

Predictors of successful adaptation can be the degree of development of individual self-regulation and its profile. The emotional state depends on successful adaptation.

Objectives: The study aimed to examine the individual self-regulation of behaviour and emotional reactions among patients living with HIV in Russia.

Methods: The data were collected from February to July 2021 using a Google form developed by us. Fifty-nine HIV-positive patients participated in the study. To diagnose the development of individual self-regulation and its profile, we used the Self-Regulation Style Questionnaire, to study depression, anxiety, and stress — DASS-21 adapted for use in Russia.

Results: We found that 10 % of respondents had a low overall level of self-regulation, 53 % had an average level, and 37 % had a high level. The average individual profile was as follows: predominance of planning ($M = 6.24 \pm 1.90$) over modelling ($M = 5.69 \pm 1.90$), programming ($M = 5.93 \pm 1.66$), and evaluating results ($M = 5.78 \pm 1.60$), which were approximately at the same level. Flexibility ($M = 6.58 \pm 1.90$) and autonomy ($M = 5.56 \pm 2.08$) scores were in the average normal range. Only two correlations were found: modelling was negatively associated with depression ($r_{xy} = -0.336$, $p < 0.01$) and anxiety ($r_{xy} = -0.275$, $p < 0.05$).

Conclusions: Awareness and adequacy of perceptions of changes in external and internal significant conditions contribute to a favourable emotional status among people living with HIV.

Disclosure of Interest: None Declared

EPV0380

Unreliable conspiracies: survey results about COVID-19 conspiracy theories lack temporal stability

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Introduction: Conspiracy theories complicating public reaction to the COVID-19 pandemic inspired quantitative research on conspiracy theories, mostly using survey-based, correlational designs. Data from similar studies may, however, be unreliable due to low temporal stability (Graham, 2021).

Objectives: We examine the temporal stability of a popular survey measure of COVID-19 conspiracy beliefs (CCBs).

Methods: CCBs were measured by a popular set of items developed in the first months of the pandemic, addressing the beliefs that COVID-19 was a hoax (CCH) and that it was artificially created for evil purposes (CCC) (Imhoff & Lamberty, 2020), in 179 students of medicine. In March 2022, CCBs were measured twice using the same set of questions presented once with a numeric (N1 measure) and once with a Lickertian (L1 measure) scale, with filler questions in between. The same Lickertian items were presented to the same sample in May 2022 (L2 measure).

Results: The mean agreement with CCBs did not differ between March and May 2022 and previous survey on a similar sample in January 2021. The temporal stability of CCBs expressed as the correlation between the L1 and L2 measurement was poor ($r =$

$.57$ for CCC, $r = .67$, for CCH). The difference between L1 and L2 was positively correlated with agreement with CCBs ($r = .21$, $p < .01$ for CCH; $r = .44$; $p < .001$ for CCC). Out of 18 respondents reporting agreement with CCC in March and 5 respondents reporting agreement with CCH, only 8 still reported agreement with CCC and 1 reported agreement with CCH in May.

Finally, participants were split based on their L1 CCC score into groups of “mainstreamers”, “undecided”, and “conspirators”. For “mainstreamers”, there was no difference between their CCC score recorded in N1, L1, and L2. For “undecided”, there was a difference between L1 versus N1=L2, suggesting random effects (regression to the mean). For “conspirators”, the scores recorded in March were equal, while their agreement with CCC was lower in May, suggesting that the scores recorded in March were not random and the difference between March and May is better explained by situational factors.

Conclusions: Temporal stability of survey-reported CCBs is low, particularly among those reporting agreement with CCBs: When a respondent reports agreement with a CCB in a survey, they are more likely to disagree than agree with the same CCB two months later. The low temporal stability seems to be affected not only by incorrect or random answers, but also by situational factors. Implications: First, survey measures of CCBs may inflate the spread of conspiracy theories in population. Second, correlations of CCBs with other variables measured by surveys may be inflated via *common method bias*, distorting our understanding of the predictors and consequences of CCB.

Disclosure of Interest: None Declared

EPV0381

Psychological impact of telework during the COVID-19 pandemic in Tunisia

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Introduction: Telework is a work organization in which a task that could have been performed on the employer’s worksite is performed by an employee outside of these offices, using information and communication technologies. COVID-19 pandemic has strengthened digitalization as the result of social distancing and lockdown. However, teleworking can lead to different risks for employees mental health.

Objectives: Evaluation of the psychosocial impact of telework during the first wave of the COVID-19 pandemic in Tunisia

Methods: Descriptive cross-sectional study carried out from 17 to 22 May 2021. It included workers who teleworked during the first lockdown. The data collection was performed with a self-administered online questionnaire specifying the socio-medical, occupational and psychosocial characteristics.

Results: A total of 612 teleworkers were included. The mean age was 33 ± 6.9 years. Sex ratio (M/F) was 0.32. The main sectors of activity were telecommunications and information technology (31.6%), legal and financial services (19%) and administration and organizations (16.5%). The teleworkers were operating in the private sector in 91.6% of the cases. Teleworking had been practiced before the health confinement by 55.6% of the cases and 86.3% had never received teleworking training. Psychosocial repercussions were noticed among 92.2%. During confinement, teleworkers reported a mood sadness in 36.4%, persistent anxiety in 27.8% and constant exhaustion in 43.3%. Sleep disorders were reported by 65.5%. They were difficulty in getting to sleep in 42.5% and a difficult morning awakening in 51.8%. The absence of work organization was significantly correlated with mood sadness ($p < 0.001$), chronic anxiety ($p = 0.01$), sleep disorders ($p = 0.03$), and constant exhaustion ($p = 0.001$). Spending breaks in front of the television and on social networks was significantly correlated with sadness of mood ($p = 0.04$), anxiety ($p = 0.009$), and sleep disorders ($p = 0.04$).

Conclusions: Psychological impact of teleworking during health confinement at the COVID-19 pandemic was significant. Therefore, the role of the occupational physician is important in the detection and the prevention of health consequences.

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EPV0382

Effects of COVID-19 work circumstances on mental health

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Introduction: Post-traumatic stress disorder (PTSD) was described among patients with COVID-19, health professionals (HP), and the population at large. HP were in the front-line managing this pandemic which put them at a higher risk to develop such trouble.

Objectives: The aim of our study was to evaluate the effect of work circumstances on the mental health of HP.

Methods: Cross-sectional descriptive study was carried out. It included HP at Abdurrahman Mami Hospital who had a positive RT-PCR test of SARS-CoV-2 on a nasopharyngeal swab over the 10-month period from January to October 2021. Data collection was performed three months after the resumption using the PCL-5 questionnaire .

Results: Seventy six HP was included in our study. PTSD incidence was 30%. Age average was 41 ± 9 years. Women represented 84%. Seventy eight percent of the HP were married and 71% were living with their children. The average number of persons in the family was 4 ± 1 . Intensive care unit was the department of origin for 17% of the HP, the laboratory in 8% of the cases, the emergency room in 3% and the Covid-19 hospitalization services in 24%. The most

affected occupational category was nurses (39%), laboratory technicians (14%), and physicians (8%). General difficulties with tasks usually performed was found in 35% of HP suffering from PTSD ($p = 0.012$). It appears that limiting the time spent at work had a protective role for PTSD with an OR of 0.25 ($p = 0.002$).

Conclusions: Handling COVID-19 health issues was the concern of all medical departments. This study highlights the impact of work circumstances on the mental health of workers. PTSD was prevalent among HP according to our study. PTSD may have an impact on work ability, which should be further explored by other studies. Other psychiatric disorders should also be investigated.

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EPV0383

Psychological impact of the COVID-19 pandemic on health care personnel working in COVID settings

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Introduction: COVID19 pandemic had a significant psychological impact on the population worldwide. However, health care workers have been the most exposed to psychological effects.

Objectives: To determine the psychological impact of the covid19 pandemic on health care professionals (HCPs) who were working in the covid19 setting.

Methods: Descriptive cross-sectional study carried out in May 2020, having interested the HCPs of the Charles Nicolle hospital who were working in the COVID19 settings .The data collection was carried out with a pre-established questionnaire .The visual analog scale of B. Chini was used to assess the level of work stress. This assessment was undertaken at three points in time: during the work, during the confinement period and post confinement .

Results: Seventy five nurses participated to the study. The average age was 39.7 ± 9.6 years. The sex ratio was 0.74. The average professional seniority was 11.6 ± 8.14 years. During the confinement, a feeling of anxiety and apprehension of danger to others were reported by 96% of the participants. In addition, sleep disorders and irritability were noticed in 65% and 92% of cases respectively. At the end of the confinement period, 77% of the cases reported neuropsychological complaints: feelings of anxiety (57%), mood disorders (49%), a sleep disorders (32%) and concentration disorders (20%). The average level of stress was evaluated at 7.54 during the work, 7.36 during confinement and 5.28 after confinement. Faced with this psychological suffering, 88% of the cases noted the absence of psychological support or assistance.

Conclusions: Psychological support and early screening in psychiatry and occupational medicine are necessary to prevent any deterioration in their mental health.

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