

**ASSESSMENT OF THE ROLES AND IMPORTANCE OF SOCIAL WORKERS  
IN MANAGING TERMINAL ILLNESS USING THE SELECTED STUDY AREA  
OF THE PALLIATIVE CARE UNIT, UNIVERSITY OF BENIN TEACHING  
HOSPITAL (UBTH), UNIVERSITY OF BENIN, EDO STATE**

**BY**

**GABRIEL UCHENNA JOB**

**SSC2106072**

**NOVEMBER, 2025**

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**A PROJECT SUBMITTED TO THE DEPARTMENT  
OF SOCIAL WORK, FACULTY OF SOCIAL SCIENCES UNIVERSITY OF  
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## CERTIFICATION

We hereby certify that this project work was carried out by **GABRIEL UCHENNAJOB** with the Matriculation number **SSC2106072** of the Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City, in partial fulfillment of the requirement for the award of Bachelor of Science (B.Sc. Honors) degree in Social Work.

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**(Project Supervisor)**

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**Head of Department**

**Date** -----

**Date** -----

## **DEDICATION**

This project is dedicated to My Lovely Mum, Mrs Chinyere Job, the pillar of strength, the heartbeat of our family, and my unwavering inspiration. To my mum, Your unwavering support, sacrifices, and unconditional love have shaped me into who I am today. I am still in awe of that moment when you refused to let me take the common entrance exam, not because you did not believe in me, but because you wanted to give me the best chance at success. You saw potential in me when I was struggling to read, and you took a bold step. Despite having little means, you chose to invest in my education, changing my school to one that would nurture my growth. Your tears, your struggles, and your unwavering faith in me have not gone unnoticed. Your resilience and determination inspire me to push boundaries. Today, I'm blessed with intellectual skills and resilience because of your sacrifices. My heart overflows with gratitude, and I'm forever indebted to you. This achievement is as much yours as it is mine. Thank you for believing in me. Thank you for loving me unconditionally. Thank you for being my rock.

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To my ever-loving relatives: Relatives, Mrs. Ogbonne Ndubuisi (aunt), Miss Faith Ndubuisi (cousin), thank you all for standing in for me in many occasions, emotionally and for being physically available for me during my time in school) and to my cousin, Master Tobechukwu Ndubuisi.

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At this juncture, I wish to evoke the omnibus clause which asserts that your name is not mentioned in this segment does not in any way minimize your contributions to this research. I do not take it for granted and I pray God rewards you all accordingly.

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## ABSTRACT

This study assessed the roles and importance of social workers in managing terminal illness, using the Palliative Care Unit of the University of Benin Teaching Hospital (UBTH), Benin City, Edo State, as the study area. Terminal illnesses often present complex medical, psychological, and social challenges for patients and their families, thereby requiring comprehensive support beyond medical treatment. The study adopted a survey research design, with data collected through structured questionnaires administered to patients and significant others within the palliative care unit. A total of 150 questionnaires were distributed, out of which 130 were successfully retrieved and analyzed using descriptive statistical methods such as frequency counts and simple percentages.

Findings from the study revealed that patients with terminal illnesses experience significant psychological and emotional challenges, including difficulty adapting to lifestyle changes and treatment demands. The results also indicated that family members and caregivers often experience emotional distress and reduced personal time due to caregiving responsibilities. Furthermore, the study showed that social workers play a critical role in providing psychosocial support, counseling, care coordination, advocacy, and linkage to social resources for both patients and their families. However, the findings also highlighted limited awareness among some respondents regarding the roles of social workers in healthcare settings. The study concludes that social workers are essential in promoting holistic care and improving the quality of life of terminally ill patients. It therefore recommends increased awareness, institutional support, and integration of social workers into multidisciplinary healthcare teams to enhance palliative care services.

**Keywords:** Terminal illness, social workers, palliative care, psychosocial support, caregiving, University of Benin Teaching Hospital.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background to the Study**

The increase in the incidence of terminal illnesses due to various cancers, AIDS and other lifestyle diseases, the heightened possibility of grievous injury owing to accidents, natural disasters, terrorist attacks and other unforeseen circumstances, enhance the possibility that many social workers today will encounter people facing the prospect of approaching death beyond the conventional hospice or sanatorium. Social workers have interacted with dying persons since the beginning of social work practice in hospitals. This type of social work began at the Massachusetts General Hospital in 1905 as outlined by Cabot (1914) cited in Rijet (2013) in his book, which describes social work service with dying patients. Later, Bartlett (2011) refers to the experience of working with dying patients as an inherent element of social work practice in medical settings. However, social workers may encounter death and dying not only in the hospital setting, but also in a wide array of settings beyond its walls.

A person in the terminal phase goes through a complicated psychological phase involving several components that vary from individual to individual. Resolving differences with family and friends and making amends for the wrongs he/she feels he/she has committed is one of the uppermost desires in the dying person's mind. He/She

has to be enabled to deal with his/her fears about dying and to resolve spiritual issues pertaining to questions relating to life after death through the involvement of a spiritual leader belonging to his/her faith. He/She has to be enabled to preserve his/her autonomy and control over circumstances to the extent possible with dignity and sustenance of hope, to lead his/her remaining life fruitfully and fully. Dealing with pain and the symptoms of chronic illness, such as cancer, would involve provision of adequate health support services to ensure that he/she passes away with tranquility and a minimum of discomfort. Mobilisation of family support is crucial and open communication patterns with the family need to be put in place.

In the beginning, to assess clients and families in end of life situations, it is important to have a knowledge framework of coping with dying and death, and an understanding that there is no ideal way for clients to manage. One also needs to bear in mind that the emotional dynamics seen in both the person approaching death as well as his/her immediate family may be similar and could run a parallel course. Parry (2001), has outlined some of these phases including: Initial Reaction, Grief and Depression, Denial and Anger and Fear.

## **1.2 Statement of the Research Problem**

Managing chronic illness presents a profound challenge to the social work profession, not only because of the myriad formal and informal services required by the increasing number of chronically ill elders, but also because the caregivers, too, require

our support and empowerment. As professionals, social workers experience first-hand the effects of the met and unmet patient needs, which brings with it a responsibility to insure that practice and policy decisions give full recognition to the impact of psychosocial aspects and services that provide total care to chronically ill older adults and their caregivers. However, during the course of this study, there were some research problems encountered including: Uncooperative attitude of medical personnel towards researchers and strict limitations during the research such as distancing, duration for interviews and so on; Absence of adequate facilities towards the attainment of research results; Scrutinizing questioning done by family and relatives of patients making research interview questions limited to avoid issues; Lack of trained social workers who are experienced in the assessment of terminal illness patients; Careful attitudes around these patients to avoid transmission of disease thereby making such patients feel stigmatized.

### **1.3 Objectives of the Study**

This study main aim was to assess the roles and importance of social workers in managing terminal illness using the selected study area of the Palliative Care Unit, University of Benin Teaching Hospital (UBTH), University of Benin, Edo State. The specific objectives were to:

1. Assess how terminal illness patients are adapting to the requirements of the diagnosis.

2. Assess how the significant others of the patients are adapting to the requirements of the illness.
3. Enlighten the significant others of patients on the importance of social support system and how it can aid the treatment of the illness.
4. Examine how medical personnels and social workers are treating these patients and aiding their treatment.
5. Find out the available social work intervention strategies to manage terminal illness patients and observe how important the social work profession could address social problems in relation to such people.

#### **1.4 Research Questions**

Specifically, the following research questions guided the study:

1. How are the terminal illness patients adapting to the change in their lifestyle since the diagnosis of the illness?
2. How are the significant others of these patients adapting to the change in their lifestyle since the diagnosis of the illness?
3. Does the significant others understand the importance of their presence as social support system and how it aids the treatment?

4. How are medical personnels and social workers treating these patients and how does it aid their treatment?
5. What are the strategies available for the management of patients with terminal illness in UBTH, Benin City?

### **1.5 Significance of the Study**

The basic relevance of this research stems from its focus on the roles of social workers in managing terminal illness, given the overall complications that come with its treatment such as the antiretroviral therapy (ART) for HIV/AIDS patients and chemotherapy for cancer patients that comes with a lot of pills during its first introduction and the sacrosanct role of social workers in addressing this. Findings of this research will outline baseline information on the living conditions and social adaptation of patients diagnosed with terminal illnesses and how they are adapting to the changes as well as their medication requirements, alongside ensuring the importance of social workers during the course of their treatment and the aftermath among patients with terminal illness in Palliative Care Unit, University of Benin Teaching Hospital (UBTH), and therefore be of utmost benefit to the public, the children and relevant authorities of these institutions.

The relevance of this study is further reinforced by the crucial need for in-depth social work intervention strategies to help address this situation. In this regard, this study

explains the living conditions and roles of social workers during these processes and how it affects the social functionality of these individuals, as only few studies in Nigeria have given evidence on how to manage patients with terminal illness. As such, this research work is expected to be of benefit as a reference point for future studies in similar investigations and analysis.

Moreover, the significance of this study is underscored by the usefulness of its impact-based recommendations, which will form critical inputs for decision makers, health practitioners, policy actors, ministries as well as NGOs and international bodies in both the private and public sectors. Consequently, feasible community-based programs and interventions can be designed and designated as well as implemented to address the situation, educate the public on its attendant consequences on the individual functionality and responsibilities to the community at large.

## **1.6 Scope of the Study**

The scope of the research study covers across the Palliative Care Unit, University of Benin Teaching Hospital (UBTH), University of Benin, Edo State.

## **1.7 Definition of Terms**

For the purpose of this study, the operational definitions of the following terms are adopted:

**AIDS:** Acquired Immune-Deficiency Virus

**ART:** Antiretroviral therapy

**HIV:** Human Immune-Deficiency Virus

**Antiretroviral :** a combination of medicines used in antiretroviral therapy (ART) to treat HIV.

**Antiretroviral therapy:** the use of a combination of HIV medicines to treat HIV infection.

**Aid Worker:** refers to someone who provides humanitarian assistance, support, and relief to individuals or communities in need, often in crisis situations.

**Diagnostics:** refers to the methods and tools, particularly in a medical context, used to identify the nature of a disease or disorder by gathering clues from symptoms, medical history, physical exams, and tests like blood work and imaging.

**Living Conditions:** Refers to the circumstances affecting the way in which people live, especially with regard to their well-being.

**Palliative Care:** is an approach that improves the quality of life of patients who are facing the challenges associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

**Patients:** Individuals receiving care or treatment from a medical professional such as doctors, nurses, therapists.

**Social Work:** Refers to a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people.

**Social Worker:** A professional who help individual, groups, families cope with challenges and improve their overall well being.

**Social Support:** Refers to emotional, practical, informational and financial assistance that individuals receive from their social networks such as families, colleagues and community groups.

**Significant Others:** Refers to a person with whom someone has a close, intimate and important relationship with.

**Stigmatized:** Described or regarded as worthy of disgrace or great disapproval.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter discusses existing relevant or related literature on the roles of a social workers in managing terminal illness and how it can impact on the social and mental wellbeing of these patients, as well as the living conditions after the diagnosis. It also reviews theoretical perspectives and discusses the theoretical framework of the study. The empirical results of relevant studies on the adaptation to medical requirements for patients diagnosed with terminal illness are also looked at first.

#### **2.2 Review of Relevant Concept**

In this section, the term 'Terminal illness' serves as a key variable in the study is conceptually clarified, wherein definitions of Palliative Care and dying or end-of-life are given. Roles of social workers in managing terminal illness patients are also discussed.

##### **2.2.1 The Concept of Palliative Care and End-of-life Care**

Social work has an important role in the delivery of meaningful palliative, end of life and bereavement care. Some social workers are palliative care social workers,

working in services which specialise in this area of support. All social workers will encounter people who are experiencing loss, the end of life or bereavement.

Palliative care is an interdisciplinary approach focused on providing comfort and quality of life for patients with advanced stages of illness. While the primary goal of palliative care is to alleviate pain and suffering, social workers play a crucial role in this process. Social work can play an important role in the process of providing comprehensive care for individuals suffering from incurable diseases and their families, contributing to the improvement of their quality of life (Stoykova & Encheva, 2020; Stoykova&Velichkova-Hadzieva, 2021). Social workers can perform essential functions within the multidisciplinary team, including needs assessment, care coordination, providing additional information, managing negative emotions, and offering support to enhance motivation for adherence to prescribed treatment (Stoykova & Velichkova-Hadzieva, 2021). Social work in palliative care involves assessing the social, emotional, and psychological needs of patients and their families, providing support to cope with stress and adjust to serious illness, and coordinating between various healthcare and social services. Historically, palliative care and social work have developed in parallel, with both disciplines becoming increasingly important in the context of an aging population and the rising number of patients with chronic and terminal illnesses.

The concept of “terminal illness” on the other hand, refers to a medical condition for which there is no reasonable expectation of cure, and which ultimately results in death

within a relatively short period (National Hospice and Palliative Care Organization, 2018). These illnesses can include advanced cancers, late-stage organ failures, neurodegenerative diseases, and other chronic progressive conditions. The diagnosis of terminal illness triggers the necessity for palliative care—specialized medical care aimed at improving the quality of life for patients and their families by addressing physical symptoms as well as psychological, social, and spiritual needs (Kavalieratos et al., 2016). The role of social workers in this context is multifaceted and critical. Social workers facilitate communication between patients, families, and healthcare providers; assist with complex decision-making processes; provide grief counseling and emotional support; and connect patients to community and social resources (Cherny&Radbruch, 2015). Their involvement helps ensure that care is patient-centered and culturally sensitive, which is particularly relevant in diverse settings such as Nigeria, where social and familial structures heavily influence care preferences (Ameh et al., 2021).

Palliative care, as defined by the World Health Organization (WHO, 2020), is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness. It does so through the prevention and relief of suffering by means of early identification, impeccable assessment, and treatment of pain and other problems, whether physical, psychosocial, or spiritual. This definition highlights the interdisciplinary nature of palliative care, emphasizing that it is not solely about managing physical symptoms but also addressing emotional, psychological, and social distress that often accompanies terminal illnesses (Quill & Abernethy, 2013).

Social workers' engagement in palliative care is essential for helping patients and their families navigate the emotional and psychosocial challenges that accompany terminal illnesses. They help manage anticipatory grief, facilitate advance care planning, and support end-of-life decision-making (Baile et al., 2017). Moreover, they play an advocacy role in ensuring patients' rights and dignity are respected throughout the trajectory of their illness. This holistic approach aligns with the biopsychosocial model of health, which recognizes the interplay between biological, psychological, and social factors in health outcomes (Engel, 1977).

However, social workers often face challenges related to the emotional burden of the work, as well as ethical and moral issues that arise in the provision of palliative care. Through training and support, social workers can be effective in providing comprehensive care, while collaborating with other professionals to ensure the best possible experience for patients and their families. Social workers are essential in addressing the complex emotional and social needs of patients and families facing terminal illness. Social workers, therefore, serve as a vital link between the medical team and the patient's social environment. They assist in navigating complex healthcare systems, provide counseling and psychosocial support, and advocate for patients' rights and wishes during their terminal phase (Pfeil & Kuehn, 2018). In the Nigerian context, social workers face unique challenges, including cultural taboos around death and dying, limited healthcare resources, and the stigma associated with certain terminal illnesses such as HIV/AIDS and cancer (Ogunbode et al., 2020). These challenges require social

workers to adopt culturally sensitive approaches that respect patients' values and family dynamics while providing care that promotes dignity and comfort.

Palliative care, as a modern approach in healthcare, is the result of decades of evolution that began with the hospice movement in the mid-20th century. From its origins in the United Kingdom to its global dissemination and integration into healthcare systems, palliative care has undergone significant transformations. A pivotal role in the development of palliative care was played by Dr. Cicely Saunders, who founded St. Christopher's Hospice in London in 1967. She introduced the concept of "total pain," addressing not only physical suffering but also emotional, social, and spiritual distress in patients. The hospice movement focused on providing care for end-of-life patients, emphasizing pain relief and holistic support (Clark, 2014). In the 1970s, the term "palliative care" was introduced by Canadian physician Dr. Balfour Mount, marking the expansion of the concept to include not only terminally ill patients but also those with chronic or progressive conditions. During this period, palliative care began to develop in North America and Europe, with the first hospital-based programs being established (Mount, 1976). In the 1980s, the World Health Organization (WHO) recognized palliative care as a fundamental component of healthcare and issued its first guidelines for its development. Over time, palliative medicine was established as an independent specialty with dedicated training programs and professional certifications (WHO, 1989). In recent decades, palliative care has been integrated into the national healthcare systems of many countries. This process includes:

1. Expanding services beyond hospices to hospitals, home care, and outpatient centers.
2. Establishing multidisciplinary teams comprising physicians, social workers, psychologists, and spiritual counselors.
3. Developing policies to ensure access to palliative care for all patients, regardless of their diagnosis or socioeconomic status (Payne et al., 2008).

Today, palliative care is viewed as an essential part of universal healthcare. Key priorities include: the early integration of palliative services for patients with chronic diseases; leveraging technology, such as telemedicine, to provide care in remote areas; increasing public awareness; and reducing the stigma surrounding palliative care (WHO, 2021). Different organizations and regional differences highlight the complexity and diversity of palliative care, as well as the need for global efforts to improve access to and the quality of services. The World Health Organization (WHO) plays a leading role in the development of palliative care globally. The organization sets standards and publishes guidelines for palliative care, advocates for the integration of these services into national health systems, and supports projects that increase access to care in low and middle-income countries. In 2014, the WHO published its resolution WHA67.19, which requires all member states to develop palliative care as part of universal health coverage.

End-of-life care, on the other hand, refers to multi-dimensional assessments and intervention provided to assist individuals and their families facing a death situation and attends to different dimensions of the illness experience, including the physical, emotional, spiritual, and practical dimensions. It seeks to provide services along a continuum that includes the dying process, the death experience, bereavement, and follow-up services with the survivors (Parry, 2001). Bereavement, death and dying are phenomena that social workers often deal with in various practice settings. Working with families of terminally ill patients and enabling them to cope better with their life situation is an important social work function. A wide array of professional skills, a mature and realistic attitude towards death and compassion and fortitude in intervention is therefore required.

The end-of-life care component focuses on the last phase of terminal illness, ensuring that patients experience as little pain and distress as possible. It also includes preparing patients and families for the dying process, facilitating advanced care planning, and providing bereavement support after death (Cherny&Radbruch, 2015). Social workers are crucial in this phase for providing emotional support to both patients and families, assisting with grief and loss, and connecting families with community support services (Hudson et al., 2017). Their involvement enhances the holistic care model by ensuring that social, emotional, and spiritual needs are integrated into medical treatment plans.

In summary, the roles of social workers in palliative and end-of-life care are expansive and critical to managing the complex needs of terminally ill patients. Their expertise in psychosocial care, advocacy, and resource linkage complements the medical interventions, ensuring that care is patient-centered and holistic.

### **2.2.2 How can Palliative Care aid the treatment process of Terminally ill patients**

When palliative care is administered to terminally ill patients, it encompasses the following:

- Each person is seen as an individual
  - Help people to express what is important to them and to use the tools and legal powers that are available, such as advanced care planning, including advance statements, advance decisions to refuse treatment, emergency health care plans and lasting powers of attorney so that their wishes are respected.
  - Help people choose where to die and identify how to make this happen if possible.
  - Help people choose what happens to their body after death
  - Use legislation to ensure the rights of people who are deemed not to have capacity to make a decision.

- Support families who have made or been involved in making decisions to withdraw treatment from someone who is deemed to lack capacity.
- Each person gets fair share to care
  - Ensure that people can access the general and specialist care and support that they need.
  - Make sure that people's cultural, linguistic and spiritual needs are considered and responded to as the person wishes.- Provide careful support and negotiation about sensitive personal situations.
  - Advocate for people or arrange advocates for them so they can ask for what they need.
  - Ensure that people get the benefits, housing and other resources/support they are entitled to.
- Maximizing Comfort and Wellbeing
  - Talk to people about how they feel, help them deal with their worries, and draw on and develop their coping strategies.
  - Make sure people know that help and support is available if they need it, and have an understanding of what the options might be.

- Help people to figure out how to achieve their personal goals- Ensure that support takes account of characteristics like age, gender, ethnicity, disability, sexuality- Support people to address issues related to body image and self-esteem, and to sexuality and relationships.

- Care is Coordinated

- Keep the focus on the person and those that are important to them.

- Coordinate the provision of care by managing any paperwork and, if necessary, dealing with any bureaucracy.

- Explain how care will work for people and help them have as much choice and control as possible.

- Facilitate discussions that resolve chaos and conflict, and negotiate solutions to disputes about how people will live.

- Develop systems that help agencies and organisations to share information and work together.

- All staff are prepared to care

- Raise awareness and develop skills to ensure that people feel supported within their communities.

- Supervise, coach and mentor health and social care workers and volunteers.
- Monitor care provision and work together with care workers to improve care
- Lead support groups for workers and volunteers to talk about the emotional impact of their work and build resilience - Train and educate others

### **2.2.3 Skills a social worker working with terminally ill patients would need**

The medical social worker is often confronted with complex cases involving patients with multiple psychosocial issues. It is not uncommon for him/her to assess patients who are homeless or are suffering from rejection by their relatives, the unemployed or those who have just been released from incarceration or who have multiple chronic medical and psychiatric conditions including substance abuse problems. To be effective, the following skills are essential for these health professionals:-

1. Skill for complete and timely assessment of patient's psychosocial needs.
2. Ability to work co-operatively with other health care staff.
3. Good analytical and assessment skills.
4. Ability to communicate clearly with both patients and staff.
5. Ability to quickly initiate a therapeutic relationship with the patient.
6. Ability to process papers

7. Willingness to advocate for the patient, especially in situations where the medical social worker has identified a problem that may compromise the discharge and put the patient at risk in the community.

The personal qualities of empathy, diplomacy and amiable personality with good carriage are indispensable. This is because the social worker functions as a mediator, role model, counselor and educator. It is obvious from the foregoing that the psychosocial problems of hospital patients, meet the 4Ds which define abnormality, viz: Deviance – a behaviour unacceptable in one's subculture; Distress, Dysfunction and Danger. As an itinerant health worker who moves between the hospital and the patient's home, and considering the broad multidimensional responsibility of the social worker as well as the multiple factors in both hospital and non hospital settings involved in the emergence, maintenance and treatment of various ailments, the function of the social worker in managing hospital patients is pivotal.

#### **2.2.4 What can Palliative Social Workers Do**

Social work complements what other professions offer. Palliative care social workers work in partnership bringing a unique perspective and expertise.

- 1. Professionalism:** Palliative care social workers demonstrate advanced knowledge, skills and practice based in, and informed by, a set of values and attitudes.

## **2. Values And Ethics**

- 3. Diversity:** Palliative care social workers recognise and respond to the impact of diversity, disadvantage and discrimination on people's situation - in relation to gender, culture, ethnicity, age, disability, sexuality, religion and social class. They acknowledge and respect that people and communities choose to live and die in different ways.
- 4. Rights and Justice:** Palliative care social workers support the idea that end of life and bereavement care is a human right. They advocate strongly on behalf of dying people, families and closest ones, unpaid carers, friends and communities to ensure that their needs are identified and met.
- 5. Critical Reflection:** Palliative care social workers recognise the complexity, changeability and uncertainty in decision-making for the dying person, those close to them and for professionals. They are reflective and self-aware.

Social workers play a crucial and multifaceted role in managing terminal illness, particularly within palliative care settings. Their interventions extend beyond the medical management of the disease to address the psychological, social, emotional, and spiritual needs of patients and their families (Hudson et al., 2018). The holistic approach of social work ensures that patients receive comprehensive support that promotes dignity, quality of life, and psychosocial wellbeing during the terminal stages of illness. Furthermore,

social workers advocate for patient autonomy and informed decision-making. End-of-life care involves complex decisions about treatment preferences, advance directives, and Do-Not-Resuscitate (DNR) orders. Social workers facilitate discussions between patients, families, and healthcare providers to ensure that care plans respect patients' wishes and cultural values (Weissman& Meier, 2011). They also provide education on patients' rights and ethical considerations, empowering patients to make informed choices.

Another vital function is the provision of "crisis intervention and conflict resolution". Terminal illnesses can strain family dynamics and lead to conflicts about caregiving responsibilities or treatment options. Social workers mediate these conflicts and provide crisis intervention to maintain family cohesion and emotional stability (Ferrell et al., 2018). Social workers also play a significant role in bereavement support. After the death of a patient, they offer grief counseling and connect surviving family members with support groups and mental health services to facilitate healthy mourning processes (Shear et al., 2013). One of the primary roles of social workers in this context is "psychosocial assessment and counseling". Terminal illness often evokes intense emotional responses such as fear, anxiety, depression, and grief, not only in patients but also among family members (Rodriguez-Prat et al., 2016). Social workers utilize therapeutic communication and counseling techniques to help individuals process their emotions, cope with the realities of impending death, and develop adaptive coping mechanisms. This counseling extends to assisting patients with anticipatory grief and helping families prepare for

bereavement (Cherny et al., 2015). In addition to emotional support, social workers provide "care coordination and resource linkage". Patients with terminal illnesses often require multiple services, including home care, hospice, financial aid, and legal support. Social workers act as liaisons between healthcare teams and community resources, ensuring continuity of care and access to necessary services (National Association of Social Workers [NASW], 2017). This coordination helps reduce fragmentation in care delivery and alleviates systemic barriers that patients and families might encounter.

In Nigeria, and particularly in hospital settings like the University of Benin Teaching Hospital (UBTH), social workers face additional challenges due to limited resources, cultural stigmas surrounding terminal illness, and lack of public awareness about palliative care services (Olanrewaju et al., 2020). Despite these challenges, their role remains indispensable in addressing the psychosocial needs of terminally ill patients and advocating for improved palliative care services.

### **2.2.5. Challenges Faced by Social Workers in Managing Terminal Illness**

Social workers operating in palliative care units face numerous challenges that impact the effectiveness of their roles in managing terminal illness. These challenges range from systemic issues to emotional burdens inherent in end-of-life care. Understanding these difficulties is vital for improving support mechanisms for both social workers and their patients.

A primary challenge is the "lack of adequate resources and institutional support". Many healthcare settings, especially in low- and middle-income countries such as Nigeria, suffer from limited funding for palliative care services, resulting in insufficient staffing, training opportunities, and materials necessary for effective social work practice (Akinyemi et al., 2019). This scarcity often forces social workers to manage large caseloads with limited time and support, negatively affecting the quality of care provided. Another critical challenge involves "cultural beliefs and stigma" associated with terminal illness and death. In many societies, including Nigerian communities, discussing death openly is taboo, and some terminal illnesses carry significant social stigma (Afolayan&Adeboye, 2017). Social workers must navigate these cultural barriers sensitively while attempting to engage patients and families in advance care planning and acceptance of palliative interventions. This cultural context sometimes leads to resistance against certain social work interventions or misunderstandings about the goals of palliative care.

The "emotional toll and risk of burnout" also significantly affect social workers in palliative care. Regular exposure to patient suffering, death, and grieving families can lead to compassion fatigue, secondary traumatic stress, and burnout if adequate emotional support and self-care strategies are not in place (Hinderer et al., 2014). This emotional burden may reduce the social worker's ability to provide empathetic and effective care over time, impacting both their wellbeing and professional performance.

Additionally, social workers often encounter "ethical dilemmas" surrounding end-of-life decisions. They must balance respect for patient autonomy with family wishes, navigate conflicts between medical teams and families, and address issues such as withdrawal of life-sustaining treatments (Sallnow& Paul, 2015). These dilemmas require not only clinical knowledge but also strong ethical reasoning and communication skills.

Furthermore, "limited public awareness and misconceptions about the role of social workers" in terminal illness management can hinder their integration into multidisciplinary care teams (Ukpong&Bassey, 2021). Patients and healthcare providers sometimes undervalue the psychosocial contributions of social workers, leading to underutilization of their expertise.

To address these challenges, it is essential to advocate for increased funding, specialized training, and institutional recognition of social work within palliative care frameworks. Providing social workers with adequate emotional support and professional development opportunities can enhance their resilience and efficacy (Hudson et al., 2015).

### **2.3 Review of Empirical Studies**

In 2009, the European Association of Palliative Care formed a Task Force on Education for Psychologists in Palliative Care, specifically to gather information on the situation and role of psychologists working in palliative care in different European countries. Findings show that psychologists undertake bereavement support, advocacy

and counselling, and contribute to policy development and research, though their role in palliative care is not yet well delineated, with limited systematic data concerning the detail of their function and responsibilities. The lack of clarity about the role of psychologists in this area may arise because psychological and psychosocial support in palliative care is not assigned exclusively to psychologists. This, as discussed above, is also the province of social work, which now has an established place in this sphere of professional healthcare practice. This, therefore, shows the importance of social workers in dealing with terminally ill patients (Payne SA, 2010).

Another study conducted by World Health Organization (WHO, 2003) explains palliative care as an approach that improves quality of life for clients and their families facing serious illness. It is the prevention and relief of suffering through early identification, comprehensive assessment, and treatment of pain and other physical, psychosocial, and spiritual problems. It provides relief from pain and other distressing symptoms, affirms life, and regards dying as a normal process. Furthermore, according to the WHO (2003), the patient and family should be viewed as the 'unit of care' when palliative care is required. Therefore, family caregivers should receive optimal supportive care from health professionals. However, the impact of supporting a dying relative is frequently described as having negative physical and psychosocial sequelae. Furthermore, family caregivers consistently report unmet needs and there has been a dearth of rigorous supportive interventions published.

## **2.4 Theoretical Framework**

Many theories have evolved over time in attempt to proffer adequate social work intervention strategies in managing patients diagnosed with terminal illness. In this section, theories explaining social workers roles are examined.

### **2.4.1 Empowerment Theory**

Empowerment is a construct that links individual strengths and competencies, natural helping systems, and proactive behaviors to social policy and social change (Rappaport, 1981, 1984). Empowerment theory, research, and intervention link individual well-being with the larger social and political environment. Theoretically, the construct connects mental health to mutual help and the struggle to create a responsive community. It compels us to think in terms of wellness versus illness, competence versus deficits, and strength versus weaknesses. Similarly empowerment research focuses on identifying capabilities instead of cataloging risk factors and exploring environmental influences of social problems instead of blaming victims. Empowerment-oriented interventions enhance wellness while they also aim to ameliorate problems, provide opportunities for participants to develop knowledge and skills, and engage professionals as collaborators instead of authoritative experts.

Theories of empowerment include both processes and outcomes, suggesting that actions, activities, or structures may be empowering, and that the outcome of such

processes result in a level of being empowered (Swift & Levin, 1987; Zimmerman, in press). Both empowerment processes and outcomes vary in their outward form because no single standard can fully capture its meaning in all contexts or populations (Rappaport, 1984; Zimmerman, 1993). A distinction between empowering processes and outcomes is critical in order to clearly define empowerment theory. Empowering processes for individuals might include participation in community organizations. At the organizational level, empowering processes might include collective decision making and shared leadership. Empowering processes at the community level might include collective action to access government and other community resources (e.g., media). Empowered outcomes refer to operationalizations of empowerment that allow us to study the consequences of empowering processes. Empowered outcomes for individuals might include situation-specific perceived control and resource mobilization skills.

#### **2.4.2 Cognitive Behavioral Therapy (CBT)**

Cognitive behavioral therapy (CBT) is a form of psychotherapy that focuses on challenging and changing cognitive distortions (such as thoughts, beliefs, and attitudes) and their associated behaviors to improve emotional regulation and develop personal coping strategies that target solving current problems. It is a common form of talk therapy based on the combination of the basic principles from behavioral and cognitive psychology. CBT is a "problem-focused" and "action-

oriented" form of therapy where the therapist's role is to assist the client in finding and practicing effective strategies to address the identified goals and to alleviate symptoms of the illness. CBT includes a number of cognitive or behavioral psychotherapies that treat defined psychopathology using evidence-based techniques and strategies.

The main goal of cognitive skills is to gather evidence. By examining our thoughts, beliefs, and basic assumptions in detail, we can learn to make informed choices about issues that impact us. For example, we may find that a thought is not completely true; this helps us decrease our efforts to protect ourselves and lowers our anxiety. Another option is to take these facts and do something with them– to problem solve. Finally, these facts may help us understand that nothing can be done to change a situation; we work to accept this and let go of our efforts to control. In order to choose one of these options we use cognitive skills to understand thoughts and situations as well as possible.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0. Preamble**

This part of the study deals with the description of the method that was employed in undertaking the research, which includes the research design, population and sampling techniques, the research instruments, operationalization of variables, and the method of data analysis. All these sub-points are considered as follows:

#### **3.1 Research Design**

The research design adopted for this study is the survey method of research. This is because it involves collecting data from a smaller sample to represent a larger population.

#### **3.2 Area of Study**

The area of study for the research on the "The Roles of Social Workers In Managing Terminal Illness: A Case Study Of The Palliative Care Unit, University of Benin Teaching Hospital (UBTH)" will be to proffer relevant and adequate social work intervention strategies in managing patients diagnosed with terminal illness, as the research will be conducted within a hospital setting. This study will examine how living conditions and access to social support contribute to subjugation of the illness. This study

focuses on a specific area (Palliative Care Unit, University of Benin Teaching Hospital (UBTH), University of Benin, Edo State), highlighting the importance of administration, understanding and roles of social workers in the social context and developing targeted interventions.

### **3.3 Population of the Study**

Population is the sum total of all the elements of units of analysis which a study is interested in (Bryman, 2012). The population of this research was made up of patients from the University of Benin Teaching Hospital, Ovia-North East Local Government, Edo State. The population of patients is about 3050 patients.

### **3.4 Sample Size and Sampling Technique**

The simple random sampling technique is employed in this study. A sample of 200 respondents was randomly selected. All members in the sample were drawn randomly at the ward where the respondents were approached for participation in the study.

### **3.5 Research Instrument**

The study adopts the use of questionnaire as the main instrument of data collection. The questionnaire consists of three sections namely, section A, section B and Section C. Section A contained bio-data information of the respondents. While section B and section C comprised questions which the respondents were allowed to choose from,

the option were as follows: Strongly agree, Agree, Neutral, Strongly disagree, disagree with the instruction to tick as appropriate.

The instrument that was used in gathering data was carefully crafted fixed-response questionnaire to acquire responses from the sampled patients. The questionnaire contained well structured questions to obtain the responses and views of the respondents on the challenges they are face and assess their responses.

The questionnaire was divided into three (3) sections. Section A was designed to obtain socio-demographic information of respondents. Section B and C contained fixed--response questions measuring the perception of the responding patients on the relevant issues raised in the research questions and objectives of this study. This is however accompanied with a covering letter of introduction to the various respondents.

### **3.6 Validity and Reliability of Research Instrument**

The sustainability and the coherence of the questionnaire was validated by the project supervisor and other senior lecturers in Social Work Department, in order to make sure that included questions capture the study variables.

### **3.7 Method of Data Collection**

Both secondary and primary data was used for the study. Secondary data was sourced from various prior studies, journals and publications relevant to the research topic. The internet proved to be an indispensable and veritable source of information for

this study. The primary data was generated from the field survey carried out by the researcher. Specifically, primary data was obtained from the target respondents through a carefully structured questionnaire with the assistance of the research supervisor. The respondents were approached in their ward and the questionnaires were administered face-to-face, where respondents answered the questions immediately.

### **3.8 Method of Data Analysis**

The main statistical method used is the descriptive statistics, that is; frequency count, simple percentage method, mean.

### **3.9 Ethical Considerations**

This study will abide by ethical standards, which include getting each participants informed consent and protecting data confidentially. Additionally, participants will be made aware of their freedom to leave the study at any moment.

## CHAPTER FOUR

### ANALYSIS AND PRESENTATION OF RESULT

#### 4.1 Preamble

Having discussed relevant issues and established a credible empirical framework that underpins the focus of the study, this presents the results obtained from utilizing the various methodological investigations stated in this chapter. In line with the previous chapter, a sample size of 200 respondents was arrived at. However, to ensure and attain simplicity and clarity of the responses as well as to establish a qualitative research, a total number of 150 questionnaires were administered of which the researcher was able to retrieve 130 of the distributed questionnaires, strictly to male and female, representing 86.7% participation of the respondents. Hence, the data analysis was conducted using simple percentage (%) statistical method to test the frequency of the personal data of the respondents and the frequencies of their responses to the research questions.

**Table 1**

No. Administered	150	Percentage
No. Retrieved	130	86.7%
No. Lost	20	13.3%
Total	150	100%

Table 1 showed the administered and returned questionnaire used for the study analysis. From the data presented in the table, it was found that out of the 150 questionnaires administered, 130 representing 86.7% were retrieved while 20 representing 13.3% were lost. This gives a total return rate of 86.7% (130) respondents who successfully participated in the study.

### Data on Socio-Demographic Characteristics

Demographic Variables	Category	Frequency	Percentage (%)
Sex	Male	22	16.9
	Female	108	83.1
	Undefined	0	0
	Total	130	100
Age	15 - 22	18	13.8
	22 - 29	34	26.2
	Above 30	78	60
	Total	130	100
Religion	Christianity	124	95.4
	Islam	3	2.3
	ATR	3	2.3
	Others	0	0
	Total	130	100
Terminal Illness Diagnosis	Cancer	56	43.1
	Heart disease	22	16.9
	COPD	14	10.8
	HIV/AIDS	38	29.2
	Total	130	100

Source: Field work, 2025

From the table above, the result shows the age interval of the respondents. It reveals that respondents within the ages 15 - 22 accounted for 13.8% of the sample used, those within the ages of 22 - 29 accounted for 26.2% while those within the ages 30 and above accounted for 60% of the respondents. This was analyzed and became of interest to the researcher and it was found out that those above 30 and diagnosed with terminal illness were mostly the elderly and this was as a result of weak organs, thereby making them vulnerable and susceptible to this illness. With respect to the sex of the respondents, the result shows that 16.9% of the respondents were males and 83.1% of the respondents accounted for the females. This was so because a higher percentage of the female patients opted to fill the data collection instrument with the belief that it was a government assessment for the allocation of palliative care even after a detailed reason for the assessment was explained by the researcher with the aid of a medical social worker of the study area. With regards to the religion of the respondents, 95.4% accounts for the Christians, 2.3% accounted for Muslims while 2.3% accounted for the African Traditional believers. Lastly, from the above table, a higher percentage of 43.1% of the respondents were diagnosed with Cancer, 16.9% with a heart disease, 10.8% with Chronic Obstructive Pulmonary Disease (COPD) and 29.2% with a HIV/AIDS diagnosis. It is evident that among the respondents, cancer patients are higher in frequency with those with the COPD diagnosis having the lowest. This shows the dominance of cancer infections in the study area.

**SECTION B: ASSESSMENT OF PATIENTS' TREATMENT PROCESS AND ADAPTATION**

<b>S/N</b>	<b>QUESTIONS</b>	<b>STRONGLY DISAGREE (Frequency) Percentage</b>	<b>DISAGREE (Frequency) Percentage</b>	<b>STRONGLY AGREE (Frequency) Percentage</b>	<b>AGREE (Frequency) Percentage</b>	<b>Total (Frequency) Percentage</b>
4.	Since the commencement of my treatment, I'm now used to the change in my routine and environment.	10  7.6%	5  3.9%	112  86.2%	3  2.3%	130  100%
5.	The daily use of drugs to reduce the intensity of the illness is now part of lifestyle and the adaptation process was seamless.	92  70.8%	12  9.2%	10  7.7%	16  12.3%	130  100%



From the above table, it is evident that a higher percentage of the respondents (86.2%) strongly agree that since the commencement of their treatment, they are now used to the change in their routine and environment. This shows the high level of adaptation these patients have since acceptance of disease diagnosis and commencement of treatment. 70.8% of the patients strongly disagree that the daily use of drugs to reduce the intensity of the illness is now part of lifestyle and the adaptation process was seamless. Acceptance and adaptation to the changes that follow terminal illness treatment makes it difficult for living and it's a difficult phase at that. Also evident in the above table, 82.3% respondents strongly disagree that the state of my mental state and my family's mental state since the diagnosis have been stable and adaptive. This shows the stage of pain and guilt in the lives of these people and show the requirement of social workers to help these people, hence medical social workers availability. Lastly, a higher percentage of 54.6% strongly disagree that the change in lifestyle and habits since the diagnosis of the illness, have made them see life from a more positive and pessimistic perspective. This hence shows the intervention of social workers using Cognitive behavioral therapy (CBT).

**SECTION C: ASSESSMENT OF THE STATE OF PATIENTS' SIGNIFICANT OTHERS**

<b>S/N</b>	<b>QUESTIONS</b>	<b>STRONGLY DISAGREE (FREQUENCY) PERCENTAGE</b>	<b>DISAGREE (FREQUENCY) PERCENTAGE</b>	<b>STRONGLY AGREE (FREQUENCY) PERCENTAGE</b>	<b>AGREE (FREQUENCY) PERCENTAGE</b>	<b>Total</b>
<b>8.</b>	Since the diagnosis of the patient, I have been mentally stable and perform at my usual potential.	87  66.9%	22  16.9%	9  6.9%	12  9.3%	130  100%
<b>9.</b>	Management and care of the patient is exhausting and demanding.	89  68.5%	23  17.7%	12  9.2%	6  4.6%	130  100%



terminal illness and its rigorous treatment. 68.5% of the respondents strongly disagree that management and care of the patient is exhausting and demanding. This is evidently surprising because taking care of a terminally ill person is time consuming and demanding but research from this study showed that these significant others did not mind taking care of the patients regardless of its demands. 75.4% of the respondents strongly agreed that their mental state have deteriorated since the diagnosis of the illness and compounding that is the medical bills and requirements. 56.2% of the respondents strongly agreed that since patient's diagnosis, they have had little time for themselves.

#### **SECTION D: SOCIAL WORK INTERVENTION**

<b>S/N</b>	<b>QUESTIONS</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>Total</b>
12.	I know that my presence serve as a social support to the patient and could aid in patient's quality of life.	-	-	120	10	130
		-	-	92.3%	7.7%	100%
13.	I know and aware of the roles and responsibilities of a social worker in the medical field	42	60	22	6	130

	and know who to meet when the need arises for a social problem address.					
		32.3%	46.2%	16.9%	4.6%	100%
14.	I am aware of my rights to lay complaint of medical practitioners incompetence and unprofessional behavior.	15	22	84	9	130
		11.6%	16.9%	64.6%	6.9%	100%
15.	I am aware of who to approach to ask for help, social problem address and social work related problems.	45	33	37	15	130
		34.6%	25.4%	28.5%	11.5%	100%

Source: Field Work, 2025.

92.3% of the respondents strongly agreed that they know that their presence serve as a social support to the patient and could aid in patient's quality of life. This shows the awareness of the importance of social support in aiding the treatment of patients. 46.2% of the respondents disagree that they are aware of the roles of a medical social worker or a social worker at all which shows the need for awareness campaigns or something to publicize the roles and importance of medical social workers. 64.6% strongly agreed that they are aware of their rights to lay complaint of medical practitioners incompetence and unprofessional behavior. 34.6% strongly disagreed that they are aware of who to approach to ask for help, social problem address and social work related problem.

#### **4.4 Discussion of Findings**

After an analysis on the patients' treatment adaptation, it was evident that a higher percentage of the respondents (86.2%) strongly agree that since the commencement of their treatment, they are now used to the change in their routine and environment. This shows the high level of adaptation these patients have since acceptance of disease diagnosis and commencement of treatment. 70.8% of the patients strongly disagree that the daily use of drugs to reduce the intensity of the illness is now part of lifestyle and the adaptation process was seamless. Acceptance and adaptation to the changes that follow terminal illness treatment makes it difficult for living and it's a difficult phase at that. Also evident in the above table, 82.3% respondents strongly disagree that the state of my mental state and my family's mental state since the diagnosis have been stable and

adaptive. This shows the stage of pain and guilt in the lives of these people and show the requirement of social workers to help these people, hence medical social workers availability. Lastly, a higher percentage of 54.6% strongly disagree that the change in lifestyle and habits since the diagnosis of the illness, have made them see life from a more positive and pessimistic perspective. This hence shows the intervention of social workers using Cognitive behavioral therapy (CBT). Also, 66.9% respondents strongly disagree that since the diagnosis of the patient, I have been mentally stable and perform at my usual potential. This is as a result of the care to be administered by significant others and therefore making them anxious most times, seeing their loved ones going through the pain of a terminal illness and its rigorous treatment. 68.5% of the respondents strongly disagree that management and care of the patient is exhausting and demanding. This is evidently surprising because taking care of a terminally ill person is time consuming and demanding but research from this study showed that these significant others did not mind taking care of the patients regardless of its demands. 75.4% of the respondents strongly agreed that their mental state have deteriorated since the diagnosis of the illness and compounding that is the medical bills and requirements. 56.2% of the respondents strongly agreed that since patient's diagnosis, they have had little time for themselves.

Analysis on the state of significant others of patients, 66.9% respondents strongly disagree that since the diagnosis of the patient, they've been mentally stable and perform at my usual potential. This is as a result of the care to be administered by significant others and therefore making them anxious most times, seeing their loved ones going

through the pain of a terminal illness and its rigorous treatment. 68.5% of the respondents strongly disagree that management and care of the patient is exhausting and demanding. This is evidently surprising because taking care of a terminally ill person is time consuming and demanding but research from this study showed that these significant others did not mind taking care of the patients regardless of its demands. 75.4% of the respondents strongly agreed that their mental state have deteriorated since the diagnosis of the illness and compounding that is the medical bills and requirements. 56.2% of the respondents strongly agreed that since patient's diagnosis, they have had little time for themselves. 92.3% of the respondents strongly agreed that they know that their presence serve as a social support to the patient and could aid in patient's quality of life. This shows the awareness of the importance of social support in aiding the treatment of patients. 46.2% of the respondents disagree that they are aware of the roles of a medical social worker or a social worker at all which shows the need for awareness campaigns or something to publicize the roles and importance of medical social workers. 64.6% strongly agreed that they are aware of their rights to lay complaint of medical practitioners incompetence and unprofessional behavior. 34.6% strongly disagreed that they are aware of who to approach to ask for help, social problem address and social work related problem.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION, RECOMMENDATION**

#### **5.0 Summary**

This study investigated the roles of social workers in managing terminal illness, using the Palliative Care Unit of the University of Benin Teaching Hospital (UBTH) as a case study. The research was motivated by the increasing need for psychosocial support among patients diagnosed with terminal illnesses and the critical yet often underappreciated contributions of social workers in this domain.

The study explored the various functions performed by social workers, including emotional support, family counseling, advocacy, care coordination, and bereavement support. It also assessed the challenges faced by social workers such as resource constraints, emotional burnout, and lack of recognition within the healthcare team. The findings showed that social workers play an indispensable role in ensuring holistic care for terminally ill patients, providing support that extends beyond physical treatment to psychological and social well-being.

The research employed qualitative methods and used data from staff members within the palliative care unit. The results emphasized the need for more structured social work involvement in terminal illness care and highlighted gaps in policy and practice that need to be addressed.

## **5.1 Conclusion**

From the findings, it is evident that social workers are central to the effective management of terminal illness. Their roles go beyond administrative duties to include deep interpersonal engagement with patients and families facing life-limiting conditions. In the context of UBTH, social workers help bridge the gap between medical care and psychosocial support, ensuring that patients receive compassionate, person-centered care.

However, challenges such as insufficient staffing, limited training in palliative care, and a lack of institutional support hinder their optimal performance. Addressing these barriers is crucial to strengthening palliative care services in Nigeria and enhancing patient outcomes.

## **5.2. Recommendations**

Based on the findings of this study, the following recommendations are made:

1. **Increased Funding for Palliative Care Units:** Government and health institutions should allocate more resources to strengthen palliative care, including provision for hiring and training more social workers.
2. **Policy Integration:** Policies should be developed to formally integrate social workers into palliative care teams in all tertiary hospitals.

3. **Continuous Training:** Regular workshops and professional development programs on terminal illness and palliative care should be organized for social workers.
4. **Public Awareness:** There should be increased awareness campaigns about the role of social workers in terminal illness care, to promote their visibility and appreciation.
5. **Emotional Support for Social Workers:** Institutions should provide psychological support services to help social workers manage burnout and emotional stress.
6. **Collaboration with NGOs and Faith-based Organizations:** To enhance the reach and effectiveness of care, social workers should collaborate with community organizations that provide support for terminally ill patients.
7. **Inclusion in Policy Making:** Social workers should be involved in national discussions and policy formulation on terminal illness management and palliative care.

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