

<sup>1</sup> The Shattered Dreams: The Experience of Family Members  
<sup>2</sup> Caring for a Relative Diagnosed with Schizophrenia: The Case of  
<sup>3</sup> Amanuel Hospital

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## 8 Abstract

9 This study examined the experiences of family members caring for a relative diagnosed with  
10 schizophrenia in Ethiopia. Previous studies indicated that family members providing care for  
11 their loved one with schizophrenia experienced many challenges in the course of care-giving.  
12 Though family members experience both enrichments and challenges in caring for their loved  
13 one with mental illness little attention is paid to the comprehensive experiences of family  
14 members. This study addressed the aforementioned issue and contributed to limited studies  
15 on psychiatric conditions in Ethiopia where there are limited services, community service  
16 organizations, or legal frame-works on mental illness. The study used a qualitative case study  
17 approach. In-depth interviews were conducted with eight purposely selected participants.  
18 Content analysis was used to analyze the data and identify themes. The study indicated a  
19 variety of impacts of caregiving such as psycho-social and economic as well as enrichments  
20 such as progress on the illness, teaching their experiences, deriving hope from the situation,  
21 and satisfaction from sharing experiences with others. Understanding caregivers? experiences  
22 may be useful in prompting governments and service providers to invest in education and  
23 support programs aimed at helping caregivers to cope with this stress and deal with the  
24 problem behaviours associated with the illness

26 *Index terms*—schizophrenia; ethiopia; caregiving; coping

## 27 1 Introduction

28 a) Background and Justification of the study n estimated 50 to 80% of persons with schizophrenia and related  
29 psychotic disorders live with or have regular contact with a family caregiver" (Gibbons, Horn, Powell, & Gibbons,  
30 1984; Lehman & Steinwaches, 1998a cited by Mcdonell et al., 2003). In Ethiopia more than a million people  
31 are estimated to suffer from the two most common types of mental illness schizophrenia followed by affective  
32 disorders (Fekadu, et al., 2007). A joint report of World Health Organization and Ministry of Health (WHO  
33 and MoH), ??2006) indicated that, in Ethiopia 35% of outpatient, 55% of inpatients and a total of 60% in the  
34 mental health hospital are patients with schizophrenia. In Ethiopia, as in most developing countries, services  
35 which could help people who suffer from mental disorders are insufficient; thus, families are the sole caregivers  
36 to their severely mentally ill relatives.

Community surveys in Ethiopia have consistently shown that severe mental illness, for example resulting from schizophrenia or bipolar disorder is recognized as an illness that needs intervention. However, in Ethiopia severe mental illness is more often attributed to supernatural causes, for example spirit possession, bewitchment or evil eye, rather than as a result of biomedical or psychosocial causes. As a consequence, affected individuals

## 5 RESEARCH METHODOLOGY A) RESEARCH DESIGN

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41 and/or their families often seek help from religious and traditional healers rather than health facilities (Federal  
42 Democratic Republic of Ethiopia Ministry Of Health n.d).

43 The Federal Democratic Republic of Ethiopia Ministry Of Health n.d) in national mental health strategy  
44 depicted that mental illness in Ethiopia, is the leading non-communicable disorder in terms of burden on the  
45 family and community at large. The strategy also shown as in a predominantly rural area of Ethiopia, mental  
46 illness comprised 11% of the total burden of disease, with schizophrenia and depression included in the top -  
47 ranking HIV/AIDS. Families are now the lifeline for many people who experience mental illness. Studies show  
48 that as many as 75% of individuals discharged from psychiatric hospitals after an episode of illness return home  
49 to live with their families (Lefley, 2000 cited in cited in Shankar & Sonai 2007, p.1).In Ethiopia, the lack of mental  
50 health services or any kinds of financial support for families with a mentally ill member are the biggest factors  
51 contributing to caregiver burden. Due to this helpseeking is most often limited to the family or local community  
52 (FDREMoH n.d).

53 Limited studies are helpful to show the experiences of patients with mental illness, but it is believed that they  
54 do not provide understanding of the experience of family members caring for their mentally ill loved one. Two  
55 studies by Shibrei et al., ??2001& 2003) have examined the social challenges and influence of traditional culture  
56 and spirituality for family members coping with caring for persons with schizophrenia individuals in Butajira  
57 district. Another study by ten most burdensome conditions, out (Eyerusalem Azmeraw, 2010) was entirely  
58 delimited to the experience and challenges of being parent of child with schizophrenia. However, being family  
59 of patients with mental illness and the experience of care giving for such individuals are different issues. Due to  
60 the increasing stress experienced by caregivers, the experiences of family members of patients with mental illness  
61 warrant study. This gap in our understanding of the care-giving experiences of family members of persons with  
62 schizophrenia in Ethiopia is the primary rationale for conducting this qualitative study. Consequently, this study  
63 emphasized how family members manage their care giving experiences, the contexts and influences or impacts  
64 on their life, and the meaning of care-giving for their loved one with schizophrenia.

### 65 2 b) Objectives of the Study i. The study has the following 66 specific Objectives

67 To understand the meaning of their experiences in care giving for people with mental illness

68 To describe how care-givers manage their care giving responsibilities

### 69 3 c) Scope and Limitation of the Study

70 This study is limited to the experiences of family members caring for a relative diagnosed with schizophrenia:  
71 the case of Amanuel Specialized Psychiatric Hospital. The study limited to eight family caregivers of persons  
72 with schizophrenia. This number of participants and sampling method used makes difficult to develop inferences  
73 or generalize findings from the study. Additionally, preconceived information on the area and prior knowledge  
74 gained through reading different literature might influence the procedures from data collection to analysis stage.

75 To minimize biases related to the aforementioned factor and others I tried to give special priority for learning  
76 from my participants experiences.

## 77 4 II.

### 78 5 Research Methodology a) Research Design

79 Methodologically, the research design of the study was informed by a qualitative case study approach. This is  
80 due to the relevancy of basic assumptions and approaches behind case study of the study subject. According  
81 to Yin (2003), case study is "an empirical inquiry that investigates a particular phenomenon within its real life  
82 context and produce contextually rich and meaningful interpretation". This design was selected for its merit to  
83 answer the 'how' research questions listed in the study and its predominant advantage of describing the existing  
84 situation from different cases perspective to provide an in-depth understanding of the issue ??Yin, 2003, p. 3-4).

85 b) Data Collection Methods and Procedures Both primary and secondary data was employed in this study to  
86 obtain basic and relevant information that are required to carry out this study. The primary data collected  
87 through in-depth interviews with family members who have primary responsibility for providing care to a person  
88 with schizophrenia.

89 An in-depth interview was administered to family members providing care for their mentally ill loved one using  
90 an open-ended interview schedule. In-depth interviews employed to gather insight into what family caregivers  
91 experience, the context and situation of giving care for relatives with serious mental illness, and the meaning it  
92 has in their life sphere.

93 Semi-structured questionnaires employed for the interview to gather information about the demographic and  
94 socio-economic characteristics of the participants.

95 In terms of secondary data collection, relevant studies, various publications, books, magazines, different  
96 published and un-published materials and journals assessed comprehensively.

97 To have a more compelling and robust outcome in the study, a sample of eight participants selected using  
98 purposive judgemental sampling for the detailed open-ended interview in line with the purpose of the research.

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99 Mostly qualitative studies focus on an in-depth and highly contextualized understanding of specific phenomena,  
100 and such emphasis is compatible to small sample sizes. Due to this, qualitative researchers are well justified in  
101 using criteria of data saturation or redundancy during data collection, than employing statistical criteria, to  
102 decide on sample size.

103 Since not much has been written about the family care-giving experiences of people with i. Sampling Methods  
104 Purposive sampling was employed to identify participants from the study population. Respondents best fits  
105 objective of the study and fulfilled the inclusion criteria of the study participants and inclusion criteria selected  
106 consciously.

107 ii. Sample Size According to ??in (2003, p. 211), the evidence from more than one case is often considered  
108 to be stronger than evidences from a single case. Among the different types of case studies, in this study, more  
109 than single cases studied in order to have holistic and better understanding of the participants' life experiences  
110 in providing care for loved one with schizophrenia. schizophrenia, and as previous researchers have not yet  
111 discovered holistic experiences of family caregivers of people with mental health problem in Ethiopia, a case  
112 study research design provides a ways to gain an indepth understanding of the situation. In the study a case  
113 refers to family caregivers of schizophrenic patients.

114 Ethiopia. Participants of this study were family members of persons with schizophrenia who were receiving  
115 services at the hospital.

116 Based on purpose of the study, the persons with schizophrenia who have been gaining support from their  
117 family were selected from the patients of Amanuel hospital. The identification of patients with schizophrenia  
118 was made based on the medical history of patients detained in the hospital setting. This particular activity  
119 was accomplished with the support of psychiatric nurses and psychosocial workers in the hospital. Following  
120 identification of persons with schizophrenia, the families of patients were contacted and the researcher discussed  
121 the purpose and procedures of the study in order to select research participants who are willing to be part of the  
122 study fulfilling inclusion criteria.

## 123 **6 c) Data Recording and Analysis**

124 There are various approaches to analyze data in qualitative research. Content analysis in which both the content  
125 and context of data are analyzed is one approach. In this approach themes are identified, with the researcher  
126 focusing on the way the theme is presented (Spencer, Ritchie & O'Connor, 2003). Accordingly, in order to  
127 manage and analyze the data properly and to form a coherent flow of ideas, interview with respondents was tape-  
128 recorded based on the consent of the participants. Each interview was transcribed at the end of the recording  
129 and the transcribed data was sorted by these categories, identifying similar phrases, patterns, relationships, and  
130 commonalties or disparities. During transcription, in order to maintain confidentiality different name was given  
131 for the respondents that have been written on each page of transcription. After the transcription of interviews,  
132 it became translated in to English language for further analysis.

133 The sorted information from the interview was coded according to the categories and a common theme was  
134 selected, each interview assessed and classified with the selected theme. For the analysis at the end 22 different  
135 categories were clustered under 4 main themes of the study. In this case the numbers of categories under  
136 the selected themes vary based on the nature of the theme and the first hand information gained in the area.  
137 Detailed cases were interpreted to get answers to the stated research questions. Critical cases were selected for  
138 more detailed analysis. Data brought together by a triangulation process and organized in themes according to  
139 the given coding categories. Direct quotes, common and typical responses from the interviews were presented.

## 140 **7 d) Ethical Consideration**

141 This is one important component of research where the relationship between the researcher and respondents  
142 needed to be explained. Taking ethical considerations into account is imperative and a basic part of any research  
143 study with human participants.

144 Before the study was conducted, all the participants of the research were well informed who the researcher is  
145 in terms of role, status and full name, as well as the purpose and design of the study. Beyond this, the researcher  
146 followed the following ethical considerations while conducting the study:

147 Risk versus benefit, the researcher conducted the study only when the potential benefit outweighs any known  
148 risks. Second, no harmful procedure was used. Here the researcher not used procedures that could harm the  
149 participants physically or psychologically. The third ethical issue is informed consent. The researcher explained  
150 the purpose, procedures and all known risks and benefits of the study to the participants. The fourth ethical  
151 issue is unforeseen consequences. If a research procedure results in any negative consequence to the participant,  
152 the researcher must do whatever is necessary to correct the situation. The fifth issue is privacy. The researcher  
153 kept all information obtained from participants confidential by using pseudonyms.

## 10 A) MEANING OF CAREGIVING FOR PERSONS WITH SCHIZOPHRENIA

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### 154 8 III.

### 155 9 Findings

156 This part of the article presents the finding of the study obtained from the qualitative data collection methods.  
157 The researchers presented the qualitative data and also interpreted meaningfully, what the data really meant.  
158 Generally, it is in this part, the basic research objectives are answered and discussed in relation to the existing  
159 empirical works a) the meaning of their experiences in care giving for people with mental illness.

160 The participants named the illness using the general term "severe mental illness" and they reported that they  
161 do not know the name of specific problem their relatives' diagnosed with. Burtukan has good communication with  
162 the doctors and she has been striving to understand the details of the disease, the side effects of the medication,  
163 and causes of the illness.

164 Except for a single participant, who has concept about schizophrenia the rest participants reported that the  
165 cause of severe mental illness is linked with evil spirits. Lamesa reported that "this severe mental illness is a  
166 kind of temptation from God since I have been told at church to serve as a leader of that particular church and  
167 refused to accept duty given to me from church". The participants attributed the illness to evil acts people did  
168 to their relatives.

169 With regard to how they developed knowledge of the illness, the majority of the participants reported "we  
170 developed the knowledge from unusual behaviours and personalities seen from their relatives especially new and  
171 emerging never seen conditions among the patients". Participants also attributed the knowledge to behaviours  
172 such as missing sleep, poor hygiene, attempts to burn things, suicide attempts, laughing without any pre-  
173 condition, hallucinating and delusion.

174 In this study, the respondents attributed their knowledge and awareness about mental illness, and its causes  
175 and treatment mainly based to what they personally experienced. They also reported they had information  
176 from the community, the church, hospitals, other people with mental health problems, and from reading which  
177 enhanced their understanding of mental illness.

### 178 10 a) Meaning of Caregiving for Persons with Schizophrenia

179 The participants explained the meaning of care giving for people with serious mental illness as doing something  
180 good generously in order to address the problem, preventing the worst from happening, contesting situation  
181 between enriching and challenging, sacrificing for the person as well as for the rest of family, developing a sense of  
182 sympathy, and developing knowledge that helps to work in challenging situations. They asserted that "caregiving  
183 is kind of service or combination of activities that bring new conditions in your life due to intense intimacy between  
184 you and the person". The intense intimacy of study participants with their family members contributed to their  
185 ability to deal with care provision.

186 The other participants Tilanesh, Burtukan, Nuritu and Tolesa viewed the meaning of caregiving as  
187 accommodating social responsibility since the problem successively and consistently influenced the life of the  
188 entire family members. It is all about deducing the the level of shattered dreams among the entire family  
189 members. Tolesa provided care for his only brother with schizophrenia starting from the year 2012. He explained  
190 the meaning of caregiving as: I think caregiving is flexible situation for me and I can't simply determine or  
191 set it exactly in one direction. Basically it is the experience of developing conscious to improve the challenging  
192 conditions. The nature of confronting such challenging situations determined by unpredictable phenomena in  
193 our life which linked to developing sympathy so that one can become determinant enough to connect with such  
194 optimistic ideology.

195 The description of respondents in this study suggested that, their concerns about becoming a caregiver for  
196 their relative with mental health problems ranged from being the only one who can provide care for the persons  
197 with schizophrenia to having sensation like responsibility adopter as primary caregivers from family members. All  
198 of the respondents commenced care provision, since those persons with the mental health problem were initially  
199 healthy part of the family and it is by their choice, without any enforcements or external pressure. As Lamesa  
200 explained, First and foremost, no one can handle the situation as I could do it. I was the only option to provide  
201 care for my son. Additionally, he accepts what I command him in the actual course of caregiving but not the  
202 rest of the family. And when he encountered something offensive, his problem is worsened more than ever and I  
203 better care for him. When he was offended by some others' in the midst of attempts to provide care, I worried  
204 about his problem will never get resolved. I prefer myself and I know this is also his preference.

205 The study conducted indicated and strengthened as potential justification or logic behind different factors has  
206 its own influence on the engagement of ones in some sort of complex situation hence meaningful by itself indeed.  
207 Similarly the participants attested that their meaning for becoming potential caregivers for their relative with  
208 schizophrenia is corresponded with their meaning of care-giving and what it meant by in the actual discourse of  
209 care provision.

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## 210 11 b) Enrichments from Caregiving for Persons with 211 Schizophrenia

212 In relation to the enrichments the respondents gained from caring for their relative with schizophrenia, almost all  
213 of the participants described; progressive improvements in the life of their relatives which enhanced the self esteem  
214 of family caregivers from their care and provided evidence of the fruits of their efforts. The most commonly raised  
215 improvements were related to the in health status of the relative with schizophrenia such as eating normally, using  
216 the bathroom independently, taking showers, and facilitating some minor cases.

217 One participant reported his rewarding experience from caregiving differently. He said that: "it has been long  
218 since I started to deal with the situation of my son but the improvement in his health condition is not very  
219 significant. I guess the situation is temptation linked with my spiritual life and I'm grateful since I am healthy  
220 enough and alive to render support for my son".

221 The other enriching experience reported in other cases of the study was, absence or declining negative impacts.  
222 This is due to the fact that their relative's confined under the care provided and if they create further problems the  
223 problem might be worsened by two or three folds and the existing improvements might not be recognized. To feel  
224 understood was to feel supported and to "feel the difference," across caregiving which kept them going and helped  
225 them continue to care. Respondents shared that interpersonal/dyadic communication, often taken for granted  
226 before, could be a source of meaningful support that made all the difference to people who provide care for their  
227 relatives with schizophrenia. Support from the community in different ways was particularly meaningful, reducing  
228 the caregivers' feelings of isolation and increasing their feelings of confidence which contributed to enrichments  
229 from caregiving. Feeling the difference came through recognition that there were others, including some health  
230 professionals, who could understand and be sympathetic. For example, Lamesa indicated that prayers from  
231 religious personnel and discussions of their challenges enriched him in his care provision periods.

232 Caregivers perceived their own concern and commitment as different from the care provided by health  
233 professionals or others. The care they provided involved unconditional love that continued even when it went  
234 unrewarded by others in all the good and bad times. Thus, it was not surprising to find that even when the  
235 caregivers experienced physical and emotional health problems, almost all of them continue their commitment  
236 to provide care.

237 Depending on how their psychiatric patient relative experiencevaried situations, family caregivers developed a  
238 sense of making the situation more accepting and tolerant. Looking at the situation as seen by the person with  
239 mental illness, they wanted to make home a less threatening place.

## 240 12 c) How Caregivers Manage their Caregiving

### 241 Responsibility?

242 Care provision for loved one with mental health problem demands handling different responsibilities in  
243 caregiving including treatment seeking as a gate-keeper and following up on process in addition to the various  
244 roles played in the caregiving situation. In this study, caregiving management describedby factors that make the  
245 caregiving situation easier including social support and access to treatment. The ways caregivers manage their  
246 caregiving responsibilities vary based on the situation in the discourse of caregiving.

247 Discussion with the family: to effectively manage the caregiving situation for their relatives with schizophrenia,  
248 participants engaged in detailed discussion with family members on activities performed and the general setting.  
249 This discussion comprehensively incorporates techniques utilized to immediately respond to the needs of their  
250 relatives.

251 Here is the way Tilanesh described management of caregiving in line with the interests of the care receiver:  
252 You know everybody has a basic human need and right to be treated with respect and dignity. This need  
253 doesn't change when a person becomes ill or disabled -it often gets stronger and stronger. Since I know well  
254 the person I'm caring for I have identified the whole personality characteristics of my care recipient, including  
255 his likes and dislikes, strengths and weaknesses, and his wants and needs. Due to this, I can easily manage the  
256 interests of my care receiver which has its own contribution for the healthy relationships between me and my  
257 father for whom I have been providing care.

258 Treatment monitoring and adherence: from the cases studied it was well understood that, treatment monitoring  
259 and adherence is one way of managing caregiving responsibility. Burtukan, described her caregiving in monitoring  
260 different therapies and adherence as follows:

261 My caregiving looks like good in monitoring and keeping him adherent and currently he is even good by himself  
262 in facilitating some portion of caregiving activity. I influence him to keep his safety and strongly influence him  
263 when he fails to do so. Such monitoring makes easy the condition to address it when it is not this much complex.

## 264 13 Encouraging

### 265 Independence:

266 Except for one, respondents reported that though, their relatives' health condition is not suffice for  
267 independence in all dimensions keeping them active and creating sense of independence is one way of managing  
268 one's caregiving responsibility. In most cases, it has been reported that, they have seen changes when they watch  
269 themselves and guard against overprotecting the person or taking over for their care receivers. Participants

## 15 DISCUSSION

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270 shared as concept of empowerment has its own contribution to positive improvements of mental health patients.  
271 Allowing care receivers the freedom to make decisions about their own lives and choosing what and how they  
272 want things done effectively enhances the caregiving situation.

273 Discussion with the care recipient: thecaregivers asserted that, in their experience during care provision, most  
274 of the problems deep rooted in poor communication. The more caregivers-care recipients communication slightly  
275 increases, the more worthy independence a among the care seekers. The participants similarly described that  
276 even-though, communicating with each other provided insight for the caregivers, in most cases their relative was  
277 not responsive to the expected level.

278 Treating with dignity: Caregivers reported, at times the way they manage their responsibility is through  
279 making appointment with the doctor. But this is not common for all caregivers, rather for those who are not  
280 much apart from Addis Ababa. For those who are distanced from Addis Ababa or country side remaining calm  
281 and balanced preferred due to the fact one can't always control the other person's behavior, one can control  
282 his/her response to it. This resulted from the fact those who can communicate doctors brought their relatives to  
283 the hospital while those apart from Addis Ababa prefer to stay patience due to its economic costs and others.  
284 The majority of the participants prefer remaining calm and balanced as an important goal when dealing with  
285 Volume XVI Issue VI Version I 11 ( H ) any type of difficult behavior since they know their family member is  
286 not doing it deliberately.

287 Retaining spiritual practice: based on their religious affiliation as per their sects and religious doctrine,  
288 participants asserted that prayer support organized by their church or mosques and support from religious  
289 personnel including holy water (for those who are orthodox Christians) are the other way of managing the  
290 caregiving situation. The respondents described prayer and holy water as their main component of spiritual  
291 practice used most commonly to simplify their problems or to totally detach from the problem through religious  
292 point of view.

293 Stress management: the study participants indicated that stress is part of the caregiving situation. Although  
294 the caregivers experience stressed due to some challenging conditions from the care receiver or from the activity  
295 of providing care itself, the stress is one responsibility expected to be managed by the caregiver. Mujib described  
296 his experience of managing stress in caregiving as follows:

297 Stress is routine in everyday life for the one confined in caregiving affairs. Although small amounts of stress  
298 can keep you alert, too much stress for long periods of time is difficult and can distort your long time effort with  
299 some progress. Since this puts me at risk due to its some adverse effects, I immediately try to position myself  
300 and manage it through seeking support from family and friends. Most of the time I try to make sure that I  
301 have realistic goals and expectations from myself before commencement of the activity as a caregiver and this  
302 balances my emotions immediately since I already convinced myself at the inception. I just attempt to forget  
303 the dreams in place for long and don't want to diagnosis those shattered dreams. Ignorance: This is also one  
304 aspect of managing caregiving responsibility by caregivers especially when the situation is beyond the capacity  
305 of caregivers. The study indicated ignorance as not complete detachment but keeping silent from responding or  
306 giving reaction on the issue immediately as a way of balancing emotions.

## 307 14 IV.

## 308 15 Discussion

309 In this part of the research, an attempt was made to relate and compare the finding of the study with existing  
310 knowledge and the tenets of the model used as a conceptual frame work. But, due to the existence of scanty  
311 empirical works on comprehensive experiences of care provision for schizophrenic patients in Ethiopian context,  
312 the findings of the study was, utmost, discussed in line with works which were done abroad.

313 Given the different backgrounds of study participants in terms of culture, health care and economics, the family  
314 caregivers offered different explanations for the cause of mental illness. Except one the rest of participants did  
315 not know the type of the mental illness their care receiver had. Though some of the respondents consider mental  
316 illness as any other illness, others associate the cause of schizophrenia with some kind of evil work like being  
317 possessed by an evil spirit, evil eyes, or the superstitious evil acts of people against their relative. As indicated  
318 by Federal Ministry of Health this overall picture corresponds well with findings of different community surveys  
319 in Ethiopia which indicated severe mental illness is more often attributed to supernatural causes, for example  
320 spirit possession, bewitchment or evil eye, rather than as a result of biomedical or psychosocial causes. Such  
321 interpretation is due to the fact it is deeply rooted in traditional belief, cultural and religious views (FDREMoH,  
322 2012/13).

323 Participants' description of the meaning of caregiving for their relatives' with mental illness was highly  
324 associated with preventing the severity of the illness and worsening of the symptoms, developing sympathy,  
325 dealing with contesting situation that can generate both negative and positive attitudes from caregiving, and  
326 developing knowledge that helps with challenging situations. This finding is consistent with the report on  
327 caregiving meaning which stated that the family caregiver is the most important person who cares for the person  
328 with schizophrenia (Clement et al., 1995 as cited in Rafiyah & Sutharangsee, 2011). Caregivers usually help the  
329 person with schizophrenia in performing their daily activities such as bathing, eating, cooking, dressing, taking  
330 medications, and going for checkups. Many family caregivers may deal with responsibilities both at work and

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331 at home when a loved one gets ill. Caregivers' personal need for rest and attention to their own health may  
332 be neglected. This leads to dealing with multiple responsibilities, some of which may conflict with one another  
333 (Rafiyah & Sutharangsee, 2011). The findings also point out that caregiving is the experience of developing  
334 conscious to improve challenging situations in which the health and needs of the caregiver may not well be  
335 addressed. Some participants described caregiving meaning as accepting whatever the condition could be for  
336 your loved one having no more chance to be served without you. For example, Lamesa stated "whatever the  
337 challenges from caregiving may be in order to save the soul of my only son I have already accepted the entire  
338 discourse". Chesla (1991 as cited in Jeon & Madjar, 1998) identified styles of interaction caregiving particularly  
339 engaged care, as continued care with understanding and acceptance of the sometimes difficult and inappropriate  
340 behaviours of the person with schizophrenia.

341 Caregivers who experience managed care, which is characterized by being enthusiastically active and objective  
342 in managing and learning to cope, still found caregiving to be very draining, and they Volume XVI Issue VI  
343 Version I ( H ) expressed a strong need for breaks from the work of caring (Chesla, 1991 cited by Jeon & Madjar,  
344 1998). The finding from the study also corresponds with developing ways for effectively managing caregiving  
345 responsibility while maintaining hope for good health in the future without giving up. Caregivers tried to cope  
346 positively rather than being in a state of despair.

347 Participants used their own individual strategies to effectively manage and overcome challenging situations  
348 related with their caregiving responsibilities despite their shattered dreams. Participants said they held  
349 discussions with family members, fulfilled the needs and interest of their care recipients, intensely and monitored  
350 and strengthened treatment adherence, encouraged independence and provided care with caring with dignity  
351 and communication with care recipients. Commenting on different styles of coping, ??hibre et al. (2003) noted  
352 that there are some people who are action oriented and cope by doing something, whereas others are motivated  
353 towards selfunderstanding and use introspection to manage stress. In the presented study, coping mechanisms  
354 of most the relatives were inclined towards prayer for guidance or strength to cope with the difficulties, talking  
355 with someone about their problems and taking pride in small successes.

## 356 **16 V. Conclusion and Social Work Implications a) Conclusion**

357 The meaning of caregiving is defined subjectively by a strong sense of responsibility, and therefore this  
358 responsibility constructs the caregivers' life in particular ways, including both challenging and enriching  
359 dimensions.

360 Caring for a family member with mental illness is a lived experience that is embodied both personally and  
361 in the structure of family relationships. Nevertheless, family caregivers need skills to manage strong emotions  
362 and difficult and often challenging situations. This and other studies suggest that family caregivers do not often  
363 receive help to develop such skills. The study indicated that individuals with chronic mental illness are best  
364 cared for within a ' family home, where they may be expected to experience a better quality of life. However,  
365 the substantial personal, social, and financial costs that family caregivers often have to endure can be taken for  
366 granted and may be neither recognized nor eased by others.

367 In light of current trends toward greater emphasis on community based care, it is essential that professionals  
368 including social workers, nurses and others recognize and understand the human experiences that are the outcomes  
369 of family caregiving. This study has documented the very real and ongoing challenges of family caregivers of  
370 relatives with schizophrenia. Society and the health care system depend on families taking on the responsibility  
371 for the long-term care of their ill and weak members.

372 Findings from the current study revealed that there are relationships between caregiving meaning experiences  
373 and the situation by the study participants. This implies that the meaning of caring for their relatives with  
374 mental illness has an impact on the experience of caregiving.

375 Therefore basic information and understanding about the nature of the illness, including the course and  
376 outcome of the illness are needed for the patient, family and the general society.

377 This study has also recognized different ways of managing caregiving responsibility such as discussion with the  
378 family, communication based service delivery with the care recipients, caring with dignity and respect, developing  
379 sense of empowerment in the minds of care recipients, strengthening treatment monitoring and adherence as one  
380 way of addressing problems before they become worsened than expected level. b) Implications of the study  
381 People with mental illness are considered to be vulnerable individuals. Their vulnerability and different unusual  
382 personalities may adversely influence the lives of their family caregivers and the family unit at large. In the natural  
383 development process of human being one vision and dreams to achieve certain goal to win life. However, due  
384 to being only caregivers for psychiatric patients, which demands strong effort, lengthy duration, and immediate  
385 supervision or inspection of adherences and others, caregivers experience shattered dreams. Social work is a  
386 profession that works towards bettering the life of vulnerable groups of people. As indicated in this study, the  
387 negative impact of caring for such vulnerable groups of people with schizophrenia is an area that needs holistic  
388 intervention.

389 Providing direct social services to patients and their family caregivers is one of the major roles of social  
390 workers. These include psychosocial interventions which comprise individual, family and group interventions  
391 that are used to achieve specific therapeutic outcomes. Social workers should also strengthen the communications

## 16 V. CONCLUSION AND SOCIAL WORK IMPLICATIONS A) CONCLUSION

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392 and relationship, encouraging independence, improving safety, keeping their relatives' active among persons with  
393 schizophrenia and their relatives during caregiving discourse.

394 As one part of implication for education Social Workers should provide trainings for persons with schizophrenia  
395 and for their caregivers on the nature of the illness, update them from time to time the relapse condition,  
396 improvement indicators, and largely the name of the disease which this study recognized as a remarkable gap  
397 though they have full right to know and should have to be well informed. <sup>1 2</sup>

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<sup>2</sup>The Shattered Dreams: The Experience of Family Members Caring for a Relative Diagnosed with Schizophrenia: The Case of Amanuel Hospital

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## 16 V. CONCLUSION AND SOCIAL WORK IMPLICATIONS A) CONCLUSION

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