## EPP0068

### Emotional competence of nurses and therapeutic communication towards the person with manifestations of mental disorder

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**Introduction:** Emotional competence is fundamental in the communication that nurses establish with the people they relate to, and therapeutic communication is a crucial tool in nursing care.

**Objectives:** This study aimed to understand the influence of nurses' emotional competence in therapeutic communication with people with manifestations of mental disorder in a portuguese general hospital.

**Methods:** A descriptive-correlational and transversal study was performed. The sample consisted of 171 nurses from a general hospital in the Azores. Data were collected between May and July 2021, using an instrument that includes the sociodemographic and professional questionnaire, the Veiga Scale of Emotional Competence–Reduced version [EVCE-Reduced] (Veiga-Branco, 2021) and the questionnaire "Therapeutic communication: use by nurses" (adapted from Coelho, 2015).

**Results:** Nurses, mostly female, aged between 31 and 40 years, show moderate levels of emotional competence. Specialized nurses with more time in professional practice demonstrate to be more emotionally literate. The EVCE-Reduced demonstrates good internal reliability. Self-motivation was the most predictive capacity of emotional competence, and self-awareness the capacity with the highest average. Three communication profiles were delineated, with Profile 1 (Nurse centered on the person and on themselves) the most representative. Although there is no correlation between emotional competence and therapeutic communication, it was evident that the more empathetic nurses perceive themselves, the more they use therapeutic communication techniques; and the better they manage emotions, the more they mobilize therapeutic communication techniques and attitudes towards people with manifestations of mental disorder.

**Conclusions:** In view of the results, it is important to deepen the way in which therapeutic communication and emotional competence are manifested in professional practice, what facilitates or inhibits its expression, and how its development can be enhanced. In this sense, health institutions must implement actions for the education and training of nurses, through the contribution of specialized practice in Mental Health Nursing, allowing for the improvement of emotional literacy and performance in work contexts.

**References:** - Coelho, M. T. (2015). Comunicação terapêutica em enfermagem: utilização pelos enfermeiros. Porto University [doctoral thesis]. Available from: https://repositorio-aberto.up.pt/bitstream/10216/82004/2/33990.pdf (accessed on 15 september 2022); - Veiga-Branco, M. A. (2021). Competência emocional, os Dados Tomam a Palavra. Jornadas da Associação Portuguesa de Inteligência Emocional. Bragança: Instituto Politécnico de Bragança;

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## EPP0070

### Organizational features of mental health facilities and adequacy of treatment. Multilevel analysis from the italian region lombardy

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**Introduction:** Mental healthcare represents a significant issue for the Healthcare System [1]: one of the major causes is the high heterogeneity in the provision of care, due to the differences among the Departments of Mental Health (DMHs).

**Objectives:** To identify the predictors of an adequate treatment for patients with severe mental disorders (SMDs), both at an individual and structural level, the latter considering the major features of the Psychiatric Operative Units (POUs), in the Italian region Lombardy.

**Methods:** Healthcare Utilization Databases, collecting data on the services provided to beneficiaries of the National Health Service (NHS), have been used to retrieve data.

Patients that during 2015 were resident in Lombardy; suffered from depressive, bipolar or schizophrenic disorder; were in contact with the DMHs, have been identified.

Adequateness of treatment has been evaluated according to the Minimally Adequate Treatment (MAT) [2,3]: a combination of psychiatric visits and specific pharmacological treatment, or psychotherapeutic sessions. Having received a MAT has been assessed during a one-year period.

Predictive factors have been classified into two hierarchical levels: individual (first) level and structural (second) level. At the first level, clinical and socio-demographics characteristics have been evaluated for each patient. At the second level, the organizational structure of each POU has been examined: the number of patients taken in care, number of community-care facilities, and hours worked by each class of healthcare providers (psychiatrists, nurses, psychologists, psychosocial staff).

A log-binomial model has been used to evaluate the association between the first-level factors and having received a MAT; a multilevel log-binomial model for the second-level factors considered the hierarchical structure of data.

**Results:** 72115 patients have been identified: 33974 (47.1%), 28407 (39.4%) and 9734 (13.5%) suffering from depressive, schizophrenic or bipolar disorder respectively; 45.4% of them (32773 patients) received a MAT.

Compared with patients affected by depression, those with bipolar or schizophrenic disorder show a higher probability of receiving a MAT (+23%, +11% respectively).

Patients living alone have a lower probability of receiving a MAT, unlike patients with a higher level of education or employment, underlining the social burden related to SMDs.

Organizational features have proven significant: centres with a higher activity volume and with more community-care facilities seem more likely to guarantee MAT. Moreover, the higher the hours worked by psychiatrists, nurses and psychologists, the higher the probability of providing MAT.