in this work is also the patient. Today we have a laboratory that can carry out tests for five different anticancer agents.

Methods: November 2020, the first swip test was performed.11 different surfaces were sampled including medicine room, infusion bag from the pharmacy, desk, floor on the expedition, infusion pump, floor at the patient's place, patient toilet, floor in the corridor, lid on the garbage can, pacto-safe. May 2021a follow-up sampling of surfaces was carried out with an extension of the following surfaces: transport box for the infusion bags from the pharmacy, floors in the staff room, more toilet floors. November 2021 a third sampling was carried out focusing on the floors of the patient toilets.

Results: We got a rash on five surfaces: floors in the patient toilet, floors in the medicine room, below the pacto-safe, floors in the staff room and the infusion bag from the pharmacy .Before the second measurement, we had a review in the working group about our working methods. The cleaning company updated its guidelines regarding personal protective equipment for the cleaners. They also updated the cleaning instructions for the patient toilets. One problem that was identified was that the floors in the patient toilets have anti-slip protection. In the second measurement, cleaning of the patient toilets had been increased from once per day to twice per day. The improvements that had been carried out had the desired effect and we only had rashes on the floors of the patient toilets and on the infusion bag from the pharmacy. Before the third measurement, we expanded the cleaning in the patient toilets.The results showed that we have rashes on the floors of the patient toilets.

Conclusions: The result shows that we have improved the working environment. We have less rash on the surfaces through changed working methods and changed and expanded cleaning routines. The challenge is the floors on the patient toilets.

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CN34 | **Importance of work environment for oncology nurses**

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Background: Problems related to nurses' work environment are more serious in oncology wards and often unpleasant due to the complexities of cancer treatment and care. The clinical work environment of oncology nurses is unique because nursing practices include specific nursing skills and knowledge, such as administering chemotherapy and antineoplastic medicines and managing medical devices. The aim of this scoping review is to explore studies related to the work environment in oncology nursing and adopted a scoping review study framework.

Methods: This review adopted a scoping review study framework, using electronic databases including MEDLINE, AMED, CINAHL, PubMed, and Cochrane Library using search keywords: "oncology", "safety" and "nursing" from 1 January 2005 and 31 December 2021.

Results: Oncology nurses are likely to get sharp injuries when performing routine procedures, such as vein punctures in their work environment. According to the studies the oncology working environment is highly stressful, unsafe, and complicated. This may have negative effects on the quality of care provided to cancer patients and could also reduce nurses' job satisfaction and increases nurses' stress levels. Moreover, some studies show that although personal protective equipment is one of the strategies to reduce nurses' exposure to hazardous drugs, most nurses do not have access to standard chemotherapy rooms and personal protective equipment. Such a shortage of space and equipment can cause occupational stress and job burnout for nurses.

Conclusions: Several studies showed the importance of supporting oncology nurses in the clinical environment. Continuing education programs, active encouragement for adhering to safety standards, and correcting unsafe approaches to care delivery can help create a safe environment for nurses. Also, education about stress management, cognitive-behavioral therapy, and mental health may help nurses and increase their flexibility in dealing with stress and work-related challenges. It is necessary to create

an organized and systematic work environment to support the efficient practice of oncology nurses and make improvements at the administrative level.

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CN35 | **Workplace violence against cancer nurses during the COVID-19 pandemic: A correlational-predictive study**

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Background: Workplace violence (WPV) impacts negatively both healthcare workers and healthcare organizations. Nurses are the most exposed healthcare workers to WPV. This study aimed to describe the WPV against nurses and its predictive factors in oncology settings during the COVID-19 pandemic in Italy.

Methods: This is a secondary analysis including medical cancer inpatient units from a larger national study conducted between January and April 2021. Data were collected through the Practice Environment Scale of the Nursing Work Index (PES-NWI) and the adapted version of the Violence in Emergency Nursing and Triage (VENT) Questionnaire. Descriptive and logistic regression analyses were conducted.

Results: The analysis was conducted on 201 cancer nurses (84.6% female; mean age 41.2 years, SD 10.8). Seventy-two nurses (35.8%) reported WPV in the last year and/or the last week, 38 (18.9%) in the last week. The number of patients was higher for WPV nurses (mean difference [MD] +3.7; p=.004). Substance misuse (p=.044), alcohol abuse (p=.001), mental health issues (p=.024), cultural aspects (p=.012) and emotional distress (p=.012) were perceived by nurses as characteristics of the perpetrators. The work environment was significantly worse for WPV nurses (PES-NWI composite score [MD -0.2; p=.039]). Physician-nurse relationship (MD -0.2; p=.0039) was significantly worse for WPV nurses. WPV increases when the number of patients was higher (odds ratio [OR] 1.07; 95% confidence interval [CI] 1.01-1.14; p=.021) and when nurses perceived WPV as part of work (OR 2.95; 95%CI 1.17-7.42; p=.021). Nurses who perceived patient and/or caregivers' cultural aspects as predictors are more likely to experience WPV (OR 3.53; 95%CI 1.19-10.44; p=.023). WPV decreases when WPV prevention procedures were present (OR 0.23; 95% CI 0.09-0.62, p=.004). Nurses who perceived patients and/or caregivers' alcohol abuse as a predictor are less likely to experience WPV (OR 0.19; 95%CI 0.05-0.72; p=.015).

Conclusions: WPV against nurses was present during the COVID-19 pandemic. Interventions focused on identified predictive factors may result in safer nurse work environment and better patient outcomes.

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