

“Quality in Psychiatric Care” (QPC) is a large research programme aiming at adapting the versions of the QPC instrument for patients and staff to different international settings.

Objectives: The aims were to test the psychometric properties and equivalence of dimensionality of the different language versions of QPC and also to describe and compare the quality of psychiatric out-patient, in-patient, forensic in-patient and psychiatric care across different countries.

Methods: The QPC is a family of instruments based on a definition of quality of psychiatric care from the patients perspective with adapted versions for staff. In this project, we used different language versions in three areas for patient and staff: psychiatric out-patient (QPC-OP/OPS), in-patient (QPC-IP/IPS), and forensic in-patient (QPC-FIP/FIPS).

Results: Patients in out-patient psychiatric care in Brazil rated the quality of care higher than Swedish patients. Comparisons of forensic in-patient care (QPC-FIP/FIPS) patients were more critical of the care they received while staff were generally more positive on the quality of care provided in both Denmark and Sweden. Quality of in-patient care (QPC-IP/IPS) in Spain show staff rating lower quality of care than patients and lowest in the secure environment, which the Swedish staff rated low as well. In Indonesia the patients rated lower quality than staff and lowest in the discharge dimension, followed by the participation dimension. Generally, staff and patients were similar in their perceptions of the low quality of participation. Several studies in Turkey, Indonesia, Spain, Faroe Islands and Norway is ongoing.

Conclusions: The psychometric test and validations of the instrument QPC in different language and country versions will assist countries to compare quality of care, quality improvement and permits benchmarking. Since there are few standardized instruments for measuring quality of care in the psychiatric care, the QPC is expected to make an important contribution to the development in the field.

Disclosure of Interest: None Declared

EPP0884

Patient-to-worker violence in Public hospitals in Tunisia

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Introduction: Compared with workers in other sectors, hospital workers are victims of high rates of non-fatal workplace assault injuries worldwide. Unfortunately, a large amount of these injuries is a result from violent acts committed by patients. International research has focused on perceived reasons for patient violence among physicians and patients.

Objectives: To determine the prevalence and factors of patient-to-worker violence in two hospitals in the central-eastern region of Tunisia.

Methods: A cross-sectional bi-centric study was conducted in two teaching hospitals. This study included all healthcare workers of

these hospitals. Data collection was performed by a structured self-administered questionnaire related to demographic and professional characteristics of participants. Participants were asked about violence where the perpetrators were patients using a questionnaire developed and validated by a Jordanian team to evaluate Violence. Beck's Depression Inventory II and Rosenberg self-esteem scale were chosen to explore self-esteem issues and mood disorders. The Fagerstrom test for nicotine dependence was used to assess cigarette dependence. The Internet addiction test was used to evaluate internet addiction.

Results: The response rate was of 19%. The mean age of the sample was 34.5 ± 9.6 years. In work sit, 46.9% (n=239) reported being exposed to at least one incident of patient-to-worker violence. Exposure to verbal violence was reported by 92.1% of workers. Among the sample, 18.9% of participants reported feelings of low self-esteem. Asked about depressive symptoms, appetite problems were reported in 77.1% of cases. A significant association was found between patient-to-worker violence, nationality (p= 0.01) and occupation (p= 0.01) of respondents. Results showed also that patient-to-worker violence was significantly associated with smoking (p=0.043), the degree of cigarette addiction (≤10-3) and alcohol consumption (p=0.008). Mood disorders were associated to exposure to patient-to-worker violence. An increased risk to be exposure to incidents of physical violence was found among workers with depressive symptoms. Also, reporting physical violence was associated with self-esteem issues and feelings of worthlessness.

Conclusions: Violence has become an alarming hazard in hospitals. This study showed the association between different factors and the exposure to patient-to-worker violence incidents in two hospitals. Being exposed to patient-to-worker violence has negative impacts. Some of type II violence's consequences are to impact quality of life of workers, depression, psychological squeals, effectiveness of work and the decrease of quality of care. In order to reduce patient-to-worker violence, urgent prevention programs should be incorporated in hospitals.

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Profile of mood states-12: same validity, more usability

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Introduction: The Profile of Mood States is one of the most widely used instruments to assess mood states. It is a rapid and economic method of assessing transient affective states (McNair *et al.* 2003) and it has been translated and validated to several languages including Portuguese. In our country we have several versions, with different factorial structures and number of items. The scale presents a list of feelings and emotions (adjectives) that people commonly experience.