Prof. Martha Grootenhuis graduated as a health psychologist in 1989 and subsequently undertook a PhD examining psychological coping in paediatric oncology.

This was the beginning of a long career in pediatric psycho-oncology. She now leads the Psycho-Oncology Department at the Princess Maxima Centre for Pediatric Oncology (the Netherlands) and she leads a large research programme as an academic professor.

Embedded in her department is the KLIK PROM Portal, which provides monitoring and screening in clinical practice, and the PROM Core facility, which facilitates the use and support of patient-reported-outcomes measures in clinical care and research.

Over the years, she has specialized studying the psychosocial consequences for children and families with chronic diseases and childhood cancer. She has supervised many PhD-students and published almost 300 papers. She has been an Associate Editor for several journals including Supportive Care and Cancer and European Journal of Cancer, and now EJC-Pediatric Oncology.

She is proud of being the Founder and Chair of the SIOP Pediatric Psycho-Oncology (PPO) Network (2007-2022), establishing a solid position for psycho-oncology.

In 2014, she received an award by the National Association of Medical Psychology for outstanding achievements in paediatric psychology.
On Relationships that Influenced My Career

My first supervisor, Dr. Bob F. Last, was very influential in my early career. He had been a clinical psychologist in a paediatric hospital for many years. He studied open communication about childhood cancer diagnosis in the 1980s, which at that time was very new and innovative. The reflection about double protection between family members was the basis for my PhD trajectory. We worked out a theoretical model on secondary control strategies which is still applicable today.

His clinical reflections supported me to grow into a researcher with a strong clinical foundation, which aided me ever since.

From the Paediatric Psychology literature, the Integrative Trajectory Model of Pediatric Medical Traumatic Stress, in which Dr. Anne Kazak (United States) was involved became very important. Her focus on medical traumatic stress, as well as the Psychosocial Preventative Health Model (which stresses that the diagnosis and treatment of paediatric illness including paediatric cancer affects and is affected by multiple levels of the social ecology, including patient and caregiver physical and psychosocial health) guided me in my clinically-focused research programme. The Psychological Assessment Tool (PAT), developed by Professor Kazak, has guided us in the monitoring and screening we undertake with families. These models are the basis of the psychosocial care we provide in our Centre, and what we teach to all our professionals.

In 2008, the PPO Network, including Dr. Maria McCarthy from Australia, invited Dr. Kazak as a speaker in Berlin. Thereafter I dared to invite myself to Dr. McCarthy's and Kazak's hospitals to explore our mutual research ambitions and learn from their experiences. Both these visits kicked off friendships which still continue. They both have provided me with mentorship, bicycles trips all over the world and most of all fun and a “family feeling” during the SIOP meetings.

On Balancing Career and Other Life Responsibilities

Credits go to my partner Paul for standing next to me and sometimes behind me! I truly believe men who have female partners who are a professor are “different”. My husband never had a problem with the fact that I had a full-time job or with me being the main breadwinner. We worked together in the care of our children and accepted each other’s strengths and weaknesses. We accepted that sometimes only being there was good enough. So not the nicest treats at school, not a tidy and clean house. I hardly ever iron. Weekends and family holidays were essential and still contribute to the foundation of our family's well-being. As well as going to concerts, sharing music and dancing in the kitchen.

My Words of Wisdom for the Next Generation of Female Leaders

If I could give advice to myself at age 25, I would tell myself: be gentle with yourself! Be happy and proud of what you do, and don’t depend on the outside world to give you credit for it. Sometimes good is good enough and it doesn’t always have to be more. More is not always better. Nowadays, I see many young people who set the bar high, want to participate in everything and want everything to be fun as well. No one does only fun work, but it is undeniable that you can only persevere with hard work if it gives you enough satisfaction. Therefore, I would advise young professionals to seek the company of colleagues in the world- try to find opportunities to visit them and explore collaboration. I wish I would have had this experience earlier in my life. The paediatric psycho/oncology world is small so we can all benefit from a network.

We all know from working with families with a child with cancer how precious life is, and how important it is to celebrate this with our loved ones. I learned from my sister whom I lost to cancer and whom I miss: The most beautiful things in life are free and priceless. I try to live accordingly.

On Challenges and Overcoming Them

I now have worked for 30 years as a psychologist in the medical setting. Functioning as a psychologist in a medical setting is not self-evident and does not yet receive the recognition and appreciation it deserves. Challenges have included being a woman and psychologist in a male dominant medical setting. I have learned through the years that in our society, values are attributed to almost everything and certain attributes can be very dominant in a hospital setting. These attributes and unconscious biases refer to pre-clinical research or social science, to questionnaires or microscopes, to men and women; there are values about doctors and about psychologists, about surgery or counselling, teaching or publishing, but also on survival and quality of life. These values influence perceptions, communication, choices, positions, prioritization, valuation, money flow, salary, and even referencing articles. Learning to see these patterns has helped me understand the barriers and facilitators to better positioning myself in the medical setting. I have also learned to recognize that not everything is arrogance but often ignorance.