

After playing all three games, the PANAS was reassessed. Finally, on the same day as the face-to-face session, participants completed a second online survey that assessed cognitive and emotional empathy, early life adversity, resilience and perceived stress.

Results: In the Public Goods game, the number of rounds in which participants contributed more than their initial contribution in the first round was used as a measure of submissive behavior. This variable correlated with the participants' level of alexithymia ($\beta=0.544$). Additionally, this same index was also negatively associated with empathy and positively related to reported loneliness. A similar pattern was observed between alexithymia and empathy ($\beta=-0.323$) and loneliness ($\beta=0.473$). In contrast, total contributions made in the Public Goods game, the Dictator game (generosity), and the Trust game did not correlate with alexithymia. **Conclusions:** Our results suggest that alexithymia is connected to greater submissive behavior in group interactions. It is possible that its link to reduced empathy and increased loneliness contributes to this behavior.

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EPV1389

Using the big five inventory to evaluate the personality traits of medical staff

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Introduction: Personality traits are enduring and stable characteristics that reflect an individual's behaviour, thoughts and feelings. Research indicates that specific traits can affect not only the well-being of healthcare professionals but also their interactions with colleagues and patients.

Objectives: This study aims to assess the personality traits of healthcare professionals using the Big Five Inventory (BFI).

Methods: A descriptive cross-sectional study was conducted among healthcare personnel who consulted the department of occupational medicine of Hedi Chaker Hospital of Sfax to September 2024. The survey was conducted through a self-questionnaire that included sociodemographic data, lifestyles. We also used BFI which measures the Big Five personality traits through five key dimensions: extraversion, agreeableness, conscientiousness, neuroticism and openness.

Results: The study involved 41 consultants (12 men and 29 women) with an average age of 31.2 ± 7.4 years. An urban origin was identified in 87.8% of the cases. Medical staff scored 3.36 ± 0.52 for extraversion, 3.21 ± 0.56 for agreeableness, 3.22 ± 0.61 for conscientiousness, 3.01 ± 0.78 for neuroticism and 3.2 ± 0.65 for openness. A significant association was found between neuroticism and urban versus rural origin ($p=0.001$). Moreover, associations were found between BFI dimensions: agreeableness with extraversion ($p=0.007$, $r=0.41$) and openness ($p=0.002$, $r=0.46$).

Conclusions: This study highlights the importance of assessing personality traits among healthcare professionals. Understanding these personality dimensions can provide valuable insights for

improving workplace dynamics, enhancing team collaboration, and ultimately fostering better patient care outcomes.

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Investigating the Impact of Alexithymia and Dissociation on the Severity of Symptoms in Severe Personality Disorders

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Introduction: Severe personality disorders are characterized by deeply ingrained patterns of thought, behavior, and emotional functioning, along with impaired mental functioning in the areas of self-stability and identity formation. The challenges in interpersonal relationships and overall functioning result in a significant reduction in the capacity to adapt to social roles.

Objectives: In this context, the present study aims to explore the severity of symptoms (SPrDP) in correlation with alexithymia (TAS-20) and dissociation (DES II) in individuals under the care of the Department of Mental Health of Forlì-Cesena.

Methods: The sample was selected using the SCID PD (Structured Clinical Interview for DSM-5), followed by the administration of the following scales: SPrDP (Parma's Scale), TAS-20 (Toronto Alexithymia Scale), and DES II (Dissociative Experiences Scale). Multivariate analyses were applied, including non-parametric correlations (Spearman's Rho) between variables using SPSS software.

Results: The sample consists of 55 individuals ($F=38$; $M=17$), of whom 42 have borderline personality disorder (BPD), 3 have narcissistic personality disorder (NPD), 6 have histrionic personality disorder (HPD), 3 have obsessive-compulsive personality disorder (OCPD), and 1 has dependent personality disorder (DPD). The analysis did not reveal a significant correlation between SPrDP and the TAS-20 and DES II scales, although a trend was observed that could correspond to more compromised personality functioning in the presence of high scores on these scales. Furthermore, a statistically significant correlation was found between TAS-20 and DES II. Higher marginal means for TAS-20 were observed in individuals with OCPD. For DES II, the highest estimated marginal means were found in individuals with OCPD and BPD.

Conclusions: The symptom severity measured by SPrDP was not statistically significant in relation to TAS-20 and DES II. However, the presence of a trend between the scales suggests the possibility of further investigation with a larger sample. Additionally, the statistically significant correlation between alexithymia and dissociation may indicate that difficulties in identifying and managing intense emotions lead to the use of dissociative defense mechanisms. The higher average alexithymia scores in individuals with OCPD suggest a possible emotional rigidity with a tendency to control or suppress emotions. The frequency of dissociative symptoms observed in individuals with BPD and OCPD may indicate the centrality of alexithymia and dissociation in the impairment of emotional and relational functioning in severe personality disorders. Further studies are necessary.