

lower scores in the autonomy domain. Regarding the comparison between self-perception and the perception of caregivers, on Table 1, it was possible to observe significant differences in Psychological, Social, Environmental and all domains for the Disabilities Module.

Table 1. Correlation between Domains

Domain	Mean G1	Mean G2	SD G1	SD G2	Median G1	Median G2	P value
Physical Capacity	72,3	68,8	17,1	19,1	78,5	71,4	0,32
Psychological	80,1	67,7	17,5	17,9	83,3	66,6	<0,01*
Social Relationships	68,8	54,3	22,6	21,6	66,6	50	<0,01*
Environment	73,9	63,3	14,5	18,4	75	68,7	<0,01*
Discrimination	43,1	55,1	25,4	16,7	50	50	0,04*
Autonomy	65,5	41,9	31,4	25,2	66,6	50	<0,01*
Inclusion	77,0	58,9	16,1	20,1	75	54,1	<0,01*

Conclusions: It is critical that people with ID participate in the creation and/or changes of inclusion policies and actions. Since the relationship between the perception of self-reported QoL and reported by caregivers are different and converge only in the physical domain.

Disclosure of Interest: None Declared

Mental Health Care

EPV0548

Aggressive and prosocial behaviors in adolescents from the department of Cordoba, Colombia

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doi: 10.1192/j.eurpsy.2024.1228

Introduction: Prosocial behaviors are voluntary behaviors that are performed for the benefit of other people and promote harmonious relationships with others. This type of enhanced behavior could reduce physical and verbal aggressive acts in adolescents.

Objectives: analyze the association between aggressive and prosocial behaviors in adolescents

Methods: The study was non-experimental of a transactional - correlational type, two evaluation instruments validated in the context were applied to 500 adolescents attending school in the department of Córdoba. The type of sampling was non-probabilistic.

Results: A Pearson correlation was performed, previously verifying the normality of the data, which showed a statistically significant, negative association between the prosocial behaviors and the aggressive behaviors of those evaluated (Table 1).

Table 1: Correlation between prosocial behavior and aggressive behavior.

		PROSOCIAL BEHAVIOUR
AGGRESSIVE BEHAVIOR	Pearson correlation	-,197**
	Sig. (bilateral)	,004
	N	500

Conclusions: Negative associations were identified between the two variables under study, that is, as prosocial behavior increases, aggressive behaviors could decrease. This finding serves as a basis for carrying out future intervention strategies in adolescents in the department of Córdoba.

Disclosure of Interest: None Declared

EPV0549

Impact of emotional intelligence on anxiodepressive disorders in nursing staff in the intensive care unit

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doi: 10.1192/j.eurpsy.2024.1229

Introduction: Working in the intensive care unit (ICU) often involves intensely stressful and emotional situations, which can be strong predictors of poor mental health. Healthcare workers are required to perceive, understand, manage, and use their emotions to provide quality care.

Objectives: To evaluate the impact of emotional intelligence (EI) on anxiodepressive disorders in nursing staff in the ICU.

Methods: This was a descriptive, cross-sectional, analytical study conducted among nursing staff in the ICUs of two hospitals in Tunisia. Data were collected over a 3-month period. EI was assessed using the SSEIT self-report test, and the hospital anxiety and depression scale (HADS) was used to measure anxiodepressive disorders. Sociodemographic aspects were also taken into account.

Results: We included 92 healthcare workers. The majority were women (67.4%) with an average age of 25 to 54 years. Nurses represented 58.7% of the study population. About half had less than 5 years of occupational seniority. In terms of lifestyle habits, 76% were smokers, 90.2% did not consume alcohol, and 53% had no leisure activities. The majority had no personal, family, or medical psychiatric history.

The mean EI score was 109.9, ranging from 62 to 150. Anxiety was present in 43.49% of participants and depression in 51.08%.

A significant association was observed between anxiety and the perception of emotions ($p=0.0196$) and the management of others' emotions ($p=0.0261$).

As for depression, a significant association was observed between perception of emotions and depression ($p=0.0259$), as well as between management of others' emotions and depression ($p=0.0126$). EI was positively associated with HADS ($p=0.0281$), with a correlation value of 0.114.

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

Disclosure of Interest: None Declared

EPV0550

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

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doi: 10.1192/j.eurpsy.2024.1230

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.

Disclosure of Interest: None Declared

EPV0551

Evaluating emotional competencies in health professionals in a city in Colombia

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doi: 10.1192/j.eurpsy.2024.1231

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.