What is your present role? (What do you do in that role?)

I am a Full Professor in Nursing Science (Faculté des Sciences infirmières—FSI) at Laval University in Quebec City. I have the privilege of teaching the graduate courses on Nurse-Patient Relationship and on Psychosocial Oncology. I am also a collaborator in several courses on the development of interpersonal skills, particularly in the areas of oncology and palliative care. As well, I am involved in supervising graduate students from their master’s degree to their PhD, something that I love. This support and mentorship work is particularly meaningful.

Aside from teaching, I will be completing shortly a fantastic research trajectory. By the way, I am grateful to the Fonds québécois de la recherche en santé (FQR-S) as well as to the Fondation de l’Ordre des infirmières et infirmiers du Québec. Both supported me financially by jointly granting me a career award (8 years of funding as a junior researcher [2001–2005] and as a senior researcher [2005–2009]). This contributed to the creation of a beautiful space dedicated to research. My research program was conducted around three different axes: 1) support for people living with cancer (e.g., evaluating the effectiveness of psychosocial interventions to decrease stress, fatigue and pain); 2) the development of a model of care centred on people living with cancer (e.g., defining the role of the pivot nurse in oncology and integrating approaches to palliative care); and 3) support for caregivers who accompany cancer patients and people at the end of life (e.g., meaning-centred and mindfulness-based intervention). My work in progress for this third axis revolves around supporting nurses and their healthcare team through the SATIN program (Nurses’ Satisfaction), a research program that has been funded in partnership by the CIHR, the IRSST, and the Quebec Ministry of Health and Social Services for more than 10 years. I am fortunate to be able to work with a dynamic and committed research team.

In addition, throughout my academic career, I have been responsible for various administrative tasks, mainly in connection with research. For example, I took on the role of head of research of the FSI. At this time, I am about to end my role as manager of the Screening for Distress Program, as well as that of director of the CHU de Québec Nursing Research Unit. In the near future, I would like to help develop graduate programs in oncology.

My roles are varied and complement each other. My guiding principle is to facilitate research activities, various administrative roles and the adaptation process of cancer patients through teaching — and this, throughout the trajectory of care, from diagnosis to end-of-life care.

Since 2003, to the activities directly linked to my professorial position, I have added my work as a psycho-oncologist with the CHU de Québec psychosocial and spiritual oncology team. As both a nurse and a psychologist, I am involved not only in clinical activities with cancer patients, but also in the programming of these clinical activities. With various colleagues, I help lead the way in the implantation of new models of care, such as a screening for distress program, and maybe one day, a support for caregivers program.

What drew you into nursing? What influenced you to become a nurse?

I am a nurse first and foremost. Then a researcher and a psychologist. From my early teens, I knew that I wanted to be a caregiver. I am one of these very determined people. I wanted to become a clinical psychologist to help facilitate adaptation to difficult life situations. Since my motivation was to alleviate suffering and to contribute to well-being, I wanted first to have a better understanding of the individual as a whole. My career plan was to work as a nurse as a first step (I was aiming at 10 years initially), then to complete my training and to practise as a clinical psychologist. I wanted to provide care and to become familiar with the human experience in different health care sectors. I felt that this would be a great training for the supportive care of people in pain.

This was my career plan when I was 15 years old. This plan was validated by a guidance counsellor who also conveyed to me that these two professions, nurse and psychologist, shared common interests: science and connection — to better understand the experience of human suffering and to support it with compassion.

What drew you into oncology nursing? (What influenced you to become an oncology nurse?)

The plan was clear. However, it proceeded otherwise. The process was still very meaningful. As a nurse, I quickly enjoyed the experience of supportive care and attention. But I also had more questions than answers on the process of adaptation. The seed of a researcher was germinating in me. At the time, research on nursing clinical practices wasn’t as developed and was more difficult to finance. As well, established models had little interest in the theories on stress and coping that fascinated me.

Therefore, I had to follow my plan of studying psychology earlier than expected. I wanted to train both as a clinician and a researcher in the area of social psychology applied to health, which has since become the field of health psychology. Applying my training to the area of oncology was a natural choice. I was interested in psycho-neuro-immunology. In order to complete
my PhD in that area while remaining in Quebec, I had to put in place a co-supervision system with a professor of social psychology at Laval University in Quebec City and a professor of immunology at Institut Armand Frappier in Montreal. The latter accepted conditionally to co-supervise me if I would agree to apply models of stress and adaptation to the population of women suffering from breast cancer. I am indebted to Dr. Rosemonde Mandeville, who guided me towards oncology at the time. Since my PhD, more than 25 years ago, my research trajectory has focused on the process of adaptation to cancer.

This strong training allowed me to first obtain a professor’s position in health psychology at York University in Toronto. My first grant was aimed at developing group intervention and cognitive behaviour, co-facilitated by nurses and aimed at supporting women newly diagnosed with breast cancer.

From health psychology, I went back to nursing.

First, I accepted an offer from the Université de Montréal, but I finally opted for a fantastic offer from Université de Laval that allowed me not only to teach nurses, but to join two excellent multidisciplinary research teams: 1) The Research Centre of the Centre hospitalier universitaire de Québec—Oncology Axis; and 2) The Maison Michel-Sarrazin Research Team in Palliative Care.

These formal affiliations with strong teams of interdisciplinary researchers in oncology and palliative care have paved the way for my career as a researcher.

How would you characterize or describe the driving forces for you regarding your practice as a nurse?

As a nurse, I began my career by providing end-of-life care at home for a private company. I had the advantage of working in conditions that favored care centred on the person/family. I found this practice very rewarding. Already during my training as a nurse, the supportive care of patients suffering from severe illness, such as cancer, and of people at the end of life, made me passionate to understand how some people go through the hardships of life while pursuing their personal development, and others seem to have more difficulty in integrating their suffering and experience distress, which interferes with and impairs their quality of life...

Therefore, my motivation has always been the same and revolves around the following questions: How to make adaptation to a difficult life situation easier? How can a nurse be part of the solution, including early detection of distress, support, strengthening of resources, supportive care and compassion?

What do you find most exciting about being a nurse?

The world of possibilities! The work of a nurse can take so many different forms. The intensity of emotions and the wealth of experiences are amazing. From birth to the end of life, nurses can accompany individuals and their loved ones, and play a meaningful role. To take care of individuals, to accompany them and to be with them and their family, and furthermore, to be able to do so with a holistic approach involving all physical, social, practical, psychological and spiritual aspects — this seems a privilege to me. In order to do this, nurses must initially develop self-knowledge and become clear on what their interests and their values are, and on what moves them.

In my opinion, cohesiveness between a nurse’s personal values and those of the organization where she works is very important for her well-being and job satisfaction. To be clear on your values, to make thoughtful choices, and particularly, to act with consistency and to become engaged — those seem to be conditions that promote well-being and satisfaction. This is what our SATIN project, which will be completed shortly, has been exploring through a variety of methodologies and approaches.

What have you seen as the biggest changes for nurses over the years of your career?

Off the top of my head, I would say the access to strong graduate training programs. In my humble opinion, as long as a profession cannot produce PhD students, it is limited in its theoretical foundations and its potential impact.

What do you see as the biggest challenges for oncology nurses/nurses today?

The configuration of health care services and financial constraints. I believe that nursing has a lot to offer to cope with the current challenges of our health care system. However, some solutions require new ways of doing things and an even greater opening to inter-professional collaboration.

What is your greatest hope for oncology nursing?

The recognition of the importance of person-centred care, of choices that are consistent with a person’s and their caregiver’s values, and which involve human contact and compassion.

What is the best advice you would give to an individual who is considering becoming a nurse/an oncology nurse?

“Take the time to think about who you are, clarify your intention and your values, make coherent training and career choices, and engage in action.”