

## EPV1164

## Understanding Attitudes and Perceptions Towards Blood Donation in Greece: An Analysis Aligned with the Health Belief Model

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**Introduction:** This study explores attitudes toward blood donation in Greece, where maintaining an adequate supply is challenging. Using the Health Belief Model, we examine factors like perceived severity, vulnerability, and self-efficacy.

**Objectives:** The main aims of this study are to assess public perceptions and barriers concerning blood shortage in Greece, and to identify motivators and self-efficacy levels for regular blood donation.

**Methods:** A cross-sectional study was conducted using a self-administered questionnaire distributed to a sample of Greek adults. The questionnaire was designed based on the constructs of the Health Belief Model and included questions related to perceived severity, vulnerability, self-efficacy, and barriers and facilitators to blood donation. Descriptive statistics were used to analyse the responses, calculating means and standard deviations (SDs) for each variable.

**Results:** Perceived Severity and Vulnerability

Participants in our study show a heightened awareness of the severity of blood shortages, especially in summer months and during increased surgical interventions. They also acknowledge Greece's dependency on more than just voluntary donations to meet blood supply needs. These findings align with the Health Belief Model's constructs of perceived severity and vulnerability, suggesting avenues for promoting donation.

Perceived Benefits and Barriers

A significant 74% of participants believe they can regularly donate blood and plan to do so in the next six months. However, fear of needles, health concerns, and fears of transmissible diseases act as barriers. According to the Health Belief Model, targeting these barriers could facilitate blood donation.

Self-Efficacy

A high percentage (74%, SD=5) of participants displayed strong self-efficacy, suggesting they are likely to engage in blood donation if encouraged. This aligns with the Health Belief Model's emphasis on self-efficacy as a motivator for health actions.

Cues to Action

Participants identified informational campaigns, digital reminders, and social encouragement as cues to action, with a disfavor for financial incentives. These cues could serve as triggers for blood donation, consistent with the Health Belief Model.

**Conclusions:** By aligning these findings with the Health Belief Model, it becomes evident that there are strong perceptions of severity and vulnerability, but also considerable barriers to

overcome. The high self-efficacy among participants and the cues to action identified could serve as bases for targeted interventions to improve blood donation rates.

**Disclosure of Interest:** None Declared

## EPV1165

## Knowledge, attitudes, and beliefs about psychotropic medication among patients with mental disorders

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**Introduction:** Non-adherence to treatment is a major concern for mental health professionals. Knowledge of prescribed medications can influence patients' willingness to adhere to them.

**Objectives:** The aim of this study was to assess the knowledge of patients with mental disorders about their prescribed medication and to evaluate their attitudes and beliefs toward treatment.

**Methods:** Our quantitative descriptive study involved 52 patients hospitalized in the psychiatric "C" department of the Hedi Chaker University Hospital in Sfax between the 23<sup>rd</sup> and 30 October 2023. Excluded were aggressive patients, those who were unable to communicate, and those who refused to participate. Thirty-nine patients were included. For each patient, we collected socio-demographic, clinical, and disease progression data, as well as information, beliefs, and attitudes concerning the prescribed treatment.

**Results:** The mean age of our patients was 35.49 ± 10.24 years, with an exclusively male sample. Most patients had no occupation (69.2%). Only 10.3% were married. Over half of the patients had achieved primary school (61.5%) and lived in rural areas (64.1%). The mean duration of the mental disorder was 10.69 ± 9.07 years. Patients were hospitalized 3.62 times on average. The most frequent diagnoses were schizophrenia (35.9%) and bipolar disorder (33.3%). More than half of the patients (61.5%) knew the color and shape of the prescribed medication, and 48.2% knew the name and dose.

The source of treatment information was mainly doctors (33.3%) and family members (15.4%). Adherence to treatment was poor in 69.2% of cases. The majority of patients denied stopping treatment and 12.8% reported that they stopped treatment because of financial difficulties. Twenty-four patients confirmed that taking the treatment made people see them differently and that they preferred not to reveal they were taking it. Two-thirds of patients reported that the treatment relaxed them (71.8%) but could be stopped when they felt better (69.2%).

**Conclusions:** It is essential for mental health professionals to develop and implement effective intervention strategies that maximize therapeutic impact and reduce the risk of relapse.

**Disclosure of Interest:** None Declared