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Editorial

The decision to float this journal was borne out of concern for quality scholarly writings in the areas of social psychology and applied psychological principles in education and in other areas. Apart from providing an outlet for publication or research findings, this journal offers opportunities for professionals and students to disseminate their views or positions on topical issues and emerging theories within the scope of the journal. In this regard, the journal welcomes articles from a diverse area of community life, clinical and developmental psychology, sociology and anthropology, religion and other humanities.

Policy

The IJAPHP aims at dissemination information on standard research and scholarship. Theories, articles (theoretical, empirical) are welcome from international communities. The Editorial Board is strongly committed to publishing contributions from all the regions of the world to make it truly international in nature and in content.

Instructions to Authors

The International Journal of Applied Psychology and Human Performance is published twice a year (January & July).

Prospective authors should send articles through electronic mail using (a) MS Word generated 12 point font by attachment to: ijaphp2000@yahoo.com. Specifications for hard copy submission:

- A maximum of 15 pages A4 size paper including tables, figures and references.
- Authors must adhere strictly to the 5th edition of APA Format.
- Submitted articles should not have been published or submitted to any journal. To this end prospective authors are requested to make a declaration.
- The paper submitted must go through a blind review process and this may last for two months. Authors will be contacted of the outcome.
- Authors should note that articles that are not accepted for publication would not be sent back.

Publication fees \$150/£100.

CONTENTS

A Critical Review of the New Nigerian Universal Basic Education Curriculum:

M. A. Adeleke, Adebowale O.F. & Olayiwola, O.I----- 1085-1094

Youth Empowerment for Productivity: Can Apprenticeship Schemes Turn Them Around?

E.M. Ajala & A. Adewole MSW ----- 1095-1112

Psychological Factors Promoting Conflict Management Skills among Bank Workers in Lagos State, Nigeria.

Hammed T. Ayo & Taiwo Adebukola Kabir ----- 1113-1129

Needs Assessment of Onco-Radiotherapy Patients For Psycho-Therapeutic Counseling Care at the University College Hospital, Ibadan.

Asuzu, C.C., Campbell, O.B. & Asuzu, M.C. ----- 1131-1142

Effect of SQ3R Training on Students Cognitive Strategies, Self-Efficacy and Cognitive Engagement

Adediwura A. Adeyemi ----- 1143-1157

Record Keeping and Administrative Effectiveness of Secondary Schools -

Adebola O. Jaiyeoba----- 1159-1172

Stimulant for Academic Achievements: Does It Aid or Retard Performance among Undergraduate Students in the University of Ibadan, Nigeria?

F.A. Okanlawon F.M. Idowu----- 1173-1182

Relationship between Career Choice and Teacher Productivity in Public Secondary Schools in Oyo State, Nigeria -

Akinwumi Femi Sunday ----- 1183-1203

Evaluation of Students Involvement in Physical Activities in Ibadan Metropolis

Eugenia A. Okwilagwe ----- 1205-1216

Relationship between Available Facilities / Services and

Students' Academic Performances in Selected Secondary Schools in Abeokuta, Nigeria. **Lekan Sanni, Felicia Adebisi Adesanwo & Oluyemisi Bamidele Sanni**----- 1217-1235

Relative Effects of Two Instructional Strategies on Secondary School Students' Achievement in Physics
T. O. Iroegbu & (Mrs.) V.F.T Babajide----- 1237-1260

Social Support as a Correlate of Coping with Infertility: A Study among Women Attending Gynaecology Clinic in University Teaching Hospital, Ado-Ekiti, Nigeria
Mojoyinola, J.K. & Aduloju T ----- 1261-1280

Effect of Two Modes of Media-Based Instructions on Secondary School Students' Attitudes to Disease Control in Selected Environmental Topics in Biology
Ojo, Tolani A.----- 1281-1292

Perceived Health Implications of Electricity Generating Sets Use among Traders in Bola Ige Market Ibadan, Oyo State, Nigeria
Adetoun Tayewo Akinwusi & Emily Oluremii Adeloje ---- 1293-1308

Effect of Inquiry- Based Instructional Approach on Senior Secondary School Students' Achievement and Problem - Solving In Practical Chemistry
B. O. Ogunleye, & A. D. Bamidele ----- 1309-1328

Mentoring As Correlate of Teaching Effectiveness of Teachers in Selected Secondary Schools in Abeokuta North Local Government Area of Ogun State, Nigeria.
Amusan, Ayotundé Oladeji & Olaniyi, Olusegun Samuel-- 1329-1338

Extraversion and Vocational Aspirations of Students in Selected Secondary Schools in Osun State
Adeyemi, B. B.----- 1339-1347

- Students' Perception of Electrochemistry Classroom Instruction: Teachers' Task Orientation, Support, Investigation, Cooperation and Involvement
Opataye, Johnson Ayodele----- 1349-1363
- Interaction Effect of Brain-Based Instructional Strategy and Cognitive Style on Students' Attitude To Senior Secondary School Mathematics
S. A. Awolola & J. G. Adewale----- 1365-1376
- Initiating Quality Assurance in Sociability, Democratic Ideals, And Acceptable Sex Behaviour among Nigerian Undergraduates. **Adegoroye, A.O.S., Osakinle, E.O. & Onijingin, E.O** ----- 1377-1384
- Frustration as Predictor of Pro-Active Sport Behaviour of Nuga Athletes in South Eastern Nigeria.
Egor G.O----- 1385-1390
- Influence of Psychosocial Factors on the Management of Substance Abuse Patients in Selected Psychiatric Hospitals in Oyo and Ogun States, Nigeria
Ayangunna, J.A ----- 1391-1403
- Stress Coping Mechanisms among Parents of Children with Hearing Loss in Ogun State, Nigeria
A.M. Oyewumi & Sotade, Funmilola Ruth ----- 1405-1418
- Attitude of Parents to Sexuality Education among Adolescent in Some Selected Rural Communities in Rivers State of Nigeria
O.O. Okoji, Olugbuyi Kayode & O.O. Ladeji-----1419 -1429
- Influencing Factors of Cult Membership Prevalence among Undergraduates in Ogun State Owned Universities of Nigeria, Africa – **Muyiwa Adeyemi & Bature, A. (Mrs)** ----- 1431-1441

Effect of Analogy, Group Project and Field Trips Instructional Strategies on Students' Attitude towards Pollution in Biology

Ajadi.T.A Ogundiwin, O.A. ----- 1441-1458

Psychological Factors as Predictors of Sports Injuries among Polytechnic Athletes in Southwest Nigeria

Oluwatoyin Mercy Jaiyeoba & M.A. Ajayi ----- 1459-1472

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Abstract

This is a descriptive study aimed at assessing the psychosocial needs of cancer patients in order to improve on the psychological well-being of the patients. The study consists of an interviewer-administered survey instrument of 174 consecutive patients seen at the oncology department from the onset of the exercise. The study instrument was a questionnaire constructed by the researchers and validated at the University College Hospital. The coefficient of reliability was ascertained to be 0.74. The subjects consisted of 33 males and 138 females, 41% of whom were unemployed at the time of the study. Stigmatization because of their disease as well as other negative beliefs which would benefit from counselling services was reported by 29 (15.8%) of 154 clients. Many patients and their family members need additional information and counseling regarding their cancer and the treatment. Research findings also reflect limited access to cancer treatment in Nigeria, which needs to be addressed via capital investment in its oncology infrastructure. The findings from this study serve to advocate for improved access to care and for the further development of psychotherapeutic interventions for cancer patients receiving treatment at University College Hospital.

Key words: Needs assessment, cancer patients, psycho-oncology, psychosocial support.

NEEDS ASSESSMENT OF ONCO-RADIOTHERAPY PATIENTS FOR PSYCHO-THERAPEUTIC COUNSELING CARE AT THE UNIVERSITY COLLEGE HOSPITAL, IBADAN.

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Abstract.

This is a descriptive study aimed at assessing a new programme in order to improve on the psychological care of the patients. The study consists of an interviewer-administered survey instrument of 171 consecutive patients seen at the centre from the onset of the exercise. The study instrument was a questionnaire constructed by the researchers and validated in this hospital. The coefficient of reliability was ascertained to be 0.74. The subjects consisted of 33 males and 138 females, 22 or 13% of whom were unemployed at the time of the study. Stigmatization because of their disease as well as other negative reports which would benefit from counselling services was reported by 29 (18.8%) of 154 clients. Many patients and their family members need additional information and counseling about their cancer and the treatment. Research findings also reflect limited access to cancer treatment in Nigeria, which needs to be addressed via capital investment in its oncology infrastructure. The findings from this study serve to advocate for improved access to care and for the further development of psychotherapeutic interventions for cancer patients receiving treatment at University College Hospital.

Key words, Needs assessment, cancer patients, psycho-oncology, psychosocial support.

Introduction

Cancer is a growing problem in Nigeria. Solanke (2000) stated that about 100,000 new cases occur every year in Nigeria and that current projections estimated 500,000 new cases will occur annually in 2010.

According to Jones, Chilton, Hajek, Iammarino, Laufman, (2006), approximately 50% of cancer mortality occurs in developing countries (3,500,000 people/year). Furthermore, by 2020, approximately 60% to 70% of new cases of cancer will occur in the developing world. There are scanty resources to manage this burden. According to the International Atomic Energy Agency (Vienna, Austria) 85% of the world's population live in the developing countries which is taken care of by approximately 30% of world's radiotherapy facilities. Developing countries have less than 5% of the resources required for adequate cancer control. Most patients report late; 80% of cancer patients are incurable at diagnosis. Cultural practices, lack of knowledge, high cost of hospital care are major barriers to effective treatment. Limited or no incidence data is available for Africa to estimate the occurrence of cancer. From observation, most common cancers in women are breast and cervical while most common cancers in men are prostate and liver. According to Adebamawo and Ajayi (2000) breast cancer is however the commonest in the world.

Both the diagnosis and treatment of cancer put patients and their relatives in states of fear and worry resulting to myriads of psychosocial problems. Inability to address these problems may put burden on the patients and their relatives. These may range from emotional distress, anxiety, depression and hopelessness.

The fact that many of these patients must travel to Ibadan to seek medical attention worsens their grave condition. As extraneous stressors like long distance travelling on Nigerian roads, lack of adequate accommodation, poor knowledge of the disease and poor coping ability are always the attendant psychosocial problems.

At the onset of setting up a psycho-oncology programme for the patients at this centre, needs assessment was conducted on the patients, to assess the expectations of the patients, their types of cancer and their various demographic characteristics. Results are expected to facilitate development of up to date proactive education, counseling and psychotherapy for cancer patients at the centre. Furthermore, it will have implications for policy makers, hospital administrators and oncologists.

Literature review

Cancer is a chronic depressive disease that puts patients off emotionally. Holland and Rowland (1990) described psycho-oncology as a subspecialty of oncology that seeks to study the psychological dimension of cancer such as the impact of cancer on the psychological functions of patients, the patient's family and associates. Psycho-oncology is the psychosocial aspect of cancer management. It reduces distress and thereby improving the quality of life of cancer patients. It improves preventive behavior of the society. This aspect of care is very important as it calms the patients and assists them in adjustment to their present condition. Psycho-oncology education will help to raise awareness and facilitate development and delivery of multidisciplinary services necessary for the psychological and wellness of patients with cancer and their families. Evidence abound in the literature to highlight the importance of psychosocial care of patients into the total care of the patients along the continuum of cancer control, prevention, screening, early detection, treatment, pain management and palliative care. (Bultz and Holland 2006) Psychological interventions have resulted to improved psychic wellbeing and quality of life of cancer patients. Forester, Kornfeld and Fleis (1985) stated that there was significant statistical reduction in emotional and physical manifestation of distress among patients who received psychotherapy and the control group who received placebo.

Needs assessments are done to take action, influence policy, change things around or shake things up, in communities, organizations and institutions in the society (LCED, 2009). While information from a needs assessment study is valuable and useful, the process of gathering the information is valuable, too. Needs assessment is a vehicle for programme planning. Needs assessment studies have been carried out in various spheres of life in order to gather information about attitudes, behaviours and opinions of groups of people or to find solutions to problems (Asuzu, Olumide and Kale, 1989; Hind, Bond, Lee and van Teijlingen, 2008). They may be used also to evaluate past and current programmes and policies or indeed for the purpose of starting new ones (Asuzu, Olumide and Kale, 1990; Asuzu, Odor, Asuzu and Oyejide, 1989). Furthermore, needs assessment studies are done as a fact-finding procedure and as a way to identify the needs of a particular group of people (Metcalf, Hurworth, Newstead and Robins, 2002; Raphael, 2006).

Nigeria is a country of over 150 million people from different ethnic groups. Similarly the most popular among the innumerable ethnic

groups in Nigeria are Ibo or Igbo, Yoruba and Hausa-Falani. Yoruba people mostly occupy the south-western parts on Nigeria. The Ibo or Igbo group occupy the south eastern states of Nigeria. The Hausa-Falani occupy northern Nigeria. The University College Hospital is situated in the south-western part of Nigeria.

Literature on needs assessment for psycho-oncological care from other developing countries is not available or accessible to us at this time. However, the need for it in our setting was so obvious as a means to identify psychosocial needs within the counseling services so as to find the feasible ways to meet them. Furthermore, it will serve to document and advocate for development of psychosocial support programme for the patients. In other health service areas in the developing countries such as HIV/AIDS, such studies and their uses in strategic planning of health interventions have been done by Venugopal and Pillai (2000).

Needs assessment study for community pharmacy travel medicine services was done in London by Hind, Bond, Lee and van Teijlingen (2008) to ascertain the need to establish a travel vaccine service from community pharmacies as a key to the decision to develop the service. A needs assessment was carried out to determine the knowledge in genetics and other educational needs of general practitioners (GPs) in Victoria, Australia, as well as their experiences in dealing with genetics in their practices by Metcalf, Hurworth, Newstead & Robins (2002) as a basis for the services intended by them in that regard. According to Moadel, Morgan and Dutcher (2007), psychosocial needs assessments are a direct method to identify the specific services and assistance most desired by patients which helps in identifying and solving their problems. It is very important to do this at the beginning of a new programme.

Methodology

This study employed a descriptive survey research design to identify the nature and needs of cancer patients attending radio-oncotherapy services at the beginning of a sustained programme of counselling and psychotherapy services at the Lola Marinho Psycho-oncotherapy Centre, in the Department of Radiotherapy of the University College Hospital, Ibadan in Nigeria. It was established in 1992 as the first and still the only such centre in Nigeria in this regard. This centre was established in 1992 by Professors Jude Ohaeri, a Psychiatrist and Campbell, an Oncologist with the aim to create awareness on cancer through dissemination of information on the disease and its possible prevention and to help patients

to adjust to it and also to enhance their quality of life. It was named in the memory of Dr Marinho's late wife Lola, who died of cancer of the breast at the age of thirty-seven years. This centre counsels about forty patients per week, totaling about 2000 patients per year. It also runs group and individual psychotherapy, couple, family and marriage therapy using cognitive behavioural model. This platform has provided for improving quality of life of patients, conducting research and training of students of various cadres.

The study participants: The participants were the first 171 consecutive patients seen at the centre from the onset of the exercise and who willingly accepted to provide the needed information for improving the services as duly explained to them.

Instruments: The study instrument was a questionnaire constructed by the researchers and validated in this hospital using cancer patients in the other clinics in the hospital in a test-retest exercise. The coefficient alpha of the instrument was 0.74. The instrument was divided into two sections: section A is made up of demographic variables and section B is made up 20 questions with response format of YES, NO or DON'T KNOW. It was further divided into two B1 and B2. B1 is made up of questions on knowledge of cancer and B2 is made up of questions on need for psychological care. The questionnaires were interviewer-administered to all the patients. Data analysis was done with the SPSS software.

Results

Overall, 171 cancer patients were studied. Tables 1 to 7 show the socio-demographic variables of the patients. Most of the patients were women (80.7%) and were married (64.9%). While a sizeable number of the patients (30 or 17.6%) had obtained no formal education, more than half of them had secondary school education and above. Majority of the patients were traders or self employed. The largest proportion of the patients were Igbo's (78 or 45.6%) of the far away south-eastern native origin; Breast cancer patients are in the majority (83 or 48.6%) and 71 of them were both receiving radiotherapy and chemotherapy at the same time. Some (118 or 69.0%) had surgery while (41 or 21%) have not undergone surgery. Majority of the patients do not know their stages of the disease (103 or 60.2%).

Table 1: Demographic variables of the patients

Sex	Frequency	Percentage
Male	33	19.3%
Female	138	80.7%
Total	171	100.0%
Marital status		
Married	111	64.9%
Widows	27	15.8%
Separated	4	2.3%
Cohabiting	9	5.3%
Singles	18	10.5%
Not given	2	1.2%
Total	169	100.0%

Table 2: Level of education

Educational qualification	Frequency	Percentages
No formal education	29	17.0%
Primary school	39	22.8%
Secondary school	43	25.1%
Tertiary education	53	31.0%
Not given	7	4.1%
Total	171	100.0%

Table 3: Occupational status

Occupational status	Frequency	Percentages
Unemployed	22	12.9%
Self employed	30	17.5%
Civil servants	51	29.8%
Trading	56	32.8%
Businessman/woman	8	4.7%
Not given	4	2.3%
Total	171	100.0%

Table 4: Ethnicity

Ethnic Group	Frequency	Percentage
Yoruba	67	39.2%
Igbo	78	45.6%
Hausa	4	2.3%
Others	22	12.9%
Total	171	100.0%

Table 5: Type of cancer

Type of cancer	Frequency	Percentage
Ca Breast	83	48.6%
Ca cervix	38	22.2%
Others	50	29.2%
Total	171	100.0%

Table 6: Stage of cancer

Stage of Cancer	Frequency	Percentage
Stage I	31	18.1%
Stage II	15	8.8%
Stage III	17	10.0%
Stage IV	5	2.9%
Don't know	103	60.2%
Total	171	100.0%

Table 7: Type of treatment

Type of treatment	Frequency	Percentages
Radiotherapy	48	28.1%
Chemotherapy	28	16.4%
Both	71	41.5%
Yet to commence treatment	24	14.0%
Total	171	100.0%

Tables 8 and 9 show the knowledge about cancer and psychological needs of the patients. Majority of the patients (103 or 60.2%) were ignorant about the type of cancer they were suffering from, lacked self confidence and low self concept in themselves. The need for knowledge of the appropriate diet for this group of patients was also sizeable.

Table 8: Knowledge about cancer

KNOWLEDGE OF CANCER	YES	No	DON'T KNOW	TOTAL
Best time for treatment of any cancer is at the first stage	66 (38.6%)	32 (18.7%)	73 (42.7%)	171
Do you have enough knowledge about the type of cancer you are suffering from	59 (34.5%)	70 (40.9%)	42 (24.6%)	171
The best type of treatment for most early cancer is surgery/operation	66 (38.6%)	32 (18.7%)	73 (42.7%)	171
Reaction to chemotherapy can be controlled by good education	100 (58.5%)	13 (7.6%)	58 (33.9%)	171
Reaction to radiotherapy can be controlled by good education	101 (59.1%)	17 (9.9%)	53 (31.0%)	171
High fat diet is good in cancer treatment	23 (13.5%)	108 (63.2%)	40 (23.4%)	171
You should take your bath liberally during radiotherapy treatment	24 (14.0%)	104 (60.8%)	43 (25.1%)	171
High fat diet is good in cancer treatment	23 (13.5%)	108 (60.8%)	40 (23.4%)	171

Table 9: Psychological needs of the patients

Statements of need	Responses			
	Yes	No	DK	T
Positive statements are necessary while undergoing treatment	114	25	32	171
Relaxation is a very helpful exercise during and after treatment	139	8	24	171
You should take drugs only prescribe by your doctors	150	5	10	171

Folic acid tablet should be taken by you	20	117	34	171
Would you like to be educated about your illness	158	5	8	171
Are you ashamed of your condition	41	123	7	171
Do you feel stigmatized about your condition	29	125	17	171
Does the body odour resulting from the condition border you	57	101	13	171
Does your condition affect the way you see yourself now	55	67	49	171
Do you lack confidence in your self	47	116	8	171

Self-identified problems of the patients with their health care.

Some 57 (33.3%) of the patients claimed that they do not have any other problem with the health care they are accessing at the centre while 114 (66.7%) had problems ranging from accommodation, transportation, financial and psychological problems. Some claimed that they have left home for a long time. They claimed that the delay resulted because of irregularity of the electricity which led to rationing of the exposure to the radiotherapy treatment. This aggravated the emotions of anger and frustration which they experienced now and again. Appropriate diet in the prevention of cancers or during their treatment was inadequate as many of the patients were either ignorant or had wrong ideas thereof (Table 9); many were afraid of the type of diet to take.

The patients expected the doctors and other health personnel's to give them information and other services necessary to meet their psychological needs.

Discussion

The patients were mostly female with gynaecological cancers; with only a few males most of whose cancers were not of male organs. Majority of the patients were trading or self-employed. This implied that while they were in the hospital, their sources of living will be affected. The largest single racial group was of Igbo's who are not the indigenes to this part of Nigeria and more of them physically came with spouses or other family support. These were followed by the Yoruba's who are the indigenous people and lastly, the Hausas.

It also revealed that there was no radiotherapy machine in the South East and South South parts of the country. Most of the patients come at very late stages of their illness. Some 71 patients have had both radiotherapy and chemotherapy. About 118 (69.0%) have had surgery while 41 (21%) have not had surgery. Majority of the patients were ignorant about the type of cancer they were suffering from. They were also not knowledgeable as to the best stage to come for treatment. This shows that they lack knowledge of screening as well as the poor maintenance culture that is generally seen in the society including self-care. UCH has started well-persons clinic, a clinic where one could come and do a general screening to ascertain one's health status. With improved publicity of the programme, it will go a long way in improving the health of the people. A majority of the patients were ignorant about the type and stage of the cancers they were suffering from. Furthermore this needs assessment study discovered high level of ignorance on the part of the patients as regards their knowledge about causes, treatment processes and prevention of cancer. Food consumption was a big issue to the patients that participated in the study as they lacked knowledge of the right diet to consume. They had wrong or inadequate information on the type of food they could eat before coming to the centre. They had also acquired a lot of wrong information on diet consumption as if that was the only possible cause of their illness. Almost all the patients were afraid to consume certain types of food as a result of fear of wrong prognosis or disease outcome

Majority of the patients lacked self confidence in themselves and also have low self concept resulting from the disease. These patients also experienced some psychological problems such as anger and frustration arising from the delay they experienced from waiting for exposure to radiotherapy treatment as a result of irregularity of electricity. Paying attention to psychosocial needs of patients has been linked to higher patient satisfaction with medical care (Walker, Ristvedt, Haughey, 2003).

The patients lamented a lot about the situations of things; they wished they could be exposed to the radiotherapy as it has been prescribed by their doctors. This group of patients is highly motivated to adhere to treatment but because of some compelling situations in the country which prevented such adherence which is evident in irregular electricity supply in the country. There is need to develop printed materials in multiple languages about cancer treatment and psychotherapeutic services available in the centre. This was revealed by the patients as they requested for

printed materials of the presentations. This is in line with the findings of Laboratory for Community and Economic Development of the University of Illinois (2009) which stated that the needs assessment studies of individuals are an effective way to find out what people are thinking and how they feel. Printed materials will enhance understanding and compliance among the patients and their caregivers and help them to spread the message.

Conclusion

Based on these findings, there is need to establish and sustain a psycho-education programme through which the fears of the patients could be allayed. The centre has introduced a planned programme through which adequate information could be disseminated to the patients. Psycho-oncotherapy based on group, individual and family therapies using mostly cognitive behavioural therapy have been instituted in the centre to meet the needs of the patients. The need for advocacy for the provision of both radio-therapy as well as psycho-oncotherapeutic services to other parts of Nigeria is also evident from the study and the advocacy for this has already started.

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