collected on a synoptic sheet detailing sociodemographic aspects, the circumstances of the assaults, and their consequences.
Results: Out of a total of 5695 workplace accidents, 110 were recorded as assaults, representing a prevalence of 1.9%. The victims had an average age of 46.8 ± 6.72 years, with a strong female predominance (69.1%). The most affected professions were nurses (50%) and workers (25.5%), with the most impacted departments being maternity (15.5%), emergency (13.6%), and psychiatry (11.8%). The majority of assaults (68.2%) occurred in the morning, and the perpetrators were primarily patients themselves (38.2%) or their relatives (33.6%).
Regarding the psychological aspects of the assaults, 42.7% of incidents involved psychological violence, such as verbal abuse, intimidation, or threats. The psychological consequences were significant: 26.4% of the victims developed disorders such as post-traumatic stress disorder (PTSD) and sleep disturbances.
Conclusions: The high prevalence of assaults and their psychological repercussions highlight the urgent need to strengthen preventive measures. Specific training on conflict management and psychological support strategies should be implemented to improve the safety and well-being of healthcare staff.

Disclosure of Interest: None Declared

EPV1236

Occupational Fitness Assessments in Healthcare Workers with Psychiatric Disorder

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Introduction: Healthcare professionals are exposed to numerous stressors in their work environment, which can lead to psychiatric disorders.
Objectives: To describe the profile of healthcare professionals who requested a fitness-for-duty evaluation due to a psychiatric disorder and to identify the recommended workplace adaptations.
Methods: A retrospective study was conducted in the University Hospital Sahloul of Sousse (Tunisia) over a three-year period (2022-2024). Data from healthcare staff who consulted for fitness-for-duty evaluations related to psychiatric conditions were collected, including age, work experience, job position, psychiatric diagnosis, and fitness-for-duty decisions.
Results: The study included 13 healthcare professionals comprising 6 senior technicians, 6 nurses, and 1 worker. The average age was 45 ± 3.2 years, with an average seniority of 11 ± 2.8 years. The most common psychiatric conditions were anxiety-depressive syndrome (10 cases), post-traumatic stress disorder (2 cases), and obsessive-compulsive disorder (1 case). All patients were on antidepressants and/or anxiolytics at the time of consultation. The fitness-for-duty decisions included recommendations for avoiding night shifts and exposure to stressful situations.
Conclusions: Psychiatric disorders among healthcare workers present significant challenges for occupational health services. Workplace adaptations, such as avoiding night shifts and stressful environments, may be necessary to facilitate a return to or continuation of work.

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EPV1237

Development and validation of the Psychological Response Scale (PRS)

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Introduction: People experience psychological changes during adaptation process to stress; a person is angry to others or the environment but later he falls in depression. Although there are so many scales for measuring stress, they only measure the severity of stress or evaluate single emotions. None of them can track the psychological changes during the adaptation to stress.
Objectives: The purpose of this study is to develop a comprehensive scale that can measure various psychological symptoms occurring in stressful situations. Specifically, the goal is to create a tool that can track an individual's adaptation to stress over time through repeated measurements. Furthermore, the objective is to accurately understand the individual's current state and stress adaptation patterns, enabling appropriate interventions at each stage.
Methods: We established constructs and subscales based on the Kubler-Ross stages which defines general psychological change to five phase: denial, anger, bargaining, depression, acceptance. To assess the clarity and validity of the preliminary items developed, content validity was evaluated by 12 clinical psychologists and face validity was assessed with 32 adults.
Results: A total of 107 initial items were developed based on literature analysis and discussions. After the content validation and face validation, items with a CVI below .83 were either revised or removed. This process resulted in a final set of 88 items: denial (18 items), anger(17 items), bargaining(19 items), depression (17 items), and acceptance(17 items). The item content validity index (I-CVI) ranged from 0.833 to 1 and the scale content validity index (S-CVI/Ave) for denial, anger, bargaining, depression and acceptance was 0.91, 0.97, 0.96, 0.98 and 0.99 respectively. In addition, exploratory and confirmatory factor analyses indicated a good level of model fit, and the internal reliability of each subscale was also found to be satisfactory.
Conclusions: This results indicate that the PRS is highly valid, and that it can be utilized as an effective measure of the person's current state. PRS can help the clinicians to understand how the patients percept the stressful situation and their stress adaptation pattern.

Disclosure of Interest: None Declared

EPV1238

Psychological aspects of nurses' attitudes towards death

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Introduction: Attitude towards death is an individual's psychological reaction to death, which includes basic components, such as thinking about death, fear of death, and defence mechanisms. Due