

**Objectives:** To reflect on the consequences of face mask and covering use on communication in the clinical setting, including mental health settings.

**Methods:** Pubmed and Google Scholar literature search using terms face mask / face covering and communication / emotion.

**Results:** There is a lack of literature on the impact of protective face masks and coverings on communication in clinical settings. Face masks and coverings may have a significant impact on patient-healthcare professional relationship due to disruption of verbal (poorer quality of speech transmission) and non-verbal communication (emotional expression and recognition) with consequences on: 1) clarity of communication with potential for misunderstanding clinical information, advice and prescriptions posing safety issues, 2) emotion perception, expression and reciprocity, 4) perception of healthcare professionals' empathy and therefore, 3) patient satisfaction, 4) quality of care, and 5) clinical outcomes. Difficulties in communication between the patients' family or other carers and healthcare providers and between healthcare professionals are likewise challenged. People with hearing impairment, children and people with mental illness may be especially vulnerable to these difficulties in communication.

**Conclusions:** Protective face masks and coverings are undoubtedly important in preventing spread of COVID-19, nonetheless mental healthcare professionals should take into account their significant impact on verbal and non-verbal communication in clinical care. Alternative strategies to enhance communication and rapport may be warranted.

**Keywords:** face masks; face coverings; communication; emotion

## EPP0476

### Psychosocial effects of COVID-19 pandemic in Bolivia. Preliminary results

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**Introduction:** The global health crisis due to Coronavirus Disease 2019 (COVID-19) and related containment measures have led to changes in daily life and, therefore, social and psychological impacts on the population.

**Objectives:** To explore the psychological and social impact of COVID-19 in the general population of Bolivia.

**Methods:** Cross-sectional study was implemented using an anonymous and self-administered online questionnaire. Adult people were invited to participate through social networks between May to June 2020. The questionnaire included sociodemographic information, coping strategies, changes in income and working conditions and psychological distress (K10 Scale).

**Results:** A total of 878 adults living in Bolivia answered the questionnaire. Most people considered COVID-19 as a quite/very serious health problem that affects the entire population, without distinction. 65% reported to accomplish lock down measure, however, one of the main reasons for non-compliance is the need to go out to work. Half of participants (50%) reduced

worked hours and 18% modified their employment contract. However, 70% reduced household income. A considerable percentage (62%) reported psychological distress (46% with moderate or severe). It was higher in women, young people and among those with lower household income. In addition, social networks and watching series and movies were the main coping strategies reported.

**Conclusions:** The COVID-19 pandemic has a considerable impact on psychological and social level. The negative impact was greater in some population groups such as women, young people, and those with a lower socioeconomic level, which may further increase inequities.

**Keywords:** COVID-19; Bolivia; psychosocial; mental health

## EPP0477

### The interrelation between proactive coping and job stressors subjective evaluation in healthcare professionals during the early phase of the COVID-19 pandemic

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**Introduction:** Proactive coping helps to reduce stress "in advance" – by possible stressors' anticipating (Greenglass & Fiksenbaum, 2009). Does it helps to reduce distress in hazardous work environment with extremely high uncertainty level – like in healthcare professionals' work at the beginning COVID-19 pandemic? Data showed the lower level of proactive coping in healthcare professionals in comparison with non-medical group (Pearman, Hughes, Smith & Neupert, 2020). The acute issue is to investigate proactive coping among medical professionals with different stress level.

**Objectives:** Specialists of Moscow public dispensaries (doctors, n=209; nurses, n=131) were checked during pandemic breakout (April 2020) - in order to compare proactive coping and job stressors' subjective evaluation in groups with high and low chronic states.

**Methods:** The diagnostic set included: the job stress survey (Spielberger, 1994); the proactive coping inventory (Greenglass, 2002); the chronic stress and fatigues inventories (Leonova, 2012).

**Results:** Cluster analysis by combination of stress-fatigue scores extracted equal 22% of professionals in risk subgroups. Surprisingly no proactive coping differences were found in nurses; among doctors preventive coping is significantly lower in risk subgroup ( $t=7.05$ ;  $p=0.009$ ). Revealed job stressors in risk groups for nurses are quite typical; but for doctors they are unusual: extreme workload ( $t=33.97$ ;  $p<0.001$ ), low coworkers support ( $t=48.94$ ;  $p<0.001$ ), lack of positive feedback ( $t=62.29$ ;  $p<0.001$ ).

**Conclusions:** Despite the undeniable workload increase, well-to-do professionals perceived no high job stressors. In risk subgroup with lack of preventive coping, perceived stressors are likely connected with inability to predict strain increase and to minimize the impact of its negative effects (Moore, 2017).

**Keywords:** proactive coping; Chronic Stress; job stressors; COVID-19