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.

Today, we all have been taught that cultural competency 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 (NWEIP). 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.

As a critical component of patient safety, satisfaction, or quality care, 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.
name to the Transcultural Nursing Issues (TNI) SIG.

In 1993, the ONS Multicultural Task Force members submitted a strategic plan based on input from the members of the EPI SIG and the preliminary results of the Leadership Survey of Multicultural Issues. Another recommendation also evolved from the task force members, which was described by Iwamoto (1993, p. 1) in a *TNI SIG Newsletter*.

Because ONS embraces the concept of cultural competency and accepts the responsibility of educating and preparing its membership and leaders about the changing world, task force members also asked the Board to consider appointing an advisory group to advise, monitor, and recommend ongoing work within ONS related to cultural competence.

Since that year, the ONS leadership has continued to support numerous initiatives to enhance cultural competency among its members and promote diversity of its membership. For example, ONS released its guidelines for cultural competence (Brandt et al., 1999); several sessions on cultural diversity and related topics have been presented at ONS’s Congress and Fall Institute meetings; and, in the *Oncology Nursing Forum* and *Clinical Journal of Oncology Nursing*, numerous articles have been published on cultural diversity and even addressing health disparities as the unequal burden of cancer in vulnerable populations. In 2005, a new Diversity Task Force was established and launched new initiatives, such as the Diversity Champions and the Multicultural Tool Kit (Parran, 2004). In 2008, the ONS Diversity Advisory Panel presented its first diversity assessment to the ONS Board of Directors to evaluate how well ONS was addressing diversity and inclusiveness issues. In 2014, the TNI SIG celebrated its 25th anniversary.

Today, diversity and inclusiveness are core values of ONS in all aspects of the organization. As we celebrate our 40th anniversary, let us not forget the work of a small group of ONS members who wanted its members to understand our patients and their families through their own world views. We have achieved quite a bit, but our work is not over yet. Our current and next generation of oncology nurses must continue to ensure that cancer care is delivered within the cultural lens of the patients and their family.

I would like to share a poem that was introduced to me by Roman (1993) in a *TNI SIG Newsletter* (see sidebar). I believe its message reflects the collective spirit of our founding and future members to embrace change in the quest to provide culturally competent, patient-centered care based on the changing demographics of our organization and nation.

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### References


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