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E-mail: awemakin@gmail.com

Contents

IMPACT OF PALLIATIVE CARE ON PSYCHOSOCIAL WELLBEING OF TERMINALLY ILL PATIENTS IN ABEOKUTA, OGUN STATE.

Dr. Abimbola AFOLABI,
Department of Social Work,
University of Ibadan, Nigeria.
Email Address: drafolabiabimbola@gmail.com
afolabi.abimbola@dlc.ui.edu.ng

Moryam Omotunde AMOSU
Department of Social Work,
University of Ibadan, Nigeria.
Email Address: honeymoryam@gmail.com

Abstract

This paper sought to assess the effectiveness of palliative care and investigate the relationship between components of palliative care and the psycho-social well-being of terminally ill patients at the Federal Medical Centre (FMC) in Abeokuta. The study was a descriptive cross-sectional investigation that targeted terminally ill patients at the FMC. Data collection involved an interviewer-administered questionnaire, which included demographic details and assessments using the Modified Palliative Outcome Scale (POS) and the WHO-5 well-being index for evaluating palliative outcomes and psycho-social well-being, respectively. Through Pearson correlation coefficient and multiple logistic regression analysis, three hypotheses were tested. The findings, based on 202 participants, indicated a positive correlation between palliative care outcomes and the psycho-social well-being of patients at FMC Abeokuta (r=.544, P < .01). Further examinations showed that there were positive connections between the medical side and the psychological side of palliative care and how patients were feeling emotionally and socially (r=.395, P < .05) and (r=.296, P< .05) respectively. However, no significant positive correlation was found between social palliative care (social integration and support) and psycho-social well-being. The study recommends that social workers

should be employed and be involved in a comprehensive psychological and emotional support interventions which should be integrated into palliative care services in healthcare centres.

Key words: Palliative care, Patient, Psycho-social well-being and Terminally ill.

Introduction

Palliative care is becoming increasingly important in treating not just the physical symptoms of sickness but also its emotional, social, and spiritual elements, as the frequency of terminal illnesses rises globally. Palliative care adopts a comprehensive approach, acknowledging that individuals grappling with serious illness require assistance not only in managing their physical symptoms but also in navigating the emotional and social complexities that come with such diagnoses which is basically where social workers impact is highly needed.. By incorporating diverse disciplines such as medicine, nursing, psychology, social work, and chaplaincy, palliative care teams are uniquely positioned to offer tailored support that meets the specific needs of patients and their families (Ndetei, Musyimi, Tele, Musau, Gitonga, and Mutiso, 2018). Palliative care, by attending to the psycho-social needs of patients and their families, not only improves the patients' quality of life but also gives them the tools they need to deal with the difficulties of a serious illness, giving them comfort, dignity, and a purpose in the face of hardship (Redondo Elvira, Ibanez del Prado, and Cruzado 2023).

Terminal illnesses bring a daunting reality of limited time and challenges for those affected, casting a shadow over their lives. These conditions often cause intense pain and discomfort, affecting even the strongest individuals. Emotionally, the fear of death brings about worry and sadness for both the patient and their loved ones (Hiratsuka, Suh, Maeda, Morita, Mori, Ito and Inoue, 2021). It also prompts deep questions about life's meaning, the inevitability of death, and one's legacy, challenging deeply held beliefs and values. Amidst this suffering, palliative care offers hope and comfort by addressing not just symptoms but the entirety of a patient's experience. Rooted in compassion and respect, palliative care recognizes the complexity of emotional, social, and spiritual factors shaping a patient's life. By combining medical expertise with empathy, it aims to reduce suffering, enhance quality of

life, and provide solace to those facing life-limiting illnesses (Yang, Cui, Zhao and Wang 2023).

At the core of palliative care is the idea of giving personalized support, acknowledging and respecting each person's unique journey. Whether it's easing physical pain, tackling emotional struggles, or managing relationships, palliative care professionals are there as consistent companions, providing assistance and advice every step of the way (Oechsle, Wais, Vehling, Bokemeyer, and Mehnert 2014). This individualised approach includes emotional support as well as medical therapies. Palliative care specialists work together with patients and their families to develop personalised care plans that honour each person's unique goals, preferences, and requirements. Psycho-social well-being, encompassing emotional, social, and spiritual aspects, is vital for individuals facing terminal illnesses (Grassi, Caruso, Sabato, Massarenti, and Nanni 2015). Palliative care services are essential for reducing psychological discomfort and promoting connection and purpose throughout illness. Patients can express their anxieties and achieve inner peace in a secure environment via counselling and therapy. Additionally, encouraging communication between patients, families, and medical professionals gives people the power to take part in decisions about their treatment (Rabow and Knish 2015).

Thaniyath (2019) documented that palliative care promotes social support networks, combating feelings of isolation and loneliness. By connecting patients with community resources and support groups, it provides emotional validation and practical assistance. These relationships provide a feeling of community and enhance general well-being, highlighting the comprehensive approach of palliative care in meeting the psychological requirements of patients and their families dealing with a terminal disease. Palliative care affects not only the individual receiving treatment but also their family and carers in terms of emotional and social wellness. Family counseling creates a safe space for families to talk openly, express their feelings, and resolve conflicts. It helps them deal with the complexities of care-giving, address any lingering issues, and strengthen their bonds during tough times (Thaniyath 2019).

Davis et al (2017) also opined that palliative care provides bereavement support to help families cope with the loss of their loved one. Counseling sessions, support groups, and other resources guide

grieving family members through their emotions, reassure them that what they're feeling is normal, and offer practical ways to cope with grief and adjust to life after their loss. Understanding how palliative care affects the emotional and social well-being of terminally ill patients is crucial in healthcare research. While we are aware that palliative care is crucial in addressing the many needs of individuals facing terminal diseases, there remains a knowledge vacuum about the precise ways in which these care approaches affect their social and emotional consequences. The study's main objective is to investigate the connection between the psychological wellness of terminally ill patients at the FMC, Abeokuta, and palliative treatment.

Literature Review

The global burden of terminal illnesses is on the rise, attributed to the increasing prevalence of conditions like cancer, heart disease, neurological disorders, and HIV/AIDS, compounded by a growing elderly population. This trend is further exacerbated by factors such as urbanization, industrialization, and the adoption of Western dietary and lifestyle habits in many developing nations. A systematic evaluation was carried out in a research by Belmira (2017) to find out how the introduction of palliative care (PC) teams affected the duration of stay and death rates of terminally ill patients (TIPs) in intensive care units (ICUs). In this study, TIPs in intensive care units (ICUs) who got end-of-life care after palliative care was implemented (intervention group) were compared to those who did not get palliative care integration (control group). According to Belmira's research, the presence of palliative care teams in intensive care units may have decreased the death rates of patients who were near death.

The usefulness of palliative care in improving patient outcomes was examined in a research by Sarah et al. (2020). Among the key findings of the study were the significant benefits associated with specialized, interdisciplinary palliative care interventions. Such interventions were found to positively impact quality of life measures and lead to cost savings within healthcare systems. Patients who received palliative care demonstrated significantly decreased rates of aggressive medical treatments, including hospital admissions, according to research by Rossana et al. (2018). This implies that a reduction in the

use of expensive and intensive medical treatments is linked to the integration of palliative care into end-of-life care for cancer patients.

In a study by Bates (2018), the aim was to explore the viewpoints of patients and their families on well-being and the importance of palliative care post an advanced cancer diagnosis in Blantyre, Malawi. The research involved 13 collaborators, comprising 6 patients undergoing palliative care for advanced cancer and 7 unpaid family caregivers. These individuals utilized photographs to depict different aspects of their daily routines. The results highlighted the significant role of palliative care in improving well-being through effective management of pain and symptoms, facilitating the return to normal household and income-generating activities for patients and their families. The study concluded that to fulfill Sustainable Development Goal 3 for individuals and families facing life-threatening illnesses in resource-limited settings, there is a necessity for a deeper comprehension of the prevalence and repercussions of discrimination, along with enhanced accessibility to palliative care services. Fatoye, H.A. & Afolabi, A., 2022 examined the effect of support group system on the psycho-social well-being of People Living HIV/AIDs (PLWHA) in selected antire-troviral clinics in Oyo state.The result showed that there was a significant relationship between group support and emotional wellbeing (r=.409), physical wellbeing (r=.266), and social wellbeing (r=.263), respectively.

In a systematic review by Hui and colleagues (2013), they delved into how palliative care affects the lives of patients and how early involvement in such care makes a difference. They highlighted the importance of different kinds of support, like checking symptoms thoroughly, dealing with pain effectively, easing other symptoms, providing emotional and social support, and helping families. All of these factors were shown to make patients' lives better. In a study by Paival and colleagues (2021), they looked into how pain is dealt with in palliative care for cancer patients. They did this by looking back at past records and talking to five people. This happened between February and June 2018. Their findings showed that professionals were instrumental in putting strategies into action to manage pain for cancer patients in palliative care. Dobrikova et al.'s (2015) study, where they found that terminally ill patients who felt supported by their loved ones had a better sense of life's meaning and overall satisfaction. Yoo et al.

(2017) discovered that social support had a greater impact on reducing depressive symptoms and improving quality of life for cancer survivors compared to the general population.

In order to assess the effect of specialised palliative care on quality of life (QOL) and other pertinent outcomes in patients with terminal illness, Gaertner and Daveson (2016) carried out a systematic study. Twelve of the 3967 papers that were evaluated and found to be included comprised ten randomised controlled trials including 2454 patients, most of whom had cancer. According to the research, specialised palliative care had a little impact on quality of life (QOL), with early palliative care for cancer patients may be having larger advantages. In a review by Almada and colleagues (2018), they looked into how psychosocial rehabilitation could help improve mental well-being for people in palliative care, particularly those dealing with anxiety and depression linked to cancer. They emphasized the use of additional psychological support, like cognitive behavioral therapy, to ease these emotional struggles. Their suggestion was that by incorporating psychological rehabilitation into palliative care, it could make a big difference in how patients with terminal illnesses experience their overall quality of life.

In a study by Greer and colleagues (2018), they looked back at past records to understand how different ways of dealing with problems affect the impact of palliative care on people's quality of life and mood. They looked at data from 350 patients and found that when people received palliative care, they tended to use more positive coping methods to deal with their situation. Using these constructive coping strategies was linked to better outcomes in terms of quality of life. In a study by Buzgova and colleagues (2015), they looked at how common feelings of anxiety and depression are among cancer patients receiving palliative care. They used a scale called the Hospital Anxiety and Depression Scale (HADS) to measure these feelings and found that many patients experienced significant levels of anxiety and depression. They also noticed that anxiety and depression were linked to different aspects of how patients felt about their lives. The study concluded that helping cancer patients manage their feelings of anxiety and depression while they receive palliative care could make certain parts of their lives better.

Palliative care has become a key element in the treatment of terminally ill patients, with an emphasis on both their physical symptoms and their psychosocial wellbeing. Ogundele. (2019) highlight in his study that palliative care in Nigeria is increasingly acknowledging the need to address patients' emotional and psychological concerns. This comprehensive approach is essential as it aids patients in managing the existential distress linked to terminal conditions. Moreover, Olaniyi and Adebayo (2020) suggest that successful palliative care relies heavily on effective communication between healthcare professionals and patients, as it builds trust and emotional resilience.

In their research, Janssen and colleagues (2020) carried out a small-scale study to see if referring patients with Idiopathic Pulmonary Fibrosis (IPF) to a palliative care clinic could make a difference in their quality of life, anxiety, and depression. Patients were randomly split into two groups: one group received the standard care, while the other received standard care along with palliative care. The study suggested that another study be conducted using larger number of respondents on the impact of palliative care for IPF patients. Janda and colleagues (2017) explored how people with pancreatic cancer felt when they experienced a lot of anxiety and depression, and their overall satisfaction with life, in a study conducted across Australia. They discovered that the emotional well-being and overall satisfaction with life of patients were closely tied to those of their caregivers. This highlights how the feelings and quality of life of patients and their caregivers are connected, showing that they rely on each other for emotional support and well-being.

Family involvement plays a vital role in the psychosocial health of terminally ill patients receiving palliative care, offering emotional and psychological support that greatly enhances their quality of life in their final stages. According to Adeyemi and Lawal (2017), the participation of family members in the care process gives patients significant emotional comfort, helping to reduce the deep feelings of loneliness and abandonment often associated with terminal illness. The supportive presence of loved ones has been shown to positively affect patients' mental health, creating an environment that promotes overall wellbeing. This involvement not only addresses patients' emotional needs but also strengthens the social connections that are crucial to their sense of identity and belonging, thus playing a key role in their

mental and emotional stability. Additionally, Afolabi et al. (2021) suggest that palliative care in Nigeria is more effective when it is culturally sensitive and includes family members, as this approach aligns with societal values and norms, making the care process more acceptable, meaningful, and effective. By incorporating family members into the care, providers can offer a form of care that is both culturally appropriate and emotionally impactful, addressing not only the medical needs of patients but also honoring the cultural and social structures that are essential to the patient's experience of care and wellbeing in their final days.

Psychological interventions, including counseling and therapy, are essential aspects of palliative care, significantly contributing to the psychosocial wellbeing of terminally ill patients by addressing their emotional and mental health challenges. Eze and Okonkwo (2018) highlight that integrating psychological support into palliative care services in Nigeria has led to significant improvements, particularly in reducing anxiety, depression, and other mental health issues common among patients facing terminal illness. This comprehensive approach recognizes that the emotional and psychological aspects of a patient's experience are just as important as their physical symptoms. As a result, psychological interventions are specifically designed to help patients cope with emotional distress, fears, and existential concerns associated with terminal conditions. Ojo et al. (2022) further emphasize that having trained palliative care professionals who can provide psychological support is crucial for delivering truly holistic care that addresses both physical and emotional needs in a cohesive manner. These professionals, armed with specialized expertise, play a key role in creating a therapeutic environment where patients can explore their emotions, express their fears, and find comfort despite their illness, ultimately enhancing their overall quality of life.

Despite the recognized importance of palliative care in improving the quality of life for terminally ill patients, several challenges hinder its effective delivery in Nigeria, negatively impacting the psychosocial wellbeing of those in need. Yusuf and Balogun (2016) point out that inadequate funding, a lack of trained professionals, and limited access to palliative care services are major obstacles that prevent comprehensive care for patients. These issues often result in unmanaged pain and psychological distress, as the necessary resources

and expertise for holistic palliative care are either lacking or unavailable. The shortage of trained professionals means many patients miss out on essential psychological and emotional support, leading to a reduced quality of life. Additionally, geographical and logistical barriers further restrict access to palliative care, especially for those in rural or underserved areas, leaving them without crucial support. Furthermore, Adeola and Ogunjimi (2023) emphasize that stigma associated with terminal illnesses in Nigeria adds a significant challenge, increasing the emotional burden on patients. This stigma not only exacerbates emotional and psychological stress but also leads to social isolation and discrimination, alienating patients from vital support networks. Fear of social ostracization can also deter individuals from seeking care, worsening their physical and mental health outcomes. As a result, these combined challenges undermine the potential benefits of palliative care, forcing patients to endure both physical and emotional suffering in a system struggling to meet their needs.

The education and training of healthcare providers in palliative care play a critical role in improving the psychosocial wellbeing of terminally ill patients, significantly enhancing their quality of life by addressing both their physical and emotional needs with greater expertise and compassion. Ibrahim and Abiola (2017) emphasize that healthcare professionals who receive specialized palliative care training are much better prepared to handle the emotional and psychological challenges faced by terminally ill patients, allowing them to offer a more compassionate and personalized approach to care. This training equips healthcare providers to detect and address subtle signs of emotional distress, fear, and anxiety in their patients, fostering a therapeutic relationship that eases physical pain and provides crucial psychological support. As a result, patients receiving care from well-trained providers experience less unmanaged distress, increased emotional comfort, and a more dignified end-of-life experience.

Moreover, Babalola et al. (2020) advocate for the inclusion of palliative care education in Nigeria's medical and nursing curricula, highlighting the need to equip future healthcare professionals with the skills and knowledge required to deliver holistic care to terminally ill patients. Integrating palliative care education into the core training of medical and nursing students ensures that as they enter the workforce, they are well-prepared to provide comprehensive and empathetic care

that honors the dignity and wellbeing of patients, ultimately contributing to a more compassionate and effective palliative care system in Nigeria.

Methodology

The study used a survey approach at the Federal Medical Center in Idi-Aba, Abeokuta, Ogun State, Nigeria. The study cohort comprised patients with terminal conditions who had received palliative care for at least one month, encompassing individuals with HIV/AIDS, advanced-stage cancer, and other incapacitating ailments. Through purposive sampling, participants were chosen until reaching the desired sample size of 204. Information was gathered using a structured questionnaire administered by interviewers, covering demographic details, palliative care components, and assessment tools for both palliative care outcomes and psycho-social well-being. African Palliative Care Association (APCA) Patient Outcome Scale and the World Health Organization-5 (WHO-5) well-being index instrument was use to assess how patients were doing and how they felt.

Findings

Research question 1: What is the relative contribution of anxiety management, emotional support and depression management on psycho-social well-being of terminally ill patients at FMC, Abeokuta?

Table 1: Relative contribution of psychological palliative care on psycho-social well-being

	Unstandardized Coefficients	Std. Error	Standardized Coefficients Beta	t	Sig.
Constant	25.419	6.197		4.102	.000
Anxiety management	6.791	.983	.427	6.906	.000
Emotional support	4.706	1.602	.218	2.937	.004
Depression management	.908	1.498	.044	.606	.545

According to Table 1, the impact of each independent variable on psycho-social well-being was analyzed, revealing significant correlations. Specifically, anxiety management ($\beta = .427$, $P < .05$) and emotional support ($\beta = .218$, $P < .05$) were found to have statistically significant effects on psycho-social well-being. However, the effect of depression management ($\beta = .044$, $P > .05$) was not statistically significant, indicating that it did not significantly influence psycho-social well-being. Additionally, insights from in-depth interviews with certain patients further supported the aforementioned findings. Here are some of their statements for better comprehension:

> *"Sometimes, the fear consumes me. What lies ahead? What experiences will I miss out on? Palliative care has been instrumental in alleviating that anxiety. The interdisciplinary team, including doctors, nurses, dieticians, and social workers, not only address my pain with compassion but also facilitate connections with others."* ***KII***

Another respondent added that

> *"When I first received my cancer diagnosis, it felt like my world was crumbling. I lost hope and interest in everything. However, since I began receiving care at the palliative unit, I've encountered a team of individuals who seem like angels. They've reignited my hope in life and instilled in me the belief that I can persevere. I no longer fear premature death, and I've been able to resume my daily activities."* ***KII***

Based on these outcomes, it can be inferred that psychological palliative care significantly influences the psychosocial well-being of terminally ill patients at FMC Abeokuta. Consequently, null hypothesis is hereby refuted.

Research Question 2: What is the relative contribution of independent variables (Social interaction and social support) on psycho-social well-being of terminally ill patients at FMC Abeokuta?

Table 2: Relative prediction of social palliative care on psychosocial wellbeing

	Unstandardized Coefficients	Std. Error	Standardized Coefficients Beta	t	Sig.
Constant	79.433	8.479		9.368	.000
Social interaction	-4.250	1.296	-.236	-3.280	.001
Social support	1.663	1.838	.065	.905	.367

Moreover, Table 2 indicates that each independent variable has relative impact on psycho-social well-being was statistically significant as follows: social interaction (β = -.236, P < .05) and social support (β = .065, P > .05). Thus, it can be concluded that social palliative care does not significantly predict the psychosocial well-being of terminally ill patients at FMC Abeokuta, thereby accepting the null hypothesis Ho3 at a significance level of .05. However, insights from in-depth interviews with some patients shed light on their experiences with social palliative care.

One patient expressed,

> *"I view palliative care as a suitable and effective approach for managing my illness, providing me with the opportunity to communicate my thoughts and feelings to my family, friends, and healthcare team. The intervention has positively impacted my health, thanks to the assistance of healthcare professionals and support from my family."* ***KII***

Another patient shared,

> *"Palliative care has truly helped me cope with my illness. The nurses involve my family members in supporting me during this challenging period, which significantly alleviates my burden. I am thankful for the support from my family, and although we all harbor fears about the eventual outcome, we are managing well."* ***KII***

Discussion

Research question 1: The first hypothesis received support from the analysis, which showed that managing anxiety had the strongest impact on how patients were feeling emotionally and socially among the psychological aspects of palliative care. However, the management of depression didn't show a significant effect. This finding is consistent with Almada et al.'s (2018) review on psychological rehabilitation in palliative care, which suggests that effectively managing anxiety can improve overall quality of life. Similarly, Buzgova et al. (2015) also suggested that addressing anxiety and depression in cancer patients receiving palliative care could enhance certain aspects of quality of life.

Research question 2: The second hypothesis investigated whether the social aspects of palliative care were linked to how patients were feeling emotionally and socially. Surprisingly, the analysis showed that these social aspects didn't have a strong connection with patients' emotional and social well-being, even though the majority of participants reported positive outcomes from social palliative care. This differs from Dobrikova et al. (2015) study, where they found that terminally ill patients who felt supported by their loved ones had a better sense of life's meaning and overall satisfaction. Similarly, Yoo et al. (2017) discovered that social support had a greater impact on reducing depressive symptoms and improving quality of life for cancer survivors compared to the general population.

Conclusion

This study concludes that terminally ill patients receiving palliative care at the Federal Medical Center in Abeokuta generally experience outcomes ranging from moderate to excellent. Additionally, it has been found that the outcomes of palliative care in these patients are linked to how they feel emotionally and socially.

Recommendations

1. Social workers should advocate that palliative care ought to be an essential component of the care plan for all individuals facing terminal illnesses.

2. Social workers should advocate that centers for palliative care are created in secondary and tertiary healthcare centres in other to make sure that people with serious illnesses can easily get the help they need.
3. Social workers should be involved in comprehensive psychological and emotional support interventions given their significant impact on patients.

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