

facilities. Straight-line distances to facilities were calculated for 3,771 newborns in the 2007 Zambia DHS and 8,842 newborns in the 2004 Malawi DHS. We built multivariable logistic regression models adjusting for a wide range of confounders, using robust standard errors to take account of clustering.

Results Early neonatal mortality was 2.2 % in rural Malawi and 2.6 % in rural Zambia. Facility delivery was 52 % in rural Malawi and 33 % in rural Zambia. There was no association between distance to care and early neonatal mortality in Malawi (OR 0.97, 95 % CI 0.58–1.60), while in Zambia, increasing distance (per 10 km) was associated with lower mortality (OR 0.55, 95 % CI 0.35–0.87). The level of care provided in the closest facility showed no association with early neonatal mortality in either Malawi (OR 1.02, 95 % CI 0.90–1.16) or Zambia (OR 1.02, 95 % CI 0.82–1.26). In both countries, distance to care (per 10 km) was however strongly associated with facility use for delivery (Malawi: OR 0.35, 95 % CI 0.26–0.46; Zambia OR 0.73, 95 % CI 0.57–0.94). Early neonatal mortality did not differ by frequency of facility delivery in the cluster.

Conclusions An increase in facility deliveries with better geographic access and higher level of care does not necessarily translate into reduced early neonatal mortality. This could be due to low quality of care for newborns at health facilities, but differential underreporting of early neonatal deaths in the DHS is an alternative explanation. Improved data sources are needed to monitor progress in the provision of obstetric and newborn care and its impact on mortality.

OC 6.4.4

Emotional competence in healthcare professionals: correlational and comparative research

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Introduction The relevance of this first empirical research (to our knowledge) in Continued Care National Network (RCNN) context, emerge to understand the role of emotions in workplace (Austin, Dore & Donovan, 2008; Liu et al. 2008; Barsade, Ramarajan, Burack, 2008), here, with ill people and great physical and psychological weakness. Recent scientific literature expose a significantly negative correlations between Emotional Intelligence (EI) and emotional exhaustion (Geng; Li; Zhou, 2011), and the development of Emotional Competence skills in workplace context (Veiga-Branco, 2007).

Aim To study the Emotional Competence's (EC) profile and the differences between capacities levels profiles in health professionals: physiotherapists and social workers in Portuguese RNCC.

Method This quantitative, comparative, descriptive and correlational study, was performed in two independent probabilistic samples including 91 health professionals, 58 physiotherapists—9 male and 49 female—and 33 social workers—3 male and 30 female. Was applied "Escala Veiga de Competência Emocional" (EVCE), developed by Veiga-Branco (2009); and data was descriptive, correlational study (SPSS 17) and multiple regression.

Results/Discussion In global sample, five competencies were identified, with significantly positive correlations between EC and the 5 capacities, and the ranking of the correlations was: Self-conscience ($\rho = 0.770$; $p < 0.01$), Emotions Management in Group ($\rho = 0.767$; $p < 0.01$), Self-motivation ($\rho = 0.680$; $p < 0.01$), Emotions Management ($\rho = 0.653$; $p < 0.01$), and Empathy ($\rho = 0.259$; $p < 0.05$), according the protective effort of trait EI in occupational stress (Miklolaiczak, Menil, & Luminet, 2007). Results show that EC profiles have—in these samples—some differences on capacities: the EC profile is significantly different between physiotherapists and social workers, proving that workplace can be a

moderate variable as follows: social workers present a superior level ($x = 4.195$) in EC profile, than physiotherapists ($x = 4.705$); and the estimated regression model includes for the physiotherapists sample, the five capacities, but not as theoretical model (Caruso, & Salovey, 2004): Emotion Management, Emotions Management in Group, Self-Motivation, Empaty, and finally Self-conscience, representing 98.4 % of the variance in EC. Social workers sample, presents a completely different model: only Self-conscience, and Emotions Management in Group entered in the model, representing 81.3 % of the variance, excluding the remaining capacities.

Conclusions Results clearly demonstrating the relationships of the EC with five capacities of the construct, but EC scores and EC profiles for social workers were significantly higher those for physiotherapists recognizing the relationship between emotional competence and workplace emotional skills, according with Karim, J.; Weisz, R. (2010) and Veiga-Branco (2010).

8th September 2012

Time: 8.30–10.00

Oral Communications Session 7.1. Infectious diseases

OC 7.1.1

A survey on needlestick injuries among veterinary professionals

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Background Needlestick injuries are today considered a substantial occupational health & safety hazard in contemporary health care practice and while the physical trauma is usually minor, these injuries are of major concern because of the potential exposure to infectious agents. Alarm is substantial in human medicine, where much effort has been devoted to reducing the incidence of these events but, for various reasons, the same aggressive approach has not been used in veterinary medicine. Overall, it is apparent that needlestick injuries are relatively common in veterinary practice. However, to date there has been minimal study of needle handling practices, risk factors and needlestick injuries reporting practices and rates.

Objectives To evaluate needlestick injuries in veterinary professionals and potential risk factors associated with blood-contaminated needlestick episodes.

Methods Participants of a 2011 Veterinary Meeting in Portugal were asked to complete a questionnaire-based needlestick injury survey. Flyers and 1-page posters were distributed in the participants' conference bag, to give information about the study. A needlestick injury was defined as a puncture or laceration with a needle contaminated with blood or other bloody body fluids from animals. Univariate and multivariate logistic regression models were performed for risk factor analysis. All analyses were performed using "Epicalc" package in the R software (R 2.13.1).

Results A total of 373 questionnaires were returned from 1,200 eligible participants (response rate 31.1 %) with 29.5 % being male, 51.7 % with less than 30 years old, 38.8 % between 30 and 39 years old and 9.5 % in the >40 years age group. Over 80 % had low experience (1–10 years of experience), 16.1 % between 11 and 20 years of experience and 3.7 % over 20 years of experience. Around three quarters (77.8 %) reported having had a needlestick injury contaminated with animal blood. Participants reported to have