Update to 2019–2022 ONS Research Agenda: Rapid Review to Promote Equity in Oncology Healthcare Access and Workforce Development

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This is the second article in a two-part series that presents results from a rapid review about structural racism and health inequities in oncology nursing research. The first article presents recommendations for oncology nursing research (Jones et al., 2021). This article discusses structural racism and the inequities within nursing education, the nursing workforce, and the delivery of oncology nursing care.

**Background**

The influence of structural racism is evident in the development of nursing education and the nursing profession, which has a long history of racism and segregation. Black nurses faced two significant obstacles in the 1860s. Black nurses were working to claim their new place in society following the Emancipation Proclamation. In addition, the role of nurses was not yet respected, and they were instead seen as subservient handmaidens (Kalisch & Kalisch, 1995). The profession of nursing is rooted in structural racism because it developed during the time of racial segregation and the legal doctrine of separate but equal. Black nurses were primarily trained in Black colleges and took care of patients in Black hospitals or segregated sections of prominently White hospitals, all of which lacked equal resources. The first school for Black nurses was established by the Provident Hospital in Chicago, Illinois, in 1891. The National Association of Colored Graduate Nurses (NACGN) was founded in 1908 and was comprised of 1,200 members by the 1940s (Vaughan, 1997). In the 1940s, Black nurses were trained in 32 all-Black schools and 14 desegregated schools, and they fought...