

## EPP152

### Coping Strategies and Family Crisis Among Relatives of Intensive Care Unit Patients

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**Introduction:** The admission of a patient to the Intensive Care Unit (ICU) often triggers intense stress symptoms in their family members, leading to anxiety, depression, and emotional distress.

**Objectives:** To investigate the coping mechanisms employed by family members of critically ill patients, considering their socio-demographic characteristics and the closeness of their relationship to the patient.

**Methods:** The study included first-degree relatives, close relatives, and intimate friends of ICU patients. Data were collected through written questionnaires completed by family members who visited patients during the first week of treatment. A sociodemographic questionnaire and the Family Crisis Oriented Personal Evaluation (F-COPES) scale were used to assess coping strategies.

**Results:** A total of 223 family members, with a mean age of 41.5 ± 11.9 years, participated in the study. This sample represented 147 critically ill patients. Of the participants, 81 (36.3%) were men and 142 (63.7%) were women. The majority were the patients' children (40.8%), siblings (19.3%), or companions (16.1%). The most frequently employed coping strategies were seeking social support (mean score 31.27 ± 4.72), mobilizing the family for help (mean score 14.26 ± 3.17), and adopting a passive approach (mean score 14.04 ± 2.81). Offspring and male relatives were less effective in using coping strategies compared to other relatives and female participants, respectively.

**Conclusions:** Family members of critically ill patients are psychologically vulnerable, experiencing significant emotional distress. They often rely on external support to cope with the family crisis. Health professionals should prioritize understanding and addressing the specific needs of these relatives to provide appropriate support.

**Disclosure of Interest:** None Declared

## EPP153

### Evaluation of Depression, Anxiety, Stress, and Burnout Levels Among Emergency and Intensive Care Unit Professionals

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**Introduction:** Emergency departments (ED) and intensive care units (ICU) are high-stress environments where healthcare professionals are continuously exposed to critical situations. This results

in substantial mental health burdens, leading to increased levels of depression, anxiety, stress, and burnout. These issues negatively affect both the well-being of professionals and patient care.

**Objectives:** This study aims to evaluate the prevalence and severity of depression, anxiety, stress, and burnout among ED and ICU professionals. The goal is to understand mental health issues and identify contributing factors to improve prevention and support systems.

**Methods:** A total of 242 healthcare professionals from Bezmialem Vakif University Hospital were included: 120 ICU staff (80 females, 40 males), 66 ED personnel (42 females, 24 males), and 56 office personnel (38 females, 18 males) serving as a control group. The study employed validated instruments: the Beck Depression Inventory, the Beck Anxiety Inventory, Perceived Stress Scale, and Maslach Burnout Inventory. Non-parametric tests (Kruskal-Wallis H and Chi-Square) were used due to non-normal data distribution, with pairwise comparisons adjusted using Bonferroni correction. The significance level was set at  $p < 0.05$ .

**Results:** The results showed significant differences in age, depression scores, stress levels, and burnout indicators between the ICU, ED, and control groups. ICU and ED staff reported significantly higher depression scores compared to the control group ( $p < 0.001$ ). Stress levels were also significantly elevated in ICU workers compared to office personnel ( $p = 0.001$ ). Burnout indicators were notably higher in ICU professionals ( $p = 0.011$ ). Conversely, no significant differences were observed in anxiety scores, emotional exhaustion, and hours of sleep.

**Table 1:** Summary of Key Results

Variable	ICU Personnel (n = 120)	ED Personnel (n = 66)	Office Personnel (Control, n = 56)	p-value	Significant Difference
Beck Depression Score (Median)	10	10	6	<0.001	Yes
Beck Anxiety Score (Median)	8	7	6	0.064	No
Perceived Stress Score (Median)	25.5	23	23	0.001	Yes (ICU vs. Office)
Maslach Depersonalisation Score (Median)	23.5	21	21	0.011	Yes (ICU vs. Office)
Maslach Personal Accomplishment Score (Median)	23.5	22	21	0.034	Yes (ICU vs. ED)
Maslach Emotional Exhaustion Score (Median)	22	21	21	0.064	No
Working Hours (Median)	60	55	40	<0.001	Yes
Living with Family/ Partner/Alone (%)	65% / 25% / 10%	60% / 30% / 10%	70% / 20% / 10%	0.232	No
Satisfaction with Job (%)	65%	70%	80%	0.147	No

**Conclusions:** The findings underscore the necessity for targeted interventions to reduce psychological distress among ED and ICU professionals. Implementing support systems, promoting work-life balance, and improving mental health resources can significantly alleviate the mental burden on these professionals, thereby enhancing both their well-being and patient care quality.

**Disclosure of Interest:** None Declared