le notaire impliqué, qui verra sa réputation entachée et qui deviendra une victime des jugements rendus en équité."

"Je préciserais que la pratique de notaire en milieu traditionnel, donc dans une étude de notaire est très stressante au niveau des obligations professionnelles et de la responsabilité du notaire lors de signature d'un acte notarié, surtout en immobilier. C'est d'ailleurs pourquoi j'ai fait le choix comme beaucoup de mes camarades de ma cohorte [entre telle date et telle date] en notariat, de devenir notaire en milieu non traditionnel, donc d'être conseiller juridique au sein d'un organisme, plutôt que de continuer à avoir un greffe/acte notarié/compte en fidéicommiss. La responsabilité professionnelle est moindre ayant beaucoup des obligations de moyen lorsqu'on agit à titre de conseiller juridique et non à titre d'officier public (signature d'acte notarié). En fait nous sommes près de la moitié de ma cohorte à avoir quitté la pratique traditionnelle notamment pour cette raison et les conditions de travail aussi souvent moins intéressantes dans les études de notaires. Mon stress était donc beaucoup plus grand et intégré à ma vie privée lorsque je pratiquais comme notaire traditionnel. [...]"

"When I was in private practice for a few years after Call to the Bar, I was constantly terrified of making a mistake and being sued. Even though I was a perfectionist +++ and there was never a whisper of any complaint, ever. But the worry was overwhelming and I moved to an inhouse role, not in legal, at the earliest opportunity to my relief. I never regretted leaving the profession, the lower income, the better work life balance which became truly 9-5, the small house, the focus on family and community without the nagging fear of complaint or claim (I have been a lifelong worrier, this is in character.)"

"Lors de l'inspection, on tentait clairement de remettre mes compétences en jeu et aucun réconfort n'a été apporté."

"Articling did not prepare me for being a lawyer, but nor do I think there is any articling program that could prepare us for being a lawyer. We need to apprentice for much longer and we need to be allowed to make mistakes without the huge repercussions that we envision (I've never had huge repercussions because I've always found a way of fixing my mistakes), but the fear of the repercussions for the client and myself is very heavy."

2.5.3 | WELLNESS IN LAW: ITS CONNECTION WITH PROFESSIONAL COMMITMENT AND INTENTION TO LEAVE THE PROFESSION



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2.5.3 | WELLNESS IN LAW: ASSOCIATION WITH PROFESSIONAL COMMITMENT AND INTENTION TO LEAVE THE PROFESSION

Intention to leave the profession (or turnover intention): refers to specific thoughts that indicate a professional's desire to leave and change their profession. Even if this intention does not systematically lead the professional to actually leave their profession, the fact remains that it often precedes an actual departure (Blau, 2007).

Affective commitment to the profession: refers to the degree of identification and the emotional attachment a professional has to their profession (Meyer et al., 1993). The more affectively committed a professional is, the more involved they are in their profession and the more they want to remain part of it and identify with its objectives (Morrow & Wirth, 1989).

Intention to leave and commitment to the profession are central to the development, wellness, productivity and functioning of a professional. Since professionals tend to identify more with their profession than with their organization, it is important to focus on the profession.

INTENTION TO LEAVE THE PROFESSION

For the purposes of the study, four such intentions were assessed through the following questions:

1. How often have you considered leaving your profession?
2. How often do you dream of changing to another profession that will better suit your personal needs?
3. How often do you look forward to another day at work in this profession?¹
4. How likely are you to accept another occupation at the same compensation level should it be offered to you?



In the first three questions, professionals identified the frequency of occurrence of the thought type on a seven-point scale ranging from never to always. For the fourth question, they indicated a level of likelihood on a seven-point scale ranging from highly unlikely to highly likely. The section below summarises the state of mind of the legal professionals who participated in the study.

1. For this question, the score of the participants, ranging from 1 to 7, was reversed so that the figures are all in the same direction: thus, the higher the score, the more the participant shows their intention to leave the profession.

Legal professionals who are considering leaving their profession

As presented in Table 1, within the set of all respondents, 27.2% regularly² consider leaving their profession. This proportion is even higher among women (30.8%), among professionals with 0–9 years of experience (34.8%) and among legal professionals in private practice (29.3%). The data indicates that the proportion is similar across all occupational groups in the study: lawyers (27.1%), Quebec notaries (29.6%) and Ontario paralegals (29.5%). Legal professionals working in for-profit corporations and in the education sector have given the least thought to leaving their profession.

Table 1

Proportion of responses to the question "How often have you considered leaving your profession?" by gender, experience, work setting, and profession ($n = 4,803$)

		Occasionally to never (rarely)	Sometimes	Often to always (regularly)
Overall	All	52.6%	20.1%	27.2%
Gender	Women	48.1%	21.1%	30.8%
	Men	56.4%	19.3%	24.2%
Experience	0 to 9 years	44.2%	21.0%	34.8%
	10 years or more	57.4%	19.7%	22.9%
Work setting	Private practice	51.0%	19.7%	29.3%
	Public or NFPO	53.4%	21.7%	25.0%
	For-profit corporation	64.1%	16.9%	19.0%
	Education	72.4%	17.2%	10.3%
Profession	Lawyers	52.6%	20.3%	27.1%
	Quebec notaries	52.5%	17.9%	29.6%
	Ontario paralegals	53.3%	17.2%	29.5%

Legal professionals who dream of changing to another profession

The data analysis indicates that the results associated with dreaming of practising another profession are similar to those associated with thinking of leaving one's profession. Thus, as shown in Table 2, 28.6% of legal professionals regularly³ dream of practising another profession. Again, this rate is higher among women (32.9%), professionals with 0 to 9 years of experience (37.7%) and legal professionals working in private practice (30.3%). It is also lowest among legal professionals working in for-profit corporations and in the education sector.

Legal professionals who are looking forward to another day at work

As Table 3 shows, 34.0% of respondents said they rarely⁴ look forward to another day at work, while this percentage rises to 40.7% among legal professionals with 0 to 9 years of experience. Less than half of the participants (42.4%) said they often or always look forward to it.

2. The term *regularly* here refers to participants who answered often, very often or always to the question "How often have you considered leaving your profession?"

3. The term *regularly* here refers to participants who answered often, very often or always to the question "How often do you dream of changing to another profession that will better suit your personal needs?"

4. The term *rarely* here refers to participants who answered occasionally, rarely or never to the question "How often do you look forward to another day at work in this profession?"

Table 2

Proportion of responses to the question "How often do you dream of changing to another profession that will better suit your personal needs?" by gender, experience, work setting, and profession (n = 4,801)

		Occasionally to never (rarely)	Sometimes	Often to always (regularly)
Overall	All	53.9%	17.5%	28.6%
Gender	Women	48.1%	19.0%	32.9%
	Men	58.7%	16.2%	25.0%
Experience	0 to 9 years	44.2%	18.1%	37.7%
	10 years or more	59.9%	17.2%	22.9%
Work setting	Private practice	52.4%	17.3%	30.3%
	Public or NFPO	54.0%	18.4%	27.5%
	For-profit corporation	68.3%	13.1%	18.6%
	Education	58.6%	24.1%	17.2%
Profession	Lawyers	53.8%	17.4%	28.8%
	Quebec notaries	54.3%	17.9%	27.8%
	Ontario paralegals	56.6%	18.0%	25.4%

Table 3

Proportion of responses to the question "How often do you look forward to another day at work in this profession?" by gender, experience, work setting, and profession (n = 4,802)

		Occasionally to never (rarely)	Sometimes	Often to always (regularly)
Overall	All	34.0%	23.6%	42.4%
Gender	Women	34.8%	26.7%	38.5%
	Men	33.3%	21.0%	45.7%
Experience	0 to 9 years	40.7%	27.4%	31.9%
	10 years or more	30.2%	21.5%	48.2%
Work setting	Private practice	34.2%	24.0%	41.8%
	Public or NFPO	35.3%	23.5%	41.2%
	For-profit corporation	29.0%	22.4%	48.6%
	Education	31.0%	10.3%	58.6%
Profession	Lawyers	34.3%	23.8%	42.0%
	Quebec notaries	30.9%	25.3%	43.8%
	Ontario paralegals	27.0%	17.2%	55.7%

Legal professionals who are likely to accept another occupation at the same level of pay

This last question deserves particular attention, since its percentages are worrying. As indicated in Table 4, more than half (54.2%) of the respondents said they might⁵ stop practising law to take another occupation at the same level of pay. This proportion is even more alarming among legal professionals with 0 to 9 years of experience, reaching 59.1%. While this rate is 54.8% for lawyers, it drops to 40.5% for Quebec notaries and to 47.5% for Ontario paralegals.

5. The term *might* here refers to participants who answered somewhat likely, likely or very likely to the question "How likely are you to accept another occupation at the same compensation level should it be offered to you?"

When only those who answered likely or highly likely to leave the profession are considered, the rate is 35.7%, which is still high (not shown in Table 4). Therefore, a worrying proportion of legal professionals would seriously consider leaving the profession if there were an interesting opportunity at the same level of remuneration. Lastly, the data show that the proportion of participants who answered highly likely is also worrying, at 18.9% (not shown in Table 4).

Table 4

Proportion of responses to the question "How likely are you to accept another occupation at the same compensation level should it be offered to you?" by gender, experience, work setting, and profession (n = 4,803)

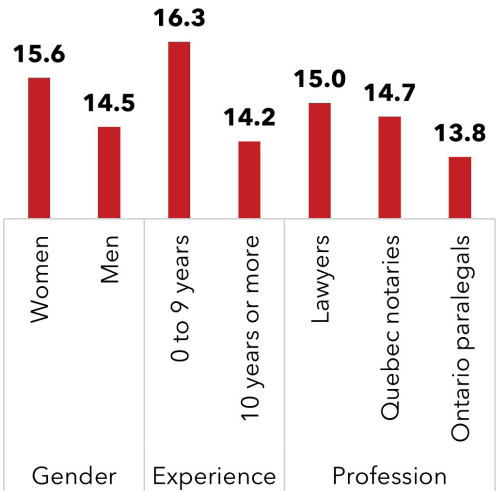
		Slightly to highly unlikely	Neither likely nor unlikely	Slightly to highly likely
Overall	All	32.9%	12.9%	54.2%
Gender	Women	30.6%	12.6%	56.8%
	Men	34.9%	13.1%	52.0%
Experience	0 to 9 years	28.6%	12.3%	59.1%
	10 years or more	35.3%	13.4%	51.3%
Work setting	Private practice	33.9%	12.4%	53.8%
	Public or NFPO	32.3%	13.8%	53.9%
	For-profit corporation	25.9%	15.5%	58.6%
	Education	44.8%	6.9%	48.3%
Profession	Lawyers	32.4%	12.8%	54.8%
	Quebec notaries	44.2%	15.3%	40.5%
	Ontario paralegals	41.0%	11.5%	47.5%

This study shows that legal professionals who are in the early stages of their careers (those with between 0 and 9 years of experience) offer the most worrying proportions of intention to leave their profession. Once they reach the 10-year mark, they seem better able to deal with its constraints. Therefore, it is essential to intervene with less experienced professionals, not only because they are the most at

risk of abandoning their profession but also because they represent its next generation, its future, and the sustainability of the profession.

Graph 1

Average score of the intention to leave the profession by gender, experience, and profession (n = 4,803)



Average score for intention to leave the profession

For each legal professional who answered the four questions on intention to leave, a mean score was calculated to represent their intention to leave in an aggregated manner. This average score was compared on the basis of gender, experience and profession (see Graph 1). The higher the average score, the more the professional has intention to leave. The maximum possible score is 28. The results are consistent with the findings in the previous

section, where women and legal professionals with 0 to 9 years of experience have a higher mean score for intention to leave than do men and legal professionals with 10 or more years of experience. These differences are statistically significant.

How do organizational and individual factors shape the intention to leave the profession?

Identifying the organizational and individual factors that affect a legal professional's intention to leave the profession is essential. Overall, the data analysis reveals that risk factors (i.e., job insecurity and quantitative, qualitative and emotional demands) account for 19.1% of the variation in the intention to leave the profession. **Qualitative** (mental load) and **emotional demands** (destabilising situations) are associated with an increase in this intention. Protective factors—i.e., autonomy, consistency of values, support from supervisor and from colleagues—contribute to 11.9% in the explanation of the intention to leave. Among the most influential resources, **consistency of values** and **support from supervisor** were associated with a decrease in the intention to leave. Thus, the more the lawyer's values are in harmony with their environment and the more support they receive from their supervisor in the form of listening, assistance and recognition, the less likely they are to intend to leave the profession.

Affective commitment to the profession contributes to 32% in the explanation of the intention to leave the profession. It is therefore by far the most important factor and deserves our full attention. Affective commitment to the profession has the same weight as the risk factors and protective factors combined. This phenomenon highlights the need to pay particular attention to the factors that lead to commitment, since the latter helps reduce significantly the intention to leave. Furthermore, scientific



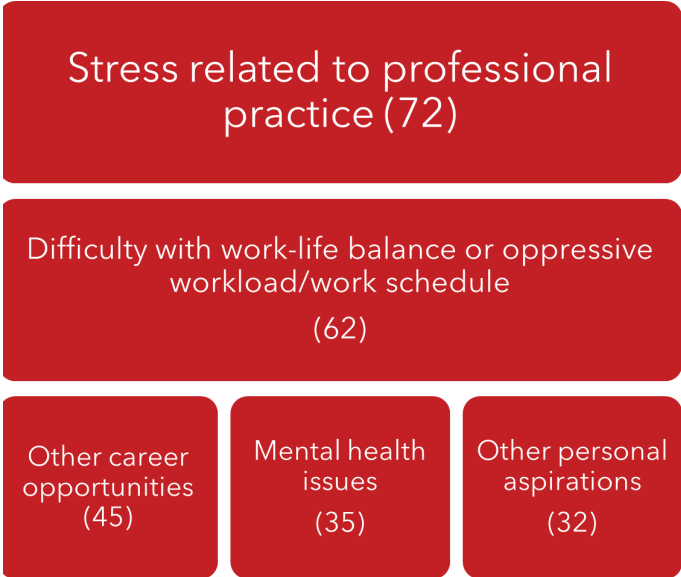
studies have confirmed that the higher the commitment to an occupation, the lower the intention to leave (Blau 2000; Chênevert et al., 2021; Guerrero et al., 2017; Jourdain & Chênevert, 2010; Lee et al., 2000; Parry, 2008).

Despite all the constraints and resources, significant mental health issues are still present in the field. Psychological distress, burnout and depressive symptoms are all associated with a significant increase in the intention to leave. Lastly, the data indicate that men intend to leave their profession less than women.

People who left...
why did they do it?

By surveying professionals who had already left the profession ($n = 164$), it was possible to identify the main reasons for their departure (participants could only choose three reasons or less). Figure 1 shows that the two most frequently reported reasons for leaving are the **stress associated with professional practice** and the **lack of work-life balance**. For women, the intention to leave the profession is related to the feeling of discrimination; the more a woman feels discriminated against, the more she intends to leave ($p \leq .001$).

Figure 1
Main reasons given for leaving the profession by Canadian legal professionals who have already left ($n = 164$)



AFFECTIVE COMMITMENT TO THE PROFESSION

Affective commitment was assessed through the following four statements:

- 1. I am enthusiastic about my profession.
- 2. I have a strong affection for my profession.
- 3. I regret having entered in my profession.⁶
- 4. I dislike being a lawyer, notary or paralegal.⁷

Respondents were asked to indicate their level of agreement with each statement on a scale of 1 to 7, ranging from strongly disagree to strongly agree.

6. For this question, the participant scoring from 1 to 7 was reversed so that all the items were in the same direction. The higher the score, the higher the participant's affective commitment to their profession.
7. Idem.

Legal professionals who are enthusiastic about their profession

Table 5 shows that almost 70% of Canadian lawyers and Quebec notaries who participated in the study expressed enthusiasm⁸ for practising their profession. This proportion is higher among Ontario paralegals (82.9%). Conversely, more lawyers disagreed⁹ with the statement (20.4%) compared to Quebec notaries (11.1%) and Ontario paralegals (8.9%). These results indicate that paralegals appear to be the most enthusiastic about their profession. The data analysis shows that a greater proportion of men and professionals with 0 to 9 years of experience indicated they were less enthusiastic about their profession¹⁰. These results are consistent with the findings mentioned in the section on intention to leave, i.e., that the situation is more worrying for professionals in the early stages of their careers. Table 5 also shows the proportions according to work setting.

Table 5

Proportion of responses to the question "I am enthusiastic about my profession" by gender, experience, work setting, and profession (n = 4,780)

		Somewhat to strongly disagree	Neither agree or disagree	Somewhat to strongly agree
Overall	All	19.8%	11.4%	68.8%
Gender	Women	18.4%	12.2%	69.3%
	Men	21.0%	10.8%	68.3%
Experience	0 to 9 years	22.3%	12.3%	65.4%
	10 years or more	18.5%	10.8%	70.7%
Work setting	Private practice	20.2%	11.2%	68.5%
	Public or NFPO	19.5%	11.8%	68.7%
	For-profit corporation	17.2%	13.8%	69.0%
	Education	13.8%	13.8%	72.4%
Profession	Lawyers	20.4%	11.3%	68.3%
	Quebec notaries	11.1%	18.5%	70.4%
	Ontario paralegals	8.9%	8.1%	82.9%

Legal professionals who have strong affection for their profession

Once again, Ontario paralegals differ from lawyers and from notaries in Quebec in this statement. As Table 6 shows, a higher proportion (80.5%) of paralegals are strongly attached to their profession¹¹. This proportion decreases to 68.7% among Quebec notaries and 64.4% among lawyers.

The portrait of professionals with less than 10 years of experience is still problematic. A greater number of them (26.5%) indicated that they were *less attached to their profession*¹² than their more seasoned

8. The word *enthusiasm* here refers to participants who answered somewhat agree, agree or strongly agree to the statement "I am enthusiastic about my profession."

9. The term *disagreed* here refers to participants who answered somewhat disagree, disagree or strongly disagree with the statement "I am enthusiastic about my profession."

10. The phrase *less enthusiastic about their profession* here refers to participants who answered somewhat disagree, disagree or strongly disagree with the statement "I am enthusiastic about my profession."

11. The phrase *strongly attached to their profession* here refers to participants who answered somewhat agree, agree or strongly agree to the statement "I have a strong affection for my profession."

12. The phrase *less attached to their profession* here refers to participants who answered somewhat disagree, disagree or strongly disagree to the statement "I have a strong affection for my profession."

colleagues. A detailed analysis among legal professionals with less than 10 years of experience shows that this proportion is higher among lawyers (27.4%) than among Quebec notaries (22.5%) or Ontario paralegals (13.0%) (not shown in Table 6).

Table 6 also presents the results by gender and work setting. Men and women show similar results. Professionals in the education sector show a less positive picture.

Table 6

Proportion of responses to the question "I have a strong affection for my profession" by gender, experience, work setting, and profession (n = 4,778)

		Somewhat to strongly disagree	Neither agree or disagree	Somewhat to strongly agree
Overall	All	22.2%	12.8%	65.0%
Gender	Women	21.3%	12.9%	65.8%
	Men	23.1%	12.7%	64.2%
Experience	0 to 9 years	26.5%	15.3%	58.2%
	10 years or more	19.8%	11.5%	68.7%
Work setting	Private practice	21.9%	13.1%	65.0%
	Public or NFPO	23.3%	11.8%	64.9%
	For-profit corporation	21.5%	14.5%	64.0%
	Education	20.7%	27.6%	51.7%
Profession	Lawyers	22.8%	12.8%	64.4%
	Quebec notaries	16.0%	15.3%	68.7%
	Ontario paralegals	9.8%	9.8%	80.5%

Legal professionals who regret having entered this profession

As shown in Table 7, almost a quarter of the participants (23.7%) regret¹³ choosing their profession. This proportion is higher among women (25.5%), among legal professionals with less than 10 years of experience (29.9%) and among those working in private practice (25.3%). Across the different professions, this percentage is 19.7% for Ontario paralegals, 23.5% for Quebec notaries and 23.9% for lawyers. The data again confirms that paralegals are characterized by a higher level of affective commitment to their profession. Moreover, it is possible to see this difference through a more detailed

Did you know?

The more affectively committed a person is, the more likely it is that they want to be involved in development activities and professional association activities (Snape & Redman, 2003).

13. The term *regret* here refers to participants who answered somewhat agree, agree or strongly agree to the statement "I regret having entered in my profession."

data analysis. For example, the proportion of paralegals who regret choosing their profession is similar across the two categories of years of experience (0 to 9 years and 10 years or more). However, there is a significant difference (about 10%) between these categories for lawyers and notaries. Thus, regret over their choice of profession¹⁴ is more pronounced among lawyers (30.3%) and notaries (30.0%) with between 0 and 9 years of experience (not shown in Table 7).

Table 7

Proportion of responses to the question "I regret having entered in my profession" by gender, experience, work setting, and profession ($n = 4,782$)

		Somewhat to strongly disagree	Neither agree or disagree	Somewhat to strongly agree
Overall	All	64.7%	11.5%	23.7%
Gender	Women	63.0%	11.5%	25.5%
	Men	66.1%	11.6%	22.3%
Experience	0 to 9 years	55.4%	14.7%	29.9%
	10 years or more	70.2%	9.8%	20.0%
Work setting	Private practice	62.7%	11.9%	25.3%
	Public or NFPO	68.1%	11.0%	20.9%
	For-profit corporation	71.3%	8.0%	20.8%
	Education	78.6%	10.7%	10.7%
Profession	Lawyers	64.8%	11.4%	23.9%
	Quebec notaries	59.9%	16.7%	23.5%
	Ontario paralegals	69.7%	10.7%	19.7%

Legal professionals who dislike their profession

As shown in Table 8, more lawyers (20.3%) dislike¹⁵ practising their profession than do Quebec notaries (15.4%) and Ontario paralegals (16.3%). A pattern is repeated across all three professions, with a higher proportion of legal professionals with 0 to 9 years of experience reporting that they dislike¹⁶ practising their profession. Among lawyers, this proportion is 27.6%, while it is 20.6% among Quebec notaries and 17.9% among Ontario paralegals (not shown in Table 8).

Accordingly, this study shows that Ontario paralegals appear to have a stronger affective commitment to their profession than Quebec notaries and lawyers do. Despite this difference, the data reveals that legal professionals with 0 and 9 years of experience deserve special attention, as they appear to be less affectively committed to their profession. This phenomenon is more pronounced among lawyers and notaries. These findings underscore the importance of taking an interest in the next generation of legal professionals and in the issues that affect their affective commitment. As we have seen, this commitment is a crucial factor in predicting intention to leave the profession.

14. The phrase *regret over their choice of profession* here refers to participants who answered somewhat disagree, disagree or strongly disagree to the statement "I regret having chosen my profession."

15. The term *dislike* here refers here to participants who answered somewhat agree, agree or strongly agree to the statement "I dislike being a lawyer, notary, paralegal."

16: Idem.

Table 8

Proportion of responses to the question "I dislike being a lawyer, notary, paralegal" by gender, experience, work setting, and profession (n = 4,781)

		Somewhat to strongly disagree	Neither agree or disagree	Somewhat to strongly agree
Overall	All	70.1%	9.9%	20.0%
Gender	Women	69.4%	10.1%	20.5%
	Men	70.7%	9.8%	19.6%
Experience	0 to 9 years	61.0%	12.1%	27.0%
	10 years or more	75.7%	8.6%	15.7%
Work setting	Private practice	69.0%	9.9%	21.1%
	Public or NFPO	71.6%	9.5%	18.9%
	For-profit corporation	75.2%	10.3%	14.5%
	Education	78.6%	3.6%	17.9%
Profession	Lawyers	70.0%	9.8%	20.3%
	Quebec notaries	72.2%	12.3%	15.4%
	Ontario paralegals	72.4%	11.4%	16.3%

Average score for commitment to the profession

As with the intention to leave, an average score was calculated for each legal professional who answered the questions on commitment and this score was used to represent their commitment to their profession. The higher the average score, the more affectively committed the professional is to the profession.

The data reveals that, on average, lawyers who are older and have 25 or more years of experience are the most committed. There is also a trend over time. In the first three years of their career, legal professionals are committed. From four to six years, their commitment decreases. It gradually increases thereafter, and reaches a peak as they approach retirement. In the first nine years of their career, legal professionals are, on average, less committed than their more experienced colleagues ($p \leq .05$). This result is consistent with the findings of the previous section presenting lawyers' responses to questions about commitment to the profession.



Did you know?

A study conducted by Lee et al. (2000) showed that commitment to the profession is associated with increased job performance.

Concerning the commitment score by profession, Ontario paralegals stand out significantly, as they are, on average, slightly more affective committed to their profession than Canadian lawyers and Quebec notaries are. However, there is no significant difference between the average score of Canadian lawyers and Quebec notaries ($p \leq .05$).

How do organizational and individual factors affect commitment?

Taking into account a wide range of organizational and individual factors, the data analysis shows that risk factors, including quantitative, qualitative and emotional demands and job insecurity, account for 11.6% of the variation in commitment to the profession. **Job insecurity** is associated with a decrease in this commitment. On the other hand, protective factors contribute to 10.9% of the explanation of commitment. **Consistency of values** is associated with increased commitment. As was the case with intention to leave, this consistency is among the variables with the greatest impact. Therefore, it is doubly important that the professional's values are in line with those of their work environment. **Support from colleagues**, i.e., helping, listening and recognizing each other, is associated with an increase in commitment.

Psychological distress and **burnout** explain 9.4% of the variation in affective commitment. Both of these mental health indicators are associated with a decrease in commitment. It is essential to highlight the particular contribution of burnout. Of all the variables in the analysis, it ranks first in explaining variation in commitment. Thus, professionals with symptoms associated with burnout are more likely to be disengaged from their jobs than their colleagues who lack such symptoms, all other variables being equal.

Table 9

Health indicators and organizational factors associated with increased or decreased commitment to the profession ($n = 2,562$)

Significantly increase commitment	Significantly decrease commitment
Consistency of values	Burnout
Support from colleagues	Psychological distress
Gender (being a woman)	Job insecurity

While the results showed that men are less likely to leave their profession than women, the analysis reveals that women are more affectively committed to their profession. Perhaps men remain in their profession more out of a commitment to continuity, i.e., because they are not prepared to sacrifice the time and money they have invested in their career. The literature confirms that changing professions is more difficult than changing organizations. As it involves substantial investments of time and money, it carries a certain amount of risk and creates additional stress on the individual and their family (Blau, 2007; Neapolitan, 1980).

Mental health, intention to leave and commitment to the profession

The analysis showed that the intention to leave the profession is associated with increased psychological distress, depressive symptoms, and burnout. Meanwhile, commitment to the profession has the opposite effect and is associated with a decrease in mental health issues.

Intention to leave and affective commitment are two fundamental attitudes because they influence the mental health of legal professionals and, ultimately, the health of the profession as a whole. If we are to create conditions that are favourable to the development of legal professionals, it is therefore important to focus on these issues.

The **voice** of legal professionals



"I perceive it as a result of my talents and skills I am proud. But all of the rewards are internal. I am the boss of my practice. But I feel now that the cumulative daily micro aggressions of practicing criminal law have killed my enthusiasm for my work and what drives me now are my obligations and duties only. The joy of a good result is fleeting."

"I am also taking steps to change my career and return to school because I absolutely detest being a lawyer. I have derived very little joy from it and it rarely keeps me engaged. What is particularly challenging about this (and for many others my year of call) is that we are somewhat trapped in it if we had to fund our education via loans. [...]"

"When friends and family ask me to describe what it is like to be a civil litigator in this province, I tell them that on a day to day basis I am forced to interact with other lawyers [...] who will put forward any argument, no matter how tenuous, to make a buck. It is rare to deal with a peer who is civil and reasonable on the other side of a dispute (and a real treat when it happens). And at the end of the day I get to deal with demanding institutional clients who think they know what my job is, and who think they know the law. I am actively advising my children to chase another profession - I've been in the game over x15 years now and have never seen any indication that other lawyers, the government or the regulator cares. Being a lawyer is not rewarding in any way except when you glance at your bank balance."

"Becoming a lawyer is the worst thing I have ever done for my mental health, I regret it on a daily basis, and I am actively seeking a way out of the legal profession."

"If I had a 'do over' I would not choose to enter this profession. It has taken a physical and emotional toll and I am more tired, more cynical, less empathetic, less connected to others than I would be if I had never gone to law school."

"If I could go back to 25, I wouldn't go to law school. I can't sum it up much more succinctly than that. It's not worth selling your days for gold. There are ways to make more money working less and with less of an impact on your health, family, and wellbeing."

"Je regrette tous les jours d'être notaire, j'ai gâché ma vie dans une profession sans avenir, qui ne paie rien et où on est constamment confronté aux pires moments de vie que les gens traversent,

tels que divorces, séparations et une multitude d'autres problématiques [...] les notaires sont victimes d'harcèlement moral et institutionnel de leur propre ordre professionnel, qui cherche plus à protéger l'image de la profession et ignorer les problèmes de la profession et isole ceux qui sont en situation problématique, le tout pour leur faire croire qu'ils sont les seuls qui ont des problèmes; ce n'est pas surprenant que plus de 50 % des nouveaux notaires quittent la profession après 5 ans de pratique!!!"

"J'ai récemment fait un changement de carrière [...]. Mes réponses plus négatives découlent de mon expérience auprès d'une firme d'avocats. Mon emploi actuel est beaucoup mieux pour ma santé mentale. Si je n'avais pas obtenu mon poste de conseillère juridique, j'aurais probablement quitté la pratique et je serais retournée aux études."

"The legal profession is mean spirited and lacking in humanity. I'm likely to quit the profession of law because of the people who are in it, the oppressive and distant regulator, and the stress of helping people with their problems. No one in power cares. And the legal system itself appears to be a total of domination of poor people, which I somewhat regret becoming a part of. The day-to-day activities of lawyers require people to turn their back on their ethics and principles in favour of artificial principles that are frequently violated by the people who make the real money in law."

"I would never recommend someone enter this profession. Since being called, it has been fraught with disillusionment, stress, and lack of integrity. I wish I had dedicated my time to something (anything), else. The worst part about that statement is I am a just person - I have always wanted to see justice done and justice served. IT IS NOT (in the legal profession, anyway)."

"This job is soul-destroying. I feel trapped by financial commitments. I have been successful in practice but I would leave in a heartbeat if I had an option that would support my family [...] Most people quit because it is a grinding, difficult, demanding, often thankless job with no margin for error."

"[...] Once I left the profession, I became aware of how truly abusive my workplace had been. Not only was I working constantly, and stressed about professional regulation and clients, but I was not receiving any recognition for the work I was doing."

2.5.4 | INCIVILITY AND VIOLENCE IN THE CANADIAN LEGAL COMMUNITY



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2.5.4 | INCIVILITY AND VIOLENCE IN THE CANADIAN LEGAL COMMUNITY

Incivility in the workplace: refers to one of the milder, but still serious, forms of psychological abuse. It shows a lack of consideration and respect for others. It includes belittling, condescending, being rude, doubting an issue that is the responsibility of the other person or showing little interest in their opinion (Cortina et al., 2001).

Violence at work (or workplace violence): includes physical and psychological dimensions. It encompasses a range of behaviours intended to cause harm to others, such as verbal threats (expression of intent to cause harm), physical assaults (e.g., punching, spitting) and intimidation (Chapell & Di Martino, 2006; Setlack et al., 2021)¹.

A healthy workplace is essential to a professional's wellness and typically involves an environment where interactions between individuals are respectful and free of incivility and violence. As part of the study, the degree, nature and sources of incivility and violence experienced by legal professionals were assessed. For this purpose, two measurement scales were selected. The first scale is the one developed by Cortina et al. (2001), which aims to measure perceived incivility over the last five years. The second scale is an adaptation of the COPSOQ (Pejtersen et al., 2010), which measures the degree of exposure to various forms of violence within the last 12 months. These two measurement instruments were used in a differentiated way so as to obtain an in-depth understanding of the phenomena of both violence and incivility.

INCIVILITY IN THE WORKPLACE

The team investigated the incivility experienced by legal professionals over the past five years. This time frame was chosen to include a period before the pandemic.

Mean score for incivility

Professionals were asked to indicate the frequency of the incivility they experienced on a 5-point scale ranging from "never" (0) to "many times" (4). The types of incivility assessed were as follows:

- being put down or treated with condescension,
- having their judgment doubted on a matter under their responsibility,
- having little attention paid to their statements or little interest shown in their opinion.

For each legal professional who answered the questions, a score ranging from 0 to 12 was calculated to represent the overall incivility experienced. The higher the score, the more often the professional perceived that they had experienced incivility in the last five years. Following the scoring process, two categories were generated for the analysis.

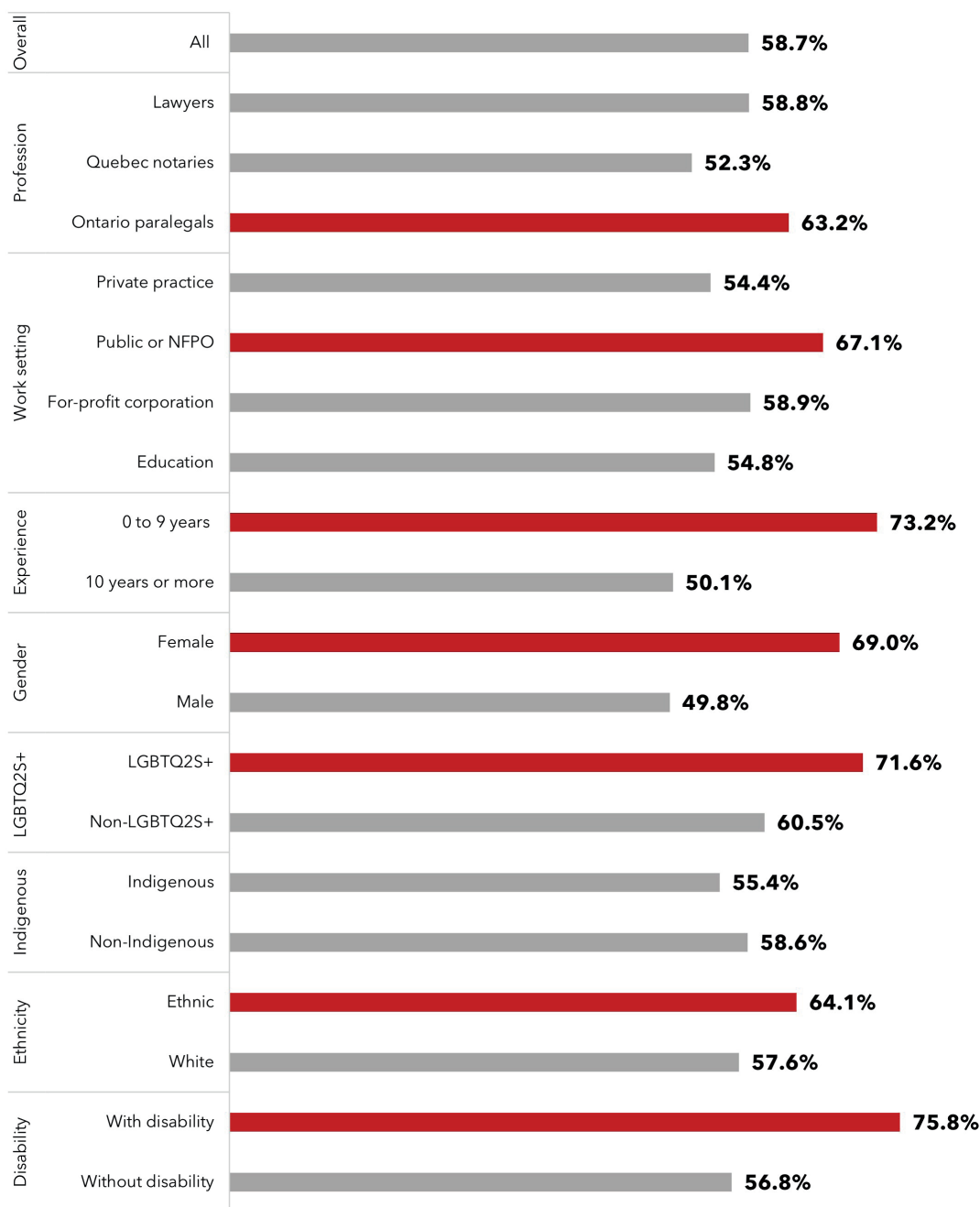
1. The scientific literature does not define incivility and violence at work in a uniform way. Definitions abound and differ from one author to the next.

The first category represents legal professionals with little or no exposure to incivility in the course of their work. Although all incivility is important and should not be taken lightly, professionals scoring between 0 and 3.99 were categorized as having low exposure. The second category includes professionals who were more frequently exposed to incivility; their exposure ranged from "sometimes" to "many times". These professionals scored between 4 and 12 on the scale devised by Cortina et al. (2001).

Graph 1 shows that 58.7% of legal professionals scored 4 or higher ($n = 5,161$). This proportion is particularly high among professionals living with disabilities (75.8%), those with fewer than ten years of

Graph 1

Proportion of legal professionals exposed to incivility from "sometimes" to "many times", by profile (score between 4 and 12)



experience (73.2%), legal professionals who identify as LGBTQ2S+ (71.6%), women (69.0%), professionals working in the public sector or NFPO (67.1%), non-White ethnicities (64.1%) and paralegals in Ontario (63.2%).

Legal professionals facing the most incivility

By refining the analysis, we were able to pinpoint the legal professionals who perceived incivility often or many times over the past five years, more specifically, those who scored between 9 and 12. Among all respondents (*n* = 5,161), 11.7% reported experiencing incivility often or many times. As shown in Table 1, this proportion is nearly double for Ontario paralegals (22.1%), professionals living with disabilities (18.8%) and Indigenous professionals (18.5%).

Table 1 also reveals that minorities and more vulnerable groups are generally more exposed to workplace incivility issues. However, being a Quebec notary, being a man or having at least ten years of experience seem to be protective factors against incivility. Unfortunately, these findings reflect what is happening in society, and, above all, they indicate that much work remains to be done to create healthy environments for all.

Finally, the team analyzed the association between incivility and mental health. The results confirm that experiencing incivility is significantly associated with increased psychological distress, depressive symptoms, anxiety, and perceived stress.

Table 1

Proportion of legal professionals exposed often or many times to incivility during their professional practice (score between 9 and 12)

Ontario paralegals	22.1%
Professionals living with a disability	18.8%
Indigenous	18.5%
LGBTQ2S+	16.9%
Education	16.1%
0 to 9 years of experience	16.0%
Women	15.3%
Ethnic	15.0%
Public or NFPO	14.9%
For-profit corporation	12.9%
Non-LGBTQ2S+	12.6%
Overall (all)	11.7%
Lawyers	11.5%
Non-Indigenous	11.5%
White	11.0%
Professionals without a disability	10.9%
Private practice	9.7%
10 years of experience or more	9.0%
Men	8.5%
Quebec notaries	8.0%



Five forms of workplace violence were measured using the COPSQ scale: 1) unwarranted criticism, 2) unsolicited sexual advances, 3) threats of violence, 4) physical violence and 5) bullying². Professionals indicated whether they had been exposed to these types of violence in the past 12 months³ and noted the frequency of the incidents on a 5-point scale ranging from "no" to "yes, daily".

The specific questions asked of participants were as follows:

At your workplace during the last 12 months, have you been exposed to...

- 1. ...unwarranted criticism?
- 2. ...undesired sexual attention?
- 3. ...threats of violence?
- 4. ...physical violence?
- 5. ...bullying?

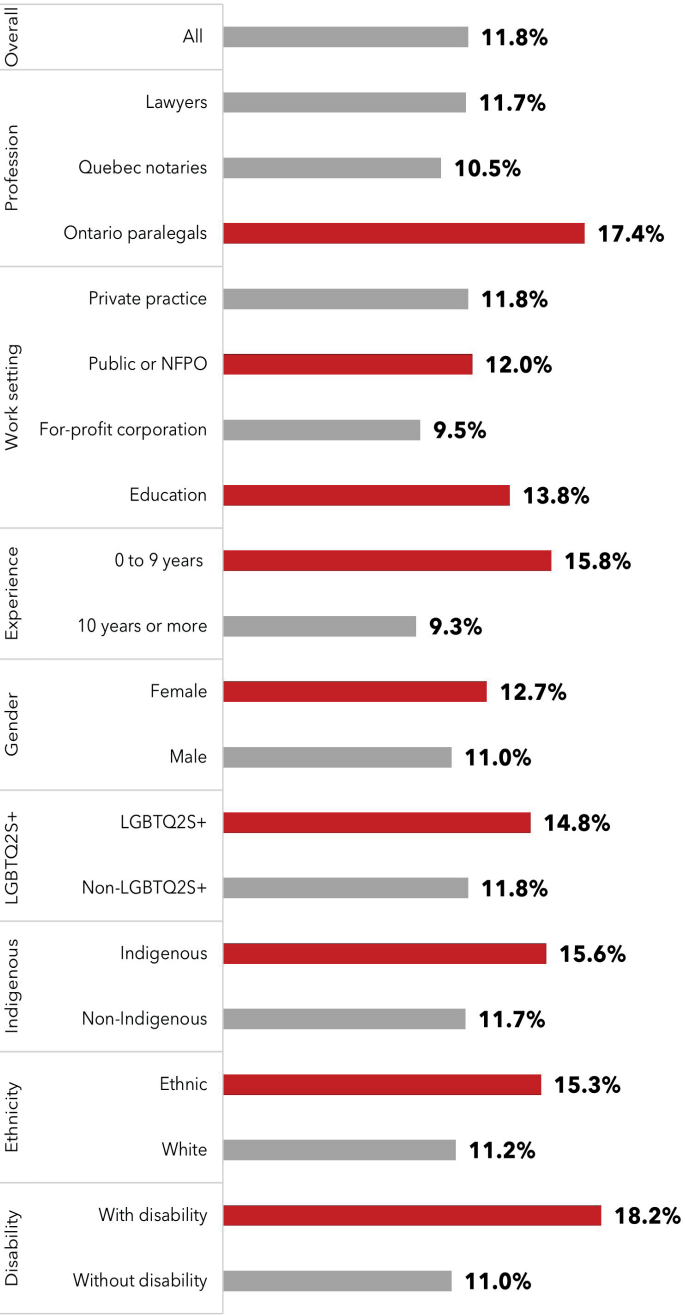
Given the frequency and seriousness of some of the forms of violence discussed below, this next section deserves particular attention.

Unwarranted criticism

A slight majority of professionals (51.9%) indicated that they had been exposed⁴ to unwarranted criticism in the past year (*n* = 4,770). A detailed analysis shows that 40.1% of the participants reported experiencing this type of criticism a few times, while a smaller proportion (11.8%) were exposed monthly, weekly, or daily. Graph 2 identifies the types of professionals who received unwarranted criticism most frequently⁵ in the past 12 months: legal professionals living with disabilities (18.2%), Ontario paralegals (17.4%), professionals with 0–9 years of experience (15.8%), Indigenous professionals (15.6%) and racialized legal professionals (15.3%).

2. To avoid confusion, the definition of bullying was specified in the questionnaire distributed to participants as follows: bullying means that a person repeatedly is exposed to unpleasant or degrading treatment, and that the person finds it difficult to defend himself or herself against it.
3. Participants responded to the questionnaire between June and September 2021.
4. The term *exposed* here refers to participants who answered a few times, monthly, weekly, or daily in response to the question "At your workplace during the last 12 months, have you been exposed to unwarranted criticism?".
5. The term *most frequently* here refers to participants who responded monthly, weekly, or daily to the question "In the past 12 months, have you been exposed to unwarranted criticism?".

Graph 2
Proportion of legal professionals exposed monthly, weekly, or daily to unjustified criticism in the past 12 months, by profile

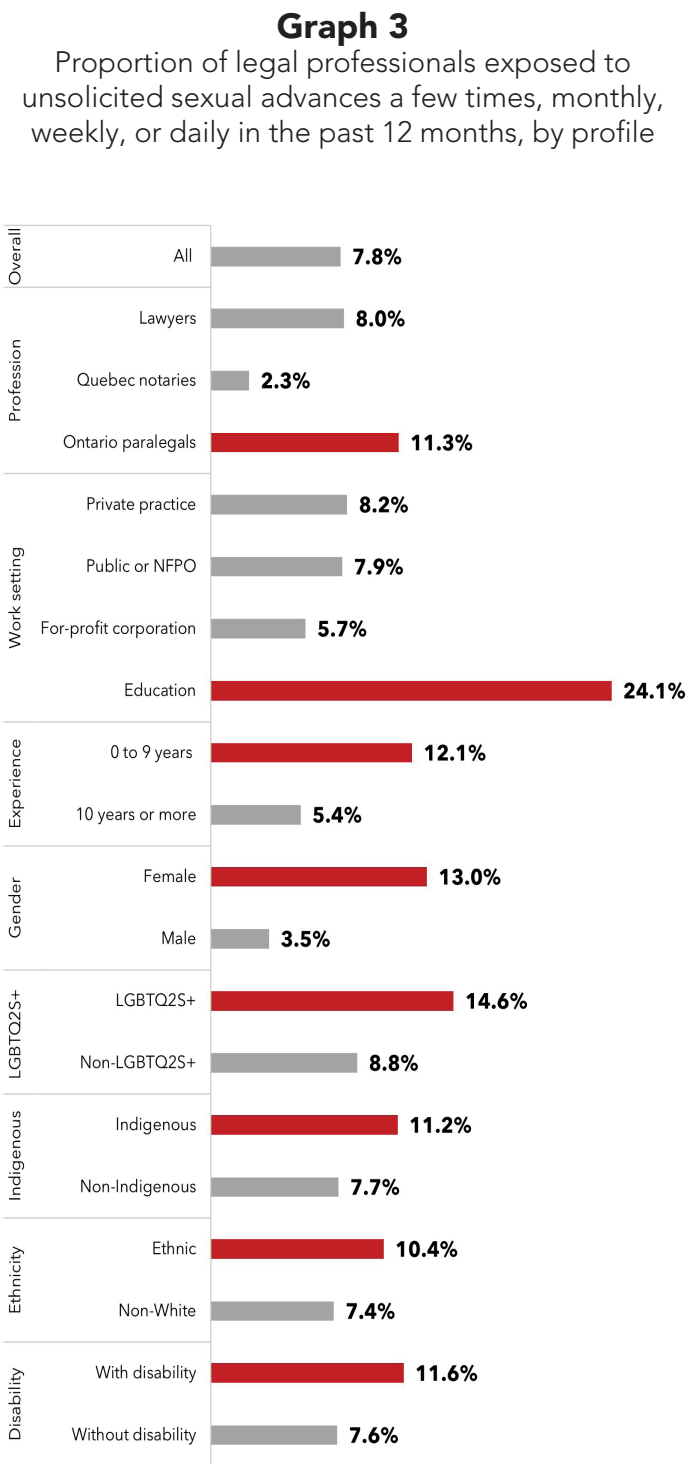


Undesired sexual attention

As presented in Graph 3, 7.8% of all respondents ($n = 4,770$) indicated that they had received⁶ undesired sexual attention in the past 12 months. This proportion is considerably higher in the education sector (24.1%). However, since the sample size is much smaller in education than in other work settings, it is recommended that this percentage be interpreted with caution.

Nevertheless, several groups have concerning rates, including the LGBTQ2S+ community (14.6%), women (13.0%), legal professionals with 0–9 years experience (12.1%), professionals living with disabilities (11.6%), Ontario paralegals (11.3%), Indigenous professionals (11.2%), and legal professionals from a non-White ethnic group (10.4%). The professionals who were the least exposed to unwanted sexual advances were Quebec notaries, those with ten or more years of experience, and men. The results indicate a significant difference based on gender, experience and LGBTQ2S+ identification.

Furthermore, while 1.0% of participants felt that they had experienced sexual advances monthly, weekly, or daily, this proportion rose to 5.3% among Ontario paralegals, 3.4% among Indigenous legal professionals, 2.4% among LGBTQ2S+ legal professionals, and 2.0% among women and racialized professionals.



6. The phrase *had received* here refers to participants who responded a few times, monthly, weekly, or daily to the question "In the past 12 months, have you been exposed to undesired sexual attention?".

Threats of violence

Graph 4 reveals that 5.7% of participants (n = 4,769) have experienced⁷ threats of violence in the past 12 months. This proportion includes 9.8% of paralegals in Ontario, 8.6% of legal professionals working in the public sector or NFPO and 8.3% of legal professionals living with disabilities. The proportions are lower in for-profit corporations (1.8%) and the education sector (0.0%). Again, the results should be interpreted with some caution, given the smaller sample size of the education sector compared to the other work settings.

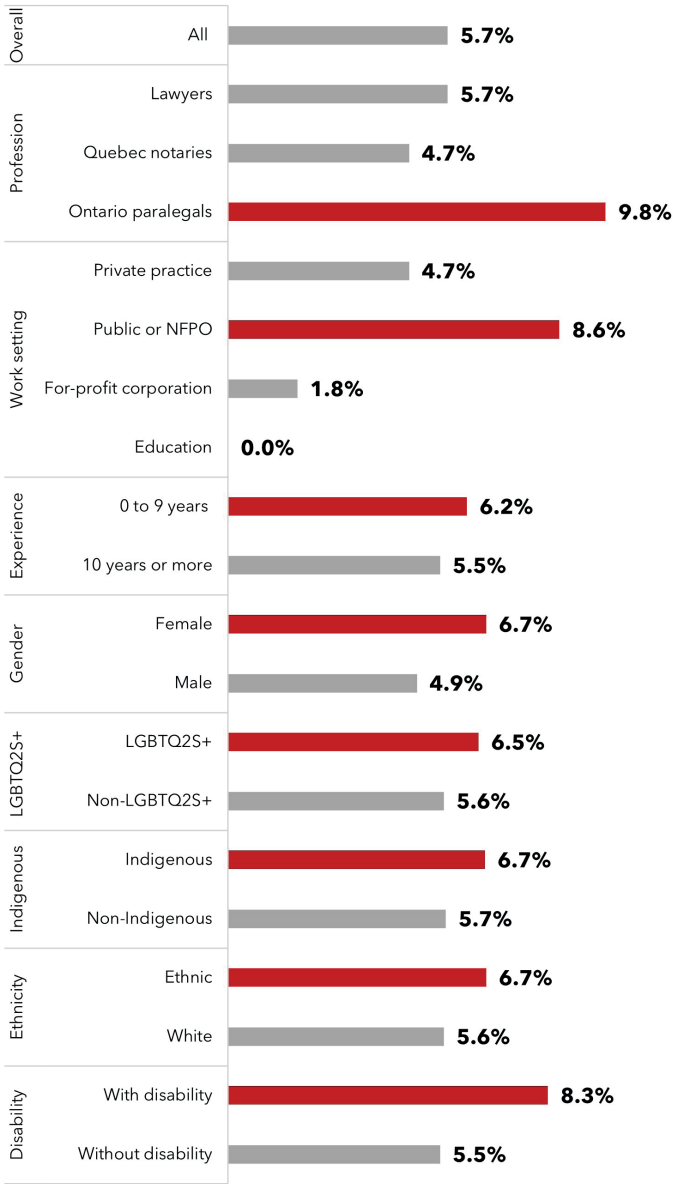
Considering only the participants who indicated that they were exposed to threats of violence on a monthly and weekly basis, we observe that they represent 0.4% of the overall respondents. This percentage is much higher for Ontario paralegals (3.0%) and legal professionals living with disabilities (1.4%).

Graph 4

Proportion of legal professionals exposed to threats of violence a few times, monthly, weekly, or daily in the past 12 months, by profile

Did you know?

A research report published in 2021 on members of the Barreau du Québec reveals that "20.6% of women and 12.3% of men who responded [...] say that someone in their professional practice has tried to engage in an intimate or sexual activity with them despite their efforts to dissuade them" [Translation] (Auclair et al., 2021; p. 6). As a result of their refusal to engage in sexual activity, 4.2% of women report experiencing negative consequences, similar to sexual coercion, a form of violence that is underreported but has severe effects on those who experience it.



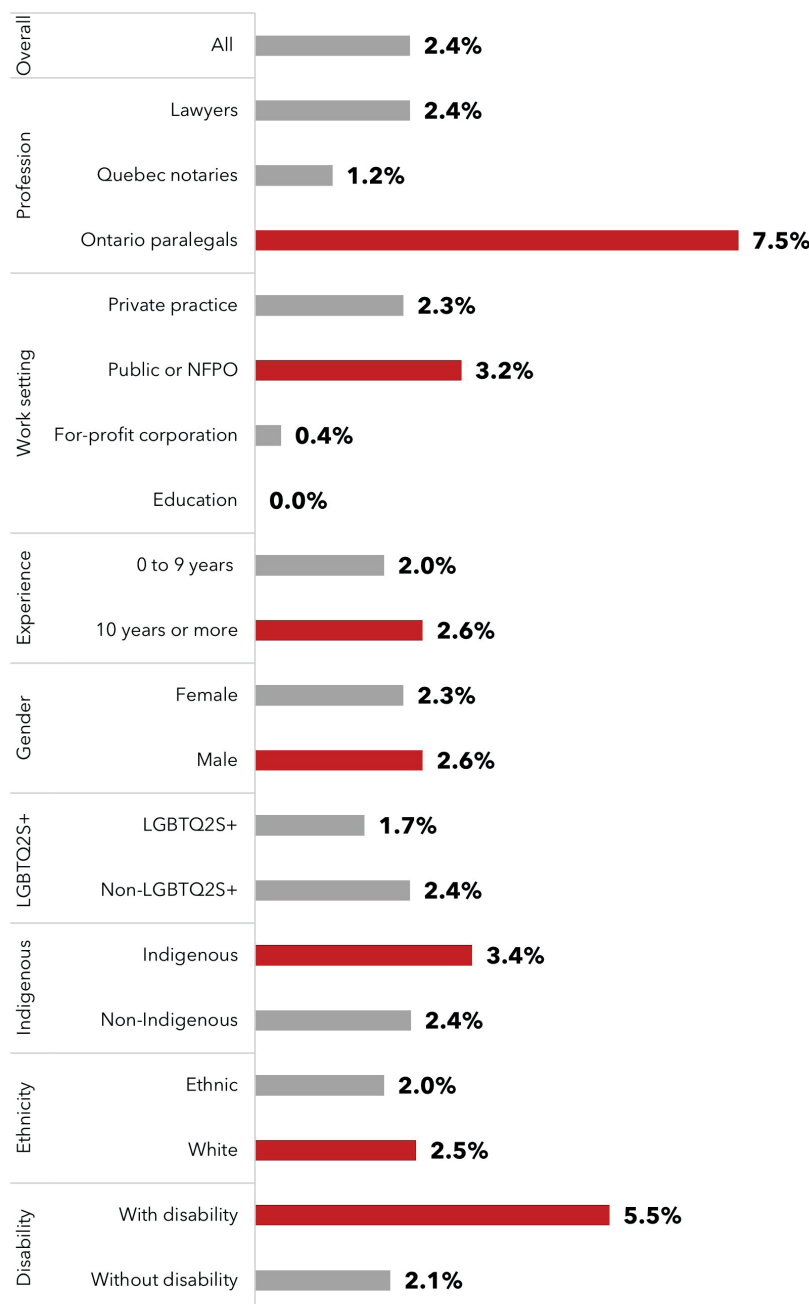
7. The phrase *have experienced* here refers to participants who responded a few times, monthly, weekly, or daily to the question "In the past 12 months, have you been exposed to threats of violence?".

Physical violence

As shown in Graph 5, 2.4% of all respondents ($n = 4,770$) mentioned having been exposed⁸ to physical violence in the past 12 months. Paralegals in Ontario and legal professionals with disabilities have a higher level of exposure, at 7.5% and 5.5%, respectively. While 0.3% of participants experience physical violence on a monthly, weekly, or daily basis, this proportion rises to 1.4% among professionals with a disability and 1.0% in the public sector or NFPO.

Graph 5

Proportion of legal professionals exposed to physical violence a few times, monthly, weekly, or daily in the past 12 months, by profile



8. The term *exposed* here refers to participants who responded a few times, monthly, weekly, or daily to the question "In the past 12 months, have you been exposed to physical violence?".

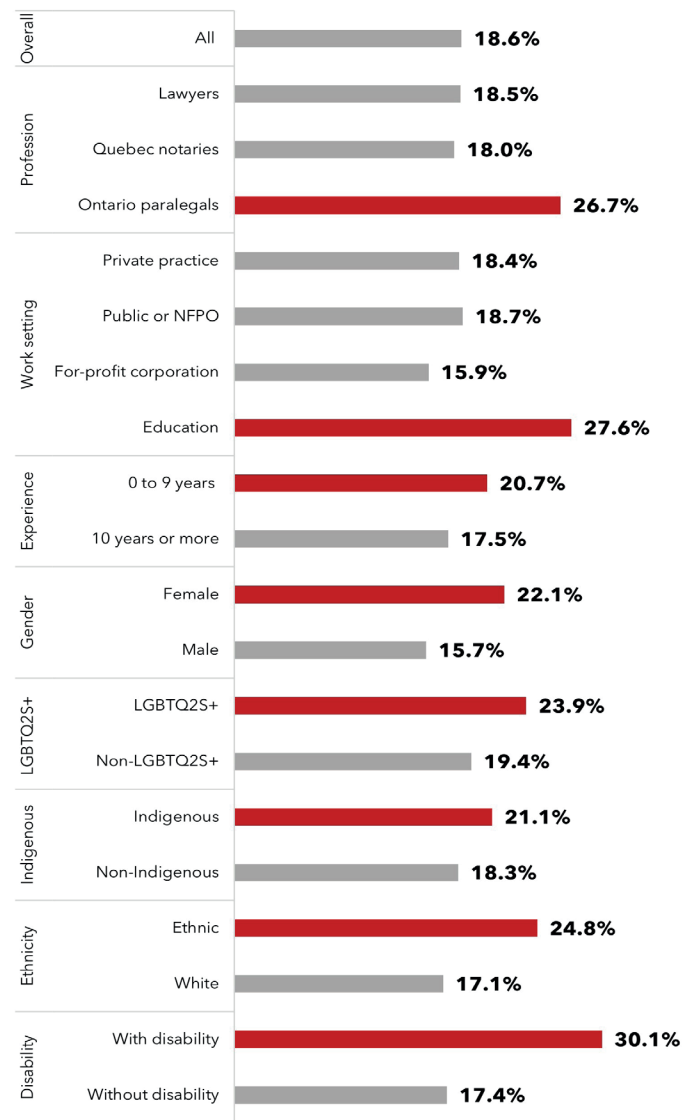
Bullying

Graph 6 shows that 18.6% of participants (n = 4,769) report having experienced⁹ bullying at work in the past year. This proportion is higher among legal professionals with disabilities (30.1%), those from the education sector (27.6%), Ontario paralegals (26.7%), non-Whites (24.8%), LGBTQ2S+ professionals (23.9%), women (22.1%), and those with 0–9 years of experience (20.7%). A detailed analysis reveals that 4.4% of participants experience bullying on a more frequent basis, i.e., on a monthly, weekly, or daily basis. This percentage is higher for the groups mentioned above. The percentages in the education sector and for legal professionals living with a disability are 10.3% and 8%, respectively.

Thus, the study highlights that some professionals have been particularly exposed to workplace violence in the past 12 months, notably legal professionals living with a disability and paralegals in

Graph 6

Proportion of legal professionals exposed to bullying a few times, monthly, weekly or daily in the past 12 months, by profile



Did you know?

Although cyberbullying is often associated with young people, adults may also be victims^A. Cyberbullying differs from face-to-face bullying because it "can reach a target anytime, anywhere. It can happen over and over again, and it can spread quickly"^B.

Sources:
A. <https://www.quebec.ca/en/family-and-support-for-individuals/violence/cyberbullying>
B. <https://www.canada.ca/en/public-safety-canada/campaigns/cyberbullying/cyberbullying-youth/what-is-cyberbullying.html>



9. The phrase *report having experienced* refers to participants who responded a few times, monthly, weekly, or daily to the question "In the past 12 months, have you been exposed to bullying?"

Ontario, whose cases particularly stand out. While the previous section showed that these professionals experience incivility more frequently, the same phenomenon occurs for violence at work. These findings are problematic. Further investigation is required to target the causes of violence towards these two categories of professionals in order to encourage better preventive measures.

The results also show that participants from specific groups (non-White ethnicities, women, professionals living with a disability, LGBTQ2S+, Indigenous professionals and those in their early careers (between zero and 9 years of experience)) are most vulnerable. Indeed, they are exposed more often than their colleagues to at least three forms of violence, namely, sexual advances, threats of violence, and bullying. We find that, generally, the groups of professionals experiencing the most incivility at work are the same as those experiencing the most violence.

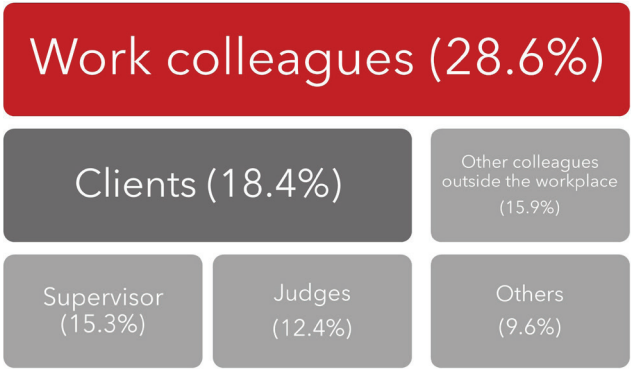
In addition to its physical consequences for the victim, workplace violence can also cause emotional and psychological damage such as fear, sadness, symptoms associated with post-traumatic stress disorder, depressive symptoms, and professional burnout (Lanctôt & Guay, 2014). It can also have an impact on the organization by driving the victim to take a leave of absence or to want to leave the organization or profession. Indeed, experiencing violence at work increases the likelihood that a professional will actually leave their profession (Lanctôt & Guay, 2014).

Sources of incivility and violence in the legal community

Different factors can be the source of uncivil or violent behaviour. This study has identified the most common ones. In 72.2% of the cases, uncivil and violent acts originate directly from the legal community, be it colleagues, superiors, or judges. As presented in Figure 1, co-workers were the people most frequently mentioned by the participants as a primary source (28.6%). This is quite concerning as they are often the people with whom a professional interacts most frequently. Clients are the second leading source (18.4%), followed by colleagues outside the workplace (15.9%). Since incivility comes mainly from members of legal community and, unfortunately, often from colleagues, some introspection is warranted. It is essential to reflect collectively on the prevailing culture and the importance of peer respect to transform current mindsets and practices for the benefit of professionals, and attract and, above all, retain the next generation.

Unfortunately, this study reveals that incivility and violence persist, even in a context where many professionals are working remotely. It is therefore crucial to take measures in workplaces to raise the legal community's awareness and reduce the adverse effects of these acts.

Figure 1
Sources of violence and incivility mentioned by the participating legal professionals



The **voice** of legal professionals



"I was in private practice in a firm in the worst situation I could imagine in a firm: gross mismanagement, bullying, no respect for my time or my humanity, having to work when sick (including with Covid [...]), criticized for everything (including being told that I needed to 'fix' my personality, whatever that means), being required to answer emails within hours of receipt (no matter the time they were sent including in the middle of the night), having to work all the time (criticized when I took an evening or weekend to myself). I was burnt out and my anxiety disorder and disordered eating [...] were triggered."

"We treat each other very poorly within our profession. This goes for how firms treat their partners or employees, how judges treat lawyers and how lawyers treat each other. It can be a bullying, highly negative occupation. In the private firm world, it is very difficult to raise your hand and say you need help: the ethos is against it."

"I recently dealt with a different judge in another settlement conference who insulted me a few times during a [x minutes] video conference. I was the only non-male in attendance. I spoke to a colleague about making a complaint. She consulted with a retired judge who is a personal friend. I was told that making a complaint would be useless and could affect my reputation with the court."

"Bullying is a huge issue in our profession and the direct cause of many lawyers leaving the profession or private practice or suffering silently. It's a fact that being a bully gets things done for your clients and leads to career and financial success in an adversarial system. It is often a successful substitute for competence. It's hard to train lawyers not to behave that way when clients expect it and firms directly or indirectly reward it. We need to focus on equipping lawyers to manage, respond to, survive, and call out bullying from other lawyers."

"I've heard endless inappropriate sexual comments in law firms ranging from describing a client as 'the fat pussy woman' to a firm in-joke that one of the female associates was interested in gangbangs (she was not happy about the comments), not to mention other comments about me."

"I am aware of a firm in my city with a reputation for using swear words regularly in front of staff and other lawyers. 'Skinny bitch,' 'F*ck,' etc. [...] One young lawyer, who quit, told me that they don't want to complain because of the fear that their reputation will be affected. Somehow, this kind of macho, bullying and disrespectful behaviour continues unabated due to lack of complaints."

"The profession of a lawyer, at least in the private sector, is probably one of the few sectors that tolerates and considers normal what elsewhere would constitute psychological harassment. I left the practice (but not the profession), and I now work in a legal job where I do not perform acts reserved for the profession within Article 128 of the Bar Act. This decision has saved my life. If I had filled out this questionnaire [x] years ago, when I was practising, all the indicators of psychological distress and psychotropic drug use would have been much higher. Thank you for surveying us on the subject, as the last law society survey was limited to sexual harassment and inappropriate sexual behaviour. While these are issues that affect many members of the profession (especially women), many more members suffer from psychological harassment and abusive behaviour that is not necessarily sexual in nature. This profession kills, and I would rather jump off a cliff than ever return to it. Law is a beautiful thing; the practice of law is not. Thank you." [Translation]

"Harassment at work, inappropriate comments, bullying, invasion of privacy—it is all very, very, very widespread, and the response of the law society is inadequate (apart from the free [name of a program] mental health program, which is great). [Legal professionals] must choose between throwing away their career by refusing to take the abuse (because lawyers all know each other) or tolerating it as long as possible while hoping to get hired somewhere less toxic. I left an office with abusive lawyers for a much more respectful one, but my direct superior calls me [inappropriate expression with amorous connotations], and I can't say anything. At least he doesn't tell me about his sex life or stalk me on the Internet... this is 'progress' based on my experience. Everyone knows this, and nothing is done because they don't want to upset long-time partners with networks and big clients. I don't want to upset them either. I'm employed and want to be able to work [in an area of practice I am passionate about] and pay my rent; I don't have the luxury of correcting a superior. Your study is well done but will not change this situation. Women lawyers are not leaving the profession because they are having children; they are leaving because the profession is dominated by lawyers who have no respect for women and make our environment toxic." [Translation]

PART III

PROLONGED ABSENCES DUE TO ILLNESS AND RETURN TO WORK

AUTHORS OF THIS PART:

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A NOTE ON THE METHODOLOGY

IMPORTANT

The reader should interpret this section by first understanding the scientific methodology that led to the findings it contains. We therefore recommend that you read section Scientific methodology before reading this section.

The results presented in this report are based on the analysis of data collected from nearly 8,000 legal professionals in Canada. These results are not intended at any time to pass judgment or express an opinion.

Data weighting	For analysis purposes, the collected data were weighted by the key demographic characteristics of the target population, including sex (proportion of males and females in each law society) and the number of members of each law society. The purpose of weighting is to reduce sampling bias while maintaining the precision of the survey estimates.	
Interpretation of results	Threshold of $p \leq .05$	Consistent with research best practices, a minimum threshold of $p \leq .05$ was used to interpret the results. That being said, when we rule on a significant difference between two groups (e.g., women vs. men, LGBTQ2S+ vs. non-LGBTQ2S+) or on a significant relationship between two variables (e.g., relationship between emotional demands and burnout), the .05 threshold means there is a possibility of error only 1 in 20 times.
	Cross-sectional design	The results are derived from data collected at a single point in time (cross-sectional design). Since causes (e.g., high psychological demands, billable hours) and effects (e.g., psychological distress, depressive symptoms) were measured at the same time, it is impossible to establish causality between the variables under study. Where directionality is sometimes assumed, findings are derived from the results, combined with the state of current knowledge.
	Sample size	As a function of the analysis conducted and the weighted approach, there may be variation in the sample size (represented by the symbol " n "). The size will be larger or smaller depending on the number of participants who responded to all the variables included in each analysis topic.
Lexical precisions	Gender	Due to data weighting, individuals identifying as non-binary and those who preferred not to specify their gender were excluded from several analysis topics where the research team did not have data on the distribution of these professionals and on their respective representation in each law society. However, because we asked participants to identify their gender (not their sex), the term <i>gender</i> is preferred throughout the report, even though non-binary people were not always included in the comparative analysis. Conversely, where the analysis did not include gender, and in section 2.4.1.5 on the LGBTQ2S+ community, professionals identifying as non-binary were included.
	Telework	The term <i>telework</i> is used throughout the report. This term is synonymous with <i>working remotely</i> , <i>work from home</i> , or <i>telecommuting</i> and has been preferred because it is the term used in the scientific literature.
	Score	The term <i>score</i> refers to the sum of a participant's responses to questions associated with a measurement scale.

Work Disability: refers to the impossibility of exercising a professional activity. Work disability is not directly and solely a function of the nature or severity of the diagnosis, or even of the treatment of the disorder. It is a complex and multifactorial problem: several stakeholders and determinants play a part (IRSST, 2022a).

Prolonged disability (or prolonged absence): occurs when a worker is forced to take time off work due to illness for more than the length of time generally required for recovery from the health condition being experienced. This section will use the terms prolonged disability and prolonged absence interchangeably. Thus, when the author refers to a prolonged disability or absence, it systematically refers to a medical leave exceeding three months (IRSST, 2022a).

Return to work: refers to the time when a sick or injured worker resumes their professional activities (IRSST, 2022a).

Intuitively, we all have the impression that the COVID-19 pandemic has significantly increased absenteeism. However, this increase actually appears to have been quite limited according to Statistics Canada's active worker population survey (2022), which does not distinguish between short-term and long-term absences.

Accordingly, Table 1 reveals that among legal professionals, the average annual workdays lost in 2020 and 2021 due to illness or disability increased by less than half a day compared to 2019 (pre-pandemic) levels. Let us note in passing that if personal and family obligations are included with illness or disability absences, then approximately two "workdays lost" are added to the annual average (minimum = 10.9 in 2017 and maximum = 13.3 in 2020).

Table 1

Average number of days lost annually¹ to illness or disability for full-time legal professionals by year and compared to the average for the general Canadian population

Days of work lost annually / Years		2016	2017	2018	2019	2020	2021
Among legal professionals²		NA	9	9.7	10.7	11.1	10.9
Overall average by region ³	Canada	7.8	8	8.1	8.5	9.5	NA
	Atlantic Canada	8.6	8.8	9	10	10.2	NA
	Quebec	10.4	10.2	10.2	10.5	12	NA
	Ontario	6.8	6.9	7.2	7.4	7.9	NA
	Manitoba	8.2	8.3	8.8	8.8	8.8	NA
	Saskatchewan	8.4	8.4	8.1	8.3	10.3	NA
	Alberta	5.8	6.1	6.7	6.7	9.3	NA
	British Columbia	7.8	8.4	8.3	8.9	9.7	NA

Note. NA means the data is not available.

1. Corresponds in the survey to "days lost per worker," calculated by multiplying the inactivity rate by the estimated number of working days in the year (n = 250).

2. The professional category also includes those in education and social, community, and government services.

3. Unfortunately, data for other Canadian regions/territories are not available.

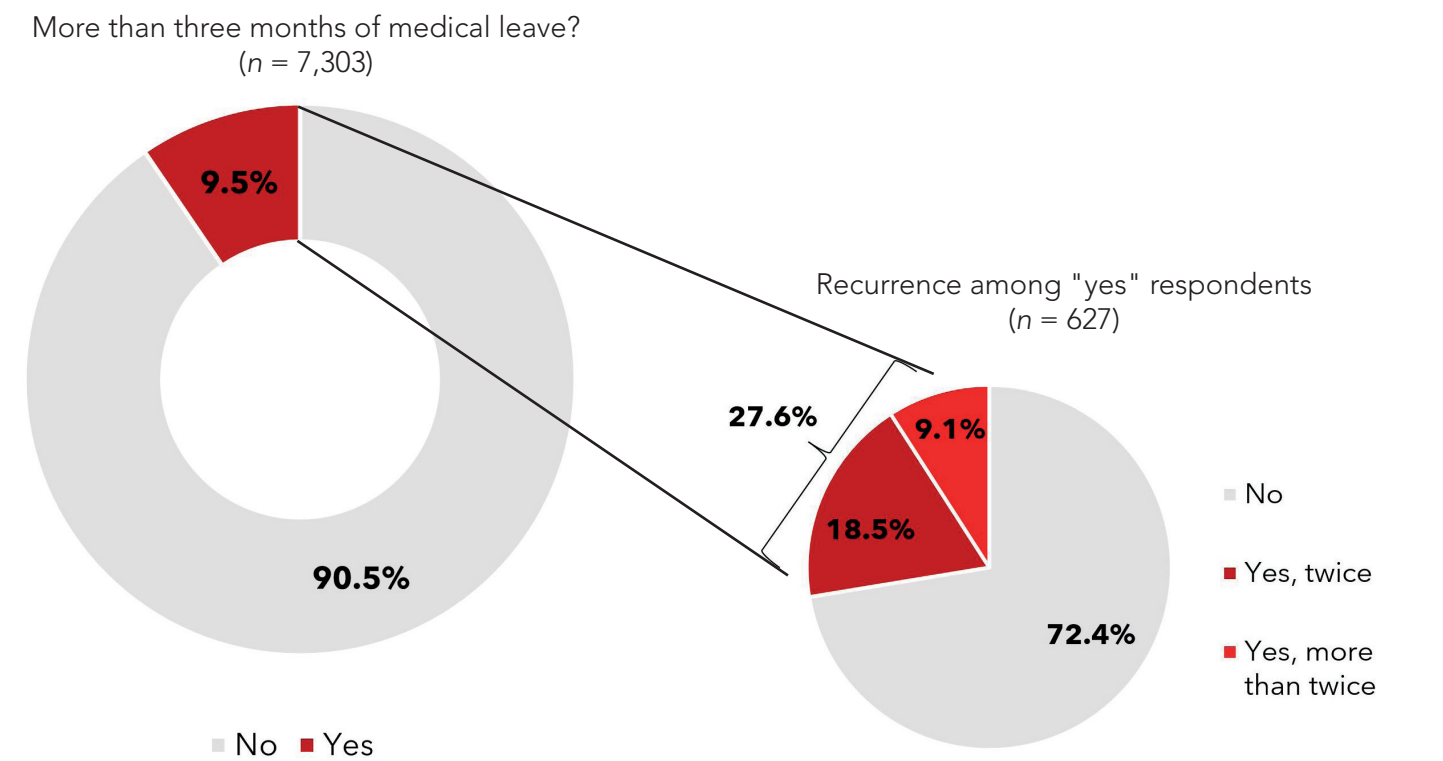
Table 1 also presents the number of days lost by legal professionals compared to the average of workdays lost by all Canadian workers based on region (Statistics Canada, 2021). The average number of days lost due to illness or disability for legal professionals is somewhat higher than the Canadian average (by one to two days). Similarly, some differences can be found between Canadian provinces, and these may also be reflected among legal professionals. Thus, the largest difference between 2019 (pre-pandemic) and 2020 was found in Alberta (with a variation of 2.6 days).

Shedding light on these counter-intuitive observations

Although they may seem surprising, these results are attributable to what could be called an elephant-and-mouse effect: the vast majority (approximately 90%) of absences due to illness or disability to work are of short duration among Canadians, and this pattern is similar throughout the industrialized world. Figure 1 shows that this situation is also documented among legal professionals: it is a minority of people (9.5%) that have been forced to be absent from work on a recurring or prolonged basis (i.e., more than three months) in the past five years due to a work disability situation. In this regard, for 27.6% of respondents, the first absence of more than three months was followed by at least one subsequent absence.

Figure 1

Proportion of professionals who have taken more than three months of medical leave in the last five years and, if applicable, the number of recurrences



Note. It was impossible to weight the data in this section. Since the phenomenon only concerns 9.5% of the sample (refer to the "elephant-mouse" effect mentioned above), such weighting would inevitably have resulted in the loss of respondents affected by work disability. This lack of weighting means that respondents from certain provinces or territories may be under- or over-represented in the results of this section.



Work disability, a complex and multifactorial phenomenon, has been known and documented since the early 1990s. To date, we know that prolonged absences can have substantial consequences. These consequences significantly impact the individuals affected (e.g., suffering, isolation, stigmatization) and their organizations (e.g., the costs and complexity of managing absences). For a detailed overview of these consequences, the reader may refer to a new site on the subject published online by the IRSST (2022c; available only in French).

Therefore, this section focuses on absences exceeding three months and on the subsequent return to work that can occur once the individual is ready to return to work. As an aid to understanding the survey results, the following subsection briefly introduces the frame of reference for understanding disability and return to work. Next, the experience of legal professionals with at least one absence of three months or more in the last five years is described and analyzed. An in-depth analysis, based on a small sample of professionals ($n = 85$) who were absent from work at the time of the survey, is then used to present the main findings and related courses of action. Despite the small sample, the findings are highly instructive.

Work disability and return to work: A framework

Multiple factors influence work disability (IRSST, 2022d) and these factors are referred to as the "determinants of disability". The determinants documented in this study are presented in Table 2.

Table 2

Overview of the determinants of work disability documented in this study, according to the stakeholder or environment involved

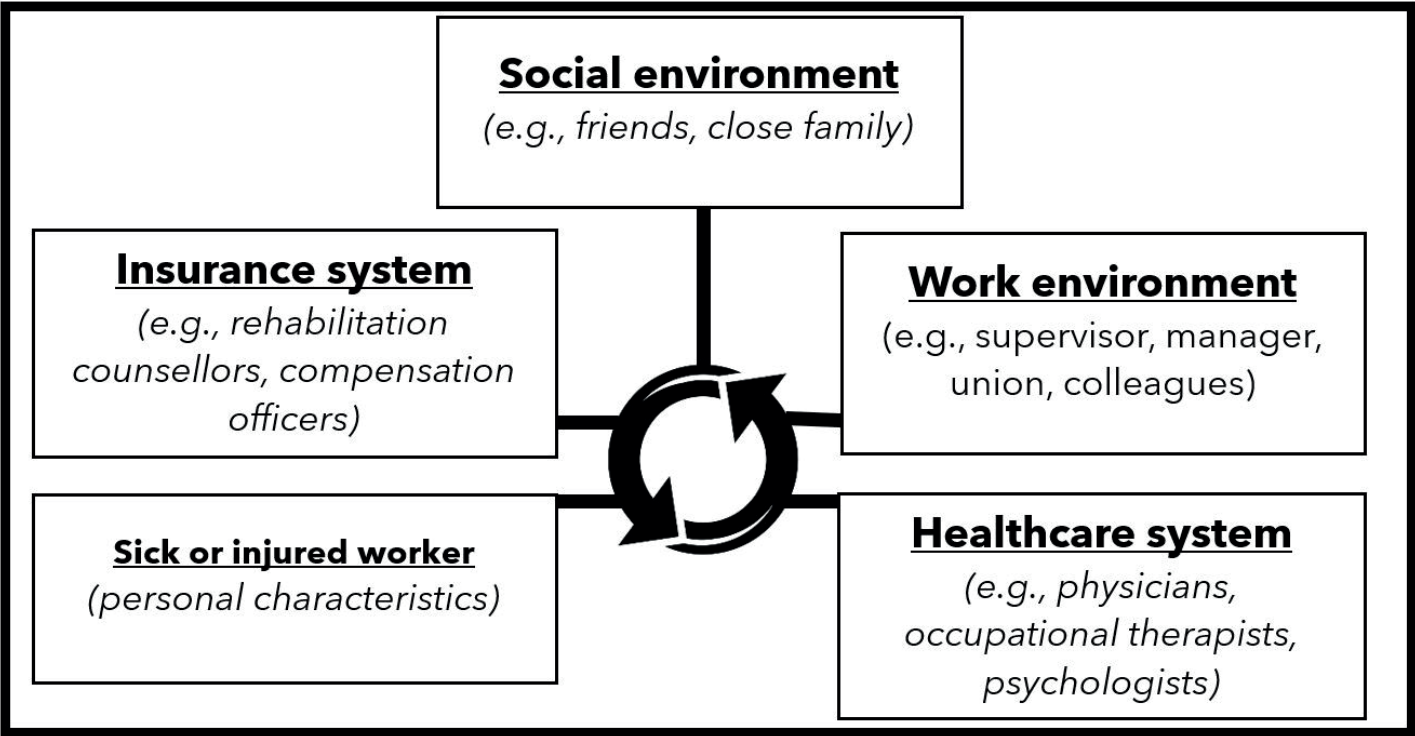
Source	Dimension	Documented variables in the study
Sick or injured worker	Behavioural and emotional	1. Resilience 2. Perceived stress
	Demographic	3. Age 4. Sex
	Educational and professional	5. Skill utilization
	Cultural/symbolic	6. Emotional commitment to the profession 7. Consistency of values
Work environment	Behavioural and emotional	8. Emotional demands 9. Qualitative overload 10. Quantitative overload
	Social	11. Support from colleagues 12. Support from supervisor 13. Recognition 14. Perceived stigma
	Economic	15. Job insecurity 16. Career opportunities
	<i>Others*</i>	17. Lack of resources 18. Technostress
Social environment	Support	19. Support outside of work 20. Perceived stigma
Health care system	Help and services, medical evaluations	21. Use of an employee assistance program (EAP)
Insurance system	Help and services	Not documented
Society and systems	Political-legal, socio-demographic, macroeconomic and cultural	Not documented

*Note. Refers to factors not included per se by the IRSST (2022b) but included on an exploratory basis in this study.

These determinants come from different sources and environments—including the work environment—where multiple factors are in play. Figure 2 illustrates these interactions and the different environments from which work disability determinants arise.

When the time is right, the sick or injured person can return to work. The work environment to which they return is a key element that will influence the progress of their return and, ultimately, its success through the practices that have been put in place. Looking more closely, we can also see that it is the organizational culture, policies and procedures that will ultimately influence the work accommodations established for the person's return to work (IRSST, 2022d).

Figure 2
Reference framework: Representation of interactions between stakeholders in different environments
Society and systems



Note. Adapted from Loisel et al. (2001) and IRSST (2022b).

Prolonged disability among Canadian legal professionals

As illustrated earlier in Figure 1, 9.5% of participants had taken more than three months of medical leave in the past five years, and 27.6% had taken medical leave of three months or "more at least twice. The documented recurrence is certainly related to the fact that the diagnosis that led to the leave was a mental health issue for 66.7% of respondents who had taken more than three months of medical leave in the past five years. Individuals with "transient" or "common" mental health conditions, such as depression or anxiety, generally have absences that are more recurrent and twice as long, compared to people suffering from a musculoskeletal disorder (MSD) (Dewa, 2014). This is a concerning finding, but we should recall that work disability and return to work are not directly and solely a function of diagnosis. There are supports available, particularly in the work environment.

Musculoskeletal disorders (MSD): refers to a "group of inflammatory or degenerative disorders and symptoms affecting parts of the musculoskeletal system (e.g., tendons, muscles, nerves, ligaments, and joints)" such as lumbago or tendinitis [Free translation] (IRSST, 2022a).



With this in mind, we can consider the other diagnoses causing prolonged absences among participating professionals: MSDs (11.2%), cancer (7.9%) and miscellaneous other chronic diseases (14.2%). This pattern is consistent with the leading causes of disability documented in the general Canadian population, with the exception of a lower prevalence of MSDs among the surveyed legal professionals (11.2%) compared to that observed in the Canadian population (over 30%).

Factors that hinder the return to work for legal professionals in Canada

This subsection discusses our main observations regarding three key factors that may hinder the return to work for professionals experiencing health problems. These factors are: 1) strongly perceived stigma; 2) limited use of the EAP; and 3) the paradoxical relationship between support from colleagues and stigma.

1. Strongly perceived stigma

The data analysis shows that participants who have experienced a prolonged absence are more likely to perceive stigma within the legal community than those who have not been on prolonged disability. This increased perception of stigma seems logical: when they return from a prolonged absence due to a health issue (most often, in the context of this study, a mental health issue), these professionals must face their colleagues upon their return. However, the latter may observe or be aware of issues relating to the health problem experienced (such as fatigue or difficulty concentrating), and this may influence the perception of stigma. In addition, beyond the perception issues, it is possible that the experience of returning to work may have increased their perception of stigmatization, especially if the return to work was difficult.

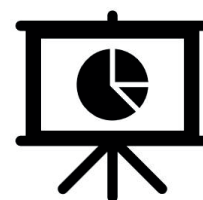
Let us recall that stigmatization is a well-documented personal consequence of prolonged disability, and one of the key factors in the work environment associated with disability (IRSST, 2022b).

2. Limited use of the EAP

The data show that professionals who were absent for more than three months made significantly more use of an EAP to deal with stress or wellness issues in their practice than professionals who had not experienced such an absence. This finding seems logical since the EAP is intended to help professionals who need it, and absence due to illness connotes such a need.

However, a more detailed analysis reveals that only 49.1% of professionals who experienced a prolonged absence used an EAP (whether an organizational EAP or one offered by the law society). Respectively 44.4% and 39.4% of respondents who were absent for more than three months indicated that even if they needed it, they would not be confident using an organizational EAP and the law society's lawyer/member assistance program. In particular, the lack of confidence in the EAP associated with the law society was primarily due to the fear that the information shared would be passed on to the law society or another regulatory body (25.3%). The two other top reasons reported by participants were that they did not believe the EAP could help them (22.7%), or that they do not know enough about it (12.3%). Thus, although our analysis shows that people with prolonged absences made greater use of the various EAPs, confidence in these programs remains limited. Section 1.4 of this report addresses this issue in greater depth.

49.1%



of professionals who experienced a prolonged absence used an EAP

3. The paradoxical relationship between support from colleagues and stigma: when professional culture gets the upper hand

Our results indicate that when stigma is perceived to be high, support from colleagues is perceived to be significantly higher. In other words, as professionals perceive that they are receiving greater support from their colleagues, their perception of stigma also increases. The increased perception of support seems logical here since, before and after a period of work disability, professionals certainly had to seek help from their colleagues. But how could receiving support from colleagues be related to greater perceived stigma? These results are surprising; logically, we would expect the perception of strong support to contribute to a decrease in the perception of stigma.

This is where professional culture plays an important role. It seems that legal practitioners may seek and receive help, attention, and support from colleagues, yet still feel that they are discredited or judged negatively more generally by other people in the profession. Asking for help also means shedding the superhero or invincibility persona that currently fuels the professional culture. Despite the support legal professionals receive from their colleagues, the professional culture itself may make the people

returning to work feel stigmatized in their professional environment, even though the stigmatization may not necessarily be happening. Immediate colleagues are not the only ones who influence the perception of stigmatization: the problem may also be at other levels—for example, in the attitude of immediate supervisors or managers towards legal professionals who are absent because of a health issue. It is also possible to question whether current practices and policies are really designed to accommodate the health needs of legal professionals when they arise. The following comments from professionals highlight some of the issues associated with returning to work:

"There is a toxic culture in many firms. I took a medical leave for depression/suicidal thoughts. The day after I returned from leave, the managing partner yelled at me for having to cover my work while I was gone. I was not paid while I was off. Before I had a chance to recover, I was told I wasn't building my practice enough, so I needed to leave the partnership. I eventually started working on my own, and now with a law partner. I can control my work, my clients, and my hours. I can act [consistently] with my values. I continue to see my former firm churn through associates."

(Professional 1)

"Si je souffre d'épuisement en raison d'un manque de personnel et d'une augmentation de la charge de travail, me demander de trouver un meilleur équilibre entre vie professionnelle et vie personnelle ou de "prendre soin de moi" n'est pas sincère si la charge de travail n'est en rien améliorée. Tous les massages du monde ne changeront rien au fait que la charge de travail dépasse ce qui est raisonnable. J'ai beaucoup aimé mon travail, mais je crains maintenant de ne pouvoir retourner au travail si les changements nécessaires ne sont pas apportés aux niveaux du recrutement. Je crains également que si l'un de mes aménagements consiste en un allègement de la charge de travail, il y aura un ressentiment compréhensible de la part de ceux qui doivent prendre le relais..."

(Professional 2)

These testimonies underline the importance of thinking collectively about best practices for promoting a healthy and sustainable return to work—one that is supported by every stakeholder of an organization, and, more generally, by the legal profession's institutions.

At both the supervisory level and in terms of organizational practices and policies, there are resources that can help employees return to work after a period of disability (Nielsen et al., 2018). Implementing them will help make the return to work sustainable, break down its barriers, and destigmatize professionals affected by a work disability.

Box 1 enables us to determine that the levers to implement must be included in the scope of an integrated prevention approach such as the one at the core of this report.

Box 1

Prevention at the source: a doubly beneficial option!

From a practical point of view, measures to prevent prolonged disability should be seen as a logical extension of efforts to prevent disorders directly, that is, to prevent them at the source.

Anxiety and depression, as well as musculoskeletal disorders (MSDs), are likely to be associated with work (IRSST, 2022d).



- Levers to help limit them are therefore available in workplaces, even before the person is obligated to be absent.

Acting on these levers would first address the onset of these disorders and then, in turn, the problem of prolonged absenteeism. Thus, there is a "two-for-one" benefit obtained by limiting the risk factors while also maximizing the protective factors!

Main perceived barriers to a return to work

This subsection addresses perceived barriers to returning to work. Similarly, it looks at the factors that are perceived as contributing to prolonged absences. The topic of this subsection is complementary to the previous subsection. Perceived barriers are related to certain determinants of work disability. They also help to document certain practices known to facilitate returning to work after a work disability (Corbière et al., 2017). In other words, several of these barriers can help identify certain levers for facilitating a return to work after a work disability.

At the outset, let us note that the sample for this subsection is different: it comprises respondents who reported being absent due to illness at the time of the survey ($n = 85$). This choice was made in an effort to eliminate recall bias. This type of bias creates discrepancies between the recalled memory (in this case, the recalled perception of barriers to returning to work) of a participant who has experienced a past event versus what they actually perceived at that time.

In this subsection, an overview of the sample will first be provided. The main perceived barriers will be presented afterwards. Keep in mind that since the sample size is small, the data have not been weighted—this would have resulted in the exclusion of some cases in different provinces and territories.



Overview of professionals on prolonged disability

As in the previous subsection, the most prevalent cause reported by respondents for their work disability is mental health (65.9%), while the least prevalent is musculoskeletal disorders (3.5%). The proportion of respondents with cancer (14.1%) or other chronic diseases (16.5%) is roughly similar. Certainly, some of the specific elements of this diagnosis (i.e., the initial cause of the disability) will affect the return to work: for example, the recovery time generally required (e.g., twice as long for a mental health issue, such as anxiety or depression, as for an MSD), or the specific symptoms (e.g., physical limitations due to an MSD or surgery after cancer versus significant fatigue due to a diagnosis of depression or due to cancer treatment).

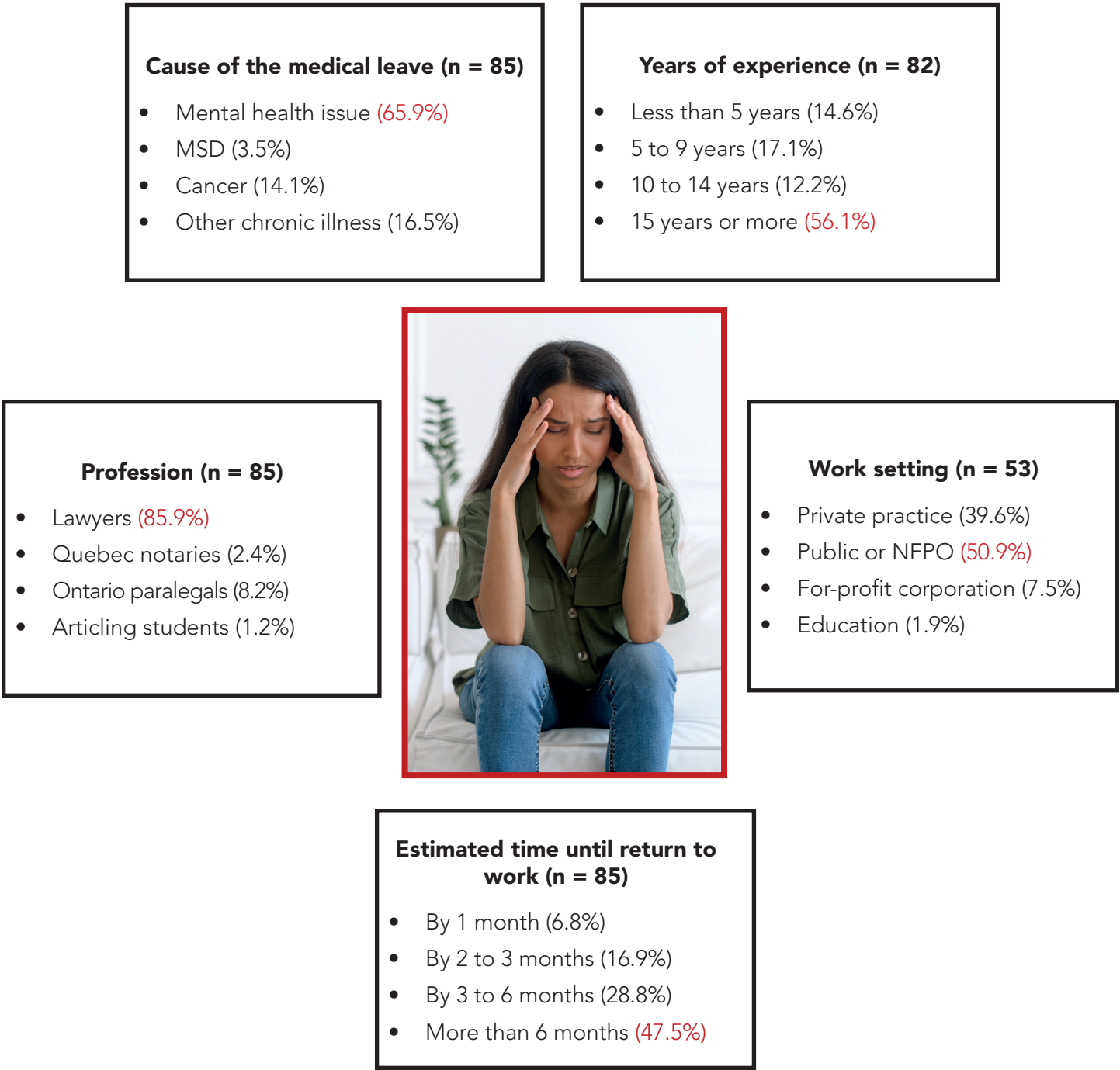
Regardless of the cause (Cancellière et al., 2016; Cullen et al., 2018; White et al., 2013), the perceived barriers to returning to work after a prolonged disability tend to be the same, whether the individual has a mental health problem, an MSD, or even cancer. In fact, several research studies support a transdiagnostic approach to returning to work after a disability (Cancellière et al., 2016; Cullen et al., 2018; White et al., 2013). For this reason, the data will be reported below in aggregate, without specifying diagnosis.

The sample is described in detail in Figure 3. In summary, the typical respondent is a woman (74.1%), a lawyer (85.9%), working in the public sector or NFPO (50.9%), with more than 15 years of experience (56.1%), and between 50 and 59 years of age (35.0%). In addition, the majority of respondents (50.1%) believe it will take more than six months before they are able to return to work.

Numerous barriers may prolong their work disability. Among the barriers identified are the expectations which represent a strong predictive factor for prolonged work disability (Gragnano et al., 2021; Sullivan et al., 2022).

Figure 3

Descriptive profile of participants on medical leave at the time of the survey



What are the barriers?

The perceived barriers to returning to work are taken from a validated questionnaire that groups them into ten (10) major categories (Corbière et al., 2016). However, given the nature of our study, one category of was not included in our questionnaire: difficult relations with the insurance company. Of the remaining nine (9) categories of impediments, eight (8) emerged as affecting most respondents. The other category relates to difficulties with medication. It was not included in the analysis because it did not affect many respondents. More specifically, the eight categories selected are those for which a minimum of 50% of respondents agreed with at least one of the statements (from "somewhat agree" to "strongly agree"). From the statements in these eight categories, two major overarching themes can be identified: professional responsibilities, and stigma/discrimination. Tables 3 and 4 combine the eight categories and their statements according to these two themes.

Theme 1: Professional responsibilities

Table 3 shows that when it comes to the theme of professional responsibilities, respondents perceive the most barriers to returning to work in four main categories: cognitive difficulties, work–life balance, fear of relapse, and job demands. A fifth category, loss of motivation to return to work, is also included in this theme. These barriers sometimes affect the individual, the work environment, or the interaction between the two, and they can be associated with some of the regular professional responsibilities of legal professionals.

Cognitive difficulties were the most prevalent barrier to returning to work among respondents (i.e., between 77.6% and 94.1%). They were perceived as significant, with most respondents (between 64.7% and 76.5%, depending on the statement) "agreeing" or "strongly agreeing". These findings are of concern since, combined with the sense of self-efficacy (i.e., the perception of the person with a work disability that they can or cannot overcome the barrier in question), cognitive difficulties predict return to work (Corbière et al., 2016). Of course, this variable depends on the person, hence the importance of ensuring that those affected by symptoms—whether problems paying attention or concentrating (94.1%), difficulty thinking and making decisions (77.6%) or memory problems (78.8%)—receive the help they need to improve their situation. It should be noted that beyond using EAP, when the person is in a prolonged disability situation, access to a specialized rehabilitation program is recognized as a means of facilitating the return to work (Cullen et al., 2018; Durand & Richard, 2018).

However, it must be emphasized that the presence of cognitive difficulties becomes a barrier, particularly when it comes time to return to work. To understand the implications of this barrier, we must keep in mind the specific nature of a legal professional's work—hence the link with the "professional responsibilities" theme. A high cognitive load (e.g., the number of files, the urgency of requests, the constant need for "updates") appears to be intrinsic to the work of legal professionals.

Therefore, one can understand how cognitive difficulties present a significant barrier to returning to work, and to remaining at work, before and after a prolonged absence. The question then arises: is a return to work possible when facing such difficulties? In this regard, the literature is clear: a prolonged absence will have several consequences for the individual and make the return to work more complex

Table 3

Proportion of responses from legal professionals on medical leave at the time of survey completion regarding perceived barriers to returning to work that may be related to professional responsibilities ($n = 83$)

		Participant responses	
Barrier category	Perceived barrier to returning to work	Somewhat to strongly agree	Agree to strongly agree
Cognitive difficulties	Problems paying attention or concentrating	94.1%	76.5%
	Difficulty thinking and making decisions	77.6%	70.6%
	Memory problems	78.8%	64.7%
Work-life balance	Energy drained by work, affecting private life	84.3%	73.5%
	Difficulty managing the demands of work and family	67.5%	48.2%
Fear of relapse	Inability to fulfill regular work responsibilities due to current health problem	83.5%	67.1%
	Risk of aggravating the health problem due to work responsibilities	80.0%	67.1%
	Fear of relapse due to work responsibilities	80.0%	62.4%
	Fear of further health issues as a result of job responsibilities	80.0%	57.6%
	Difficulty recovering after a day of work	71.8%	51.8%
Job demands	Overload in the first days	77.4%	57.1%
	Difficulty meeting work objectives within established timeframes	59.5%	41.7%
Loss of motivation to return to work	Unsure of wanting to return to work	60.2%	45.8%

(IRSST, 2022d). For this reason, as long as the environment does not represent a risk for the worker, organizations would benefit from promoting a "therapeutic" return to work (in particular, one that is gradual and serves to improve the worker's abilities) (IRSST, 2022d).

At this point, it is important to understand that for a return to work to be possible, it is essential to create a "cushion" or "leeway" between the person's abilities (taking their cognitive difficulties into account) and the demands of their work (which impose a significant cognitive load) (Durand et al., 2008). However, assessing a cognitive load is more complex than for a physical load; the situation will involve unique challenges in planning work accommodation measures. And even if tools exist for identifying such accommodations (Bouffard et al., 2018), implementing them requires creativity, and may create new challenges, especially in offices that are understaffed or pressured by urgent requirements.

The next most significant category of barriers is **work-life balance**. While this concept involves two spheres of life, the first statement in Table 3 indicates that a large part of the difficulty may be associated with regular work responsibilities. Many respondents perceived that returning to work would "drain" their energy and thus affect their personal lives (84.3%). This is consistent with the discussion above regarding cognitive difficulties, and, again, this barrier appears to be significant, since most respondents (73.5%) agreed or strongly agreed that this was a barrier for them.

In addition, for 67.5% of the respondents, difficulty managing both work demands and family demands is an issue. Thus, depending on the family situation (e.g., dependent parents or children), returning to work may be seen as more complex. Regardless, because work–life balance is key to supporting a sustainable return and, conversely, difficulties in achieving that balance are linked to higher levels of absenteeism (Nielsen et al., 2018), measures could be aimed at facilitating the balance between these two spheres of life.

Fear of relapse varies significantly from one individual to another, and is directly associated with regular professional responsibilities. Thus, a vast majority of respondents reported that their current health issue has prevented them from assuming their regular work responsibilities (83.5%), that these same responsibilities could aggravate their health problem (80.0%), could cause a relapse (80.0%) or cause further health issues (80.0%). Difficulty recovering from a day of work (71.8%) was also cited as a barrier to returning to work. This last statement is consistent with the work–life balance finding above that returning to work would "drain" respondents' energy. Yet, as with cognitive difficulties, the fear of relapse is a predictor for a return to work when it is combined with the person's sense of self-efficacy (Corbière et al., 2016). Once again, alleviating the cognitive load when an employee returns to work could contribute to reducing the extent of their perceived obstacles and improving the feeling of self-efficacy, thereby leading to a successful return to work.



The predominant statements in the **job demands** category support using such strategies. A strong majority of respondents perceive that they would experience overload in the first days of their return to work, in such a way as to hinder their reintegration (77.4%). Consequently, accommodations for reducing the cognitive load should specifically target the early phase of the return to work. Implementing measures that help professionals update their knowledge is essential, since legal practitioners must continually develop and update their knowledge and skills. Such measures could also help reduce the perception of difficulty in achieving objectives within the established timeframe (59.5%), which was also mentioned as a barrier.

Lastly, it is natural that practitioners' concerns about these barriers may lead to uncertainty about whether they even want to return to work (60.2%). Accordingly, the **loss of motivation to return to work** could be alleviated by implementing measures that address the other barriers mentioned above. In other words, it is a symptom, not a cause related to the difficulties in returning to work.

Theme 2: Stigma and discrimination

Unlike some of the above categories of barriers that relate to the individual, **difficult relations with colleagues or employers** and a **feeling of organizational injustice** are more objective variables that relate to the work environment. With these variables, there is no longer a need to account for the individual's sense of self-efficacy in predicting a return to work; difficult relations with the employer and a feeling of organizational injustice are, in themselves, predictors for a return to work (Corbière et al., 2016).

Table 4

Proportion of responses from legal professionals on medical leave at the time of survey completion regarding perceived barriers to returning to work that may be related to stigma (n = 83)

		Participant responses	
Barrier category	Perceived barrier to returning to work	Somewhat to strongly agree	Agree to strongly agree
Difficult relations with colleagues	Fear of a change in colleagues' attitudes towards me (e.g., hypocrisy or lack of authenticity)	65.1%	48.2%
	Fear of colleagues' reactions	65.1%	45.8%
	Fear of contact with colleagues	63.9%	47.0%
Feeling of organizational injustice	Limited career opportunities (discrimination)	60.2%	47.0%
Difficult relations with the employer	Employer contact since absence (offering assistance/consideration) (Reversed)	51.8%	45.9%

The first important finding that emerges is that difficult relations with colleagues, rather than with employers, are more prevalent. Specifically, respondents fear a change in their colleague's attitude towards them (65.1%), the reaction of their colleagues (65.1%) or even contact with them (63.9%). These barriers are significant for about one in two legal professionals. More importantly, stigma can also lead to discrimination. This echoes the predominant statement about organizational injustice; most respondents (60.2%) perceive that their career opportunities will be limited. Since discrimination is more broadly related to organizational culture and work climate, addressing it will require targeted measures and, most certainly, time. Measures that can be put in place quickly are outlined in Table 5.

Lastly, in terms of difficult relations with the employer, the barrier that emerged as most significant was the lack of contact since the absence from work began (51.8%). Here, we must emphasize that the best action that is known to ease a worker's return from disability leave is to maintain contact and offer kind support and reassurance. This is a simple action that a member of the human resources team can easily take.

1. Discrimination refers to the distinction, exclusion or preference towards an individual or a group of individuals because of certain characteristics listed in the charters of rights and freedoms, including disability, ethnic origin, gender and age (Coutu et al., 2017).

Summary of the main findings and solutions

Several important observations have emerged from our analysis of professionals who have ever been on medical leave or are currently on medical leave. Here are the main ones:

- Most legal professionals who have experienced issues leading to a prolonged absence from work perceive greater stigma. This stigma is a significant barrier to their return to work.
- Experiencing cognitive difficulties is another major barrier to returning to work. This is logical, given the high cognitive load inherent in the profession.

Table 5 on the next page summarizes the risk and protective factors identified in the previous sections and presents possible solutions.

The following possible solutions should be prioritized in light of the risk factors for work disability identified thus far:

- Raising awareness and providing education for legal professionals to normalize the difficulties which they and their colleagues may experience, and to encourage them to seek help as needed.
- Providing support and guidance to professionals who are struggling, and maintaining contact with them.
- Implementing creative accommodations that reduce the cognitive load for professionals who are returning to work.

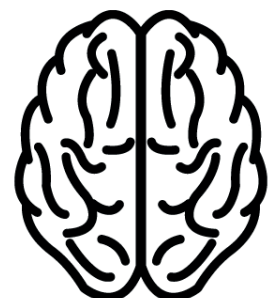
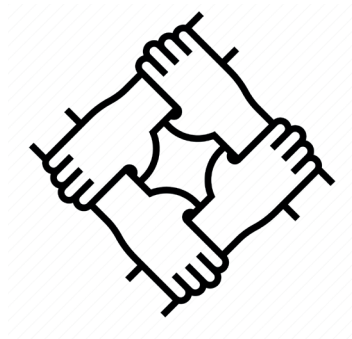
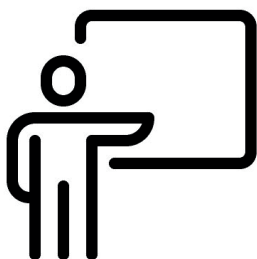


Table 5

Risk and protective factors experienced by legal professionals on medical leave at the time of the survey or who have been on medical leave in the past and possible solutions

	FACTORS	POSSIBLE SOLUTIONS
Risk factors	Stigma	- Implement educational measures to raise awareness: - o Normalize the difficulties experienced and define the image of the "good" professional who is strong, fair, and upstanding (i.e., who always excels) - o Encourage peer support and counter the isolation of professionals experiencing difficulties - o Encourage professionals experiencing difficulties to seek help - Implement organizational measures to combat discrimination: - o Institute a discrimination prevention policy - o Train managers on this topic - o Develop a more inclusive organizational culture
	Cognitive difficulties	- Review and promote available resources or support programs for professionals experiencing difficulties, including EAP - When a person is on prolonged disability, encourage them to find a specialized rehabilitation program - Encourage a return to work where there is a gradual and therapeutic increase in cognitive load
	Regular responsibilities inherent to the profession (high cognitive demand)	- Use available tools and guides to implement creative accommodations that ease cognitive load upon the return to work: - o Example: Bouffard et al. (2018); WSCC (2021) - o Create a directory of accommodation examples adapted to the different characteristics of the profession (e.g., high emotional load) - o Consider the fact that the professional must update their knowledge, in addition to performing the tasks assigned to them
	Work-life balance	- Allow for flexibility in scheduling upon return to work - See also the possible solutions for regular responsibilities (above)
	Apprehension / lack of motivation to return to work	- Do not delay in contacting the absent worker to (1) reassure them (do not leave them in limbo, answer their questions about next steps) and (2) offer caring support (NOT assess whether they can return to work (see IRSST, 2022d)
Protective factors	Support from colleagues	- Encourage caring support - o For example, placing the returning professional in supernumerary status and pairing them with a caring colleague would (1) reassure the returning professional during their first few weeks on the job (2) keep the workload manageable and (3) allow for mutual support, e.g., by facilitating updates after the return to work
	Use of EAP	- Improve the use of the EAP: Inform people about the services offered and ensure confidentiality - Review the guidelines for ethical whistleblowing for professionals experiencing difficulties
	Ability to bounce back	- Normalize difficulties and encourage the use of available resources as needed.
	Low emotional demands (women) / Low technostress (men)	

TARGETED RECOMMENDATIONS: TOWARDS A HEALTHY AND SUSTAINABLE PRACTICE OF LAW

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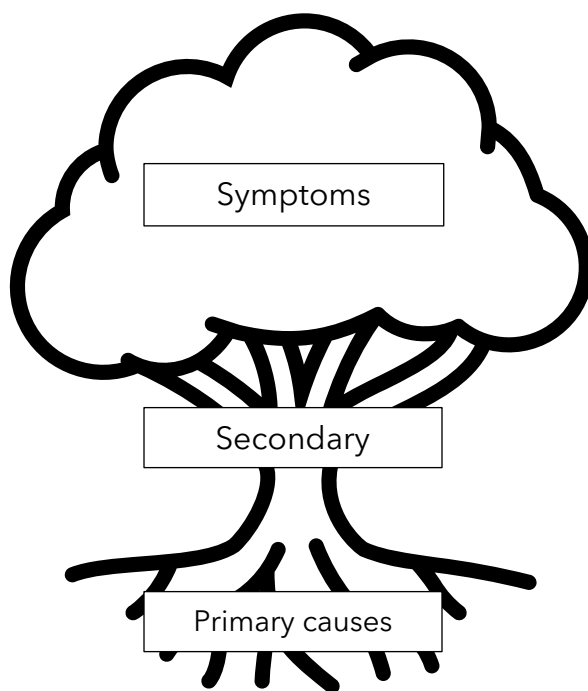
Summary of the main findings

The research team used the Current Reality Tree approach to formulate targeted recommendations on the basis of this study's findings. Derived from Goldratt's Theory of Constraints (1990), the Current Reality Tree is used in change management to establish an inventory of problems that can then be analyzed and linked. The objective is to provide a better understanding of a problem's underlying or primary causes. The tree, as illustrated in Figure 1, presents the following elements:

1. Primary causes: Illustrated by the roots, they represent the elements of the professional context that are at the root of all the problems.
2. Secondary causes: Illustrated by the trunk, they stem from the primary causes (e.g., work–life conflict or violence and incivility).
3. Symptoms: Illustrated by the foliage, they represent the consequences that arise from the primary and secondary causes (e.g., stress, psychological distress, excessive alcohol consumption).

Figure 1

Illustration of the theoretical framework for the Current Reality Tree



The results reveal that most of the issues (secondary causes) experienced by legal professionals, and the symptoms of these problems, stem from three main primary causes. These primary causes are exacerbated by the professional performance culture that is so common in Canadian legal work environments. Based on the results of the study, as illustrated by the current reality tree, three main categories of primary causes were identified: social contexts, practice contexts and individual contexts.

PRIMARY CAUSE 1: SOCIAL CONTEXTS | SUMMARY OF THE MAIN FINDINGS

Social contexts play a role regardless of a professional’s work setting or areas of practice may be. In this study, social contexts (primary cause) lead to the following secondary causes:

- Violence and incivility in professional practice;
- Levels of commitment to the profession and intention to leave the profession;
- Stigma associated with mental health issues;
- Barriers to seek help from assistance programs (including employee assistance programs), particularly those of the law societies; and
- Regulatory frameworks in the practice of law.

Table 1 presents a summary of the main findings for each secondary cause that stem from social contexts.

Table 1
Summary of the main findings for each secondary cause stemming from social contexts

SECONDARY CAUSE	SUMMARY OF THE MAIN FINDINGS
Violence and incivility	• 58.7% of participants reported having been exposed to incivility sometimes, often, or very often in the past five years. • 30.1% of legal professionals living with a disability reported experiencing workplace bullying in the 12 months prior to the date they completed the survey. • 9.8% of Ontario paralegals reported having experienced threats of violence, ranging from a few times to every day in the 12 months prior to the date they completed the survey. • In 72.2% of the cases, the uncivil and violent acts came directly from the legal community, whether from colleagues, supervisors, or judges. • Experiencing incivility was significantly associated with increased psychological distress, depressive symptoms, anxiety, and perceived stress.
Levels of commitment and intention to leave the profession	• 54.2% of respondents reported having considered leaving the practice of law and taking another job at the same pay level. • Only 42.4% of the participants said they looked forward to starting a day's work. • 28.6% of legal professionals reported frequently dreaming of working in another profession. • 29.9% of legal professionals with less than 10 years of experience reported regretting to have choose their profession. • 27.0% of legal professionals with less than 10 years of experience reported that they did not enjoy being a notary, lawyer or paralegal.

Table 1 (continued)

Summary of the main findings for each secondary cause stemming from social contexts

SECONDARY CAUSE	SUMMARY OF THE MAIN FINDINGS
Stigma associated with mental health issues	• 19.0% of respondents somewhat to strongly agreed that people with mental health issues are not as capable of working in the legal profession as those without such issues. • 43.3% of legal professionals with mental health issues reported feeling alienated because of their mental health issues. • 52.8% of legal professionals who reported having (or having had) mental health issues felt inferior to their colleagues who did not have such issues. • 17.3% of legal professionals who reported having (or having had) a mental health issue perceived that they were discriminated against on that basis by colleagues, supervisors, and other legal community members.
Barriers to seek help from assistance programs	• 44.9% of professionals reported having sought help to cope with stress in their professional practice. • 46.8% of legal professionals reported having felt the need to seek professional help for psychological health problems, but had not done so. • 66.8% of professionals who reported having had suicidal thoughts since starting their practice had not sought help when they felt the need. • The main reasons given for not seeking help were: ○ 55.8% told themselves "It's temporary, it will pass"; ○ 37.6% did not have the energy to commit in such a process; ○ 26.3% did not have enough time; ○ 23.2% were not sure if they should seek professional help; ○ 23.2% lacked financial resources. • Only 26.4% of legal professionals reported ever using a program to help them cope with stress in their practice. • 40.5% of legal professionals reported not being confident to use the assistance program offered by their legal workplace if they needed it. • 36.5% of professionals reported not being confident to use their law society's assistance programs. • The most common reason given by professionals (39.8%) for not using the assistance program associated with their law society was the fear that the content of their exchanges would be shared with their law society or another regulatory body. • The second most important reason given was a belief that the assistance program would not help them (34.2%).
Regulatory frameworks in the practice of law	• 60.9% of legal professionals reported that the possibility of making a professional error or causing serious harm to a client caused them stress. This proportion was higher among legal professionals in their early careers: 76.5% for 0-3 years and 74.9% for 0-6 years of experience. • 75% of Quebec notaries reported feeling stress due to the accountability associated with their professional title. • 65.3% of legal professionals reported finding it challenging to keep their knowledge up to date due to the high volume of work required from them on a daily basis. • On average, 56.2% of legal professionals were stressed by the thought of having to openly discuss the details of their professional practice to a law society investigator.

Table 1 (continued)

Summary of the main findings for each secondary cause stemming from social contexts

SECONDARY CAUSE	SUMMARY OF THE MAIN FINDINGS
Regulatory frameworks in the practice of law (continued)	• In Quebec, 88.6% of lawyers and 82.4% of notaries feared that a review of their professional practice would lead to a complaint against them. • 60.6% of Quebec notaries who underwent a review and/or audit reported feeling confident during the review. This proportion rose to 75.7% among Quebec lawyers.

PRIMARY CAUSE 2: PRACTICE CONTEXTS | SUMMARY OF THE MAIN FINDINGS

Practice contexts shape the daily lives of legal practitioners and correspond to the different work settings and areas of practice. In this study, practice contexts (primary cause) lead to the following secondary causes:

- Organizational risk factors specific to the practice of law;
- Billable hours business model;
- Adjustment to teleworking; and
- Technostress.

Table 2 presents a summary of the main findings for each secondary cause that stem from practice contexts.

Table 2

Summary of the main findings for each secondary cause stemming from practice contexts

SECONDARY CAUSE	SUMMARY OF THE MAIN FINDINGS
Organizational risk factors	• All risk factors (e.g., emotional demands, quantitative and qualitative overload, job insecurity) had a higher impact than resources (e.g., autonomy, support from colleagues, and supervisors) on mental health indicators. • Organizational risk factors (emotional demands, job insecurity, hours worked, quantitative overload, qualitative overload, lack of resources) accounted for 30.3% of the perceived stress, 29.7% of the psychological distress, 26.0% of the depressive symptoms, and 47.3% of the burnout of participating legal professionals. • By simultaneously considering the effect of several factors, emotional demands, job insecurity and the number of hours worked were the factors with the most detrimental effects on participants' health. These constraints were associated with significantly higher levels of perceived stress, psychological distress, depressive symptoms, and burnout. • Compassion fatigue was associated with an increase in perceived stress, psychological distress, anxiety, depressive symptoms, and burnout. • 56.2% of participants reported experiencing compassion fatigue; this proportion rose to 66.5% among those with 0-5 years of experience and to 61.8% among women.

Table 2 (continued)

Summary of the main findings for each secondary cause stemming from practice contexts

SECONDARY CAUSE	SUMMARY OF THE MAIN FINDINGS
Organizational risk factors (continued)	• 26.8% of legal professionals reported experiencing secondary traumatic stress, of which 25.5% were affected by moderate symptoms. • More than 70% of criminal, child, family, and elder law practitioners were exposed to high emotional demands. • Internal and external agility were associated with lower levels of self-perceived stress, feelings of work overload, and intention to leave the profession. • Legal professionals who reported working in a more agile management environment experienced lower burnout symptoms on average. • Lack of resources and of supervisory support were significantly associated with lower levels of internal and external organizational agility.
Billable hours business model	• Billable hours represented only 67.9% of the actual hours worked by Canadian legal professionals reporting having billable hour targets. • Professionals with billable hour targets worked an average of 54 hours per week, while professionals without billable hour targets worked fewer hours—on average, between 47 and 48 hours per week. • 78.4% of professionals with a billable hours target of less than 1,200 hours felt pressured to meet this target. This proportion rose to 85.8% among legal professionals who were required to complete over 1,800 billable hours. • 70.7% of respondents with a billable hours target of between 1,200 and 1,800 hours per year were afraid of starting a family, and this proportion rose to 81.5% among professionals who were required to complete over 1,800 billable hours. Based on the analysis conducted, the following is a list of the main consequences associated with professionals reported having billable hour targets to meet: • The discrepancy between billable hours and actual hours worked led legal professionals to extend their working hours to meet their targets, thus putting added pressure on work–life balance. • Pressure to meet targets directly affected the health of professionals by increasing psychological distress, depressive symptoms, and burnout. • The impact of pressure to meet billable hours did not decrease with experience and years of practice. Instead, it gradually drained professionals' resources and was associated with greater psychological distress, depressive symptoms, and burnout. • The impact of the pressure to meet billable hours on depressive symptoms increased significantly in professionals exposed to high emotional demands. • As billable hour targets increased, so did incivility experienced by legal professionals. • As billable hour targets increased, professionals became less emotionally committed to their profession and their intention to leave it increased.

Table 2 (continued)

Summary of the main findings for each secondary cause stemming from practice contexts

SECONDARY CAUSE	SUMMARY OF THE MAIN FINDINGS
Adjustment to teleworking	• 85.6% of professionals teleworked during the COVID-19 pandemic, with Quebec notaries teleworking the least. • The rate at which lawyers were able to adjust to teleworking was lower than that of Quebec notaries and Ontario paralegals. • The rate at which women adjusted to teleworking was significantly higher than those of men. In addition, telework was associated with significantly reducing burnout among women. • Lawyers from the Barreau du Québec and Quebec notaries showed a higher level of telework adjustment than legal professionals in several other jurisdictions (including British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Prince Edward Island, and Newfoundland and Labrador). • Supervisor/manager/partner support, recognition at work, and organizational support during the COVID-19 pandemic were all associated with a greater ability to adjust to telework. • Adjustment to teleworking was associated with the following: 1) A decrease in the level of technostress experienced by legal professionals. 2) Reduced perception of technology-induced overload and work pressure. 3) A decrease in the feeling that technology added a communication burden. 4) Less work-life conflict.
Technostress	• The most salient technostressors were: ◦ The feeling of pressure induced by information and communication technologies (ICT). ◦ The feeling of communication overload. ◦ The feeling of ICT-induced work-family conflict. • Among the technologies most strongly associated with technostress, the most recurrent ones were text messaging, collaborative platforms, and mobile technologies. • Technostress affected all professionals, but professionals aged 36-45 seemed particularly affected by technology-induced stress (57.8%). • The health indicators most correlated with technostress were anxiety (35.0%), depression (38.4%) and burnout (49.3%).

PRIMARY CAUSE 3: INDIVIDUAL CONTEXTS | SUMMARY OF THE MAIN FINDINGS

Individual contexts relate to an individual's character traits and what influences their work experience and legal practice. In this study, individual contexts (primary cause) lead to the following secondary causes:

- Discrimination and diversity;
- Key skills that protect wellness;
- Consumption habits;
- Work-life conflict; and

- Prolonged absences due to illness and barriers to returning to work.

Table 3 presents a summary of the main findings for each secondary cause that stem from individual contexts.

Table 3

Summary of the main findings for each secondary cause stemming from individual contexts

SECONDARY CAUSE	SUMMARY OF THE MAIN FINDINGS
Discrimination and diversity	<u>Findings among legal professionals in their early careers</u> • 73.8% of legal professionals with less than 3 years of experience reported psychological distress. • The proportion of participants reporting symptoms associated with psychological distress decreased as the number of years of experience increased. • 49.8% of articling students reported having been diagnosed with a mental health issue since they started practising law. • 11.4% of articling students reported receiving unsolicited sexual advances. <u>Findings in the Indigenous community</u> • 70.3% of the Indigenous legal professionals participating in the study reported experiencing psychological distress. • 41.2% reported experiencing moderate to severe depressive symptoms. • 66.2% of Indigenous legal professionals reported experiencing burnout. <u>Findings among women</u> • 63.9% of women reported experiencing psychological distress, 42.6% reported experiencing worrisome anxiety symptoms, 31.5% reported experiencing moderate to severe depressive symptoms, and 63.3% reported experiencing burnout. • 71.2% of women who have been working in law for less than 15 years reported having experienced significant to very significant distress. <u>Findings for professionals from an ethnicized group</u> • 66.6% of ethnicized legal professionals reported experiencing psychological distress compared to 55.5% of non-ethnicized legal professionals. • 29.3% of ethnicized legal professionals reported experiencing a very high level of distress. • 66.6% of ethnicized legal professionals reported experiencing a significant level of distress. • 62.3% of ethnicized legal professionals reported experiencing burnout. • 37.7% of ethnicized individuals reported experiencing moderate to severe depressive symptoms. <u>Findings in the LGBTQ2S+ community</u> • 75.5% of legal professionals in the LGBTQ2S+ community reported experiencing psychological distress. • 44.7% reported experiencing moderate to severe depressive symptoms. • 68.6% of legal professionals in the LGBTQ2S+ community reported experiencing burnout. • 37.5% reported having had suicidal ideation since beginning their professional practice. • 40.2% of LGBTQ2S+ legal professionals reported that their colleagues did not know that they identified as a member of the LGBTQ2S+ community.

Table 3 (continued)

Summary of the main findings for each secondary cause stemming from individual contexts

SECONDARY CAUSE	SUMMARY OF THE MAIN FINDINGS
Key skills that protect wellness in law	• 32.1% of professionals reported believing they could be assertive and set boundaries. • Only 14.5% of professionals reported believing they could psychologically detach from work outside of office hours. • Men and professionals with more than 10 years of experience reported using skills that protect mental health in greater proportion. • Professionals' assertiveness and psychological detachment were significantly associated with lower psychological distress, depressive symptoms, burnout, and feelings of work-life conflict. • Assertiveness was associated with a significant increase in affective commitment to the profession and a significant decrease in intention to leave the profession. • In situations with high emotional demands, individuals with a better ability to set boundaries were likely to experience fewer depressive symptoms than those who were having difficulty setting boundaries. • Psychological detachment was associated with better adjustment to telework. • Psychological detachment and assertiveness were associated with decreased alcohol consumption.
Consumption habits	<u>Alcohol consumption</u> • The inability to stop drinking after starting emerged as the most prevalent symptom of addiction. Almost 1% of respondents said they have experienced this daily or almost every day, and 3.2% have had difficulty stopping drinking about once a week. • In the year preceding the survey, 5.7% of professionals reported that a friend, doctor, or other professional had advised them to reduce their alcohol consumption. • 42.2% of women and 36.5% of men of the study have had a possible alcohol dependence, compared to 39.5% of women and 33.7% of men in a comparable American study of legal professionals. • 24.5% of men reported having risky drinking habits, compared to 18.5% of women. • Between five and ten years of experience, the proportion of men reporting high-risk alcohol use increased from 27.4% to 34.1%. • 23.3% of women and 30.0% of men with high perceived stress reported hazardous or harmful alcohol use or even an addiction disorder. <u>Drug use</u> • 22.7% of participants reported having used drugs for non-medical purposes in the 12 months prior to the survey. • Cannabis was the most frequently used drug among professionals who used drugs for non-medical purposes, with 19.6% using it weekly. • 85.4% of Canadian legal professionals reported having a low risk of drug use compared to 76% of American lawyers in a similar study. • 12.8% of Canadian legal professionals reported having a moderate risk compared to 20.9% of American lawyers in a similar study.

Table 3 (continued)

Summary of the main findings for each secondary cause stemming from individual contexts

SECONDARY CAUSE	SUMMARY OF THE MAIN FINDINGS
Consumption habits (continued)	<u>Drug use (continued)</u> • 40.97% of legal professionals who reported having used drugs for non-medical purposes in the 12 months prior to completing the survey also presented risky alcohol consumption habits.
Work-life conflict	• 49% of professionals reported experiencing work-life conflict. By gender, this broke down as follows: ◦ 53.9% of women ◦ 45.4% of men • 44.3% of women legal professionals reported being apprehensive about the consequences of starting a family on their work-life balance, and 33% reported being apprehensive about the consequences on their careers. • The proportion of legal professionals experiencing work-life conflict was similar for those with children (48.3%) compared to those without children (49.5%). • Work-life conflict and fear of starting a family were associated with significantly lower levels of commitment to the profession and significantly higher levels of intention to leave the profession. • Work-life conflict was associated with increased psychological distress, depressive symptoms, and burnout.
Prolonged absences due to illness and barriers to returning to work	<u>Prolonged absences (more than three months) due to illness</u> • 9.5% of respondents reported having taken more than three months of medical leave in the last five years due to a work-disability situation. ◦ For 27.6% of these professionals, the first absence was followed by at least one subsequent absence. ◦ For 66.7% of these professionals, the diagnosis that led to the leave was a mental health issue. • Participants who reported having taken a prolonged absence were also more likely to perceive stigma within the legal community related to perceptions of mental health issues than those who had not taken a prolonged absence. • Professionals who reported being absent for more than three months made significantly more use of an assistance program to deal with stress or wellness issues in their practice than professionals who did not have experienced such an absence. • Respectively 44.4% and 39.4% of respondents who reported being absent for more than three months indicated that even if they needed it, they would not be confident using an organizational employee assistance program and the law society's lawyer/member assistance program. <u>Barriers to returning to work</u> • Between 77.6% and 94.1% of respondents reported that cognitive difficulties were the most prevalent barrier to returning to work. • 84.3% of respondents reported that returning to work would "drain" their energy and thus affect their personal lives. Work-life balance was the second most significant category of barriers to returning to work. In addition, 67.5% reported that managing both work demands and family demands was an issue in returning to work.

Table 3 (continued)

Summary of the main findings for each secondary cause stemming from individual contexts

SECONDARY CAUSE	SUMMARY OF THE MAIN FINDINGS
Prolonged absences due to illness and barriers to returning to work (continued)	<u>Barriers to returning to work (continued)</u> • 80.0% of respondents reported that regular work responsibilities could cause a relapse of their symptoms. • 77.4% of respondents reported perceiving that they would experience overload in the first days of their return to work, in such a way as to hinder their reintegration. • Respondents reported fearing a change in their colleague's attitude towards them (65.1%), a reaction of their colleagues (65.1%) or a contact with them (63.9%).

Recommendations: Towards a healthy and sustainable practice of law in Canada

Based on the main findings (secondary causes), the research team identified approximately 50 recommendations grouped into 10 key recommendations to address the consequences (symptoms) that stem from the secondary and primary causes. These 10 key recommendations are:

- 1) Improve preparation of future professionals to support them to deal with psychological health issues;
- 2) Improve supports and guidance available at entry to the profession;
- 3) Improve the continuing professional development (CPD);
- 4) Where relevant, evaluate the implementation of alternative work organization models that limit the impact of certain risk factors on the health;
- 5) Implement actions aimed at destigmatizing mental health issues in the legal profession;
- 6) Improve access to health and wellness support resources and break down barriers that limit access to these resources;
- 7) Promote diversity in the profession and revise practices, policies and procedures that may include or create discriminatory biases;
- 8) Consider the health of legal professionals as integral to legal practice and the justice system;
- 9) Develop a culture of measurement;
- 10) Foster a better work-life balance in the legal profession.

It is important to acknowledge that the recommendations are expressed broadly here. Many legal educators, legal workplaces, law societies, and other actors already have programs and activities that may address the substance of some of our recommendations. In recognition of this, we have chosen to highlight some of them as examples. However, these should not be taken as an exhaustive list of them, nor should their highlighting be taken as a suggestion that they could not be improved, particularly in light of the findings of this report.

Phase II of the Wellness Study will offer a better understanding and, thus a greater focus, on what measures are most needed in each province and the territories.

1

IMPROVE PREPARATION OF FUTURE PROFESSIONALS AND PROVIDE THEM SUPPORT TO DEAL WITH PSYCHOLOGICAL HEALTH ISSUES

The results obtained highlight the significance of stress and mental health issues experienced by legal professionals as soon as they enter the profession. These issues compromise the health of professionals, their commitment to their profession, and their willingness to stay in the profession throughout their working lives.

Although the experience gained after entering the profession provides some key skills that facilitate legal professionals' daily lives, the results of the survey tend to highlight the importance of better preparing the next generation of legal professionals for the challenges that will affect their career.

This recommendation is divided into three main parts: 1) ensure a balance between theory and practice in university or college curriculum; 2) include critical and transversal skills in the education of legal professionals that will benefit them throughout their professional life; and 3) promote healthy lifestyles, increase awareness about mental health issues and improve the ability of future professionals to reach out for help.

1.1 ENSURE A BALANCE BETWEEN THEORY AND PRACTICE IN UNIVERSITY OR COLLEGE CURRICULUM

For early-career legal professionals, there is often a significant gap between their idea of the profession and their experience of it in the first years of practice. This finding highlights the importance of learning by doing and immersion in professional environments throughout the academic curriculum.

Therefore, this recommendation aims **to ensure a better theory-practice balance during the university or college curriculum**. This balance could be achieved through 1) pedagogical approaches that allow for the development of skills (e.g., in-class advocacy exercises, case studies) and 2) increased students' exposure to the legal workplaces' realities throughout their university or college program. Through meetings and discussions organized by universities and colleges, professionals can share their experiences with students while raising awareness among the next generation of what it is really like to practise law.

Here is a concrete example of how to encourage exchanges: 1) set up an immersion week when students can shadow a legal professional; 2) equip the students with an observation form to be completed during the week; and 3) finish the week with a reflective assignment (e.g., essay on their experience or their expectations).

1.2 INCLUDE CRITICAL AND TRANSVERSAL SKILLS IN THE EDUCATION OF LEGAL PROFESSIONALS THAT WILL BENEFIT THEM THROUGHOUT THEIR PROFESSIONAL LIFE

The severity of the results obtained for mental health indicators, and especially the relationships observed between these indicators and many stressors in the legal profession, highlights the

importance of developing certain key skills. These skills will sustain entry into the profession as well as ongoing professional development throughout one's career.

Some of these skills (e.g., emotional intelligence, teamwork skills) have been identified by the World Economic Forum¹ as being among the 10 skills of the future. Table 4 presents skills that emerged from the study as having an impact on mental health and explains why these skills are essential to preparing future professionals for a legal career.

Table 4

Essential skills to prepare future professionals for a legal career

SKILL	EXPLANATION
Teamwork skills	The pressure to perform observed in the workplace reflects what is happening in academia. Since collegiality is at the heart of the practice of law, it is important to develop teamwork skills. This measure ensures that these skills are applied in the workforce and helps reduce competition between students from the very first semesters of their university careers. In this context, law faculties should promote teamwork and team success over individual achievement.
Emotional intelligence	Managing emotions is closely linked to the ability to take decisions. More specifically, emotional intelligence has an important effect on the understanding of our emotions and those of others. In this context, emotional intelligence is not only an important tool for the daily practice of law but also in a professional's interactions with their peers. Therefore, implementing mandatory credits for developing emotional intelligence specific to the practice of law, particularly in managing emotional demands, is one way to prepare students to deal with their demanding profession.
Self-knowledge	Offering a course on self-knowledge helps students select an area of professional practice. Consider including psychometric tests that enhance self-knowledge and the identification of personal limits—essential skills in choosing an area of practice. The integration of this skill could also include a self-reflection on skills development that protect one's health. The goal is to promote the development of key skills related to wellness, whether in terms of practical or behavioural skills (e.g., managing time and priorities, setting boundaries, learning to psychologically detach from work, managing workload successfully).
Professionalism, soft skills, and civic minded behaviours	The purpose of such a course would be to give future legal professionals the opportunity to develop soft skills and civil and courteous behaviours for a professional practice that is in line with the profession's values.
Diversity	Implementing equity, diversity, and inclusion skill training (e.g., emotional intelligence, adaptability, curiosity, creativity) is intended to make students aware of discriminatory biases and issues experienced by equity-seeking groups so they can apply this knowledge in their work. The earlier professionals are made aware of the realities of equity-seeking communities the more likely it is that mindsets will change and that the need for equity, diversity, and inclusion will be better understood.

¹ https://www3.weforum.org/docs/WEF_Future_of_Jobs.pdf

Table 4 (continued)

Essential skills to prepare future professionals for a legal career

SKILL	EXPLANATION
Performance optimization on a file	The objective is to ensure that future professionals develop essential skills that they will heavily rely on once they enter the practice of law. Three components warrant being addressed in the curriculum: • Component 1 Optimizing performance on a file—going above and beyond legal knowledge: This component may include topics such as effective note taking, filing systems, preparing a case file, developing work tools, etc. • Component 2 Developing clientele: This component aims to teach students techniques that facilitate managing and developing clientele. • Component 3 More tricks of the trade: This last component covers key tricks of the law practice trade. It can be taught in the form of a session entitled "Everything I wish I had known before starting my career." These teachings would prepare students for the workplace, better equip early career legal professionals, and enhance their daily performance.
Use of technological tools	Including courses on digital literacy and technology use would help future legal professionals develop the skills and reflexes necessary for exemplary practice. In a regulated profession where digital privacy and security are serious concerns, these future legal professionals must acquire and develop these skills as early as possible in their professional careers. The latest technological tools should be integrated into the academic curriculum to increase students' familiarity with the technologies they are most likely to use in law practice upon entering professional life.
Promotion of psychological wellness	The training aims to develop wellness skills in future legal professionals (e.g., self-awareness, assertiveness/ability to set boundaries) to provide the tools they will need throughout their careers to foster work-life balance. As professionals become more self-aware, they develop positive skills and healthier coping strategies that protect their health. This will empower future professionals and lead to better work-life balance.

1.3 PROMOTE HEALTHY LIFESTYLES, INCREASE AWARENESS ABOUT MENTAL HEALTH ISSUES AND IMPROVE THE ABILITY OF FUTURE PROFESSIONALS TO REACH OUT FOR HELP

It is essential to consider the health of legal professionals well before they commence practising law. Academic and training environments appear to be a perfect place to promote healthy lifestyle habits throughout the program by organizing activities with the student community (e.g., workshops on nutrition or physical activity).

Where applicable, it seems **important that educational environments teach students about mental health issues**. While many universities have made this shift in recent years, this would allow students to better understand themselves and detect the warning signs of health issues (in both themselves and their colleagues) once they enter the workforce. Such training would also help gradually break down taboos about mental health issues. Students will develop mental health skills (e.g., self-awareness, self-knowledge, ability to set boundaries) and better equip themselves for their future career path. The earlier individuals get to know themselves, the more they acquire positive skills and coping strategies for protecting their health.

Law schools should **better advertise the full range of possible legal careers available to law graduates**, including non-practice careers, as there seems to currently be an over-emphasis on private practice and practice within the public sector and an indirect pressure to follow those career paths as the "true" career paths. Better explaining the scope of legal careers could help prevent recent graduates and professionals from feeling "trapped" in their current situation, and would also destigmatize changing areas and types of practice, including leaving the practice of law altogether.

Lastly, to facilitate access to psychological support when it becomes necessary, **a list of available psychological resources should be included in course outlines**. Including psychological resources in law course outlines provides a useful reference for students who may be experiencing psychological health issues.

2

IMPROVE SUPPORTS AND GUIDANCE AVAILABLE AT ENTRY TO THE PROFESSION

The environments in which young professionals practise law at the beginning of their careers are diverse, as are the challenges that they face in those environments.

Working in a regulated profession comes with significant responsibilities. In exercising their full responsibility early in their careers, young professionals are also simultaneously exposed to many stressors specific to their work setting or area of practice (e.g., exposure to high emotional demands).

Three important and complementary avenues should be explored to support early career professionals: 1) create a Professional Integration Plan (PIP); 2) promote mentoring for those entering the profession; and 3) remove billable hour targets for professionals in their first two years of practice.

2.1 CREATE A PROFESSIONAL INTEGRATION PLAN (PIP)

The first avenue to facilitate the acquisition of essential skills for a healthy and sustainable practice of law is for law societies **to create a Professional Integration Plan (PIP)**. The PIP would provide guidance and support to help young legal professionals adjust to the practice of law as they start their careers. It would include specific objectives related to competence acquisition and could be spread over the first two years of a professional's career. These plans must allow for a gradual progression and should involve follow-up at key moments of a professional's journey in starting their careers. By ensuring that the acquisition of know-how and the offering of legal services by the young professional is ramped-up gradually, the PIP helps workplaces better support professionals and limits the pressure new hires may experience at the beginning of their careers. The PIP can also be combined with a mentoring program, reducing the duration of the integration by a few months for professionals who participate in a mentoring program.

This type of integration plan exists in some regulated professions such as medicine and engineering. This plan provides for a more gradual integration of all the know-how required to fully exercise one's professional responsibilities.

2.2 PROMOTE MENTORING FOR THOSE ENTERING THE PROFESSION

The second avenue to facilitate entry into the profession is **to promote mentoring for those entering the profession**. Mentoring is a valuable training method for developing skills that are essential for maintaining one's health. It is important to support legal professionals at the beginning of their careers and to protect their mental health given its impact on commitment and intention to leave the profession. Mentoring allows for informal discussions between mentor and mentee so that the latter learns from the former's experience and is better equipped to deal with the ups and downs of legal practice.

2.3 REMOVE BILLABLE HOUR TARGETS FOR PROFESSIONALS IN THEIR FIRST TWO YEARS OF PRACTICE

The third avenue is related to the support from legal workplaces and work conditions that promote optimal wellness at the beginning of the career. Considering the numerous skills to be acquired by new legal professionals, it is relevant to review the performance indicators traditionally used, which compromise both the quality of the acquired knowledge and the health of the professionals. To this end, we recommend that **billable hour targets should be removed for legal professionals in their first two years of practice**. Early-career legal professionals are confronted with numerous demands and must develop their skills. Legal workplaces should remember that billable hour targets encourage a certain type of performance from professionals to the detriment of their acquiring the skills that are essential to high-quality practice.

3

IMPROVE THE CONTINUING PROFESSIONAL DEVELOPMENT (CPD) OFFERED TO LEGAL PROFESSIONALS

Stress is human. Professionals are human. Consequently, legal professionals will inevitably experience stress during their careers. The results of the survey highlight the challenges that arise in legal professionals' lives by showing the evolution of stressors at different stages of their careers.

Careers are constantly changing, as are the challenges that professionals face.

In this context, training (in the form of continuing professional development) is essential to support professionals and increase their capacity to deal with challenges.

Yet many professionals, under the pressure of a heavy workload, struggle to align their professional development with the needs encountered in their practice. It is easy to understand why when we consider the various needs that emerge in a context where resources in time, and sometimes money, are scarce: new technologies, adaptation to telework, legislative changes, etc.

Four essential ingredients appear to be important for improving CPD: 1) Adopt an evolving vision of professional development needs throughout one's career; 2) better structure mandatory training hours for professionals; 3) develop training aligned with the risk factors; and 4) better structure mentoring program and promote informal training. Those who provide, or accredit, such CPD should be mindful of these essential ingredients.

3.1 ADOPT AN EVOLVING VISION OF PROFESSIONAL DEVELOPMENT NEEDS THROUGHOUT ONE'S CAREER

First, it seems essential that law societies **create an evolving skill plan that incorporates psychological health as a core skill for law practice**. The objective of creating an evolving skill plan based on specific needs throughout the career is to improve long-term commitment to the profession. For example, the plan could include the following skills for legal professionals:

- 0–5 years: Developing new working methods and clientele; managing administrative issues.
- 6–10 years: Managing career growth and longevity, and workflow and workload, in order to achieve work–life balance.
- 11–25 years: Managing pressure and stress arising from the constant need to keep professional competencies up to date.

In order to achieve this, law societies can start by developing an assessment grid to be completed annually by legal professionals when they renew their licence to practise. The assessment grid aims to identify the issues and challenges experienced by legal professionals during the year. This information then becomes the basis for improvement and can lead to the implementation of specialized training that supports professionals by targeting specific problems they have encountered.

3.2 BETTER STRUCTURE MANDATORY TRAINING HOURS FOR PROFESSIONALS

In recent years, some law societies have adopted a prescriptive approach to mandatory training for professionals, indicating how many hours should be achieved in a particular subject matter area. This approach is very promising. Many Canadian law societies are not as prescriptive with their CPD requirements and some do not have mandatory CPD at all. Every law society should **have mandatory CPD and should prescribe how many hours should be achieved per subject matter area.**

The CPD requirements for professionals must be tailored to meet specific needs, including wellness, and to better support knowledge updates that are critical to their practice quality. This tailoring is particularly important since the stress associated with knowledge updates is one of the most persistent stressors associated with professional regulation throughout a legal career.

Beyond the number of hours required, CPD requirements should include minimum targets on key topics (e.g., diversity in the practice of law, violence and incivility prevention, stress management and healthy coping strategies).

3.3 DEVELOP TRAINING ALIGNED WITH THE RISK FACTORS

Training offered to professionals by CPD providers (whether they are law societies, bar associations or other providers) **must be aligned with the needs that arise from changes in the practice of law** (e.g., technological changes, telework). It must also be aligned with the major challenges in practising law that contribute to the emergence of significant stressors. Within this framework, the results of this research reveal several key needs for legal professionals. These needs are presented in Table 5.

Table 5
Key professional development needs for legal professionals

CONTENT	EXPLANATION
Valuing experiences and learning from missteps	Professionals are human. All humans make missteps. So professionals make missteps. However, in a professional context strongly focused on performance, it often seems there is no room for missteps, and even more so when it has consequences on clients. Missteps are synonymous with shame, failure, and questioning of one's skills. Yet, missteps can be a source of learning and betterment. They sometimes learn more than when they do exactly what is expected of them. Thus, everyone should be able to benefit from these missteps, which allow us to grow collectively. As professionals gain experience, they understand this and often share their professional anecdotes from missteps they have made through which they have grown, especially through mentoring. But not all professionals take part in a mentoring program. In this context, it is advisable to develop training that highlights real-life experiences from missteps frequently made (within the limits of solicitor-client privilege). A portion of the training could focus on best practices for fixing missteps or, ideally, avoiding them, and should include more senior legal professionals sharing their "what I wish I

Table 5 (continued)

Key professional development needs for legal professionals

CONTENT	EXPLANATION
Valuing experiences and learning from missteps (continued)	would have known" moments with legal professionals early in their careers. This type of training allows for progress on two levels. First, this type of training allows professionals to progress collectively by preventing some of the missteps frequently made by members of their profession. Secondly, such training also reduces the productivity cult fueled by unrealistic expectations that professionals have for them.
Violence and incivility	Part of an ongoing effort to raise awareness among legal professionals and to promote civil behaviour. Professional development can cover different topics each year and it is advisable to make it mandatory. Additional ideas for enhancing interest include: • Awarding a certification to participants after the initial two-hour training. • Making an annual mandatory training session (30 to 60 minutes). • Changing topics (violence and incivility in courtrooms, sexual violence, etc.) each year.
Diversity, inclusivity and discriminatory bias	Some professional development should be aimed at promoting a practice free of discriminatory bias. Legal professionals should be encouraged to become role models for inclusion, and a forum should be provided for professionals to share their realities while becoming aware that others may have different experiences. As part of a more structured professional development plan, professionals should be required to complete annual training hours specifically dedicated to diversity matters.
Skills that preserve health	Certain key skills give legal professionals the power to protect their psychological health and enable professionals to cope better with the stressors they face in their practice. For example, the ability to set boundaries and detach psychologically from work are essential skills that not only directly influence psychological health but also greatly influence the ability to cope with workplace stressors. Including mandatory professional development hours specifically for developing psychological health-protective skills sends a strong message about the importance of wellness in law practice. In addition, it guides professionals on how to have a fulfilling practice. Topics could include managing time and priorities, setting boundaries and learning how to psychologically detach from work, managing workload successfully, etc.
Secondary stress/ vicarious trauma	Training on vicarious trauma serves to raise awareness of this issue and to support professionals who have repeated exposure to traumatic material. It is important that training include a component on the warning signs of secondary trauma (e.g., repeated exposure to high emotional demands) so that professionals can recognize those signs in themselves and their colleagues.
Teleworking in the practice of law	This training content would support professionals who telework to ensure compliance with their professional obligations under their code of conduct (e.g., protecting confidentiality). It is important to ensure that professionals with flexible work arrangements understand and adhere to best practices in a hybrid telework environment. These practices are intended to support an optimal telework experience. Ideas for topics to cover in the training include: • Ensuring and maintaining information security and privacy (at home and during virtual communications). • Being aware of the importance of disconnecting at specific times of the day despite the permeability of the life spheres created by teleworking. • Understanding potential bias in interactions between colleagues when teleworking. • Improve familiarity with the required technical tools.

Table 5 (continued)

Key professional development needs for legal professionals

CONTENT	EXPLANATION
Technology	Tools Ensure that legal professionals keep their knowledge up to date with the use of technological tools that contribute to the quality of their practice and maximize productivity. This kind of training will ensure that proper technological tools are used by professionals. By ensuring that they have the proper technological tools, legal professionals are able to protect data and confidentiality. Topics Beyond the tools used, it seems important to provide training on technology and practical topics such as technology and client interaction, technology and work-life conflict, technology and work-team collaboration, technology and data protection, etc. Issues Training related to technology is an occasion to list the main issues arising from changes in technology and raise professional's awareness regarding these issues (e.g., data security, electronic signatures, teleworking, the evolution of artificial intelligence). Best practices Offering training on best practices. For example, training related to the use of mobile technology will facilitate psychological detachment and reduce the sense of urgency triggered by mobile technology. This sense of urgency interferes with the ability to disconnect and, in turn, to recover. This training can include two components. First, ensuring confidentiality in terms of data management and privacy. Second, adopting practices that establish a clear divide between professional and personal life. This kind of training should include best practices in a highly-connected environment, to increase the professional's ability to schedule high-focus work periods and to learn to schedule time offline in order to minimize technology-related distractions (e.g., text messages, emails) that lessen productivity. Where applicable, law societies and bar associations should add a "technology" section to their websites including a practical guide. This section would promote best practices and the latest developments in regulatory guidelines and technology use. The section could include a practical guide with best practices and various tools that facilitate professionals' work and enhance the quality of their practice².
Work-life balance	The implementation of work-life balance training workshops aims to empower professionals by giving them access to key resources that promote better work-life balance. These workshops could be themed lunches where professionals share their experiences, the challenges they have encountered in their careers, and the tools or resources that helped them find better work-life balance.
Coach managers to improve organizational agility (where applicable)	In legal workplaces, provide training to managers to help develop key skills related to organizational agility (e.g., change management, process optimization). In addition to supporting optimal performance, this kind of training contributes to the wellness of professionals.

² See, for example: [Legal Ethics in a Digital Context](#)

Table 5 (continued)
Key professional development needs for legal professionals

CONTENT	EXPLANATION
Webinars about stressors	The development of webinars in the form of Q&A allows legal professionals to share their experiences on various topics (e.g., being a lawyer and LGBTQ2S+, reconciling work and personal life while practising law). To encourage discussions among legal professionals, anonymous participation may be considered. Also, webinars or lunch-and-learns about the stressors from the practice of law (with topics such as time management, work-life conflicts, and healthy coping strategies for stress and emotional demands) can help legal professionals find balance in their lives. To encourage and recognize the involvement of volunteer lecturers, law societies could give these legal professionals three hours of their continuing professional development requirement.

3.4 BETTER STRUCTURE MENTORING PROGRAM AND PROMOTE INFORMAL TRAINING

Lastly, training offered to professionals can be improved by strengthening mentoring program structures and by promoting informal training.

To ensure success, **a mentoring program should be structured with a planning chart that tracks the skills to be developed**. In addition, customized programs can be added to the professional development plan to meet specific training needs (e.g., mentoring for women or legal professionals working in specific areas of practice). Longer-term mentoring should also be considered since professional development is a continuous and iterative process.

A structured mentoring plan should include specific relevant themes related to wellness in law (e.g., managing time and priorities, setting boundaries and learning how to psychologically detach from work, managing workload successfully). A structured mentoring plan should also include a component on violence and incivility.

Further, **promoting informal training** will allow professionals to benefit from the experience of their peers to cope with difficulties they are experiencing. Informal training, which can take different forms (see Table 6 on next page), refers here to training where the content is less structured, and the objectives are not clearly defined. This kind of training are characterized by human interactions where the individual learns through the sharing of experiences on different topics.

Table 6
Various forms of informal training

FORM OF INFORMAL TRAINING	EXPLANATION
Professional codevelopment groups	Professional codevelopment groups are "a specific and structured approach to reflectivity, exchange and sharing. This approach aims at learning and developing professional practice through a search for solutions to situations presented by the participants. They are led to adopt a posture of practitioner-researcher in the investigation and in mutual aid" (Payette & Champagne, 1997). These types of sessions focus on key themes that emerge from the participants' needs and allow colleagues to share their valuable experience in dealing with common difficulties of the practice, as well as the tools, tips and tricks of the trade.
Structured self-help groups	Structured sharing groups allow legal professionals to discuss the challenges associated with professional practice (including the emotional demands) and share strategies for coping with overloaded schedules and capacities.
Peer support programs	A peer support line would provide support to legal professionals, even if they are not necessarily in a problematic situation, by providing an outlet for talking about their mental health issues. Here are some concrete suggestions: • Peer helpers should be members of the profession in various roles and sectors (e.g., judges, criminal law, private/public sector). • Peer helpers who volunteer to listen to their peers or participate in informal virtual meetings should be trained by the law society and be bound by confidentiality.

4

WHERE RELEVANT, EVALUATE THE IMPLEMENTATION OF ALTERNATIVE WORK ORGANIZATION MODELS THAT LIMIT THE IMPACT OF CERTAIN RISK FACTORS ON THE HEALTH OF LEGAL PROFESSIONALS

Where relevant, it would be important to evaluate the implementation of alternative models of work organization³ that limit the impact of certain risk factors on legal professionals' health. As mentioned several times throughout this report, risk factors (compared to resources) weigh heavily on the mental health of legal professionals. This finding means that any action aimed at addressing risk factors will significantly impact the health of professionals. In addition, certain risk factors stand out, including high emotional demands and billable hours.

On the one hand, high emotional demands over time lead to many health issues, including compassion fatigue and vicarious trauma. On the other hand, billable hours 1) promote work in silos, 2) favour individual performance over collegiality and teamwork, 3) value quantity over quality of the professional activity, and 4) put constant, increasing, and potentially unbearable pressure on legal professionals to develop clients.

Evaluating the implementation of alternative work organization models includes: 1) review the organization of work; and 2) review billable hour system and evaluate alternative business models.

4.1 REVIEW THE ORGANIZATION OF WORK

The organization of work is at the core of several major stressors in the Canadian legal community, regardless of the work setting or the area of practice.

For example, a professional working in criminal law, and working solely on a case rather than as part of a team, could be overexposed to the case's emotional demands. Not only does the professional become the only person exposed, but also working individually reduces exposure to colleagues and to the immediate support of colleagues likely to be present during teamwork.

On the contrary, working in team or by project would better distribute the risks inherent in this exposure, which is intrinsic to the practice of criminal law. For example, a professional could be in charge of a case (including meetings with victims), but on another case support a colleague and handle other tasks that would be less emotionally challenging. This approach allows for a sharing of risks, and also values collegiality and mutual aid. The same applies for professionals who work in billable hour models in the private sector. Working in silos overexposes professionals to stress, including the stress of meeting their billable hour targets. By working collaboratively as a team, the gains and losses are also realized collectively. Team successes and the recognition of these successes, particularly through bonuses, tend to reinforce collaboration and mutual aid.

That said, it is suggested that **work be reorganized to reduce exposure to certain stressors and better distribute them**. The adoption of alternative modes of organization aims to reduce legal

³ Work organization refers to "the way we design jobs and work systems, and the way we managed them" (Leka et al., 2003, p. 5). A poor work organization "can cause work stress. Excessive and otherwise unmanageable demands and pressures can be caused by poor work design, poor management and unsatisfactory working conditions" (Leka et al., 2003, p. 5).

professionals' exposure to certain demands that significantly affect their health (e.g., repeated emotional demands, quantitative overload). For example, is it possible to divide certain tasks or to rotate the professionals who interact with clients on a given case? In addition to making work distribution more flexible and contributing to organizational agility, such an approach has significant benefits for the health of legal professionals.

4.2 REVIEW BILLABLE HOUR SYSTEM AND EVALUATE ALTERNATIVE BUSINESS MODELS

For law societies and bar associations, it is suggested that **working groups be established to collaborate with law firms on alternative work organizations, and promote these alternative models to law firms.**

The objectives of setting up a working committee to look into alternative ways to organize work are 1) to discuss issues regarding the actual organization of work (e.g., billable hours business model), 2) to generate ideas of new approaches, and 3) to evaluate the possibility of establishing guidelines for protecting the quality of practice (e.g., number of consecutive hours of work allowed, maximum number of active cases). In addition, this measure protects professionals from health-compromising overload (emotional, quantitative and qualitative) thus protecting the public.

The proposed working committee could look at legal workplaces that are structured differently. It could also examine what is being done elsewhere, in other non-legal organizations, such as engineering consulting firms, and review the relevant literature and good practices. The idea is really to gather information about other models of work organization that are effective and efficient, but also sustainable in terms of the health of professionals.

By promoting alternative business models to billable hours, law societies and bar associations can encourage legal workplaces to move towards new models that are more conducive to maintaining the health of legal professionals, and more in line with the values of the profession and its regulatory framework. This could comprise the theme of an annual training day, highlighting alternative models based on profitability rather than target billable hours. It would also be an opportunity to highlight success stories from firms that have stopped using this business model.

It is critical **to assess the use of alternative business models.** Firms that still require billable hour targets would do well to analyze the potential benefits of a profit-oriented approach with project-based management rather than siloed file management. The change in focus can improve professionals' motivation and even their performance. Billable hours encourage siloed work and devalue collegiality and teamwork in favour of individual performance. Transitioning to a new business model requires restructuring client billing and time management processes and reviewing remuneration structures.

If billable hour targets are maintained, the **billable hour system has to be reviewed.** To minimize individual competition and encourage cooperation, a team bonus could be attributed at the end of the year if the target is reached. The bonus can be weighted according to certain criteria (e.g., seniority, specific contribution, team spirit). For organizations that maintain targets, billable hours should be gradually integrated for legal professionals in their early careers and reaching targets should be associated with a bonus. For these organizations, the option to bank billable hours should be

considered to support the case for legal professionals to take vacation. Also, a threshold of 1,800 hours should never be exceeded as it has been shown to be associated with a higher risk of mental health issues. **Professionals who work in areas of practice involving high emotional demands (e.g., family law, criminal law) should not have billable hour targets to meet.** This model is incompatible with managing high emotional demands since it can compromise the health and even the practice of professionals. The purpose of this measure is to allow legal professionals to take the time required with their clients and also to take time to recover from intense emotional demands, which is difficult to do in a billable hours model. It is also recommended that each case be billed using a flat fee or hourly rate, depending on its specific needs. Lastly, this measure would require revising the performance evaluation criteria for legal professionals concerned.

It is also important **to promote work collaboration and shared professional responsibility.** Providing mechanisms for internally auditing work in a team leverages the strengths of each individual. It also reduces pressure on the individual in terms of both the fear of making mistakes and the need to take full responsibility for professional actions. This measure means organizing work in a way that values teamwork and is supported by suitable billing mechanisms.

Legal workplaces have **to reduce mechanisms that encourage excessive overload.** In many cases, it means reviewing existing remuneration systems to reduce mechanisms that encourage overloading and over-performing. A review of recognition criteria and programs is also advisable, so they promote ideal outcomes for the health of legal professionals.

Mental health is an essential condition for the retention of legal professionals, both in the profession and in the organizations in which they work. Moreover, today's professionals seek not only a level of professional fulfillment, but also an environment in which they can reconcile their personal and professional aspirations. In this context, it appears essential for legal workplaces with billable hours to review their practices if they wish to remain attractive. Otherwise, they will struggle to retain and recruit new talent.

5

IMPLEMENT ACTIONS AIMED AT DESTIGMATIZING MENTAL HEALTH ISSUES IN THE LEGAL PROFESSION

Health is a collective responsibility. The findings of the study indicate that legal professionals who experience mental health issues during their careers become emotionally disengaged from their profession. This disengagement can eventually lead to the intention to leave the profession. Therefore, it is important that they speak up and seek help when needed.

By seeking help early enough, professionals can avoid more serious health issues. They should therefore never hesitate to ask for help in any form (e.g., delegate a case, consult a psychologist, ask a relative for help).

However, many legal professionals with mental health issues perceive a stigma in the legal community. Some are concerned that their law society will take action against them if they disclose their condition. Not only does this situation delay their seeking help, but it also undermines transparency about mental health issues while potentially exacerbating the professionals' health issues. Law societies have to play a role as mental health partners for professionals. While it is clear that law societies regulate legal professionals to protect the public interest, this duty should not be seen as a barrier to using alternative, non-punitive approaches to respond to challenges a practitioner is facing where the underlying cause for problematic behaviour is linked to mental health issues⁴. To the contrary, ensuring that their discipline and regulatory processes properly account for mental health issues, promotes the public interest, as this creates a more mental health-positive regulator. By being more supportive of legal professionals dealing with mental health issues, law societies can help dispel the stigma and perception, as reported by survey participants, that experiencing mental health challenges while practising law is likely to lead to an overly punitive response from their regulator.

Several complementary actions can be taken to reduce the stigma surrounding mental health issues in the practice of law: 1) implement a support/coaching program for professionals returning from prolonged health-related leave or experiencing a health issue without leave; 2) develop a mental health awareness campaign/activities; 3) where applicable, remove mental health disclosure from law society admission applications; 4) frame the ability of legal professionals to share mental health challenges with each other in a confidential way; 5) where applicable, develop alternative discipline processes for professionals dealing with health issues; 6) create a "Health and Wellness Week in Law" highlighting the importance of work-life balance; and 7) create a wellness section on law society, professional association and legal workplace websites.

⁴ See, for example: [Recommendation on the Development of an Alternative Discipline Process \("ADP"\)](#)

5.1 IMPLEMENT A SUPPORT/COACHING PROGRAM FOR PROFESSIONALS RETURNING FROM PROLONGED HEALTH-RELATED LEAVE OR EXPERIENCING A HEALTH ISSUE WITHOUT LEAVE

The objective of the suggested support/coaching program is **to protect and sustain the commitment of legal professionals dealing with health issues**, whether or not these issues have led to a health-related leave. This coaching/support program aims to ensure that the quality of professional practice is maintained despite such health issues. This type of program exists in some Canadian law societies (e.g., the Nova Scotia Barristers' Society). **Professionals would need to be made aware of the program to break down barriers that prevent them from seeking help** when they need it. Such a coaching/support program is an essential pillar for wellness in the profession and essential for establishing real transparency in mental health matters in the legal community.

This kind of program should also be developed by legal workplaces to help and support professionals returning from prolonged health-related leave or experiencing a health issue. **A policy aligned with best practices for gradual return to work** maximizes the reintegration of professionals and minimizes their risk of relapse following injury. The survey findings indicate that the mental load associated with the work of legal professionals is a significant risk and is likely to compromise the chances of a successful return. Therefore, a structured plan should be implemented for returning legal professionals with clear accommodations in how their work is organized.

5.2 DEVELOP A MENTAL HEALTH AWARENESS CAMPAIGN/ACTIVITIES

Key stakeholders (including the Federation of Law Societies of Canada, law societies, the Canadian Bar Association and legal workplaces), should consider **developing an awareness campaign and activities to break down taboos and deconstruct the stereotype** of the lawyer as a superhero.

More specifically, this awareness campaign and these activities would have the following objectives: humanize the legal profession; remove barriers preventing professionals from seeking help; highlight obstacles to mental health in the current professional culture; and start a conversation on suicide prevention among legal professionals.

5.3 WHERE APPLICABLE, REMOVE MENTAL HEALTH DISCLOSURE FROM LAW SOCIETY ADMISSION PROGRAM APPLICATIONS

Some law societies require candidates for admission to disclose mental health issues the individual may be facing (or may have faced), even when those mental health issues have no impact on their professional practice or their suitability to practise law. Doing so contributes to stigma and the perception that experiencing mental health issues is incompatible with the practice of law. It also adds barriers to seeking help. For professionals who do not have a mental health issue when they join the law society, simply having read this request for disclosure on the form may discourage them from seeking help if needed or from disclosing their issues in the future for fear of repercussions from their regulating body. Therefore, it is **recommended that law societies who require such disclosure remove this statement or amend it** to ensure it does not create a barrier to seeking help.

5.4 FRAME THE ABILITY OF LEGAL PROFESSIONALS TO SHARE MENTAL HEALTH CHALLENGES WITH EACH OTHER IN A CONFIDENTIAL WAY

Some survey respondents expressed that they feel that Rule 7.1-3 of the Model Code of Professional Conduct (paragraphs (e) and (f), relating to the duty to report), makes it difficult for legal professionals to share or disclose mental health struggles to fellow legal professionals. The fear is that the Rule in the Model Code would require the colleague receiving the disclosure to then report the disclosing legal professional to their law society for possible investigation. We feel that the wording "conduct that raises a substantial question about the lawyer's capacity to provide professional services" is broad, and seems to leave little room for flexibility if a colleague becomes aware that a colleague is experiencing mental health challenges. Since lawyers are not qualified health professionals, it is difficult to conceive of any legal professional being well equipped to evaluate whether a fellow legal professional's mental health challenges rise to the level of raising a substantial question about their capacity to provide professional services. Consequently, it is recommended that **paragraphs (e) and (f) of clause 7.1-3 be changed to make clear that legal professionals are allowed to talk to each other about their mental health challenges and that those discussions do not generally engage a duty to report.** If there needs to be exceptions to this (i.e., circumstances that should be reported to the regulator in order to protect the public interest), those exceptions should be explicitly set out in the Model Code. In addition, law societies should also adopt policies and practices (where not already the case) that outline how such reporting is to be done, and the reporting process should prioritize the wellness of legal professionals.

5.5 WHERE APPLICABLE, DEVELOP ALTERNATIVE DISCIPLINE PROCESSES FOR PROFESSIONALS DEALING WITH HEALTH ISSUES

The purpose of this recommendation is **to avoid using a punitive system that places professionals on the margins of their profession and tends to stigmatize them** when they are experiencing health issues that are impacting their ability to comply with their professional obligations (rather than helping them). These alternative discipline processes⁵ are particularly important for reintegrating professionals with health issues into the profession.

5.6 CREATE A "HEALTH AND WELLNESS WEEK IN LAW" HIGHLIGHTING THE IMPORTANCE OF WORK-LIFE BALANCE

Creating a "Health and Wellness Week in Law" is intended to 1) raise awareness about the importance of adopting healthy behaviours to protect mental and physical health and 2) encourage better work-life balance. Health and Wellness Week could be held in October of each year, which is Mental Health Awareness Month in Canada. During this week, law societies, the Canadian Bar Association, and provincial bar associations could offer webinars, training, and conferences on various themes (e.g., "How to find work-life balance", "How **SHE** can improve your daily life: **S**leep, **H**ealthy eating, and **E**xercise").

⁵ See, for example: [Alternative Discipline Process](#)

5.7 CREATE A WELLNESS SECTION ON LAW SOCIETY, PROFESSIONAL ASSOCIATION AND LEGAL WORKPLACE WEBSITES

The proposed wellness section might include videos in which **well-known figures in the legal world share their mental health issues or addiction problems**, helping to break down the taboos associated with mental health that contribute to stigma⁶.

⁶ See, for examples: [CBA Well-Being](#), [Espace Bien-être psychologique of Barreau du Québec](#) (in French only), [OBA Wellness Hub](#)



IMPROVE ACCESS TO HEALTH AND WELLNESS SUPPORT RESOURCES AND BREAK DOWN BARRIERS THAT LIMIT ACCESS TO THESE RESOURCES

The findings presented at the end of Part I of this report highlight numerous barriers that limit the ability of legal professionals to seek help when they need it, including through available assistance programs, whether related to their legal workplace or the professional assistance program associated with their law society.

Many legal professionals believe that their problems will eventually pass. Others are concerned about the confidentiality associated with use of an assistance program. They fear that people around them will find out about their mental health struggles and this will lead to other negative consequences in their family or professional life. Lastly, many believe that their problems are too serious to seek help or are not aware of the services available.

These observations highlight the importance of making efforts to increase the capacity of legal professionals to seek help when they need it. To achieve this objective, three complementary avenues should be considered: 1) promote the use of available resources and increase the willingness of professionals to seek help; 2) facilitate access to relevant resources according to the problems encountered; and 3) where applicable, improve the perception of confidentiality to increase trust in the law society's lawyer/member assistance program.

6.1 PROMOTE THE USE OF AVAILABLE RESOURCES AND INCREASE THE WILLINGNESS OF PROFESSIONALS TO SEEK HELP

Communicating and advertising the services offered could increase the number of legal professionals who make use of employee assistance programs, thus decreasing the severity of issues encountered, especially if professionals seek help before those problems worsen further. Legal professionals must be aware of the services that are available so they can seek help when they need it. Law societies, legal employers and bar associations all potentially have a role to play in compiling and distributing this information.

Upon entering the profession, **legal professionals should be provided with information that details all the services offered by the assistance program in their jurisdiction.**

In legal workplaces with an assistance program, it is important **to promote awareness and use of the program** or other external resources. These actions will encourage professionals to seek help.

It is appropriate **to update (as necessary) and resend information each year on the services offered and reassure legal professionals of confidentiality**, in order to continually make professionals aware of the importance of seeking help and the services offered. Membership/license renewal is an excellent time to do this and to reassure legal professionals about the confidentiality of the law society's assistance program.

Professionals with high levels of stress (e.g., from emotional demands or potential vicarious trauma) should **consult a psychologist or other appropriate support in a preventive way**. This practice is common in other professions. Given the risks associated with some areas of practice with potentially high exposure to emotional demands, such a requirement would help mitigate the negative effects. Setting up protection mechanisms beforehand, especially during challenging matters, is a way to support legal professionals who are exposed to high emotional demands. Example: scheduling structured support with organizational psychologists or occupational therapists.

Lastly, to increase the willingness of professionals to seek help it appears essential **to develop alternative mechanisms for disclosing mental health issues**. Accountability is central to the practice of any regulated profession. Accountability arises when a regulator recognizes the professional's competence by issuing them a licence. However, psychological health is a skill and an essential condition for the quality of a professional's practice. For this reason, when a professional's well-being is compromised, they should be able to seek help without fear of facing regulatory repercussions. Unfortunately, the survey results show that legal professionals fear regulatory repercussions for disclosing their psychological health problems. This suggests that many professionals associate their psychological health with their ability to fulfill their professional and ethical obligations. They worry that disclosing their condition could lead the regulator to question their ability to practise.

Nevertheless, experiencing a mental health issue does not mean that legal professionals are unable to meet their ethical and professional obligations. In fact, when legal professionals seek help earlier, they might prevent more serious professional illnesses such as depression or burnout. As a result, they are able to meet their professional obligations even more effectively.

A professional experiencing difficulties may still be able to meet their professional obligations. However, being able does not mean being unsupported. Professionals must feel free to seek appropriate professional assistance without fear that their competence or ability to practise will be questioned.

As a result, it is important to initiate a dialogue with the law societies on implementing alternative disclosure mechanisms for mental health issues. These mechanisms should be combined with a supportive rather than punitive approach, so as to remove the barriers that currently prevent legal professionals from seeking help due to fear of sanctions from the regulator.

6.2 FACILITATE ACCESS TO RELEVANT RESOURCES ACCORDING TO THE PROBLEMS ENCOUNTERED

When professionals seek help, they need to be able to easily identify appropriate resources. In a crisis situation, the challenge of finding a resource may be enough to discourage the professional from seeking help. Failure to seek appropriate help when needed can lead to the deterioration of the professional's health or to the use of coping strategies that are deleterious to health (e.g., drug use, alcohol consumption).

Many elements are likely to improve access to resources for professionals.

First, by **centralizing mental health resources intended directly or indirectly for members of the profession**, legal professionals will have easier access to information and help when needed. This centralization can take the form of a health portal where professionals can consult resources specific to their issue.

Second, by **providing dedicated support services to professionals working in the Canadian territories**. Services adapted to the needs of professionals who practise in Canada's territories should be developed. In this regard, the study findings and the preliminary interviews conducted as part of Phase II indicate that these professionals are exposed to issues that appear to be unique to their situation, and they have difficulty accessing properly adapted resources.

Third, it is important **to better structure the assistance offered**, particularly by anticipating the needs of professionals beforehand. The stressors to which legal professionals are generally exposed are now known. It would therefore be appropriate to draw up a list of the resources available for each of the jurisdictions. Law societies and bar associations both potentially have a role to play in compiling and distributing this information. These resources should target the following needs/themes:

- **Targeted resources on violence and incivility** | A list of specialized resources on violence and incivility would direct legal professionals who are victims of these behaviours to the help they need. For example, this list could include therapists who specialize in treating victims of psychological and physical violence, and organizations that support victims of sexual violence.
- **Targeted resources for secondary or vicarious trauma** | Identifying vicarious trauma resources will enable quick referrals for professionals who make use of the assistance program. Every year, a list should be provided that identifies the specialized resources available in each province and territory.
- **Resources tailored to specific profiles** | By providing legal professionals with access to resources specifically adapted to their different profiles (e.g., early career, women, individuals living with disability, LGBTQ2S+), assistance programs can deliver personalized tools that better meet these professionals' needs. Consider providing a list of dedicated resources for each profile and regularly training service providers on the specific needs of these different groups.
- **Targeted resources for addiction issues** | Addiction requires targeted interventions and treatment by specialized organizations. Dedicated resources allow for better intervention while properly equipping professionals seeking help.

Fourth, it is important **to increase funding for assistance programs**. Improving the structure of support programs and training staff on various areas of concern or profiles are important steps to improving the user experience. Such adjustments require more resources and justify an increase in funding support so the programs can remain free of charge. Financial issues should never be an obstacle to seeking help.

6.3 WHERE APPLICABLE, IMPROVE THE PERCEPTION OF CONFIDENTIALITY TO INCREASE TRUST IN THE LAW SOCIETY'S LAWYER/MEMBER ASSISTANCE PROGRAM

To increase the willingness of professionals to seek help it is essential to address any doubts related to confidentiality. To do so, it seems clear that actions must be taken and that these actions must go beyond the simple transmission of information to reiterate confidentiality.

Where it is applicable, **the fee associated with law society' lawyer/member assistance program must be separated from the law society membership renewal fee.** Most of law society's lawyer/member assistance programs are supported by membership fees/annual licence renewal fees that are collected directly by law societies. A portion of these fees is specifically dedicated to the assistance program. In some law societies this is explicit, in others it is not.

In the context of assistance programs, the fear of a breach of confidentiality and of disclosure to a regulator is a significant barrier for many legal professionals seeking assistance. While assistance programs customarily assure confidentiality, it is essential to separate the fee associated with the law society's membership assistance program from the renewal of its general membership fee. This separation will increase the perception of autonomy between the assistance programs and the law societies.

Law societies should provide clarity with respect to the relationship between the assistance program and the law society. Law societies should also make it clear to legal professionals that the assistance program provider does not disclose any information to the regulator (e.g., who has access to the program, content of the discussions).

7

PROMOTE DIVERSITY IN THE PROFESSION AND REVISE PRACTICES, POLICIES AND PROCEDURES THAT MAY INCLUDE OR CREATE DISCRIMINATORY BIASES

The findings highlight that there is still a long way to go to reduce the stigma experienced by several groups: women legal professionals, legal professionals in their early careers, legal professionals who are members of the LGBTQ2S+ community, legal professionals living with a disability, Indigenous legal professionals and ethnicized legal professionals.

Several complementary actions can be taken to promote diversity in the profession, including: 1) develop a national diversity policy/strategy for the legal community; 2) identify ambassadors; and 3) implement diversity management policies and proactive practices that promote inclusion in legal workplaces.

7.1 DEVELOP A NATIONAL DIVERSITY POLICY/STRATEGY FOR THE LEGAL COMMUNITY

Within this framework, to promote diversity in the profession and reduce discriminatory biases, **a national diversity policy/strategy should be developed for the legal professional community**. A working committee comprised of representatives from various stakeholders (including the Federation of Law Societies of Canada, law societies, the Canadian Bar Association, provincial bar associations) could be established to develop a national policy/strategy. The committee's mandate would be to identify levers for inclusion and how to eliminate discriminatory systemic biases in the processes governing the profession. By making recommendations to various stakeholders, the committee can help break down barriers (psychological, stereotypical, career-related, etc.) that affect different groups.

7.2 IDENTIFY AMBASSADORS

A good way to improve inclusion would be for law societies and Canadian Bar Association **to identify ambassadors**. Selected ambassadors would be committed, inspiring professionals who represent the socio-demographic diversity in the practice of law (e.g., an associate who's also a mother of four children, a LGBTQ2S+ lawyer working in a private practice). These ambassadors are a driver of change for the professional culture. Their mandate is to positively influence (lead) others during the year or during their predetermined mandate. They could be invited to contribute to important law society events during the year, for example. Law students might also be identified to act as **student ambassadors** and peer supporters⁷. These student ambassadors could, for example, be involved in annual conferences, activities organized by the law school, and moot court competitions. In addition to raising awareness of mental health issues, a student ambassador program can help provide front-line support to students experiencing psychological distress, thus minimizing barriers to seeking help.

⁷ See, for example: [Lawyer Wellbeing Mentors](#)

7.3 IMPLEMENT DIVERSITY MANAGEMENT POLICIES AND PROACTIVE PRACTICES THAT PROMOTE INCLUSION IN LEGAL WORKPLACES

In legal workplaces, it is important **to implement a diversity management policy and proactive inclusiveness practices**. Implementing policies and best practices that promote differences and inclusion means going beyond what is required by law. Diversity must be seen in a broad and holistic sense. It not only includes ethnicity, gender, and disability status, but also different career stages, parental status, caregiver roles, etc. This inclusive approach involves making diversity an integral part of all human resource management activities and eliminating discriminatory bias in internal practices and policies.

Legal workplaces may **create an onboarding and integration plan adapted to legal professionals' specific characteristics**. Onboarding and integration plans that respect professionals' specific characteristics (such as parenthood, age or ethnicity) help secure their long-term commitment to the organization. These integration plans should be implemented gradually and involve follow-up at critical moments in the integration process.

Lastly, **legal workplaces should offer an inclusive parental leave policy**. By adopting an inclusive policy that reflects advances in Canadian society, the legal community can demonstrate its commitment to work–life balance and recognition of the variety of different circumstances (e.g., single parent, dual-career couples, caregiver, adoption).



CONSIDER THE HEALTH OF LEGAL PROFESSIONALS AS INTEGRAL TO LEGAL PRACTICE AND THE JUSTICE SYSTEM

Legal professionals are one of the essential pillars of the Canadian justice system. Yet the unprecedented challenges our Canadian justice system faces exacerbate the pressures legal professionals face in their practice. Access to justice, a cherished value in Canadian society, must not compromise the health of legal professionals. But how do we reconcile the two? This question must be part of the reflections and decisions made regarding our institutions' evolution.

Promotion of good psychological health is an iterative process. Stress evolves with evolving constraints. This implies that measuring health issues and the stressors that cause them is not the end point, but rather should be seen as a continuous process to monitor issues that compromise the health of professionals.

Four essential elements appear to be key to ensuring that professionals' health is seen as integral to legal practice and the justice system in Canada: 1) include a permanent wellness component in strategic planning; 2) maintain an ongoing discussion and raise awareness about mental health in the legal profession; 3) prevent violence and incivility in the legal profession; and 4) promote positive coping strategies.

8.1 INCLUDE A PERMANENT WELLNESS COMPONENT IN STRATEGIC PLANNING

To this end, it is advisable **to include a permanent wellness component in strategic planning**. This should be done at all levels, from large bodies such as the Federation of Law Societies of Canada, the law societies and the Canadian Bar Association to legal workplaces, and will send a clear message about the importance of wellness in the legal profession. This component provides important leverage for implementing a continuous improvement process that addresses the issues raised by this study.

8.2 MAINTAIN AN ONGOING DISCUSSION AND RAISE AWARENESS ABOUT MENTAL HEALTH IN THE LEGAL PROFESSION

Considering the health of legal professionals as an integral part of legal practice means **to maintain an ongoing discussion about the role of regulators regarding mental health**. This measure will evaluate what actions need to be addressed to better support professionals who are experiencing mental health issues. Universities and law societies are among the incubators of culture of the legal profession. Regulators must ensure their actions promote better health for professionals and define expectations for those entering the profession (e.g., for performance, client interaction, and case management). It is also crucial for law societies to assess these skills needed by new professionals so as to guide them on healthy practice habits. Academic training more closely aligned with current practice issues will help improve the health of professionals. Law societies, as regulators, must also work to remove the obstacles that professionals face in seeking help.

This recommendation also includes the need **to raise awareness of the need for changes in the court system**. The significant constraints associated with practising law (e.g., emotional demands, workload, mental workload) are a strong argument for identifying mechanisms to reduce the pressure felt by the legal community. Institutional rigidities put considerable pressure on legal professionals. This reflection can address subjects such as: court hours and constraints associated with legal procedures or timelines following the Jordan decision.

It is advisable **to launch a violence and incivility awareness campaign in all courts and tribunals**. This type of campaign will communicate and repeat a clear message, namely that acts of violence and incivility are unacceptable and that the person behind the robe is human. Humanizing people and relationships between colleagues is essential to changing attitudes. One measure to transmit this message might be posters put up in various rooms of the courts (e.g., courtrooms, rooms where lawyers meet with clients, complainants, or other parties).

It is also important that **judges receive training on wellness**. Judges interact closely with legal professionals, and it is recommended that they be better trained in mental health issues. This training helps raise judges' awareness of the warning signs of mental health issues while promoting a better atmosphere in court and in their interactions with professionals. Exchanges between lawyers in a court of law are characterized by intense arguments that can lead to confrontation. This can also lead to outbursts and even to some forms of incivility or violence. Considering that judges are on the front line of these exchanges, training them on good practices can foster a better atmosphere in the courts. This training will also raise judges' awareness about the consequences of uncivil and violent behaviours and about the different forms they can take.

Legal workplaces have **to adopt management practices aligned with a holistic health approach**. Implementing respectful management practices that value health contributes to the quality of life of legal professionals. Best practices include flexible working hours, work-life balance, recognition, pairing the individual with a mentor or "buddy" when integrating professionals at the start of their career, and so on.

8.3 PREVENT VIOLENCE AND INCIVILITY IN THE LEGAL PROFESSION

Beyond these practices, legal workplaces at all levels should implement actions to reduce the prevalence of violence and incivility in legal environments by **establishing a "zero-tolerance" policy on violence and incivility**. The purpose of such a policy is to make it clear that violent and uncivil behaviours are not tolerated. In addition to implementing a policy against violence and incivility, legal workplaces can identify a contact person (investigator) to receive and analyze complaints. This person should be external to the organization. In addition, the process for filing complaints should be clear. If there is no process in place, professionals will find it very difficult to denounce any violence or incivilities they may suffer. Legal workplaces may also **establish a code of conduct for people in positions of authority or influence in the workplace**. A code of conduct for managers and partners is critical to proper governance. Not only does adopting a code of conduct raise awareness among members of the senior management and better equip them to lead, it also sends a clear message of "zero

tolerance" of violent and uncivil behaviours. Manager and partners have a fundamental role to play: to set an example for their employees.

8.4 PROMOTE POSITIVE COPING STRATEGIES

Lastly, considering legal professionals' health as an integral part of the justice system means **to encourage moderation in alcohol consumption at corporate/formal or social events, or even exclude alcohol from some events**. All legal workplaces benefit from encouraging moderation in alcohol consumption at events. Given their regularity, these events can contribute to frequent drinking and the integration of alcohol consumption into the professional's lifestyle. By promoting moderate drinking, workplaces and other institutions provide a model for sensible and healthy drinking habits. Similarly, meal reimbursement policies should also exclude alcohol-related costs.

In the same way, it is important **to identify and use positive coping strategies to deal with stress**. Being healthy is first and foremost the responsibility of the individual. Following this logic, legal professionals can work to identify and implement healthy, positive strategies for managing stress. This can help limit the use of harmful behaviours (e.g., avoidance, alcohol consumption, drug use). Some ideas for positive strategies include mindfulness, physical activity, social activities, processing emotions with a health care professional or support person, etc. It is essential to remind professionals of the importance of implementing these strategies preventively to avoid developing a mental health issue, and thus preserve their commitment to the profession and their clients.

9

DEVELOP A CULTURE OF MEASUREMENT

The findings of this research have revealed highly worrisome proportions on the mental health indicators for Canadian legal professionals. When indicators for legal professionals are compared to indicators for the general Canadian population, a significant gap exists.

To develop a culture of measurement, two strategies seem essential: 1) collect data; and 2) examine the factors/sources of professional misconduct.

9.1 COLLECT DATA

Not only do mental health issues restrict the capacity of professionals, they also pose a real threat to their level of commitment and the profession's sustainability. Given that these issues can impact professionals' ability to practise, **a culture of measurement is the starting point for a national strategy**. Making a shift towards a healthy professional practice requires more than just a leap of faith, a single action or even multiple actions. A healthy professional practice is the result of committed, continuous and iterative work that must be carried out daily by everyone in the Canadian legal community. It is strongly recommended that a culture of measurement be developed in all areas of the legal community. This is to root decisions in evidence-based data, which allows us to assess the full impact of the actions taken.

Led by the Federation of Law Societies of Canada, a longitudinal study with measurements every three/five years would make it possible to measure improvements over time. These measures could also include objective indicators such as departures from—and entries into—the profession. Health is an ongoing process and this study was only a starting point.

Through the Federation of Law Societies of Canada, law societies could collaborate on **developing a "health index"** including a few key indicators that could be monitored over time to track legal professionals' health.

In short, the "health index" would assess several issues related to the health of professionals, including their health indicators, lifestyle habits and acquisition of skills or practices that protect health.

This recommendation is part of an overarching approach, i.e., its scope is not limited to this particular area of concern. Implementing the ongoing measurement of health and wellness among legal professionals makes it possible to assess the positive impact of the actions taken by the law societies and the Federation of Law Societies of Canada to protect professionals' wellness and, by extension, the public.

It is important for law societies **to collect data from members who do not renew their professional licence**. Data collection is essential for understanding and collating information about professional licences that are not renewed (apart from voluntary departures due to normal causes such as retirement). The responses serve as a valuable source of information for making changes to the

professional environment, improving the quality of professional practice, better equipping legal professionals, and securing the profession's future. To this end, it is suggested that an external data collection firm be contracted to ensure respondent confidentiality and anonymity, thus reducing the risk of self-censorship and increasing the chances of learning the real reasons for licence non-renewals. Law societies should also provide a checklist of reasons in the electronic form soliciting the information (e.g., retirement, financial reasons, harassment, discrimination, work-life conflict, other; specify). Additional questions asking for comments could also be included (e.g., "How could this have been avoided?").

In legal workplaces, **collecting data and setting up exit interviews** appear essential. Exit interviews provide management with a better understanding of the reasons for a legal professional's departure. By formally collecting the information, legal workplaces can improve internal practices and prevent departures.

9.2 EXAMINE THE FACTORS/SOURCES OF PROFESSIONAL MISCONDUCT

It is suggested that **a global analysis of factors/sources related to legal professional misconduct be conducted**. By examining the sources or contributing factors of professional misconduct, regulators will be able to better understand the dynamics that lead to misconduct. This will allow regulators to take preventive actions through the development of targeted training content.

A deterioration in the psychological health of professionals or the use of negative coping strategies (e.g., excessive alcohol consumption) can lead to misconduct. However, it is more often one of a number of interrelated factors, and frequently only indirectly related. The same is true for the link between the health and the competence of professionals and their ability to practice their profession. A professional experiencing difficulties may still be perfectly able to meet his or her professional and ethical obligations. Even if that is the case, legal professionals should not feel the need to do so without supports. Professionals must be able to seek appropriate professional assistance without fear that their competence or ability to practice will be questioned. It is important for regulators to make professionals aware of this so that professionals can proactively seek assistance, which can help prevent the deterioration of their psychological health.

This measure will also provide regulators with an overview of the links between mental health issues and professional misconduct.

By clarifying the link between the factors that have led to sanctioned misconduct in the past, regulators will be able to ground their discussions and actions in data to better educate professionals and deconstruct stigma that perpetuates misunderstanding with respect to psychological health and wellness in the legal profession. This will help to break down some invisible but real barriers that limit the ability of professionals to reach out for help. This data will also likely support a separate process when mental health issues are experienced during professional practice, thus avoiding the use of disciplinary processes

The findings demonstrated that work-life conflict is not only tied to parenthood, as many legal professionals with or without children are affected. However, the importance of work-life balance for health is no longer in question. Several studies have already highlighted this relationship in the past⁸. Several measures are likely to improve the work-life balance of professionals.

In order to foster a better work-life balance in the legal profession, four elements are important: 1) implement work-life balance programs; 2) support the right to disconnect; 3) make work organization and teleworking arrangements more flexible; and 4) taking care of ourselves.

10.1 IMPLEMENT WORK-LIFE BALANCE PROGRAMS

First, it appears important for legal workplaces **to implement work-life balance programs**. As dual-career couples become more common, work-life balance is a societal issue and a non-gendered one. Parenting is not the only responsibility families have to deal with. Given the aging population, many people act as caregivers to a parent. Implementing work-life balance programs, in combination with the possibility of a flexible schedule and the ability to work from home, could reduce pressure in both spheres of life—work and family—for all legal professionals. In fact, being able to work from home during the COVID-19 pandemic was found to be a protective factor against burnout.

10.2 SUPPORT THE RIGHT TO DISCONNECT

It is important for organizations **to implement a policy that supports the right to disconnect**. Setting boundaries and having clear rules about using technology outside of work hours are ways for professionals to give themselves the right to disconnect. Mobile technologies offer flexibility, but sometimes at the expense of time offline between work periods for much-needed recovery. Protecting this time of psychological rest is essential to wellness, which is why it is good for professionals to communicate their offline hours to those they work with (clients, colleagues, superiors) so that everyone is made aware. The objective is to limit the expectations and pressure felt when feeling a sense of duty to respond immediately. Implementing a policy on the right to disconnect while adhering to client obligations aims to improve work-life balance. The right to disconnect helps prevent some of the risks associated with work-life conflict, such as anxiety, depression, and burnout.

Beyond a clear policy, **management practices and work environment have to support the right to disconnect**. Organizations must clarify expectations and priority management with professionals. Technology and constant accessibility can create a sense of urgency that interferes with the ability to disconnect during essential recovery time. The difficulties inherent in disconnecting particularly affect professionals with less experience. Thus, it is crucial to clarify what is expected of professionals to

⁸ Read: Rashmi, K. & Kataria, A. (2022). Work-life balance: a systematic literature review and bibliometric analysis. *International Journal of Sociology and Social Policy*, 42(11-12), 1028-1065. <https://doi.org/10.1108/IJSSP-06-2021-0145>

reduce the sense of urgency, which technology exacerbates, potentially becoming invasive, interfering with psychological detachment, and leading to work–home conflict. Now more than ever, it is time for organizations to implement policies that provide a framework for the right to disconnect.

10.3 MAKE WORK ORGANIZATION AND TELEWORKING ARRANGEMENTS MORE FLEXIBLE

Work-life balance requires with flexibility. Therefore, organizations should **make work organization and teleworking arrangements more flexible**. Making work arrangements more flexible and adopting a clear policy on hybrid telework would benefit both professionals and organizations. Teleworking often improves productivity and also promotes a better work–life balance. For organizations, it reduces operating costs by minimizing capital costs.

Law societies may wish to collaborate (including through the Federation of Law Societies of Canada) **to identify national concerns about telework in the practice of law and take stock of the best practices among law societies**. The COVID-19 pandemic has required great resilience within the Canadian legal community. Although teleworking was a "must," many professionals and organizations have come to appreciate its advantages and will continue to work remotely. However, teleworking comes with its own issues regarding technology, work organization, protection of confidential data, and interaction with clients. This could involve the creation of a list of key resources and tools to help professionals uphold their obligations under the Model Code while working remotely. These efforts could eventually lead to creating a telework toolkit.

10.4 TAKING CARE OF OURSELVES

For their part, professionals should **take time for themselves and enjoy life outside of the practice of law**. Enjoyment is key to a person's wellness. No one should be deprived of the ability to enjoy life. Work should not be an obstacle to that enjoyment and, in fact, work itself can be a source of enjoyment. It can be risky to delay the things that bring us enjoyment and pleasure. It is much healthier to make time and space for enjoyment in life, so that work is not all-consuming. Here are some hobbies that are intrinsically healthy and can inspire professionals to live better: playing sports, playing a musical instrument, reading, painting, meeting friends, going to a show, and so on. Cultivating wellness regularly is one of the keys to good health!

Professionals should also **take a REAL vacation**. Professionals must adopt practices that allow them to truly disconnect from work and take proper vacation time (e.g., delegating files, organizing time differently). Vacations are critical to protecting mental health. It is important that professionals take real vacations every year and as needed so they can disconnect completely.

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Appendix A

Description of the measurement scales used

Table A1

Description of the measurement scales used: socio-demographic variables

Measured factor	Type	Number of questions (items)	Number of response modalities	New, adapted, or existing scale
Gender	Categorical	1	4	Existing
Age	Continuous	1	Cursor	Existing
LGBTQ2S+	Categorical	2	12	Existing
Ethnicity	Categorical	2	9	Existing
Indigenous	Categorical	1	3	Existing
Indigenous people	Categorical	1	4	Existing
Education	Categorical	1	6	Existing
Experience	Continuous	1	Cursor	Existing
Location of practice	Categorical	1	4	Existing
Health-related leave	Binary	1	2	Existing
Health-related - Nb of times	Continuous	1	Cursor	Existing
Health-related – Total duration	Continuous	1	Cursor	Existing
Profession	Categorical	1	5	Existing
Employment status	Categorical	2	9	Existing
Practising law	Binary	1	2	Existing
Planning the return to the practice of law	Binary	1	2	Existing
Workplace	Categorical		5	Existing
Work setting	Binary	1	2	Existing
NCA Certification	Categorical	1	3	Existing
Law society of affiliation	Categorical	1	14	Existing
Number of years since licensed	Continuous	1	Cursor	Existing
Area of practice	Categorical	1	35	Existing
Area or practice - paralegals	Categorical	1	11	Existing
CBA membership - paralegals	Binary	1	2	Existing
Having clients	Binary	1	2	Existing

Appendix A

Description of the measurement scales used

Table A2

Description of measurement scales used and validation data: mental health variables

Measured factor	Type	Dimension	Number of questions (items)	Internal validity of the scale (α)	Rho of Joreskog	Convergent validity	New, adapted, or existing scale	
							English	French
Psychological distress	Continuous	1	6	.883	N/A	N/A	Existing	Existing
Perceived stress	Continuous	1	4	.887	N/A	N/A	Existing	Adapted
Depression	Continuous	1	9	.892	N/A	N/A	Existing	Existing
Anxiety	Continuous	1	2	.832	N/A	N/A	Existing	Existing
Personal stigma	Continuous	1	6	.798	.832	.625	New	New
Perceived stigma	Continuous	1	5	.798	.908	.625	New	New
Internal stigma	Continuous	1	12	.915	N/A	N/A	New	New
Burnout	Continuous	1	7	.911	N/A	N/A	Existing	Existing
Compassion fatigue	Continuous	3	16	.842	N/A	N/A	Adapted	Adapted

Appendix A

Description of the measurement scales used

Table A3

Description of measurement scales used and validation data: work-related variables

Measured factor	Type	Dimension	Number of questions (items)	Internal validity of the scale (α)	Rho of Joreskog	Convergent validity	New, adapted, or existing scale	
							English	French
Stressors related to the regulated profession	Continuous	7	30	.951	N/A	N/A	New	New
Stressors related to professional inspection	Continuous	1	14	.915	N/A	N/A	New	New
Technostress	Continuous	7	27	.932	N/A	N/A	Adapted	Adapted
Technostress (Work overload)	Continuous	N/A	3	N/A	.881	.711	Adapted	Adapted
Technostress (Work-life conflict)	Continuous	N/A	3	N/A	.895	.739	Adapted	Adapted
Technostress (Pressure from ICT)	Continuous	N/A	3	N/A	.815	.595	Adapted	Adapted
Technostress (Misinformation of clients)	Continuous	N/A	4	N/A	.941	.880	Adapted	Adapted
Technostress (Insecurity from AI)	Continuous	N/A	4	N/A	.927	.761	Adapted	Adapted
Technostress (Information overload)	Continuous	N/A	4	N/A	.876	.640	Adapted	Adapted
Technostress (Communication overload)	Continuous	N/A	3	N/A	.854	.662	Adapted	Adapted

Appendix A

Description of the measurement scales used

Table A4

Description of measurement scales used and validation data: work-related variables

Measured factor	Type	Dimension	Number of questions (items)	Internal validity of the scale (α)	Rho of Joreskog	Convergent validity	New, adapted, or existing scale	
							English	French
Quantitative demands	Continuous	1	3	.929	N/A	N/A	Existing	Existing
Qualitative demands	Continuous	1	3	.818	N/A	N/A	Adapted	Existing
Emotional demands	Continuous	1	3	.867	N/A	N/A	Existing	Existing
Autonomy	Continuous	1	3	.884	N/A	N/A	Adapted	Existing
Skills utilization	Continuous	1	4	.814	N/A	N/A	Adapted	Existing
Availability of resources	Continuous	1	3	.854	N/A	N/A	Adapted	Existing
Consistency of values	Continuous	1	3	.834	N/A	N/A	Existing	Existing
Performance-related pressure	Continuous	1	3	.921	.922	.659	Adapted	Existing
Pressure related to billable hours	Continuous	1	3	.812	.852	.800	Adapted	Adapted
Recognition	Continuous	1	3	.914	N/A	N/A	Adapted	Existing
Job insecurity	Continuous	1	3	.804	N/A	N/A	Adapted	Existing
Career opportunities	Continuous	1	3	.915	N/A	N/A	Existing	Existing
Intention to leave the profession	Continuous	1	4	.845	N/A	N/A	Existing	Adapted
Commitment to the profession	Continuous	1	4	.903	.900	.693	Existing	Adapted
Support from supervisor	Continuous	1	3	.905	N/A	N/A	Existing	Existing
Support from colleagues	Continuous	1	3	.809	N/A	N/A	Existing	Existing
Incivility (Cortina)	Continuous	1	3	.899	.872	.695	Adapted	Adapted
Incivility and violence (COPSOQ)	Continuous	1	5	N/A	N/A	N/A	Adapted	Adapted
Agility	Continuous	2	6	.885	.904	.824	Adapted	Adapted
Organizational support during COVID-19	Continuous	1	6	.920	N/A	N/A	Existing	Existing
Telework adjustment	Continuous	1	5	.894	.894	.577	Existing	Adapted

Appendix A

Description of the measurement scales used

Table A5

Description of measurement scales used and validation data: work-related variables

Measured factor	Type	Number of questions (items)	Number of response modalities	New, adapted, or existing scale
Organization size	Categorical	1	7	Existing
Pre-pandemic hours worked	Continuous	1	Cursor	Existing
Hours worked since COVID-19	Continuous	1	Cursor	Existing
Performance criteria	Binary	1	2	Existing
Billable hours	Binary	2	2	Existing
Annual billable hour target	Continuous	1	Cursor	Existing
Billable hours' percentage	Continuous	1	Cursor	Existing
Follow-up frequency regarding the billable hour target	Categorical	1	5	Existing
Precision of the billable hours reported	Binary	2	2	Existing
Having a supervisor	Binary	1	2	Existing
Being a supervisor	Binary	1	2	Existing
Mentoring	Categorical	1	3	Existing
Reasons for leaving the profession	Categorical	1	28	Existing
Technologies used	Categorical	1	10	Existing

Appendix A

Description of the measurement scales used

Table A6

Description of measurement scales used and validation data: individual-related variables

Measured factor	Type	Dimension	Number of questions (items)	Internal validity of the scale (α)	Rho of Joreskog	Convergent validity	New, adapted, or existing scale	
							English	French
Assertiveness	Continuous	1	5	.824	N/A	N/A	Adapted	Existing
Psychological detachment	Continuous	1	3	.874	N/A	N/A	Existing	Existing
Resilience	Continuous	1	6	.901	.860	.515	Existing	Adapted
Alcohol consumption	Continuous	1	10	.848	N/A	N/A	Existing	Existing
Drug use	Continuous	1	12	N/A	N/A	N/A	Existing	Existing

Appendix A

Description of the measurement scales used

Table A7

Description of measurement scales used and validation data: individual-related control variables

Measured factor	Type	Number of questions (items)	Number of response modalities	New, adapted, or existing scale
Drug(s) use	Binary	1	2	Existing
List of drugs	Categorical	1	9	Existing

Appendix A

Description of the measurement scales used

Table A8

Description of measurement scales used and validation data: family and personal life variables

Measured factor	Type	Dimension	Number of questions (items)	Internal validity of the scale (α)	Rho of Joreskog	Convergent validity	New, adapted, or existing scale	
							English	French
Work-Life Conflict	Continuous	1	3	.880	N/A	N/A	Existing	Existing
Fear of starting a family	Continuous	1	13	.924	N/A	N/A	New	New
Social support outside work	Continuous	1	7	.940	N/A	N/A	Adapted	Adapted

Appendix A

Description of the measurement scales used

Table A9

Description of measurement scales used and validation data: family and personal life control variables

Measured factor	Type	Number of questions (items)	Number of response modalities	New, adapted, or existing scale
Marital status	Binary	1	2	Existing
Having a child/children	Binary	1	2	Existing
Children's age group	Categorical	1	5	Existing
Wanting a child/children	Binary	1	2	Existing
Decision to not have children because of profession	Binary	1	2	Existing

Appendix A

Description of the measurement scales used

Table A10

Description of measurement scales used and validation data: health-related leave variables

Measured factor	Type	Dimension	Number of questions (items)	Internal validity of the scale (α)	Rho of Joreskog	Convergent validity	New, adapted, or existing scale	
							English	French
Difficult relationships with the employer	Continuous	1	9	N/A	N/A	N/A	Adapted	Adapted
Apprehension of relapse	Continuous	3	10	N/A	N/A	N/A	Adapted	Adapted
Job demands	Continuous	1	9	N/A	N/A	N/A	Adapted	Adapted
Difficult relationships with colleagues	Continuous	1	7	N/A	N/A	N/A	Adapted	Adapted
Organizational justice	Continuous	1	4	N/A	N/A	N/A	Adapted	Adapted
Work-life conflict	Continuous	1	3	N/A	N/A	N/A	Adapted	Adapted
Loss of motivation to return to work	Continuous	1	3	N/A	N/A	N/A	Adapted	Adapted

Appendix A

Description of the measurement scales used

Table A11

Description of measurement scales used and validation data: health-related leave control variables

Measured factor	Type	Number of questions (items)	Number of response modalities	New, adapted, or existing scale
Cause of medical leave	Categorical	1	4	Existing
Time of return to work	Categorical	1	4	Existing

Appendix A

Description of the measurement scales used

Table A12

Description of the measurement scales used and validation data: variables related to perceived discrimination

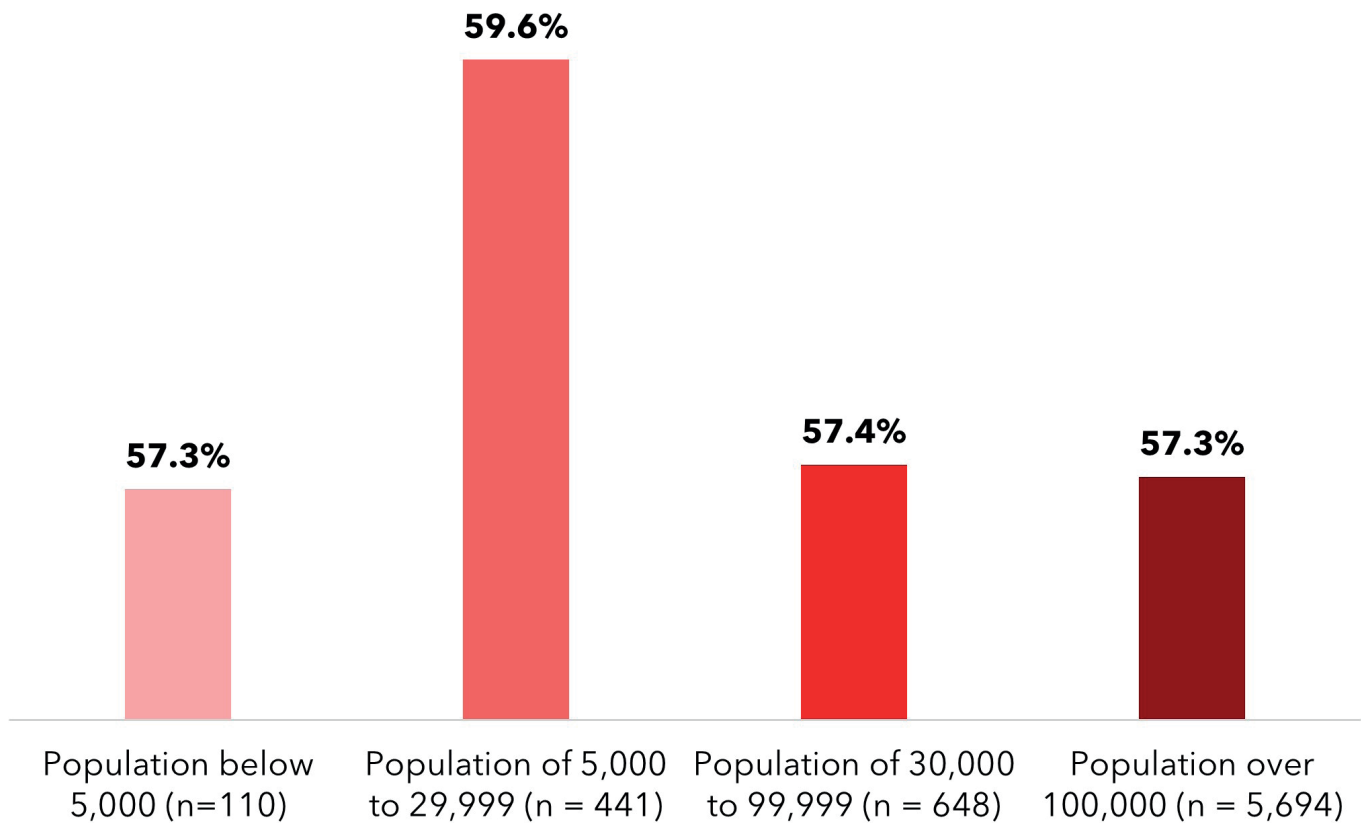
Measured factor	Type	Dimension	Number of questions (items)	Internal validity of the scale (α)	Rho of Joreskog	Convergent validity	New, adapted, or existing scale	
							English	French
LGBTQ2S+	Continuous	1	11	.977	N/A	N/A	New	New
Woman	Continuous	1	11	.964	N/A	N/A	New	New
Ethnicity	Continuous	1	11	.975	N/A	N/A	New	New
Indigenous	Continuous	1	11	.984	N/A	N/A	New	New
Disability	Continuous	1	11	.972	N/A	N/A	New	New
Age	Continuous	1	11	.967	N/A	N/A	New	New
Mental health-related leave	Continuous	1	11	.958	N/A	N/A	New	New

Appendix B

Health indicators by population size

Graph B1

Proportions of psychological distress by size of city where the legal professional practises law ($n = 6,893$)

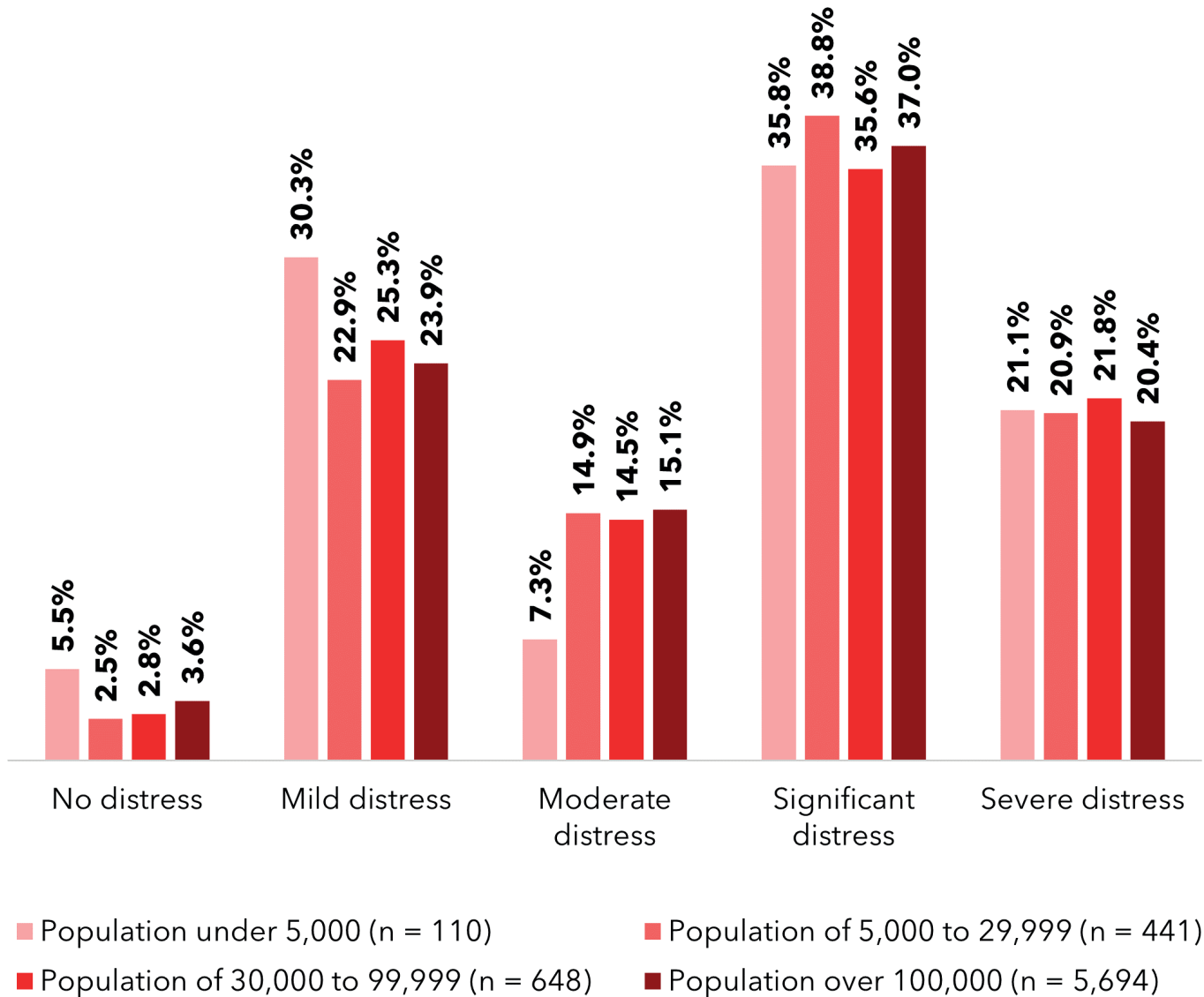


Appendix B

Health indicators by population size

Graph B2

Proportion of levels of psychological distress by size of city where the legal professional practises law (n = 6,893)

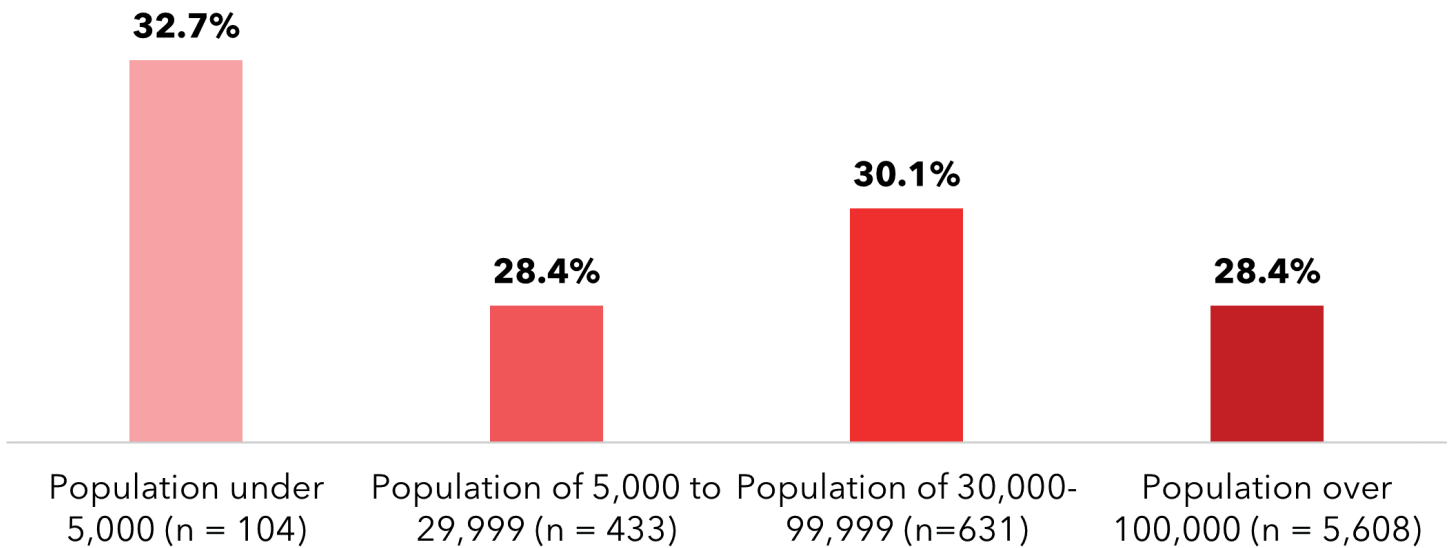


Appendix B

Health indicators by population size

Graph B3

Proportion of moderate to severe depressive symptoms by size of city where the legal professional practises law ($n = 6,776$)



Appendix B

Health indicators by population size

Graph B4

Proportion of burnout by size of city where the legal professional practises law ($n = 5,973$)

