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RESEARCH ARTICLE

EFFECTIVENESS OF MEDICO-SOCIAL WORK INTERVENTIONS IN ALLEVIATING THE PSYCHOSOCIAL PROBLEMS OF CANCER PATIENTS AT THE UNIVERSITY COLLEGE HOSPITAL IBADAN, NIGERIA

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ABSTRACT

This study evaluates the effectiveness of medico-social work interventions in addressing the psychosocial problems of cancer patients at the University College Hospital (UCH), Ibadan. A mixed-method exploratory sequential design was adopted. In the qualitative phase, in-depth interviews were conducted with 10 medical social workers to explore existing intervention practices, challenges, and perceived effects on patient care. Insights from this phase informed the development of a structured questionnaire administered to 261 respondents (251 cancer patients and 10 medical social workers). Data collected were analyzed using NVivo for thematic analysis and SPSS version 26 for descriptive and inferential statistics, including independent samples t-tests and multiple regression analysis. Findings reveal that although counselling, psycho-education, financial assistance, and advocacy services were available at UCH, their coverage and utilization remained limited. Quantitative results reveal a significant positive relationship between medico-social work interventions and psychosocial wellbeing ($p = 0.000 < 0.05$), accounting for 26.6% of the variance in wellbeing scores. Regression analysis revealed that medico-social interventions significantly reduced caregiver burden ($p = 0.000 < 0.05$). Patients who received interventions reported higher psychosocial wellbeing ($M = 4.12$) than those who did not ($M = 1.63$). The study concludes that medico-social work interventions, understood through an ecological and stress-coping lens, play a crucial role in improving the psychosocial health of cancer patients and caregivers. It recommends strengthening social work units in oncology departments, integrating psychosocial services into national cancer control policies, and providing continuous professional development for medical social workers.

Keywords: Cancer, caregivers, medico-social work interventions, psychological problems, university college hospital

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1.0. INTRODUCTION

The psychosocial wellbeing of cancer patients and their families represents a critical dimension of health that extends far beyond the physical manifestations of the disease. Cancer is not merely a biological affliction but a psychosocial crisis that profoundly affects patients' emotions, mental health, social roles, family dynamics, and financial stability. Globally, the World Health Organization (WHO) estimated approximately 20 million new cancer cases and 10 million deaths in 2023 alone, underscoring the disease's staggering human toll beyond the clinical statistics.

In Nigeria, the situation is especially alarming. According to the Nigerian National Cancer Control Plan (2018–2022), over 100,000 individuals receive a cancer diagnosis annually, with a mortality rate exceeding 70%. Despite growing efforts to expand diagnostic and treatment capacity, psychosocial services remain grossly inadequate. Nigeria's cancer response strategy has been largely centered on clinical diagnosis, chemotherapy, radiotherapy, and surgical interventions, often overlooking the vital non-medical dimensions of illness that significantly affect patient outcomes. Emotional distress, caregiver fatigue, social stigma, and socioeconomic dislocation remain largely unaddressed within institutional frameworks.

The University College Hospital (UCH) in Ibadan, recognized as one of Nigeria's leading tertiary healthcare institutions, offers comprehensive cancer treatment services and attracts patients from across the country. However, like most Nigerian hospitals, its psychosocial support infrastructure remains underdeveloped. Patients frequently navigate their illness journey with limited access to counselling, financial guidance, family support programs, or structured psycho-education. Although some departments employ medical social workers, these professionals are often overstretched and underutilized, and their interventions are rarely documented or systematically evaluated.

Research in psychosocial oncology confirms that interventions such as individual counselling, family therapy, group support, psycho-education, and spiritual care enhance patients' coping mechanisms, reduce anxiety and depression, improve adherence to treatment, and foster quality of life. Medical social workers in clinical settings provide a bridge between the medical team and the psychosocial needs of the patient. In Nigeria, however, the profession of medical social work is often marginalized, with unclear job descriptions, limited interdisciplinary collaboration, and poor institutional support.

Given the growing burden of cancer in Nigeria and the evident psychosocial consequences for both patients and caregivers, it becomes imperative to assess how medico-social work interventions impact the psychosocial wellbeing of these groups. This study is motivated by the need to fill a critical knowledge gap in Nigerian healthcare research and to promote evidence-based integration of psychosocial services into oncology care.

1.1. Aims and Objectives

The aim of this study was to investigate the effect of medico-social work interventions in addressing the psychosocial problems of cancer patients at the University College Hospital (UCH), Ibadan. The study sought to achieve the following objectives:

1. Examine the psychosocial challenges experienced by cancer patients receiving care at UCH Ibadan.
2. Identify the types and scope of medico-social work interventions provided to cancer patients at UCH Ibadan.

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3. Assess the effect of medico-social work interventions on the emotional and psychological wellbeing of cancer patients.

4. Evaluate the impact of medico-social work interventions on caregiver burden among relatives of cancer patients.

2.0. CONCEPTUALIZATIONS AND LITERATURE REVIEW

2.0. Conceptualizations

Cancer and Its Psychosocial Burden

Cancer is a broad term encompassing a diverse group of diseases characterized by uncontrolled and abnormal cell growth with the potential to invade surrounding tissues and metastasize to distant parts of the body. The global burden of cancer is significant, with the International Agency for Research on Cancer (IARC) estimating approximately 20 million new cases and 9.7 million cancer-related deaths worldwide in 2022. In Nigeria, GLOBOCAN 2020 recorded 124,815 new cancer cases and 78,899 deaths, with a five-year prevalence of 233,911 cases. These statistics reflect a high mortality rate of 60.7%, characteristic of countries where a significant proportion of diagnoses occur at advanced stages.

A cancer diagnosis is a life-altering event that initiates a cascade of emotional, physical, and socioeconomic challenges for patients and their families. Patients frequently experience anxiety, depression, fear, a profound sense of loss of identity, helplessness, and guilt. In low- and middle-income countries, including Nigeria, these challenges are further amplified by weak healthcare systems, limited mental health resources, stigma, and poverty. Studies consistently report prevalence rates of depression among Nigerian cancer patients ranging from 30% to over 50%, significantly higher than the general population.

Psychosocial Wellbeing of Cancer Patients

Psychosocial wellbeing is a multidimensional construct that reflects the complex interplay between an individual's psychological state, emotional health, social relationships, and their capacity to adapt to life circumstances. In oncology care, psychosocial wellbeing encompasses the subjective perception of life satisfaction, emotional stability, and the resilience to cope with the challenges posed by illness and its treatment. The four key components of psychosocial wellbeing, namely emotional, psychological, social, and spiritual, are not isolated elements but form an intricate, interdependent web that collectively defines a patient's overall health.

In Nigeria, the challenges to maintaining psychosocial wellbeing are particularly acute. The health infrastructure is often fragmented, and specialized psychosocial support services are scarce or non-existent. Patients frequently face a double burden: the profound psychological distress of their illness and the socioeconomic hardship associated with treatment costs, which can lead to financial toxicity and treatment abandonment. Cultural beliefs, while sometimes a source of resilience, can also contribute to stigma and fatalistic attitudes toward cancer, further complicating a patient's emotional journey.

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Family Burden and Caregiver Stress

Family caregivers are indispensable to the continuum of cancer care, particularly within resource-constrained environments. However, their critical role often comes at a substantial personal cost, imposing immense emotional, financial, and physical burdens. Comprehensive reviews document elevated levels of anxiety and depression among cancer caregivers, with prevalence rates as high as 46.5% for depression and 42.3% for anxiety. In low- and middle-income countries, a study reported that 64% of caregivers experienced moderate to severe financial toxicity, often resorting to desperate coping mechanisms including depleting personal savings, borrowing money, and selling essential assets to sustain treatment.

The concept of 'financial toxicity', defined as the distress and hardship experienced by patients and families as a result of the economic costs associated with cancer care, is highly relevant in the Nigerian context, where out-of-pocket spending is the norm. Between 10% and 40% of family caregivers globally are forced to quit their jobs or reduce their work hours to provide care, leading to a loss of income that compounds their financial distress. Without adequate formal support mechanisms, these caregivers are left to navigate a complex and overwhelming situation, exacerbating their psychosocial burdens.

Medico-Social Work Interventions

Medico-social work, practiced within healthcare settings, addresses the complex psychosocial, emotional, and environmental needs of patients and their families as they navigate health crises. The National Association of Social Workers (NASW) defines it as 'the professional application of social work to the delivery of health care services in a range of medical and public health settings.' Core interventions include counselling, case management, support group facilitation, financial advocacy, and referral services. These interventions have been consistently shown to reduce emotional distress, enhance coping skills, and improve the overall quality of life for cancer patients.

Despite the clear benefits, the provision of psychosocial care in Nigeria remains significantly underdeveloped. Social workers in many Nigerian tertiary hospitals often focus on practical assistance such as linking patients to charitable funds and facilitating referrals, while structured psychosocial assessment tools, standardized care protocols, and outcome monitoring systems are rarely implemented. This absence limits the ability to evaluate intervention effectiveness and hampers the development of evidence-based psychosocial oncology models.

2.2. Theoretical Framework

Two key theories, Ecological Systems Theory and Stress and Coping Theory, are applied to explain the multidimensional impact of cancer and the relevance of integrated social work interventions in oncology care.

Ecological Systems Theory

The Ecological Systems Theory (EST) posits that human development and functioning are influenced by a dynamic interplay between individuals and their surrounding environments, conceptualized as interrelated systems: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. In the context of cancer care, this framework provides a holistic view of how the disease affects not only

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the patient but also the broader network of relationships, institutions, and societal structures in which they are embedded. At the microsystem level, cancer impacts the patient's immediate environment, including family members, caregivers, and close friends. Patients undergoing treatment often rely on their family for emotional and practical support, while caregivers themselves experience significant psychological, financial, and physical strain. Social workers operating at this level provide counselling, facilitate family communication, and coordinate immediate psychosocial support services.

The mesosystem refers to the interconnections between microsystem components, such as the collaboration between healthcare providers and family caregivers. Effective communication between oncologists, nurses, and social workers can enhance patient adherence to treatment plans and improve quality of life. Inadequate coordination, however, can exacerbate distress and lead to fragmented care. The exosystem encompasses social structures that indirectly affect the patient, such as workplace policies, health insurance schemes, and community support services. Cancer may cause job loss or reduced income, affecting a household's financial stability and increasing stress levels. Social workers engage with this level by advocating for workplace accommodations, connecting patients to non-governmental organizations, and navigating insurance claims or social welfare programs.

At the macrosystem level, cultural values, societal attitudes toward cancer, and national health policies influence patient experiences. In many African contexts, stigma and misconceptions about cancer can hinder early diagnosis and treatment adherence. Social work interventions here include community education, policy advocacy, and engagement with cancer awareness campaigns. Finally, the chronosystem reflects changes over time, including the progression of the illness, shifts in family dynamics, and evolving healthcare policies. Cancer survivorship and palliative care needs change over the disease trajectory, requiring adaptive interventions at each stage.

Context, Applications and Implications

The application of Ecological Systems Theory (EST) to this study underscores the value of recognizing that cancer care is shaped not only by the patient's individual experience but also by the surrounding systems, from family and peers to health institutions and broader socio-cultural environments. Its multi-layered approach helps highlight systemic barriers, such as financial hardship, stigma, or weak health infrastructure, which often exacerbate the burden of illness in African contexts, and which the present study identifies among cancer patients and caregivers at UCH Ibadan. By considering all ecological levels, this framework supports the study's aim to integrate psychosocial support into holistic cancer treatment, recognizing that effective care requires interventions that extend beyond the biomedical model.

Despite these strengths, the use of EST also carries certain weaknesses when applied specifically to oncology social work. One limitation is its broadness and descriptive nature, which may make it difficult to generate precise, actionable interventions at the clinical level. While it offers a useful map of influences, EST does not provide clear mechanisms for how patients appraise stress, manage distress, or mobilize coping resources. For example, it explains that family, culture, or healthcare systems affect wellbeing but does not clarify how individuals within those systems actually process the psychological strain of illness or respond to specific stressors. Another weakness is its relative inattention to temporal and situational variability. Cancer patients often face rapidly changing

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conditions, such as diagnosis shock, treatment side effects, and recurrence fears, and EST, being more structural, can underemphasize the dynamic, moment-to-moment coping strategies that patients employ. Additionally, the theory may risk diluting the focus on the patient's immediate psychological needs by emphasizing systemic layers, which, while important, may overshadow the urgent task of helping individuals manage stress and emotional turmoil in real time.

For this reason, the Stress and Coping Theory offers a valuable complementary framework for this study. Developed to explain how individuals appraise stressors and deploy coping strategies, it focuses squarely on the processes through which cancer patients interpret their illness, experience distress, and regulate their emotions. Unlike EST, it provides a direct lens for understanding variability in patient responses, that is, why two individuals with similar social conditions may cope differently. Its emphasis on cognitive appraisal and problem-focused versus emotion-focused coping makes it particularly useful for designing social work interventions such as counselling, psychoeducation, and stress management training. By adopting this theory alongside the broader ecological perspective, the study can not only situate cancer care within systemic realities but also capture the lived, psychological dimensions of coping. This dual framing enhances the study's ability to propose interventions that are both socially grounded and individually responsive.

Stress and Coping Theory

The Stress and Coping Theory (SCT) by Lazarus and Folkman provides a psychological framework for understanding how individuals respond to stressors, emphasizing the role of cognitive appraisal and coping strategies in determining emotional and behavioral outcomes. In oncology care, this theory is essential for examining how cancer patients and their caregivers perceive and manage the stress associated with diagnosis, treatment, and prognosis. Primary appraisal involves evaluating whether a cancer diagnosis is perceived as a threat, harm, or challenge. For many, cancer is appraised as a life-threatening event, triggering intense fear, uncertainty, and grief. The way patients interpret their illness significantly influences emotional responses, treatment engagement, and resilience.

Secondary appraisal refers to the evaluation of available resources to cope with the stressor, such as emotional support, financial resources, and access to healthcare. In Nigeria, disparities in healthcare access and limited psychosocial resources can exacerbate distress among cancer patients. Social workers play a critical role at this stage by helping patients identify and mobilize resources, thereby improving their perceived ability to cope. The theory identifies problem-focused coping strategies, which involve taking action to address the source of stress, such as seeking medical treatment or finding financial assistance, and emotion-focused coping strategies, which aim to manage emotional distress, such as seeking spiritual support or engaging in relaxation techniques.

Both strategies are vital in cancer care, but research suggests that balanced use of problem- and emotion-focused coping is associated with better psychological outcomes. Social workers facilitate coping through interventions such as counselling, psychoeducation, and support group facilitation. For instance, motivational interviewing can help patients reframe their appraisal of cancer from a purely threatening event to a challenge that can be managed with appropriate support.

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Context, Application and Implications

In the caregiver context, SCT is equally relevant. Caregivers often experience caregiver stress due to the continuous demands of providing physical care, managing appointments, and offering emotional support. Their coping capacity is influenced by personal resilience, social support networks, and access to professional guidance. Social workers intervene by offering caregiver training, stress management workshops, and respite services, which enhance adaptive coping and reduce burnout. Furthermore, the theory emphasizes emotion regulation as a core aspect of coping. In oncology, unresolved emotional distress can impair immune function, reduce adherence to treatment, and lower quality of life. Integrating psychosocial support services into oncology care helps patients and caregivers maintain emotional balance, which in turn promotes better health outcomes.

By applying SCT alongside EST, this study situates psychosocial interventions within a clear understanding of how individuals and families appraise and respond to the stress of cancer, while also accounting for the systemic environment in which that appraisal takes place. Together, the two theories support the argument that social work interventions, by strengthening both systemic support structures and individual coping resources, can mitigate distress and promote resilience throughout the cancer care continuum. This dual theoretical lens directly informed the design of the study's questionnaire and interview guide, which probed both the systemic availability of medico-social services (EST) and patients' and caregivers' appraisal of, and coping with, illness-related stress (SCT).

3.0. METHODOLOGY

The study adopted a mixed-method exploratory sequential design, which combines qualitative and quantitative approaches in a systematic, phased manner. The target population comprised two primary groups: cancer patients and caregivers at the Oncology Department of UCH, Ibadan, and medical social workers providing services within the oncology unit. UCH attends to approximately 782 cancer cases annually. Using Yamane's (1967) formula with a 5% margin of error at a 95% confidence level, the computed sample size was 266 respondents, comprising 251 cancer patients and 10 medical social workers, selected through stratified random sampling.

The primary instrument for data collection was a structured questionnaire consisting of five sections covering socio-demographic characteristics, types and extent of medico-social work interventions received, psychosocial wellbeing indicators, perceived impact of social work interventions on coping and emotional stability, and impact on caregiver burden. An interview guide facilitated key informant interviews with the medical social workers. Content validity was ensured through expert review, and reliability was established using Cronbach's Alpha, with coefficients of 0.82 and 0.78 for the key scales, both exceeding the acceptable threshold of 0.70.

Thematic analysis using NVivo was employed for qualitative data. Quantitative data were analyzed using SPSS version 26, employing descriptive statistics, independent samples t-tests, and multiple regression analysis. Statistical significance was set at $p < 0.05$. Ethical approval was obtained from UCH's Institutional Review Board, with informed consent, confidentiality, and participant protection strictly observed throughout the study.

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4.0. PRESENTATION OF RESULTS AND FINDINGS

4.1. Presentation of Results

Socio-Demographic Characteristics

The study involved 251 cancer patients and 10 medical social workers. The majority of patients were aged 36 to 45 years (38.3%), followed by those aged 56 to 65 years (24.7%). Females constituted 68.9% of respondents, reflecting gender differences in help-seeking behaviour and cancer prevalence trends. The majority were married (59.8%), and 42.6% had completed tertiary education. Business owners constituted the largest occupational group (48.3%), indicating significant reliance on informal or self-employed work. Over half of the patients (50.2%) presented at Stage 1 cancer, with 43.8% at Stage 2. Radiotherapy (25.9%) was the most common treatment modality, followed by chemotherapy (24.3%) and surgery (20.0%). Christians constituted 61.0% of respondents, Muslims 27.0%, and traditional religion adherents 12.0%.

Research Question 1: Types and Extent of Medico-Social Work Interventions

Table 1 presents patient perspectives on the availability of medico-social work interventions. Results revealed very low levels of awareness and implementation across all service areas. Regarding counselling services, merely 12.8% of respondents agreed that these were provided consistently, while 67.3% strongly disagreed. Support groups were similarly limited, with only 13.2% affirming their availability and 66.1% strongly disagreeing. Financial assistance facilitation was reported by only 6.8% of respondents as available, with 64.9% strongly disagreeing. Advocacy and referral services were the most recognized, with 12.8% of respondents affirming their accessibility, though 62.9% still strongly disagreed.

Table 1: Types and Extent of Medico-Social Work Interventions Available at UCH Ibadan

S/N	Statement	SA N(%)	A N(%)	N N(%)	D N(%)	SD N(%)
1	Counselling services are provided regularly to cancer patients.	12(4.8)	20(8.0)	28(11.2)	22(8.8)	169(67.3)
2	Support groups are available for patients and families.	8(3.2)	25(10.0)	26(10.4)	26(10.4)	166(66.1)
3	Financial assistance facilitation is provided by social workers.	12(4.8)	5(2.0)	27(10.8)	44(17.5)	163(64.9)
4	Family mediation and conflict resolution services are offered.	8(3.2)	13(5.2)	39(15.5)	26(10.4)	165(65.7)
5	Advocacy and referral services are accessible within the hospital.	9(3.6)	23(9.2)	31(12.4)	30(12.0)	158(62.9)

Source: Field Survey, 2025. SA = Strongly Agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly Disagree

Research Question 2: Effect of Interventions on Psychosocial Wellbeing (Hypothesis Testing)

A one-sample t-test was conducted to evaluate the availability of medico-social work interventions. The mean score of 4.28 (SD = 1.01) significantly exceeded the neutral reference point of 3, $t(250) = 20.145$, $p = .000$, with a mean difference of 1.28 (95% CI: 1.15–1.40). This provided strong statistical evidence that medico-social work interventions, including counselling, psychoeducation, financial facilitation, and referral services, were perceived as available within the oncology unit of UCH Ibadan, thus rejecting the null hypothesis.

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Multiple regression analysis was conducted to determine the effect of medico-social work interventions on psychosocial wellbeing. The model yielded a correlation coefficient (R) of 0.516, indicating a moderate positive association between intervention status and wellbeing. The coefficient of determination ($R^2 = .266$) indicated that intervention status accounted for 26.6% of the variance in wellbeing scores. The regression model was statistically significant, $F(1, 226) = 81.946$, $p < .001$. The intervention coefficient ($B = 2.499$, $\beta = .516$, $p < .001$) indicated that patients who received medico-social work interventions scored, on average, 2.5 points higher on the wellbeing measure than those who did not. This provides robust evidence that medico-social work interventions significantly and positively correlate with psychosocial wellbeing in cancer patients.

Research Question 3: Impact on Caregiver Burden

A second regression analysis examined the relationship between medico-social work interventions and caregiver burden. The correlation coefficient ($R = .534$) indicated a moderate positive association, with $R^2 = .285$, signifying that 28.5% of the variance in medical social intervention access was accounted for by caregiver burden. The model was statistically significant, $F(1, 249) = 99.104$, $p < .001$. The caregiver burden coefficient ($B = 0.598$, $\beta = .534$, $p < .001$) indicated that for every unit increase in caregiver burden, there was a corresponding 0.598-point increase in access to medico-social interventions. This suggests that families experiencing greater burden are more likely to utilize social work services, rejecting the null hypothesis of no significant relationship.

Research Question 4: Difference in Wellbeing Scores between Recipients and Non-Recipients

Group statistics revealed a significant disparity in psychosocial wellbeing between patients who received medico-social work interventions ($M = 4.12$, $SD = 0.77$, $n = 220$) and those who did not ($M = 1.63$, $SD = 0.80$, $n = 8$). An independent samples t-test confirmed this difference was statistically significant, $t(226) = -9.052$, $p < .001$, with a mean difference of -2.499 (95% CI: -3.04 to -1.95). These results provide substantial evidence rejecting the null hypothesis, confirming that patients who received medico-social work interventions demonstrated significantly higher levels of psychosocial wellbeing.

Qualitative Findings: Medical Social Workers' Perspectives

Thematic analysis of interviews with ten medical social workers identified 164 coded segments across three core themes: psychosocial challenges, medico-social interventions, and intervention impact. Financial burden emerged as the most frequently cited psychosocial challenge (10.37%), followed by depression and fear (7.32%) and stigma and isolation (5.49%). Among interventions, psychoeducation was most frequently mentioned (11.50%), followed by counselling (9.76%) and financial assistance (8.54%). Regarding impact, improved hope and coping ability was the most reported outcome (10.37%), followed by clinical improvement and recovery (6.71%) and reduced caregiver stress (5.49%).

Social workers reported that patients faced significant challenges in affording treatment, with financial difficulties frequently resulting in treatment delays and emotional distress: 'Financial burden because of chemotherapy, because it is very expensive.' Stigma and social isolation were also prevalent, particularly among women diagnosed with breast and cervical cancer: 'They smell and they tend to isolate themselves… mostly among breast and cervix cancer.' Counselling and psycho-education were identified as the most impactful interventions: 'Their special well-being improves, and

also their self-esteem and also share experience and make friends and also their health status improves.'

4.2. Discussion of Findings

This study investigated the effects of medico-social work interventions on the psychosocial wellbeing of cancer patients and their caregivers at UCH Ibadan. The findings consistently indicated that patients receiving medico-social interventions had significantly superior psychosocial wellbeing compared to those who did not, with the t-test confirming a highly significant difference between the two groups ($p < .001$). These findings align with global evidence indicating that psychosocial care is a crucial component of cancer treatment and corroborate Nigerian studies documenting the psychosocial challenges of cancer patients, including depression, stigma, and diminished quality of life.

The significant positive relationship between medico-social work interventions and psychosocial wellbeing ($R^2 = .266$, $p < .001$) is consistent with findings from Onyeka et al. and Ikharo et al., who emphasized the significance of psychological support systems in sub-Saharan Africa for alleviating stress and enhancing coping mechanisms. The predictive role of caregiver burden in accessing social work support reflects global trends documented in both Nigerian and Ghanaian studies, which found that caregivers burdened by financial, emotional, and social pressures are more inclined to utilize support services.

The qualitative findings provided important contextual depth. The prominence of financial burden as the primary psychosocial challenge aligns with extensive literature on financial toxicity in cancer care within low- and middle-income countries, where out-of-pocket spending creates devastating consequences for families. The recognition of psycho-education and counselling as the most impactful interventions supports established evidence that organized emotional support and therapeutic communication substantially alleviate suffering and assist patients in adapting to their diagnosis and treatment journey.

Despite these positive findings, the study revealed significant gaps in service delivery. The majority of patients reported that medico-social interventions were not sufficiently available or consistently provided, with 67.3% strongly disagreeing that counselling services were regularly offered. This finding is consistent with documentation of the reactive, ad-hoc nature of social work practice in Nigerian oncology settings, where services lack structured protocols, consistent documentation, and formal evaluation mechanisms. The evidence collectively supports the argument that psychosocial oncology in Nigeria requires systemic strengthening, with social work embedded as a core component of multidisciplinary cancer care teams.

5.0. CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

This study assessed the effectiveness of medico-social work interventions in addressing the psychosocial problems of cancer patients at the University College Hospital, Ibadan, Nigeria. The findings strongly indicate that medico-social interventions are essential components of cancer care in Nigeria. Patients who received counselling, psycho-education, financial aid, and referral services

exhibited significantly improved psychosocial wellbeing compared to those who did not. Regression analysis confirmed that caregiver burden significantly predicts access to social work services, while qualitative findings provided rich contextual insight into the financial, emotional, stigma-related, and relational challenges faced by patients and caregivers.

The study concludes that medico-social work interventions significantly improve psychosocial outcomes for cancer patients and their families. Integrating social work into oncology practice enables healthcare systems to provide more comprehensive, equitable, and sustainable care. These findings affirm the critical role of social workers in cancer management and urge the improvement of psychosocial services as an essential element of cancer care delivery in Nigeria, both for the wellbeing of patients and for the sustainability of the caregivers who support them.

5.2. Recommendations

Based on the findings of this study, several recommendations are proposed to strengthen psychosocial interventions for cancer patients and their families in Nigeria:

1. Policy Integration: The Federal Ministry of Health should incorporate psychosocial oncology services into the national cancer control strategy, mandating social work as a fundamental component of oncology care with designated financing sources, structured processes, and supervisory mechanisms.

2. Institutional Strengthening: Hospital management should prioritize the establishment of additional medical social work units within oncology departments, ensuring multidisciplinary collaboration and the implementation of enduring peer support initiatives and family-oriented counselling programs.

3. Evidence-Based Practice: Medical social workers should employ evidence-based approaches integrating psychoeducation, counselling, and financial advocacy, collaborating with NGOs, religious institutions, and community-based groups to strengthen referral systems.

4. Financial Support Mechanisms: Innovative funding approaches, including health insurance schemes, social security programs, and public-private partnerships, should be established to assist patients and caregivers in managing substantial out-of-pocket treatment expenses.

Conflict of Interest

The authors declare that no conflict of interest exist in this manuscript.

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