

psychopathology is an effective way to solve this problem has valid medical and social significance.

**Objectives:** To increase the effectiveness of prevention of psychopathological disorders in cardio-surgical interventions based on personalization of their correction.

**Methods:** The examination included the use of socio-demographic, instrumental, biochemical, clinical-psychopathological, psychometric, and statistical methods.

**Results:** The study sample consisted of 700 patients who were treated by CS in ACC at the SI “Heart Institute of the MH of Ukraine”.

It was found out that the most common complication is postsurgeon cognitive dysfunction (PCD) (72.0% of patients), postsurgeon encephalopathy (PE) (31.0%) is less common, and cerebral infarction (CI) is the least common (12.2%).

It was revealed that the core psychopathological symptoms associated with CS are cognitive disorders (72.0% of the examined) and affective symptoms, represented by depressive (38.1%) and anxiety (33.9%) manifestations of mild and moderate expressiveness, and auxiliary constructs – dyssomnic (29.7%), asthenic (17.9%) and somatovegetative (9.0%) disorders. The highest prevalence of psychopathological symptoms was found in patients with CI, somewhat less in patients with PE, and the lowest in patients with PCD. Signs of mild depressive disorder were found in patients who underwent CS in ACC, elevated levels of adynamic depression indicators, depression with fear and agitated depression, as well as increased levels of anxiety: the average level of anxiety, mental and somatic anxiety. The indicators of expressiveness of depression and anxiety in patients with CI turned out to be the highest, in patients with PE – lower, and in patients with PCD – the lowest. We proposed a mathematical model for predicting the development of psychosocial maladjustment (PM) in patients who have undergone CS in ACC. It is based on a comprehensive assessment of three key vectors that can have a mutually potentiating pathogenetically related effect on the course of the formation of PM: surgical, neurological, and psychopathological. A complex of diagnostic, corrective and preventive measures for each of the risk groups has been developed.

**Conclusions:** Verification of the proposed model on a representative sample of patients confirmed its high predictive ability and reliability in use.

**Disclosure of Interest:** None Declared

## COVID-19 and related topics

### EPV0300

#### Predictors for Burnout Among Healthcare Workers in a Post-Covid Era

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**Introduction:** We aimed to study predictive factors for burnout (BO) among healthcare workers in a tertiary hospital in Singapore.

**Objectives:** We hypothesized that burnout would be associated with singles, females, and foreign born staff recently moved into this country, unaccompanied by family members.

We further hypothesized that BO would be associated with those scoring less on resilience. Recognising that social support mitigated against stress and burnout, we hypothesized that those who perceived less support would be more prone to BO.

**Methods:** The study questionnaire was sent via corporate email to all staff with email access. We stressed that data would be fully anonymised. No financial rewards were given for participation which was carried out on a voluntary basis.

The following instruments were used, viz. F-SozU K-6, a brief form of the perceived social support questionnaire; Connor Davidson Resilience Scale; Oldenburg Burnout Inventory; Patient Health Questionnaire-4 item; Demand Control Support Questionnaire and Leisure Time Satisfaction Scale. Ethics approval for the study was sought from the SingHealth Centralised Institutional Review Board, which granted exemption of participant consent.

Analyses were performed using Stata version 17.0 (StataCorp. 2021), with statistical significance set as 2-sided 5% ( $p < 0.05$ ). The reliability and internal consistency of the scales used were assessed using Cronbach Alphas and Confirmatory Factor Analysis (CFA).

**Results:** Neither males nor females were more at risk for BO. And contrary to what we hypothesized those who recently moved to this nation were not at greater risk for BO ( $p > 0.05$ ). Multivariate analyses showed that younger workers displayed higher burnout scores ( $p < 0.001$ ). The psychological demand sub-score was positively associated with burnout [0.61 (95% CI 0.45 to 0.77),  $p < 0.001$ ]. Conversely, decision latitude [-0.33 (95% CI -0.44 to -0.21),  $p < 0.001$ ] and support [-0.47 (95% CI -0.60 to -0.35),  $p < 0.001$ ] were negatively associated with BO.

Those who experienced anxiety or depressive symptoms were respectively more likely to experience burnout [0.30 (95% CI 0.02 to 0.58),  $p = 0.035$  and 0.72 (95% CI 0.41 to 1.02),  $p < 0.001$ ], with a clear association between higher PHQ-4 scores and risk for burnout ( $r = 0.619$ ).

Moreover, satisfaction with utilisation of leisure time was inversely related to BO [-0.55 (95% CI -0.68 to -0.41;  $p < 0.001$ )]. We could not find any association between number of years worked, profession, marital status and perceived social support and BO, on multivariate analysis ( $p > 0.05$ ).

**Conclusions:** Stress reduction interventions should be made available for all staff, especially addressing those at highest risk for burnout.

**Disclosure of Interest:** None Declared

### EPV0301

#### The COVID-19 pandemic as a traumatic experience in the general population

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