

post-COVID-19 staffing issues and lack of time for engagement in quality improvement activities. Respondents were nearly unanimous in agreeing that PA was beneficial to physical and mental health. Enablers to PA included higher numbers of staff (24%), more PA resources (22%), more PA-designated staff (19%), more PA-dedicated time (14%), and timetables of available activities (14%). The majority (65%) continued to report that promoting PA was difficult during their shift. Reported barriers included lack of staff (38%), lack of time (27%), and high levels of clinical activity (24%). Noticeably, nurses were much more likely than doctors or AHPs to report short staffing as a barrier to promoting PA (OR=19.8, $p < 0.05$). Participants described the gym (22%), walking groups (19%), and football (14%) as the most beneficial PA for patients, whilst 14% responded it was “whichever PA patients preferred”. This was mirrored by staff naming “user feedback” as a potential enabler. Reasons for PA being beneficial included “being outside” (24%) and “being inclusive” (11%). Only 45% of MDT members felt they had been provided with PA education/training.

Conclusions: Staff continued to acknowledge the importance of PA for physical and mental health and were aware of multiple enablers and barriers. Post-COVID-19, systemic issues such as staffing levels, lack of time, high levels of clinical activity, and lack of PA education/training remained barriers. Service user preference, enjoying the outdoors and inclusivity were features of activities perceived to be most beneficial. An integrative approach to mental health and wellbeing, providing inclusive activities, educating/training staff, promoting PA in inpatient psychiatric settings, and offering organisational support can contribute to improved PA provision and regular patient engagement.

Disclosure of Interest: None Declared

EPP0871

Burnout among physicians: Prevalence and predictors of depersonalization, emotional exhaustion and professional unfulfillment among resident doctors in Canada

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Introduction: Burnout in the medical profession has garnered a lot of attention over the recent years. While it is reported across all specialties and all stages of medical education; resident physicians in particular are at high risk for burnout throughout their years of training.

Objectives: This study aimed at evaluating the prevalence and correlates of burnout among resident physicians in Alberta.

Methods: Through a descriptive cross-sectional study design, a self-administered questionnaire was used to gather data from resident physicians at two medical schools in Alberta, Canada. Maslach

Burnout Inventory was used as an assessment tool. Chi-squared and multivariate binary logistic regression analyses were used.

Results: Overall burnout prevalence among residents was 58.2%. Working more than 80 hours/week (OR= 16.437; 95% CI: 2.059 – 131.225), being dissatisfied (OR= 22.28; 95% CI: 1.75– 283.278) or being neither satisfied nor dissatisfied with a career in medicine [(OR= 23.81; 95% CI: 4.89 – 115.86) were significantly associated with high depersonalization. Dissatisfaction with efficiency and resources (OR= 10.83; CI: 1.66– 70.32) or being neither satisfied nor dissatisfied with a career in medicine (OR= 5.14; CI: 1.33– 19.94)] were significantly associated with high emotional exhaustion. Working more than 80 hours/week (OR= 5.36; CI: 1.08– 26.42) and feeling that the residency program is somewhat having enough strategies aimed at resident well-being in place (OR= 3.70; CI: 1.10– 12.46) were significantly associated with high work exhaustion and interpersonal disengagement. Young age of the residents (≤ 30 years) (OR= 0.044; CI: 0.004– 0.445) was significantly associated with low professional fulfillment.

Conclusions: Burnout is a serious occupational phenomenon that can degenerate to other conditions or disrupts one’s professional performance. Significant correlates were associated with high rates of burnout. Leaders of medical schools and policy makers need to acknowledge, design, and implement various strategies capable of providing continuous effective mental health support to improve the psychological health of the medical resident across Canada.

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Neuroimaging

EPP0872

Establishing Disorder-Specific and Transdiagnostic Neural Features of Psychiatric Disorders Through Large-Scale Functional Magnetic Resonance Imaging Meta-Analyses

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Introduction: Meta-analyses of functional magnetic resonance imaging (fMRI) studies have been used to elucidate the most reliable neural features associated with various psychiatric disorders. However, it has not been well-established whether each of these neural features is linked to a specific disorder or is transdiagnostic across multiple disorders and disorder categories, including mood, anxiety, and anxiety-related disorders.

Objectives: This project aims to advance our understanding of the disorder-specific and transdiagnostic neural features associated with mood, anxiety, and anxiety-related disorders as well as to refine the methodology used to compare multiple disorders.