


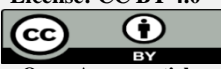


Availability and Utilization of Psychological Support Services among Cancer Patients in Rivers State University Teaching Hospital (RSUTH)

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Abstract	Article History
<p>Cancer remains a major global health concern and is associated with profound psychological distress that can negatively affect treatment adherence, recovery, and quality of life. Integrating psychological support into oncology care has therefore become a critical component of comprehensive cancer management. This study assessed the availability and utilization of psychological support services among cancer patients at Rivers State University Teaching Hospital (RSUTH), Port Harcourt, Nigeria. A descriptive cross-sectional design was employed, involving a total of 133 cancer patients who participated through a structured self-administered questionnaire. Data were analyzed using descriptive statistics, with a criterion mean of 2.5 serving as the benchmark for determining the availability and utilization of services. Findings revealed that several psychological support services were available to cancer patients at RSUTH. These included individual counselling and support groups (M = 3.24), psycho-oncology services (M = 3.13), cognitive behavioral therapy (M = 2.87), family counselling (M = 3.01), palliative care and hospice support (M = 3.32), and mindfulness and stress reduction programs (M = 2.95). Since all mean scores exceeded the criterion benchmark, the results indicate that these services are generally available and moderately utilized by patients. Despite this positive indication, the findings suggest gaps in awareness, accessibility, and routine integration of psychosocial interventions into oncology care. Many patients may still not fully benefit from existing services due to limited information, cultural stigma, or insufficient referral systems. The study concludes that while RSUTH demonstrates encouraging progress toward holistic cancer care, further efforts are required to institutionalize psychological assessment and support as standard practice, thereby enhancing emotional well-being, treatment adherence, and overall quality of life among cancer patients.</p> <p>Keywords: Psychological support, cancer patients, psycho-oncology, counselling, distress management, psychosocial services, Rivers State University Teaching Hospital, Port Harcourt</p>	<p>Received: 15 Oct 2025 Accepted: 10 Nov 2025 Published: 26 Nov 2025</p>  <p>Scan QR Code to view¹</p> <p>License: CC BY 4.0^{2a}</p>  <p>Open Access article.</p>
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1. Introduction

Cancer remains one of the leading causes of morbidity and mortality worldwide, with profound physical, emotional, and psychosocial consequences for patients and their families. Advances in biomedical treatment have improved survival rates; however, the psychological burden associated with diagnosis, treatment, and survivorship continues to compromise quality of life. The multidimensional impact of cancer necessitates the inclusion of psychosocial and emotional care as integral components of comprehensive oncology practice (Grassi et al., 2017; Recklitis & Syrjala, 2017; Orukwou & Ene-Peter, 2023). Psychological support services, including counselling, psycho-oncology, stress-management therapy, and family support, help patients develop coping mechanisms, reduce anxiety and depression, and enhance adherence to medical care (Riba et al., 2019; Fennell et al., 2017).

Globally, the growing recognition of psycho-oncology as a discipline has led to the development of clinical guidelines and multidisciplinary frameworks to ensure that cancer patients receive person-centred psychological care (Travado et al., 2017; Andersen & Dorfman, 2016). The International Federation of Psycho-Oncology Societies (IFPOS) and the National Comprehensive Cancer Network (NCCN) emphasize the routine assessment of distress and provision of tailored psychosocial interventions at all stages of cancer care (Grassi et al., 2016; Riba et al., 2019). Yet, disparities persist between policy and practice, particularly in low- and middle-income countries where services are either unavailable or under-utilized due to poor integration, limited resources, and cultural stigma (Ashley & Lawrie, 2016; Amane et al., 2020; Orukwou & George, 2022).

In sub-Saharan Africa, cancer care is often oriented toward curative and palliative medical interventions, with minimal attention to emotional and psychosocial dimensions (Wondimagegnehu, 2021). Studies in Ethiopia and Nigeria reveal that while cancer patients experience high levels of psychological distress, structured support services are scarce or poorly accessed (Afework et al., 2022; Brown et al., 2018). Similarly, Bener et al. (2017) found that depression and hopelessness remain prevalent among breast cancer patients, reflecting unmet psychological needs. The lack of trained psycho-oncologists, limited awareness, and sociocultural factors continue to hinder service utilization in African healthcare systems (Grassi et al., 2016; Travado et al., 2017; Orukwou et al., 2025).

Evidence from developed contexts further underscores the importance of psychosocial integration. For instance, studies in Germany and the United States have demonstrated that structured psychological interventions can reduce distress, improve treatment compliance, and enhance post-treatment adjustment (Eichler et al., 2019; Recklitis & Syrjala, 2017). Similarly, consumer-driven and digital support platforms have improved accessibility and continuity of psychosocial care in rural and underserved populations (Fennell et al., 2017; Hung et al., 2020). Despite these global advances, the utilization of such services in African tertiary hospitals remains limited, partly due to infrastructural and personnel constraints (Brown et al., 2018; Wondimagegnehu, 2021; Orukwou et al., 2024).

Nigeria, like many low-resource countries, faces a dual challenge of rising cancer incidence and inadequate psychosocial response mechanisms. The Rivers State University Teaching Hospital (RSUTH), a major referral centre in the Niger Delta region, provides oncology and palliative care services but lacks documented evidence on the extent to which psychological support services are available or utilized. Studies from other African countries, such as Ethiopia and Botswana, show that awareness, offer, and use of psychosocial services remain disproportionately low among cancer patients despite expressed needs (Afework et al., 2022; Amane et al., 2020; Brown et al., 2018; Orukwou et al., 2025). Understanding the availability and patterns of utilization of these services within RSUTH is therefore critical to improving patient-centred oncology care in Nigeria. In RSUTH, caregiver burden has been shown to contribute significantly to psychological stress among cancer patients and their families, reinforcing the need for structured psychosocial support services (Ene-Peter & Orukwou, 2023).

This study seeks to assess the availability and utilization of psychological support services among cancer patients in Rivers State University Teaching Hospital. Specifically, it aims to identify the types of psychological support services currently offered, the extent of their use by patients, and the gaps that may exist between service provision and patient need. The findings are expected to provide evidence to guide the integration of psycho-oncological care into routine cancer management, consistent with global calls for equitable and holistic cancer care.

2 Methodology

2.1 Research Design

This study adopted a **descriptive cross-sectional survey design** aimed at assessing the availability and utilization of psychological support services among cancer patients in Rivers State University Teaching Hospital (RSUTH). The design was appropriate because it allowed data to be collected from a defined population at a single point in time to describe existing psychological support services and their patterns of use.

2.2 Area of the Study

The study was conducted at the **Rivers State University Teaching Hospital (RSUTH)**, Port Harcourt, Rivers State, Nigeria. RSUTH is a state-owned tertiary health facility located in Old GRA, Port Harcourt, with a 375-bed capacity. It provides a wide range of medical and surgical services and serves as a referral centre for other hospitals in the Niger Delta region. The hospital also offers oncology services to cancer patients, making it a suitable site for this research.

2.3 Population of the Study

The target population comprised all **cancer patients receiving treatment or follow-up care at RSUTH** during the period of study. A total of **200 cancer patients** constituted the study population, according to hospital records from the oncology and palliative care units.

2.4 Sample Size and Sampling Technique

A sample size of **133 respondents** was determined using **Taro Yamane's formula** for finite populations at a 5% margin of error.

$$n = \frac{N}{1 + N(e)^2}$$

where

n = sample size,

N = population (200),

e = margin of error (0.05).

$$\text{Thus, } n = \frac{200}{1+200(0.05)^2} = 133.$$

A **convenience sampling technique** was employed to select participants based on their availability and willingness to participate during clinic visits.

2.5 Inclusion and Exclusion Criteria

Inclusion criteria:

- Adult cancer patients (≥ 18 years) receiving treatment at RSUTH.
- Patients who gave informed consent and were physically and mentally fit to complete the questionnaire.

Exclusion criteria:

- Patients below 18 years of age.
- Patients who were critically ill or unwilling to participate.

2.6 Instrument for Data Collection

Data were collected using a **structured self-administered questionnaire** developed by the researcher after a review of related literature. The instrument was divided into two sections:

- **Section A:** Demographic characteristics of respondents (gender, age, education, marital status, occupation).
- **Section B:** Items measuring the availability and utilization of psychological support services, including counselling, psycho-oncology, cognitive behavioural therapy, palliative care, and mindfulness programs.

Items were rated on a **four-point Likert scale** ranging from *Strongly Agree (4)* to *Strongly Disagree (1)*.

2.7 Validity and Reliability of the Instrument

The instrument was subjected to face and content validity by experts in Nursing Science and Psychology from Rivers State University. Corrections and adjustments were incorporated prior to administration.

Reliability was tested using the test–retest method on 20 cancer patients outside the study area, and the responses were analyzed using the Pearson Product Moment Correlation Coefficient, which yielded a reliability coefficient of 0.87, indicating high internal consistency.

2.8 Method of Data Collection

After obtaining ethical approval, questionnaires were administered to participants in the oncology and palliative care units. The researcher and two trained assistants explained the purpose of the study and assisted respondents where necessary. Participation was voluntary, and respondents completed the questionnaires in approximately 15–20 minutes. Completed copies were collected immediately to ensure a high return rate.

2.9 Method of Data Analysis

Data were analyzed using descriptive statistics (frequency, percentage, mean, and standard deviation). Responses were presented in tables to show the availability and utilization of psychological support services. A criterion mean of 2.5 served as the benchmark for decision-making, where a mean score ≥ 2.5 indicated agreement (availability or utilization) and < 2.5 indicated disagreement.

2.10 Ethical Consideration

Ethical approval was obtained from the Institutional Review Board of Rivers State University Teaching Hospital. Informed consent was sought from each participant before data collection. Respondents were assured of confidentiality, anonymity, and the voluntary nature of their participation. Data collected were used solely for research purposes.

3. Results

3.1 Demographic Variables

Table 1 shows the demographic variables of the respondents. The first section of the table presents the gender of the respondents, it could be seen from the table that 61 respondents making up 54.1% of the respondents are male, while 72 respondents making up 45.9% of the respondents are female. This implies that there are

more female than male in the population and sample size of the study.

The second section of the table revealed the age bracket of the respondents, from the table, it could be observed that; 27 respondents equivalent to 20.3% of the respondents are with the age of 40years and below, 49 respondents making up 36.8% of the respondents falls within the age of 41-50years, 36 respondents making up 27.1% of respondents falls within the age of 51-60years and finally, 21 respondents equivalent to 15.8% of the respondents falls within the age of 61years and above.

The third section of the table revealed the educational level of the respondents, it was observed from the table that; 17 respondents representing 12.8% of the respondents are olevel holder i.e., they stopped after their SSCE examinations, 27 respondents making up 20.3% of the respondents are either Diploma holders, again 54 respondents making up 40.6% of respondents are either Bachelor degree holders and finally, 13 respondents representing 9.8% of the respondents PHD holder.

The fourth section of the table shows the marital status of the respondents, it could be seen from the table that; 21 respondents equivalent to 15.8% of the respondents are single, again, 86 respondents making up 64.7% of the respondents are married, 12 respondents making up 9% of the respondents are divorced or seperated, i.e., they were married but no longer together due to one reason or the other. Finally, 14 respondents making up 10.5% of the respondents are widowed, that is, they lost their partner.

The final section of the table shows the occupation of respondents, the table revealed that; 47 respondents making up 35.3 percent of the respondents have are civil servants, 71 respondents representing 53.4% of the respondents are self-employed, and 15 respondents making up 11.3% of the respondents are un-employed.

Table 1: Demographic Variables of respondents

Characteristics	Frequency(N=133)	Percentage (%)
Gender		
Male	61	54.1
Female	72	45.9
Age (years)		
40 and below	27	20.3
41 - 50	49	36.8
51 – 60	36	27.1
60 and above	21	15.8
Educational Level		
O’level	17	12.8
Diploma	27	20.3
Bachelors	54	40.6
Masters	22	16.5
PHD	13	9.8
Marital Status		
Single	21	15.8
Married	86	64.7
Divorced or Seperated	12	9
Widowed	14	10.5
Occupation		
Civil Servant	47	35.3
Self-employed	71	53.4
Unemployed	15	11.3

Source; Field Survey, 2024

3.2 Psychological support services available to cancer patients

Table 2 below presents the responses of the respondents on the existing psychological support services available to cancer patients, from the table, Individual counselling and support groups has a mean score of 3.24, Psycho-oncology services

has a mean score of 3.13, Cognitive behavioral therapy (CBT) has a mean score of 2.87, Family counselling has a mean score of 3.01, Palliative care and hospice support has a mean score of 3.32, Mindfulness and stress reduction programs has a mean score of 2.95. comparing to the criterion mean of 2.5, they are all accepted.

Table 2: Responses on the existing psychological support services available to cancer patients in Rivers State University Teaching Hospital (RSUTH)

SN	ITEMS	SA 4	A 3	D 2	SD 1	Mean	SD
1	Individual counseling and support groups.	61	49	17	6	3.24	1.21
2	Psycho-oncology services.	47	59	24	3	3.13	1.07
3	Cognitive behavioral therapy (CBT)	31	71	14	17	2.87	0.97
4	Family counseling	29	81	18	5	3.01	1.05
5	Palliative care and hospice support	53	69	11	-	3.32	1.19
6	Mindfulness and stress reduction programs	34	68	21	10	2.95	0.91
	Grand Mean					3.09	

Researcher's Fieldwork, 2024.

4. Discussion

The findings of this study revealed that several psychological support services, including individual counselling, psycho-oncology care, family counselling, cognitive behavioral therapy (CBT), palliative care, and mindfulness programs, were available to cancer patients at Rivers State University Teaching Hospital (RSUTH). The mean scores for these services were all above the criterion mean of 2.5, suggesting that such interventions are perceived as accessible and somewhat integrated within the hospital's oncology care. This aligns with the National Comprehensive Cancer Network (NCCN) guidelines, which advocate for the routine screening of distress and implementation of psychosocial support as a standard component of comprehensive cancer care (Riba et al., 2019).

Despite the reported availability, utilization of these services remains a key determinant of their effectiveness. Similar to findings from Patterson et al. (2021), who emphasized that distress screening tools enhance the identification of psychological needs among newly diagnosed patients, the current study underscores the necessity of systematic assessment and referral processes at RSUTH. Without structured screening and follow-up, psychosocial interventions may not reach those most in need, leading to underutilization despite their presence.

The provision of psycho-oncology services and counselling in this study supports global evidence that psychological care improves coping and treatment adherence. For instance, O'Hea et al. (2020) demonstrated that integrated mental health referral systems, such as the MHADRO program, significantly improved oncology patient outcomes and healthcare provider engagement. These findings reinforce the importance of embedding psychological support into routine oncology workflows to ensure patients receive timely and holistic care. However, the study's context in Nigeria mirrors challenges documented in other low- and middle-income countries. Afework et al. (2022) reported that in Ethiopia, unmet

supportive care needs were associated with limited access to professional psychological services, lack of trained personnel, and cultural misconceptions about mental health. Evidence from recent systematic reviews indicates a rise in mental health challenges following major stressors such as the COVID-19 pandemic, underscoring the importance of accessible psychological services within oncology settings (Orukwolu et al., 2023). Similar systemic and sociocultural barriers may contribute to underutilization at RSUTH, where patients may prioritize biomedical treatment over emotional well-being due to stigma or low awareness. System-level barriers such as limited staffing, inadequate coordination, and resource constraints have also been documented in similar healthcare contexts and may contribute to gaps in the utilization of psychosocial services at RSUTH (Orukwolu, 2023).

In contrast, evidence from high-income settings demonstrates higher utilization of psychosocial services among cancer survivors when such interventions are well integrated. Eichler et al. (2019) found that lung cancer survivors in Germany actively used psychosocial services, leading to improved adjustment and reduced distress. This difference highlights a resource and systems gap that must be addressed through policy reforms and institutional capacity building in Nigeria.

Furthermore, psychosocial support is closely linked to patient well-being through social networks and coping strategies. Hung et al. (2020) observed that psychological distress among female cancer patients in Taiwan was inversely related to social support and self-management capacity. Thus, encouraging family involvement and community-based peer groups—as observed in RSUTH through family counselling and support groups—can strengthen emotional resilience and service engagement.

The psychological impact of cancer extends beyond patients to their partners and caregivers, further emphasizing the need for inclusive psychosocial interventions. Alacacioglu et al. (2015) reported significant depression and anxiety not only among

breast cancer patients but also among their partners, suggesting that family-centred programs, such as those available at RSUTH, are essential components of comprehensive care.

Finally, integrating psychosocial care has broader implications for survival and long-term outcomes. Mirosevic et al. (2019) highlighted that heterogeneity in psychosocial treatment outcomes across studies stems from differences in treatment quality, patient characteristics, and service accessibility. This underscores that for institutions like RSUTH, improving service quality, standardizing delivery, and ensuring accessibility could enhance both psychological well-being and overall health outcomes.

In summary, the availability of psychological support services at RSUTH reflects positive strides toward holistic cancer care, consistent with global psycho-oncology standards. Nonetheless, improving awareness, routine distress screening, and systematic referrals remain essential to translating availability into meaningful utilization. Addressing contextual barriers—such as resource limitations and stigma—will be crucial in achieving equitable and effective psychosocial support for cancer patients in Nigeria.

5. Conclusion

This study examined the availability and utilization of psychological support services among cancer patients at Rivers State University Teaching Hospital (RSUTH), Port Harcourt. The findings revealed that a range of psychosocial interventions—such as individual counselling and support groups, psycho-oncology services, cognitive behavioral therapy, family counselling, palliative care, and mindfulness programs—are available within the institution. The mean scores for all identified services exceeded the criterion mean of 2.5, indicating that these services are generally accessible and moderately utilized by cancer patients.

Despite this positive indication, the study highlights persistent challenges that limit optimal utilization of psychological care. These include inadequate awareness among patients, insufficient integration of psychosocial services into routine oncology practice, limited referral pathways, and cultural attitudes that discourage seeking psychological help. Addressing these gaps is essential to ensure that psychosocial care becomes a consistent and well-recognized part of cancer management in Nigeria.

The study concludes that while RSUTH has made commendable progress in providing psychosocial support, there is a need for stronger institutional commitment toward the systematic screening of distress, capacity building for psycho-oncology professionals, and improved coordination between medical and mental health teams. Enhancing public education and reducing stigma associated with psychological care will further encourage patient participation.

By strengthening these components, the hospital can move closer to achieving holistic, patient-centered cancer.

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