According to the United States department of justice, domestic violence is defined as "a pattern of abusive behaviours in any relationship that are used by one partner to gain or maintain power and control over another intimate partner". It involves a pattern of coercive behaviour in intimate relationships whereby the behaviour is controlled through humiliation, intimidation, fear, and often intentional physical, emotional or sexual injury. Domestic violence crosses all ethnic, socioeconomic and age groups, and is also prevalent in same sex relationships.

Over six million children are severely assaulted by family members every year in the United States; a man beats a woman every twelve seconds; women who leave their batterer are at 75% greater risk of being killed by their batterer than those who stay; and one third of police time is spending on answering domestic violence calls.

In domestic violence situations the intervention is frequently in crisis, where the victims "fight" for survival, and it is necessary to give proper answers according to the victim's needs. The professionals that work directly with domestic violence assume that there is a strong bond connecting the domestic violence with mental health. In the United States 90% of domestic violence survivors report extreme emotional distress; 47.5% report having been diagnosed with post-traumatic stress disorder; 14.7% report anxiety; 20% depression. Mental illnesses are frequently observed in domestic violence survivors.

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## EV0884

## Psychiatric picture of encephalitis: Stigmatisation of psychiatric patient

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*Background*    Psychiatric symptoms/disorders in brain diseases are not specific and may have the same clinical presentations as functional psychiatric disorders, so they can compromise early diagnosing of disease.
*Objective*    This paper's objective is to show (negative) influence of stigma in a diagnostic process of patients with predominantly psychiatric symptoms in their clinical pictures.
*Materials and methods*    The subject is a 46 year-old female patient with no history of psychiatric disease. Her symptoms includes: confusion, disorientation, perseveration, visual and auditory hallucination, lack of motivation, inability to understand questions, developed following a 10-day long period of febricity. During the outpatient care, she has been examined by a neurologist, a specialist of urgent and internal medicine, and a psychiatrist. As the CT scan made in that stage was interpreted as normal, the patient was hospitalised in a psychiatric hospital. She was treated both with typical and atypical antipsychotics but no therapeutic effects have been reached. Thinking of organic etiology, advanced diagnostics have been made (MR, LP). MR scan showed lesion that is a characteristic for herpetic meningitis, which is also confirmed with positive serological tests.
*Conclusion*    In patients with a sudden onset of psychiatric symptoms, patients with unexpected changes in mental status or suddenly developed headaches, as in the therapy- resistant psychiatric disorders, it is important to keep in mind the possibility of the coexistence of brain disease. Removing the stigma from psychiatric patients is important in order to be able to give every patient the chance of getting the correct diagnose on time.

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

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## EV0885

## Women's personal and political identities in selected Middle East countries

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*Introduction*    Women's personal and political identities are significant in defining their roles and eventual contribution to society in contemporary society both in the private and public spheres.
*Objectives*    This research study focuses on the effect of Islam on women's personal and political identities.
*Aims*    This research aims to highlight the existing ideology relating to women's treatment in regards their identities and public roles, and hence to contribute to women's emancipation.
*Methods*    This study utilizes quantitative and qualitative methods in analysing women in eight Muslim-majority countries, namely, Iran, Turkey, Egypt, Saudi Arabia, Jordan, Yemen, Cyprus and Kuwait, in the Middle East. For the quantitative data, statistical dataset was culled from Inter-university consortium for political and social research of the university of Michigan.
*Results*    The overall results show that historical constructions of gender spheres are still palpable in the Islamic landscape. Woman's question is identified as a complex personal and social problem, and cannot be rejected as a valid search for gender sameness or equality. This study also shows the interpolation of Islam with other factors such as patriarchy, modernization, and state formations. Some Muslim scholars argue that Quran's fundamental mooring is geared towards equality between men and women, and women's enhanced status, and it is patriarchy that has confined women to the domestic sphere.
*Conclusion*    Gender is embedded within culture, and structures of power in families, communities, and states, which have gender in itself, as an organizing principle.
*Keywords*    Women's identities; Middle East; Patriarchy; Gender; Culture
*Disclosure of interest*    The author has not supplied his/her declaration of competing interest.

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## EV0886

## The investigation of nurses' burnout levels in the context of emotional habitus

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*Introduction*    The concept of Bourdieu's habitus effects nurses' approach to patients. Habitus is the site of nurses' internalizations of the rules in the field of care work, where nurses acquire emotional habitus that corresponds to ethical values and feeling rules of care work. If nurses do not manage their emotions in accordance with the moral disposition, social suffering will be occur. Determining social suffering helps to understand how a tension between the field of care work and emotional habitus can violate nurses' well-being and cause burnout.
*Objectives*    To determine the emotional habitus of nurses' with the high level of burnout.

*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.