



Research Article

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Undergraduate Nursing Students Knowledge and Attitudes Towards The Management of Bipolar Mood Disorders

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Abstract: Mental disorders contribute meaningfully to the global burden of diseases affecting about 30% of the population. In Namibia, there has been very little research on mental health to inform policy and interventions. In Namibia, the burden of mental illnesses is estimated at 25.6% and is expected to double by 2025. Mental health, such as Bipolar mood disorder is one of the biggest issues in Namibia that has been overlooked for years. The aim of this research is to determine knowledge and attitudes of undergraduate nursing students on bipolar mood disorders at the University of Namibia, Main Campus, Windhoek. A quantitative, approach with cross-sectional, descriptive survey design was used to conduct this study. The target population consisted of 93 student nurses who were registered in the Bachelor of Nursing programme at the selected university. Data was collected from 70 nursing students through self-administered questionnaire during the period of June-August, 2020. Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 24. In total 70 respondents, (17) 24.3% males and 53 (75.7) females were recruited. Findings from of this study indicated that the majority of students (54)77% have knowledge on the symptoms of bipolar mood disorders. Nominal as well as ordinal data were analysed using descriptive analysis. The data collection and process of the study were explained to the participants, who agreed prior to the distributing of the questionnaires. Permission was obtained from the Ethical Research Committee of the School of Nursing and Public Health before commencing with the study. Specific training is recommended for student nurses to become competent in the field of mental illness. More mental health centres are needed to facilitate training on mental illness and to reduce the workload of mental health professionals.

Keywords: Knowledge, Attitude, Bipolar Mood disorder, Mental health

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INTRODUCTION

Bipolar mood disorder is formerly called manic depression,” is a mental condition that cause extreme mood swings that include emotion highs (mania or hypo mania) and lows (depression)” (Stephanie, 2014). It is characterized by extreme mood swings from hopeless depression to euphoric or irritable mania”. It is serious mental illness that if it left untreated can destroy relationships, undermine career prospects and seriously affect academic performance, and sometimes can lead to suicide. When a person become depressed, she or he may feel sad and hopeless lose interest or pleasure in most activities. When the mood shift to mania or hypo mania (less extreme than mania), the person may feel euphoric, full of energy or usually irritable. The mood swings can affect sleep, activities, judgment, behavior and the ability to think.

Bipolar mood disorders are often misdiagnosed as other behaviors such as attention deficit disorder and hyperactivity or schizophrenia. This disorder is still highly misunderstood and stigmatized as some people still believe in common misconception and stereotypes that individuals suffering of bipolar mood disorder is crazy or psycho” (Moyo, (2014). Globally, the lifelong prevalence rate of bipolar disorder is 0.3- 1.5% (WHO, 2019). Mental disorders contribute significantly to the global burden of diseases affecting about 30% of the global population. Mental illness is rate as a public

health concern worldwide due to the substantial amount of morbidity and disability accounted for by mental illness (Tibebe & Tesfay, 2015). It is further reported that bipolar mood disorder affects about 45 million people worldwide. The burden of mental disorder continues to grow with the impact on health and major social, human rights and economic consequence in all countries of the world.

Bipolar mood disorders prevalence rates ranging from 4% to 50%, have been reported in some sub-Saharan Africa (WHO, 2017, Salihu *et al.*, 2016).

Although mental diseases are quite common representing 17.6% globally, they are generally overlooked and accompanied by misconceptions and stigmatization (Ebrahim *et.al*, 2020). However, it is reported that for patients to recover from mental illness factors such as staff, facility, and significant others play an important role. It is confirmed that mental health personnel who are well trained in mental health and have the right attitude to the care of clients with mental illness are critical in caring for and recovering clients (Chang *et al.*, 2021).

In South Africa research has highlighted that nurses’ negative attitudes towards mental health patients and mental health care are linked to various personal factors including inadequate mental health knowledge, inadequate training, inexperience in mental

health care, religious predisposition, low levels of education, fear related to the mental healthcare environment, and the lack of personal experience of mental illness (Bedaso et. al, 2016, Wakida et. al, 2018).

Kigozi-Male *et al.* (2023) reported that in South Africa, significantly lower levels of mental health knowledge were established among enrolled/assistant nurses compared to professional nurses, those working in small town-based clinics compared to those working in city-based clinics, nurses who self-reported not to have screened patients for mental health conditions compared to those who did, and nurses who self-reported not to have referred patients for mental health evaluation compared to those who did.

In Namibia, bipolar mood disorder is one of the biggest health concerns among other mental health problems. According to Namibia demographic Health Survey (2013), mental health problems are rapidly increasing in the country with the burden of mental illnesses estimated at 25.6% and is expected to double by 2025(WHO, 2019). It is further reported that 12–13% of Namibians are struggling with psychological distress (Bartholomew et.al, 2019). The latter further posit that very few medical practitioners are available to provide mental health services in Namibia. It is therefore very imperative to assess the knowledge and attitudes of student nurses as future nurse practitioners to ascertain the challenges associated with the management of patients with bipolar mood disorders.

MATERIALS AND METHODS

Study design

The research employed a quantitative, cross-sectional, descriptive design.

Data Collection

The study was conducted at the School of Nursing and Public Health at the Main Campus of the University of Namibia (UNAM) Main Campus in Windhoek between June -and September 2020.

Participants and Recruitment

The target population comprised of all 109 fourth year nursing students at UNAM, Main Campus for the 2020 academic year. The sample was drawn using the Slovin formula to determine the sample size of 85 students.

Research Instrument

A questionnaire comprising closed ended questions were used to collect data. The questionnaires are divided into three sections namely, section A for demographic information of the participants, section B for knowledge and section C for attitudes.

Data Collection Procedure

Participants were approached during a time which has been arranged with the class representative to invite them for voluntary participation. A consensus was reach with regard to a suitable date and time to explain the study and to obtain informed consent. The participants provided verbal consent and explained regarding the voluntary participation and that they can withdraw anytime if they so wish. The entire data collection took place as from the 01-31 August 2020, in a private lecture hall of the School of Nursing & Public Health. The details were explained by the researcher, including the recording of discussions.

Data Analysis

Data was analyzed using Computer software system, SSPSS- version 16. This involved compiling the data, entering the data into database and assigning number to each line. Demographic data was presented as percentage with bar graphs. Descriptive measures were presented in the form of frequency tables for easy interpretation.

Ethical Consideration

This study was conducted in accordance with the Declaration of Helsinki. World Medical Association (2003). Ethical clearance was obtained from the Research Committee at the School of Nursing and Public Health at University of Namibia (Reference Number: SON/460/2020). Informed consent was obtained from all individual participants. The study was voluntary; thus, participants had the right to withdraw from the study. Anonymity and confidentiality were ensured by protecting the identity of the participants.

RESULTS

Table 1: Socio- Demographic characteristics of participants

Variable	Frequency	Percentage (%)
Gender		
Male	17	24.3
Female	53	75.7
Total	70	100.0
Age group		
20 -24	43	61.4
25- 29	20	28.6
30 -35	7	10.0
Total	70	100.0
HIGHEST QUALIFICATION OBTAINED		
grade 12 certificate	64	91.4
diploma in health science	2	2.9
certificate in health science	4	5.7
Total	70	100.0
MARITAL STATUS		
Married	11	15.7
Unmarried	59	84.3
Total	70	100.0
NATIONALITY		
Namibian	68	97.1
SADC region	1	1.4
Other	1	1.4
Total	70	100.0

The majority, (62)88.5% of the respondents indicated that it is true that bipolar mood disorder causes unusual shifts in the mood, energy, activity level and concentration which is correct, while only respondents (8) 12.6% of the respondents indicated wrongly that is false. A high number of respondents (45)64.3 % indicated that is true that bipolar mood disorder has three types which is actually correct, while the minority (25)37.9% of the respondents said false which is actually wrong. An average number (34)48.6% responded that is true that manic episodes that last for 7 days define bipolar II disorder which is wrong, while (36) 54.5% of the respondents answered that it is false indicating the correct response. Only a few (26)37.1% of the respondents said it is true that bipolar mood disorder is caused by stress and is wrong, while the majority, (44)66.7% of the respondents said it is false which is correct. Most (46)65.7% respondents answered that it is

true that cyclothymic disorder is defined by period of hypo maniac and manic symptoms which is wrong while (24)36.4% of the respondents said it is false which is correct.

Table 2: The level of knowledge of Bipolar Mood Disorders among respondents

Knowledge on Bipolar Mood Disorder	Response for True		% of Cases	Response for False		% of Cases
	N	%		N	%	
1.Bipolar mood disorder causes unusual shifts in mood	62	29.1	88.6	8	5.8	12.1
2.Bipolar mood disorder has three types	45	21.1	64.3	25	18.2	37.9
3.Manic episodes that last for 7 days define bipolar II disorder	34	16.0	48.6	36	28.3	54.5
4.Bipolar mood disorder is caused by stress	26	12.2	37.1	44	32.1	66.7
TOTAL	213	100.0	304.3	137	100	100

Findings on participants attitude towards bipolar mood disorders

Question 1, (2) 2.9 % of the respondents agreed that bipolar mood disorder is very contagious, (56)81.2% of the respondents which is majority disagreed and (12)27.3% said they don't know. **Question 2,** (35) 51.1% of the respondents agreed that manic patient has difficulty in utilizing free resources effectively and appropriately, (15)21.7% disagreed and (20) 45.5% said they don't know. **Question 3,** (55)79% of the respondents agreed that manic patient at work place may be either extremely irritable, (8)11. % of the respondents disagreed and (7)10% of the respondents said they don't know. **Question 4,** (2)2.9% of the respondents agreed that bipolar mood disorder can only affect men, (63)90% of the respondents disagreed and (5)7.1% of the respondents said they do not know. **Question 5,** (19)27.9% of the respondents agreed that bipolar mood disorder patients are very dangerous to the community, (38)55.1% of the respondents disagreed and (13)18.5% of the respondents said they do not know. **Question 6,** (49)72.1% of the respondents agreed that bipolar mood disorder patients are always at risk of suicide, (8) 11.6% of the respondents disagreed and (13)18.5% of the respondents said they do not know. **Question 7,** (43)61.4% of the respondents agreed that bipolar mood disorder decrease learning process, (14) 29% of the respondents disagreed and (13)18.5% of the respondent said they do not know.

Table 3: Attitudes of respondents towards Bipolar mood Disorders

Question	Agree Response	% of Agree Responses	Disagree Responses	% of Disagree Responses	I Dnt Know Responses	% of I Dnt Know Responses
1. Bipolar mood disorder is contagious	2	2.9	56	81.2	12	27.3
2. Manic patient has difficulty in utilizing free resources effectively	35	51.1	15	21.7	20	45.5
3. Manic patient at workplace may be either extremely irritable	55	80.9	8	11.6	7	15.9
4. Bipolar mood disorder can only affect men	2	2.9	63	91.3	5	11.4
5. Bipolar mood disorder patients are very dangerous to the community	19	27.9	38	55.1	13	29.5
6. Bipolar disorder patients are always at risk of suicide	49	72.1	8	11.6	13	29.5
7. Bipolar decrease learning process	43	63.2	14	20.3	13	29.5

DISCUSSION OF FINDINGS

Socio- demographic characteristics of respondents

The study assessed the knowledge and attitude of 4th years nursing students at the University of Namibia. 53 students (76%) that took part in the study are female and 17 students (24%) are male. These findings are similar to those of a study by Mao et.al (2021). This is simply because nursing has always been a female dominated profession.

Majority of the respondents falls under the age group of 20- 24 which are 43 students (61.4), 20 of the students are from 25-29 and the minority of the students which are 7 from the age group of 30-35. Most of the respondents obtained grade 12 certificate which is 91.4%, 2.9% obtained diploma in health science and 5.4% of the respondents obtained certificate in health science. 84.3% of the respondents are unmarried and 15.7% of the respondents are married. 97.1% of the respondents are Namibian, 1.4% is from SADC Region and 1.4% is from other regions.

Knowledge on bipolar mood disorders

The study has shown that a lot of students have seen someone suffering from bipolar mood disorder. Majority of them have also knowledge on bipolar mood disorder, symptoms and its treatment. The study has shown that many students lack knowledge on how to differentiate between types of bipolar disorder. These findings are contrary to another study (Alosaimi, 2019), which reported that students lacked a feeling of safety around these patients and that they also lacked knowledge on how to take care of patients with bipolar mood disorders.

Attitudes of students towards bipolar mood disorders

According to this study findings, the majority of students have shown positive attitudes towards bipolar mood disorder, they believed that bipolar mood disorder is not a contagious disorder, it doesn't only affect men and they believed that bipolar mood disorder patients are not dangerous and must not be isolated from the community. minority of the students showed negative attitudes toward bipolar mood disorder as they believed that bipolar mood disorder decrease learning process and they are always at risk of suicide and few of them believed that they are dangerous and needs to be isolated from the community. compared to other studies, students said they are not able to maintain a relationship or friendship with someone suffering from bipolar mood disorder and showed negative attitude towards bipolar mood disorder (Alosaim, 2019).

Limitations

The study was limited to the 4th year degree nursing students at the University of Namibia, main campus, Windhoek only, therefore data cannot be generalized to other nursing students at other campuses. The sample size was limited due to the inability to collect the data from all 93 students but from 85 students only.

Implications

Given the complexity of contemporary healthcare environments, as well as the high prevalence of mental disorders, it is vital that nurses are able to recognize and manage mental health disorders. The findings from this study could be use to gain an understanding of nursing students' knowledge and

attitude towards bipolar mood disorders and to make the necessary recommendations based on the study findings.

CONCLUSIONS

Based on the findings from this study, students need to improve their knowledge on bipolar mood disorder. They need to be exposed more on clinical practise at psychiatric hospital in order to gain more knowledge and attitude on this condition. Training is needed for these students to become competent in this field of mental illness. Nurses and other health professionals in mental health science need to offer more training to these students and they must create programme to encourage learning. The government should build sufficient mental hospitals to facilitate student learning. It is further suggested to recruit enough mental health professionals to reduce the workload of these health care professionals who will be teaching and mentoring student nurses during clinical placement. Qualitative research is needed to explore the experiences and perspectives of student nurses on caring for patients with bipolar mood disorders.

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