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Acceptance of Illness, Type of Illness and Psychological Distress among Terminally-Ill Patients in Makurdi metropolis

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Abstract

Terminally-ill patients are faced with complex and psychological challenges which are a threat to public health world-wide, affecting men, women and children. Feelings of pervasive helplessness and non-acceptance of illness has been observed to increase terminal-ill patient's suicidal risk and quest to hasten death. The study used a correlational research design to examined acceptance of Illness, Type of Illness and Psychological Distress among Terminally-Ill Patients in Makurdi metropolis. Multi-stage (quota & convenience) sampling technique was used to select one hundred and ninety-one (191) patients; 64 (33.5%) males and 127 (66.5%) females. Two standard instruments, Illness Cognition Questionnaire (ICQ) and The Hospital Anxiety and Depression Scale (HADS) were used to collect data. Three hypotheses were tested using correlation, ANOVA and multiple regression. The finding indicated a significant positive relationship between Acceptance of Illness and Psychological Distress ($r = .176$, $P<.05$). Also, type of illness significantly differs on psychological distress $F(2,172) = 3.352$, $P<.05$. The third finding showed a significant joint influence of acceptance of illness and type of illness on psychological distress $R=.226$, $R^2=.051$ $F(2,170)= 4.575$; $P<.05$. It was concluded that acceptance of illness enhance psychological distress and patients who suffered from HIV/AIDS were more psychologically distressed than patients with Diabetes and Cancer. It was recommended that the Government through the Ministry of Health and Non-Governmental Organization (NGOs) should organize workshops and seminars on the impact of acceptance and type of illness as it affect the psychological well-being of terminally-ill patients in Makurdi metropolis.

Keywords: Acceptance of Illness, Type of Illness, Psychological Distress, Terminal illness and Makurdi metropolis.

Introduction

Terminally-ill patients are faced with complex and psychological challenges. Treating patients who are experiencing psychological distress is often a challenging clinical task. Although, it is difficult to imagine any patient facing the end-of-life without psychological distress. Thus, clinicians may not immediately differentiate between normal, appropriate, inevitable distress and more severe disturbance for proper intervention (Kyota & Kanda, 2019).

Psychological distress can be defined as a unique discomforting, emotional state experienced by an individual in response to a specific stressor or demand that results in harm, either temporary or permanent to the person (Thasaneesuwan & Nilmanat, 2019). Psychological distress is a general term used to describe unpleasant feelings or emotions that impact your level of functioning. In other words, it is psychological discomfort that interferes with one's activities of daily living and can result in negative view of the environment, others, and the self. Sadness, anxiety, distraction, and symptoms of mental illness are manifestations of psychological distress (Viertiö, Kiviruusu, Piirtola, Kaprio, Korhonen, Marttunen, & Suvisaari, 2021).

Acceptance can be defined as recognizing the need to adapt to chronic illness while perceiving the ability to tolerate the unpredictable, uncontrollable nature of the disease and handle its adverse consequences (Savioni, & Triberti, 2020). Acceptance of illness comprise of the ability to reconcile to the limitations the disease involves, and to face the variable demands imposed by the disease, while staying engaged in a valuable life (Mosli, Saeedi, Alnefaie, Bawahab, Abdo, Shobai, Alsahafi & Saadah, 2021). Type of illness is defined as a serious illness or health condition that carries a high risk of mortality and commonly affects a patient for several years, such as metastatic cancer, heart failure, chronic obstructive pulmonary disease, and dementia.

The effects of psychological distress on patient's well-being, social functioning, perceptions of symptom, distress and length of hospital stay, the importance of recognition and treatment of psychological distress cannot be overstated which is mostly observed in patients with terminal illness. Such patient's life often raises disquieting questions of meaning in life and quality of life while been salient about life; meaning for patients coping with significant medical stressors (Matud & García, 2019).

It has been observed that terminal patients who accepts their health condition stands a better chance to be psychologically well. This means that acceptance of illness is observed to positively correlate psychological well-being. Also, individuals with disease such as cancer, diabetic, HIV/AIDS may fail to achieve a good health outcome despite trying overtime due to their condition. Consequently, learned helplessness is useful in understanding the emotional states of individual diagnosed with terminal illness. In confirmation of the above observation, Africa's HIV Epidemic Analysis Dashboard AHEAD (2022) established that ill feelings of helplessness and emotional irrelevant are triggers of distress among terminal patients.

Establishing the state of well-being of a person suffering with terminal- illness is critical to the overall management of the disease because it's stands that if the person’s psychological functioning is adequate, it is more likely that the patient will be able to maintain a better quality of life (Sustainable Development Unit, 2018). People who have a life-long or infectious disease and who have limited social, psychological, and economic resources find it extremely difficult to maintain a reasonable quality of life.

According to Dezutter, Casalin, Wachholtz, Luyckx, Hekking and Vandewiete, (2013) chronically-ill patients who accept their health condition stands a better chance to be psychologically well. Steger (2012) and Seligman (1975) pointed out that acceptance of illness has positively correlated with psychological well-being. Individuals with diseases such as tuberculosis, cancer, diabetic etc may fail to achieve a good health outcome despite trying over time. Nevertheless, acceptance of illness lowers rates of psychological distress and enhance the patients' emotional functioning and quality of life (Meeks, 2021). Therefore, acceptance of terminal-ill state may play an important role in emotional functioning and quality of life for effective living.

Meanwhile, to enhance patient's well-being when faced with life-death situations, acceptance of terminal illness and helping patients discover their strength or coping strategies for better emotional functioning and quality of life while maintaining their dignity and improving their mood is the bases of this study.

Statement of the Problem

Terminal-illness is a threat to public health world-wide, affecting men, women and children (WHO, 2021). Although, psychological distress is well documented in dying patients but it tends to be under recognized and under treated. Meanwhile, both patients and clinicians believe that psychological distress is a normal features of the dying process and they fail to differentiate natural, existential distress from clinical depression while leading to poor quality of life and possibly death.

It has been observed that patients often worry about their quality of life towards the end while dying gradually from emotional and physical suffering. Meanwhile, feelings of pervasive helplessness and suicidal ideation are present in terminal-ill patients. Also, distress may cause significant suffering, worsen physical pain, interfere with relationships and cause distress to family, friends and worsen treatment adherence among patients. It increases terminal-ill patient's suicidal risk and hasten death.

It is important to point that studies have been carried out by other researchers in other parts of the world (United States of America, Europe, Janpan, China) on psychological distress among terminally ill patients but in Nigeria and of course Benue State, little attention was given to acceptance of illness and type of illness and even those conducted on psychological distress do not link directly with the constructs under consideration and at the same time have methodological deficiencies. This calls for the birth of this study, acceptance of illness, type of illness and psychological distress among terminally-ill patients in Makurdi metropolis as the findings will not just correct the methodological deficiencies but also link directly with acceptance of illness and type of illness as they predict psychological distress particularly among terminally ill patients.

Aim and Objectives of the Study

The study examined acceptance of illness, type of illness and psychological distress among terminally-ill patients in Makurdi metropolis. Meanwhile, the following objectives were formulated;

i. to examine the relationship between acceptance of illness and psychological distress among terminally-ill patients in Makurdi metropolis,
ii. to examine the difference of type of illness on psychological distress among terminally-ill patients in Makurdi metropolis,
iii. to ascertain the extent acceptance of illness and type of illness will jointly influence psychological distress among terminal-ill patients in Makurdi metropolis.

Research Questions

i. What relationship that exist between acceptance of illness and psychological distress among terminally-ill patients in Makurdi metropolis?
ii. How will type of illness differs on psychological distress among terminally-ill patients in Makurdi metropolis?
iii. To what extent will acceptance of illness and type of illness have a joint influence on psychological distress among terminal-ill patients in Makurdi metropolis.

Significance of the Study

The study is useful to the terminally-ill patients and care givers to know the impact of acceptance of illness, type of illness and psychological distress among terminal-ill patients as to help them and their relatives cope with the challenges of distress that accompanied the illness. The study is vital to clinical psychologists to know the appropriate psychotherapeutic guide and intervention program to help manage psychological distress issues in terminal patients.

The findings of this study is significant to the government through the Federal Ministry of Health to know the possible ways of enhancing patients emotional functioning and quality of life while reducing psychological distress among patients in the State and the country at large. Also, it will help the non-Governmental Organizations (NGOs) to organise programmes and seminars for terminally-ill patients and clinicians as often as possible for continuous education to help reduce the perception of control that patients have over their own life.

Theoretical Review

Medical Theory

The medical model is a prevailing or dominant view of pathology in the world (Abid, 2016; Kaplan & Sadock, 1998). According to medical model psychological distress is regarded as a disease in the same category as any other physical illness. This model uses similar model in defining psychological distress as used by medical practitioners. In other words, psychological distress is a form of neurological defect responsible for the disordered thinking and behaviour, (Mikeka, Carson, Butcher & Mineka, 1996). One of the causes of psychological distress according to medical model is exams stress. It is the stress as a result of one's exam anxiety that caused neurological damage in the body, (Mikeka, et al. 1996). This implies that as terminally-ill patients start viewing their illness as a deficiency, they become helpless, anxious and depressed which are the symptoms of psychological distress. Therefore, patients should be encouraged by medical practitioners to be hopeful and think positive of their illness in order to be well.

Cognition Theory

According to the cognitive model, negatively biased cognition is a core process in psychological distress (Barlow, Durand, Stewarts & Lalumiere, 2015). This process reflected when distressed patients typically have a negative view of themselves, their environment and the future (Weinrach, 1988). They view themselves as worthless, inadequate, unlovable and deficient. According to cognitive theorists, people's excessive affect and dysfunctional behaviour is due to inappropriate ways of interpreting their experiences either due to stress experienced or age. The essence of the model is that emotional difficulties begin when the way people see events gets exaggerated beyond the available evidence, this manner of seeing things tend to have a negative influence on feelings and behaviour in a vicious cycle. The theory believed that individual environment or situation could be the sources of individual stress making the person have negative thought about him/herself resulting to psychological distress.

Acceptance of illness, type of illness and psychological distress

In an investigation, Mosli, Saeedi, Alnefaie, Bawahab, Abdo, Shobai, Alsahafi and Saadah (2021) in their study maintained that Crohn's disease (CD) is a progressive illness associated with high morbidity owing to the complications associated with the condition. Adult patients with CD completed an illness cognition questionnaire (ICQ) between January and December of 2019. A total of 88 patients participated, 55.8% were females, 18% were smokers, and 11.5% had undergone CD-related surgery. Linear regression analysis was used to identify association with the ICQ score. It was found that acceptance of illness significantly associated with psychological distress among Saudi patients diagnosed with CD.

A study conducted by Nur'aeni, Mirwanti and Anna (2019) to identify the effect of workbook on illness cognition in CHD patients. Quasi-experimental with pre test-post test control design used adopted to study patients in West Java, Indonesia. Purposive sampling was used to select 39 respondents who were divided into control and intervention groups. The instrument used was the illness cognition questionnaire (ICQ). Data were analyzed using the mean, median, percentage, and to estimate the effect of the workbook to the patients' IC used Wilcoxon and Friedman test. The result showed a significant association between acceptance of illness and psychological distress. In another study, acceptance play a significant role in control and a patient's self-control in disease. Acceptance of the disease greatly affects the self-esteem and adaptation to limitations determining a subjective life quality of the patients (Kurpas, Mroczek, Knap-Czechowska, Bielska, Nitsch-Osuch, Kassolik, Adrzejewski, Gryko & Steciwko, 2020).

Remien, Stirratt, Nguyen, Robbins, Pala and Mellins (2019) examined the goal to achieve without addressing the significant mental health and substance use problems among people living with HIV (PLWH) and people vulnerable to acquiring HIV. These problems exacerbate the many social and economic barriers to accessing adequate and sustained healthcare, and are among the most challenging barriers to achieving the end of the HIV epidemic. Mental health impairments increase risk for HIV acquisition and for negative health outcomes among PLWH at each step in the HIV care continuum. We have the necessary screening tools and efficacious treatments to treat mental health problems among people living with and at risk for HIV. However, we need to prioritize mental health treatment with appropriate resources to address the current mental health screening and treatment gaps. Integration of mental health screening and care into all HIV testing and treatment settings would not only strengthen HIV prevention and care outcomes, but it would additionally improve global access to mental healthcare.

Nicole, Rime', and Munoz-sastre (2013) showed that studies have shown that chronic illness patients encounter difficulties in the social sharing of emotions. Do HIV/AIDS patients present distinguishing traits in the inhibition of illness and non-illness-related emotions? The differences in the social sharing of emotion between 35 HIV/AIDS, 35 diabetic and 34 cancer outpatients were studied. The HIV/AIDS group significantly presented superior scoring in shame, guilt and non-sharing of illness-related emotions, lower frequencies of social sharing of emotion and less sharing partners.

Hypotheses

The following research hypotheses were tested in the study:

- **i.** There will be a significant negative relationship between acceptance of illness and Psychological distress among terminal-ill patients in Makurdi metropolis.
- **ii.** Type of Illness will have a significant difference on psychological distress among terminal-ill patients in Makurdi metropolis.
- **iii.** Acceptance of illness and type of illness will have a significant influence on psychological distress among terminal-ill patients in Makurdi metropolis.

Method

Design

Correlational design was used to examine acceptance of illness, type of illness and psychological distress among terminally-ill patients in Makurdi metropolis. The design is most suitable because the variables are not going to be manipulated but instead questionnaire was used to collect data to explain the relationship or association between and among the variables. Also, data for the study was collected at a single point in time and analysed as a single group to help explain and discuss the variables in term of strength, direction and statistical significance.

Setting of the Study

The setting of the study was Makurdi, Benue State. Makurdi is the state capital of Benue State. Benue State is located in the middle-belt region of Nigeria with a population 4,253,641 according to 2006 National Population Census. Nevertheless, the concern for this study is Makurdi Metropolis, the State Capital. Makurdi is located in the central Nigeria along the Benue River. It is located along latitude 7.73° and longitude 8.52° and situated at elevation 104 meters above sea level. Makurdi has a population 292,645 and over 380 people per km² (Census, 2006).The predominant inhabitants are the Tiv, Idoma and Igede people who speak the Tiv language, Idoma language and Igede language respectively. There are other ethnic groups residing in Makurdi. They include Etulo, Hausa, Jukun, Igbo, Nyifon just to mention but a few. Makurdi is rich in agricultural activities specialising in crops.

Participants

The participants for this study were one hundred and ninety-one (191) terminal patients who were within the age range of 15 - 48 years of age with mean age of 31 years (SD=1.00). Their demographic information showed that 64 (33.5%) of the participants were males while 127(66.5%) were females. Among the participants, married were 167 (87.4%), singles were 15 (7.9%), divorced were 3 (7.9%), and separated were 3 (1.6%). Furthermore, 152 (79.6%) of the terminal patients were Tiv, 23 (12.0%) of the terminal patients were Idoma 7 (3.7%) of the participants were Igede and other tribes were 7 (3.7%), while 2(1.0%) participants did not indicate their ethnic group. The data revealed that 4 (2.1%) of the participants were cancer patients, 28 (14.7%) of the participants were diabetic patients while 159 (83.2%) of the participants were HIV patients. All the participants were selected in hospital or medical centres; Federal Medical Centre, General Hospital North bank, Family Practice Hospital all in Makurdi. Nevertheless, the patients in critical condition, the blind, deaf and dump patients were restricted from the study.

Sampling

The Sample Size Calculator is a survey software developed by Raosoft (2016) while multi-stage sampling technique (stratify sampling technique and convenience) were used for the study.

Instruments

A set of self-reported questionnaire was used for data collection in the study. The questionnaire was divided into three sections. The first section assessed the demographic information of the participants including sex, age in years, marital status, religion, educational qualification, type of illness and the length of the illness.

The second section assessed the psychological distress via the hospital anxiety and depression scale (HADS) developed by Zigmond and Snaith (1983) to measure anxiety and depression in a general medical population of patients. The scale is simple to score, speed and ease to use. It comprises seven (7) items for anxiety and seven (7) items for depression and it takes 2-5 minutes to complete. The scale is scored using a 4-likert format of Strongly Agree (SA) to Strongly Disagree (SD). Meanwhile, items under anxiety include "I feel tense or wound up; I can sit at ease and feel relaxed; I get sudden feeling of pain". And for depression, "I still enjoy the things I used to enjoy; I feel cheerful; I have lost interest in my appearance." The scale is one of the National Institute for Health and care Excellent (NICE) recommended tools for diagnosis of depression and anxiety (NICE, 2020). Meanwhile the scale has the co-efficient of .78 for anxiety, and .79 for depression which is reliable to measure psychological distress of terminal-ill patients (Bjelland, Dahl, Haug & Neckelmann, 2002).

The third section assessed the acceptance of illness of terminal patients via Illness Cognition Questionnaire (ICQ) and was developed by Evers, Kraaimaat, Van-Lankveld, Jongen, Jacobs and Bijlsma, (2002) to assess three dimensions of cognitive evaluation of stressful and aversive character of a chronic illness:

helplessness, acceptance and perceived benefits. Nevertheless, only acceptance was considered for the study. The ICQ is a 18-item tool that is measured on a 4-point likert format of "agree not at all" as 1 to "agree completely" as 4. Some of the items that constitute the questionnaire included I can handle the problems related to my illness, I have learned to live with my illness for acceptance. Meanwhile, to test the validity and reliability of the used scales, a pilot study was conducted by the researcher. The pilot study participants were drawn from the Nigerian Air Force Hospital, Makurdi-Benue state and all the items were reported valid and reliable to be used on terminal patients in Makurdi Metropolis.

Procedure

An introduction letter was given to all the hospital management of the selected medical institutions with the permission for approval to administer questionnaire. Trained research assistants helped the researcher in the administration of the questionnaires. After selecting the hospitals through quota sampling technique, the researcher obtained a written approval from the hospitals management before going round with the research assistants to administer the questionnaire to the participants. Meanwhile, the participants were adequately informed on the purpose of the study and how their responses (information) to the questionnaire is vital. They were assured of confidentiality and professionalism in handling their information. Also, a verbal instruction and written instruction was given on how to fill the questionnaire. Through convenience sampling technique, only terminal-ill patients who were receiving treatment as outdoor patient and willing to participate in the study were given the questionnaire to fill. The researcher and the assistants collected the questionnaires after full completion by the participants and presented for data analysis. The process was applicable to all the selected hospitals within the study population.

Data Analysis

The data collected for the study was analysed via Statistical Package for Social Science (SPSS, version 20). The Pearson Product Moment Correlation was used for hypothesis one, One-Away ANOVA was used was used for hypothesis two while multiple regression was used for hypothesis three. The demographic information of the participants were analyzed using descriptive statistics.

RESULTS

Table 1: Partial Correlation Table Showing the relationship between acceptance of illness and Psychological Distress among Terminal Ill Patients in Makurdi Metropolis

Variables	N	Mean	SD	A	B
Psychological Distress (A)	175	32.04	5.40	-	
Acceptance of Illness (B)	186	17.30	3.97	.176*	-

Key: *=P<.05

The result in Table 1 shows a significant positive relationship between acceptance of illness and psychological distress among terminally-ill patients in Makurdi metropolis r(184) = .176; P<.05}. Therefore, the hypothesis was statistically significant but not confirmed. This implies that the more the terminally-ill patients in Makurdi Metropolis accept their illness, the more they become psychologically distressed and vice versa. This means that terminal patients accept their illness late and only when they feel that they are helpless and could not help themselves.

Table 2: One-way ANOVA showing difference in the type of illness on psychological distress among terminal patients in Makurdi metropolis.

Sources of Variance	SSQ	df	MSQ	F	Sig.
Between Groups	190.153	2	95.076	3.352	.037
Within Groups	4878.567	172	28.364		
Total	5068.720	174			

The result in Table 2 indicated that there was a significant difference in the type of illness on psychological distress among terminal patients in Makurdi metropolis F(2,172) =3.352, P<.05. To further interpret this finding, post hoc analysis was conducted and the result is presented in Table 2.1.

Table 2.1: Post hoc LSD summary Table showing difference in Type of Illness on Psychological Distress in Makurdi metropolis.

Variables	A	B	C	Mean	S.D	N
Cancer(A)	-			27.00	5.35	4
HIV/AIDS (B)	5.47*	-		32.47	5.53	144
Diabetes (C)	3.52	1.95	-	30.52	4.00	27

Key: * = P<.05

The Result in Table 2.1 shows that there was a significant difference between HIV/AIDS and Cancer on Psychological Distress (LSD=5.47; P<.05) with HIV/AIDS patients significantly scoring higher (M=32.47; SD=5.53) than Cancer patients (M=27.00; SD=5.35). On the other hand, there was no significant difference between Cancer and Diabetes patients on Psychological Distress (LSD=3.52; P>.05) and no significant difference between HIV/AIDS and Diabetic patients on Psychological Distress (LSD=1.95; P>.05). This implies that psychological distress of patients suffering from HIV/AIDS differs significantly from that of those suffering from cancer but not diabetes. This means that HIV/AIDS patients are more psychologically distressed than diabetic and cancer patients.

Table 3: Multiple standard regression analysis showing the join influence of acceptance of illness and types of illness on psychological distress among Terminally-ill Patients in Makurdi metropolis.

Variable	R	R^2	df	F	Sig	β	t	Sig
Constant	.226	.051	2,170	4.575	.012		8.883	.000
Acceptance of Illness						.129	1.637	.104
Type of Illness						.150	1.905	.058

Dependent Variable: Psychological Distress

The result in Table 3 showed there was a significant joint influence of acceptance of illness and type of illness on psychological distress among terminally-ill patients in Makurdi metropolis R=.226, R^2=.051 F(2,170)= 4.575; P<.05. This implies that acceptance of illness and type of illness when combined can predisposed terminal ill patients to psychological distress in Makurdi metropolis. The Table further showed that the predicting variables jointly accounted for 5.1% to the psychological distress among terminal ill patients in Makurdi metropolis. Therefore, the hypothesis stated was accepted and confirmed.

Discussion

The study examined acceptance of illness, type of illness and psychological distress among terminal patients in Makurdi metropolis and the findings are discussed based on hypotheses stated. The hypothesis one which states that there will be a significant negative relationship between acceptance of illness and psychological distress among terminal ill patients in Makurdi metropolis was not confirmed. The current finding maintained a significant positive relationship between acceptance of illness and psychological distress. This implies that as terminal patients in Makurdi metropolis accept their illness, they are more psychologically distressed. The current finding supported the work of Mosli, Saeedi, Alnefaie, Bawahab, Abdo, Shobai, Alsahafi and Saadah (2021) among 88 from Januar to December, 2019 which establishing a significant association between acceptance of illness and psychological distress.

Also, Religioni, Czerw and Deptala (2018) among individuals with terminal illness maintained that an increase in acceptance of illness, increased psychological distress. The result is consistent with Nur'aeni, Mirwanti and Anna (2019) as they maintained a significant positive association between acceptance of illness and psychological distress. In another study, acceptance play a significant role in control and a patient's self-control in disease. Acceptance of the disease greatly affects the self-esteem and adaptation to limitations determining a subjective life quality of the patients (Kocatepe, Arikan, Yildirim, Peker, & Unver, 2020). These showed how timely acceptance of illness plays a vital role to the patients and the significant others as seen in the current study finding.

Meanwhile Jankowska-Polariska, Kasprzyk, Chudiak and Uchmanowicz (2016) disagreed with the current findings of positive correlation between acceptance of illness and psychological distress among patients. They established that acceptance of a disease has a significant impact on psychological distress in patients by concluding that the higher the acceptance of illness, the lower the psychological distress.

Also, Dezutter, Casalin, Wachholtz, Luckyx, Hekking and Vandewiela (2013) in their study among 481 chronically ill patients concluded that the psychological distress of chronically ill patients will be better when they accept their ill condition. In Poland, Bogusz and Humeniuk (2017) studied 240 patients who were treated in mental health clinic. The study revealed that acceptance of illness was not correlated with psychological distress among Poland patients. This could be as the result of environmental condition. In conclusion, the current finding implies that an increase in psychological distress, will increase acceptance of illness. This further shows that terminal ill patients in Makurdi metropolis will not accept their illness (ill condition) when they are psychologically distressed. Their condition (pain, hopeless, frustration) make them to accept their illness.

The hypothesis two indicated that there was a significant difference in the type of illness on psychological distress among terminal patients in Makurdi metropolis. The result further showed that patients with HIV/AIDS are more psychologically distressed than patients with Diabetes and Cancer. The finding supported the work Nicole, Rime', and Munoz-sastre (2013) showed that studies have shown that chronic illness patients encounter difficulties in the social sharing of emotions. Do HIV/AIDS patients present distinguishing traits in the inhibition of illness and non-illness-related emotions? The differences in the social sharing of emotion between 35 HIV/AIDS, 35 diabetic and 34 cancer outpatients were studied. The HIV/AIDS group significantly presented superior scoring in shame, guilt and non-sharing of illness-related emotions, lower frequencies of social sharing of emotion and less sharing partners. In the same direction, Remien, Stirratt, Nguyen, Robbins, Pala and Mellins (2019) established a significant difference while pointing that HIV patients are more distressed than others. Maintaining that HIV is a virus that grows in one's body and weakens the immune system. This makes it harder to fight off germs and common illnesses. He pointed that someone with HIV is more likely to get sick and from things that don't affect other people. It was concluded that HIV patients are more psychologically distresses hence they become weak due to the illness.

Conclusion

It was concluded that timely acceptance of illness enhance psychological distress among terminally-ill patients in Makurdi metropolis while HIV/AIDS patients are more psychologically distressed than Diabetes and Cancer patients.

Implications

Psychological distress increases risk of incident arthritis, cardiovascular disease and chronic obstructive pulmonary disease in a dose-response pattern, even at low and moderate distress levels. Meanwhile, understanding acceptance of illness is an importance thing for patients in order to find strategies and supports to live a healthy live. Providing psychosocial care is the culturally sensitive provision of psychological, social, and spiritual care through therapeutic communication. Current evidence suggests that effective psychosocial care improves patients' health outcomes and quality of life. As such it's important to state that illness is not a death sentence and the timely acceptance will enhance quality of life of the patient.

Limitations

There were limitations in the study. The data collected was in form of self-reports and only for outdoor patients while indoor patients were restricted. Further studies should consider both the outdoor and the indoor patients to compare their means. Also, the study was limited to acceptance and type of illness on psychological distress. Future research should investigate the mediating role of type of illness while considering helplessness of illness and perceived benefit of illness on psychological distress.

Recommendations

Based on the findings of the study, the following recommendations were made:

i. The Government through the ministry of Health and Non-Governmental Organizations (NGOs) to organize workshops and seminars on the impact of acceptance and type of illness as it has a significant influence on psychological distress among terminally-ill patients in Makurdi metropolis. This could help reduce the rate of psychological distress (depression, anxiety etc) among terminal patients especially HIV/AIDS, diabetic and cancer patients.

ii. Based on the first findings of the study, terminally-ill patients in Makurdi can only accept their illness when they don't have another option or critically distressed or in pain. The researcher recommended that measures should be taken to educate terminally-ill patients on the benefits of accepting their illness early to receive proper medical and psychological attention in order to reduce anxiety, self-harm to self and care givers as supported than accepting their illness at a critical stage of no hope (Jankowska-polariska et al. 2016). This could be achieved by Psycho-educating the patients that are diagnosed with terminal illness by Clinical psychologists and other clinicians.

iii. According to Cognitive theory, negatively biased cognition is a core process in psychological distress (Barlow, Durand, Stewarts & Lalumiere, 2015). Theorists maintained that, when patients view themselves as worthless, inadequate, unlovable and deficient as result of their illness, it affects their behaviour. They believed that an individual's environment or situation could prompt the person to have negative thoughts about him/herself resulting to psychological distress. The researcher recommend that clinicians and caregivers should create a conductive environment for patients and encourage them to resolve all negative thoughts and be hopefully by thinking positively.

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