

Conclusions: The scenario presented shows the need for preventive public policies regarding the problem of domestic and family violence against women. The creation and strengthening of community and personal networks are fundamental.

Disclosure of Interest: None Declared

EPP0966

Pandemic fatigue among young doctors during the COVID-19 pandemic: The mediating role of resilience

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doi: 10.1192/j.eurpsy.2023.1245

Introduction: The ongoing pandemic due to coronavirus disease (COVID-19) is not only causing casualties amongst patients but is also putting an enormous strain on healthcare workers worldwide, especially those in frontline of the COVID-19.

Objectives: This study examined the influence of pandemic fatigue on physicians' mental health, with resilience as a mediator.

Methods: This was a descriptive, cross-sectional study involving frontline young doctors at two university hospitals of Sfax, Tunisia. The Pandemic Fatigue Questionnaire, Brief resilience scale, Maslach Burnout Inventory and Satisfaction on call duty scale were used to collect data through an online survey. The survey was carried out through an anonymous questionnaire using Google Forms. Collected data was treated on SPSS program to make all the statistical analysis. The level of statistical significance was set at $p < 0.05$.

Results: A total of 261 young doctors responded to the online survey. The mean pandemic fatigue score was 25.09 (out of 50). Terminal years of residency experience ($\beta = 0.171$, $p = 0.005$), being vaccinated ($\beta = 0.129$, $p = 0.032$) and staff inadequacy ($\beta = 0.205$, $p = 0.001$) were associated with elevated score of pandemic fatigue. Resilience partially mediated the relationships between (a) pandemic fatigue and different dimensions of burnout (emotional exhaustion ($\beta = 0.337$, $p < 0.0001$), depersonalization ($\beta = 0.311$, $p < 0.0001$) and personal accomplishment ($\beta = 0.185$, $p = 0.004$) and (b) pandemic fatigue and satisfaction on call duty ($\beta = -0.137$, $p = 0.03$).

Conclusions: Resilience reduces the effects of pandemic fatigue on young doctors' mental health. Implementing resilience-promoting measures is essential to support physicians' mental health and foster their well-being therefore improves the quality of care provided.

Disclosure of Interest: None Declared

EPP0967

Coping Strategies and Quality of life: Reaction to the COVID-19 Pandemic Among Romanian physicians

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doi: 10.1192/j.eurpsy.2023.1246

Introduction: The COVID-19 pandemic has raised multiple psychological challenges among most healthcare workers, from anxiety to depression, burnout, sleep disorders, and substance use disorders. Thus, the burden caused by this prolonged medical crisis has inevitably drastically lowered the quality of life of the medical staff. In order to mitigate the negative effects of the pandemic, healthcare workers resorted to various coping strategies, with better or worse outcomes.

Objectives: The present study aims to identify Romanian physicians' main coping mechanisms and evaluate the role of positive and negative stress-reducing strategies on quality of life.

Methods: A cross-sectional national survey was conducted using a web-based questionnaire among physicians practicing in Romania ($n = 265$). In addition to socio-demographic and professional information, the questionnaire addressed participants' coping mechanisms using the COPE inventory and quality of life with the WHOQOL-Brief scale. Descriptive statistics, Pearson correlations, and multiple linear regressions were used in the statistical analysis.

Results: In total, 265 physicians consented to their participation in the survey. Of those who responded, 84.5% identified as female, 92.1% had a permanent residence in a urban setting, 63.8% were married and 55.1% attained a master's degree, a PhD diploma or equivalent level of education. The results showed that optimism was higher in male professionals, while avoidance coping was higher in female health professionals. The mean values of QoL subscales were: 74.7 ± 18.3 for the general quality of life, 70.8 ± 20.7 for health satisfaction, 64.0 ± 14.2 for the physical area, 61.7 ± 16.2 for the psychological area, 61.2 ± 20.3 for the social relationships area and 64.7 ± 12.7 for the environment area. Specific coping mechanisms (emotional venting, behavioral and mental disengagement) were associated with lower quality of life. In contrast, emotion-focused (positive reinterpretation and acceptance), problem-focused strategies (planning, active coping, suppression of competing activities) and humor were associated positively with most QoL subscales scores.

Conclusions: Our data points to specific protective characteristics and some detrimental factors on physicians' quality of life during the pandemic, with the implication that these factors may be important considerations for mitigating distress and psychiatric disorders for healthcare workers during times of high stress. Concerted initiatives to improve wellness in healthcare workers ought to develop targeted programs to ensure adequate psychological support.

Disclosure of Interest: None Declared