Canadian Oncology Nursing Journal

Revue canadienne de soins infirmiers en oncologie

Volume 34, Issue 3 • Summer 2024
eISSN: 2368-8076

Canadian Association of Nurses in Oncology
Association canadienne des infirmières en oncologie

The role of mental health nursing in pediatric hematology/oncology – Part 2: Developing an implementation strategy for an innovative practice

by Pascal Bernier, Leandra Desjardins, Marie-Claude Charette

ABSTRACT

Objective: *The objective of this article is to describe the process of implementing and performing a preliminary assessment of an innovative mental health nursing practice in a pediatric hematology/oncology department. The preliminary assessment will help us determine whether the implementation strategy used was appropriate.*

Background: *Pediatric cancers present patients and their families with many difficulties that can sometimes give rise to mental health issues during and after treatment. A mental health nurse clinician with expertise in hematology/oncology could help patients and families experiencing such issues by providing care that complements currently available psychosocial services. As implementing changes in practice is often challenging, and introducing a role without a clear plan can lead to failure, we decided it was important to develop a clear implementation strategy. Our project, which involves creating the role of a mental health nurse clinician (MHNC) in pediatric hematology/oncology, is divided into three stages: (1) development of the MHNC role, (2) development of an implementation strategy and (3) evaluation of role feasibility, acceptability and appreciation one year after implementation. In this article, we discuss the second stage. The objectives of this article are to (1) present the strategy involved in implementing the role of the MHNC and (2) report on the findings of a preliminary post-implementation assessment of the feasibility, acceptability and appreciation of the role for exploratory purposes.*

Methodology: *The implementation strategy we developed was based on the approach proposed by Fry and Rogers (2009) and adapted to the context of our project. The five steps of the approach are: (1) the communication strategy, (2) the consultative process to define the role and scope of practice, (3) education, (4) the establishment of a support structure and (5) assessment and feedback mechanisms. This last step took the form of a preliminary exploratory assessment, which we performed by administering a survey to nurses, specialized nurse practitioners, and doctors three months after the MHNC role was implemented.*

Results: *In the results section, we present our detailed five-step implementation plan. The preliminary results of the survey administered three months following implementation indicate that the MHNC worked an average of 150 hours a month and carried out 22.7 consultations and 52.3 follow-ups per month, the average length of which was 53.1 minutes. In all, 96% of the healthcare professionals who responded to the survey said that someone with this type of expertise is needed in pediatric hematology/oncology, and only 28% said that they themselves felt they had the knowledge and skills required to effectively manage the medications used to treat mental health disorders.*

Conclusion: *Our results seem to confirm the feasibility, acceptability, and appreciation of the MHNC role, suggesting that the implementation strategy proposed by Fry and Rogers (2009) is well suited to the development of a mental health nursing practice in pediatric hematology/oncology. In the third stage of this project, we will carry out a structured, rigorous assessment of the role's feasibility, acceptability, and appreciation by patients, families, and healthcare professionals one year after implementation.*

AUTHOR NOTES

Pascal Bernier, BScN, DESS, MSc(c), Mental health nurse clinician with the Department of Pediatric Hematology-Oncology, CHU Sainte-Justine, and associate researcher with the Immune Diseases and Cancer Axis, Centre de recherche Azrieli du CHU Sainte-Justine

Leandra Desjardins, PhD, CPsych, Psychologist and clinical researcher with the Immune Diseases and Cancer Axis, Centre de recherche Azrieli du CHU Sainte-Justine

Marie-Claude Charette, MScN, Clinical and Administrative Coordinator, Department of Pediatric Hematology-Oncology, CHU Sainte-Justine

DOI:10.5737/23688076343287

INTRODUCTION

In Quebec, approximately 300 children are diagnosed every year with some form of cancer (Gouvernement du Québec, 2022). These young patients and their families face a multitude of challenges that can give rise to significant emotional distress (Bakula et al., 2019). In Quebec, as in the rest of Canada and many other countries, nurses with expertise in mental health are permitted to assess, manage, treat, teach, and counsel patients experiencing psychosocial, psychological, and psychiatric difficulties (Ordre des infirmières et infirmiers du Québec, 2016). Additionally, nurses can offer interventions to individuals, families and groups on a one-time or regular basis (Ordre des infirmières et infirmiers du Québec, 2016). They are allowed to prepare therapeutic nursing plans in which they identify interventions needed to address patients' specific physical and mental health needs, while also generally promoting health and illness prevention (Ordre des infirmières et infirmiers du Québec, 2016). A mental health nurse clinician (MHNC) with expertise in hematology/oncology could, therefore, be an important partner in managing the needs of children and adolescents with hematological and oncological disorders by addressing both the psychosocial and physiological aspects of illness (Greally et al., 2023). To the

best of our knowledge, no such role is described in the literature; the MHNC role can therefore be considered innovative. In the article "The role of mental health nursing in pediatric hematology/oncology — Part 1: Developing an innovative new nursing practice" (Bernier et al., 2024), we described the process involved in developing this new model of care using the first five steps of the participatory, evidence-based, patient-focused process for advanced practice nursing (APN) role development, implementation, and evaluation, also known as the PEPPA Framework. The first five steps of the framework provided us with a clear process for developing a new mental health nursing role in pediatric hematology/oncology. At the end of the process, we arrived upon the role of the mental health nurse clinician (MHNC) in hematology/oncology, with four main areas of practice: "interventions offered to patient-family," "psychiatric consultation-liaison," "interventions offered to health professionals" and "education and research."

One of the most important aspects of creating a new nursing role is developing a clear implementation plan (Fry & Rogers, 2009), not only to disseminate information, but also to address resistance and barriers effectively (Cancer Care Ontario, n.d.). Few studies are interested in the processes used to develop and implement new roles, particularly when these roles are innovative. The lack of information on these processes makes it difficult to determine factors that promote or hinder the successful implementation of new roles. The aim of the PEPPA Framework is to identify and guide the implementation of new advanced practice nursing roles (Bryant-Lukosius & Dicenso, 2004). In this article, we follow steps 6 and 7 of the framework: (6) Plan implementation strategies and (7) Initiate APN Role Implementation Plan.

OBJECTIVES

In this study, we aim to (1) describe the process used to implement the MHNC role in the pediatric hematology/oncology department and (2) perform a preliminary assessment of the feasibility and acceptability of this new role following implementation.

METHODOLOGY

The role was implemented in a pediatric hospital located in Montreal, Quebec, providing specialized quaternary care in mother and child health. It is home to Canada's second largest pediatric hematology/oncology centre.

PEPPA Framework: The objective of the PEPPA Framework is to promote the development and implementation of advance nursing practice (APN) roles with a view to improving the care and services provided to a given patient population (Bryant-Lukosius & Dicenso, 2004; Cancer Care Ontario, n.d.). The framework comprises nine distinct steps; the first five relate to the development of the role and were described in a previous article (Bernier et al., 2024). Given the many benefits that APN roles have for patients, providers and healthcare systems (Cancer Care Ontario, n.d.), it is worth developing proper plans to ensure their successful implementation.

First objective: In their study, Fry and Rogers (2009) propose and use an implementation framework to introduce the role of the nurse practitioner specializing in urgent care. Their framework comprises five components: (1) communication strategy, (2) consultative process to define the role and scope of practice, (3) education, (4) establishment of a support structure, and (5) assessment and feedback mechanisms. In this article, we will explain how the five steps were followed to implement the MHNC role. The plan was developed by the principal investigator of this study, who also occupies the MHNC role described herein.

Second objective: In order to assess implementation of the MHNC role, a preliminary evaluation of the feasibility, acceptability and appreciation of the role was carried out three months following implementation. We hypothesize that the first three months of the MHNC role will show, at least for exploratory purposes, encouraging levels of feasibility, acceptability, and appreciation.

1. For the purposes of this study, "feasibility" refers to the extent of adoption of the new practice by patients and care providers, as well as the consistency and repeatability of interventions over time (Graeme, 2018; Pearson et al., 2020). To measure feasibility, a table was created to capture anonymized data, such as the number of patients seen by the MHNC, the referring professional, the unit, and the type and duration of the intervention. A quantitative descriptive analysis of this information will be provided later in the article.
2. In this study, a preliminary assessment of appropriateness and appreciation was performed using an online quality-improvement survey with Likert scale answers ranging from 0 to 5. This survey was administered to nurses and doctors only, as its purpose was a preliminary assessment and these two groups of professionals worked most often with the MHNC in the first three months of implementation. The anonymous survey was sent by email to all 73 nurses, 18 doctors, and two specialized nurse practitioners in the pediatric hematology/oncology department. Given the exploratory, quality improvement-centred nature of the survey, we did not use representative sampling. We asked the providers to whom the online survey was sent to respond within four weeks. To ensure the anonymity of the two specialized nurse practitioners, we grouped them together with doctors. Of the 22 providers who responded, 19 were nurses and three were doctors or specialized nurse practitioners. The questions sought to assess respondents' perceptions of the implementation process, the relevance of the MHNC role, the need for mental health nursing expertise in pediatric hematology/oncology, and the acceptability of the interventions performed to date.

RESULTS

Objective 1: Description of the implementation plan

1. Communication strategy: One year before the role was implemented, conversations were held with various stakeholders, including nurses, doctors, and psychosocial

workers, to gather their impressions of the proposed role development, identify factors that could facilitate or hinder implementation, and discuss who should be involved in the second stage of the project. Unfortunately, we did not formally track these discussions, but we estimate that a total of 15 took place between October 2020 and August 2021, lasting for 60 minutes each, on average. Our meetings shed light on the different psychosocial roles in our department (namely, psychologists, social workers, art therapists, music therapists, specialized educators, and spiritual counsellors) and allowed us to develop a vision for this role and determine how much funding would be needed. Participants voiced their particular needs at these discussions. For example, nurses indicated that they would want a versatile "jack of all trades" to respond to the highly varied needs of our patients. Social workers, on the other hand, said that they wanted the MHNC role to be clearly distinguished from the work of other professionals and for it to have clear guidelines so as not to overlap with their professional duties. Support was obtained from a non-profit organization to fund the MHNC's salary for three years, so that this project can demonstrate its value in the long term.

We determined that the MHNC could actively participate in managing patients, particularly adolescents, who present with psychosocial, psychological, or psychiatric issues. For example, adolescents who refuse a psychological consultation generally receive no mental health support. The nurse navigator in hematology/oncology is then required to manage the patient alone. Given that nurses are familiar to these young patients, it might be easier for them to accept support from a nurse specializing in mental health than from another professional.

Finally, discussions touched on potential research projects that would be linked to the implementation of this role. The MHNC, who is also the principal investigator of this study, is already leading a research project on the use of a distress detection tool for parents of children with cancer. As part of the MHNC role, he will develop teaching sessions on mental health in hematology/oncology for nurses and other interested healthcare professionals to support their professional development and improve the quality of biopsychosocial care provided in the hospital.

2. Consultative process to define the role and scope of practice: During the first stage of the project, we compiled various points of view relating to the development of this innovative role. We then created four committees of experts (including nurses, doctors, social workers, psychologists, managers, and a clinical psychologist/researcher) that were tasked with identifying the MHNC's clinical roles. The importance of the versatility of the role was impressed upon committee members, including capabilities in the area of mental health. Six one-hour meetings were held with these stakeholders in order to reflect on the MHNC's scope of practice. This consultative process clarified that the role would have to be versatile and transdisciplinary, so that the MHNC could quickly and efficiently address coping difficulties and mental health challenges in order to support the team's nurses, doctors, and other professionals. More information is provided in a previous article on the development of this role (Bernier et al., 2024).
3. Education: Once the role was defined, the staff in the hematology/oncology department was informed of the upcoming implementation of an innovative mental health role. This was done by publishing an article containing general information and other details about the role in the hospital's internal magazine. A mass email containing the same information was then sent to all members of the team to reach any employees who had not read the internal publication. Additionally, the MHNC and managers held information sessions with all teams on all shifts. We explained the distinction between the roles of the MHNC and those of psychologists and social workers to teams of nurses, doctors, and rehabilitation professionals. Given the versatility of the new role, clarifications were required in the beginning, for example, on the limitations of the MHNC's role, circumstances in which referrals should be made, and the roles of the members of the psychosocial team. We felt it was important to be available and easily reachable to answer questions from the various health teams about the role, especially during the first month. To do this, the MHNC was present in care units to respond to questions, support nurses and doctors, and work in collaboration with the members of the psychosocial team.
4. Support structure: Since this innovative role involves a great deal of professional autonomy and versatility, two mentors were made available to support the implementation of the role and provide clarification should issues arise. The first mentor was a psychiatric nurse advisor, whose role was to provide interventional tools and respond to questions related to the MHNC's mental health nursing practice. The second mentor was a nursing manager, whose role was to provide guidance during the implementation of the MHNC role and support the MHNC in the event of resistance or specific barriers. Additionally, the MHNC held regular meetings with the consulting psychiatrist to discuss patients and maintain an open channel for professional collaboration. The consulting psychiatrist played an important role in providing clinical support during the implementation of the MHNC practice, particularly in the area of psychiatric consultation-liaison work.
5. Preliminary assessment: After the role was implemented, statistics were gathered from anonymized data, such as the number of patients seen by the MHNC, the referring professional, the unit, and the type and duration of the intervention. Additionally, regular meetings were held with other professionals, including members of the psychosocial team, to gather opinions and identify points of opposition. Unfortunately, we did not formally track these meetings, but they were initially held every two weeks, and then every four weeks. Three months following implementation, an anonymized and digitized quality-improvement survey was sent by email to nurses, doctors, and specialized nurse practitioners to explore how the MHNC role

implementation process and acceptability were perceived in the early months. The results of this fifth stage in Fry and Rogers's (2009) framework correspond to the second objective of this article.

Objective 2: Preliminary assessment of implementation

Feasibility

During the first three months following implementation of the MHNC role, the MHNC worked 150 hours per month. This is equivalent to full-time work, i.e., 7.5 hours per day, 5 days per week. An average of 75 [66–84] interventions took place every month, of which an average of 22.7 [19–29] were new consultations and 52.3 [45–56] were follow-ups. The average length of interventions was 53.1 minutes [15–180]. During the first three months, an average of 42.7 interventions [37–53] per month involved youth, 14.7 [13–17] involved parents, 9.7 [9–10] involved various professionals on the care team, and 7.7 [6–11] involved families. Of 68 new consultations in the first three months, follow-up was recommended to 25 patients. Of these 25, 24 patients accepted the offer (one patient refused). A total of 22 of these follow-ups came to an end during the three-month period.

Acceptability and appreciation

An online, anonymous quality-improvement survey was sent by email to all nurses, doctors, and specialized nurse practitioners in the hospital's department of hematology/oncology. A total of 22 participants responded to the survey, the majority of whom ($n = 19$) were nurses. Of the respondents, 76% stated that they understood the role of the MHNC well, and 91% indicated that the role is important and meets the needs of patients and families. Additionally, 96% of respondents indicated that a nurse with expertise in mental health would be well placed to address numerous mental health needs. All respondents indicated that they believed the role would help support healthcare professionals in triaging patients and referring them to available professional resources. A total of 95% of respondents indicated that the role was helping or would help improve the psychiatric management and follow-up of patients. Only 28% of respondents stated that they were comfortable managing psychiatric medication and mental health issues. Lastly, 91% of respondents agreed that patients with psychological or psychosocial needs who refuse a psychological consultation sometimes find themselves without proper care and that the role of the MHNC could help these youths cope.

DISCUSSION

This article follows an earlier article in which we explain how we used the first five steps of the PEPPA Framework (Bernier et al., 2024) to develop the MHNC role. In this article, we continue with the sixth and seventh steps of the framework (Bryant-Lukosius & Dicenso, 2004), which correspond with the two objectives of this study: (1) developing the implementation strategy for the role and (2) performing a preliminary assessment of the feasibility, acceptability, and appreciation of the role three months after implementation.

The strategy used to implement this new role was developed using a framework proposed by Fry and Rogers (2009). The framework comprises five steps that increase the likelihood of successfully implementing a new nursing practice (Fry & Rogers, 2009). We first defined and created a role that responded to a need in the environment, collaborating with professionals who work in this environment to clarify the role requirements. Then we drafted a clear and structured communication plan to educate staff on the addition of this new role to the team. We subsequently created a support structure involving two mentors: a psychiatric nurse-advisor and a nursing manager. These two mentors offered the MHNC support in implementing the role.

The data we gathered on feasibility and acceptability suggest that the implementation framework proposed by Fry and Rogers (2009) is suitable for introducing a new nursing practice model, which is consistent with the findings of Lutze et al. (2011). The statistical data for the first three months, taken together with a notable rise in consultation requests from team members and a high number of repeat consults with patients and families, indicate that the MHNC role we have developed is realistic in a pediatric hematology/oncology setting. Our preliminary results seem to demonstrate the feasibility of the MHNC's interventions and support the continuation of the role. That said, evaluation over a longer period is needed to assess long-term feasibility. Survey results showed that the MHNC role was generally appreciated by nurses, specialized nurse practitioners, and doctors. The methodological limitations of the survey mean, however, that the results cannot be taken to be representative of views across the entire department; future studies will require more rigorous methodology. Keeping in mind the exploratory nature of this study, however, we note that the vast majority of survey respondents stated that the MHNC role is important, relevant, and complementary to other roles, which is consistent with the results of other studies on the role of mental health nursing (Deshaies et al., 2015; Sharrock et al., 2006). A large majority of survey respondents appreciated the quick turnaround times for intervention and the professional support available to them in cases of psychological distress and psychiatric comorbidities, which is also consistent with the findings of Deshaies et al. (2015). Additionally, several respondents appreciated the versatility of the role, which confirms our hypothesis that versatility helps us respond better to patients' needs (Deshaies et al., 2015; Palos et al., 2013; Sharrock et al., 2006). In this regard, it is important to adapt and personalize services, including psychosocial care, to the needs of patients (Palos et al., 2013; Sansom-Daly et al., 2022). Having a professional who serves as a point of contact for young patients, responds to their immediate psychosocial needs, and shows interest in their day-to-day lives, should be considered an essential part of high-quality psychosocial care, as it is for patients receiving long-term follow-up care (Hendriks et al., 2021). In this study, the vast majority of survey participants stated that this role makes it possible to provide better psychosocial and psychiatric care to patients. The preliminary results of this study are consistent with others that show that adding a mental health nurse to the care team can improve access to mental health care and expert clinical advice (Deshaies et al., 2015; Palos et al., 2013; Sharrock

et al., 2006). Families of children with cancer face unique challenges that often exacerbate the distress inherent to the illness (Jones, 2012; Nam et al., 2016). It is therefore important that health professionals feel comfortable addressing psychosocial and mental health issues (Jones, 2012). This study found that only a minority (28%) of survey respondents felt comfortable managing mental health issues and psychiatric medication, suggesting that support and training in these areas are of great importance (Blom et al., 2022; McInnes et al., 2022).

In sum, the preliminary results presented here seem to indicate that the role of the mental health nurse clinician in pediatric hematology/oncology is appropriate. Additionally, results support the continued implementation of the role. Preliminary findings suggest that this role is important and appreciated by nursing and medical professionals in the department. Our findings also indicate that the implementation plan used, based on the framework developed by Fry and Rogers (2009), is appropriate for implementing a new advanced nursing practice in mental health in the context of pediatric hematology/oncology.

CONCLUSION

Few articles explicitly describe how the authors implemented their new model of care in a clinical environment (Fry & Rogers, 2009), and for this reason, this article makes an important contribution to the literature. In this article, we presented the strategy used to implement a new nursing role and described how we performed a preliminary assessment of the feasibility, acceptability and appreciation of the role three months following implementation. A second assessment will be performed one year after implementation. We hope that this second assessment of the MHNC role will demonstrate the feasibility, acceptability, and appreciation of the role by the members of the care team as well as patients and their families. At this stage, we hypothesize that this new mental health nursing practice in pediatric hematology/oncology will be greatly appreciated. We believe that there is a role for pediatric psycho-oncology nurses in both direct interventions with patients and families as well as in research, and that the MHNC role in pediatric hematology/oncology will facilitate better patient care.

Ethical considerations

The principal investigator of this paper is responsible for developing and implementing the MHNC role in pediatric hematology/oncology and is also the one to hold this new role. They were supported by three nursing department heads throughout the development process. Regular meetings were held with them to ensure neutrality, cohesion, and consistency in the process of implementing the MHNC role.

The survey sent to healthcare providers was not developed using a validated research model, as its purpose was related to quality improvement rather than research. At this stage, the methodology used and the corresponding results do not allow us to determine whether the implementation of the MHNC role and the interventions performed are appropriate. That said, the results provide some preliminary feedback that can help guide our next steps. Given that the survey was anonymous and not related to a specific research project, the hospital's research ethics committee authorized the use of the findings even though consent had not been obtained for research purposes. Although the methodology for this study was approved by the research ethics committee, the fact that the principal investigator of this study is also the MHNC is a serious limitation to the results presented here, as participants may have been unwilling to openly discuss the challenges they observe in practice.

REFERENCES

Bakula, D. M., Sharkey, C. M., Perez, M. N., Espeleta, H. C., Gamwell, K. L., Baudino, M., Delozier, A. M., Chaney, J. M., Matt Alderson, R., & Mullins, L. L. (2019). Featured Article: The relationship between parent and child distress in pediatric cancer: A meta-analysis. *Journal of Pediatric Psychology, 44*(10), 1121–1136. https://doi.org/10.1093/jpepsy/jsz051

Blom, J. M. C., Barisone, E., Bertolotti, M., Caprino, D., Cellini, M., Clerici, C. A., Colliva, C., Favara-Scacco, C., Di Giuseppe, S., Jankovic, M., Pancaldi, A., Pani, L., Poggi, G., Rivi, V., Tascedda, F., Torta, R., & Scarponi, D. (2022). The use of psychotropic medication in pediatric oncology for acute psychological and psychiatric problems: Balancing risks and benefits. *Children (Basel), 9*(12), 1878. https://doi.org/10.3390/children9121878

Bryant-Lukosius, D., & Dicenso, A. (2004). A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing, 48*(5), 530–540. https://doi.org/10.1111/j.1365-2648.2004.03235.x

Cancer Care Ontario/Action Cancer Ontario. (n.d.). *Overview of the PEPPA Framework*. https://www.cancercareontario.ca/en/guidelines-advice/treatment-modality/nursing-care/advanced-practice-nursing-toolkit

Deshaies, S., Thériault, M., & Gervais, J. (2015). *Des services intégrés en santé mentale? Possible grâce aux infirmières-pivots en clinique-réseau.* Coup d'oeil, Observatoire québécois des réseaux locaux de services, 8p.

Fry, M. M., & Rogers, T. (2009). The transitional emergency nurse practitioner role: Implementation study and preliminary evaluation. *Australasian Emergency Nursing Journal, 12*(2), 32–37. https://doi.org/10.1016/j.aenj.2009.02.003

Gouvernement du Québec. (2022). *Statistiques du Registre Québécois de Cancérologie : incidence de cancer pédiatrique*. https://www.quebec.ca/sansystèmeeme-et-services-de-sante/organisation-des-servicesystèmees-systeme-sante-quebecois-services/donnees-cancer

Graeme, D. (2018). A brief summary of pilot and feasability studies: Exploring terminology, aims and methods. *European Journal of Integrative Medicine, 24*, 65–70. https://doi.org/10.1016/j.eujim.2018.10.017

Greally, H., Besani, C., & Love, D. (2023). *National model of care for psycho-oncology services for children, adolescents and young adults with cancer and their families in Ireland*. National Cancer Control Program.

Hendriks, M. J., Harju, E., & Michel, G. (2021). The unmet needs of childhood cancer survivors in long-term follow-up care: A qualitative study. *Psycho-Oncology, 30*(4), 485–492. https://doi.org/10.1002/pon.5593

Jones, B. L. (2012). The challenge of quality care for family caregivers in pediatric cancer care. *Seminars in Oncology Nursing, 28*(4), 213–220. https://doi.org/10.1016/j.soncn.2012.09.003

Lutze, M., Ratchford, A., & Fry, M. (2011). A review of the Transitional Emergency Nurse Practitioner. *Australasian Emergency Nursing Journal, 14*(4), 226–231. https://doi.org/https://doi.org/10.1016/j.aenj.2011.06.003

McInnes, S., Halcomb, E., Ashley, C., Kean, A., Moxham, L., & Patterson, C. (2022). An integrative review of primary health care nurses' mental health knowledge gaps and learning needs. *Collegian, 29*(4), 540–548. https://doi.org/10.1016/j.colegn.2021.12.005

Nam, G. E., Warner, E. L., Morreall, D. K., Kirchhoff, A. C., Kinney, A. Y., & Fluchel, M. (2016). Understanding psychological distress among pediatric cancer caregivers. *Support Care Cancer, 24*(7), 3147–3155. https://doi.org/10.1007/s00520-016-3136-z

Ordre des infirmières et infirmiers du Québec. (2016). *Standards de pratique de l'infirmière dans le domaine de la santé mentale*. https://www.oiiq.org/documents/20147/237836/4462_doc.pdf

Palos, G. R., Tortorella, F. R., Stepen, K., & Rodriguez, M. A. (2013). A multidisciplinary team approach to improving psychosocial care in patients with cancer. *Clinical Journal of Oncology Nursing, 17*(5), 556–558. https://doi.org/10.1188/13.CJON.556-558

Pearson, N., Naylor, P.-J., Ashe, M. C., Fernandez, M., Yoong, S. L., & Wolfenden, L. (2020). Guidance for conducting feasibility and pilot studies for implementation trials. *Pilot and Feasibility Studies, 6*(167), 1–12. https://doi.org/10.1186/s40814-020-00634-w

Sansom-Daly, U. M., McLoone, J. K., Touyz, L., & Signorelli, C. (2022). New frontiers in child, adolescent and young adult psycho-oncology survivorship care. *Cancers (Basel), 14*(18). https://doi.org/10.3390/cancers14184335

Sharrock, J., Grigg, M., Happell, B., Keeble-Devlin, B., & Jennings, S. (2006). The mental health nurse: A valuable addition to the consultation-liaison team. *International Journal of Mental Health Nursing, 15*(1), 35–43. https://doi.org/https://doi.org/10.1111/j.1447-0349.2006.00393.x