The urgent need to improve the quality of cancer care coincides with a looming shortage of providers to deliver that health care. In 1999, the National Cancer Policy Board of the Institute of Medicine identified a “wide gulf” between the gold standard of cancer care and the quality of care delivered to many patients (Hewitt & Simone, 1999, p. 211), and gaps in quality of care persist today. An estimated 1.6 million new cases of invasive cancer will be diagnosed in 2012 (American Cancer Society, 2012). The National Cancer Institute estimated that the number of patients living with cancer will increase by 50% from 2005 to 2020 (Yabroff, Lawrence, Clauser, Davis, & Brown, 2004). The explosive growth in cancer care demand is coupled with only a meager increase in the number of oncology healthcare providers. The American Society of Clinical Oncology predicted a shortage of 2,550–4,080 medical oncologists by 2020 (Association of American Medical Colleges, 2007). Although not specific to oncology nursing, nurse workforce researchers predicted a shortage of 500,000 RNs by 2025 (Buerhaus, Auerbach, & Staiger, 2009).

The gaps in cancer care quality and the cancer workforce necessitate a remedy, and the Institute of Medicine (2009) convened a workshop to address those issues. Workshop attendees endorsed two related strategies to mitigate the shortage of providers and the potential impact on quality of care. The first was to encourage oncology providers, including nurses, to postpone retirement. Strongly related to that recommendation was to create favorable environments to practice clinical care. A favorable environment for clinical practice, defined as the characteristics of a healthcare organization that support the highest functioning of nurses, is likely to reduce turnover and premature retirement (Lake, 2007).

Nursing practice environments have received increased attention as a mechanism to improve care quality. From a conceptual perspective, nursing practice environments are features of settings where nurses are employed that promote job satisfaction, quality of care, or patient safety (Lake, 2007). Organizational sociologists postulate that practice environments with professional,