

Implementing a Primary Healthcare Framework: The Importance of Nursing Leadership in Developing and Maintaining a Brain Tumor Support Group

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Background: Although brain tumor support groups have been available internationally for many years, Liverpool Hospital in Australia has not traditionally provided this service. As a leadership initiative, the development of a brain tumor support group that incorporates a primary healthcare framework is a sustainable approach that showcases the role of nursing leaders in changing attitudes and improving outcomes.

Objectives: The purpose of this review of the literature and reflection of clinical experience is to explore nursing leadership within brain tumor–specific support groups.

Methods: This article will showcase a nurse-led group that incorporated a coordinated approach to delivering patient-centered care.

Findings: The initiation of activities and interventions that reflected the five tenets of primary health care resulted in improved outcomes for individuals and their family caregivers throughout the trajectory of their illness. Vital to the success of this project was moving from a standalone leader to building collective and collaborative leadership more conducive to facilitating change. The support group successfully demonstrated that individuals and family caregivers may see ongoing and long-term improvements during and following treatment.

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The care of individuals and their families following the diagnosis of a brain tumor is multifaceted and complex. This article explores the success of a brain tumor support group within the Australian healthcare setting, where a primary healthcare (PHC) framework was implemented as a strategy for achieving care coordination and support for patients with neurologic cancer at the systemic, organizational, team, and individual levels.

As a philosophy of care, the PHC framework has been applied to a variety of healthcare settings, including cancer care (McMurray & Clendon, 2010). The five principle tenets of the PHC framework—appropriate technology, collaboration, accessibility, health promotion, and public participation—have emerged repeatedly throughout the literature when exploring the co-

ordination of cancer care. Although not specifically addressed or incorporated as a principle framework of practice, the five tenets are addressed and presented in a variety of contexts and associated with positive outcomes for individuals and families (Nichols, 2014). Embedding PHC principles into practice encompasses a broad spectrum of activities that focus on recovery from illness, guard against deterioration of health, and provide restorative and rehabilitative care (Starfield, 2006). Within this setting, the PHC framework offers a more inclusive approach to care that recognizes the social determinants of health, working toward prevention or early recognition of health issues, health promotion, and a system focused on attainable goals.

In 2003, the consultative report *Optimising Cancer Care in Australia* (McAvoy, 2003) became the blueprint for cancer care