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Knowledge and Practice of Oncology Social Workers in the Management of Cancer Patients at UNTH Enugu, Enugu State, Nigeria

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ABSTRACT: *The increasing number of patients living with cancer as a chronic disease stresses the importance of paying attention to rehabilitative and psychosocial care which is the major role of oncology social workers. The study aimed at appraising the knowledge and practice of oncology social workers among cancer patients in UNTH. The study adopted the questionnaire and in-depth interview guide in generating data to answer research questions and test hypotheses. Responses to questionnaire were elicited from 574 respondents while the in-depth interview had 10 participants. Responses to questionnaire were analyzed quantitatively using SPSS version 20, while those for in-depth interview were analyzed thematically to complement the quantitative data. Hypotheses were tested using Chi-square ($\chi 2$), while the long-run significance of certain predictor variables on the dependent variable was ascertained using binary logistic regression. Findings from the study revealed that majority of respondents had no knowledge of oncology social work. Place of residence and level of education had significant relationship with knowledge of oncology social work at ($p<0.000$) and ($p<0.038$) respectively, while patient status had no significant relationship with benefits from oncology social work services; they were all confirmed in the binary logistic regression analysis except level of education. Given the poor knowledge of oncology social work among cancer patients, the study established a case for social work. Therefore, specific programmes like outreach programmes and enlightenment campaigns on the importance of oncology social work for cancer patients of all socio-economic background as well as those with lower level of education, their families, health practitioners among others should be made available with the aim of improving their knowledge and accessibility of oncology social work.*

KEYWORDS: knowledge, oncology, social workers, management, cancer patients, UNTH Enugu, Enugu State, Nigeria

INTRODUCTION

Cancer is a leading cause of death in both more and less economically developed countries; the burden is expected to grow worldwide due to the growth in the population, particularly in less developed countries, in which about 82% of the world's population resides (Lindsey, Freddie, Rebecca, Jacques, Joannie, & Ahmedin, 2012). Cancer is a disease in which cells in the body grow out of control. It is a malignant growth or tumour which develops in tissue in the affected part of the body it starts and destroys it. Through metastasis, cancer can spread to other tissues. Cancer is always named after the part of the body where it starts, even if it spreads to other body parts later (Brunicardi, Dana, Timothy, David, John, Jeffrey, & Raphael, 2010).

Cancer constitutes an enormous burden on society in more and less economically developed countries alike. Cancer is an emerging public health problem as it has become a major source of morbidity and mortality globally. Causes of various cases of cancer in Africa are attributed to infections such as the hepatitis B and C viruses, which cause liver cancer, or the human papillomavirus (HPV) which causes 98% of cervical cancers (Emilie, 2011). The adoption of lifestyle behaviours that are known to increase cancer risk, such as smoking, poor diet, physical inactivity, and reproductive changes (including lower parity and later age at first birth), have further increased the cancer burden in less economically developed countries (Lindsey, Freddie, Rebecca, Jacques, Joannie, & Ahmedin, 2012). Cancer is caused by changes to certain genes that alter the way our cells function. Some of these genetic changes occur naturally when the deoxyribonucleic acid (DNA) is replicated during the process of cell division. But others are the result of environmental pollution that damage DNA. These exposures may include substances, such as the chemicals in tobacco smoke, or radiation, such as over exposure to ultraviolet rays from the sun (this is the major cause of skin cancer). Others include obesity, age, alcohol, chronic inflammation, poor diet, infectious agents like viruses, bacteria, and parasites which can weaken the immune system, making the body less able to fight off other cancer-causing infections, lack of physical activities (National Cancer Institute, 2015). The worldwide average for infection-related cancers is about 22%; in Africa, the figures are much higher: 40% of cases in women and 30% in men (Emilie, 2011).

Sadly, in Nigeria, cancer is seen as a death sentence not only because of the nature of the disease but due to a number of reasons such as lack of awareness on the larger proportion of the populace, lack of early detection, ill equipped hospitals, lack of manpower, high cost of treatment, fewer treatment centres, limited access to treatment facilities and lack of will power on the government to implement already made policies to tackle the scourge (Obinna, 2012). According to Oleleye (2015) cancer has become a well-known health problem in Nigeria with about one death in every 25 reported cases. Approximately 100,000 new cases of cancer occur in Nigeria annually (Ana, Sridhar, & Asuzu, 2010).

Cancer patients encounter numerous social and emotional challenges that affect their daily lives from the point of diagnosis to post-treatment. The length and nature of treatment can impact on their wellbeing, mobility and ability to perform daily tasks. According to National Cancer Institute (2017), there are many types of cancer treatment. The types of treatment that you receive will depend on the type of cancer you have and how advanced it is. Some people with cancer will have only one treatment while most people have a combination of treatments such as surgery with chemotherapy and/or radiation therapy. Other treatments include Immunotherapy, targeted therapy, hormone therapy, stem cell transplant, and precision medicine. Patients and sometimes family members or relatives get overwhelmed emotionally by the diagnosis and physical effects of the treatment that patients experience (Macmillan, 2010). This necessitates the relevance of Oncology social works in the society.

Oncology social worker is a health care professional with special training in dealing with social, emotional, and environmental problems that come with illness such as cancer (America Cancer Society, 2013). They use their multi-dimensional approach to provide multitude of services to patients, families and caregivers who are facing the impacts of potential or actual cancer diagnosis, improve the quality of life of the cancer patients and change their perception towards cancer. They are well equipped with the skills required to enhance the wellbeing of cancer patients in the society (National Association of Social Workers- National Cancer Institute, 2002).

According to Zlotnick (2003), oncology social workers contribute to research and awareness on cancer screening, early detection, diagnosis, prevention, treatment, and survivorship. Many people get destabilized by a cancer diagnosis. Oncology social workers are there to help people not only regain their equilibrium but also gain an understanding of the impact the diagnosis has on their closest relations and themselves (Zlotnick, 2003). They can achieve this by organizing health seminars, enlightenment campaigns, and outreach programs with oncology doctors and nurses, and render effective therapeutic services to the patients, caregivers and significant others.

Barriers to proper utilization of social work services in the management of cancer

A qualitative study of twelve oncology social workers carried out by Cotter (2013) in Massachusetts on self-care in the practice of oncology social work addressed the role that self-care plays in a field with compassion fatigue, death and other intense emotional reactions to patients and families dealing with a cancer diagnosis. Cotter (2013) further revealed that while the field is subjected to a substantial amount of emotional challenges and many risks for compassion and fatigue, oncology social workers recognize the need for self-care thus, they practice self-care in a variety of ways. The data also identified the need for agency support as a facilitator of self-care.

A study carried out by Abbott, Shah, Ward, McHale, Alvarez, Saenz, and Plaxe (2013) on the use of psychosocial services after a social worker–mediated intervention in gynecology oncology patients in Moores cancer center, San Diego revealed that the introduction of psychosocial services to gynecologic oncology outpatients by a social worker increases service use. Furthermore, during the initial six weeks (phase I) of the study, patients were referred for psychosocial services by clinic staff. During the second six weeks (phase II), a nurse introduced available services to each patient with a brochure. During the final 12 weeks (phase III), a social worker introduced services to each patient. The researchers then compared psychosocial service referral rates. The sample included 196 patients. During phase III, the probability of a patient-initiated referral increased 3.4-fold (95 percent confidence interval [CI] [1.1, 10.4], $p = .04$) compared with baseline; the probability of any referral rose 2.7-fold (95 percent CI [1.1, 6.3], $p = .03$). The mean time to referral decreased from 79.4 days at baseline to 3.9 days during phase III ($p < .001$). The phase III intervention was accomplished only in 34 patients (39 percent) because of scheduling conflicts. Of these, eight requested referral, resulting in a 24 percent patient-initiated referral rate after meeting with a social worker. The study concluded that the introduction of psychosocial services by a social worker to gynecologic oncology outpatients' increases referral rates and expedites evaluation. This indicates that the barrier to increased use of psychosocial services is lack of social worker–mediated intervention in gynecology oncology patients.

Also, Okoronkwo, Ejike-Okoye, Chinweuba and Nwaneri (2015) investigated on the financial barriers to utilization of screening and treatment services for breast cancer as an equity analysis in Nigeria. A descriptive study was carried out in 2013 among women attending the oncology clinic of a UNTH in Enugu, Southeast Nigeria. Data were collected from 270 women using an interviewer-administered questionnaire. The links between the influence of socioeconomic factors on barriers to the utilization of breast cancer screening and treatment services were examined. The mean age was 34.69 (Standard deviation = 5.07) years. Half of the study participants were single 141 (51.3%), while 105 (38.2%) were married. Cost of medical treatment and not having insurance coverage was major financial barriers to utilization of screening and treatment services. The least poor and poor socioeconomic status (SES) groups utilized screening services and treatment more frequently than the very poor and poorest SES groups ($P = 0.034$). There was no significant difference in the utilization of the different treatment options among the different socioeconomic groups with the exception of surgery ($\chi^2 = 11.397$; $P = 0.000$). They reported that financial barriers limit the ability of women, especially the poorest SES group, to utilize screening and treatment services for early diagnosis and treatment of breast cancer. Interventions that will improve financial risk protection for women with breast cancer or at risk of breast cancer are needed to ensure equitable access to screening and treatment services.

Additionally, Dilworth, Higgins, Parker, Kelly and Turner, (2014) carried out a systematic review on 25 papers up to October 2013 using the psychlnfo, medline, and CINAHL electronic databases to explore patient and health professional's perceived barriers to the delivery of psychosocial care to adults with cancer. The systematic review included studies that have non-experimental, exploratory and observational designs, as is appropriate to answer the review question. They revealed that the most commonly perceived barrier for patients relates to receiving adequate support from elsewhere and a lack of perceived need for psychosocial care. Health professionals report barriers at an organizational level most frequently followed by cultural and then individual clinician-related barriers. The finding shows that barriers exist on a variety of levels. People with cancer need clear appropriate information and communication about psychosocial services, including information about the role of psychosocial care in addition to existing supports. Interventions that target the complex interplay of individual, organizational and cultural factors need to be developed. Strategies that improve health professional communication skills, identify clear referral pathways, improve acceptability of interventions and clearly identify the need for services could address many of the barriers identified in this review.

Anakwenze, Ntekim, Trock, Uwadiae and Page (2017) examined the barriers to radiotherapy access at the University College Hospital in Ibadan, Nigeria. This was a cross sectional study consisting of patient questionnaires ($n = 50$) conducted in January 2016 to assess the barriers to receiving radiotherapy, health beliefs and practices, and factors leading to treatment delay. It was observed that eighty percent of patients could not afford radiotherapy without financial assistance and only 6% of the patients had federal insurance, which did not cover radiotherapy services. Of the patients who had completed radiotherapy treatment, 91.3% had experienced treatment delay or often cancellation due to healthcare worker strike, power failure, machine breakdown, or prolonged wait time. The timeliness of a patient's radiotherapy care correlated with their employment status and distance from radiotherapy centre ($p < 0.05$). Barriers to care at a radiotherapy centre in a low- and middle-income country (LMIC) have previously not been well characterized. These findings can be used to inform efforts to expand the availability of radiotherapy and improve current treatment capacity in Nigeria and in other LMICs.

Strategies for improving services for cancer patients

Various strategies have been used in the intervention of social worker in cancer management to improve services for cancer patients. Kwan (2009) conducted a research on the effects of oncology social workers' involvement on cancer patients' decisions about end-of-life care in Boston, United States. The study explored oncology social workers' level of involvement with cancer patients in a hospital setting and the effects this involvement might have on cancer patients' end-of-life care decisions. Ten oncology social workers were recruited through a snowball sampling process. They completed demographic questionnaires and participated in semi-structured interviews. The narrative data was studied for prominent themes using thematic analysis. The findings underscored the importance of early social workers' involvement with cancer patients to provide guidance, support, and address emotional aspects of their cancer experiences. The study also notes that each cancer type follows a different disease and treatment courses that may influence when and how end-of-life issues are being handled. Although most patients seem to have an overall cognitive understanding of their medical conditions, the emotional integration and implications of this understanding might take time to process. Social workers' ability to facilitate communication among patients, families, and the medical team is one of their crucial roles in the interdisciplinary treatment team. Social workers' consistent support, hopeful approach and the on-going discussions with their patients promote understanding and readiness as patients' experiences with their illnesses evolves.

More so, Abbott (2016) conducted a study on breast cancer patient access to social work services. This study was conducted to understand the impact of oncology social work office location on breast cancer patients' access and utilization of social work services. It also explored the current status of oncology social work offices and the perceptions among Association of Oncology Social Work Listserv members. The frequency and types of interventions and referral time were determined retrospectively. Association of Oncology Social Work Listserv members was surveyed. From 461 new breast cancer patient charts, 52 were referred to social work during study period. Face-to-face interventions decreased by 0.8 contact ($p = .0221$) and telephone interventions increased by 1.8 contacts ($p = .0293$) after social work office was relocated away from clinical area. Referral time to social work services decreased unexpectedly by 14.5 days ($p = .076$) after office relocation. Association of Oncology Social Work Listserv survey results identifies an office location as possible barrier, though most respondents have a private office in clinical area, accessible to patients. Survey finding is limited due to low response rate. The study showed that there are many challenges to ensuring timely and effective delivery of social work services to breast cancer patients. Social Ecological framework is used to understand the impacts of office location on access to social work services. Study results suggest that office relocation has had mix impacts on patients. Thus, they suggested that raising awareness of social worker services among patients early in cancer trajectory is needed for patient empowerment and to ensure access to social work services. Further research is needed to understand effective strategies in order to guide and improve clinical practice.

Zebrack, Walsh, Burg, Maramaldi and Lim (2008) investigated on oncology social worker competencies and implications for education and training. The study used mail and online survey of 622 members of the Association of Oncology Social Workers (AOSW) which indicated their proportion of time committed to certain aspects of practice and to certain population groups, and the extent to which they feel competent in various practice areas. Respondents indicated high levels of competence in 17 topic areas, including promotion of patient coping skills, end-of-life issues, and group work. Topic areas in which at least one third of respondents indicated little to no competence included pain assessment and management, cognitive behavioural therapy, complementary and alternative practices, and political advocacy. Although respondents indicated that they spend approximately 10% of their time with non-English-speaking populations, 50% of the sample indicated that they have little to no competence working with this population. Differences in levels of competence by years of experience and work setting were noted across many areas. Findings from this survey may be useful in the development of curriculum for preparing oncology social workers for practice in today's changing health care environment.

Akinkuolie, Etonyeaku, Olasehinde, Arowolo, and Babalola (2016) carried out a study on breast cancer patients’ presentation for oncological treatment as a single canter study. They used a prospective observational hospital based study that enrolled breast cancer patients from catchment area of an oncology service hospital in Nigeria between 2007 and 2013. Patients’ demographics, breast cancer burden and health care giver presentation variables were analyzed for causal factors of seeking medical help and what determines commencement of effective oncological treatment. Out of the 46 patients enrolled for the study, 19.6% of them presented primarily to oncologist while 80.4% presented secondarily for oncological treatment. This showed that there is a significant difference in presentation time for oncological treatment ($t = -3.56$, $df = 42.90$, $p = 0.001$) between primary ($M = 11.56 \pm 5.21$ weeks) and secondary presentation ($M = 52.56 \pm 10.27$weeks). Tumor burden of those that presented secondarily were significantly more advanced ($U = 78.5$, $p = 0.011$). The strategy adopted is that patient bio-characteristics that determine their choice of health care provider should be incorporated into community breast cancer sensitization drives. Additionally, a government agency should be assigned the task of accrediting and defining scope of enterprise of health care institutions and their health care providers in our pluralist health system.

Purpose of the study

The specific purpose of the study were:

1. To determine the level of knowledge of oncology social work practice among cancer patients in UNTH.
2. To identify the factors influencing the knowledge of oncology social work among cancer patients in UNTH.

Research hypotheses

The following hypotheses guided this study.

1. Cancer patients with high level of education are more likely to be knowledgeable about oncology social work practices than those with low level of education.
2. Cancer in-patients are more likely to benefit from oncology social work practices than cancer out-patients.

Theoretical review

The system theory was propounded by Ludwig Von Bertalanffy in 1950. The tenet of the theory is that the whole of a system is greater than the sum of its individual parts. The theory focused on the development and transformation of systems and the interaction and relationships between them. The theory seeks to explain the need for interaction and relationships between elements in the system that the system cannot function effectively if any of the elements is removed.

According to Kirst-Ashman and Hull (2012), a system is a complex of elements or components directly or indirectly related in a causal network, such that each component is related to at least some others in a more or less stable way within a particular period of time. Also, the theory explains that the different parts or elements of a system function by depending on and interacting with each other to complete the system as a whole. The whole cannot be complete without the presence and participation of each of the elements.

This theory explains the dynamics in the client’s environment and how the clients are being impacted (Friedman & Allen, 2014). When one part of the system (patient or patient’s family) is unstable or fluctuates in the treatment and management of the cancer patient, it impacts on the entire system (the patient’s environment) (Kriz, 2013). Therefore, systems theory can assist oncology social worker in understanding the processes that affect the ideal functioning of a cancer patient. The systems approach can be the impetus to provide interventions matching the cancer patient strengths and resources they have in their environment, rather than direct or problem solve for them. The oncology social worker can assist with promoting growth, problem solving and assist the patient to initiate change

Research design

The research design for this study was anchored on the cross-sectional survey research design using a structured questionnaire and an in-depth interview guide in generating data to answer research questions as well as test the hypotheses. According to Onigu (1994) and Nworgu (2003), a cross-sectional survey design refers to a research design used for collecting information from a cross section of a population on a defined subject matter within a given period of time. This research design is appropriate because the study will document what is in existence and present status of knowledge and practice of oncology social worker in the management of cancer patients at the University of Nigeria Teaching Hospital, Enugu.

Test of hypotheses

Hypothesis one

Substantive hypothesis: Cancer patients with high level of education are more likely to be knowledgeable about oncology social work practices than those with low level of education.
Null hypothesis: Cancer patients with high level of education are not more likely to be knowledgeable about oncology social work practices than those with low level of education.

Table 1.1: *Level of education and knowledge of oncology social work (N=574)*

Knowledge of oncology social work	Level of education		Total
	Lower education	Higher education	
Have knowledge	108(42.9%)	144(57.1%)	252(100.0%)
Have no knowledge	166(51.6%)	156(48.4%)	322(100.0%)
Total	274(47.7%)	300(52.3%)	574(100.0%

χ^2=4.285; df=1; p<0.038 critical value= 3.841
Source: *Field survey, 2019*

To test hypothesis one, respondent's level of education was cross-tabulated with the knowledge of oncology social work. The result indicated that among those that have knowledge, 42.9% had lower education while 57.1% had higher education. On the other hand, among those that indicated have no knowledge, 51.6% had lower education while 48.4% had higher education. As computed, χ^2 is 4.285 while the critical χ^2 value is 3.841 and df = 1. The χ^2 test showed the presence of a statistically significant relationship (p<0.038) between level of education and knowledge of oncology social work. Therefore, since the computed χ^2 was greater than the critical value of χ^2, we accepted the substantive hypothesis which stated that 'Cancer patients with high level of education are more likely to be knowledgeable about oncology social work practices than those with low level of education'. Therefore, there was a relationship between level of education and knowledge of oncology social work practice. In support of the above findings, a male medical doctor said: 'people who are well educated will likely know more about the usefulness of every profession and when to utilize their services'.

Hypothesis two

Substantive hypothesis: Cancer in-patients are more likely to benefit from oncology social work practices than cancer out-patients.
Null hypothesis: Cancer in-patients are not more likely to benefit from oncology social work practices than cancer out-patients.

Table 1.2: *Patient status and benefits from oncology social work practices (N=574)*

Benefits from oncology social work services	Patient status		Total
	Out-patient	In-patient	
Benefit	179(74.6%)	61(25.4%)	240(100.0%)
Do not benefit	249(74.6%)	85(25.4%)	334(100.0%)
Total	428(74.6%)	146(25.4%)	574(100.0%)

χ^2=0.000; df=1; p<0.993 critical value= 3.841
Source: *Field survey, 2019*

To test hypothesis two, patient's status was cross-tabulated with the benefits from oncology social work practices. The result indicated that among those that benefitted, 74.6% were out-patient while 25.4% were in-patients. On the other hand, among those that do not think that in-patients benefit more, 74.6% were out-patients while 25.4% was in-patient. As computed, χ^2 is 0.000 while the critical χ^2 value is 3.841 and df = 1. The χ^2 test showed the absence of a statistically significant relationship (p<0.993) between patient status and benefits from oncology social work services. Therefore, since the computed χ^2 was less than the critical value of χ^2, we rejected the substantive hypothesis which stated that 'Cancer in-patients are more likely to benefit from oncology social work practices than cancer out-patients'. Therefore, there was no relationship between patient status and benefits from oncology social work practice.

DISCUSSION OF FINDINGS

Findings from this study revealed that majority of the respondents have no knowledge of oncology social work practice. This implies that the knowledge about services rendered by oncology social workers in UNTH is very low. From the study it was also revealed that the major factor hindering the practice and utilization of oncology social work services include lack of knowledge and awareness. This was n line with the findings of Abbott (2016) who noted that raising awareness of social work services among patients early in cancer trajectory is needed for patient empowerment and to ensure access to social work services. Also findings by Kumar et al (2011) noted that the most common self-reported barriers to use of supportive and palliative care services were lack of knowledge of these services and lack of physician referral which underscore the importance of educating physicians, other health care providers, and patients about the value and availability of oncology social work services in order to improve the access to these services and ultimately improve patient outcomes.

Further findings

Findings from this study revealed that several factors influence knowledge of oncology social work practice. Findings from the study showed that greater percentage of respondent that had no knowledge of oncology social work practice were single, making marital status to be significant at p<0.001 and this was confirmed in the prediction of its long term influence using the binary logistic regression analysis. It was significant at WALD=6.465, P=.011 (<0.05) with an odds ratio of .502 (95% CI: .295-.854). Similarly, religion was also significant at p<0.000 and this was confirmed in the prediction of its long term influence. It was significant at WALD=4.964, P=.026 (<0.05) with an odds ratio of 2.111 (95% CI: 1.094-4.075).

From the test of hypothesis one, level of education proved to be significant at p<0.038, although it was not significant in the prediction of its long term influence at WALD=.131, P=.718 (<0.05) with an odds ratio of .931 (95% CI: .632-1.372). This was in line with the study of Kumar et al (2011) whose study suggested that supportive and palliative care service users were more likely to have a higher level of education, a trend that is consistent with other literatures correlating higher education levels to improved access to health care and better health outcomes. Patients with less education and consequently low health literacy may have greater information needs regarding the benefits and availability of supportive and palliative care service as a part of their cancer care. From the test of hypothesis three, place of residence was statistically significant at p<0.000 and this was confirmed in the prediction of its long term influence at WALD=8.011, P=.005 (<0.05) with an odds ratio of .553 (95% CI: .367-.833). A dearth of work with regards to the factors that influence knowledge of oncology social work among cancer patients was noticed.

Findings from the study revealed that some of the respondents have utilized services from oncology social workers such as counselling, advocacy and cognitive behavioural therapy. According to The National Comprehensive Cancer Network [NCCN] (2016) best practice is to screen every patient for distress signals and refer to psychosocial services when warranted. Some areas shown to be of particular concern are activities of daily living, mental health (anxiety, fear), need for information (about their diagnosis and treatment side effects) and physical symptoms (Harrison, Young, Price, Butow & Solomon, 2009). Upon referral, the oncology social worker takes on the case management role including assessment, treatment planning, advocacy, education, coordination of care, linking patients with services or supports, provide best practice interventions, and ongoing monitoring of care plan to ensure client needs are being met (Adler & Page, 2008; Saskatchewan Association of Social Workers [SASW], 2012). Also, according to Zebrak, Walsh and Ann (2008), Canadian Association of Psychosocial Oncology [CAPO] (2010), Vaitones, (2015) and Wilde, Walton, Knapik and Brigden (2018), the oncology social work programme is designed to support patients in two broad areas: practical needs and emotional needs. Practical needs often involve accessing resources from multiple provider organizations, including private, government-run and not-for-profit programmes, that each delivers some aspect of care. Social work assistance ranges from providing information, to dealing with financial issues or medical insurance coverage, helping navigate the disability insurance process, undertaking advance care planning (personal directives, enduring power of attorney, wills, goals of care designation etc.), as well as helping with transport (Zebrak, Walsh & Ann, 2008; (CAPO), 2010; Vaitones, 2015; Wilde, Walton, Knapik & Brigden (2018).

CONCLUSION

Patients afflicted with cancer or living with cancer as a chronic disease has been on the increase. This has stressed the need to pay attention to rehabilitative and psychosocial care which is the major role of an oncology social worker. The study focused on the knowledge and practice of oncology social work in the management of cancer patients in UNTH, Enugu state. The study found that the respondents have no knowledge of oncology social work practice, which made the services rendered by the oncology social workers to be very low. Thus, the major factor hindering the practice and utilization of oncology social work services was attributed to lack of knowledge and awareness. Also, some factors were found to influence knowledge of oncology social work practice. Such factors include marital status, religion, level of education, place of residence, and dearth of work with regards to the factors that influence knowledge of oncology social work among cancer patients. However, it was revealed in the study that services such as counselling, advocacy and cognitive behavioural therapy have been utilized from oncology social workers in UNTH. Thus, the continuous neglect of the importance of oncology social work in the management of cancer patient poses a serious threat to the overall well-being of the patient. Hence the need for designing strategies to improve the knowledge of oncology social work among cancer patients and the society in general. Through the findings, the study recommended, through policy implications, the need to create more awareness on the importance of oncology social work in the rehabilitative and psychosocial aspects of cancer management. Also efforts and actions to educate cancer patients and their families on the reasons why the roles of oncology social workers cannot be taken lightly was advocated for in the study, as it will improve knowledge on the need for oncology social worker as a useful component in the system of cancer management.

Recommendations

Findings from the study climaxed in some very towering ideas that would contribute to making cancer patients and families more knowledgeable of oncology social work and as well as sustainably resolve issues surrounding the factors that influence knowledge of oncology social work. The following recommendations should be able to guide the government, non-governmental organizations, institutions, social workers, and the general public.

1. Since majority of the respondents have no knowledge of oncology social work practice, federal, state and local government should ensure that cancer patients utilize the services available by creating more awareness on the importance of oncology social work in the management of cancer both in UNTH and other health institutions.
2. Increase awareness about oncology social work using different channels such as churches as well as multiple channels of communication at grass roots level that will encourage wider access to information concerning the importance of oncology social workers.

3. Policy makers need to make and implement policies that will focus on educating cancer patients with low level of education and those in the rural areas on the need to utilize oncology social work services.
4. Social workers should create more awareness through outreach programmes, enlightenment campaigns, seminars and workshops for the general public, specifically for those cancer patients with low level of education and those who reside in the rural areas to improve their understanding about oncology social work and the need for them to utilize the services available in order to reduce the mortality rate among them.
5. Government, organizations, institutions, social workers and the general public should be quickly awakened to their separate responsibilities in providing proper information about oncology social work to the general public focusing on the benefit that cancer patients will derive from utilizing oncology social work services in the management of the ailment. This will definitely go a long way in reducing the rate of mortality.
6. Finally, the researcher suggest that, just as we have courses like Mental Health in Social Work, Rehabilitation in Social Work, Alcohol and Substance Dependency being taught in undergraduate classes, a course like Oncology in Social Work should also be considered in undergraduate and postgraduate curriculum to boost awareness of the profession.

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