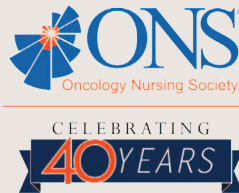


Celebrating ONS’s 40th Anniversary and Its Commitment to Cultural Competency, Diversity, and Inclusiveness

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As a nation, we are experiencing major demographic shifts in our population. We all are aware of the increase in our aging population, changes in our family structure or marital patterns, and, most significant, the globalization of America. These shifts reflect that culture is not limited to race or ethnicity; it also encompasses cultures of age, religion, or sexual identity. As oncology nurses, we are keenly aware of the power of culture and its effect on one’s personal and professional lives, and even on one’s views toward health, illness, and wellness.



At a Glance

- In our multicultural society, cultural competency, diversity, and inclusiveness are basic tenets of oncology nursing practice.
- Oncology nursing care and practice can be transformed through the collective efforts of our profession.
- The Oncology Nursing Society must continue to acknowledge the importance of inclusiveness and remain committed to growing as a culturally competent nursing organization.

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Today, we all have been taught that cultural competence is a valuable tool in providing patient-centered care. However, this concept was not considered a standard of oncology nursing practice when the Oncology Nursing Society (ONS) began. It was not regarded as a critical component of patient safety, satisfaction, or quality care. In fact, in the 1970s, the importance of providing culturally competent care was virtually nonexistent in our nation’s government policies, regulatory standards, academic curriculum, or professional practice.

In this article, I will describe the evolution of ONS as it forged a road map to

support cultural diversity at all levels of oncology nursing. The catalyst for this change began when I joined a small group of ONS members at Congress in 1988. We were all first-timers at Congress, and our backgrounds included being African American, Latino, Asian, and Anglo. Interestingly, we all gravitated toward each other because we all had noticed the limited number of attendees representing diverse cultures, ethnicities, races, or gender. By the time Congress ended, we had two common goals—to increase the diversity of ONS’s membership and to use our collective spirit to begin this new change.

By the next year’s Congress, ONS had added two new components to its organizational structure—focus groups and special interest groups (SIGs). By 1989, our group became a focus group, Nurses Working With Ethnic Populations (NWEPP). We found this name too cumbersome to say or write, so we changed it to the Ethnic Patient Issues (EPI) SIG later that year. We had our first official meeting at Congress in 1990 and nominated our SIG leadership, developed the format for our newsletter, and submitted topics relevant to cultural diversity for future ONS Congress and Fall Institute meetings. We also agreed on our goals, which were to (a) identify and address specific cancer issues affecting culturally diverse groups and nurses who care for these patients, and (b) to promote this group as a resource on healthcare issues relevant to culturally diverse groups. From 1989–1993, I was the coordinator for this SIG. The members were the driving force behind the great milestones achieved during that time. Many of you may recognize these members (see Figure 1) and know of their significant commitment to the integration of cultural competency into oncology nursing care, education, leadership, and research.

From 1989–1993, the EPI SIG achieved substantial milestones, including the presentation of the Ethnic Patient Issues Resolution, which was passed at the 17th annual Congress in 1992 in San Diego, CA. During the 1992 meeting, an ambitious implementation plan was proposed, and many of the strategies served as stepping stones for future ONS initiatives on cultural diversity, competence, and inclusiveness. As our membership experienced the effects of societal changes and globalization, the SIG changed its