

EDITORIAL

Now, more than ever, timing is right for oncology nurses to champion co-design, and promote value-based and strengths-based cancer care!

Oncology nursing was an early adopter of person-centred care (PCC)—broadly defined as a respectful, responsive, and tailored approach to healthcare that strives to consider peoples' needs, values, and preferences (Loiselle et al., 2019). PCC is established as a central aim for any comprehensive cancer care centre, with the onus now on the continued promotion of upstream approaches. Upstream, also called bottom-up approaches address, from a user perspective, individual, social, and economic factors that may act as barriers to care.

In this editorial, I argue that nurses ought to take stock of emergent and promising upstream approaches that tackle care access, blending and tailoring these approaches for optimal impact, while documenting what works and what does not. A call to action is most urgent considering the dramatic surge in healthcare demands stemming from changing demographics, new treatment modalities and increased survival, as well as COVID-related disruptions and backlogs. Herein, I identify three emerging movements, including value-based health care (VBHC), strengths-based nursing and health care (SBNH), and co-design, discussing how these readily can be integrated to address multifaceted cancer care issues, such as those from the perspectives of patients and their families.

COMPLEMENTARY UPSTREAM APPROACHES TO CARE: THE CHALLENGE OF INTEGRATION

Whereas PCC's expectations in terms of processes and expected outcomes have reached consensus (e.g., through PROs, PROMs, and PREMs), value-based and strengths-based nursing

and healthcare would benefit from further integration, as well as more delineated definitions, exploration, and application. For example, although there are various definitions of VBHC circulating, value needs to encompass the quadruple aim of optimizing and balancing patients' care experiences, improving the work life of clinicians and staff, improving population health, and containing healthcare system costs (Bodenheimer & Sinsky, 2014). This quadruple aim is squarely in line with nursing priorities, as nurses consistently advocate for and highlight human value in care. As such, oncology nurses from across the country are seen as early champions of upstream approaches where priorities start with patients and families (Villalba, 2022).

SBNH is entirely congruent with PCC and VBHC and provides further direction on how patients' and families' strengths and values translate into concrete healthcare interventions. SBNH views a person's resources and circumstances as inherent components in the design of care. Identifying what is functioning well, what people do best, and mobilizing institutional and community resources to mitigate, contain, or

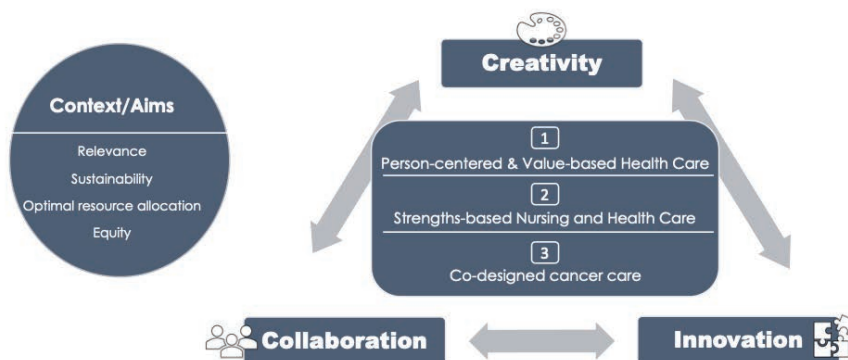
minimize illness become shared goals (Gottlieb, 2013; Gottlieb et al., 2021). Through collaboration and partnership, various stakeholders help to create healthcare innovations that address the needs and concerns that matter most to those affected by health challenges. As a result, co-design/co-creation facilitates engaging conversations among stakeholders, so they can co-identify issues and develop solutions from a reinvigorated perspective. To facilitate more organic conversations and concrete integrative nursing actions, inspiration can be drawn from the book "*Se développer en rhizome*" – Growing as a rhizome (Fortin & Louesdon, 2021), which offers key concepts and concrete activities to guide co-design and co-creation.

INTEGRATION OF UPSTREAM APPROACHES TO ENSURE A COMPREHENSIVE AND EQUITABLE MODEL OF CANCER CARE

Figure 1 identifies concepts and processes essential for working toward fully integrated care partnerships. This

Figure 1

Integrative Framework for Upstream Partnership Approaches to Enhance Cancer Care



framework intends to inform and guide cancer care through depicting central approaches to be integrated (PCC, VBHC, SBNH, and co-design), while contextually addressing relevance, sustainability, optimal resource allocation, and equity. The concepts of collaboration, innovation, and creativity and their interrelationships are drawn from Fortin and Louesdon (2021). The integrative processes of upstream approaches (i.e., #1, 2, and 3), presented herein, are seen as central to a more integrative approach to cancer care.

WHAT IS NEXT?

Considering the current health-care crisis, a comprehensive upstream

approach to cancer care is urgently needed. Oncology nurses are natural catalysts for rethinking healthcare systems according to best practices and the latest evidence. Integrating value- and strengths-based healthcare, for instance, highlights not only what patients and families need from the system, but also what they bring to the illness situation/system. Moving forward, we need to ensure that integrative approaches are evaluated periodically and consistently in terms of both intended and unintended outcomes. Much can be learned from early adopters of promising approaches such as VBHC (Johansen & Saunders, 2017). As a dynamic and committed force,

oncology nurses are strategically positioned to take on this challenge as central agents for change.



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