As oncology nurses strive to transform cancer care during the 21st century, the current shift in demographics coupled with the cancer profile of racial and ethnic minority populations will warrant special attention. Oncology nurse researchers, in particular, will be challenged to conduct research that will promote the provision of culturally competent care and the creation of health policies that will improve the cancer outcomes of racial and ethnic minority populations. The increased need for and interest in cultural competency in oncology nursing research is influenced, in part, by a number of factors, including (a) the projected changes in demographic trends in the United States; (b) the continuing disparities in cancer incidence, mortality, and survival among racial and ethnic minority populations; (c) the Oncology Nursing Society’s (ONS’s) commitment to diversity and quality cancer care; and (d) the increased emphasis on the need to include racial and ethnic minority populations in federally funded research. To this end, the purposes of this article were twofold: to examine oncology nursing research published in the Oncology Nursing Forum from 1990–2000 using an adapted purpose/objectives: To use the Oncology Nursing Society’s cultural competence guidelines to review research studies conducted by oncology nurse researchers with racial and ethnic minorities and published in the Oncology Nursing Forum during 1990–2000.

Data Sources: Using selected key words (e.g., cultural competence, cultural diversity, multiculturalism, minorities, African American/Black American, Hispanic/Latino, Asian/Pacific Islander, Native American/Alaskan Natives) the authors identified 27 studies that met the inclusion criteria for review. Case studies, sponsored lectureships, review articles, commentaries, editorials, and the like were excluded.

Data Synthesis: Within the context of the cultural competence guidelines, the primary strengths included sufficient background information and literature to establish the existence of the problem in the targeted culture, use of conceptual and theoretical frameworks to guide the study, identification of salient study limitations, and recommendations for dissemination of the findings to a general audience. Limitations included discussion of culture beyond the background and literature review, consideration of potential ethical concerns the target population may have about the methods to be used, inclusion of racial and ethnic minorities in the design and implementation of the study, and implications for oncology nursing education.

Conclusions: Although much has been gleaned from previous oncology nursing research published from 1990–2000, more fully incorporated content related to cultural competence is needed. This is needed particularly in studies specifically targeting racial and ethnic minority populations.

Implications for Nursing: Including cultural competence when designing and reporting research has a greater potential to inform oncology nursing practice, design future research studies, strengthen existing nursing curricula, and help to shape health policy related to racial and ethnic minority populations. The Oncology Nursing Society Multicultural Outcomes: Guidelines for Cultural Competence provides guidance for enhancing the next generation of oncology nursing research with ethnically and culturally diverse populations.

Key Points...

- Demographic trends reveal that growth will be tremendous in racially and ethnically diverse populations in the 21st century.
- The current shift in demographics underscores the need for and interest in cultural competency in oncology nursing research.
- The Oncology Nursing Society Multicultural Outcomes: Guidelines for Cultural Competence provides guidance for the conduct and reporting of oncology nursing research with racial and ethnic minority populations.
- The use of these guidelines, when designing and reporting oncology nursing research, may enhance the provision of culturally competent cancer care and the creation of health policies that will improve the health outcomes of racial and ethnic minority populations.