

EPV1501

Attentional skills following serious traumatic cervical spine injuries in young sports men

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doi: 10.1192/j.eurpsy.2025.2016**Introduction:** Cervical spine injuries are serious traumatic situations**Objectives:** Aim-Aim of this study was to evaluate the attentional skills in cases with serious cervical spine injuries, in young sports men.**Methods:** Material and Methods-10 young male amateur sports men (1 soccer player, 1 basketball player, 1 volley-ball player, 1 hand ball player, 1 boxer, 1 long runner, 1 fast runner and 3 swimmers) were participated in this study, 20 days more or little less after serious cervical spine injuries. Range of age 19-39 years and mean age 29 .We used specific performance tests, letter cancellation exam, naming trials and iq tests.**Results:** Results-All of them(10,100%) reported deficits in all areas of attention function and also cognitive and emotional status.9 of them(90%) reported also difficulty in complex task activities, especially when time limits were imposed.**Conclusions:** Conclusions-All these exams are good and efficient tools in order to evaluate this kind of patients.**Disclosure of Interest:** None Declared

EPV1502

Mental health literacy and its associated factors among undergraduate students: preliminary findings from SMILE ProjectA. I. Teixeira^{1,2*}, S. Lima^{1,2}, V. Pereira¹, F. Pinto^{1,2}, T. Morgado³ and S. Martins²¹Health Sciences, Nursing School of Tâmega e Sousa IPSN-CESPU;²Innovation in Health and Well-Being – Research Unit, Instituto Politécnico de Saúde do Norte, CESPU and ³Coimbra College of Nursing and the Leiria College of Health; UICISA:E and RISE@CINTESIS, Penafiel, Portugal

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Introduction: Mental health literacy (MHL) is crucial for undergraduate students as it empowers them to recognize, understand, and address mental health challenges. This knowledge contributes to improved happiness by reducing stigma, fostering resilience, and promoting positive coping strategies. Enhanced emotional well-being results from effective stress management and the ability to seek help when needed. Ultimately, mental health literacy positively influences academic life satisfaction by creating a supportive environment, reducing the impact of stressors, and fostering a holistic approach to well-being in the challenging context of higher education.**Objectives:** To assess the association between MHL and satisfaction with academic life, happiness, psychological well-being and psychiatric symptoms in undergraduate students. It also aimed to analyse the relationship between MHL and sociodemographic and clinical characteristics of these students.**Methods:** Under the ongoing prospective project called “SMILE”, this preliminary study integrated a sample of undergraduate students from a private higher education institution in northern of Portugal. The research protocol included a semi-structured interview (sociodemographic and clinical data) and the Mental Health Literacy Questionnaire (MHLq-SVa), Satisfaction with Academic Life Scale (SALS), Subjective Happiness Scale (SHS), Psychological Well-Being Scale (PWBS) and Depression Anxiety Stress Scale (DASS). Non-parametric statistical tests were used, as the data did not follow a normal distribution.**Results:** Twenty-four students were evaluated (75% female, 92% single; mean age=25.5y y.o.). Around 67% were nursing students and 42% in their 4th year. Regarding support needs for mental health problems, 74% had support at some point in their lives and about 17% were currently receiving support. (22% were taking psychotropic medications). Also, 57% had a family history of mental disorders. Women had a greater knowledge of mental health problems (MHI domain), compared to men (median=28vs.25; p=0.025). This MHL domain was negatively correlated with satisfaction with the academic environment (rs= -0.571). Higher scores in MHL total and in its self-help strategies domain were identified among students with previous mental health support needs (median=72vs69.5, p=0.20; median=19vs18, p=0.44, respectively). Lower level of erroneous beliefs/stereotypes (MHI domain) were more evident in students with family mental health history (median=15vs13.5, p=0.007). No relations were found between MHL and other assessed variables.**Conclusions:** These findings are important for designing interventions to promote mental health in academic contexts, aimed at positive and healthy changes in the academic environment, particularly in line with their expectations and needs, with the aim of reducing levels of psychological distress.**Disclosure of Interest:** None Declared

EPV1503

Job Satisfaction and Psychological Distress Among Healthcare ProfessionalsM. Theodoratou^{1,2*}, H. Vavatsikou¹, E. Denazi³ and I. Papatheanasiou¹¹Social Sciences, Hellenic Open University, Patras, Greece; ²Psychology, Neapolis University Pafos, Pafos, Cyprus and ³Psychology, National Kapodistrian University of Athens, Athens, Greece

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Introduction: Job satisfaction and psychological distress are pivotal elements in the overall well-being of healthcare professionals, whose work environment is inherently challenging and stressful. High levels of job satisfaction are essential for the health, motivation, and performance of the workforce, and for ensuring high-quality patient care and the effective functioning of the healthcare organization. Conversely, psychological distress among healthcare workers can result in burnout, a reduction in the quality of care provided, and an increase in turnover rates. This study examines the complex factors influencing job satisfaction and psychological distress, with the aim of providing a comprehensive understanding that can inform the development of interventions and policy changes within healthcare settings.**Objectives:** The purpose of this study is to explore the factors that contribute to job satisfaction and psychological distress among

medical and nursing staff. By identifying conditions that lead to increased satisfaction or distress, the research seeks to propose actionable strategies to improve the working environment and reduce psychological strain among healthcare workers.

Methods: This research employed a quantitative approach utilizing a specifically designed questionnaire that incorporated the DASS21 (Depression, Anxiety, and Stress Scale) and the K6+ scale for measuring psychological distress. The sample consisted of 132 healthcare professionals, selected through the snowball sampling method. The questionnaire was based on a comprehensive review of the literature and included measures to assess job satisfaction, anxiety, stress, and psychological distress.

Results: The findings indicate that the majority of healthcare workers perceive limited opportunities for job advancement and salary increases. Furthermore, communication within organizations is perceived as moderate, and employees report that their efforts are not adequately recognized or rewarded. These factors are associated with both job dissatisfaction and increased psychological distress, as measured by the DASS21 and K6+ scales.

Conclusions: The findings of this study highlight the imperative for systemic reforms within healthcare organizations to enhance job satisfaction and mitigate psychological distress among healthcare personnel. It is recommended that strategies include the creation of more transparent pathways for career advancement, the fostering of a supportive and communicative work environment, and the implementation of recognition programs that validate and reward employee contributions. It would be beneficial for future research to investigate the long-term impact of such interventions in order to ascertain their efficacy in maintaining positive changes within healthcare settings.

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EPV1504

Burnout in emergency medical and paramedical teams

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Introduction: Burnout is defined by the WHO as “a feeling of intense fatigue, loss of control and inability to achieve concrete results at work”. Among the most affected populations, are medical and paramedical teams, particularly those exposed not only to a sustained work rhythm but also to frequent confrontations with suffering and death, such as emergency staff.

Objectives: Evaluate the frequency of burnout among medical and paramedical staff and determine the factors associated with it.

Methods: A 1-month cross-sectional study (November to December 2023) was conducted in the emergency department of Charles Nicolle's hospital, Tunis. We included all medical and paramedical staff. Data were collected using an anonymous online questionnaire on Google Forms. We used the Maslach Burnout Inventory (MBI) as a rating scale.

Results: Forty-five forms were completed. The average age was 29 ± 2 years, with a male predominance (69%). Twenty-four percent were already being treated for a psychiatric condition. The average length of service in the emergency department was 8 ± 2 years.

The prevalence of burnout was 98%. Burnout was high in 43% of study participants. Fifty-two percent had a high level of burnout, 63% had a high level of depersonalization and 88% had a low level of sense of personal accomplishment. High burnout was more common among women (79% vs. 21%). Of the participants with high burnout: 31.6% were family doctors, 21% were nurses; 15.7% were emergency physicians (residents or seniors in emergency medicine) and 15.7% were emergency technicians.

Burnout risk factors were divided schematically into 3 categories: among organizational risk factors, 98% complained of work overload with insufficient human and material resources, 44% reported the absence of listening and support from hierarchy, and 31% experienced the feeling that their missions were imprecise. Among the professional risk factors, 78% reported an incompatibility between salary and workload, 67% did not receive any words of recognition from the patient or his family, and 53% did not have any specific training in stress management. Not being able to take time off as they wished was the most reported personal risk factor (76%).

A desire to improve working conditions was present in 80% of participants.

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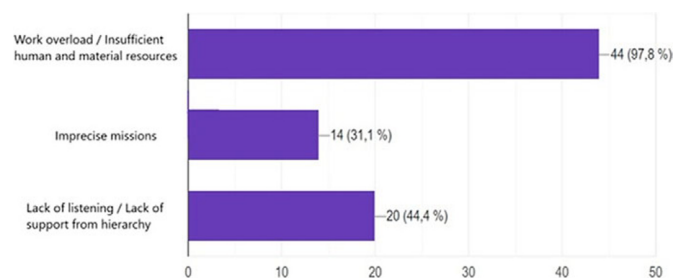


Figure 1 : Organisational risk factors

Image 2:

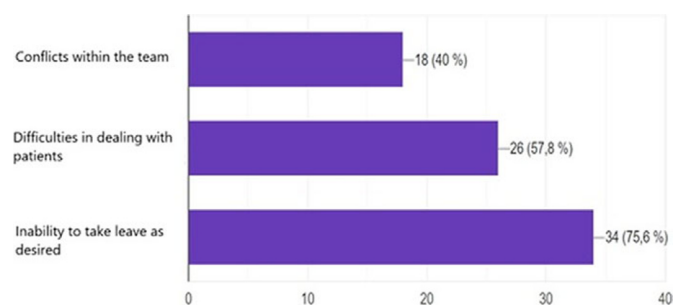


Figure 2 : Personal risk factors