

Bipolar Disorder: The Experiences and Ways of Coping among English Older Immigrants in Western Part of Finland

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Abstract

The study aimed to determine the challenges and life experiences of adult bipolar patients and how they cope. The study targeted older English immigrants in the western part of Finland as participants. In order to realize credible results, qualitative content analysis of Elo and Kyngäs was utilized to ensure that the results will be presented carefully and thoroughly organized. Data were gathered through interviews utilizing a semi-structured open-ended questionnaire with follow-up questions to explore themes and different responses while simultaneously recording the interviews to be used later for transcription. The interview questions were formulated by getting the main ideas from the theoretical framework, study background, and study questions. Results showed that during depressive episodes when bipolar patients need more attention, care, and understanding since they tend to become more dependent in this episode. Results further revealed that during manic stage or highly active episodes, bipolar patients become more manageable and appear to be more optimistic. Finally, bipolar patients would be more functional if properly guided and educated with their illness. Providing the best environment would be the better way to let them experience comfortable and quality life.

Language: English

Key words: Bipolar patient, Experiences and Challenges, Cope up, Nursing Theory (Orem, 2001)

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1 Introduction

Today, caring for adults with mental sickness is becoming a necessity in our society. Older individuals aged 60 and above make significant contributions to the community as relatives, volunteers, and dynamic members of the workforce. Unfortunately, many older adults are at risk of developing mental disorders, neurological disorders, substance use problems, and other health-related conditions (WHO, 2017). Working in a home care unit wherein basic leadership lies on the hand of each health care workers, seeing customers, companions or relatives and somebody near to the patient who is taking consideration and requiring more help while living with bipolar disorder, also, fundamental data, for example, giving self-improvement tips on dealing with the side effects and remaining adjusted is crucial to guarantee security with respect to the patient. Disappointment in following, all things considered, will lead to more serious dangers into taking care of the issue the patient is enduring. These are the fundamental motivation behind why this study is pursued.

Bipolar Disorder (BD) is a significant general medical issue, and it speaks to a gigantic test for clinical treatment, particularly in old age. It is known for its chronicity, intricacy, and the high dismalness and death rates, being described by madness or hypomania scenes, exchanging with times of misery and additionally euthymia. In general, the primary side effects appear during pre-adulthood, even more explicitly somewhere in the range of 18 and 22 years (Sales, D. et al, 2013).

World Health Organization (2017) bolsters governments to reinforce and advance psychological wellness in adult individuals and coordinate robust procedures into arrangements and plans. The World Health Assembly embraced the Global technique and activity plan on maturing and wellbeing in 2016. One of the targets of this worldwide procedure is to adjust the wellbeing frameworks to the necessities of older populaces, for mental just as physical wellbeing.

At present, nursing care in psychological wellbeing requests from the attendant a restorative operator pose. In any case, continuing a restorative specialist position requires a stance that organizes the foundation of the helpful relationship, comprehended as an innovation of nursing care that permits to perceive the patients' educational encounters

and to animate their responsibility in the creation of their side effect, and, thus, in the remedial choices making (Garcia, et. al, 2017).

This is a research study about patients living with a bipolar disorder, their encounters, how help is being given and how they dealt with the side effects and keeping adjusted towards the feasible and solid way of life. In addition, it investigates nursing care furnished among elders with Bipolar Disorder, using the idea of Orem's Self - Care Deficit Nursing Theory as a basis.

This study would like to convey to the readers that nursing is not merely a profession that one must do for a living but a profession that one must do because of the passion for giving care to the ones who need especially with mental health problem patients. This further aims that through this study, student nurses, nurses, and all in the healthcare profession can bring out what should be already natural to humanity - to care for others as we care for ourselves.

2 Aim and Problem Definition

This study aims to determine the experiences among older English immigrants with bipolar disorder and their coping methods to attain a manageable life.

Specifically, it seeks to answer the following questions posed:

1. What are the challenges that an older adult with bipolar disorder faced?
2. What are the ways of coping they have utilized to manage a balanced life?

3 Background of the Study

According to a survey of information and insights from the community in European Union nations, Iceland, Norway, and Switzerland: 27% of the adults' populace here characterized as matured aged 18–65, had encountered at any rate one of a progression of mental health in the previous year, this included issues emerging from substance use, psychosis, depression, uneasiness, and dietary issues. These figures speak to a colossal human toll of sick wellbeing, with an estimated 83 million individuals being affected. However even these figures are probably going to belittle the size of the issue, as just a predetermined number of clusters were incorporated, and it didn't gather information on those matured more than 65, a gathering that is at specific hazard (Markovinovič, 2015). The pace of visits to all outpatient provisions per 100, 000 population ranges from 26,077 in Finland (WHO, 2008).

3.1 Bipolar Disorder

Bipolar disorder is also called hyper misery, is a mental disorder that causes strange and outrageous moves in an individual's state of mind. It can influence their vitality levels and capacity to work. A great many people have typical good and bad times, yet for somebody with bipolar disorder, the state of mind movements are extreme. It is not yet wholly comprehended what causes bipolar disorder. The condition can keep running in families, even though this is not generally the situation. It regularly creates between 18 and 24, yet it can happen at any age. The confusion is usually typical, with around one individual in 100 right now being analyzed. Numerous individuals languish over the years before they are diagnosed and treated. Regularly, the burdensome stage starts things out. Much of the time, this can keep going, on and off, for a considerable length of time. A hyper stage can build up sometime later, after which the conclusion of misery may change to Bipolar Disorder. The bipolar issue is a long-haul sickness that must be painstakingly overseen all through an individual's life. After the underlying analysis, it can take a period to figure out how best to adapt to the high points and low points. Different drugs might be attempted until the correct one that works for the individual is found (Aiken, 2010); (Prabhakar & Balon, 2010).

Insights from WHO's bipolar issue are the 6th reason for incapacitated balanced life years among every other illness. Notwithstanding customary bipolar, subtype I characterized by

scenes of lunacy and misery, bipolar subtype II with less extreme hypomania and significant gloom just as bipolar range subtypes carries its pervasiveness to 4.4% of the populace. These assessments are moderate as raised paces of misdiagnosis from 30% to 69% have been evaluated in Europe and in the United States. (Leboyer and Kupfer, 2010).

3.2 Types of Bipolar Disorder

Bipolar I Disorder (Mania and Depression) is a relentless, frequent, and debilitating mental ailment. It is described by at least one hyper scene or blended scene, which is when patients will experience manifestations of both insanity and a downturn. Ordinarily, an individual will encounter times of major depression also and throughout their sickness (Basco & Thase, 1998).

Bipolar II Disorder (hypomania and Depression) Mania is not associated with bipolar II issue. Instead, the sickness includes repeating scenes of significant sadness and hypomania, a milder type of insanity. To be determined to have bipolar II issues, more likely than not experienced in any event one hypomanic scene and one significant burdensome scene in a lifetime. If you ever have a manic episode, finding would be changed to bipolar I issue (Kramer & Suppes, 2019).

Cyclothymia (hypomania and gentle sadness) alludes to types of bipolar ailment that incorporate a time of constant disposition precariousness that is one year for youngsters or youths, two years for adults. For most of the days during this period, patients experience unusual temperament expresses that must incorporate successive hypomanic manifestations that never meet full criteria for mania or significant sadness (Otto, M. et al., 2011).

3.3 Signs and Symptoms

Individuals with Bipolar Disorder experience times of curiously serious feelings, changes in rest examples and action levels, and unusual behavior. These periods are designated "state of mind scenes." Mood scenes are definitely not the same as the individual's temperaments and practices that are run of the mill. Extraordinary changes in vitality, movement, and rest oblige state of mind scenes go along with mood episodes (Bottke, 2018).

People on a manic episode seems to: feel very "up/high" or overjoyed, lively, elevated activity levels, feeling on edge or excited, sleepless nights, more energetic than normal, talk rapidly on different issues, flustered/grumpy or "sensitive", think like thoughts are snaps, think they can do all things once and for all, and taking risk things like paying out all money. On the other hand, people on a depressive state may: feel unhappy, miserable, useless, depressed or lack of hope, less energy, lower activity levels, troubled sleeps with too much or too little sleep, doesn't enjoy to almost everything, feeling anxious and useless, concentration problems, forgetful, eating a lot or too little, feeling exhausted or falloff, having suicidal thoughts or thinking death (Miklowitz, 2019).

On the off chance that a scene of mania or depression turns out to be exceptionally serious, you may create psychotic symptoms. In a hyper or manic scene, these will tend in general be gaudy convictions about the person that have a significant strategic and that have uncommon forces and capacities. On the other hand, in a burdensome or depressive scene that is exceptionally liable, that is more awful than any other person, or even that does not exist (Duffy, 2018).

3.4 Risk Factors and Complications

Factors that may affect the danger of creating bipolar issue or go about as a trigger for the principal scene include: Having a first-degree relative, for example, a parent or a kin with bipolar issue. Times of high pressure, for example, the passing of a friend or family member or other horrendous accident. Alcohol or substance abuse. If bipolar issue is left untreated, it can prompt progressively serious issues that can affect the patient's life, these include drug and liquor misuse, damage to connections, unsatisfactory performance at school or work, monetary or lawful issues and creates violence among others (Rowland & Marwaha, 2018); (Lee, et.al, 2014).

A portion of the indications of bipolar issue are fundamentally the same as those of different ailments. This can make it hard for a specialist to make a precise determination, for example, substance misuse, anxiety & depression (Sonne & Brady, 2002). Those with bipolar issue, are at a higher danger of building up cardiovascular illnesses, heart ailments, diabetes, obesity & other physical ailments (Newcomer, 2006).

3.5 Treatment and Management

Treatment for bipolar disorder focuses on alleviating the occurrence and occasion of depression and mania to allow as everyday life as possible. If a person is not well-treated, episodes of bipolar-connected mania will linger on for about three to six months. Depression tries to stay longer, between six and 12 months. Nevertheless, with proper treatment, the occurrence usually is better in about three months (Tilyard & Harris, 2014). For the person to receive the best possible treatment, it is suggested that they should seek professional help and measures such as auxillary psychological analysis to diminish fall back of risks. Bipolar disorder being regarded as having a lifetime sickness rate, needs treatment and care as it is likely to cause consequential misery and fatality even when being treated well with proper aid and drug (Scott, et. al, 2007).

3.5.1 Pharmacologic Therapy

Medications

A few medications are accessible to help settle emotional episodes. These are normally alluded to as state of mind stabilizers and include: lithium carbonate, frequently alluded to as just lithium is the prescription that is most regularly used to treat bipolar disorder. Lithium stays as a "gold-standard" long-term technique for treatment for scenes of insanity, hypomania, and misery. For lithium to be powerful, it is fundamental that the measurements are right. Anti-convulsant medications incorporates valproate, carbamazepine, and lamotrigine. These medications are occasionally used to treat episodes of mania. Like lithium, they are long-term mood stabilizers. Anti-convulsant medicines are frequently used to treat epilepsy, yet they have likewise successfully treated bipolar issues. Antipsychotic medicines are occasionally endorsed to treat scenes of hypomania. Olanzapine may likewise be utilized long term as a disposition stabilizer and quetiapine for long term bipolar despondency (Baldessarini, et.al, 2008) (Sajatovic, et.al, 2006).

Insomnia is the greatest dilemma in patients with bipolar disorder. Comprehensible management remedy for insomnia, specifically motivation and discipline, is likewise the best regimen for bipolar disorder patients (Harvey, et.al, 2005). According to (Mieli Mental Health Finland, 2021) long-term stress and sleep destitution should be abhorred at all cost to prohibit period of scenes from happening.

3.5.2 Electroconvulsive Therapy

ECT gives people with bipolar disorder solace and provides treatment for intense mania, bipolar despondency, and blended emotional case, who hasn't been feeling well with other measurements. Occasionally, ECT has been used for bipolar disorder in other medical situations when taking medications are vulnerable (Loo, et.al, 2010).

3.5.3 Psychotherapy

Psychotherapy likewise called "talk treatment", is a type of treatment depends on the communication of at least two individuals. In psychotherapy, an individual converse with a psychotherapist or in a treatment gathering, for instance, about the things they need assistance preparing. Through this course, they can process troublesome encounters and attempt to discover answers for them. The customer of a psychotherapist might be an individual or a couple, family or gathering. Family treatment, a kind of psychotherapy that focuses on family connections, (for example, marriage) and energizes everybody inside the family or relationship to cooperate to improve psychological wellness. Mental treatment ordinarily comprises of around days of sessions. Every session keeps going an hour and happens over a time of six to nine months (Mieli Mental Health Finland, 2021).

3.5.4 Dietary and Activity Measures

Diet

Except if the patient with bipolar full of feeling issue, or manic-Depressive Illness (MDI), is on monoamine oxidase inhibitors (MAOIs), no extraordinary eating routine is required. Patients ought to be prompted not to roll out critical improvements in their salt intake, in light of the fact that expanded salt intake may prompt decreased serum lithium levels and diminished adequacy, and decreased admission may prompt expanded levels and poisonous quality (Soreff, 2019).

Weight and Gain Management

It is likewise critical to advise patients on weight the board at the beginning of treatment and furthermore if patients put on weight during treatment. It is along these lines significant that human services experts not just take a benchmark weight estimation at the inception of treatment, but also screen weight routinely during treatment. Moreover,

being watchful on the eating habits and the activities of daily living should be focused as they play big part on overall health situations and weight-concerning issues (Torrent, et. al, 2008).

Exercise

Exercise may go about as a redirection from negative thought, and the mastery of another ability might be significant in people with bipolar disorder. It will help you acquire a manageable and balanced life more so reducing risk of heart diseases and unwanted weight gain. In the created world, taking normal exercise is viewed as an ideal, “feel-good” feeling released from an endorphin’s chemical. Exercise is often suggested especially to people with depression, helping to fight the battle in the stress world (Lawlor & Hopker, 2001).

Socialization

Customary social exercises can be an amazing support against pressure. Set aside some effort to think about whether a standard gathering action (on the request for more than once per month) may furnish you with a superior feeling of community and association. Additionally, time with others is frequently a time when you do not need to act naturally. Plans with others may pull you away from time where you might be exhausted, inert, or self-basis. Utilize your social associations and perceive how you may connect with include more (Otto, et.al, 2011).

Managing Sleeping Patterns

One effect that upsetting occasions can have on you and your state of mind is through disturbance of rest. With stress, troubles nodding off become progressively normal, yet a few people may likewise experience disturbed rest in the night, or early daytime arousing with the powerlessness to fall back snoozing. Research has demonstrated that adjustments in an ordinary rest cycle increment the danger of scenes of madness or depression. Since one cannot avoid stress and stay away from pressure, keeping up customary rest examples can help balance your state of mind. (Otto, et.al, 2011).

3.5.5 Psychoeducation

Psychoeducational mediations can be conveyed in various manners. They can be given to singular patients it is possible that coordinated or inside a gathering setting, to their families and additionally carers and to gatherings of experts for instance, preparing in psychoeducational strategies for network mental medical attendants. A scope of media is utilized, including composed, sound, video and intuitive or online conveyance and numerous mediations mix more than one conveyance strategy to amplify the effect and maintenance of material (Smith, et.al, 2010).

Psychoeducation projects may contain sessions on the idea of bipolar issue, causal and activating variables, manifestations of craziness and discouragement, course, and result, utilizing journals of state of mind, medicate medicines, early recognition and the board of hyper and burdensome scenes, way of life consistency, overseeing pressure and critical thinking. Psychoeducation can be discussed well and given by fully trained professionals like psychiatric nurses of any kind and implementation can be done also personally, or in group discussion, and currently can be done via telephone calls or any web applications through smartphones (Novick & Swartz, 2019).

3.5.6 Family Support

The family condition is a significant setting for understanding the improvement and upkeep of serious psychopathology. Family mediations for bipolar issues are psychoeducational in direction, implying that families (mates, guardians) and patients are educated to perceive the signs and side effects of the bipolar issue, create systems for interceding right on time with new scenes, and guarantee consistency with drug regimens. The psychoeducational approach perceives that the absence of data about the turmoil, alongside vulnerabilities about the future, fuel patients' disavowal of the finding and add to parental figures' high-EE frames of mind. Hence, notwithstanding giving prescriptive data, clinicians address the patients' and relatives' full of feeling responses to the ailment, its visualization, and its normal medicines and help them in creating adapting procedures important to their individual circumstances (Miklowitz, 2007).

3.5.7 Collaborative Care

The nurses, working with a directing therapist, conveyed tolerant instruction about the importance of the ailment and its impact on patients' activities, started to catch up with patients and filled in as a contact for the majority of their emotional wellness needs, including emergency the board, forte care, and inpatient administrations. Following a half year, estimations indicated increments in patient fulfillment with consideration and in force of drug treatment, while crisis division visits, mental triage use, and inpatient days all diminished (Susman, 2010). Medical practitioners can essentially affect the fruitful consideration of these patients by perceiving and evaluating bipolar issues, overseeing treatment with fitting temperament stabilizers and treatments, and teaching patients and their families (Tugrul, 2003).

Patients with Bipolar Disorder are likewise prone to have other mental and restorative comorbidities, and, hence, depend on their essential consideration supplier for all-encompassing consideration. At long last, the significance of collective, team-based care is progressively perceived in overseeing Bipolar Disorder. APNs, by their preparation and experience, are appropriate to encourage ideal patient consideration in a joint effort with the other medical services colleagues. A particularly significant job for Advanced Practice Nurses (APNs) inside essential consideration lies under the watchful eye of the patient, while authorities deal with the bipolar ailment. It is basic that these two specialties to fame work together so as to remain side by side of one another's present period of treatment (McCormick, et.al, 2015). Essential consideration attendants can make a constructive commitment to an individual's consideration through acknowledgment, referral, and contact with the auxiliary help and coordinated effort with relatives. They can contribute explicitly to psycho-training, backslide aversion and physical consideration and ought not to think little of their capacity to have a beneficial outcome (Deacon, 2015).

In the mediation, treatment rules were utilized to help suppliers in their basic leadership and mental clinical medical caretaker masters went about as organizers to guarantee congruity of consideration, encourage access to mind, and furnish the therapist with data and updates in regard to rule-based treatment and observing (Susman, 2010).

3.6 Mental Health Services

In Finland, city specialists oversee organizing psychological wellbeing administrations. Emotional wellness administrations are likewise given by medical clinic regions, private specialist organizations and third segment entertainers, for example, various types of associations. This means, individuals can look for assistance for Bipolar Disorder from, for instance, social insurance focuses, word related human services, particular mental consideration, private facilities, private psychotherapists, the congregation, and different associations which give and keep up various types of mental health services (Mieli Mental Health Finland, 2021).

Ministry of Social Affairs and Health (MSAH, n.d.) oversees national arranging, direction and observing of psychological wellness work. Psychological wellbeing work aims to fortify individuals' great emotional wellbeing and to decrease factors that undermine it. This work incorporates exercises to advance psychological wellbeing and avert emotional wellbeing issues, just as emotional wellbeing administrations. The association of psychological wellness administrations incorporates direction, exhortation, psycho-social help, psycho-social help in emergencies, assessment, treatment, and restoration for emotional wellness issues.

3.6.1 Access to treatment

The equivalent time allotments apply to treatment for adults' psychological wellbeing (more than 23 years) similarly to other therapeutic administrations. The treatment assessments and pre-evaluations of youngsters (under 23 years) must be done inside about a month and a half referral. Treatment must be given inside a quarter of a year of its solution. Kid welfare facilities and school and student healthcare administrations assume a significant job in the counteractive action, discovery, and arrangement of help concerning emotional wellness issues in youngsters and adults. Health practitioners support mental health and prevention among the working populace. The Social Insurance Institution repays mental issues and those experiencing 16-67 years old for work or school performance improvement at restoration psychotherapy. The Social Insurance Institution repays the expenses of rehabilitative psychotherapy to improve the ability to work or read for individuals matured between 16-67 (The Ministry of Social Affairs and Health, n.d.).

3.7 Outpatient Care and Hospitalization

Mental Health Disorders are typically treated with a mix of discussions and medicine, and at times with different sorts of gathering exercises. Mental treatment for the more serious and long-term psychological wellness issues is frequently actualized as alleged outpatient care, for example, patients do not go through their evenings in the emergency clinic, and they just visit the medical clinic a couple of times each week or month to get treatment. Depending on the place of residence and the patient's requirements, outpatient care offers different sorts of helpful services, such as supported living or rehabilitative day-time activities. The reason for day-time exercises is to improve the nature of emotional wellbeing patients' lives and to keep up their independent activity and movement. Daytime exercises frequently incorporate, for instance, cooking openings, exercise, outdoors and the opportunity to converse with other mentally disorder patients and the teachers. On the off chance that the administrations of mental outpatient care are deficient, patients are alluded to a mental consideration unit in the wake of surveying their requirements for treatment. Practically speaking, it is difficult to get conceded into a ward or inpatient care (Mieli Mental Health Finland, 2021).

4 Theoretical Framework

In this study, The Self-Care Deficit Nursing Theory, otherwise called the Orem Model of Nursing, have been utilized. The idea of Self-Care Deficit Nursing Theory is that each patient has been yearning to deal with themselves and perform self-care when they are capable as indicated by their abilities, so they can recover thoroughly and exhaustively. Therefore, this theory is utilized essentially in recovery defining the objective for the patient's independence (Petiprin, 2020).

Orem's theory makes three classifications: the theory of self-care, theory of self-care deficit, and theory of nursing systems (Petiprin, 2020).

4.1 Theory of Self-Care

Orem's theory indicates self-care as a characteristic of being dynamic of an individual considered independent from anyone else and pointing towards a specific objective. It's a genuine circumstance profiting individual variables influencing his very own development, activities that advantage life, wellbeing, and prosperity. Self-care is rehearsing one's very own exercises without anyone else's input towards looking after life, wellbeing, and prosperity. Being oneself consideration organization, which means the capacity of including self-care that contains by age, person's wellbeing status, life's battles, family support and other accessible assets that will help after some time to meet self-care necessities, and by utilizing these activities and self-care requirements classifications and its definition. Widespread self-care is about existence and its capacities, such as having exercises of day by day living, fundamental needs like air, nourishment, water, rest, social and practical prosperity, and others. Formative self-care is about self-awareness or procedures that one must pass. Wellbeing deviation self-care are those general conditions required amid ailment or inability, for example, procuring legitimate meds, monitoring one's close to home wellbeing status and figuring out how to live things well as per the conditions (Petiprin, 2020).

4.2 Theory of Self-Care Deficit

Haws (2021) characterized self-care shortfall as a need of nursing when an individual is restricted or no longer fit for dealing with oneself, subsequently recognizing techniques for assistance, for example, getting things done for other people, controlling, educating, and supporting each other and building up one's own development in anticipation of future needs.

4.3 Theory of Nursing Systems

The theory of nursing frameworks portrays gathering an end or oneself consideration needs by the patient, the medical caretaker, or both. Orem's theory made three nursing arrangement frameworks for patient needs: Wholly compensatory nursing framework is socially reliant on consideration from others or from the medical caretaker for their continued with prosperity. Fractional compensatory nursing framework is spoken to in a circumstance wherein both play out the assignments, the medical attendant, and the

patient however with certain confinements on the exercises to be completed by the patient. Steady educative framework otherwise called strong formative framework wherein the patient can play out specific errands or exercises while requiring remedial consideration or wellbeing data from the medical attendant, consequently leaving the patient to do it freely a while later (Gonzalo, 2021).

5 Methodology

This chapter comprises the data collection and data analysis. Content analysis has been used as the method of this qualitative study.

Qualitative content analysis is normally utilized in nursing studies; however little has been distributed on the examination procedure and many research books commonly just give a short portrayal of this technique. When using content analysis, the point was to assemble a model to depict the phenomenon in a calculated structure. Content analysis is utilized when the structure of analysis is more rationalized based on past information (Elo and Kyngäs, 2008).

The interview was semi-structured, utilizing the pre-determined open-ended research instrument and follow-up inquiries to explain the participants' reactions. The open-ended questionnaire was inspired by the study's theoretical framework and background. One case of the study question is the thing that the member did in managing with the symptoms of bipolar issues and given related questions to further expound their answers, for example, how their condition influences their association with family, companions, exercises, or work, among others.

5.1 Data Collection

Information accumulation is the social occasion of information to respond to the research questions. Although, there are various methods for gathering the data, it should be possible in an interview or focus group discussions, jotting down notes or video/sound account. On the off chance that video/sound-recording is utilized, the information will at that point be interpreted preceding the start of the study. For example, an experienced researcher

analyst or transcriber can decipher one 45-minute sound recorded interview inside an 8 hour thus creating a 20-30 page of a composed discourse (Sutton and Austin, 2015).

Gathering of information was led by searching for more immigrant respondents in the western part of Finland and was conducted by reaching English-speaking older settlers. Some of them were acquired through text messaging and some individuals who church companions have suggested, the interviewer talked with them and told them regarding the study. With the introductory letter, the interviewer informed them of the title and purpose of the study, the protection, and classification and just as how the assembled information was utilized a while later. The plan was to feature the meaning behind the study which was to lead a study about Bipolar Disorder, their involvement and their life's experiences and adapting among English older immigrants' in the western part of Finland. Interviewed them semi-organized using foreordained open-ended questionnaires and gave them follow-up questions to investigate subjects and further reactions while simultaneously recording the interviews used in transcription. The interviewer has transcribed two interviews, one woman and one man with the age range of 60 years old to 80 years old whom the interviewer got acquainted with the man from a familiar friend at a church and the other one with the help of a friend who works in an elderly home.

In this study, the biggest challenge was the fact that due to the recent pandemic situation in the whole world, thus making it difficult to look for participants. Most of the people the interviewer has asked for an interview with person who has a bipolar disorder, some of them knew no one. This limited the study participants up to 2 people from among 4 participants. During the interview, there were some few interruptions, thus it was conducted in a short time and did not really gather saturated data from the participants. Although the participants were already in their ages, they still managed to face and answer the interview questions perfectly.

The questioner utilizes a semi-organized interview with a rundown of open-ended questions regarding the investigation subjects to urge members to talk willingly while having a written topic guide or interview guide for assurance that all topic areas will be secured (Polit and Beck, 2010). During the data collection, we also include the respondents' tone, expressions, and association actions and what will occur in the setting. These are

often called field notes which will enrich and build a thick and dense data (Rebar, et. al, 2011).

The inquiries questions were defined by getting the main idea from the theoretical framework and background of the study and the investigation questions. Significant and explicit open-ended inquiries were separated from the obtained ideas.

The proceedings were recorded using the mobile phone's app voice recorder that lasted around 30 to 60 minutes and the accumulated information was at that point utilized for translation utilizing Microsoft Word and Excel. After gathering and transcribing all data from interviews, the data were analyzed and interpreted based on the answers of the participants. All the information and data given were deleted permanently for privacy purposes.

5.2 Data Analysis

The study used content data analysis when the information was gathered using how Elo and Kyngäs, (2008; 2014) portrayed and characterized the qualitative data analysis.

This sort of information study can be any kind of communication, for example, transcript interviews, talks, perceptions, tapes, reports, etc. The substance has topics and ideas of the concept as principal content, setting data as dormant content (Mayring, 2000). Elo, et.al. (2014), qualitative content data analysis is generally utilized for dissecting subjective information. Also, in qualitative content analysis, the deliberation procedure is the phase during which ideas are made. Typically, a few parts of the procedure can be promptly depicted, yet it additionally in part relies upon the researcher's knowledge or instinctive activity, which might be hard to portray to other people (Elo and Kyngäs, 2008).

Likewise, as indicated by Hseih and Shannon (2005), content analysis is certainly not a single strategy, instead, current content analysis is applied through three approaches: conventional, directed, and summative; moreover, these methodologies are utilized to decipher the setting by keeping up a naturalistic worldview. Conventional content analysis is coding from an information source – directed analysis is utilized to examine a research finding that fills in as rules in coding information. Ultimately, the summative content

analysis sorts and analyzes normally through keywords or context, followed by setting translation.

This study has been made with careful understanding, analyzing, and having read it several times made the writer understand fully the meaning of things being done in this study.

The organization phase has been built up here, the writer read and jot down notes simultaneously and the interviews were read ordinarily to have the option to compose however much as could reasonably be expected. The writer recorded every one of the classes found and the same number of that has been found. In this study, the writer made a matrix of many results found in the composed interpretation of interviews. Succeeding to posting all the categories, the writer clustered them by combining comparable and related classifications to choose what significant classification can combine them all and similarly dispensed with results far beyond the scope of the study.

Moreover, finding and constructing a heading for the significant class is a procedure called gathering and order as indicated by Elo and Kyngäs (2008). The reason for the arrangement is to understand the phenomena and make information through perception. Creating general categories through the subcategories is termed abstraction.

Below is figure 1 illustrating the categories and subcategories (Elo, et.al 2014), thus analysis is formed following the procedure.

SUBCATEGORY	CATEGORY
<ul style="list-style-type: none"> ➤ Diagnosis and Treatment ➤ Family and Support Factors 	<ul style="list-style-type: none"> • MANAGING AND COPING
<ul style="list-style-type: none"> ➤ Understanding Bipolar Patients ➤ Relationships ➤ Risk Behaviors 	<ul style="list-style-type: none"> • LIFE EXPERIENCES

Figure 1. The Categories and Subcategories

Finally, results exhibited and in addition, the substance of the classes depicted all together the readers to see how the analysis was done. A compelling study is a rearranged information got from the categories, which respond to the purpose of the study. In the

wake of gathering answers from the interview, the researcher at this point, started transcription and analyzed them. The keywords utilized in looking through data from the web were bipolar disorder, adults, and self-care.

6 Ethical Considerations

Applying ethical values in service delivery is vital for all health practitioners. Nurses, being on the frontline in caring for the ill and vulnerable in the society, have a moral duty that requires them to conduct themselves with professionalism (Potter, et. al., 2001). Nurses exposed to immigrants deal with individuals with a wide range of mental issues or difficulties due to their exposures during the immigration period. There has been a high prevalence and distribution of bipolar disorder among older English Immigrants within Finland due to the causes and reasons for moving. An individual's mental health is directly influenced by the physical, social, and economic environment they are exposed to. The environments within which most immigrants exist are harsh and unforgiving, putting them in despair and severe mental stress.

English older immigrants in the Western parts of Finland are not in large numbers and them integrating with society can be quite a challenge. Most of the individuals in the group find Finnish a complex language to learn, thus, presenting a communication issue with many community nurses and health providers. In dealing with them, nurses need to consider the incorporation of ethical practices (Kieseppä, et. al, 2021). These include encouraging the voluntary participation of the immigrant, informed consent on the healthcare process to address and manage the disorder and practicing confidentiality and anonymity of the issue. Nursing ethics dictate a standard approach to ethical considerations one should make when dealing with patients (Stievano & Tschudin, 2019). Ethics, coupled with a strong sense of morality, is recognized as vital for the research process. Older English women suffering from bipolar disorder may sometimes not be receptive enough and one needs to apply basic communication skills to make a positive impact on them. Taking extra caution and care in dealing with them will make it easier to successfully manage their disorders over a long period of time.

7 Presentation of Findings

Discoveries and results from this study were assembled through transcribing and analyzing the interviews with bipolar patients, which bolster the research aims and questions. The content analysis was used to filter through categories, and subcategories identified with the research questions were arranged and composed. Moreover, the study recognized two categories: managing and coping and life experiences of being an adult bipolar patient.

7.1 Managing and Coping

This category comprises 2 subcategories: The Diagnosis and Treatment, and Family and Support Factors, which tackles about how bipolar patients managed and coped with their illness since the day they have been diagnosed and treated, up to the times when family and loved ones were there throughout their lives.

7.1.1 Diagnosis and Treatment

One participant admitted that bipolar frequently begins in an individual's late teens or early adult years. On account of the two bipolar patients in the examination, one analyzed that,

"I have this illness already in my school years. I have been diagnosed during my college days".

And the other one said,

"It was during my 40's when I was fully diagnosed. At first, they thought it was only schizophrenia. But later they discovered that I have bipolar disorder. My sister also has it. But nothing in my immediate family that I know of. We were only 2 in the family and it is very unfortunate that we both have it. My sister just died, and I am a bit scared now".

They guaranteed that doctors don't know what causes Bipolar issues, however, a few things may add to the sickness. One of these elements is the family qualities since one patient said,

"This illness runs in our family. My uncle has it, my dad has it and I have it. We are almost all doctors in the family. My dad is a doctor, my 2 siblings are very successful

doctors as well. I studied medicine for 2 years and then that was the time when they diagnosed me with bipolar disorder".

When talked about medical treatment with one of the bipolar patients under this investigation told that,

"I am taking prescriptions like valproic acid, lithium, sleep medications and all kinds of medicine that helps my mood swings. When I have my sleeping pills, that's when I get calmed, and I slept for so long hours".

The other one likewise said,

"I'm taking my medications and had electroconvulsive therapy and psychotherapy as well. Antipsychotic medications like Risperidone, Zyprexa, I can't remember the other names and another for sure I have sleeping medication.".

The two of them concurred that taking their drugs routinely controls their symptoms and they feel fine and better.

"I am like in a manner of accepting that our treatment is for a lifetime and permanent. I am fine now because I'm taking my medications regularly. Well, now that's what I felt".

The patients are likewise baffled during the treatment when they are on burdensome episodes,

"I had to remain in the emergency clinic and being secured in the mental ward and abhors needles and a great deal of drug hanging and being topped off".

The other one said,

"I tell you, I have always pain in my stomach and my feet hurts, I cannot walk straight but still I managed to walk. I have a cane with me, that helped a lot. The doctor said they cannot find any diagnosis in my stomach, but it is hurting all the time.".

"I was unwell but coping barely. Here in Finland, I have everything I need. Therapy sessions, free hospitalization with specialized psychiatric care and there are a lot of service providers to begin with".

7.1.2 Family and Support Factors

They included that loved ones likewise is a significant encouraging group of people for them. Indeed, one of the talks with patients happened to share that,

"I am cheerful for my son encourages me a great deal in getting things done. He is so kind that he attended all my needs, he wanted me to go out often with him. I am always excited during Fridays because sometimes I go out of my house and go to a place like sauna and eat afterwards with my son there and we play boardgames, etc. Also, I called my other friends on phones, sometimes my friend visits me at home. I also have different kinds of therapist that I enjoyed a lot".

"My sister is also supportive, in a way. The nurse's friends were beneficial by giving me advices and information about bipolar disorder. They organized activities for me to be able to attend. An inva-taxi fetches me and bring me to the destination I wanted to go. I feel healthy when I have my son and friends surround me and support me".

The two patients likewise appreciate meeting and chatting with their friends and in any event, playing with them.

"I am incredibly upbeat since my wife is taking care of me. My dad was very supportive, my closest family, relatives, and my friends as well. My table tennis friends support me a lot, the whole team understands my illness. Church friends were amiable and accommodating, they always include me in their prayers. I am totally okay if I have little stress in my life and a loving family around me, meaning my parents and my lover or my girlfriend. That's my happiness. I am well when I have that. I'm so totally stable, in fact. So, I must try to get that situation back again and continue to seek the Lord in my life, and I must share the Gospel also, that's been my sin all along."

It is great to realize that during the interview, patients were all positive in routinely taking their medications, having a decent and enough rest, and doing exercises like practicing and leaving their homes to visit places they wanted to go to.

"I exchanged emails with my friends so often. I never drink alcohol, well, occasionally, yes, and I do not smoke. But, on the other hand, my online business helps me a lot, I don't get bored with it".

7.2 Life Experiences

This category includes three subcategories: Understanding Bipolar Patients, Relationships, and Risk Behaviors. It talks about the life experiences and journeys of bipolar patients regarding their relationships with others and the risk behaviors, complications they have been through along with their illness.

7.2.1 Understanding Bipolar Patients

These two participants have manic and depressive episodes, burdensome scenes, or mixed episodes. On account of the bipolar patients who were met deliberately for this study, sleeping, and keeping focused, are one of their principal battles during manic episodes, one patient said,

"You know, I am so a brilliant man, I have an IQ highest in all my siblings, but my mental condition has never been stable. So, I can't focus on anything at all. Even I want to, I can't. I'm handicapped, that's the reality. I should have been a doctor, that was my desire and ambition, but I couldn't manage it".

Thus, the other patient feels the same way,

"My mood swings, I can tell you it's like a roller coaster ride. Most of the time I am just at home sleeping or watching tv. I am thankful my son is helping me with all things. He is living with me until now and he never got married".

During manic episode, for this patient, he feels like he is trembling.

"I cannot sleep when I have irrational thoughts running in my head, so I go out in the middle of the night and go to store and buy unnecessary things. When I am doing

something, I want it to be finished and wouldn't sleep at all. I worked at home, it was an online business, and I was extremely happy whenever I had success in it. I am overjoyed and just contented with everything, I talked fast and almost I do the talking".

And on depressive state,

"Opposite during my depressive state because I just sleep and sleep with so many hours of not waking up.

The other bipolar patient stated,

"I like to be always on my bed. Later my son found me crying and I cannot tell him why".

She also included that a lot of pain is going on.

"It is during my manic episodes where I end up thrilled and satisfied, and more often yelling my doctors for not treating me right. Also, my legs are hurting but no diagnosis at all, they just gave me pain medications all the time. My sister often called me and told me about her day, and I find myself talking to her telling her all my complaints in the world".

Specifically said on having depressive episodes they feel down or tragic, rest excessively or too little, stressed and void. The bipolar patients under this study had shared during interviews.

"I rest and rest consistently though I stress throughout everyday life, had self-pity and self-destructive contemplations, and consistently feel that I am both physically and sincerely depleted. When I feel fine and well, I sometimes do not take my medications because I feel well, but that is not true. I just fooled myself".

The other patient said,

"I gained a lot. Emotionally or physically drained. I couldn't do what I always wanted like choosing different career rather than following what's in my heart. If I failed to take or buy my medicines, my thoughts are different...real things happened again

without it... I do not feel well and I'm like back to zero without my medications. So, long time treatment. Permanent''.

''So, I had to stop my studies and not continue it due to several factors that have affected my studies. So, then I shifted and studied to become a teacher''.

In both manic/depressive episodes attack, sexual capacity is by one way or another influenced yet it is not an issue if they are healthy.

''Sexual function has never been an issue when I am well. But when there's an episode, of course it has affected because it took a long time before I get back to my old self again''.

And for this other patient who almost have similar response,

''It affects sexual function somehow specially when both manic and depressive symptoms happen. That was also the main reason why my late husband chose to live separately and away from me''.

7.2.2 Relationships

As far as taking care of relationships and careers, they generally fail and think that nothing keeps going.

''Broken relationships, I had several girlfriends before I married my first wife and bore a child with her, then we got separated again. I found my second Asian wife, but we only had two years together. I have had failed relationships, no one lasted''.

One patient said that,

''Visiting medical clinics, seeing plenty of healthcare professionals like psychiatrists and doctors all add to my stressors and caused me to feel extreme sadness. My career was greatly influenced and so with the medications, my friends were affected as well. I still live a normal life, but I hate being felt alone, sad and empty most of the time''.

One patient was worried that his condition was affecting his family so much and have been distant because some barely understand the situation.

“My daughter fears me. Since she was young, she has seen the worst of me, until now she is distant with me and wouldn’t want me in her life. She even said she wouldn’t want me around in her wedding and if she will have children, she would not want them to be near me. My siblings loved me for who I am, but my only brother is distant from me. So, we were not that close. My friends were okay, no problem with them but they were afraid when depressive episode strikes. So, I just stayed at home when it happens”.

Additionally, this patient said her son is selfless, on the other hand her work is also affected somehow.

“My son didn’t get married because he’s always looking after me. He chose that way, even though I told him I can manage myself. I have had a lot of sick leave when I was very sick. I could not concentrate at work”.

“Took me a year to be out of work. My sister called me often and more like comparing her situation with me. My late husband used to stay in a different house, he cannot understand me. But he visits me often, and we were good friends. My friends were just fine, they were very supportive of me and they called me often”.

7.2.3 Risk Behavior

As expressed by the bipolar patients who had been met for this specific investigation, one of them said that,

“I was needed to be admitted to a psychiatric hospital long time ago, let’s say 25 years ago. I had a breakdown, worst in my life. I have been admitted into the psychiatric ward because I have been physically hurting my loved ones and myself. If not well, but okay”.

That specific violence incurred the kid to feel fear on his dad. He is additionally physically hurting his wife within the sight of his little girl. He at that point included that, on his worst times, he describes himself as “beasts”.

“During childhood years of my daughter, I used to place my little girl in a sack and in the end freed by my wife each time she saw it. I physically hurt my ex-wife and my daughter saw it too. I’ve hurt my other girlfriends in the past also, physically, verbally and emotionally. When I tried to kill myself with a knife, I had self-pity and I also pointed the knife towards my ex-wife. Many times, I had suicidal thoughts. I was extremely dangerous”.

The other patient likewise shared that,

“I gradually yelled to my son and shouted at him whenever I feel to do it. When I talked to my sister on the phone, I suddenly got hot-tempered and dropped the phone off with a loud bang”.

The previously mentioned are extremely valid with the declarations of the interview with bipolar patients for this study. They could undoubtedly cut off with relationships separated since their loved ones could not continue with the sort of conduct, they are uncovering, particularly during episode assaults and even realizing that an individual has a bipolar issue. Their companions and some relatives were likewise apprehensive during depressive episodes as well, driving them to be detached with the patient. Then again, it is nice to realize that if not all, other relatives, companions, nurture and even their advisors of the talked with patients were all supportive and understanding with the situation of the bipolar patients. Giving useful exercises, offering time to chat with and give the patients bits of advice, and giving them a chance to feel that they are a piece of the family and the public would be helpful for their treatment. Indeed, even churches would be helpful for the spiritual elevating of bipolar patients.

8 Discussion

This study aimed to recognize the difficulties and beneficial encounters of adult bipolar patients and how they cope up. This specific section of the thesis assesses and talks about how the aims of this research question were achieved by the researcher and the significance of the outcomes with its theoretical framework. There are two study questions that were answered in this research investigation. First is "What are the challenges that an

older adult with bipolar disorder faced?" and the second one is; What are the ways of coping they have utilized to manage a balanced life?''.

The researcher gathered information from the adult immigrants in western part of Finland who were experiencing bipolar disorder and fortunately got two (2) participants, one male, and one female. Furthermore, qualitative content analysis of Elo and Kyngäs was used in analyzing the gathered information to guarantee the organization of the displayed outcomes in this study.

Results of the study uncovered that regarding its nature, the bipolar issues could begin at the late teen as well as early adulthood years (Aiken, 2010); (Prabhakar & Balon, 2010) which were valid with the members of this study since one of them was diagnosed during college years and the other one is during 40's. Family genes could likewise be one of the factors of this sort of behavioral disorder for both the members had a relative or kin which has a similar ailment. Moreover, remedy for bipolar issues is not yet promptly accessible however, medications to control its side effects are open in which whenever given consistently will improve the state of bipolar patients (Rowland & Marwaha, 2018). Positively, the participants in this study were normally taking their prescriptions for medicines, such as Valproic Acid, Lithium, Sleep Medication, Antipsychotic tranquilizers, and even submitting themselves for Electroconvulsive treatment and Psychotherapy. This implies dependent on self-care theory of Orem's (2001) in which this "includes self-care as a demonstrative of being active of an individual considered himself and pointing towards a specific objective", the participants were active in improving the nature of their lives by voluntarily taking medications which could control their symptoms and attend strictly to treatments. Then again, bipolar patients particularly during their depressive episodes feel stressed and even baffled when they must remain in the clinic for treatment, secured in the psychiatric room with needles and all the hanging dextrose needed to be refilled. Therefore, bipolar patients during their depressive episodes must not feel that they are confined for this could add to their sentiment of sorrow and even decline their conditions. Moreover, visiting emergency clinics, sleep disturbances, and seeing a lot of carers like psychiatrists all adds to their stressors and causes them to feel serious sadness.

Bipolar mood episodes have three varieties: the (hyper), depressive (down), and mixed (the two episodes) episodes. Individuals having hyper attacks may feel very "up" of "high",

"nervous" or "wired", experience difficulty sleeping, become more dynamic than expected, talk quickly about a variety of things, agitated, irritable, or sensitive, they additionally believe that they can accomplish a lot of things at once and accomplish unsafe things, as spend a great deal of cash, or have reckless sex (Miklowitz, 2019).

The Findings of the study revealed that, during manic episodes, they experience a lot of silly thoughts running on their minds and they truly think that it's hard for them to take rest. In like manner, during hyper stage, they feel extreme bliss and happiness when they achieved something, and they won't quit getting things done until they couldn't complete it. Interestingly, when the patient encounters depressive episodes, they feel extremely down or pitiful, rest excessively or excessively little, feel like they can't appreciate anything, worried and empty, have trouble concentrating, overlook things a great deal, eat excessively or too little, feel tired or slowed down, and consider death or suicide (Miklowitz, 2019). In this scene, it was uncovered that bipolar patients more often than not rest. They feel stressing over their lives and appeared to have self-destructive contemplations. The research subjects likewise feels that they are both physically and genuinely depleted during depressive episodes. These suggest that, during depressive episodes, bipolar patients are bound to wind up reliant on others' care and attention. Also, bipolar patients encounter self-care deficiency during depressive episodes since they become limited and need more consideration and care from their family, companions, loved ones, and even their healthcare provider (for example nurses, clinicians, therapists). Self-Care deficiency happens when an individual is limited or no longer equipped for dealing with oneself and requirements nursing care (Orem, 2001).

Handling relationships and careers are likewise difficult for bipolar patients. They generally flop in their relationships and nothing keeps going. Indeed, even their careers were influenced as well. Medications of individuals encompass them changes particularly when they realize that an individual has bipolar issue. A Psychiatrist must lead a group in overseeing bipolar patients, and the essential care team group is engaged with liaising between the mental multi-disciplinary group and social services, just as supporting the patient and their family. Loved ones are likewise significant encouraging group of people or individuals with mental illness (Tilyard & Harris, 2014).

Results and discoveries in this study revealed that bipolar patients are bound to feel cheerful when they see their family's help and care for them. What's more, bipolar patients likewise wanted to meet and chat with their companions and in any event, playing with them. This suggests bipolar patients must have solid help from their families and companions to reduce the struggles they encounter along these lines improving the nature of their living.

Although medications are simply the essential treatment for bipolar patients, self-management as well as engaging to the patient's family is likewise fundamental. In addition, by keeping up day by day schedules, such as customary drug use and sound rest patterns, exercise and avoidance of liquor can diminish the probability of encountering emotional episodes (Tilyard & Harris, 2014).

The participants in this research study were sure to improve the nature of their lives by routinely taking their medications, giving themselves enough and great rest, doing exercises like practicing, and now and again visiting a few spots they needed to go. It was likewise discovered that the participants occupied themselves by having on the web business, seeing their therapist all the time, and at least purchasing anything they desired to purchase in a shop. Besides, it was likewise revealed that these bipolar patients abstain from smoking and drinking mixed beverages and they want to eat well healthy foods which are viewed as sound conduct turning into a bipolar patient. This implies adult bipolar patients included in this study have a solid self-management. The discoveries are also solid signs that bipolar patients would likely become freer in dealing with themselves than getting to be dependent on other people.

If guided appropriately and adequately, bipolar patients could be a greater amount of useful patient. This is upheld by the Nursing theoretical framework of Orem (2001) in which one of it expresses that, "Strong formative framework wherein the patient can play out specific errands or exercises yet at the same time requiring restorative consideration or wellbeing data from the medical attendant hence leaving the patient do it freely thereafter" otherwise called Supportive-Educative System.

Dealing with an individual with bipolar issues likewise can be distressing and there is a need to adapt to the emotional episodes and different problems that may emerge. Results showed that taking care of relationships is likewise a test for bipolar patients since their

partners and even their family could not support exceptionally long with the sort of conduct, they are uncovering during episode attacks (Otto, et.al, 2011). Family members, friends, and their loved ones will, in general, become detached with them since they fear, particularly during depressive episodes. In any case, alongside these difficulties that bipolar patients experience, it was discovered likewise that there are still relatives, friends, nurses and even their therapists who were supportive and understand with their situation. Offering time to converse with and give the patients bits of advice and a chance to feel that they are a piece of the family and the public would be useful for their treatment. It suggests that family, companions, loved ones, and other essential personalities encompassing a bipolar patient must be well-educated regarding the sickness for them to acknowledge how significant they are in helping the patient.

Aggression and violence among bipolar patients are inescapable. A few studies demonstrated that 9.4% to 50% of bipolar patients had a history of vicious conduct and may fundamentally increase as time passes (Lee, et.al, 2014). Study discoveries uncovered that bipolar patients will, in general, become increasingly forceful and fierce to their loved ones and their family too. Participants of the study additionally discovered that their loved ones used to encounter verbal, passionate, and physical violence from them coming about to traumatic encounters. It cannot likewise be denied that bipolar patients are inclined with self-destructive acts (endeavoring to kill themselves) and physically hurt themselves.

9 Critical Review

This study recognizes the ethical method for appropriate referencing and acknowledging the journalists' works and depicting the privilege and right ideas as in the first to stay away from manufacture and distortion of information.

It is an absolute necessity that qualitative study ought to pursue ethical conduct should have reliability and to be capable "to keep up high expectations of respectability and maintain a strategic distance from such types of research misconducts activities as copyright infringement, creation of results, or falsification of information" (Polit & Beck, 2010). Credible reference is required (Elo, et.al, 2014). Streubert & Carpenter (2011)

accepted that investigating rules of qualitative research includes validity, auditability, and fittingness.

The study attempted to focus on the difficulties and experiences just as the adapting methods for adults experiencing Bipolar issues. The researcher solidly accepted that the outcomes could ease the nursing profession's advancement in addressing the necessities and apply appropriate consideration for bipolar patients. Qualitative content analysis was taken into consideration to attain in-depth comprehension of the information accumulated after the Elo and Kyngäs' deductive qualitative content analysis in detail through three phases of preparation, organizing, and reporting stages.

To assemble the information required for the study, the researcher looked for more older foreigner respondents in western part of Finland who were experiencing Bipolar disorders. Information was accumulated through interviewing them a semi-structured way utilizing open-ended survey questionnaires and was given follow-up inquiries to investigate topics and further responses while at the same time recording the interviews to be utilized later for interpretation.

The inquiries questions were figured by getting the main idea from the theory foundation of the research study and the study questions. Applicable and explicit open-ended inquiries were extracted from the acquired ideas. The study was grounded by its theoretical structure, which was Self-Care Deficit Nursing Theory, Orem's model of nursing which accepts that patients could be fit enough or possibly dynamic in dealing with themselves and improve the nature of their lives or potentially perhaps restricted which requires them for the partial and complete consideration of nursing care.

Streubert & Carpenter (2011), credibility alludes to the dependability of qualitative research discoveries. It is likewise called the essential model to the legitimacy of qualitative research (Whittemore, Chase and Mandle, 2001). It could be comprehended that there is a high caliber of dependability on the study's discoveries since the information gathered was the raw data from Adult Bipolar Patients among immigrants in the western part of Finland. The researcher at that point utilized the appropriate responses of the patients for each related inquiry, analyzed and coded them, which came about to the subjects and make another meaning. This implies there was an actual contact between the researcher and the study participants.

Streubert & Carpenter (2011) included that audibility as the capacity of other academic researchers to grasp and comprehend the techniques and discoveries of the original researcher. Fittingness is a term utilized in qualitative research that signifies the likelihood of discovering meaning significant in research findings to other individuals in comparable circumstances. The researcher unequivocally accepted that this thesis possesses both audibility and fittingness as it was that the conclusions were justifiable and can be applied to other comparable events.

10 Conclusion

From the light of results and findings revealed from this study, it can be concluded that more adults with bipolar patients tend to become more problematic during depressive episodes since they experience a lot of negative traits that contribute to worsening their condition, likewise, during depressive episodes that bipolar patients need more consideration, care, and overwhelming understanding since they are to be considered to encounter self-care deficiency in this episode. Then again, it is during a hyper manic stage or highly active attack where patients may have self-care capacity. In this episode, they attempt to oversee themselves and seem exceptionally useful since they like to have greater accomplishments or potential achievements. They become enormously hopeful during this stage, winding up with high expectations. Furthermore, if appropriately guided and given an increasingly favorable environment while bipolar patients are on treatment, they will likely to be functional, less hazardous, and independent as well. Collaboration between and among the family, friends, therapists, medical attendants, doctors, and the community contribute to giving the best condition to bipolar patients and to provide them with a chance to encounter an ordinary life in any event.

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12 Appendices

12.1 Appendix I- Cover Letter

Dear Interviewee,

Purpose of the study: To gain a deeper understanding of the experiences among older English immigrants with bipolar disorder and their coping methods to attain a manageable life. The interviewer is a third-year student of Bachelor's Degree in Nursing in Novia University of Applied Sciences, and she is on the stage of collecting data in her study. This intends to gain more knowledge and information to help improve nurses' skills in assisting patients with bipolar disorder. The gathered data will be analyzed and used in the study or scholarly publication.

The interview comprises 4 open-ended questions, and the entire process will be recorded and transcribed. It would take 30 minutes to 1 hour. Furthermore, the interviewer will look after your comfort for the whole interview duration. As your participation is voluntary, you are welcome to withdraw at any time without any harmful effect to the study. You may also omit any question you prefer not to answer. The recorded interview will be deleted as soon as the transcription process is finished. I will not place your data in the study, instead, I will be using a fictive name. However, you can specifically be identified in the study if you wish to do so.

I greatly appreciate your participation in the research study!

If you have questions regarding your rights as a research study participant, or if problems arise which you do not feel you can discuss with me, you are free to contact my study supervisor, Irén Vikström-Dahl at phone nos. +358447805379.

Sincerely,

I have read this document and understand what is requested of me as a study participant.
I freely consent to participate.

Date:

Place:

Interviewee's Signature over printed name

Interviewer's Signature over printed name

Approved by:

Irén Vikström-Dahl - Research & Methodology, Study Supervisor, Novia UAS

12.2 Appendix II – Guideline Questionnaire

Please answer the following questions.

1. Can you please tell me when you were diagnosed with bipolar disorder?

2. Can you tell me your experiences of having bipolar disorder?

3. What are the disadvantages of having bipolar disorder?

4. What medications do you take before/during a manic and depressive episode?

Thank you for answering!