

Methods: A cross-sectional descriptive correlational; Sample consisted of 100 children of a term gestation, 70 with spontaneous vaginal birth and 30 whose birth was by cesarean section, aged between one and twenty-four months; using the Abbreviated Development Scale, an instrument created and validated for the Colombian population (Cronbach's alpha, 0.94). All parents signed the informed consent.

Results: All test scales were applied (gross and fine motor, language and social personal), the results showed that children born by cesarean section had better development in areas of fine motor and language, while children born by vaginal delivery had better development of gross motor. See (graphic 1).

Graphic 1: Areas of development according to the type of delivery.

References

Conclusions: The influence of contextual variables such as age and educational level of the mother on language and social areas was also found

Disclosure of Interest: None Declared

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Emotional burnout in psychiatrists during the war: experience of Ukraine

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Introduction: Psychiatrists being one of the significant groups associated with one of the highest risks of emotional burnout (EB). The risks of EB increase significantly in the conditions of war, which places increased demands on their physical, mental and psychological resources, and determines the relevance and necessity of studying the predictors, clinical phenomenology, psychological and psychopathological mechanisms of EB, and necessitates the development of innovative approaches to its corrections.

Objectives: The study the features of EB among psychiatrists in war period.

Methods: The examination included the usage of clinical-psychopathological, psychodiagnostic and psychometric research methods.

Results: The study sample consisted of 120 psychiatrists who worked in Kyiv in the period from February 24, 2022, during 2022. 69.2 of psychiatrists working in Kyiv during the war have manifestations of EB of varying intensity and clinical variability. All of them have signs of professional maladaptation (PM), deterioration of well-being, somatovegetative and dyssomnia disorders, deformation of social ties and decrease in motivation to work. In 47.5%, the formation of symptoms of tension, resistance and exhaustion are observed, 21.7% have clinically complicated and formed all manifestations of EB and PM.

The leading diagnostic and prognostic marker of EB is PM, the manifestations of which are the first consequence of the imbalance of the processes of performing professional duties and internal resources, which will ensure their optimal implementation.

A mathematical model of the development and forecast of PM, as a leading descriptor of EB, was developed, which considers the state of socio-demographic characteristics (age, work experience, and the total quality of life indicator), affective indicators (objective and subjective manifestations of depression and anxiety) and psychosocial features (social-psychological adaptation). The use of this model makes it possible to determine 4 risk groups for the development of PM (low, moderate, high, very high), based on which personalized approaches to the diagnosis, therapy and prevention of EB among psychiatrists during the war have been developed.

Conclusions: The implementation and further evaluation of these approaches proved their effectiveness in eliminating the manifestations of EB and PM, normalizing the mental state with the levelling of psychopathological symptoms, improving the socio-psychological adaptation and quality of life of psychiatrists.

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"Emotional Intelligence, Psychological Distress, and Conflict Resolution Among Healthcare Professionals"

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Introduction: Emotional Intelligence (EI) plays a substantial role in shaping the behavior, overall well-being, and performance of individuals. In the context of healthcare, where professionals frequently confront a demanding work environment, there is a notable prevalence of high Psychological Distress (PD). Consequently, conflicts are a recurrent phenomenon within healthcare settings, exerting impacts on healthcare professionals, patients, and their families.

Objectives: Aims:

1. Investigate the link between Emotional Intelligence (EI) and conflict management among healthcare professionals.
2. Examine how Psychological Distress (PD) relates to conflict management in healthcare.
3. Explore age, specialization, and experience's influence on EI dimensions.
4. Analyze EI's impact on healthcare professionals' conflict resolution choices.
5. Assess how demographics affect conflict resolution preferences among healthcare workers.

These aims explore EI, PD, demographics, and conflict management in healthcare, informing skill enhancement and improved conflict resolution practices.