

The Art of Communication: A Holistic Approach to Counselling of Persons Diagnosed with Terminal Sicknesses in University of Uyo Teaching Hospital

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Abstract: This comprehensive study examines the critical role of communication in counselling persons diagnosed with terminal sickness at the University of Uyo Teaching Hospital, Nigeria. The research explores the unique challenges and opportunities in providing effective end-of-life care within the Nigerian cultural context. Through an extensive literature review and analysis, the study investigates various aspects of counselling, including the importance of effective communication techniques, cultural and religious considerations, and the impact of resource limitations on care delivery. The research highlights the significance of a holistic approach to patient care, emphasizing the integration of physical, emotional, social, and spiritual support. It addresses the complexities of truth-telling, family involvement in decision-making, and the ethical considerations surrounding end-of-life care in Nigeria. Furthermore, the research explores innovative solutions such as the integration of technology in counselling services and the establishment of support networks for healthcare providers. The findings underscore the urgent need for improved palliative care services in Nigerian hospitals, calling for increased resource allocation, policy development, and research in culturally sensitive counselling methods. This study contributes valuable insights to the growing body of knowledge on palliative care in Nigeria and offers practical recommendations for enhancing the quality of life for persons diagnosed with terminal sickness. It serves as a foundation for future research and policy development in end-of-life care within the Nigerian healthcare system.

Introduction

Terminal sicknesses, such as cancer, heart disease, renal failures and HIV/AIDS, are among the most devastating health challenges facing individuals and their families. These illnesses have a profound impact on the quality of life of those affected, as well as on their loved ones. In Nigeria, where the burden of these diseases is increasing, there is a growing need for greater awareness and understanding of their impact. According to a study by Adebisi and Adebayo (2018), terminal illnesses have significant psychological and emotional effects on patients and their caregivers, leading to increased stress, anxiety, and depression. The emotional burden of facing a terminal illness can be overwhelming, causing patients and their caregivers to experience a range of negative emotions, including fear, sadness, and despair. These emotional strain relationships and lead to increased levels of stress, which can further exacerbate the physical symptoms associated with the illness. In addition to the emotional toll, terminal illnesses also have a significant economic burden. The cost of care for terminal illnesses can strain family budgets and lead to financial hardship, as highlighted by a study by Ogunlesi et al. (2017). The cost of treatment, including medications, hospitalizations, and other medical expenses, can be substantial, placing a significant financial

burden on patients and their families. This financial strain can lead to increased levels of stress and anxiety, further exacerbating the emotional challenges associated with the illness.

Effective communication is of utmost importance in counseling, particularly when dealing with individuals facing terminal illnesses. In Nigeria, where the burden of these diseases is increasing, there is a growing need for counselors to possess excellent communication skills to support patients and their families during this challenging time. According to Adebisi and Adebayo (2018), terminal illnesses have significant psychological and emotional effects on patients and their caregivers, leading to increased stress and other psychological tension. Effective communication can help alleviate some of these emotional strain relationships which can further exacerbate the physical symptoms associated with the illness. Effectively communicating issues in the cause of counselling can help patients and their families effectively navigate the financial challenges that arise as a result of extra cost necessitated by purchase of medications and other hospital bills this can be achieved by providing them with the necessary information and resources to make informed decisions about their care. By fostering open and honest communication, counsellors can help patients and their families better understand their options and make choices that align with their values and best interest. As important as medications and other health care practices are to a patients, effective communication is crucial in counselling when dealing with individuals facing terminal illnesses. In Nigeria, where the burden of misinformation and lack of access to quality information is borne by the majority of the populace, there is a growing need for counsellors to possess excellent communication skills to support patients and their families during this challenging time. By encouraging open and honest communication, counsellors can help alleviate some of the emotional and psychological strain associated with terminal illnesses, providing patients and their families with the support needed to steer the difficult journey.

The University of Uyo Teaching Hospital (UUTH), a leading healthcare facility in Nigeria, located in Uyo, Akwa Ibom State, the UUTH is dedicated to improving the health and well-being of individuals and communities through cutting-edge medical care, research, and education. It offers a wide range of medical specialties, including oncology, cardiology, nephrology, and infectious diseases, making it a critical resource centre for individuals facing terminal illnesses. In addition to its medical services, the UUTH is also involved in research and education, as the teaching arm of the University of Uyo, it fosters a culture of innovation and excellence in healthcare. The hospital collaborates with local and international partners to advance medical knowledge and improve healthcare outcomes for patients and their families. The UUTH's commitment to effective counselling regime is demonstrated in its counselling program, though skeletal in operation. The skeletal operation of counselling in UUTH only undercores the importance of the use of counselling in management of terminal illness of patients. In UUTH patients are often subjected to counselling sessions handled by mostly non-professionals thereby creating a gap in the effectiveness of communication method between a patient and a counsellor. As a result the desired outcome is lost and the whole essence is missed as some of the personnel fail to see the thinking behind the exercise or lack the requisite cognitive training to properly grasp the import of the exercise. Given this lack of understanding most handlers of these counselling sessions see it as mere ritual.

Overview of Terminal Sicknesses

Terminal illnesses are medical conditions that cannot be cured and are expected to result in the patient's death within a relatively short period, typically months or a few years. These conditions vary widely, including advanced cancers, end-stage organ failures such as heart, liver, or kidney failure, neurodegenerative diseases like Amyotrophic Lateral Sclerosis (ALS), and AIDS in its final stages. Each type of terminal illness presents unique challenges for patients and healthcare providers. For instance, advanced cancer patients might grapple with severe pain and rapid physical decline, while those with neurodegenerative diseases may face a gradual loss of bodily functions and independence. Understanding the specific nature and progression of each terminal illness is crucial for providing appropriate care and counseling (Smith et al., 2019). Moreover, the definition

of "terminal" can sometimes be fluid, as medical advancements may extend life expectancy or even turn some previously terminal conditions into chronic and manageable illnesses.

The psychological and emotional impact of a terminal illness diagnosis on patients is profound and complex. Patients often experience a roller coaster of emotions, including shock, denial, anger, depression, and eventually, acceptance. This process is famously described by Elisabeth Kübler-Ross in their "Five Stages of Grief" model (Kübler-Ross & Kessler, 2014). Many patients report feelings of intense fear, not just of death itself, but of pain, loss of dignity, and becoming a burden to their loved ones. Anxiety and depression are common, with studies suggesting that up to 40% of terminally ill patients meet the criteria for a major depressive disorder (Johnson et al., 2020). The illness may also trigger existential crises, prompting patients to grapple with questions of meaning, purpose, and legacy. However, it's important to note that many patients also experience positive psychological changes, such as a greater appreciation for life, improved relationships, and spiritual growth - a phenomenon known as post-traumatic growth (Tedeschi & Calhoun, 2018).

The impact of a terminal illness extends far beyond the patient, profoundly affecting family members and caregivers. These individuals often experience what's known as "anticipatory grief" that is mourning the impending loss while simultaneously providing care and support (Holley & Mast, 2009). Caregivers frequently report high levels of stress, anxiety, and depression, with many experiencing what is termed "caregiver burden" that is the physical, emotional, and financial strain of providing care. Studies have shown that up to 50% of caregivers of terminally ill patients experience clinically significant depression (Williams & McCorkle, 2011). Family dynamics often shift dramatically, with roles and responsibilities being redistributed. Children of terminally ill parents may face unique challenges, including taking on adult responsibilities prematurely and struggling with complex emotions. Despite these difficulties, many families report that caring for a terminally ill loved one can also bring them closer together, fostering deeper connections and providing opportunities for meaningful and some cases final interactions.

In the Nigerian healthcare context, managing terminal illnesses presents unique challenges that stem from a combination of cultural, economic, and systemic factors. Limited healthcare resources often mean that advanced treatments and palliative care options are not readily available or affordable for many patients. A study by Adewole et al. (2022) found that only 18% of terminally ill patients in Nigeria had access to adequate pain management. Cultural beliefs and practices around illness and death can significantly influence how patients and families approach terminal diagnoses. For instance, some Nigerian cultures view open discussions about death as taboo, complicating end-of-life planning and counselling efforts. The extended family system, while providing crucial support, can also lead to complex decision-making processes that may delay or complicate care. Additionally, the prevalence of traditional healing practices sometimes leads to conflicts with Western medical approaches, requiring healthcare providers to navigate delicate cultural terrain. The shortage of trained counsellors and palliative care specialists further exacerbates these challenges, often leaving patients and families without adequate psychological support during this critical time.

Roles of Counselling in Terminal Sickness Care

The goals of counselling for terminally ill patients are complex and deeply personal. However, counselling primarily seeks to help patients come to terms with their diagnosis, manage the emotional turmoil that often accompanies it, and maintain a sense of dignity and self-worth throughout their sickness (Chochinov, 2006). Another crucial goal is to assist patients in finding meaning and purpose in their remaining time, which can involve life review, legacy work, and exploring spiritual or existential questions. Counselling also aims to improve communication between patients, their families, and healthcare providers, facilitating difficult conversations about end-of-life care preferences and decisions. Additionally, counsellors work to help patients manage physical symptoms through psychological techniques, such as relaxation and mindfulness, complementing medical pain management strategies. Ultimately, the overarching goal is to enhance

the patient's quality of life, encouraging a sense of peace and acceptance while addressing fears and anxieties about death and dying (Breitbart & Poppito, 2014).

Effective counselling offers numerous benefits to terminally ill patients, significantly impacting their psychological well-being and overall quality of life. Research has shown that counselling can reduce symptoms of anxiety and depression, which are common among those facing terminal illnesses (Rodin et al., 2007). By providing a safe space for patients to express their fears and concerns, counselling helps alleviate emotional distress and promotes psychological adaptation to the illness. Studies have also demonstrated that counselling can enhance patients' sense of dignity and self-worth, crucial factors in maintaining mental health during terminal illness (Chochinov et al., 2011). Moreover, effective counselling has been linked to improved pain management and better adherence to medical treatments, as patients develop coping strategies and a more positive outlook. Family relationships often benefit as well, with counselling facilitating open communication and helping loved ones prepare for loss. Perhaps most importantly, counselling can help patients achieve a sense of life completion and peace, allowing them to focus on living fully in their remaining time rather than being consumed by fears about dying (Breitbart et al., 2015).

Counsellors working with terminally ill patients face a unique set of challenges that can be both professionally demanding and emotionally taxing. One of the primary difficulties is managing their own emotions while providing support to patients and families grappling with immense grief and loss. This constant exposure to death and suffering can lead to compassion fatigue and burnout if not properly addressed (Pereira et al., 2011). Counsellors must also navigate complex ethical dilemmas, such as balancing patient autonomy with family wishes or addressing requests for assisted dying in contexts where it's not legal. The rapidly changing physical and mental states of terminally ill patients pose another challenge, requiring counsellors to be flexible and adapt their approaches quickly. In many cases, counsellors must work within the constraints of limited time, as patients' conditions may deteriorate rapidly. Additionally, they often face the difficulty of helping patients find hope and meaning in the face of impending death, a task that requires great skill and sensitivity. In healthcare settings, counsellors may struggle with interdisciplinary communication and collaboration, particularly if the importance of psychological care is undervalued by other medical professionals (Strada & Sourkes, 2009).

Within the Nigerian landscape, cultural sensitivity is paramount in counselling terminally ill patients, as cultural beliefs and practices profoundly influence perceptions of sickness, death, and the dying process. Nigeria is a diverse nation with over 250 ethnic groups, each with its own cultural and religious beliefs that must be respected and incorporated into the counselling process (Ololade et al., 2019). For instance, in many Nigerian cultures, decisions about healthcare are made collectively by the extended family rather than by the individual patient alone, which can complicate the Western notion of patient autonomy. Religious beliefs, whether Christian, Muslim, or traditional African religions, often play a central role in how patients and families cope with terminal illness, and counsellors must be prepared to engage with these spiritual dimensions respectfully. Language barriers can also pose challenges, particularly in rural areas where patients may not speak English fluently, necessitating the use of interpreters or culturally appropriate communication tools. Moreover, counsellors must navigate cultural taboos around discussing death, which in some Nigerian cultures is considered unlucky or disrespectful. Understanding and respecting these cultural norms while still providing effective counselling requires a delicate balance and ongoing cultural competence training for healthcare providers (Adejumo & Ogun, 2013).

The Art of Communication in Counselling

Active listening is a cornerstone of effective counselling communication. It involves fully concentrating on, understanding, and responding to the patient's message, rather than passively hearing their words. Active listening requires the counsellor to engage in both verbal and non-verbal feedback, such as paraphrasing, summarizing, and using appropriate facial expressions to convey understanding. This technique allows patients to feel heard and validated, encouraging them to open

up further. Research by Weger et al. (2014) demonstrated that active listening significantly improves the therapeutic alliance and patient satisfaction in counselling settings. Moreover, active listening helps counsellors pick up on subtle cues and underlying emotions that patients may not explicitly express, enabling a more comprehensive understanding of their experiences and concerns. In the case of terminal sickness counselling, active listening becomes even more crucial as patients grapple with complex emotions and existential questions that require careful attention and understanding.

Empathy and compassion are vital elements in counselling communication, particularly when working with patients with terminal sickness. Empathy involves the ability to understand and share the feelings of another, while compassion extends this understanding into a desire to help alleviate suffering. In a landmark study, Riess et al. (2012) found that empathy training for healthcare provider's significantly improved patient satisfaction and outcomes. For counsellors working with terminally sick patients, demonstrating empathy and compassion can help build trust, reduce feelings of isolation, and provide emotional support during a challenging time. However, it's important to strike a balance between empathetic engagement and maintaining professional boundaries to prevent burnout. Sinclair et al. (2017) conducted a study specifically on compassion in palliative care, finding that patients valued healthcare providers who combined clinical competence with genuine emotional engagement and a desire to understand their unique experiences.

Non-verbal communication plays a crucial role in counselling, often conveying more meaning than spoken words. This includes facial expressions, body language, tone of voice, and even the use of silence. A study by Kraft and Pressman (2012) found that non-verbal expressions of support were more effective in reducing stress than verbal expressions. In counselling terminally sick patients, non-verbal cues can convey empathy, understanding, and respect, even when words fail. Counsellors must be aware of their own non-verbal signals and how they might be interpreted by patients from different cultural backgrounds. Also, paying attention to patients' non-verbal cues can provide valuable insights into their emotional state and level of comfort with the discussion. Aragon (2017) emphasized the importance of congruence between verbal and non-verbal communication in healthcare settings, noting that inconsistencies can undermine trust and the therapeutic relationship.

Cultural competence is essential in counselling, particularly in diverse settings like Nigeria. It involves understanding, appreciating, and interacting effectively with people from various cultural backgrounds. In a study of cultural competence in Nigerian healthcare, Arulogun et al. (2020) found that culturally competent care significantly improved patient satisfaction and health outcomes. For counsellors working with terminally ill patients, cultural competence includes awareness of cultural beliefs about illness, death, and afterlife, as well as understanding family dynamics and decision-making processes. It also involves recognizing and respecting traditional healing practices that may be important to patients. Cultural competence allows counsellors to tailor their communication style and interventions to be more effective and respectful of patients' cultural contexts. Also, it helps in navigating potential cultural taboos or sensitivities around discussing death and end-of-life issues.

Tailoring communication to individual patient needs is crucial in counselling terminally sick people, as each individual brings a unique set of experiences, beliefs, and coping mechanisms to their situation. This personalized approach, often referred to as patient-centered communication, has been shown to improve patient satisfaction, adherence to treatment plans, and overall quality of life (Epstein et al., 2017). Tailoring communication involves assessing the patient's level of understanding about their condition, their preferred communication style, and their emotional state. For instance, some patients may prefer direct, factual information, while others might respond better to a more gradual, supportive approach. A study by Friedrichsen et al. (2011) found that terminally sick people appreciated healthcare providers who adapted their communication style to the patient's changing needs throughout the course of their sickness. This flexible approach requires counsellors to be attentive to verbal and non-verbal cues, regularly check for understanding, and be willing to adjust their communication strategies as the patient's condition and needs evolve.

Addressing difficult topics such as death, pain, and fear is an inevitable and challenging aspect of counselling diagnosed with terminal sickness. These conversations require a delicate balance of honesty, sensitivity, and hope. Baile et al. (2000) developed the SPIKES protocol (Setting, Perception, Invitation, Knowledge, Empathy, Strategy and Summary) for delivering bad news, which has been widely adopted in palliative care settings. When discussing death, counsellors must be prepared to address not only the physical aspects but also existential and spiritual concerns. Regarding pain, open communication about fears and available management options can significantly improve quality of life. A study by Kimberlin et al. (2004) found that people who engaged in open discussions about their fears with healthcare providers reported better pain management and lower anxiety levels. Counsellors should create a safe space for patients to express their fears, validating these emotions while also offering coping strategies and support. It's important to maintain hope throughout these discussions, not necessarily for cure, but for comfort, dignity, and meaningful experiences in the time remaining.

Managing emotional responses is a critical skill for counsellors working with terminally sick patients. Both patients and counsellors may experience intense emotions during sessions, including sadness, anger, fear, and even occasional moments of joy or humor. A study by Granek et al. (2017) found that oncologists who received training in managing their own emotions reported less burnout and improved ability to support patients. For counsellors, this involves developing emotional intelligence and self-awareness to recognize and regulate their own emotional responses while remaining present and supportive for the patient. Techniques such as mindfulness and regular supervision can be helpful in this regard. When patients express strong emotions, counsellors must create a non-judgmental space where these feelings can be acknowledged and processed. Shaw et al. (2013) emphasized the importance of "emotional scaffolding" in palliative care, where healthcare providers offer support that helps patients manage their emotions without becoming overwhelmed. This might involve techniques such as validation, normalization of feelings, and teaching coping strategies. By effectively managing emotional responses, counsellors can help patients navigate the psychological challenges of terminal sickness while maintaining their own emotional well-being.

A Holistic Approach to Counselling

Integrating physical, emotional, social, and spiritual aspects in counselling people diagnosed with terminal sickness is essential for providing comprehensive care that addresses the whole person. This holistic approach recognizes that these aspects are interconnected and influence each other significantly during the end-of-life journey. Sulmasy (2002) proposed a biopsychosocial-spiritual model of care, emphasizing the importance of addressing all these dimensions in palliative care. Physical aspects include pain management and symptom control, which directly impact emotional well-being. Emotional support involves helping patients' process complex feelings such as fear, anger, and sadness. Social aspects encompass relationships with family, friends, and the broader community, which Krause (2008) found to be crucial for maintaining quality of life in terminal sickness. Spiritual care, whether religious or secular, involves helping patients find meaning, purpose, and peace in their final days. A study by Balboni et al. (2013) demonstrated that spiritual care was associated with better quality of life near death. By integrating these aspects, counsellors can help patients achieve a sense of wholeness and dignity in their final days, fostering what Chochinov et al. (2005) termed "dignity-conserving care."

Collaborative care with medical professionals is crucial in counselling terminally sick patients, as it ensures a coordinated and comprehensive approach to patient care. This interprofessional collaboration involves regular communication and shared decision-making among counsellors, physicians, nurses, social workers, and other healthcare providers. A systematic review by Leclerc et al. (2014) found that effective interdisciplinary collaboration in palliative care led to improved symptom management, better patient and family satisfaction, and more efficient use of healthcare resources. Counsellors play a vital role in this collaborative model by providing insights into the patient's psychological state and helping to bridge communication gaps between patients and

medical staff. They can also help medical professionals understand the emotional impact of treatments and prognoses on patients. Goldsmith et al. (2010) emphasized the importance of "translational communication" in palliative care teams, where different professionals help interpret and convey information across disciplinary boundaries. This collaborative approach ensures that patients receive holistic care that addresses both their medical and psychosocial needs, leading to better overall outcomes and quality of life in their final days.

Involving family members and support systems is a critical component of counselling terminally sick patients. Family and close friends often play a significant role in caregiving and decision-making, and their own emotional needs must be addressed as part of a holistic care approach. As stated by McDonald et al. (2018) that family involvement in palliative care improved both patient and family outcomes, including better symptom management and reduced caregiver burden. Counsellors can facilitate family meetings, helping to improve communication between patients and their loved ones, particularly around difficult topics like end-of-life preferences. They can also provide support to family members struggling with anticipatory grief and the stresses of caregiving. Hudson et al. (2012) demonstrated the effectiveness of targeted psychological interventions for family caregivers in reducing psychological distress and improving preparedness for the caregiving role. Also, counsellors can help patients and families navigate changing relationship dynamics and resolve any longstanding conflicts that may surface during this emotional time. By supporting the entire family unit, counsellors can help create a more stable and supportive environment for the patient, enhancing their quality of life in their final days.

Addressing practical concerns, such as financial and legal issues, is an often overlooked but crucial aspect of counselling people with terminal illness. These practical matters can be significant sources of stress and anxiety for patients and their families, potentially detracting from quality of life and emotional well-being in the patient's final days. A study by Cagle et al. (2016) found that financial stress was a common concern among terminally sick patients and their caregivers, often leading to decreased quality of life and increased depression. Counsellors can play a vital role in helping patients and families navigate these challenges by providing information about available resources, facilitating connections with financial advisors or legal professionals, and helping patients prioritize their concerns. Legal issues often include advance directives, wills, and power of attorney arrangements. Stein and Fineberg (2013) emphasized the importance of advance care planning discussions in promoting patient autonomy and reducing family conflict. By addressing these practical concerns, counsellors can help alleviate a significant burden from patients and their families, allowing them to focus more on emotional and relational aspects of the end-of-life journey.

Strategies for Counselling People with Terminal Sickness

Building rapport and trust is fundamental in counselling terminally ill patients, as it forms the foundation for all subsequent therapeutic work. This process involves creating a safe, non-judgmental space where patients feel comfortable sharing their deepest fears and concerns. A study by Tanco et al. (2017) found that patients who reported higher levels of trust in their healthcare providers experienced less anxiety and depression. Building rapport involves active listening, demonstrating empathy, and maintaining consistency in interactions. Counsellors should also be mindful of cultural differences that may impact trust-building. Sinclair et al. (2016) identified key components of trust in palliative care, including technical competence, interpersonal competence, and person-centered care. They emphasized the importance of healthcare providers being present, attentive, and responsive to patients' needs. In the context of terminal illness, where patients may feel vulnerable and powerless, establishing trust can help them regain a sense of control and dignity. This trust allows for more open discussions about sensitive topics such as death and dying, leading to more effective counselling outcomes.

Helping patients' process emotions is a crucial aspect of counselling terminally ill individuals. Patients often experience a complex array of emotions, including fear, anger, sadness, and guilt. A meta-analysis by Warth et al. (2019) found that psychosocial interventions, particularly those focusing on emotional expression and processing, significantly improved quality of life and reduced

psychological distress in palliative care patients. Counsellors can employ various techniques to facilitate emotional processing, such as validation, normalization, and reflective listening. Kübler-Ross's (1969) model of the five stages of grief (denial, anger, bargaining, depression, and acceptance) can provide a framework for understanding patients' emotional journeys, although it's important to recognize that these stages are not linear or universal. More recent approaches, like Stroebe and Schut's (1999) Dual Process Model, emphasize the oscillation between loss-oriented and restoration-oriented coping. Counsellors can help patients identify and express their emotions, develop healthy coping strategies, and find ways to integrate their emotional experiences into their broader life narrative. This emotional work can lead to greater peace and acceptance as patients approach the end of life.

Facilitating life review and meaning-making is a powerful strategy in counselling terminally ill patients, helping them find purpose and closure in their final days. This process involves guiding patients through a reflective journey of their life experiences, achievements, and relationships. Chochinov et al. (2005) developed Dignity Therapy, an intervention specifically designed to enhance the sense of meaning and purpose for patients near the end of life. Their research demonstrated that this approach significantly reduced depression and anxiety while increasing dignity and sense of purpose. Life review can help patients identify sources of pride and accomplishment, reconcile past conflicts, and leave a legacy for their loved ones. Breitbart et al. (2015) found that meaning-centered psychotherapy, which focuses on helping patients find or sustain a sense of meaning in life, significantly improved spiritual well-being and quality of life in advanced cancer patients. Counsellors can use techniques such as guided autobiography, creating memory books, or recording life stories to facilitate this process. By engaging in life review and meaning-making, patients can achieve a sense of life completion and transcendence, which Steinhauser et al. (2000) identified as key components of a good death.

Supporting decision-making and end-of-life planning is a critical role for counsellors working with terminally ill patients. This process involves helping patients understand their options, clarify their values and preferences, and communicate these effectively to their healthcare team and family members. Advance care planning (ACP) is a key component of this process. A systematic review by Houben et al. (2014) found that ACP interventions increased the completion of advance directives and improved concordance between patient preferences and delivered care. Counsellors can facilitate discussions about treatment preferences, place of death, and legacy wishes. They can also help patients navigate complex medical information and support shared decision-making with healthcare providers. Sudore and Fried (2010) proposed a model of ACP that focuses on preparing patients and surrogates for in-the-moment decision-making, rather than just completing legal documents. This approach recognizes the evolving nature of preferences and the importance of ongoing communication. By supporting patients in making informed decisions and articulating their wishes, counsellors can help ensure that patients' values guide their care until the end of life, promoting a sense of control and reducing anxiety about the future.

Providing hope and maintaining quality of life are essential aspects of counselling terminally ill patients, even in the face of a poor prognosis. This involves helping patients find sources of meaning, joy, and connection in their remaining time. Herth (1990) identified three dimensions of hope in terminally ill adults: cognitive-temporal (achieving desired outcomes), affective-behavioral (confidence and coping), and affiliative-contextual (connectedness with others). Counsellors can work with patients to identify and nurture these aspects of hope. This might involve setting achievable short-term goals, fostering connections with loved ones, or exploring spiritual or existential sources of comfort. A study by Olsman et al. (2014) found that healthcare providers can foster hope by focusing on patients' strengths, providing realistic information, and maintaining a supportive presence. In terms of quality of life, counsellors can help patients identify and prioritize what matters most to them in their final days. This might involve managing symptoms, maintaining independence, or fulfilling last wishes. Kaasa and Loge (2003) emphasized the importance of a multidimensional approach to quality of life in palliative care, addressing physical, psychological, social, and spiritual domains. By focusing on hope and quality of life, counsellors can help patients

find meaning and satisfaction even in the face of terminal illness, promoting a sense of dignity and well-being until the end.

Challenges of Counselling in University of Uyo Teaching Hospital

The University of Uyo Teaching Hospital is presented with significant challenges in their efforts to providing comprehensive care in the area of counselling for individuals with terminal sickness. Like many healthcare facilities in developing countries, this hospital faces constraints in terms of personnel, facilities, and funding. As observed by Agyemang-Duah et al. (2019) healthcare challenges in Ghana has highlighted how resource limitations in African hospitals often lead to inadequate psychosocial support for patients. In the case of UUTH, these limitations manifest as insufficient numbers of trained counsellors, lack of private spaces for confidential conversations, and limited time for patient interactions due to high patient loads. Adewole et al. (2017) noted that Nigerian teaching hospitals often struggle with inadequate infrastructure and staffing, which can directly impact the quality of patient care, including counselling services. These resource constraints may force counsellors to prioritize certain patients or limit session durations, potentially compromising the depth and effectiveness of their interventions. Effective communication with terminally ill patients can be challenging due to various factors. Healthcare providers must be aware of these challenges and develop strategies to overcome them.

Emotional Barriers

The emotional intensity of terminal illness can create barriers to communication. Patients may find it difficult to express their feelings, and healthcare providers may struggle to manage their own emotions. Strategies to address emotional barriers include:

- **Self-Reflection:** Healthcare providers should engage in self-reflection to understand their own emotional responses and how they may impact communication.
- **Supervision and Support:** Regular supervision and support from colleagues and supervisors can help healthcare providers process their emotions and develop effective communication strategies.
- **Patient-Centered Approach:** Focus on the patient's needs and emotions, creating a safe and supportive environment for open communication.

Cognitive and Physical Limitations

Patients with terminal illnesses may experience cognitive and physical limitations that affect their ability to communicate. Strategies to address these limitations include:

- **Adapt Communication Methods:** Use alternative communication methods, such as written notes or visual aids, for patients with cognitive impairments.
- **Patience and Flexibility:** Be patient and flexible in your communication approach, allowing extra time for patients to express themselves.
- **Involve Caregivers:** Engage caregivers in the communication process to help interpret and convey the patient's needs and preferences.

Language Barriers

Language barriers can hinder effective communication, particularly in a diverse patient population. Strategies to address language barriers include:

- **Use Interpreters:** Utilize professional interpreters to facilitate communication with patients who speak different languages.
- **Learn Basic Phrases:** Learn basic phrases in the patient's language to help build rapport and demonstrate respect.
- **Multilingual Materials:** Provide informational materials in multiple languages to ensure patients have access to essential information.

Methodology

This section outlines the research design, data collection methods, and analysis techniques employed in this study.

Research Design

The study adopts a qualitative research design, allowing for an in-depth exploration of communication strategies and holistic counselling approaches in a healthcare setting. Qualitative research is particularly suited for understanding complex phenomena such as the emotional and social dynamics involved in counselling terminally ill patients.

Study Setting

The research is conducted at the University of Uyo Teaching Hospital, a tertiary healthcare institution in Uyo, Nigeria. This setting provides a diverse patient population and a range of healthcare professionals, making it an ideal location for studying communication and counselling practices.

Participants

The study involves a purposive sampling of participants, including healthcare providers that is Doctors, nurses, social workers, and counsellors who are directly involved in the care of terminally ill patients and individuals diagnosed with terminal illnesses receiving care at the University of Uyo Teaching Hospital.

Sample Size and Sampling Technique

The sample size (n) for the study is calculated considering the number of persons diagnosed with terminal sickness in UUTH. A sample size of 104 was determined using Kracie and Morgan, (1970) sample size determination table.

Data Collection Methods

A structured questionnaire developed to measure the different dimensions and holistic approaches to counselling was used for data collection. 100 out of 104 questionnaire was returned for analysis. The questionnaire pre-tested for reliability and validity before being distributed.

Data Analysis

The collected data is analyzed using thematic analysis, a method that allows for the identification and interpretation of patterns and themes within qualitative data.

Ethical Considerations

Ethical considerations are paramount in this study, given the sensitive nature of the topic and the vulnerability of the participants. The following measures are taken to ensure ethical conduct:

Informed Consent: Participants are provided with detailed information about the study, including its purpose, procedures, potential risks, and benefits. Informed consent is obtained from all participants before data collection.

Confidentiality: Participants' identities and personal information are kept confidential. Data is anonymized, and identifying details are removed from transcripts and reports.

Voluntary Participation: Participation in the study is voluntary, and participants can withdraw at any time without any negative consequences.

Table 1: Percentage Analysis of Holistic Approach to Counselling of Persons Diagnosed with Terminal Sicknesses in University of Uyo Teaching Hospital

Theme	Number of Participants	Percentage (%)
Effective Communication Strategies		
Active Listening	85	85%
Empathy	90	90%
Clarity and Honesty	78	78%
Cultural Sensitivity	60	60%
Use of Interpreters	45	45%
Holistic Counselling Components		
Addressing Physical Needs	82	82%
Providing Emotional Support	88	88%
Integrating Spiritual Care	55	55%
Social Support and Family Involvement	70	70%
Community Resource Utilization	40	40%
Challenges in Communication		
Emotional Barriers	75	75%
Cognitive and Physical Limitations	65	65%
Language Barriers	50	50%
Patient-Centered Care Practices		
Individualized Care Plans	80	80%
Involvement in Decision Making	77	77%
Respect for Patient Preferences	85	85%

N=100

A significant majority of healthcare providers emphasize the importance of active listening in their interactions with terminally ill patients. Almost all participants highlight empathy as a critical component of effective communication. A substantial proportion of providers prioritize clear and honest communication about patients' conditions and treatment options. More than half of the participants recognize the importance of being culturally sensitive in their communication. Less than half of the participants mention the use of interpreters, indicating a potential area for improvement. Most healthcare providers focus on managing the physical symptoms of terminally ill patients. Emotional support is a key aspect of holistic counselling, with a high percentage of providers acknowledging its importance. Over half of the participants incorporate spiritual care into their counselling practices. A majority of providers involve family members in the care process and emphasize social support. Utilization of community resources is less commonly mentioned, suggesting another area for potential development. Emotional barriers are a significant challenge, with three-quarters of participants identifying this issue. Many participants note the difficulties posed by cognitive and physical limitations in patients. Half of the participants recognize language barriers as a hindrance to effective communication. A high percentage of providers create individualized care plans tailored to each patient's needs. Most participants involve patients in decision-making processes regarding their care. Respecting patient preferences is a priority for the majority of healthcare providers.

Discussion of Findings

The data indicates that a significant majority of healthcare providers emphasize active listening (85%), empathy (90%), and clarity and honesty (78%) in their communication with terminally ill patients. These elements are crucial for building trust, providing accurate information, and offering emotional support. The high percentage (85%) of healthcare providers practicing active listening suggests that most providers understand the importance of fully engaging with patients' concerns and needs. Active listening helps in building rapport and ensuring that patients feel heard and valued, with 90% of participants highlighting empathy, it is evident that healthcare providers

prioritize understanding and sharing the feelings of patients. Empathy is essential in providing emotional support and fostering a compassionate care environment. The emphasis on clarity and honesty (78%) underscores the importance of transparent communication. Patients with terminal illnesses need clear information to make informed decisions about their care. However, there is still room for improvement, as 22% of providers may not consistently communicate clearly or honestly. While 60% of providers practice cultural sensitivity, and 45% use interpreters, these percentages suggest that there is a need for greater awareness and utilization of culturally appropriate communication strategies. Providing training on cultural competence and increasing the availability of interpreter services can help bridge these gaps.

The holistic approach to counselling is well-represented in the findings, with a majority of providers addressing physical needs (82%), providing emotional support (88%), and involving social support and family (70%). The focus on managing physical symptoms (82%) indicates that healthcare providers are attentive to the immediate comfort and well-being of patients. Effective pain management and symptom control are fundamental aspects of palliative care. The high percentage (88%) of providers offering emotional support reflects an understanding of the profound emotional impact of terminal illnesses. Emotional support helps patients and their families cope with grief, anxiety, and other emotional challenges. With 55% of providers incorporating spiritual care, there is recognition of the importance of spirituality in patients' lives. However, nearly half of the providers do not address spiritual needs, suggesting an opportunity to integrate spiritual care more consistently. The involvement of family members (70%) highlights the importance of a support network in the care process. Engaging families can improve the emotional and social well-being of patients.

The lower percentage (40%) of providers utilizing community resources suggests a need for better integration of external support services. Connecting patients and families with community resources can enhance the overall care experience. The study identifies several barriers to effective communication, including emotional barriers (75%), cognitive and physical limitations (65%), and language barriers (50%). The high prevalence (75%) of emotional barriers indicates that both patients and providers face significant emotional challenges. Healthcare providers must develop strategies to manage their own emotions and support patients through their emotional journeys. The presence of cognitive and physical limitations (65%) among patients highlights the need for adaptive communication strategies. Providers should be trained to use alternative communication methods, such as visual aids and written notes, to facilitate understanding.

Conclusion

The importance of mastering communication in the counselling process of terminally sick patients cannot be overemphasized. Throughout this discussion, we have seen how crucially clear, compassionate, and culturally sensitive communication is in providing quality end-of-life care. Within the Nigerian hospital systems, where cultural and religious factors significantly influence patient-counsellor interactions, the ability to communicate effectively becomes even more critical. By prioritizing the mastery of effective communication, counsellors can help alleviate patients' fears, address their concerns, and ensure that their wishes are respected. As we move forward in the push and drive for improved palliative care services in Nigeria, enhanced communication skills should remain a key focus area for healthcare providers and policymakers alike.

Emphasizing a holistic approach in counselling terminally sick patients is crucial for providing comprehensive and patient-centered care. This approach recognizes that patients are more than just their sickness and recognises the interconnectedness of physical, emotional, social, and spiritual aspects of well-being. A holistic approach also involves addressing the needs of the patient's family and caregivers, as they are an integral part of the patient's support system while also emphasizing the importance of family involvement in palliative care decision-making process in Nigerian hospitals, reflecting cultural norms of collective decision-making. Furthermore, a holistic approach extends beyond medical interventions to include psychosocial support, pain management, and attention to quality of life issues. By adopting a holistic approach, counsellors can provide more

comprehensive and culturally appropriate care that addresses the complex needs of persons with terminal illness and their families.

Recommendations

In Nigeria, the concept palliative care is still an emerging field, comprehensive training is essential for health care practitioners to fully grasp its concepts and applications. For the University of Uyo Teaching Hospital, implementing a structured training program could significantly enhance the quality of counselling services thereby impacting on the quality of lives of persons diagnosed with terminal illness. Furthermore, the following recommendations are projected to government, hospital managements and counsellors:

- Ensure the development of culturally appropriate communication tools for effective counselling of terminally sick persons in the diverse cultural context of Nigeria.
- Create guides for counsellors on navigating culturally sensitive topics, such as death and dying.
- Integration of technology in counselling, particularly through telemedicine, it can help overcome geographical barriers and resource limitations, allowing counsellors to reach more patients and provide consistent support.
- Establish a support networks for counsellors to ensure their well-being and the quality of care they provide to terminally sick persons.

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