

**Methods** Clinic nurses of Hacettepe university hospitals constituted the population of this study. Firstly, Nursing Information Form, Maslach Burnout Scale were applied to participating 350 nurses. Secondly, semi-structured thorough individual interviews were made with 39 nurses of 201 with the high level of burnout.

**Results** With content analysis emotional habitus, problem areas for emotional habitus, results of these problem areas, optimal behavior in expressing feelings of nurses and related to suggestions to gain these statements total twenty themes were reached. Nurses suggested proposals to gain optimal behavior in expressing feelings. These are individual development, obtaining professional knowledge, role modeling, experiencing. Also, nurses wanted to see value by patients and hospital administration and respect patients.

**Conclusions** To prevent and cope with burnout; it has been proposed that awareness training programmes and course contents about emotional habitus, management emotions should be arranged.

**Keywords** Nurse; Emotional habitus; The field of care work; Burnout

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0887

### The evaluation of emotional labor and emotional self-efficacy on burnout among nurses

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**Introduction** Nurses are required to manage their emotions, like being empathetic. Emotion management requires emotional self-efficacy and emotion labour, because learning how to it takes effort. If emotional labor is not managed effectively by nurses, burnout will occur among nurses.

**Objectives** To evaluate the emotional labor, emotional self-efficacy and burnout levels of nurses.

**Methods** Clinic nurses of Hacettepe university hospitals constituted the population of this study. Nursing information form, emotional self-efficacy scale, emotional labour Scale and Maslach Burnout Scale were applied to participating 350 nurses.

**Results** It was found out that nurses went through high level “emotional exhaustion”, medium level “depersonalization”, low level “personal accomplishment” and had medium level emotional self-efficacy sense. It was determined that there was a positively relationship between emotional labor and its sub-dimensions surface acting and emotional effort and depersonalization levels, also there was same relationship between surface acting and emotional exhaustion. There was a negative relationship between emotional self-efficacy sense and emotional exhaustion and depersonalization but there was a positive relationship in personal accomplishments. There was a positive relationship between emotional self-efficacy sense between deep acting, emotional effort and suppression of real emotions. Additionally, discrepancies were found in burnout levels of nurses according to sociodemographic, their working and choice of profession characteristics ( $P < .05$ ).

**Conclusions** To prevent and cope with burnout; it has been proposed that awareness training programmes and course contents about emotional management, emotional self-efficacy and emotional labour should be arranged.

**Keywords** Nurse; Emotional labour; Emotional self-efficacy; Burnout

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0888

### Comparison of noise effects to state anxiety levels of patients and nurses

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**Introduction** An quiet environment is comfortable and peaceful. Also, healthy and safety environment is a human right. But, exposure to noise may cause negative effects on psychology and performance. Also, it is a problem in public hospitals, because, noise is an important issue for both nurses and patients.

**Objectives** The study was designed to determine decibel levels on the hospital's four unified clinics and compare noise effects to state anxiety levels of patients and nurses.

**Methods** Information Form, Spielberger State-Trait Anxiety Inventory (STAI) were applied to participating 40 patients and 14 nurses. A measurement of the sound level of unified clinics was performed for two days in the morning and after lunch for two days.

**Results** The range of minimum to maximum decibel levels was significantly greater in nurses' station (38.66 dB versus 82.48 dB) than patient rooms (24.61 dB versus 74.2 dB) ( $P < .05$ ). 25 patients and 14 nurses stated that there was noise in the clinic. 19 patients and 10 nurses expressed that it caused a headache. The state anxiety levels were  $39.29 \pm 5.61$  for nurses and  $45.4 \pm 4.86$  for patients. The state anxiety level of patients were  $44.83 \pm 3.86$  in 1. Clinic,  $48.8 \pm 4.37$  in 2. Clinic,  $43.82 \pm 4.9$  in 3. clinic,  $44 \pm 5.57$  in 4. Clinic.

**Conclusions** We should reduce the noise level to reduce the level of state anxiety. This study describes one reason to reduce peak noise levels on unified clinics. Standards applied across studies to measure and characterize acoustic environments are urgently needed.

**Keywords** Noise; Anxiety; Patients; Nurses; Nursing

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0889

### The investigation of nurses' sociotropic-autonomic personality features levels in the context of emotional habitus

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**Introduction** Researchers who plan to debate the nursing practice habits and nurses' professional-individual self and identity can study out nurse habitus. Habitus affects how the nurses understand care needs of patients. Also, sociotropy-autonomy is important for both the personal and professional development of nurses. According to researchers, professional criteria are autonomy, commitment to the profession and unity consciousness.

**Objectives** The study was designed to investigate of nurses' sociotropic-autonomic personality features levels in the context of emotional habitus.

**Methods** Information form, sociotropy-autonomy scale were applied to 10 nurses. Also, semi-structured thorough individual interviews were made with them.

**Results** Seven nurses have voluntarily chosen their profession and the others are not. Nurses' sociotropy levels were  $59.2 \pm 22$ . Sixteen and autonomy levels were  $83.9 \pm 22.41$ . According to the results of the MWU test ( $U = .0 P < .05$ ), anxiety about disapproval of eight undergraduate nurse ( $MR = 4.5$ ) is lower than two graduated from health school nurse ( $MR = 9.5$ ). Five nurses stated that nursing is appropriate for their personal character. Six nurses stated that nursing influenced the positive development of personal character. With content analysis, similarities and differences between nursing identity and social identity, optimal behaviour in expressing feelings of nurses and emotional habitus themes were reached.

**Conclusions** Nurse habitus is developed by both of individual and structural factors which are complex and diversity. So, it affects nurses' career and motivation to provide services. That the researcher assesses them from this aspect affects positively the quality of care.

**Keywords** Nurse; Nursing; Emotional habitus; Sociotropy-autonomy; Personality feature

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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## EV0890

### Further validation of the driver behaviour questionnaire – confirmatory factor analysis in a Portuguese sample

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**Introduction** The drivers are a central component of traffic system, and their limitations, constraints, needs, motivation, level of alertness, and personality define their behaviours on the road. Understanding the determinants of the driver's behaviour is crucial to find solutions for the serious problem of road accidents.

**Objective** This study aims to investigate the reliability and the construct validity of the Portuguese version of the driver behaviour questionnaire (DBQ; Reason et al., 1990; Portuguese version: Correia, 2014), using exploratory and confirmatory factor analysis (EFA and CFA) in a sample of Portuguese population.

**Methods** Participants answered an online survey including socio-demographic questions and the DBQ. Inclusion criteria were: driving license and regular driving for at least three years and age lower than 75-years-old. The sample is composed of 747 participants [417 (55.8%) women; mean age =  $42.13 \pm 12.349$  years; mean driving license years =  $21.30 \pm 11.338$ ; mean years of regular driving =  $20.33 \pm 11.328$ ]. The total sample was randomly divided in two sub-samples. Sample A ( $n = 373$ ) was used to EFA and sample B ( $n = 374$ ) was used to CFA.

**Results** The most acceptable model was the three-factor model found with EFA, excluding items 1 and 24 ( $\chi^2/df = 2.01$ ; TLI = .86; CFI = .88; RMSEA = .05,  $P = .315$ ). The internal consistency analysis resulted in: infractions and aggressive driving,  $\alpha = .77$ ; non-intentional errors,  $\alpha = .73$ ; lapses,  $\alpha = .71$ ; total DBQ score,  $\alpha = .84$ .

**Conclusions** These results suggest that the Portuguese version of the DBQ is a valid and reliable measure to assess self-reported driver behaviour in the Portuguese population.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV0891

### Steroid-induced psychiatric syndromes: A case report and a review of the literature

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**Introduction** Glucocorticoids are widely prescribed for a variety of diseases and are known to cause neuropsychiatric as well as somatic side effects.

**Objective** To review the incidence, clinical characteristics, course and treatment of neuropsychiatric effects of glucocorticoids.

**Aim** We have described the case of a 86-year-old woman. She had no personal and no psychiatric medical history in her family. She presented wrist arthritis requiring high doses of an oral corticoid treatment (prednisona 20 mg/d). After a week, she started with symptoms characterised by persecutory and surveillance delusions. Organicity was ruled out. The patient got a progressive recovery after starting anti-psychotic medication and progressive reduction of the steroid drugs.

**Methods** We have performed a literature review of the neuropsychiatric complications of glucocorticoids using the PubMed database.

**Results** Neuropsychiatric effects of glucocorticoids involve affective, behavioural, and cognitive manifestations. The incidence is variable, between 2 and 60% of patients who receive steroids. Although the effects of glucocorticoids are unpredictable, the administered dose is the most significant risk factor for the development of neuropsychiatric symptoms. Dosage reduction typically results in clinical recovery. Although the limited data on this subject, it is a problem that clinicians face on their regular basis. The administration of anti-psychotics or mood stabilizers may be beneficial in the prevention and treatment of this syndrome.

**Conclusion** The neuropsychiatric effects of glucocorticoids are unpredictable and non-specific. More controlled trials are needed in order to perform evidence-based clinical guidelines for the treatment with glucocorticoids and for the prevention of neuropsychiatric manifestations.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV0892

### Quality of life related to the health and socio-economic resources of the elderly

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