

Objectives: To explore what are the anxieties, stressors, and fears of HCV-infected young mothers. To explore the experiences of infected young mothers with HCV.

Methods: We have used a qualitative design of the study and a convenient, purposeful sampling technique to acquire the data. In Karachi, Pakistan, a tertiary care hospital will host this trial. Young moms who registered HCV+ infections between January 2022 and June 2022 were included in the study. The tertiary healthcare setting was used for the investigation. The suggested number of 10 young moms with HCV who had been detected during pregnancy and came to the clinic for treatment were selected, those who provided consent and who were neither pregnant nor extremely unwell at the time of the study were eligible. The average age of the inhabitants was 26. There were 42.85% undergraduate mothers, 28.57% mothers with graduate degrees, and 28.57% mothers with postgraduate degrees in the population. Thematic analysis was utilized to evaluate the data, and the themes were generated by looking at the data and creating codes to look into the transcription's content.

Results: According to the findings, the referral system appeared to place a significant burden on individuals who were already dealing with the potentially fatal hepatitis C infection and were pregnant. In the antenatal period, when there should have been two different doctors' visits, they were compelled to go to the same clinic.

Conclusions: The finding addressed the importance of specialized care setting in the tertiary care hospital in Karachi, Pakistan. There is a requirement of training programs for the development of soft skills of health care professionals and there must be awareness sessions to promote and mobilize the understanding of the spread of this disease.

To this research finding the importance of comprehensive health care support was identified. And it also depicts the importance of inclusive antenatal program design.

Disclosure of Interest: None Declared

EPV0554

Evaluation of mental health using MHC-SF in patients with paget's bone disease

A. Feki^{1*}, I. SELLAMI^{2,2}, C. Abid¹, A. Abbes², Z. Gassara¹, S. Ben jema¹, M. Ezzeddine¹, M. H. Kallel¹, H. Fourati¹, R. Akrou¹ and S. Baklouti¹

¹Rheumatology and ²occupational medicine, Hedi chaker hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1234

Introduction: Paget's disease is a chronic bone disorder, that is characterized by increased and disorganized bone remodelling, which can lead to bone pain, bone complications such as deformities and fractures, neurological and cardiovascular complications. This physical impact can alter patients' mental health and lead to anxiety or depression.

Objectives: This study aimed to assess the mental health in patients diagnosed with paget's bone disease

Methods: Paget's disease patients were assessed by The Mental Health Continuum Short Form (MHC-SF) score. It consists of

14 items that were selected to represent each fact of well-being: 3 emotional well-being items (reflects hedonic well-being), 6 psychological well-being items, and 5 social well-being items (when combined, reflects eudemonic well-being). Items scores are summed, yielding a total score ranging from 0 to 70. Higher scores indicate greater levels of positive well-being.

Results: Thirty patients were included. 60% were men and 40% were women. The average age was 65 years. Socio-economic level was low in 3.3%, average in 86.7%, good in 10% of cases. 93.3% were married and 6.7% were single. For the medical history, 80% had a previous history and 20% did not. Clinically, 83.3% had pain and 16.7% had no pain. Concerning the disease location, 4 had involvement of the skull, 15 of the spine, 13 of the sacrum, 13 of the femur, 1 of the tibia, 1 of the calcaneus and 3 of the humerus. As for complications, 36.7% had no complications, 56.7% had osteoarticular complications, 3.3% had neurological complications and 3.3% had cardio-vascular complications. Concerning treatment, 90% received bisphosphonate and 10% did not.

For the mental health questionnaire, the mean score was 36.4. 53.3% of patients had poor mental health, 43.3% were moderately healthy and 3.3% were thriving.

No significant associations were noted between level of mental health and age, pain level, complications, location of the disease, alkaline phosphatase and treatment $p > 0.05$.

Conclusions: The impact of paget's disease is not only physical but also psychological. The MHC-SF is useful to detect the mental illness.

Disclosure of Interest: None Declared

EPV0557

Determinants of Burnout syndrome among healthcare workers in Sahloul hospital, Tunisia: A cross sectional study

A. Fki^{1*}, O. Thabet², C. Sridi¹ and S. Ksibi¹

¹Occupational medicine, Sahloul Hospital and ²faculty of medicine of sousse, Sousse, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1235

Introduction: Healthcare workers are at increased risk of Burnout due to the stressful demands of their job.

Objectives: The aim of this study was to assess the prevalence and the related factors of burnout in healthcare workers at the Sahloul University Hospital, Tunisia

Methods: Data were collected from a cross sectional study using a questionnaire exploring socio-demographic and professional data, lifestyle habits and pathological history. Burnout was assessed using the French version of the Maslach Burnout Inventory (MBI).

Results: Our study included 135 healthcare workers. The average age was 41.7 ± 9.15 years. 81.5% of the sample was female. Nurses accounted for 60% of staff. More than half (51.1%) worked shifts, with night work in 32.6%. A pathological history was noted in 17.8% of healthcare workers, and a history of work-related accidents in 40.7%. The prevalence of burnout in our study population was 42.6%, with a high emotional exhaustion score in 47.4%, a high depersonalization score in 23.7% and a low personal

accomplishment score in 73.3%. Burnout was significantly associated with alcoholism ($p=0.016$), shift work ($p=0.037$) and the presence of stress at work ($p=0.048$).

Conclusions: The prevalence of burnout was high in our study population, hence the importance of setting up a burnout prevention strategy in hospitals.

Disclosure of Interest: None Declared

EPV0558

Perception of Violence by Psychiatric Nurses: Behind the scenes

S. Hamzaoui, K. Mahfoudh, S. Walha, D. Mezri, A. Ouertani, U. Ouali, A. Aissa* and R. Jomli

Psychiatry A, Razi Hospital, Manouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1236

Introduction: Violence in psychiatric settings poses significant challenges for healthcare professionals, particularly nurses. This study examines psychiatric nurses' perceptions of violence and its impact on the quality of care they provide.

Objectives: The primary objective is to assess the influence of violence on the quality of care in psychiatric settings, with a focus on the experiences and perspectives of nurses.

Methods: We employed a questionnaire-based survey administered to 30 psychiatric nurses working in both inpatient and outpatient psychiatric units of the Razi hospital Manouba. The survey gathered information on the prevalence of violence, types of violence encountered, and the impact on nursing practice.

Results: Of the 30 respondents, 75% identified as female and 25% identified as male. Most of them had more than five years of experience. The primary results revealed that all the psychiatric nurses reported experiencing at least one incident of violence during their psychiatric nursing careers. Regarding exposure to verbal violence, the results indicated that 52% encountered it sometimes, 22% often, 17% very often. Regarding physical violence, 30% experienced it rarely, 26% sometimes, 13% often, and 13% very often. For sexual violence, 56% reported never experiencing it, 8% rarely, 26% sometimes, and 8% very often. These incidents had varying effects on nurses' emotional well-being, job satisfaction, and the quality of care they were able to provide. 53% of nurses reported experiencing emotional distress and feelings of anxiety as a result of violence, 13% felt anger and frustration. One nurse declared he was not affected emotionally. Most of the respondents (75%) indicated that their job satisfaction had been negatively affected by violent incidents. 40% of respondents stated that violence has a negative impact on their relationship with patients, but they make efforts to maintain care quality. Whereas, 20% found ways to strengthen connections despite challenging experiences. The most commonly endorsed strategies to cope with violence included attempting to master their emotions by remaining calm and patient (78% of respondents), seeking assistance or the presence of other healthcare team members (65%), and maintaining a safe distance from patients (69%). Fewer participants reported raising their voice and adopting a position of authority (30%), while

a minority indicated engaging in additional training on the management of violent situations (20%). These results illustrate the diverse range of personal coping strategies.

Conclusions: Violence in psychiatric settings has a multifaceted impact on psychiatric nurses, affecting both their emotional well-being and the quality of care they provide. Strategies for managing and preventing violence, as well as supporting nurses in coping with these challenges, are essential for maintaining high-quality psychiatric care.

Disclosure of Interest: None Declared

EPV0559

Augmenting pharmacotherapy with physical exercise: review of the principles

A. R. Szczegieliński* and R. Pudło

Department of Psychoprophylaxis, Medical University of Silesia, Katowice, Poland

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1237

Introduction: Observed structural and functional changes in the central nervous system as a result of physical exercise are beneficial from biological, psychological and social standpoint. The studies published so far confirm that physical exercise, understood as planned, ordered and repetitive activity, can improve severity of symptoms, general functioning, and quality of life in patients with mood disorders, schizophrenia/psychotic disorders, anxiety, PTSD or addictions. This seems to be particularly important in relation to the growing number of patients facing resistance to classical pharmacological treatment as well as its side effects (e.g. metabolic syndrome, cardiovascular complications).

Objectives: Review of effective implementation of treatment programs based on physical exercise within mental health services.

Methods: Scoping review was performed by identifying relevant studies available in the PubMed and Scopus databases that were 1) peer-reviewed 2) in English language 3) focused on physical exercises 4) published within the last 10 years. Selection of the studies from the initial group of search results was performed manually.

Results: Majority of studies present programs covering relatively small, diverse groups of patients with mixed types of physical exercise modalities and intensity introduced, which makes generalization to basic principles very difficult. Needs assessment of patients from various diagnostic categories is vital in the process of implementation and evaluation. Barriers indicated by service users include lack of psychoeducation on perceived benefits, limitations within healthcare system (e.g., time limits, cost, access), side effects of medication, and psychosocial factors such as isolation. The assessment of factors engaging and motivating to maintain physical activity seems particularly important.

Conclusions: Identification of patients that may especially benefit from the inclusion of physical exercise, and recognition of therapeutic programs' elements that ensure the maintenance of the physical activity require further research.

Disclosure of Interest: None Declared