

Conclusions: Caregivers with anxiodepressive disorders had significantly lower levels of EI than those without anxiodepressive disorders, suggesting that EI maybe a protective factor against these disorders

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EPV0550

Empathy as a predictor of burnout syndrome in health professionals of the Colombian Caribbean

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Introduction: Empathy is an essential skill in the doctor-patient relationship since it contributes to improve aspects of health care and patient satisfaction. Nevertheless, burnout research projects have been developed in recent years.

Objectives: To examine the predictive capacity that empathy has on burnout syndrome in health professionals.

Methods: A non-experimental, cross-sectional design was proposed. The type of study was correlational-descriptive since it was sought out to explore a functional relation through the prognosis of a criterion variable. Sample: 200 (100 female and 100 male).

Results: First, the variance of cognitive and Affective Empathy was dug out in the emotional exhaustion criterion scale. Results accounted for 15% of variability in emotional exhaustion. (Corrected R 2 = .15, F = 17,56, p = 0,00). The best predictor of emotional exhaustion refers to Cognitive Empathy. (B = -.27, p = 0.00). It does not seem that Affective Empathy acts as a predictor variable of Emotional Exhaustion. (Table 1).

Table 1 Multiple linear regression analysis considering Emotional Exhaustion as a criterion.

TECA	Corrected R ²	F	B	p
Cognitive Empathy	.15	17,5	-.27**	0,00
Affective Empathy			-.14	.13

The predictive capacity of Empathy in relation to Depersonalization was estimated (Corrected R 2 = .20, F = 25,4, p = 0.00). Cognitive and affective empathy were included as predictor variables and MBI as a criterion variable (Table 2). On one hand, the best predictor of Depersonalization is the Cognitive Empathy. On the other hand, regarding Affective Empathy, it does not act as a predictor of Depersonalization.

Table 2 Multiple linear regression analysis considering Depersonalization as a criterion.

TECA	Corrected R ²	F	B	p
Cognitive Empathy	.20	25,4	-.32**	0,00
Affective Empathy			-.15	.84

Lastly, the predictive capacity of Empathy in relation to Personal Achievement was figured out. (Corrected R 2 = .19, F = 23,4, p = 0.00). Cognitive Empathy is the best predictor for Personal Fulfillment (Table 3).

Table 3 Multiple linear regression analysis considering Personal Fulfillment as a criterion.

TECA	Corrected R ²	F	β	p
Cognitive Empathy	.20	25,4	.43**	0,00
Affective Empathy			.00	.96

Conclusions: It was noticed that through a linear multiple regression analysis, the variable that best explains Emotional Exhaustion is Cognitive Empathy. Those results are replicated for Depersonalization and Personal Fulfillment.

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EPV0551

Evaluating emotional competencies in health professionals in a city in Colombia

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Introduction: Emotional competencies, according to Bisquerra Alzina & Escoda (2007), refer to “knowledge, skills and attitudes necessary to understand, express and appropriately regulate emotional phenomena” (p. 22) in the management of emotions with oneself and with the other.

Objectives: Measure the emotional competencies Empathy, Emotional Expression and Emotional Regulation in health professionals in healthcare centers.

Methods: Quantitative descriptive. The Inventory of Emotional Competencies for Adults (Mikulic, Crespi, Radusky, 2015) was applied to 30 participants (doctor, psychologist, nurse, dentist).

Results: The grouped measurements show skills at a medium and high level.

Table 1. Measurement of empathy capacity, emotional regulation capacity and emotional expression capacity

		Frequency	Percent
Empathy	Medium	27	90,0
	High	3	10,0
Emotional Regulation	Medium	15	50,0
	High	15	50,0
Emotional Expression	Medium	26	86,7
	High	4	13,3
Total		30	100,0

The emotional reaction of congruence with the emotional state of the other, empathy, shows a medium level (Table 1), a result consistent with the study by Ruiz González (2019), in the Colombian population, where a medium level of empathy is observed in doctors.

In the strategy for management, support, increase and suppression of the current affective state to self-soothe and find a state of relaxation, it is at an average value between medium and high (table 1.)

In the ability to start and maintain conversations, express one's own thoughts and feelings clearly, both in verbal and non-verbal communication, and demonstrate to others that they have been well understood, the level is mostly medium (table 1.)

Conclusions: The levels of emotional competencies evaluated are mostly in the middle in the assessment by dimensions, empathy registered a lower level in contrast to other dimensions. Taking into consideration professional practice, response to organic and mental human vulnerability, it is a field for promoting the well-being of the health professional.

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Gaping gaps in rural mental health care: understanding causes and prioritizing solutions

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Introduction: Mental health is crucial and is the backbone of all dimensions of health; physical, social and spiritual. Mental health has multiple interfaces and it is important to bring mental health to the center stage as it is the key regulator of all human activities. Unfortunately, there are alarming gaps in mental health care especially in rural areas which require attention of mental health professionals and policy makers. The study aims to understand the causes of these gaps and suggest possible and practical solutions to bridge them.

Objectives: To study the spectrum of mental health gaps present in rural areas of Haryana, a state in the northern part of India and find culturally sensitive and relevant solutions keeping in view the socio economic realities and prevalent legal framework.

Methods: Any factor having bearing on mental health but is operative sub-optimally would be considered as mental health gap for the current investigation. Rural camps were organized in 10 villages to assess the service gap at three different levels: overt (measurable), covert (including attitudinal) and ancillary (including those embedded in the psychiatry evaluation and treatment). The camps were organized by following these three basic steps: 1) Evaluating the geographic and demographic details of the villages selected. This was done by meeting the key stakeholders of the villages and the official health and service statistics available on the government website 2) Camp by multidisciplinary team in the villages with an advance intimation. The team members evaluated the mental health care awareness and the felt needs by interviewing all the villagers attending the camp on that particular day. 3) Post camp review by the team to analyze the service gaps and steps to address and narrow the gaps.

Results: Apart from inadequate availability of professional and infrastructural resources, there were many attitudinal and ancillary gaps serving as obstacles to treatment seeking. Trust gaps leading to poor acceptance and legislation not congruent with the socio cultural needs were key impediments. Rural people had more faith in Spiritual leaders and faith healers for their mental health issues and medical help was sought only when they have signs of physical illness. Mental health and illnesses were not on priority. Availability, accessibility and affordability of health services were important factors needing immediate attention.

Conclusions: Rural services need to be augmented by de professionalization and task shifting is the key to address and cover the yawning gaps in the services. Massive, coordinated, multidisciplinary and sustainable efforts are needed to bridge the multitude of gaps keeping in view poverty and illiteracy as compounding factors.

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EPV0553

Exploring Mental Health Issues in HCV-Positive Pregnant Women: A Qualitative Study

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Introduction: The research was conducted to explore the mental health issues, including anxiety, depression, low mood, emotional irrationality, and stressors related to pregnancy in the tertiary care hospital, in Karachi, after getting diagnosed with a life-threatening virus of hepatitis C and to determine the factors associated with depression among HCV-infected pregnant women. There appears to be a dearth of literature on this particular topic, and depression in HCV-infected pregnant women might not be dealt with effectively till this gap in the literature is addressed. The findings are to aid counselors in the formulation of treatment plans to help the patients during pregnancy and it helped to address the gaps in the antenatal care plans and support provided to the vulnerable population like HCV-Infected pregnant women.