

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.

Disclosure of Interest: None Declared

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.

Image:

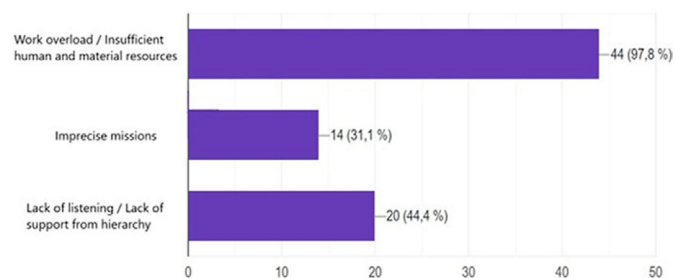


Figure 1 : Organisational risk factors

Image 2:

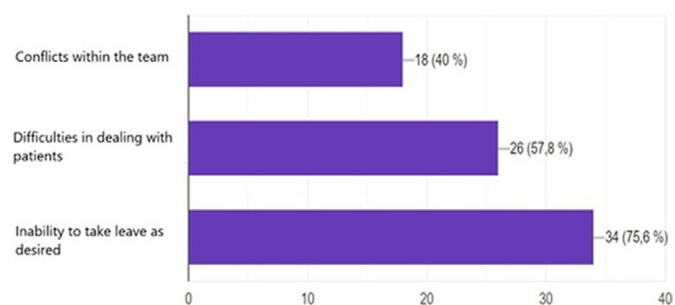


Figure 2 : Personal risk factors

Image 3:

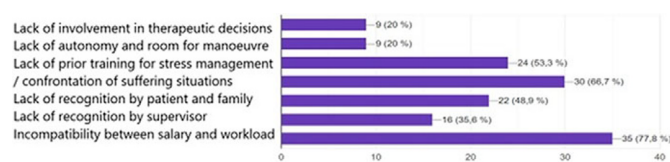


Figure 3 : Professional risk factors

Conclusions: A very high prevalence of burnout has been found within the emergency care team, which could explain their despair of the healthcare system and the increasing exodus rate leading to a potential medical and paramedical desert in Tunisia. It would therefore be urgent to improve working conditions and provide more facilities for young doctors and nurses, particularly in emergency departments.

Disclosure of Interest: None Declared

EPV1505

Positive psychiatry in Ayurveda: A Historical review

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Introduction: Ayurveda is Indian traditional medicine that has a considerable presence in Europe. Incidentally the definition of health developed by the WHO since 1946 has striking similarities with the ones found in Ayurveda texts dating back few millennia ago. The encouragement Ayurveda provides in the pursuit of a flourishing life resonates with the principles and philosophy of Positive psychiatry. So this begs the question did Ayurveda have concepts resembling positive psychiatry and if so, what were the tenets. To this aim we review an Ayurveda text dating back to 3000 BC called Charaka Samhita.

Objectives: To explore concepts related to positive psychiatry and psychology in Charaka Samhita.

Methods: Relevant chapters and sections in Charaka Samhita were screened for descriptions or recommendations for mental health and a meaningful life.

Results: Similarities between Positive Psychiatry and Ayurveda Psychiatry were present. As a part of psychotherapy Ayurveda recommends cultivation of spiritual awareness, wisdom fortitude/resilience and practice meditation. It further encourages the pursuit of ethically reasonable desires, material prosperity and righteous- religious conduct. For the healthy individuals, it recommends maintaining robust physical and mental health, actively accumulating wealth ethically and attain spiritual liberation.

Conclusions: We conclude Ayurveda had its own version of Positive Psychiatry and delineates ways to achieve it.

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EPV1506

Nurturing Bonds: Parental Attachment, Breastfeeding Attitudes and Parenting Styles in Greece

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Introduction: The emotional bond a person forms with their parents during childhood is a crucial factor that influences the choices they make and the parenting style they adopt when they become parents themselves. Conversely, the parenting approach one chooses and the decisions made in raising their children will impact their future relationship with their child.

Objectives: To explore (a) the type of emotional bond that the participants had developed with their own parents during their childhood, (b) their attitudes towards breastfeeding, and (c) their parenting style.

Methods: A cross-sectional study was conducted using self-administered questionnaires completed by 862 parents—both mothers and fathers—who had received support from a private maternity and breastfeeding support center in Athens.

Results: Participants who received higher levels of care from their parents during childhood were negatively associated with exclusive breastfeeding ($p = 0.041$), shorter durations of breastfeeding ($p < 0.001$), and a positive attitude toward breastfeeding beyond 12 months ($p = 0.002$). Mothers who received high care from their parents tended to adopt a more supportive parenting style ($p < 0.001$), in contrast to those who experienced high levels of control ($p = 0.001$). A supportive maternal style was positively associated with natural weaning ($p = 0.018$). In contrast, a more authoritarian maternal style was positively associated with non-exclusive breastfeeding ($p = 0.012$), abrupt weaning ($p = 0.021$), introducing solid foods as the first food ($p = 0.001$), parents and children not sharing the same room ($p < 0.001$), and the implementation of sleep training ($p < 0.001$). Maternal permissiveness was positively associated with not breastfeeding ($p = 0.011$), non-exclusive breastfeeding ($p = 0.002$), pacifier use ($p < 0.001$), introducing pureed foods as the first foods ($p = 0.001$), and the use of sleep training ($p = 0.001$). For fathers, a shorter duration of room-sharing with the child was significantly associated with a stricter parenting style ($p = 0.023$). The more children a mother had, the more likely she was to adopt an authoritarian or permissive parenting style ($p < 0.001$), and the same was true for fathers ($p < 0.001$). Additionally, older paternal age was positively associated with a more authoritarian parenting style ($p = 0.001$). An overall positive breastfeeding experience was associated with being less authoritarian, strict, or permissive ($p = 0.003$; $p = 0.005$; $p < 0.001$, respectively).

Conclusions: Breastfeeding may act as a catalyst for parents to adopt a more supportive parenting style toward their children, regardless of the type of bond they developed with their own parents. This study could serve as a foundation for more extensive research on breastfeeding, early parental choices, attachment bonds, and parenting practices.

Disclosure of Interest: None Declared