

**Conclusions:** The additional work and strain caused by this, as well as the connections with the problem of compatibility, show need for action for employers regarding the working conditions of physicians and scientists. Especially with regard to reducing overtime and improving the compatibility of work and family.

**Keywords:** professions; working conditions; compatibility; Work-family-conflict

## EPP0767

### Personality and coping as gendered predictors of distress and well-being in nursing students

C. Laranjeira\* and A. Querido

Citechcare, Polytechnic of Leiria, Leiria, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1074

**Introduction:** Previous studies about relationship between personality factors and stress related processes mainly focus on relation between these factors and application of coping strategies.

**Objectives:** This study expanded previous research by examining the combined contribution of personality traits (NEO-FFI) and coping strategies (Brief COPE) in the prediction of stress, depressive symptoms, anxiety symptoms (DASS-21), and psychological well-being (WHO-5) among undergraduate nursing students.

**Methods:** This cross-sectional study was performed in 2017. Participants of this study were 75 nursing students (men=37, women=38) from one Portuguese School of Health Sciences. The students who agreed to participate filled out an informed consent. Then the questionnaires were administered in a random order to avoid order effects in the data.

**Results:** Regarding personality, women reported higher conscientiousness and agreeableness than men. There were no gender differences in coping. Among men, openness and agreeableness (inversely) and neuroticism predicted stress. In women, neuroticism and venting predicted stress. Regarding depression, conscientiousness and extraversion (inversely) and neuroticism were predictors for men, whereas neuroticism, self-blame, and denial were predictors for women. Conscientiousness and extraversion (inversely) and venting and denial predicted anxiety in men, as did neuroticism and venting in women. For well-being, conscientiousness and extraversion were predictors among men; neuroticism and seeking instrumental support (inversely) and extraversion were predictors among women. Personality traits dominated the prediction of distress and well-being in men, while both personality and coping were predictors in women.

**Conclusions:** These findings indicate that it is not the degree of each personality trait or coping strategy but the pattern of relationship between these phenomena and psychological outcomes that is of relevance. The results could inform gendered preventive and treatment interventions for college students.

**Keywords:** Distress; coping; personality; predictors

## EPP0768

### Dying child and nurses' mourning

A. Zartaloudi<sup>1\*</sup>, C. Lekas<sup>2</sup>, I. Koutelekos<sup>1</sup>, E. Evangelou<sup>1</sup> and E. Kyritsi<sup>1</sup>

<sup>1</sup>Nursing, University of West Attica, Athens, Greece and <sup>2</sup>Intensive Care Unit, Henry Dunant Hospital, Athens, Greece

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1075

**Introduction:** One of the most complex and emotional aspects of nursing is the interaction between the nurse and the dying child. The attitudes of nurses towards death, affect the quality of care.

**Objectives:** To investigate pediatric nurses' attitudes towards death.

**Methods:** Methodology: 170 nurses, working in pediatric hospital departments completed a questionnaire which included sociodemographic characteristics and information related to their previous training and clinical experience regarding death issues in general and dying children's care in particular.

**Results:** 68.6% reported that the death of a child affects them very much, while 44.7% of the participants didn't feel well prepared to manage death issues. Pediatric nurses were greatly affected by children's death, expressing mainly feelings of sadness (44%), compassion (22%), guilt (22%) and anger (22%). 73% of the sample wished the hospitalized child, died when they were not present. 53.5% had been trained regarding the care of dying patients and the management of death and mourning as part of their curriculum and 21.2% had attended a relative seminar / lecture. The importance of proper and adequate education becomes particularly apparent considering that the majority of our sample either did not feel sufficiently prepared in order to deal with death and mourning, even though more than 70% of our participants had been relatively educated.

**Conclusions:** The incorporation of the notions of death and care at end of life in the theoretical and practical fields of nursing will improve the quality of services offered at the end of life for patients and their families.

**Keywords:** Nurse; care; death; Child

## EPP0769

### Integrating mental health services into primary health care – a review of challenges and outcomes in the international setting

L. Moreno<sup>1</sup> and A. Sousa<sup>2\*</sup>

<sup>1</sup>Department Of Psychiatry And Mental Health, Setúbal Hospital Center, Setúbal, Portugal and <sup>2</sup>Castelo Family Healthcare Unit (usf Castelo), ACeS Arrábida, Sesimbra, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1076

**Introduction:** Mental illness accounts for about one-third of the world's disability, a burden that many health systems cannot adequately respond to. Up to 70% of mental health (MH) patients are followed-up in primary health care (PHC) settings. To bridge the treatment gap, the World Health Organization developed mhGAP, a guidance package for integrated management of priority MH disorders in lower-income countries. Other countries have developed their own evidence-based interventions.

**Objectives:** Overviews countries' strategies towards integrating MH services into PHC, their outcomes and challenges.

**Methods:** Review of literature using PubMed search terms "mental health primary care", MeSH terms "Primary Health Care", "Mental