EPV853

Determinants of Career Satisfaction among Nursing Students

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Introduction: Career satisfaction among nursing students is a key determinant of their motivation, professional commitment, and future retention in the nursing workforce. Identifying factors that influence career satisfaction is essential for improving educational strategies and ensuring a sustainable healthcare system.
Objectives: This study aimed to assess the level of career satisfaction among nursing students and to identify the factors associated with it.
Methods: A cross-sectional study was conducted among nursing students from two Institute of Nursing in Sfax, Tunisia. Data were collected online using a structured questionnaire including socio-demographic variables, academic characteristics. Satisfaction with nursing career was rated on a 10-point scale: A scale >5 was considered as high.
Results: A total of 373 nursing students participated, 72.1% of whom were female, with a mean age of 21.07 ± 1.43 years. A total of 191 (51.2%) students have been certified in first aid. Furthermore, 88 (23.6%) students have been members of the Red Cross, and 70 (18.8%) have been Scout members. The majority of students 325 (87.1%) had willingly chosen nursing as a career. The mean score with nursing career was 7.18±1.86. A percentage of 84.7% had expressed a high satisfaction toward nursing. Career satisfaction was significantly associated with female gender (p=0.023 ; IC 95% [1.072-2.709]), first aid trainaing (p=0.005 ; IC 95%[1.185-2.698]) and the voluntary choice of nursing career (p=0.003 ; IC 95% [1.366-5.243]). It wasn't associated with age, academic year, scout and red cross membership and living conditions.
Conclusions: Career satisfaction among nursing students is influenced by both personal and academic factors. Strengthening academic support, fostering extracurricular involvement, and implementing targeted mentoring programs may help enhance satisfaction and promote professional commitment.

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EPV854

"When the happiness after childbirth turns into sadness..." Outpatient Therapeutic Program for the Treatment of Postpartum Mental Disorders

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Introduction: Pregnancy and the transition to parenthood pose significant physical and psychosocial challenges for women, increasing their vulnerability to mental health disorders. In addition to the common "baby blues," which usually self-regulate, mental health disorders such as depression, anxiety, obsessive-compulsive disorder, PTSD, and psychosis can occur during the peripartum period. Persistent mental health problems in the mother affect not only her well-being but also that of her child, impacting the child's emotional and behavioral development. Furthermore, postpartum mental health disorders often impact mother-child interaction. Despite the severity of the issue, shame and fear of stigmatization often cause it to be treated as taboo. Furthermore, treatment options are underrepresented.
Objectives: The submitted contribution presents an outpatient therapeutic treatment program for women with postpartum mental health disorders and shares data on symptom severity collected using screening instruments.
Methods: The Wahrendorff Clinic, a specialist psychiatric hospital in Lower Saxony (Germany) offers the outpatient therapeutic treatment program for women affected by postpartum mental disorders during and after pregnancy. The Depression Anxiety Stress Scale (DASS-P) and the Edinburgh Postnatal Depression Scale (EPDS) are used to evaluate symptom severity at the beginning of treatment.
Results: The therapeutic treatment program focuses on providing therapeutic support and involves family members. It is administered by psychological psychotherapists, systemic therapists, and psychiatrists, who also provide medication. An evaluation is also carried out to assess the need for treatment, the severity of symptoms, and suicidal tendencies and risk factors. Other key aspects include providing referrals to inpatient parent-child facilities, breastfeeding support, early intervention services, parent support groups, and assistance in applying for domestic help or further outpatient psychotherapy. Preliminary results regarding mental health issues during the postpartum period, as measured by DASS-P and EDPS (n = 20), are also presented.
Conclusions: The implications of the therapeutic treatment program are discussed in light of the preliminary results.

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Maximizing the Scope of Practice among Mental Health Nurses: Regional, Educational, and Setting-Based Differences

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Introduction: Mental health nurses play a critical role in delivering complex, person-centered care across hospital and community settings. Globally, there is a growing emphasis on maximizing nurses' scope of practice to enhance care quality, workforce efficiency, and professional satisfaction. However, in Israel, limited data exist on the extent to which mental health nurses apply their advanced competencies in clinical settings.

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Objectives: This study aimed to assess the extent to which mental health nurses in Israel utilize their full scope of practice and to identify factors that facilitate or hinder this utilization.
Methods: A cross-sectional survey was conducted among a convenience sample of 282 registered nurses who had completed post-basic certification in mental health nursing. Participants completed a structured questionnaire addressing socio-demographic and occupational characteristics, implementation of scope-of-practice activities, and professional autonomy and job satisfaction.
Results: The sample included a relatively high proportion of male nurses (35.5%) compared to other nursing specialties. The mean age was 44.1 years, and 51.4% held a master's degree. Scope of practice varied significantly by region, with nurses in the central district reporting the highest levels of role implementation ($p < .001$). Community-based nurses reported significantly greater professional autonomy, readiness, and empowerment compared to their hospital-based counterparts ($p < .01$). In addition, nurses with higher educational attainment (MA/PhD) and greater seniority reported significantly higher scores across multiple domains of professional actualization and valuation ($p < .05$ to $p < .001$), suggesting that advanced qualifications and experience support broader scope utilization.
Conclusions: Mental health nurses in community settings reported greater professional autonomy, readiness, and empowerment compared to those in hospitals, suggesting broader role utilization outside institutional environments. Nurses with higher education and seniority demonstrated greater actualization and valuation of their roles, indicating that advanced training and experience support expanded scope of practice. Regional disparities, particularly higher scores in the central district, highlight potential inequities in access to supportive infrastructure and professional opportunities.

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EPV856

Mental Health Status of Oncology and Non-Oncology Patients Undergoing Bone Scintigraphy

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Introduction: Bone scintigraphy is a key imaging method in nuclear medicine, widely used to assess oncological and skeletal disorders. Its high sensitivity allows early detection of metabolic bone changes, and advanced techniques such as SPECT/CT enable detailed structural and functional evaluation. Despite its diagnostic value, waiting for scintigraphy results can generate significant stress and anxiety, particularly among oncology patients, thus negatively affecting overall and mental health.
Objectives: This study aimed to compare the mental health status of oncology and non-oncology patients undergoing bone scintigraphy using the GHQ-28 questionnaire and to evaluate the impact of selected sociodemographic variables (gender, age, education, marital status, and employment) on GHQ-28 outcomes.
Methods: The study included 220 oncology and non-oncology patients from Poland undergoing bone scintigraphy. Mental health was assessed with the GHQ-28, which covers four domains: somatic symptoms, anxiety/insomnia, social dysfunction, and depression. Statistical analyses examined the influence of sociodemographic factors and compared outcomes between oncology and non-oncology patient groups.
Results: Significant differences were observed between oncology and non-oncology patients. Non-oncology patients exhibited poorer overall mental health and more pronounced somatic symptoms. Women scored higher on the GHQ-28, indicating greater psychological distress. Among oncology patients, divorced individuals reported higher levels of depression, while those with lower education experienced more severe somatic complaints.
Conclusions: Sociodemographic factors significantly influence mental health in patients awaiting bone scintigraphy results. Special attention should be given to women, divorced individuals, and patients with lower education levels. These findings highlight the importance of individualized psychological and medical interventions and underscore the need for a tailored approach throughout the diagnostic and therapeutic process.

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EPV857

Integrating Community-Based Recovery Models into Systems of Care: Creating Recovery-Oriented Environments

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Introduction: Modern mental health systems increasingly recognize that recovery extends beyond clinical stabilization. To achieve sustainable outcomes, care must integrate medical, social, and community dimensions that empower individuals to rebuild meaningful lives. The Clubhouse Model—originating at Fountain House in 1948—demonstrates how community-based programs can bridge this gap by creating structured, recovery-oriented environments that complement clinical services and address the social determinants of health.
Objectives: This presentation calls for the inclusion of community-based models, such as Clubhouses, within national and regional systems of mental health care. It aims to highlight how recovery-oriented environments strengthen integrated care frameworks by fostering participation, belonging, and sustained recovery beyond treatment settings
Methods: Drawing from international evidence and longitudinal studies, this analysis reviews the Clubhouse Model's outcomes in employment, social inclusion, and health stabilization. It also explores collaborative approaches between Clubhouses and healthcare providers that promote continuity, accessibility, and holistic support across care systems.
Results: Research demonstrates that Clubhouses:

- Reduce hospitalizations and emergency care utilization.
- Improve employment and education outcomes.
- Enhance empowerment, social inclusion, and recovery.

Lower long-term healthcare costs by supporting prevention

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