



UNIVERSITY OF  
**KWAZULU-NATAL**

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**YAKWAZULU-NATALI**

**Investigating Factors Associated with Absconding Behaviours Amongst Hospitalised  
Mental Health Care Users Within Harry Gwala District Kwazulu-Natal Province**

**Seluleko Malunga**

**Student Number: 221000356**

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**Supervisor: Dr Winnie Baphumelele Ngcobo (PhD)**

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## **PREFACE**

The work contained in this thesis has not been previously submitted for a degree or diploma at any other higher education institutions to the best of my knowledge and belief. This thesis contains no material previously published or submitted for publication by another person except where due reference has been made.

Signed: ..... Date: 31 May 2024

(Seluleko Malunga)

## **DECLARATION**

I, Seluleko Malunga declare that “Investigating factors associated with absconding behaviours amongst hospitalised mental health care users within Harry Gwala District Kwazulu-Natal Province” is my own work, and that the relevant literature, views, and opinions of authors expressed in this study are acknowledged in the references.

Student: Seluleko Malunga

Student Number: 221000356

Date: May 2024

Signature:

Supervisor: Dr W. B. Ngcobo

Date: May 2024

Signature:

## **DEDICATION**

I dedicate this dissertation to my lovely wife and daughter, Sibongile Tile Malunga and Luthando Malunga, my mother Thokozile Muntuza Malunga, My brothers Mhloli, Khanyisani, Mncikiselwa and Tholakele my sister. A special dedication to the following fond souls in heaven: my father Zenzo Malunga who away while I was 2 years old, my brother Msa and my sister Khanyisile. Thank you, we all made financial sacrifices to make this study a reality.

## **ACKNOWLEDGEMENTS**

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## **LIST OF ABBREVIATIONS**

MHCU:	Mental Health Care User
WHO:	World Health Organization
SAPS:	South African Police Service
LOA:	Leave of Absence
MHCP:	Mental Health Care Provider
MHCA:	Mental Health Care Act

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## ABSTRACT

**Introduction:** Absconding of hospitalized mental health care users is a significant concern, compromising treatment adherence and safety. Further investigation is needed to identify potential absconders and also gain insights from nurses' perspectives on the reasons behind this problem absconding. The aim of the study was to investigate factors associated with absconding behaviours amongst Hospitalized Mental Health Care Users in Harry Gwala District KwaZulu-Natal Province.

**Methods:** As such the study used a positivist paradigm and a non-experimental descriptive exploratory survey to investigate factors leading to inpatient mental health care absconding. Data was collected from 51 participants and analyzed using Predictive Analysis Software, focusing on the impact and characteristics of absconding. Theoretical framework Research objective Questionnaire item was applied in this section to prove the validity of the instrument. To explore and describe the factors associated with absconding and impact of absconding on treatment as well as the characteristics of absconding and the motive or reasoning being the absconding behavior. The reliability of the instrument was tested by administering the questionnaire to five (10) mental health professionals of the population, and then administering the same questionnaire to the same respondents after two weeks later. The two rounds of the questionnaire from these respondents were then checked to see if the results remained consistent, which would indicate the reliability and trustworthiness of the questionnaire to elicit the necessary information. The University of KwaZulu-Natal's Research and Ethics Committee approved the study proposal, ensuring human subjects' rights and adhering to ethics principles such as respect, beneficence, justice, and autonomy.

**Results:** The results indicated that hospital environment, particularly seclusion rooms, can be distressing and dehumanizing, contributing to a desire to escape to regain a sense of freedom and dignity. Additionally, the study showed that severity and type of mental health symptoms played a significant role. Individuals with psychotic disorders, especially those experiencing exacerbations of symptoms, were more likely to abscond. The desire to escape, distressing symptoms or delusional thoughts were identified as supporting the prevalence of absconding behaviours. In terms of experiences with Caregivers study results showed that mixed emotions regarding caregivers influenced absconding. While some patients felt overly controlled and infantilized, leading to a

desire for independence, others felt burdened by the emotional and financial strain their care imposed on their families. This complex dynamic thus motivated patients to abscond in order to relieve perceived burdens on their caregivers. Also, study findings showed that in terms of hospital resources and services, poor hospital conditions, including inadequate facilities and lack of engaging activities led to feelings of boredom and frustration among patients and this prompted them to abscond.

**Conclusion:** This study realized that by enhancing hospital resources and providing more therapeutic activities these feelings could be mitigated. The study concluded that in order to reduce absconding behaviours, a comprehensive approach involving hospital environment improvements, caregiver-patient dynamics enhancement, resource allocation, and structured leave processes can be implemented.

# CHAPTER ONE: INTRODUCTION AND BACKGROUND

## 1.1 Introduction

Absconding from inpatient psychiatric services, that is, leaving the hospital premises unexpectedly, without the knowledge of clinical staff, has been associated with poor clinical, social, and economic outcome (Verma et al., 2020). Abscondment of hospitalised mental health care users puts both MHCUs and community members at risk (Verma et al., 2020). This results in poor process of recovery for the MHCUs as it is prolonged by abscondment. Researchers have discovered that some MHCUs feel threatened by the ward circumstances or other mental health care user's behaviours (Arbee, 2014). Just like on any other general population feeling of isolation and boredom during hospitalization are common and it is associated with absconding of inpatients or MHCUs (Napoli, Cannone, Garzitto, Colizzi, & Balestrieri, 2023).

It is not only feelings of isolation and boredom that lead to absconding, but also some inpatients feel worried about running of their homes in their absentia especially where there are children or people or members of the family that they have left home and not comfortable with (Napoli et al., 2023), some experience homesickness and leads into absconding (Verma et al., 2020). A recent systematic review identified the wish for freedom from the psychophysical limitations of the hospital as a possible reason for absconding (Jenkin et al., 2022). Some of the MHCUs believe that they must get freedom not to be locked inside those units as if they are prisoners and they believe that this will contribute positively on treatment adherence (Voss and Bartlett, 2019). In most psychiatric institutions intimidating practices such as physical restraint and quarantine are extensively used, and this raises a concern on what potential does it have to MHCUs and their rights.

MHCUs use numerous tactics to make absconding successful due to the experiences faced during admission and hospital stay (Wilkie, Penney, Fernane, & Simpson, 2014). Leaving of hospital treatment or institution without having being given consent to do so is considered escape or absconding or refusal of hospital treatment (Muir-Cochrane et al., 2011). These inpatients behaviour of absconding is taken seriously due to its numerous negative connotations, which can have

significant implications for the patients themselves, their families, and the healthcare system (Wilkie et al., 2014). Globally, it is reported that about 2.5 to 34% abscond and this is associated with high absconding rate (Moradpour et al., 2021). Kaggwa et al., (2021) revealed that rate of absconding of hospitalized MHCUs was also much high in Africa.

For example, the absconding rates for psychiatric patients in South Africa is at 7.83%, whereas the rates are even higher in Uganda because about 10 to 50 patients are estimated to abscond every month from the National Mental Health Referral hospital, the most secure mental facility in the country (Kaggwa et al., 2021). In spite of the different rates and locations, knowledge about numerous factors associated with this phenomenon as well as the causes has remained similar over the years. Literature revealed that most of the hospitalized MHCUs who abscond are males, from a younger age group, diagnosed with schizophrenia or mood disorders, with history of substance use disorder and they present with irritable affect, impaired judgment, and absent insight (Verma et al., 2020). Most incidents of absconding usually occur during the first two weeks of admission, those who had longer length of hospital stays, personality disorders, substance abuse disorders, patients who have been referred to the psychiatric hospital by police, those with employment problems, and influence of psychiatric symptoms (Mosel et al., 2010, Yasini et al., 2009, Giles et al., 2009).

Regardless of the health challenges associated with absconding, the literature suggest that patients' experience at the facilities strongly affect their decisions to abscond. Patient perspectives from developed countries have reported lack of social support from friends and family, a lack of freedom, a feeling of being confined, poor doctor-patient relationships, problems with medications, disturbance from other patients, and poor quality of food within the hospital (Kaggwa et al., 2021). This makes them dislike the hospital environment, thereby leading to absconding (Kaggwa et al., 2021). It is said that some of the mental health care users do feel threatened about their safety, harassment, being open that they live in fear of living with other inpatients (Jenkin and Quigg, 2021).

Some inpatients have reported that their assets or possessions are stolen by other mental health care users or even health care professionals and that's why they absconded (Jenkin and Quigg, 2021). These results have been obtained by using quantitative methods, although some qualitative work has looked at understanding causal factors for absconding based on informants involved in patients

care and former absconders' experiences. Regardless of social changes and employed methods in patient care across the globe, such as direct involvement of caregivers in patient care; to the best of our knowledge, there are no qualitative studies in Africa that have explored patients' emotional experiences of psychiatric hospitalization and its relationship to absconding (Kaggwa et al., 2021). Literature suggests that should relationships improve between or amongst the mental health care workers and health care professionals can limit the chances of abscondment. This will allow less restrictive behaviour of absconding and still secure treatment of patients at risk. In this regard, longitudinal evidence does not support better performance of locked wards in preventing suicide and absconding.

Absconding is a major patient safety issue for people with mental illness because of the potential increased risk of harm to self or others, non-adherence to medication, relapses, violent behaviour, substance abuse, poorer prognosis and also negative portrayal of psychiatric services when an individual leaves the care environment (James & Maude, 2015) . Absconding incidents can further cause tensions between staff and relatives' relationships and distract nurses from other responsibilities which lead to poor quality nursing care (Bailey et al., 2016). One study reports that one-quarter of inpatients who committed suicide are those who had absconded, 36% of mental health care users commit suicide after absconding (Gerace et al., 2015). This is major problem facing most of the mental health institution since most of mental health care users are admitted as involuntary patient, being aggressive with psychotic features and refusing to be admitted, which make them likely to abscond. Literature reveals that the majority of MHCUs who abscond are those admitted involuntary (Arbee, 2014).

Absconding remains a concern in mental health care worldwide as evidenced by recent international investigations into absconding behaviour (Grotto et al., 2015). Early Identification of potential absconders would assist with risk assessment and prevention. Looking at the available literature most researchers have concentrated on patient perspective, this study gained the insight on nurse's perspective on why mental health care users abscond.

## **1.2 Background to the study**

### **1.2.1 Absconding as a great concern within psychiatric institutions**

Absconding of hospitalised mental health care users from the psychiatric hospitals is of great concern for relatives or families, community and health professionals (Verma et al., 2020). Due to abscondment of these inpatients or MHCUs there is no treatment adherence and safety is compromised. More investigation is needed to examine the pattern of this event and the characteristics of patients who abscond (James and Maude, 2015). It is common that absconding is associated with an increased risk for suicide, self-harm, homicide, and becoming “missing” from society (Kaggwa et al., 2015). Absconding patterns and strategies or approach as well as rates is different across different parts of the world (Verma et al., 2020). Rates of absconding from psychiatric care are different across different parts of the world. Limited studies have examined the characteristics of patients who abscond from psychiatric facilities, for numerous sociodemographic and clinical reasons (Arbee and Subramaney, 2019).

Researchers have defined absconding as leaving hospital without permission (Voss and Bartlett, 2019). Verma et al., (2020) concur that those who abscond are young, male, diagnosed with schizophrenia, and have a short duration of stay and a previous history of absconding. Approximately few studies have found meaningfully lower rates of absconding in general hospitals than psychiatric hospitals or psychiatric wards (Kigozi et al., (2010). Some studies have found out that most of mental health care users who are absconding they do this practice to gain control over their lives and to be free from being controlled on what to do and when (Voss and Barlett (2019). Therefore, this behaviour or practice is taken as a relief to them and to be free from an environment that is remote controlled by another person having authority over your life. This might be due to differences in inpatients’ clinical profiles and hospital environment (James and Maude, 2015). Absconding has been viewed as a means of seeking freedom (Voss and Barlett, 2019).

With the establishment of general hospital psychiatry units at medical colleges, mental health care services have become more accessible than before. Mental health care services took a more deinstitutionalised approach, and all restrictive approaches were abolished from psychiatric care settings. Gowda et al. (2019) recently examined the characteristics of the patient who abscond during inpatient care at a psychiatric hospital. Hence, the study was aimed to examine the

sociodemographic and clinical profiles of adult inpatients who absconded in a specified period and to compare them with matched controls.

Absconding from mental health care institutions is seen as the major cause and impact of major socio-economic implications. Absconding causes fear and uncertainty, and portrays psychiatric services negatively (F. Arbee & U. Subramaney, 2019). Identification of potential absconders would assist with risk assessment and prevention (Arbee and Subramaney, 2019). Within acute mental health institution, incidents of absconding remain a significant concern causing negative consequences for mental health care user, their relatives, and staff and health care facilities (Bailey, Page, Ndimande, Connell, & Vincent, 2016). Moradpour et al (2021) reveals that absconding from hospital is one of the important health and security problems facing the healthy system worldwide. Absconding can be defined as a situation whereby a mental health care user leaves the premises of the mental health institution without authorised permission of treating team or hospital authority during a period inpatient care (Kaggwa et al., 2021). In other circumstances the mental health care user can be given the leave of absent (LOA) during inpatient but failed to report back on due date, that is also called absconding (Bailey et al., 2016). For the purpose of this study absconding is leaving the hospital grounds without permission or failing to return from leave (Mental Health Care Act No. 17 of 2002).

However, they are less attention paid to patient absconding from hospital. Absconding from mental health institution causes a serious concern for the safety of the mental health care user and public (Gowda et al., 2019). Literatures defined absconding in different ways. Mental health care user absconding is defined as leaving medical centre without permission from service providers (Anisi et al., 2017).

### **1.2.2 Absconding within mental health care institutions**

Absconding of inpatient mental health care users remains to be high and common feature within psychiatric ward around the world which is a significant problem. In many studies conducted around the world, the rate of inpatient absconding has been reported as 2.5 % to 34 %, most of absconders have been reported from psychiatric wards (Moradpour et al., 2021).The rates are particularly high in Africa, for example ,the absconding rates for psychiatric inpatient in Nigeria is at 3.21% (Raji,

2020) ,whereas the rates are even higher in South Africa, the recent study in one of the psychiatric institutions in Johannesburg the absconding rate is at 7.83% (Arbee and Subramaney, 2019).

Absconding is a key patient safety issue for patients with mental illness because of the patient's potential increased risk of harm to self or others having left care the care environment which need a proper intervention and management (Kaggwa, Acai, Rukundo, Harms, & Ashaba, 2021). Some of the adverse consequences of absconding include risk of treatment discontinuation or non-adherence, self harm, death also slow recovery and prolonged hospitalisation have been identified in literature (Wilkie et al., 2014, Moradpour et al., 2021). Furthermore, the literature reveals that 25% of all suicides among hospitalised mental health care users over a 10 year period in England and wales occurred after patient absconded from the ward (Wilkie et al., 2014) and absconding is a significant risk factor for suicide among psychiatric inpatients (Hunt et al., 2010) which need immediate intervention to minimise this negative consequences. Looking at the high level of suicides among inpatient abscond from mental health institutions, the national confidential inquiry into suicide and homicide by people with mental illness recommended that absconding of inpatient must be reduced to decrease the suicides and homicides committed by mental health care users who absconded (Hunt et al., 2010). Given the high rate of absconding worldwide in the psychiatric institution and its negative consequences. Most of the literatures have put much attention on patient perspective regarding absconding but less attention on health care provider's perspective and little attention has been paid to this concept in Africa and more especially in South Africa. The aim of the study was to investigate factors and environmental characteristics associated with absconding and to gain an understanding from the nurse's perspective in order to put in place appropriate prevention strategies.

### **1.3 Problem Statement**

Absconding of mental health care users is a common problem in psychiatric institutions. This problem has been reported in different studies both in under developed and developing countries. Most of the MHCUs are admitted as involuntary patients, being aggressive with psychotic features and refusing to be admitted. These MHCUs are at high risk to abscond since they are still psychotic and refusing to be admitted. The literature evident that most cases of absconding occur during the 1<sup>st</sup> to 3<sup>rd</sup> post admission and it happened early hours in the morning. Absconding can pose a

significant problem to hospital authority such as increased responsibility and it can affect treatment adherence and safety of the absconder (Verma et al., 2020) furthermore MHCU who abscond is at risk of suicide, self-harm, self-neglect and death. The global annual absconding rate for psychiatric patients ranges between 2.5 to 34% (Moradpour et al., 2021). In South Africa the rate of absconding is at 7.83% in one of the studies that was conducted in a psychiatric institution at Johannesburg (Arbee and Subramaney, 2019). But most studies on psychiatric were conducted outside Africa and very little attention has been paid to this concept in Africa and South Africa in particular.

Additionally in South African context there are limited studies on absconding and some of them are retrospective in nature therefore sometimes they can be bias and incomplete data (Arbee and Subramaney, 2019). Furthermore, they are limited studies that have paid attention on nurses' perspective why MHCU abscond, they only concentrate on patient perspectives which in some cases is not reliable due to their mental state during the interviews.

Absconding from inpatient psychiatric setting is a potentially dangerous phenomenon for all stakeholders in the mental health setting and community. Since there is a high absconding rate in uMzimkhulu hospital referring from previous reporting period from 01 April 2021 to 31 March 2022 from summary of patient safety incidents. Looking at this high rate it is important to identify factors associated with absconding in uMzimkhulu hospital in order to put in place appropriate prevention strategies.

#### **1.4 Aim of the study**

The aim of the study is to investigate factors associated with absconding behaviours amongst Hospitalized Mental Health Care Users within Harry Gwala District KwaZulu-Natal Province

#### **1.5 Objectives of the Study**

The objectives of the study are as follows:

- To investigate factors associated with absconding of hospitalized mental health care users from the mental health care institutions.
- To identify the environmental factors associated with absconding of hospitalized mental health care users from the mental health care institutions.

- To identify the risk factors of absconding of hospitalized mental health care users from the mental health care institutions.

## **1.6 Research Question**

The research questions of the study are:

- What are the factors associated with absconding of hospitalized mental health care users from the mental health care institutions?
- What are the environmental factors that are associated with absconding behaviours of hospitalized mental health care users from the mental health care institutions?
- What are the risk factors of absconding of hospitalized mental health care users from the mental health care institutions?

## **1.7 Significance of the study**

Investigating factors associated with absconding amongst the hospitalized mental health care users within Harry Gwala district in KZN, hopes to have a significant contribution in nursing profession and health sector in the following manner. In terms of practice: this study may contribute to hospital policy makers to update policies and formulate risk assessment tools for preventing and managing absconding of mental health care users. The formulation and use of a risk assessment tool as a matter of routine on all admitted patient will bring great value (Arbee and Subramaney, 2019). In terms of research, most studies that have been conducted on absconding behaviour are retrospective in nature and some they focused on the MHCUs perspective. This study contributes to the existing literature on the reasons why the inpatient absconds according to mental health care nurses' perspective.

This study may also increase the community's awareness of the impact that absconding has in the mental health care center, mental health care user, mental health care provider and community at large. Educating the mental health care users and their families about the impact of absconding could be vital in reducing absconding rate (Khammarnia et al., 2015). This study is also significant

in the improvement of the Psychiatric Nursing Curriculum. The study encourages nursing institutions to educate their staff and emphasizes the importance of screening MHCUs on risk assessment during admission and hospital stay, this helps them to develop skills to respond to mental health care users who are at risk to abscond in a competent manner.

## **1.8 Operational Definition of Terms**

**Absconder:** Is defined as any patient who left his hospital without medical advice and failed to return by midnight, and also any compulsory patient who failed to return from leave after his authorized period of leave had expired (Verma et al., 2020). In the context of this study an absconder refers to any hospitalized mental health care user escaping from the mental health care institution without consent from health professionals or failing to adhere to treatment due to escape.

**Absconding:** Leaving the hospital premises without permission or failing to return from leave (Mental Health Care Act No .17 of 2002). In the context of this study absconding means unauthorised leaving of mental health care user in the hospital.

**Mental Health Care User** refers to a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of a use, state patient and mentally ill prisoner (MHCA, 2002). MHCU and inpatient will be used interchangeable. In this study, a mental health care user refers to an inpatient...

**Investigating:** Investigating means carefully looking into or studying a specific problem or situation. This means looking at why and how people using mental health services run away or leave without permission.

**Factors:** Factors are distinct elements or aspects that play a role in producing a particular result or scenario. In this situation, factors could be social things, mental health issues, surroundings, and rules that affect how likely it is for patients in mental health hospitals to run away.

**Associated:** Associated means there's a link or relationship between two or more things. In this case, it means that some things can make it more or less likely for people to run away.

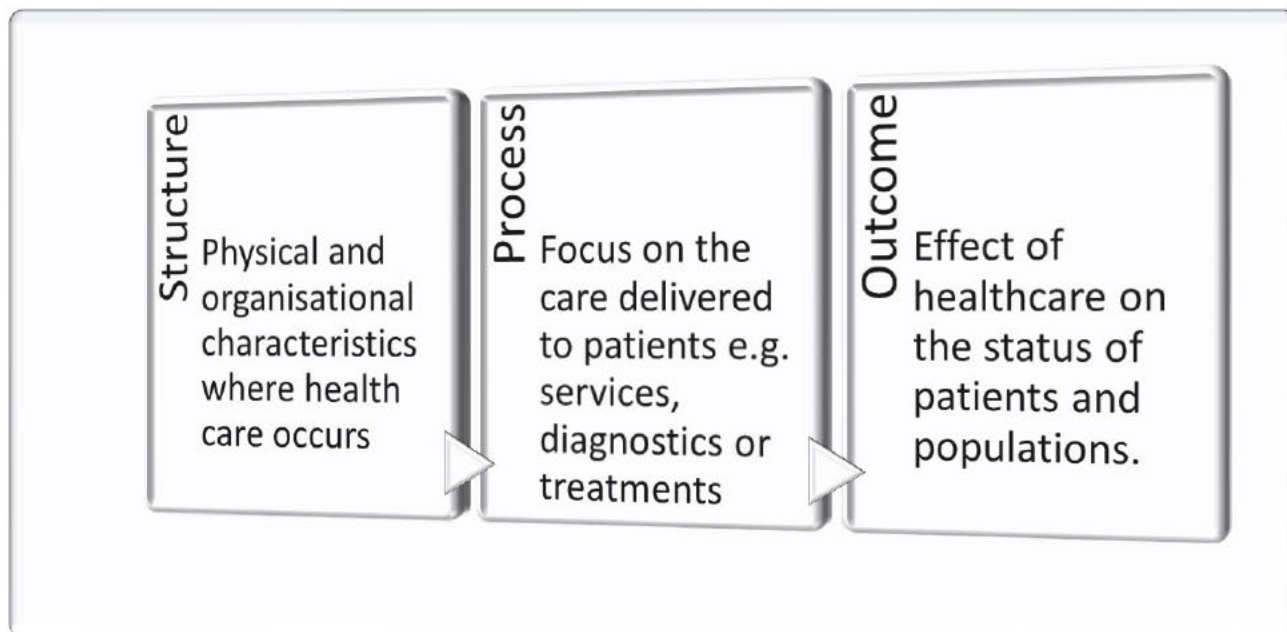
**Absconding:** Absconding means leaving a place, usually a hospital or clinic, without asking for permission or telling anyone. In mental health care, this often means that patients leave the hospital or treatment place even when doctors say they shouldn't. This can be dangerous for their health and make it harder for them to continue their treatment.

**Behaviours:** A person's behaviors encompass their actions and the way they respond to their surroundings or their internal feelings. In this case, it refers to the specific behaviors shown by people using mental health care that might suggest they want to escape. This could include signs of unhappiness, not following treatment, or saying they want to leave the place.

**MCHUs:** Mental Health Care Users (MCHUs) are people who are getting help and treatment for mental health issues in places like hospitals or mental health units. This term includes people who might be going through different mental health problems and are receiving therapy.

## **1.9 Theoretical Framework**

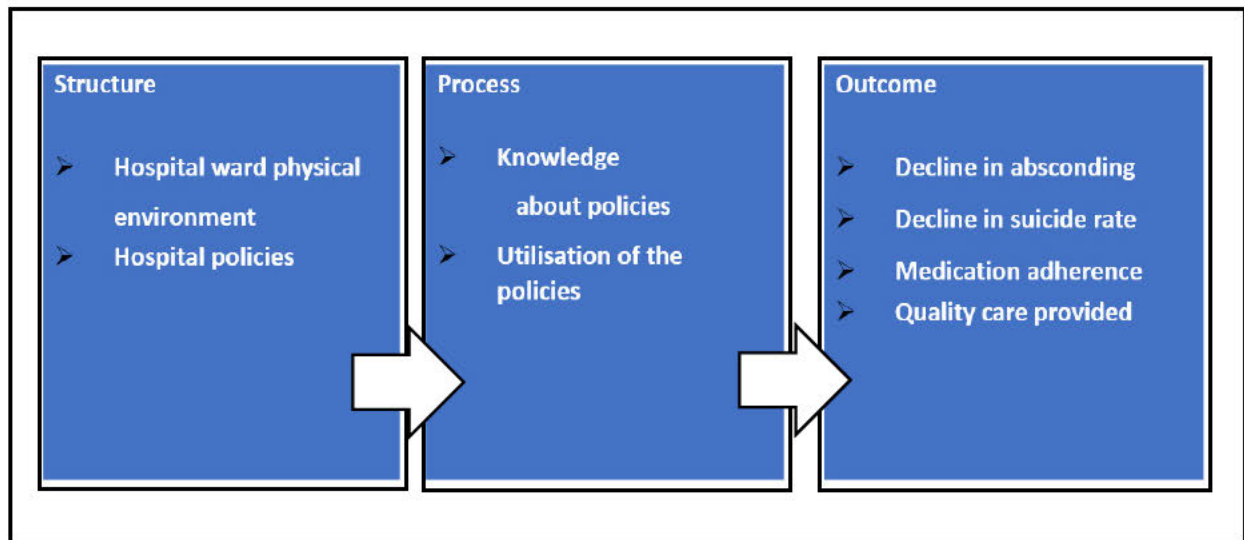
The theoretical framework provides the context of the study. The researcher opted to use the Donabedian model for quality care (Donabedian, 1988). Donabedian model is a conceptual framework for examining health services and evaluating quality of health care (Donabedian, 1988). According to Donabedian model identified three categories of measures that relate to quality of service; structure, process and outcomes. Structure refers to context in which care is delivered such as hospital buildings, staff, financing and equipment. Process refers to the actual practice, how care is delivered. Outcomes refer to the effects of healthcare on health status of patient and population.



**Figure 1: The Donabedian model for quality care**

### **1.10 Application of the Theoretical Framework**

Donabedian model focuses mainly on patient safety. Donabedian model provides detailed information that describes patient safety and points out the risk and hazards that may have the potential harm to an inpatient (Donabedian, 1988). The primary focus of the study was mainly in the structure and the process. In order to reduce the absconding rate of mental health care users one has to look at the state of environment where care is rendered. The structure for this study was the hospital wards physical structure, hospital policies of the prevention and management of absconding behaviour and educational level of nurses. In relation to the process the researcher looked at the knowledge of nurses on the policies in place and why mental health care users abscond. In addition, researcher assessed how care was delivered.



Description of the Donabedian’s model needs to provided.

### 1.11 Research paradigm

This research study uses a positivist paradigm, viewing the world as external and science as value-free. It aims to investigate factors associated with absconding behaviors among psychiatric inpatients in KwaZulu-Natal Province. The quantitative approach is suitable for this study, as it represents observations and relationships in explicit, numerical terms. Quantitative researchers use deductive reasoning to generate hunches tested in the real world. The methodology includes a quantitative research setting, research design, population and sample, data collection method, data analysis, rigor of the study, and ethical principles. The study's methodology is detailed in the chapter.

### Research Design

A non-experimental descriptive exploratory survey will be used in this study. According to Polit and Beck (2006), the purpose of an exploratory descriptive study is to describe and document aspects of a situation as it naturally occurs. It is also designed to get more information about characteristics within a particular field of study (Burns and Grove, 2008). Babbie (2007) describes exploratory research as a precise measurement of the characteristics of the population and its methods allow for the investigation of the factors of absconding behaviours of psychiatric inpatients in different mental health hospitals. Exploratory descriptive research investigates the full nature of

the phenomenon, the manner in which it is manifested, and the other factors to which it is related (Polit and Beck, 2006). This design often uses surveys in the form of questionnaires to elicit the information on the selected phenomenon.

### **Research Setting**

The research was conducted at a specialized mental health care facility in Harry Gwala district, KwaZulu-Natal. The facility, which has 320 beds, offers psychogeriatric care, child and adolescent care, forensic management, psychosocial rehabilitation, acute and long-term management, and intellectual disability care. It has 133 nurses, including 53 Professional nurses, 13 Specialized Professional nurses, 11 Enrolled nurses, 56 Enrolled nursing auxiliaries, no psychiatrist, one clinical psychologist, two social workers, one occupational therapist, two pharmacists, and four medical doctors. The facility is used by an average of 128 to 160 patients per month.

### **Data Collection**

The study involved health professionals practicing in a hospital for two years. The researcher met with hospital management to discuss the data collection process, ensuring it didn't disrupt daily procedures and failed to provide holistic care to mental health care users. The researcher distributed questionnaires during breaks and waited for respondents to complete them. If they didn't, they were given a special box to submit. The questionnaires were collected two days after completion and submitted. A letter explaining the study's purpose and significance was attached to each instrument. The data collection process took two weeks, with the second week for administering the questionnaire.

### **Data Analysis**

Data was analyzed using the Predictive Analysis Software (previously known as Statistical Package for the Social Sciences) Version 21 for Windows. Each item of the questionnaire was coded. Frequencies were computed to determine the percentage for each item contained in the questionnaire. Cross tabulations for Chi-Square analysis was performed to test differences in the ratings of the factors associated with absconding, characteristics and motives or reasoning of absconding. The level of significance for all the data analysis was set at .05. Descriptive statistics such as the average mean and standard deviation was calculated using Spearman rho, independent – Samples Kruskal-Wallis Test and was compared using the Pearson Chi-Square and correlation.

### **1.12 Validity and Reliability of the Instrument**

Validity and reliability are crucial aspects of a study, with validity ensuring an instrument accurately measures its intended purpose. Reliability on the other hand refers to the accuracy and consistency of information obtained in a study.

In this study, content validity was used to ensure the items in the instrument accurately measured research objectives. Reliability was achieved by constructing questions to prevent misinterpretation and using a test-retest method to assess the instrument's stability over time. The questionnaire was administered to ten mental health professionals and then to the same respondents two weeks later. The internal consistency of the questionnaire was measured using Cronbach's alpha coefficient, a commonly used statistic for assessing the internal consistency reliability of a psychometric instrument.

### **1.13 Ethical considerations**

The University of KwaZulu-Natal's Research and Ethics Committee approved a study proposal, ensuring human subjects' rights were protected. Ethics are a system of moral values that considers professional, legal, and social obligations. Permission was obtained from a mental health care facility, and participants were informed about the study's purpose, implications, and data collection process. The study followed three main ethics principles: respect for persons, beneficence, justice, and autonomy. Respect for persons ensures respondents' rights to informed consent, privacy, and confidentiality. Data was stored securely at the School of Nursing for five years, with only the researcher and supervisor having access.

### **1.14 Conclusion**

In this chapter researcher presented the introduction and background to the study, problem statement, the aim and objectives of the study, the research questions, the significance of the study, the operational definitions and lastly the theoretical framework that is going to guide the study.

## **1.14 Structure of the study**

**Chapter 1:** This is the introductory chapter for the thesis and gives a background and literature review of the study and the problem statement leading to carrying out the study.

**Chapter 2:** This chapter gives a literature review of research or current literature with respect to the factors associated with absconding behaviours amongst psychiatric inpatients.

**Chapter 3:** This chapter details the research design, method, setting, and approach, including sampling procedure, data collection tools, and data management. It also discusses ethical issues and their management during the study's operationalization. The chapter also covers the population and sample, data collection process, and ethical principles.

**Chapter 4:** This chapter outlines research methodology, data collection, presentation, analysis, study design, site, population, eligibility criteria, sampling, data management, and ethical considerations.

**Chapter 5:** This chapter is the last chapter of the dissertation and it provides an overview of the study, that is, the general discussion, summary of findings and general conclusions for all the chapters.

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## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Introduction

A literature review is a detailed look at and evaluation of current studies and papers about a particular research topic or question. It is an essential part of academic research. It gives a summary of what we already know, points out missing information in the studies, and places new research within the bigger picture of other studies (Mauer & Venecek, 2022). This chapter reviews the current literature with respect to the phenomenon of investigating factors associated with absconding behaviours amongst psychiatric inpatients.

The literature search was conducted using electronic databases Google Scholar, PUBMED and Medline. Search phrases included ‘Mental health care user’, ‘Absconding’, ‘risk assessment’, ‘risk management’ and ‘acute psychiatric ward’. The first section provides an overview on issues around investigating factors associated with absconding behaviours amongst Hospitalized Mental Health Care Users globally, within sub-Saharan Africa as well as in KwaZulu-Natal. It also discusses the available literature on investigating factors associated with absconding behaviours amongst Hospitalised Mental Health Care Users in KwaZulu-Natal.

The second section reviews common factors associated with abscondment of hospitalised mental health care users. It also focuses on what really lead to ~~this high~~ abscondment of inpatient mental health care users compared to the ones who are treated as outpatients. Literature also looked at other contributing factors of this abscondment and check if mental health care users’ mental problems are not the cause, and its impact on the treatment outcomes of since treating them becomes a challenge when they abscond. This review also addresses the role of mental health professionals and other health professionals that is looking at the multidisciplinary approach that can be better used in the managing abscondment of these mental health care users who now and again abscond.

## **2.2 Discussions of Findings Of The Literature Review**

The literature review was discussed under the following headings: prevalence of absconding behaviour in health care setting, absconding of mental health care users admitted as inpatients in psychiatric institutions, criminal psychiatric samples, the existing literature on frequency and timing of absconding behaviours and conclusion.

### **2.3. Prevalence of absconding behaviour in health care system.**

Absconding from psychiatric hospitals poses a thoughtful apprehension for the care, safety, security and protection of mental health care users that are inpatients and public alike. Absconding of a person with mental illness from the hospital is associated with an increased risk for suicide, self-harm, homicide, and becoming “missing” from society (Gowda et al., 2019). Absconding rates in psychiatric care are estimated to be 5.58 patients per 100 admissions in India, 4.28 patients per 100 admissions in Ireland, 8.92 patients per 100 admissions in the United States of America (USA), and 6.28 patients per 100 admissions in the United Kingdom (UK) (Gowda et al., 2019). Literature revealed that the rates were reduced when forensic cases are excluded in case of USA but not so in case of UK.

As expected, a systematic review found the absconding rates to be substantially lower for locked wards (1.34 per 100 admissions) compared to open wards (7.96 per 100 admissions) (Verma et al., 2020). The trend remained similar even when event-based rates, that is, events of absconding per 100 beds or 100 admissions were calculated. The rates of absconding have been found to be different across various parts of the world. It may be because of reasons such as lack of operational definition of “escaping,” type of security measures, type of hospital care, presence of forensic patients, legal measures, and multiple other factors. Repeated absconders contributed to a large number of incidents, with a few studies reporting absconding rates around 50%. Recent repeated absconders were more likely to be imprisoned under the mental health act of the country, to be from a younger age group, to have a shorter duration of stay, to be of male sex, and to have a primary diagnosis of psychosis (Gowda et al., 2019, Martin et al., 2018). Some studies have assessed the backgrounds leading to escape, according to hospital records and interview with health professionals.

Absconders are “opportunity takers” and “opportunity makers” (Campagnolo et al., 2019). The absconders always tried to escape when an opportunity arose and had reported thoughts regarding absconding in the preceding few weeks, whereas the latter had planned their escape out. Most common reasons identified in 210 absconding incidents were treatment failure, family issues, alcohol, finances, and influence of other patients. Medication non-compliance in the preceding 2 days was a predictor for escape in a case comparison study (Gowda et al., 2019). Overall, the impression is that opportunistic absconders signal their intentions much before the actual escape. In India they have conducted studies that have been looking into these issues of being an opportunity maker and absconder. These four studies were conducted three decades ago.

The first study was conducted in 1977 at a general hospital psychiatry unit, if discovered that the absconding rate was estimated to be 11.6 per 100 admissions (Gowda et al., 2019). The study did not find a significant difference between mentally ill and medically ill absconders.

The other study that was conducted in 1980, found that the annual incidence of absconding was 3.3% (n = 128) (Gowda et al., 2019). The analysts of absconding were between the age group of about 30 years and less, men, voluntary patients, and suffering from schizophrenia or mania. However, all absconders were traced out later. The second study was done about a decade later and found overall rates of absconding at 1.85 per 100 admissions (Gowda et al., 2019). However, more cases of absconding were being reported from open wards compared to closed wards as detected in the earlier study. The analysts that were looking at absconding were also similar, with male gender and age less than 40 years foreseeing absconding from the ward.

The study that was conducted in 2008, from a general psychiatric unit, also found high rates of absconding as the previous study from the same setting. Out of the 231 admitted patients, 14.28% patients had absconded (Khisty et al., 2008). The study also found the highest risk of absconding in the early days of admission, and the absconders who had bipolar disorder were more prospective compared to the ones that have been admitted for a longer time.

#### **2.4. Absconding of mental health care users admitted as inpatients in psychiatric institutions**

When patients leave the psychiatry hospital without permission according to the mental health care act, no 17 of 2002, it is considered as absconding. This prevalence has been seen as escaping. In

high-income countries, 1 to 15 patients per hospital abscond per year. Globally annual absconding rate for psychiatry patients ranges between 2.5 to 34% (Cabarkapa et al., 2021). It is reported that rates are particularly high in Africa. For example, in South Africa the absconding rates for psychiatric patients is estimated to be at 7.83%, in Uganda it is reported to be higher as it is estimated that about 10 to 50 in patients abscond every month from the National Mental Health Referral hospital which is regarded as the safest and secured mental health facility in the country (Kaggwa et al., 2021).

In spite of the diverse rates and sites, knowledge about various factors associated with this phenomenon as well as the causes has remained similar over the years. Research have revealed that this includes younger age, male sex, longer length of hospital stays, personality disorders, substance abuse disorders, patients who have been referred to the psychiatric hospital by police, those with employment problems, and influence of psychiatric symptoms (Napoli et al., 2023, Muir-Cochrane et al., 2013). Absconding from psychiatric hospitals is associated with slower recovery and prolonged hospitalisation due to the interruption in treatment. In spite of the health challenges associated with absconding, the literature would suggest that patients' experience at the facilities strongly affect their decisions to abscond (Kaggwa et al., 2021, Verma et al., 2020). Patient perceptions from developed countries have reported lack of social support from friends and family, a lack of freedom, a feeling of being confined, boredom, poor doctor-patient relationships, problems with medications, disturbance from other patients, and poor quality of food within the hospital, which makes them dislike the hospital environment, thereby leading to absconding (Kaggwa et al., 2021, Verma et al., 2020). Mental health care users have experienced fear in response to feeling as though their safety is threatened, harassment, being openly threatened by other patients, or having had their property stolen.

The absconding impact on inpatient may be most felt by patient themselves since it poses many risks. Some of the adverse consequences of absconding include risk of treatment discontinuation or non-adherence, self-harm, death also slow recovery and prolonged hospitalisation as have been identified in literature (Wilkie et al., 2014, Moradpour et al., 2021) Furthermore the literature reveals that 25% of all suicides among inpatient psychiatric over a 10 year period in England and wales occurred after patient absconded from the ward and absconding is a significant risk factor for suicide among psychiatric inpatients(Hunt et al., 2010).

Most of the literatures have put much attention on patient perspective regarding absconding but less attention on health care provider's perspective and there is little attention has been paid to this concept (Moradpour, Amiresmaili, Nekoei-Moghadam, & Dehesh, 2021). Several reasons have been identified in different literatures these includes psychiatric symptoms (delusions, hallucinations), isolation from family, rejected by family, efforts to obtain substances, feeling confined or denial of leave or discharge, poor doctor-patient relationships, boredom (Kaggwa et al., 2021, Arbee and Subramaney, 2019, Gowda et al., 2019).

The characteristics of absconders have been identified in literature being young, male, single, from disadvantaged group, involuntarily patients, from police referral and also with diagnosed of schizophrenia (Taylor et al., 2019)

The episode of absconding occurs in both in psychiatric and non-psychiatric hospital but mostly occurred in psychiatric institutions as it reported by researchers. This can cause significant problem to hospital authority such as increased responsibility and workload of hospital staff also the police department to return the patient to hospital (Wilkie et al., 2014). This can be escalated to patients' relatives and community because may lose confidence in services offered by institution, the negative media publication may harm hospital image with potential legal liability (Memarian et al., 2015).

Numerous studies have examined the features of mental health care users who abscond from those general psychiatric wards, and have compared them to non-absconding patients on various demographic and clinical characteristics (Bailey et al., 2016; Verma et al., 2020; Wilkie et al., 2014). Studies reveal that absconders tend to be young, male, and diagnosed with schizophrenia (Bowers et al., 2000). According to Andoh (1999) study found that absconders were more likely to have been referred to hospital by police, have employment problems, infrequent visits from family or friends, and a history of alcohol abuse. There is a history of absconding being found to be meaningfully and considerably increasing the probability of more absconding, though legal status such as involuntary patients within general psychiatric populations has also been found to increase patients' risk of absconding (Wilkie et al., 2014).

According to Dickens and Campbell (2001) associated a group of 88 absconders with a control group of non-absconders ( $n = 1378$ ) over a three-year period. They found no important changes for sex, ethnicity or length of admission. Though, absconders were meaningfully younger, more likely

to be detained upon admission and more likely to be unmarried than a control group of non-absconders. Half of the absconding events taken between two and sixteen hours, and police services were involved in returning just under one quarter (23.6%) of absconders. Other studies have similarly documented that most absconding events are short in duration (e.g., < 24 hours, and occur while patients are already off the unit or hospital grounds with permission (Wilkie et al., 2014)

Currently, there are fewer documented motivations of absconding behaviour, this may be in part due to there being few studies conducting research with the health professionals or patients to identify reasons for the incident. Bowers et al. (2003), conducted interviews with mental health care users who absconded from 12 acute admission psychiatric wards in London. Mental Health care users' stories labelled tediousness, feeling confined, prevention, and needing to complete a task (e.g., related to household responsibilities) as motivations for absconding.

While psychiatric symptoms may influence some patients' absconding, it is also common that patients have non-illness-related reasons, over half of the absconding patients have previously informed nursing staff (Wilkie et al., 2014). Some of the patient-identified reasons for absconding, include variables related to breakdowns in treatment for example, poor doctor/patient alliance, medication issues and active symptomatology, as well as family problems or a lack of family involvement (Wilkie et al., 2014, Scott and Meehan, 2017). Falkowski et al. (1990) found that 19% of absconders cited being disturbed by other patients, while 39% of absconders referred to disliking aspects of the hospital as a salient factor motivating their decision to abscond for example disliking the staff, the ward itself, or the food. Concerning consumer experiences of acute psychiatric units frequently, patients reported fear and safety concerns, both in terms of other patients' perpetrating actual violence on them, and also feeling threatened, harassed, or having personal property stolen (Wilkie et al., 2014). These concerns have been linked to patients' decisions to abscond from inpatient units.

#### **2.4. State patients psychiatric samples**

Those who abscond from forensic settings are more likely to be young, male, and diagnosed with a psychotic disorder, and present with a history of absconding (Cullen et al., 2015). Brook et al. (1999) demonstrated that, over the course of the 12 months preceding the absconding event, absconders

were more likely to be involved in property damage, assaultive behaviour, self-harm, and to be non-compliant with treatment. Absconding was also found to be associated with a worsening mental state and/or a recent exacerbation of symptoms. Having an offence history of violence, bodily harm or wounding was found to be more common among those who abscond as compared to non-absconders (Feroza Arbee & Ugasvaree Subramaney, 2019).

The duration, method, and prevalence of violent or offending behaviors during absconding from secure hospitals are relevant in forensic samples due to public safety concerns (Moore, 2000). Here too the findings appear similar to general psychiatric settings, in that the length of time a patient is reported to be missing is often under 24 hours, and the abscondment occurs after the patient has been granted permission to leave the ward or hospital grounds (Moore, 2000; Wilkie et al., 2014). Incidents of absconding from inside locked units and secure hospitals are found to be extremely rare; for example, Moore documented just 12 incidents of unauthorized absence occurring from within the perimeters of the three English Special Hospitals combined (i.e., Ashworth, Broadmoor, and Rampton) between 1989 and 1994 (Wilkie et al., 2014, Campagnolo et al., 2019). Similarly, acts of violence occurring during a patient's abscondment are infrequent; as noted above, rates range from 3-5% of all absconding incidents.

One study has inquired into the motivational factors driving forensic patients' absconding behaviour. Dolan and Snowden found that most patients who had absconded simply cited a desire to be at liberty, even for a short duration, as the main reason for their behaviour (Mezey et al., 2015, Simpson et al., 2015a). These authors noted that most of these patients perceived themselves to be in an unbearable position (i.e., facing an indeterminate length of time in hospital). Only one absconding incident out of 31 appeared driven by psychotic motivations.

## **2.5. The existing literature on frequency and timing of absconding behaviours**

The existing literature looked at the frequency, timing, features and analysis of absconding behaviours among a sample of criminal psychiatric patients within the mental health hospital in Toronto, Canada. This existing literature identifies the demographic, clinical and legal characteristics of patients with and without absconding incidents, and assess whether there are substantial variances amongst these groups. The features of absconding actions are, including the process by which they occur, their duration and repetition. The literature examined pertinent actions

emerging during the absconding occurrence, and in the month preceding. At the end the study, scrutinize variables proved to be related with absconding in the existing literature, furthermore to those relevant within forensic contexts for example, risk estimates for future violence), with the intention to recognize those factors that are furthestmost powerful and exclusively analytical of this behaviour (Voss and Bartlett, 2019, Simpson et al., 2015b). The study or this existing literature observed the patient reasoning for absconding and to look at its depth that may describe better absconding profiles that may be linked on different features from each other.

In 1994, South Africa inherited the apartheid legislation of outdated and highly institutionalised psychiatric services. With democracy and the accompanying *Mental Health Care Act No. 17 of 2002* (MHCA), there have been similar interchanges in addressing the glitches of stigmatisation, discrimination, prolonged institutionalisation, inaccessibility to appropriate care and exploitation of mentally ill patients (Arbee and Subramaney, 2019). The MHCA is considered to be among the most progressive mental health legislations in the world. Regrettably, deinstitutionalisation has not been unequivocally effective. In the neighbourhood, service integration has been disadvantaged by infrastructure constraints, administrative challenges and limited political support. Kaliski (2013) argument was that deinstitutionalisation, with its enforced psychiatric bed reduction and increased turnover of patients, has resulted in a contradictory increase in the number of involuntary admissions. Thus, the population at risk of absconding is potentially larger (Arbee and Subramaney, 2019) There has not been much literature on absconding in South Africa.

## **2.6 Conclusion**

This chapter highlighted the literature on the prevalence of absconding behaviour in health care system, rationale, characteristics of absconders and negative impact of absconding on the health care institution, nurses, mental health care users and families also the community. It has been noted in this chapter that most studies have been conducted global regarding absconding behaviour with less literature in lower middle-income countries like South Africa.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1 Introduction**

The previous chapter presented the literature review of the study, we identified literature and reported the main arguments, theories and findings from empirical research and systematic reviews conducted in the subject of absconding mental health care users. This chapter (three) describes the research design, methodology, setting and approach used in the study,. It also includes a discussion of the sampling procedure and tools that were used to collect data, how data is managed and analysed, the ethical issues that might arise during the course of the study and the defences that were engaged to manage these.

### **3.2 Research Paradigm and Approach**

A research paradigm serves as a fundamental perspective that directs our approach to exploring the world and acquiring knowledge. It is a group of ideas and values that help the researcher study something specific (Ugwu, Ekere, & Onoh, 2021). This research study was based on a positivist paradigm which leads the quantitative researcher to perceive the world as external and science as value free. According to this approach, the social and physical world, including experience, can be known and studied (Adams & McGuire, 2022). This paradigm claims that spectators are independent, and their ideals can be adjourned in order to comprehend what is being studied. Genuineness is understood as a complete and it can be unstated by dividing it and studying its parts (Unützer et al., 2012)

This paradigm also claims that it is likely to comprehend and describe the authenticity of exact singularities over through thought and quantity of its distinct features (O'Leary, 2019). A quantifiable method is understood as unbiased as it narrates to singularities or circumstances independent of individual thought. It is perceptible to all observers and relies heavily on statistics and facts (Unützer et al., 2012). Information resulting from thought and extent is therefore

statistically embodied, is elsewhere unintended and has applicability beyond the (Carter, Andersen, Stagg, & Gaunt, 2023). This study then intends to “Investigating factors associated with absconding behaviours amongst psychiatric inpatients in KwaZulu-Natal Province”. The quantitative approach is therefore suitable for this study as it represents these observations and the relationship among them in explicit, numerical terms (Babbie, 2020). A quantitative approach was suitable for this study as it was investigating factors associated with absconding behaviours amongst inpatients in the province of KwaZulu-Natal. Quantitative researchers use deductive reasoning to generate hunches that are tested in the real world (Polit and Beck, 2004). Quantitative research is conducted to describe new situations or concepts in the world (Grove, Gray, & Burns, 2014). This chapter provides a detailed description of the methodology employed in this study, including the quantitative research approach, research setting, research design, population and sample, data collection method, data collection process, data analysis, rigour of the study and ethical principles that were followed while conducting this study.

### **3.3 Research Design**

A non-experimental descriptive exploratory survey was used in this study. According to Polit and Beck (2020), the purpose of an exploratory descriptive study was to describe and document aspects of a situation as it naturally occurs. It was designed to get more information about characteristics within a particular field of study (Grove et al., 2014). Babbie (2020) describes exploratory research as a precise measurement of the characteristics of the population. Its methods, therefore, allow for the investigation of the factors of absconding behaviours of psychiatric inpatients from different mental health hospitals (Babbie, 2020). Rather than simply observing and describing, exploratory descriptive research investigates the full nature of the phenomenon, the manner in which it is manifested, and the other factors to which it is related (D. Polit & Beck, 2020). This design often uses surveys in the form of questionnaires to elicit the information on the selected phenomenon.

### **3.4 Research Settings**

This research was conducted in one mental health care facility situated in Harry Gwala district. The bed state of this facility is 320 but 272 bed which is usable. The facility is based within the health

district of Harry Gwala, in KwaZulu-Natal. The facility offers the following services to its mental health care users psychogeriatric care, child and adolescent care, forensic management, psychosocial rehabilitation, acute and long-term management, and intellectual disability care. They also work together with other mental health care institutions around the province of KZN. The facility has a total number of 133 nurses, and consists of 53 Professional nurses, 13 Specialised Professional nurse, 11 Enrolled nurses and 56 Enrolled nursing auxiliaries, no psychiatrist, one clinical psychologist, two social workers, one occupational therapist, two pharmacists and four medical doctors. Mental health care users who use these facilities present with bipolar disorder, schizophrenia, acute psychosis, major depressive disorder, substance use, anxiety, psychosis and delusions. It is estimated that on average, approximately between 128 to 160 patients per month use these facilities. This is a specialized mental health care institution.

### **3.5 Study Population**

A population is defined by Polit and Beck (2020) as all the individuals with common, defining characteristics. The population was inclusive of all health professionals working in this facility based within Harry Gwala District as they all work with the admitted or inpatients mental health care users in this facility. Target population was all health care professionals who on daily basis work with these MHCUs and who have been working there for not less than two years. Only registered health professionals who had introduction to psychiatry or qualification in mental health or had it included on their modules during their basic training on how to manage psychiatric patients. They were expected to be informative and knowledgeable because they have been working in these settings for at least two years.

### **3.6 Sampling Procedures**

#### **3.6.1 Sampling method**

Burns and Grove (2020) defines a sample as a subset of the population that is selected for a particular study and sampling as the process through which a group of people and or events are selected for study. A purposive sampling technique was used to select or recruit the participants for this study. According to Polit and Beck (2020), purposive sampling entails using the most conveniently

available people as study respondents. The sample therefore cannot be representative of the population, thus limiting the generalizability of the research results. The researcher then minimised the biases of nonprobability sampling by ensuring that all respondents will be consistent with the characteristics of the target population, thereby maximizing representation.

### **3.6.2 Procedure for selecting respondents**

Participants were purposively selected from the target population. Participants were those who had been practising in this area for not less than two years and with have experience of working with the mental health care users receiving services from this facility.

## **3.7 Exclusion and Inclusion Criteria**

### **3.7.1 Inclusion criteria**

To be eligible for inclusion in the study participants had to be:

- Registered mental health professionals who had a qualification or introduction to psychiatry during basic training of their junior qualifications either diploma or degree.
- Seeing and providing mental health care services to MHCUs
- Have been working in these settings for a minimum of two years

### **3.7.2 Exclusion Criteria**

- Respondents who had been newly hired who had been working there for less than two years and respondents who are not qualified as registered nurses will be excluded from the study

## **3.8 Data Collection Instrument**

The study used a self-developed structured questionnaire that was based on the knowledge of health professionals about the factors that lead to absconding of mental health care users that are inpatients, impact of absconding, characteristics of absconding. The instrument consisted of two sections. Section A was made up of 6 items, which focused on identifying the demographic characteristics of the respondents. Items included age, gender, professional qualification, work experience, and

whether mental health lectures were received during basic training. Items were made up of numerical and categorical variables. Section B was made up of 40 items on a four-point Likert scale ranging from Strongly Agree to Strongly Disagree which identified factors associated with absconding behaviours, motive of absconding, characteristics of absconding and impact of absconding on treatment of MHCUs. The Likert scale consisted of declarative items on which respondents were asked to indicate the degree to which they agree or disagree with the opinion expressed by the statement (D. Polit & Beck, 2020). A Likert scale had at least four exclusive possible responses from which the respondent only chose one (Pallant et al., 2016). The instrument was in English since all respondents will be able to read, speak and understand English.

### **3.9 Validity and Reliability of The Instrument**

#### **3.9.1 Validity**

Validity refers to the degree to which an instrument measures what it is supposed to measure (Heale & Twycross, 2015). Content validity was used in this study to validate that the items in the instrument actually measured what they intend to measure in terms of the research objectives.

#### **3.9.2 Content Validity**

Theoretical framework Research objective Questionnaire item was applied in this section to prove the validity of the instrument. To explore and describe the factors associated with absconding and impact of absconding on treatment as well as the characteristics of absconding and the motive or reasoning being the absconding behaviour.

#### **3.9.3 Reliability**

According to Polit and Beck (2020), reliability refers to the accuracy and consistency of information obtained in a study. Reliability was obtained by constructing questions simply to prevent misinterpretation and to construct different sections of the questionnaire in the same manner (Patel et al., 2017). The reliability of the instrument was tested by administering the questionnaire to five (10) mental health professionals of the population, and then administering the same questionnaire to the same respondents after two weeks later. The two rounds of the questionnaire from these respondents were then checked to see if the results remained consistent, which would indicate the

reliability of the questionnaire to elicit the necessary information. The internal consistency of the questionnaire will be measured using Cronbach's alpha coefficient. Cronbach's alpha is a statistic commonly used as a measure of the internal consistency reliability of a psychometric instrument (D. Polit & Beck, 2020)

### **3.10 Data Collection Process**

Data was collected using the lists of health professionals who had been practising in this facility for not less than two years. Data collection process was discussed with the hospital management to set up on how the researcher met his respondents either during tea breaks or lunch breaks in order to prevent disturbing the daily routine of the procedures within the hospital and as to not to fail the holistic care to mental health care users admitted. The researcher met with the respondents to explain the purpose of the study and to make them aware of their rights to participate or not. The researcher then distributed the questionnaire by hand during tea and lunch breaks or at a time convenient to them. The researcher waited for the respondents to complete the questionnaire, which approximately take 30 minutes or less, and collect them immediately after completion to fast track and enhance the response rate. Respondents who failed to complete the questionnaire within the given time were given a special box, which was be kept in the duty room, to place their questionnaires once they had finished. Those questionnaires were collected by the researcher two days after completion. A letter that clarified the purpose and significance of the study attached to each instrument. It is estimated that data collection took two weeks and the second week was for the administration of the questionnaire. The questionnaire has been added in the appendix section, see appendix 5.

### **3.11 Data Analysis**

Data was analysed using the Predictive Analysis Software (previously known as Statistical Package for the Social Sciences) Version 21 for Windows. Each item of the questionnaire was coded. Frequencies were computed to determine the percentage for each item contained in the questionnaire. Cross tabulations for Chi-Square analysis was performed to test differences in the ratings of the factors associated with absconding, characteristics and motives or reasoning of

absconding. The level of significance for all the data analysis was set at .05. Descriptive statistics such as the average mean and standard deviation was calculated using Spearman rho, independent – Samples Kruskal-Wallis Test and was compared using the Pearson Chi-Square and correlation.

### **3.12 Ethical Considerations**

Polit and Beck (2020) uphold that when humans are used as study respondents, care must be exercised to ensure that their rights are protected. Ethical consideration related to the protection of the rights of human subjects reinforced this study. Ethics is defined as a system of moral values that is considered the degree to which research procedures adhere to professional, legal and social obligations with respect to the study respondents (D. Polit & Beck, 2020). In accordance with these obligations, the research proposal was sent for approval and ethical clearance to the Research and Ethics Committee of the University of KwaZulu-Natal. Permission to conduct the research and to request respondents to complete the questionnaire was obtained from the mental health care facility where the samples will be drawn. A letter and informed consent explaining the purpose and the implication and actual part of the study will be given to each respondent. They were informed that they had the right to withdraw at any stage of data collection. All respondents were guaranteed that no information was given out or shared with any other stakeholders without their consent or authorization.

Gillis and Jackson (2002) highlighted the importance of conducting a research study in an ethical manner by adhering to the guiding principles of ethics. The three main principles that guided this study were; respect for persons, beneficence, justice and autonomy.

**Respect for persons:** This principle forms the foundation of the respondents' rights to informed consent, privacy and confidentiality (Balabanova et al., 2010). Information regarding this research study will be given both verbally and in the form of a document to the respondents of the study and the consent of respondents was obtained upon their review of the information packet.

**Confidentiality and anonymity:** Confidentiality is the responsibility of healthcare providers and researchers to safeguard sensitive information and prevent unauthorized access, while anonymity ensures that individuals' identities remain private and cannot be linked to their information, as in an anonymous study where participants' names are not linked to their responses. of the target

population was maintained by not having any identification on the data collection tool. Relevant indicators were used instead of names so that information cannot be traced back to individuals. The data collection tools were stored in a safe and locked place at the School of Nursing at the University of KwaZulu-Natal for a period of 5 years and only the researcher and research supervisor will have access to the data collected and copies of the relevant review documents.

**Beneficence:** Beneficence is an important ethical idea that means we have a responsibility to help others and support their well-being and rightful needs (Kinsinger, 2009). The data collected in the study was not be used to exploit or inflict harm on the respondents, but relatively benefit in making recommendations based on the research findings that may aid in preventing absconding of inpatients from the psychiatric hospitals.

**Justice:** Justice is an important idea that focuses on being fair when sharing both good things and responsibilities among people and groups (JUSTICE). Respondents in the research study were treated equally and fairly. The population sample selection will be conducted randomly so as to avoid bias. The researcher explained the significance and benefits of the study to all respondents. There were no monetary benefits for completing the questionnaire. Respondents were made aware that refusal to participate would have no effect on their employment or study status.

**Autonomy:** Autonomy is an important rule that highlights a person's right to make choices about their own life and body (Kinsinger, 2009). Respondents were made aware of their willingness to participate on the research that they will allow them to withdraw at any given point or to decline to answer questions without giving reasons whenever they feel uncomfortable to do so.

### **3.13 Data Management**

Data collected was used only for the purpose of the study. During data analysis crude data was kept under lock and key to ensure confidentiality. Data was stored on a computer which has a code of access (password) known only by the researcher. In accordance with the university's policy, 5 years after the report has been completed, written data will be burnt or the paper shredded and data stored on the computer will be erased from both the programme and the recycle.

### **3.14 Conclusion**

This chapter drew the research methodology that will be used during this study and emphasised how data will be collected, stored, analysed and managed. It drew the ethical considerations that were tailed in order to safeguard that the respondents or the researcher were not harmed at any given manner during data collection.

## **CHAPTER FOUR: DATA ANALYSIS**

### **Introduction**

The previous chapter presented the methodology that was followed in conducting the study. This chapter will present and analyze the main findings of the study. The chapter will be guided by the objectives of the research.

### **Main Findings**

The result revealed that there are more females (34, 65.4%) than males (18, 34.6%) (See Table 4.1). This suggests that the workforce in this context is predominantly female. In respect to age group, the workforce cuts across ages 25-60 years. However, the majority of the workforce were within the age bracket of 25-30 years (10,19.2%), 35.01-40 years (9, 17.3%) and 55.01-60 years (9,17.3%). In addition, Table 4.1 revealed that the majority of individuals work in the Male Acute Ward (14, 26.9%) and the Sub-acute Ward (10, 19.2%), while a significant proportion of the respondents work in "other" wards. (16, 30.8%), indicating diverse roles or departments. The most common nursing category is Registered Nurse (Community, Psychiatry and Midwifery), which accounts for 73.1% of the total. "Registered Nurse" and "Others" categories have lower representation, with 3(5.8%) and 4(7.7%), respectively. Furthermore, the result shows that all the individuals (52,100%) have received mental health care training.

Table 4.1 shows the socio-demographic attributes of the respondents.

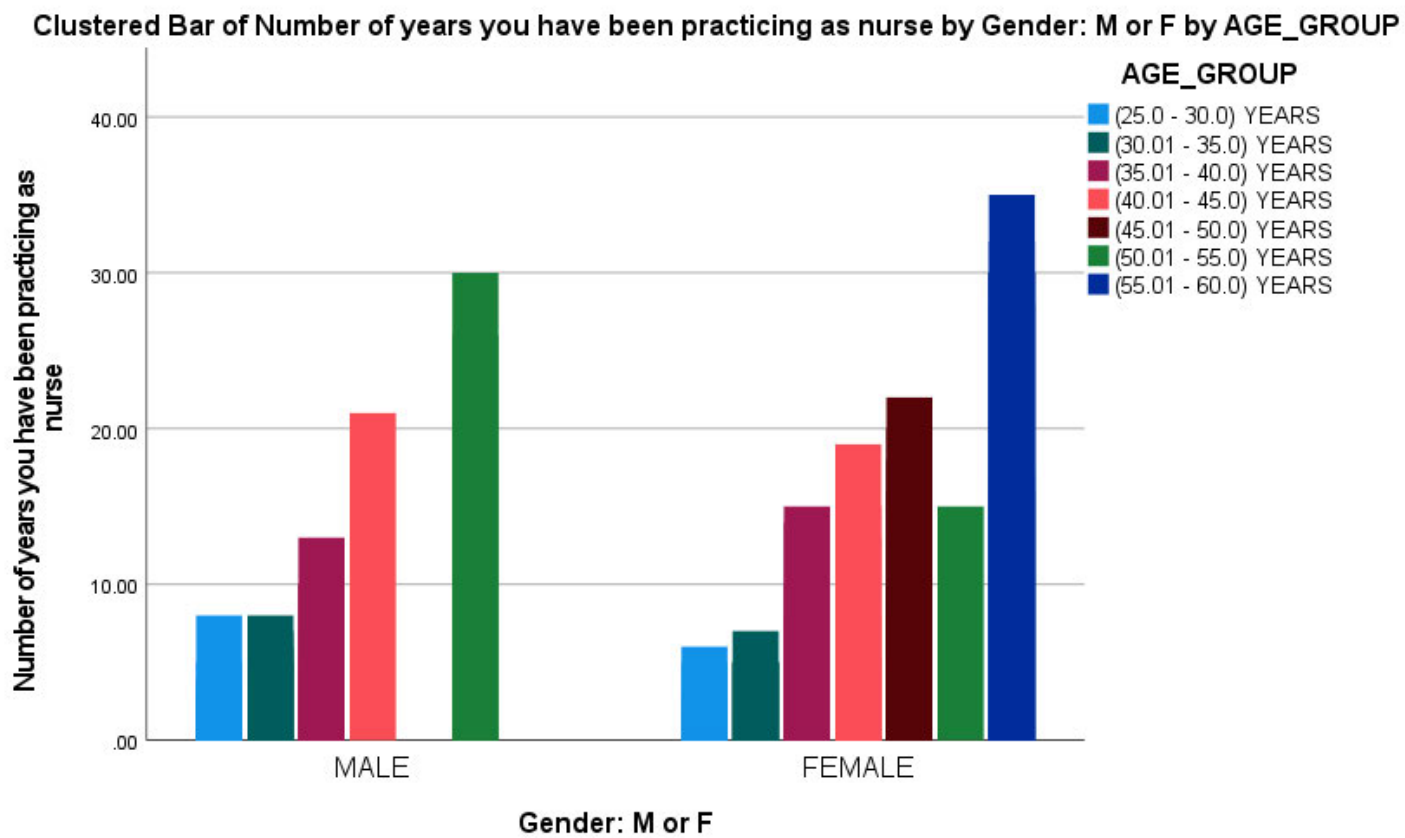
		Frequency	%
Gender	Male	18	34.6
	Female	34	65.4
Age Group	25.0 - 30.0 Years	10	19.2
	30.01 - 35.0 Years	8	15.4
	35.01 - 40.0 Years	9	17.3
	40.01 - 45.0 Years	6	11.5
	45.01 - 50.0 Years	7	13.5
	50.01 - 55.0 Years	3	5.8
	55.01 - 60.0 YEARS	9	17.3
Department	Male acute ward	14	26.9
	Sub-acute ward	10	19.2
	Pre-discharge ward	9	17.3
	Female ward	3	5.8
	Others	16	30.8
Nursing Category	Registered nurse	3	5.8
	Registered nurse (Community, psychiatry and midwifery)	38	73.1
	Registered Psychiatric nurse	7	13.5
	Others	4	7.7
Mental Health Care Training	Yes	52	100.0
	No	0	0.0

Majority of the male nurses work in the Male Acute ward or Sub Acute ward with 33% respectively (See Table 4.2). However, no male nurse(s) work in the female ward, while only two male nurses

were in the other departments aside from those highlighted in Table 4.2. In contrast, the majority of the female nurses (14, 41%) work in "other wards" aside from those highlighted in the study, followed by nurses in the male acute ward (24%) and those in the pre-discharge ward. Similarly, Female wards had the least representation of female nurses, with 9%.

Table 4.2: Gender Distribution of Respondents by Department

Department	Male	Female
Male Acute Ward	6(33%)	8(24%)
Sub-Acute Ward	6(33%)	4(12%)
Pre-Discharge Ward	4(22%)	5(15%)
Female Ward	0(0%)	3(9%)
Others	2(11%)	14(41%)
Total	18 (100%)	34 (100%)



The number of years in nursing practice based on gender is depicted in Table 4.3. The result shows the mean number of years practicing as a nurse for females is 15.09 years, substantially higher than the mean of 9.61 years for males. This finding suggests that, on average, female nurses in the sample have accumulated significantly more years of professional experience compared to their male counterparts. The result shows that the minimum years of experience for both genders is two years (2), while the maximum is 35 years for female and 30 years for their male counterpart. This observation reinforces the notion that the female participants in the sample tend to have a longer tenure in the nursing profession, potentially indicating a greater commitment or longevity among female nurses.

Table 4.3: Number of years of have been practicing as a Nurse

Gender	Frequency	Mean	Minimum	Maximum
Female	34	15.09	2	35
Male	18	9.61	2	30

The correlation analysis reveals that there is a significant positive association/relationship (bolded values with the asterisks) between patient factors (characteristics, motives, and reasoning) and organisational/service/staff factors, and also between work/environmental factors and organisational/service/staff factors. However, a negative association/relationship is revealed between the number of years of practising as a nurse and the other three factors/variables considered, as shown in the table below.

The correlation analysis presented in the table reveals several noteworthy relationships among various factors that may influence nursing practice. Firstly, a moderate positive correlation ( $r = 0.384$ ,  $p < 0.01$ ) exists between patient factors, encompassing characteristics, motives, and

reasoning, and organizational /service/staff factors (See Table 4.4). This finding suggests that as patients' characteristics, motives, and reasoning become more prominent or influential, the organisational, service, and staff-related factors tend to increase correspondingly. Conversely, a weak negative correlation ( $r = -0.074$ ) is observed between patient factors and the number of years practicing as a nurse, implying that the influence of patient factors may diminish slightly as nurses gain more experience over time.

**Table 4.4: Correlation Analysis**

	<b>PATIENT FACTORS (CHARACTERISTICS, MOTIVES, REASONING)</b>	<b>ORGANISATIONAL/SERVICE/STAFF FACTORS</b>	<b>WORK/ENVIRONMENTAL FACTORS</b>	<b>NUMBER OF YEARS YOU HAVE BEEN PRACTICING AS NURSE</b>
PATIENT FACTORS (CHARACTERISTICS, MOTIVES, REASONING)	1	<b>.384**</b>	.235	-.074
ORGANISATIONAL/SERVICE/STAFF FACTORS	<b>.384**</b>	1	<b>.406**</b>	-.226
WORK/ENVIRONMENTAL FACTORS	.235	<b>.406**</b>	1	-.019
NUMBER OF YEARS YOU HAVE BEEN PRACTICING AS NURSE	-.074	-.226	-.019	1

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Furthermore, the analysis reveals a moderate positive correlation ( $r = 0.406$ ,  $p < 0.01$ ) between organisational/service/staff factors and work/environmental factors (See Table 4.5). This relationship indicates that as organisational, service and staff-related factors become more prevalent or influential, the work and environmental factors also tend to increase. Interestingly, the number of years practicing as a nurse exhibits a weak negative correlation with organisational/service/staff factors ( $r = -0.226$ ) and work/environmental factors ( $r = -0.019$ ), suggesting that the influence of these factors may diminish slightly as nurses accumulate more years of experience. It is noteworthy that patient factors demonstrate a weak positive correlation ( $r = 0.235$ ) with work/environmental factors, indicating a potential relationship between these two variables, albeit not a strong one.

**Table 4.5: Regression Analyses**

Dependent variable	Independent variables (predictors: a)	Unstandardised coefficients Beta	Standardised Coefficients Beta	T-value	Sig.	Collinearity statistics		R	R square	Adjusted r square	Sig. (p-value)
						Tolerance	Vif				
Patient factors (characteristics, motives, reasoning)	Organisational/ service/ staff factors	.231	.346	2.405	.020	.835	1.197	.394 <sup>a</sup>	.155	.120	.016
	Work/ environmental factors	.142	.095	.659	.513	.835	1.197				
Organisational/ service/ staff factors	Patient factors (characteristics, motives, reasoning)	.458	.306	2.405	.020	.945	1.058	.503 <sup>a</sup>	.253	.222	.001
	Work/ environmental factors	.749	.334	2.629	.011	.945	1.058				
	Patient factors (characteristics,	.062	.093	.659	.513	.853	1.173				

Work/ environmental factors	motives, reasoning)										
	Organisational/ service/staff factors	.165	.370	2.629	.01 1	.853	1.17 3	.415 <sub>a</sub>	.172	.138	.010
Number of years you have been practicing as nurse	Patient factors (characteristics, motives, reasoning)	.011	.007	.044	.96 5	.845	1.18 3	.239 <sub>a</sub>	.057	-.002	.414
	Organisational/ service/staff factors	-.277	-.263	- 1.622	.11 1	.747	1.33 8				
	Work/ environmental factors	.202	.086	.556	.58 1	.828	1.20 8				

Table 4.6: Analysis of MHCU Absconding Risk Factors:

Assertions	Weighted Sum	Index	Remarks
The S.O.P and Guidelines of absconding MHCU available in the ward.	69	1.33	H. Disagree
The S.O.P and Guidelines of absconding MHCU are read at least monthly.	104	2.00	Disagree
The in-service training on absconding risk assessment is always conducted.	107	2.06	Disagree
Staff allocated to each ward are enough compared to patient ratio during the day and night.	207	3.98	Agree
All professional nurses are psychiatric trained.	207	3.98	Agree
The absconding risk assessment tool is available in the ward.	87	1.67	Disagree
The absconding risk assessment tool is used during admission and hospitalisation.	95	1.83	Disagree
All staff are skilled enough to conduct risk assessment on absconding.	154	2.96	Undecided
Psychoeducation is given to all MHCUs.	100	1.92	Disagree
They are enough activities in the ward to keep the MHCUs to keep the MHCUs occupied.	199	3.83	Agree
The family and MHCUs is always included in the care plan.	163	3.13	Undecided
MHCUs complain and suggestions are attended to with immediate effect.	124	2.38	Disagree
All staff listens and communicates with MHCUs in an acceptable manner.	99	1.90	Disagree
Ward orientation is always given to new MHCUs.	87	1.67	Disagree
Ward climate meetings are held at least once a month.	91	1.75	Disagree
All social problems of MHCUs are attended as soon as possible and referred to relevant stakeholder's e.g. social worker.	103	1.98	Disagree
MHCUs are always informed about their rights and responsibilities at least once a month.	96	1.85	Disagree
In the ward most MHCUs are granted L.O.A and come back on due date.	150	2.88	Undecided
Follow up visit /calls are always made when MHCUs given L.O.A.	152	2.92	Undecided
Involuntary MHCUs are the ones who tend to abscond.	110	2.12	Disagree
Male MHCUs tend to abscond more than females MHCUs	82	1.58	Disagree
MHCUs less than 35 years old tend abscond.	105	2.02	Disagree
The MHCUs who has previous history of absconding is likely to abscond.	80	1.54	Disagree
The MHCUs attempted to abscond before is likely to abscond.	88	1.69	Disagree
MHCUs who have been asking for discharged repeatedly tend to abscond.	85	1.63	Disagree

The MHCUs who have active symptomatology e.g. command hallucinations tend to abscond.	104	2.00	Disagree
MHCUs have good insight and judgement before absconding.	195	3.75	Agree
MHCUs who are using drugs such as cannabis tend to abscond also diagnosed with S.I.P.D.	104	2.00	Disagree
The anti-psychotic medication is always available.	108	2.08	Disagree
The MHCUs is taking his/her medication all the time.	95	1.83	Disagree
All MHCUs have provision to make calls to their families or friends.	133	2.56	Undecided
MHCUs who have been visited by his/her family repeatedly tend to abscond.	196	3.77	Agree
MHCUs usually abscond within 14 days after admission.	149	2.87	Undecided
Some MHCUs stay in the hospital more than six months.	95	1.83	Disagree
MHCUs usually abscond with other fellow MHCUs	130	2.50	Undecided
Security officers are always available in all wards.	188	3.62	Agree
Adequate security measures such as court yard is well fenced with electric wires.	233	4.48	Agree
The living conditions in all wards are satisfactory such as clean toilets and working shower rooms with warm water	209	4.02	Agree
All MHCUs get enough and good quality food	198	3.81	Agree

### **Analysis of MHCU Absconding Risk Factors:**

Table 4.6 assesses various factors potentially influencing absconding risk in a Mental Health Care Unit (MHCU). We analyse the findings based on the weighted sum and remarks:

#### **Areas with Strong Agreement which reduce the risk of absconding:**

- **Staffing (Agree):** There seems to be sufficient staff compared to the patient ratio, which is positive.
- **Activities (Agree):** The ward provides enough activities to keep MHCUs occupied, reducing potential boredom as a trigger.
- **Family Involvement (Agree):** Including family in the care plan and having frequent visits potentially improve patient well-being and reduce absconding risk.
- **Basic Needs (Agree):** The ward maintains satisfactory living conditions with clean toilets, working showers, and adequate food.

- **Security (Agree):** Security officers are always available, and adequate security measures like fencing are in place.
- **Patient Insight (Agree):** MHCUs with good insight and judgment before absconding are likely less at risk.

**Areas Requiring Improvement which lead to high risk of absconding:**

- **Training and Procedures:** The Standard Operating Procedures (SOP) and guidelines on absconding seem underutilized. In-service training on absconding risk assessment is not consistently conducted.
- **Risk Assessment:** While the risk assessment tool is available, it's not always used during admission and hospitalization. Staff skills in conducting risk assessments seem inadequate.
- **Communication:** Psychoeducation for MHCUs and ensuring all staff communicate with them appropriately are areas for improvement.
- **Feedback and Rights:** MHCU complaints and suggestions aren't always addressed promptly. Informing them about their rights and responsibilities needs to be more frequent.
- **Medication:** Consistent availability of anti-psychotic medication and ensuring MHCUs take their medication are crucial aspects that need attention.
- **Length of Stay:** The data on absconding risk based on length of stay is inconclusive.

**Areas Needing Further Investigation (Undecided):**

- **Staffing Skills:** While staffing levels seem adequate, staff skills in risk assessment require evaluation.
- **Family Visits:** The impact of frequent family visits on absconding risk needs further analysis.
- **Leave of Absence:** The data on absconding risk for MHCUs granted leave and follow-up procedures needs clarification.
- **Absconding Profiles:** The findings on demographics and diagnoses as predictors for absconding (e.g., involuntary commitment, gender, age, substance abuse, previous absconding attempts) are inconclusive and require further investigation.

Overall, the table highlights the importance of proper training, communication, risk assessment procedures, and addressing patients' needs to reduce absconding risk. Some areas require further investigation for a more comprehensive understanding of the factors at play.

# CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

## 5.0 Introduction

This chapter presents detailed discussion of the main findings in the study. Here we reintroduce the concepts measured and restate what the outcomes of the measuring these concepts were. We go on to discuss these outcomes paying attention to what other scholars say on the same subject.

## 5.1 Summary of Findings

The socio-demographic attributes of the respondents show that there are more females (34, 65.4%) than males (18, 34.6%). This suggests that the workforce in this context is predominantly female. In respect to age group, the workforce cuts across ages 25-60 years; however, the majority of the workforce were within the age bracket of 25-30 years (10,19.2%), 35.01-40 years (9, 17.3%) and 55.01-60 years (9,17.3%).

In addition, the majority of individuals work in the Male Acute Ward (14, 26.9%) and the Sub-acute Ward (10, 19.2%), while a significant proportion of the respondents work in "other" wards. (16, 30.8%), indicating diverse roles or departments. The most common nursing category is Registered Nurse (Community, Psychiatry and Midwifery), which accounts for 73.1% of the total. "Registered Nurse" and "Others" categories have lower representation, with 3(5.8%) and 4(7.7%), respectively. Furthermore, the result shows that all the individuals (52,100%) have received mental health care training.

In South Africa, nursing has four main types: nursing helpers, enrolled nurses, registered nurses and midwives, and specialist registered nurses and midwives. Registered nurses who have completed a 4-year program in general, mental health, community, and maternity nursing must do mandatory community service (Matlhaba, 2023)). There aren't enough registered nurses with advanced midwifery training in referral hospitals (Ntuli & Ogunbanjo, 2014). Primary health care settings have problems with having enough staff and resources (Rabie, Coetzee, & Klopper, 2016). Many nursing students do not want to choose psychiatric nursing as a career (Jansen & Venter, 2015).

Community health nursing is important, but only 7% of registered nurses have this extra qualification (Kotze & Hattingh, 1991). Nurses in Sub-Saharan Africa, especially in French-speaking countries, say they have a harder time providing care for mothers, children, and mental health patients compared to general medical care (Uys, Chipps, Kohi, Makoka, & Libetwa, 2013).

The male nurses are assigned to the Male Acute ward or Sub Acute ward with an equal distribution (33%) between the two wards. Notably, there are no male nurses in the female ward. In contrast, a significant portion (41%) of the female nurses are concentrated in wards not highlighted in this study. The male acute ward follows with 24% representation, and the pre-discharge ward also has female nurses. Interestingly, the female ward has the lowest representation of female nurses, at only 9%.

The number of years in nursing practice based on gender shows that the mean number of years practising as a nurse for females is 15.09 years, substantially higher than the mean of 9.61 years for males. This finding suggests that, on average, female nurses in the sample have accumulated significantly more years of professional experience compared to their male counterparts. The result shows that the minimum years of experience for both genders is two years (2), while the maximum is 35 years for female and 30 years for their male counterpart. This observation reinforces the notion that the female participants in the sample tend to have a longer tenure in the nursing profession, potentially indicating a greater commitment or longevity among female nurses. Studies on gender differences in nursing show some important results. Women nurses usually have more emotional skills and work experience than men nurses (Humpel & Caputi, 2001). The ability of female nurses to work is more influenced by their overall workload, which includes their home duties (Rotenberg et al., 2008). Patients have different preferences for whether a nurse is male or female depending on how personal the medical situation is (Chur-Hansen, 2002). Even with these differences, there's still gender bias in nursing research. Many studies include more females than males, which might make it hard to apply the results to everyone (D. F. Polit & Beck, 2013).

The correlation analysis revealed that there was a significant positive association/relationship (bolded values with the asterisks) between patient factors (characteristics, motives, and reasoning) and organisational/service/staff factors, and also between work/environmental factors and

organisational/service/staff factors. However, a negative association/relationship is revealed between the number of years of practising as a nurse and the other three factors/variables considered.

Firstly, a moderate positive correlation ( $r = 0.384$ ,  $p < 0.01$ ) exists between patient factors, encompassing characteristics, motives, and reasoning, and organisational/service/staff factors. This finding suggests that as the characteristics, motives, and reasoning of mental health patients who abscond from the ward become more prominent or influential, the organisational, service and staff-related factors tend to increase correspondingly. Conversely, a weak negative correlation ( $r = -0.074$ ) is observed between patient factors and the number of years practising as a nurse, implying that the influence of patient factors may diminish slightly as nurses gain more experience over time.

Furthermore, a moderate positive correlation ( $r = 0.406$ ,  $p < 0.01$ ) between organisational/service/staff factors and work/environmental factors. This relationship indicates that as organisational, service and staff-related factors become more prevalent or influential, the work and environmental factors also tend to increase. Interestingly, the number of years practising as a nurse exhibits a weak negative correlation with organisational/service/staff factors ( $r = -0.226$ ) and work/environmental factors ( $r = -0.019$ ), suggesting that the influence of these factors may diminish slightly as nurses accumulate more years of experience. It is noteworthy that patient factors demonstrate a weak positive correlation ( $r = 0.235$ ) with work/environmental factors, indicating a potential relationship between these two variables, albeit not a strong one.

Nurses are very important in checking for and managing the risk of patients leaving without permission. They use their medical skills and official tools to help with this. However, when people go missing, it can affect the feelings and work life of staff (Bowers, Jarrett, Clark, Kiyimba, & McFarlane, 1999; Gerace et al., 2015). More research is needed to create effective ways to prevent and handle situations where someone might leave without permission (Muir-Cochrane & Mosel, 2008). Using these methods could make patients safer, enhance the quality of care, and improve overall experiences in mental health hospitals (Henderson, 2014).

We analysed factors influencing absconding risk in Mental Health Care Units (MHCUs). We found that staffing is sufficient, activities are provided, family involvement is beneficial, basic needs are

met, security is adequate, and patient insight is beneficial. However, areas needing improvement included underutilized Standard Operating Procedures, inadequate risk assessment, inadequate communication, timely response to complaints, and consistent availability of anti-psychotic medication. The length of stay was inconclusive, and staffing skills needed evaluation. Family visits and leave of absence data needed clarification. Absconding profiles were inconclusive, and demographics and diagnoses as predictors for absconding were inconclusive. The findings emphasize the importance of proper training, communication, risk assessment procedures, and addressing patients' needs to reduce absconding risk. Further investigation is needed to understand the factors at play and develop strategies to reduce absconding risk.

Leaving psychiatric wards without permission is a serious problem affected by many different reasons. Patients who are more likely to leave the hospital without permission often include men, younger people, those diagnosed with schizophrenia or drug problems, and those who have been in the hospital longer (Gerace et al., 2015). Patients leave because they are bored, scared, feel trapped, have family duties, or are dealing with mental health issues (Bowers et al., 1999). When patients leave without permission, they often see it as a way to find freedom, feel better, take charge of their lives, or take advantage of a situation (Voss & Bartlett, 2019). Nurses check the risk of patients leaving without permission by using their experience and specific tools. They use methods like providing support, keeping a close watch, and ensuring safety (Grotto et al., 2015). However, when people go missing, it can cause stress and fear of consequences for the staff (Bowers et al., 1999). Making the relationship between patients and staff better, reducing negative attitudes, and improving the surroundings in hospitals can help lower the number of patients who leave without permission. More research is needed to create effective strategies for managing the risks of people running away.

### **5.3 Recommendations**

Addressing factors associated with absconding behaviours amongst hospitalised mental health care users within the Harry Gwala District in KwaZulu-Natal, it is essential to adopt best practices that encompass both patient-centred care and systemic improvements.

*Here are some recommended best practices:*

To improve patient engagement and autonomy, involve patients in treatment plans and decision-making processes, creating personalized care plans that consider their unique needs and triggers for absconding. Improve the hospital environment by creating a therapeutic environment with comfortable living spaces, outdoor areas, and recreational activities. Ensure adequate staffing levels for comprehensive care and supervision. Address stigma by implementing stigma reduction programs and educating staff and the public. Encourage family involvement in the treatment process and provide support and education to caregivers to manage mental illness challenges.

***Implement Structured Leave Policies:***

**Clear Guidelines:** Develop clear guidelines for patient leave, including structured sign-in and sign-out procedures, pre-leave forms, and patient information leaflets. This can help manage expectations and reduce impulsive absconding.

**Gradual Reintroduction:** Allow for gradual reintroduction into the community through supervised and then unsupervised leave. Monitor patient responses and adjust leave privileges accordingly.

***Monitor and Address Behavioural Triggers:***

Behavioral interventions, such as cognitive-behavioural therapy, can help address factors leading to absconding, such as impulsivity and non-compliance with treatment. Symptom management involves appropriate medication and therapeutic interventions, with regular assessments to address exacerbations.

***Enhance Security Measures:***

Regular risk assessments are crucial in identifying patients at high risk of absconding, ensuring security measures are in place. Surveillance systems and staff patrols are used to monitor patient movements. Staff training on best practices for managing absconding behaviors, including de-escalation techniques and effective communication, is provided. Reflective practice is encouraged to learn from incidents and prevent future incidents.

By integrating these best practices, healthcare providers in the Harry Gwala District can effectively manage and reduce absconding behaviours among hospitalised mental healthcare users, ensuring a safer and more supportive environment for their treatment and recovery.

### 5.3 Limitations of the study

The biggest limitation of the study was that we used the purposive sampling method which limited the objectiveness of the study since there was no randomisation of participants. Studies which use purposive sampling while they are also quantitative may produce limited or subjective view points. Another weakness was the small sample size for a quantitative study, the analysis could have benefited from a larger sample size.

### 5.4 Conclusion

Investigating factors associated with absconding behaviours among hospitalised mental health care users within the Harry Gwala District in KwaZulu-Natal, several key factors can be considered based on existing research and similar studies:

**Stigma and Hospital Environment:** Patients often abscond due to the stigma associated with being in a psychiatric hospital, which can make them feel inferior or isolated. The hospital environment, particularly seclusion rooms, can be distressing and dehumanising, contributing to a desire to escape to regain a sense of freedom and dignity.

**Mental Health Symptoms:** The severity and type of mental health symptoms play a significant role. Individuals with psychotic disorders, especially those experiencing exacerbations of symptoms, are more likely to abscond. The desire to escape distressing symptoms or delusional thoughts can drive absconding behaviours.

**Experiences with Caregivers:** Mixed emotions regarding caregivers can influence absconding. While some patients feel overly controlled and infantilised, leading to a desire for independence, others feel burdened by the emotional and financial strain their care imposes on their families. This complex dynamic can motivate patients to abscond to relieve perceived burdens on their caregivers.

**Hospital Resources and Services:** Poor hospital conditions, including inadequate facilities and lack of engaging activities, can lead to feelings of boredom and frustration among patients, prompting them to abscond. Enhancing hospital resources and providing more therapeutic activities could help mitigate these feelings.

**Demographic Factors:** Young males are statistically more likely to abscond. This demographic trend might be related to higher levels of impulsivity and a greater desire for autonomy seen in younger patients.

**History of Absconding and Behavioural Issues:** Patients with a history of absconding or those involved in property damage, assaultive behaviour, or non-compliance with treatment are at higher risk. Addressing these behavioural issues through tailored interventions might reduce absconding incidents.

**Implementation of Structured Leave Processes:** Implementing structured leave processes, such as signing in and out books and pre-leave forms and providing clear guidelines through patient information leaflets, can significantly reduce absconding. These measures help patients understand the expectations and procedures for leave, making them feel more in control and less likely to abscond.

In conclusion, addressing absconding behaviours requires a multi-faceted approach that includes improving the hospital environment, enhancing caregiver-patient dynamics, providing adequate resources, and implementing structured leave processes. Tailoring interventions to address the specific needs and motivations of patients can help reduce the incidence of absconding.

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## APPENDICES

### Appendix 1: Ethical Approval



05 December 2023

Noxolo Makhosi Conco (221119291)  
School of Nurs & Public Health  
Howard College Campus

Dear NM Conco,

**Protocol reference number:** HSSREC/00006361/2023

**Project title:** Experiences of violence amongst people living with mental illness in Umzimkhulu district, KwaZulu-Natal.

**Degree:** Masters

#### Approval Notification – Expedited Application

This letter serves to notify you that your application received on 24 October 2023 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 05 December 2024.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Health Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)

/dd

#### Humanities and Social Sciences Research Ethics Committee

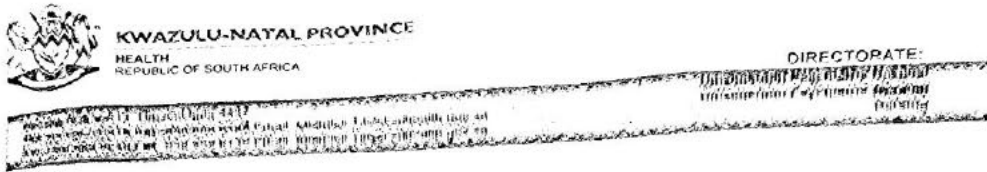
Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3587 Email: [hssrec@ukzn.ac.za](mailto:hssrec@ukzn.ac.za) Website: <http://research.ukzn.ac.za/Research-Ethics>

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

INSPIRING GREATNESS

**Appendix 2: Letter of Support**



Umzimkhulu Psychiatric Hospital  
Private bag X514  
Umzimkhulu  
3297

Dear Mr Malunga S

**RE: LETTER OF SUPPORT TO CONDUCT RESEARCH**

I have pleasure to inform you that Umzimkhulu psychiatric hospital has considered your application to conduct research on **“Investigating factors associated with absconding behaviours amongst psychiatric inpatients in KwaZuluNatal Province,Harry Gwala District”** in our institution.  
Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of Department of Health regard this research.
2. The institution will not provide any resources for this research.
3. You will be expected to provide feedback on your findings to the institution.

Thank you.

Regards  
[Redacted Signature]  
Mr. M Titi  
Assistant Nursing Manager

UMZIMKHULU PSYCHIATRIC HOSPITAL  
NURSING MANAGER  
2023 -06- 2 9  
PRIVATE BAG X 514  
UMZIMKHULU  
3297

### Appendix 3: Information Sheet

**TITLE: INVESTIGATING FACTORS ASSOCIATED WITH ABSCONDING BEHAVIOURS AMONGST HOSPITALIZED MENTAL HEALTH CARE USERS WITH HARRY GWALA DISTRICT KWAZULU-NATAL PROVINCE.**

Date.....

#### Dear Participant

My name is Seluleko Malunga, from Department of Nursing, School of Nursing and Public Health, University of KwaZulu-Natal. I am completing a research project as part of the requirement for the Master's Degree in Nursing (Mental Health).

**Invitation to participate:** You are invited to participate in a research study titled "Investigating factors associated with absconding behaviours amongst Hospitalized Mental Health Care Users within Harry Gwala District KwaZulu-Natal Province." The research study will be conducted in one in one of the mental health institution in Harry Gwala District in KwaZulu-Natal, South Africa.

**Purpose of the research:** Investigate factors associated with absconding behaviours amongst hospitalized mental health care users; describe health professional's experience on absconding and assessing health professional's perception about absconding.

**Procedure:** If you consent, you will be asked to complete a questionnaire about factors that are associated with absconding behaviour amongst hospitalised Mental Health Care Users, health professional experiences on absconding and perceptions about absconding of hospitalised mental health care users from the mental health care institution; it will be about 25 minutes to complete the questionnaire.

**Ethical Aspects:** Please note that all the information given will be kept confidential and only used for research purpose. Your identity will not appear in any report of the research. Please note that you are free to decline to answer questions without giving reasons whenever you feel uncomfortable to do so. However, it is important to know that the information given may help hospital policy makers to update policies and formulation of risk assessment tool to prevent and managed absconding of mental health care users. The formulation and use of a risk assessment tool as a matter of routine on all admitted patient may be of great value. You are free to withdraw at any stage without repercussions. They will be no risk attached to your participation. Participation in the entirely study voluntary.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number.....)

#### Advantage to you as a respondent

The findings of the study will be made available on completion.  
In the event of any problems or concerns you may contact the researcher or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

**The principal investigator**

Seluleko Malunga on Tel: [REDACTED]

Email: [REDACTED]

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research office, Westville Campus

Govan Mbeki Building

Durban

4000

KwaZulu-Natal ,SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

HSSREC@ukzn.ac.za

Email:

**Appendix 4: Informed consent form**

I.....have been informed about the study entitled by “**Investigating factors associated with absconding behaviours amongst Hospitalized Mental Health Care Users within Harry Gwala District KwaZulu-Natal Province**” by **Seluleko Malunga** from the Department of Nursing ,School of Nursing and Public Health ,University of KwaZulu-Natal .I understand the purpose and procedures of the study ,as explained to me by:.....The research study, when completed, may help hospital policy makers to update policies and formulation of risk assessment tool to prevent and managed absconding of mental health care users. This will improve the quality of care within mental health institution.

I have been allowed to answer questions about the study and will answer to my satisfaction. I declare that my participation in thin study is entirely voluntary and that I may withdraw at any time without affecting any treatment or care that I would usually be entitled to.

I f I have any further questions, concerns or queries related to the study I understand that I may contact the principal investigator.

**Seluleko Malunga** on Tel: [REDACTED]  
[REDACTED]

Email:

If I have any questions or concerns about my rights as a study participants or if I am concerned about an aspect of the study or the researchers, then I may contact the UKZN Humanities & Social Sciences Research Ethics Administration.

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research office, Westville Campus  
Govan Mbeki Building  
Durban  
4000  
KwaZulu-Natal ,SOUTH AFRICA  
Tel: 27 31 2604557- Fax: 27 31 2604609  
HSSREC@ukzn.ac.za

Email:

## Appendix 5: Questionnaire of the study

### Section A: Biographic/Demographic Data

**Instruction:** Please answer the following questions by ticking where needed.

1. What is your age in years? .....
2. Indicate the number of years you have been practicing as nurse.....
3. What is your gender?
  1. Male .....
  2. Female.....
4. Which nursing category do you belong to?
  1. Registered nurse .....
  2. Registered midwife .....
  3. Registered nurse (community, psychiatry and midwifery).....
  4. Registered psychiatric nurse.....
  5. Other specify.....
5. Indicate your department
  1. Male Acute ward.....
  2. Sub-acute ward.....
  3. Pre-discharge ward.....
  4. Female ward.....
  5. Other specify.....
6. Did you receive mental health care lectures as part of training?

1. Yes.....

2. No.....

**Section B.**

**Instruction:** Please indicate by ticking whether you agree, disagree, neutral, strongly agree and strongly disagree with statement below.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
1. The S.O.P and Guidelines of absconding MHCU available in the ward.					
2. The S.O.P and Guidelines of absconding MHCU are read at least monthly.					
3. The in-service training on absconding risk assessment is always conducted.					
4. Staff allocated to each ward are enough compared to patient ratio during the day and night.					
5. All professional nurses are psychiatric trained.					
6. The absconding risk assessment tool is available in the ward.					
7. The absconding risk assessment tool is used during admission and hospitalisation.					
8. All staff are skilled enough to conduct risk assessment on absconding.					
9. Psychoeducation is given to all MHCUs.					

10. They are enough activities in the ward to keep the MHCUs to keep the MHCUs occupied.					
11. The family and MHCUs is always included in the care plan.					
12. MHCUs complain and suggestions are attended to with immediate effect.					

13. All staff listens and communicates with MHCUs in an acceptable manner.					
14. Ward orientation is always given to new MHCUs.					
15. Ward climate meetings are held at least once a month.					
16. All social problems of MHCUs are attended as soon as possible and referred to relevant stakeholder's e.g. social worker.					
17. MHCUs are always informed about their rights and responsibilities at least once a month.					
18. In the ward most MHCUs are granted L.O.A and come back on due date.					
19. Follow up visit /calls are always made when MHCUs given L.O.A.					
20. Involuntary MHCUs are the ones who tend to abscond.					
21. Involuntary MHCUs are the ones who tend to abscond.					

22. Male MHCUs tend to abscond more than females MHCUs					
23. MHCUs less than 35 years old tend abscond.					
24. The MHCUs who has previous history of absconding is likely to abscond.					
25. The MHCUs attempted to abscond before is likely to abscond.					
26. MHCUs who have been asking for discharged repeatedly tend to abscond.					
27. The MHCUs who have active symptomatology e.g. command hallucinations tend to abscond.					
28. MHCUs have good insight and judgement before absconding.					
29. MHCUs who are using drugs such as cannabis tend to abscond also diagnosed with S.I.P.D.					
30. The anti-psychotic medication is always available.					
31. The MHCUs is taking his/her medication all the time.					
32. All MHCUs have provision to make calls to their families or friends.					
33. MHCUs who have been visited by his/her family repeatedly tend to abscond.					
34. MHCUs usually abscond within 14 days after admission.					

35. Some MHCUs stay in the hospital more than six months.					
36.MHCUs usually abscond with other fellow MHCUs					
37. Security officers are always available in all wards.					
38. Adequate security measures such as court yard is well fenced with electric wires.					
39. The living conditions in all wards are satisfactory such as clean toilets and working shower rooms with warm water.					
40. All MHCUs get enough and good quality food.					
41. The ward is intact with proper burglar guards in all windows and doors.					

**Appendix: 6 Gate keepers requesting letter**

UMzimkhulu hospital

[REDACTED]

[REDACTED]

3297

[REDACTED]

The Director  
Private bag x 01  
Pietermaritzburg  
3200

Dear Sir/Madam

**Re-Permission to conduct a Research Study: Master’s Degree**

I hereby request permission to conduct a research study at uMzimkhulu psychiatric hospital. I am a student studying Master’s Degree in Nursing (Mental Health) at the university of KwaZulu-Natal, School of Nursing, Howard College Campus.

**The Research Project title is:** Investing factors associated with absconding behaviours amongst psychiatric inpatients in KwaZulu-Natal Province, Harry Gwala District.

**The purpose of the study:** is to investigate factors associated with absconding behaviour’s amongst hospitalized Mental Health Care Users.

The objectives of the study are as follows:

1. To investigate factors associated with absconding of hospitalized mental health care users from the mental health care institutions.
2. To identify the environmental factors associated with absconding of hospitalized mental health care users from the mental health care institutions.
3. To describe health professionals' experiences on absconding of hospitalized mental health care users from the mental health care institutions.
4. To assess health professionals' perceptions about absconding of hospitalized mental health care users from the mental health care institutions

I would like to commence data collection process by July 2023. This will be done at this institution during the working hours. The interview will be beholding confidentiality, anonymity, informed consent and freedom of choice as indicated in the attached information sheet and informed consent documents.

Kindly receive the attached proposal.

My student number: 221000356

Supervisor is Dr Winnie. Baphumelele Ngcobo (PhD)

She is Mental Health Lecture at UKZN; her office is at 4<sup>TH</sup> Desmond Clearance Building

Her office number: 00-4009

Business number: 031 2602 966

Cell number: [REDACTED]

Email: [NgcoboW@ukzn.ac.za](mailto:NgcoboW@ukzn.ac.za)

I will appreciate your positive and the immediate response.

Yours faithfully

Seluleko Malunga

Cell number: [REDACTED]

Email: [REDACTED]

**Appendix: 7 Gate keepers requesting letter**

UMzimkhulu hospital

[REDACTED]

[REDACTED]

3297

[REDACTED]

The Nursing Manager / Assistant Nursing Manager.  
UMZIMKHULU PSYCHIATRIC HOSPITAL  
Private Bag x 514  
UMzimkhulu  
3297

Dear Sir / Madam

**Re-Permission to conduct a Research Study: Master's Degree**

I hereby request permission to conduct a research study at uMzimkhulu psychiatric hospital. I am a student studying Master's Degree in Nursing (Mental Health) at the university of KwaZulu-Natal, School of Nursing, Howard College Campus.

**The Research Project title is:** Investing factors associated with absconding behaviours amongst psychiatric inpatients in KwaZulu-Natal Province, Harry Gwala District.

**The purpose of the study:** is to investigate factors associated with absconding behaviour's amongst hospitalized Mental Health Care Users.

**The objectives of the study are as follows:**

1. To investigate factors associated with absconding of hospitalized mental health care users from the mental health care institutions.
2. To identify the environmental factors associated with absconding of hospitalized mental health care users from the mental health care institutions.
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4. To assess health professionals' perceptions about absconding of hospitalized mental health care users from the mental health care institutions

I would like to commence data collection process by July 2023. This will be done at this institution during the working hours. The interview will be beholding confidentiality, anonymity, informed consent and freedom of choice as indicated in the attached information sheet and informed consent documents.

Kindly receive the attached proposal.

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Business number: 031 2602 966

Cell number: [REDACTED]

Email: [NgcoboW@ukzn.ac.za](mailto:NgcoboW@ukzn.ac.za)

I will appreciate your positive and the immediate response.

Yours faithfully

Seluleko Malunga

Cell number: [REDACTED]

Email: [REDACTED]

## **Appendix 8: Editorial Certificate**



# EDITORIAL CERTIFICATE

**This Certificate is presented to**

SELULEKO MALUNGA

**Investigating Factors Associated with Absconding Behaviours Amongst Hospitalised Mental Health Care Users Within Harry Gwala District Kwazulu-Natal Province**

It is certified that the dissertation is edited by the professional editors at Taura Africa for accuracy of language, format, and grammar use. Errors of grammar and style (e.g., verb tense), punctuation, errors of spelling, and word usage were corrected. This certificate also attests that the editor corrected problems of structure, organization, coherence and logical consistency without losing the intended meaning of the author. The table of contents, heading styles and text alignment were corrected in accordance with the dissertation style guide for UKZN.

MAY 31, 2024

**DATE**



**SIGNATURE**



Questions?

Email us at [admin@tauraafrica.co.zw](mailto:admin@tauraafrica.co.zw)

or call us at: +



## Appendix 9: Article

SUBMITTED TO: South African Journal of Psychiatry (31 May 2024)

**Title: Investigating factors associated with absconding behaviours amongst hospitalised mental health care users within Harry Gwala District, KwaZulu-Natal Province.**

Seluleko Malunga<sup>1\*</sup>, Winnie Baphumelele Ngcobo<sup>1</sup>

<sup>1</sup>School of Nursing & Public Health, University of KwaZulu- Natal, Durban, South Africa

\*Corresponding author email:

### ABSTRACT

**Background:** Absconding of hospitalized mental health care users is a significant concern, compromising treatment adherence and safety. Further investigation is needed to identify potential absconders and gain insights from nurses' perspectives on the reasons behind this practice.

**Aim:** The aim of the study is to investigate factors associated with absconding behaviours amongst Hospitalized Mental Health Care Users within Harry Gwala District KwaZulu-Natal Province.

**Setting:** One specialized hospital in Harry Gwala District.

**Methods:** The study used a positivist paradigm and a non-experimental descriptive exploratory survey to investigate factors leading to inpatient mental health care absconding. Data was collected from 51 participants and analysed using Predictive Analysis Software, focusing on the impact and characteristics of absconding.

**Conclusion:** To reduce absconding behaviours, a comprehensive approach involving hospital environment improvements, caregiver-patient dynamics enhancement, resource allocation, and structured leave processes can be implemented.

**Contribution:** This study highlighted the need to address factors associated with absconding behaviours amongst hospitalised mental health care users within the Harry Gwala District in KwaZulu-Natal, in order for nurses to adopt best practices that encompass both patient-centred care and systemic improvements.

**Key words:** Mental health care users, absconding behaviours, mental health care provider, inpatient

## **INTRODUCTION**

Absconding from inpatient psychiatric services, that is, leaving the hospital premises unexpectedly, without the knowledge of clinical staff, has been associated with poor clinical, social, and economic outcome. Abscondement of hospitalized mental health care users puts both MHCU and community members at risk. This results in poor process of recovery as it is prolonged by abscondement. Researchers have discovered that some MHCUs feel threatened by the ward circumstances or other mental health care user's behaviours. Just like on any other general population feeling of isolation and boredom during hospitalization are common and it is associated with absconding of inpatients or MHCUs (Napoli et al., 2023). Literature revealed that not only feelings of isolation and boredom but also some inpatients feel worried about running of their homes in their absentia especially where there are children or people or members of the family that they have left home and not comfortable with, some experience homesickness and leads into absconding. A recent systematic review identified the wish for freedom from the psychophysical limitations of the hospital as a possible reason for absconding. Some of the MHCUs believe that they must get freedom not to be locked inside those units as if they are prisoners and they believe that this will contribute positively on treatment adherence (Voss and Bartlett, 2019). In most psychiatric institutions intimidating practices such as physical restraint and quarantine are extensively used, and this raises a concern on what potential does it have to MHCUs and their rights.

MHCUs use numerous tactics to make absconding successful due to the experiences faced during admission and hospital stay. Leaving of hospital treatment or institution without having being given consent to do so is considered escape or absconding or refusal of hospital treatment (Muir-Cochrane et al., 2011). This inpatients behaviour of absconding is taken seriously as it results in many negative connotations. It is said that in most high-income countries about 1 to 15 inpatients abscond per year. Globally, it is reported that about 2.5 to 34% abscond and this is associated with high absconding rate (Moradpour et al., 2021). Research revealed that rate of absconding of hospitalized MHCUs is much high in Africa. For example, the absconding rates for psychiatric patients in South Africa is at 7.83, whereas 6 the rates are even higher in Uganda because about 10 to 50 patients are estimated to abscond every month from the National Mental Health Referral hospital, the most secure mental facility in the country (Kaggwa et al., 2021). In spite of the different rates and locations, knowledge about numerous factors associated with this phenomenon as well as the causes has remained similar over the years. Literature revealed that most of the hospitalized MHCUs who abscond are males,

from a younger age group, diagnosed with schizophrenia or mood disorders, with history of substance use disorder and they present with irritable affect, impaired judgment, and absent insight (Verma et al., 2020). Most incidents of absconding usually occur during the first two weeks of admission, those who had longer length of hospital stays, personality disorders, substance abuse disorders, patients who have been referred to the psychiatric hospital by police, those with employment problems, and influence of psychiatric symptoms (Mosel et al., 2010, Yasini et al., 2009, Giles et al., 2009).

Regardless of the health challenges associated with absconding, the literature would suggest that patients' experience at the facilities strongly affect their decisions to abscond. Patient perspectives from developed countries have reported lack of social support from friends and family, a lack of freedom, a feeling of being confined, poor doctor-patient relationships, problems with medications, disturbance from other patients, and poor quality of food within the hospital, which makes them dislike the hospital environment, thereby leading to absconding (Kaggwa et al., 2021) . It is said that some of the mental health care users do feel threatened about their safety, harassment, being open that they live in fear of living with other inpatients. Some inpatients have reported that their assets or possessions are stolen by other mental health care users or even health care professionals. These results have been obtained by using quantitative methods, although some qualitative work has looked at understanding causal factors for absconding based on informants involved in patients care and former absconders' experiences. Regardless of social changes and employed methods in patient care across the globe, such as direct involvement of caregivers in patient care; to the best of our knowledge, there are no qualitative studies in Africa that have explored patients' emotional experiences of psychiatric hospitalization and its relationship to absconding (Kaggwa et al., 2021). Literature suggests that should relationships improve between or amongst the mental health care workers and health care professionals can limit the chances of abscondment. This will allow less restrictive behaviour of absconding and still secure treatment of patients at risk. In this regard, longitudinal evidence does not support better performance of locked wards in preventing suicide and absconding.

Absconding is a major patient safety issue for people with mental illness because of the potential increased risk of harm to self or others, non-adherence to medication, relapses, violent behaviour, substance abuse, poorer prognosis and also negative portrayal of psychiatric services when an individual leave the care environment. Absconding incidents can further cause tensions between

staff and relatives relationships and distract nurses from other responsibilities which lead to poor quality nursing care (Bailey et al., 2016). Literature reveals that one-quarter of inpatients committed suicide are those who had absconded, 36% of mental health care user commit suicide after absconding (Gerace et al., 2015). This is major problem facing most of the mental health institution since most of mental health care users are admitted as involuntary patient, being aggressive with psychotic features and refusing to be admitted, which make them likely to abscond. Literature reveals that the majority of MHCU who abscond are those admitted involuntary (Arbee, 2014).

Absconding remains a concern in mental health care worldwide as evidenced by recent international investigations into absconding behaviour (Grotto et al., 2015). Early Identification of potential absconders would assist with risk assessment and prevention. Looking at the available literature most researchers have concentrated on patient perspective, this study will gain the insight on nurse's perspective on why mental health care users abscond.

### **Theoretical Framework**

The study was guided by Donabedian model for quality care (Donabedian, 1988). Donabedian model is a conceptual framework for examining health services and evaluating quality of health care (Donabedian, 1988). Donabedian's model focuses mainly on patient safety. Donabedian's model provide detailed information that describes patient safety and points out the risk and hazards that may have the potential harm to an inpatients (Donabedian, 1988). The primarily focus of the study was mainly in the structure and the process. In order to reduce the absconding rate of mental health care users one has to look at the state of environment where care is rendered.

### **Aims and Objectives**

The aim and objectives of the study was to investigate factors associated with absconding behaviours amongst hospitalized mental health care users within Harry Gwala District, KwaZulu-Natal Province

### **METHOD AND STUDY DESIGN**

A quantitative approach will be suitable for this study as it will be investigating factors associated with absconding behaviours amongst inpatients in the province of KwaZulu-Natal. Quantitative researchers use deductive reasoning to generate hunches that are tested in the real world (Polit and

Beck, 2004). Quantitative research is conducted to describe new situations or concepts in the world (Burns and Grove, 2008). A non-experimental descriptive exploratory survey will be used in this study. According to Polit and Beck (2006) , the purpose of an exploratory descriptive study is to describe and document aspects of a situation as it naturally occur.

### **Research Setting**

This research will be conducted in one mental health care facility situated in Harry Gwala district. The bed state of this facility is 320 but 272 bed which is usable. The facility is based within the health district of Harry Gwala, in KwaZulu-Natal. The facility offers the following services to its mental health care users psychogeriatric care, child and adolescent care, forensic management, psychosocial rehabilitation, acute and long-term management, intellectual disability care, also work together with other mental health care institutions around the province of KZN.

### **Selection of Participants and Recruiting of Participants**

A purposive sampling technique was used to select or recruit the participants for this study who meets the inclusion criteria. The inclusion were professional nurses who had been practising in this area for not less than two years and with experience of working with the mental health care users receiving services from this facility. Professional nurses who had been newly hired and who had been working there for less than two years and nurses who are not qualified as registered nurses were excluded from participating in this study. Recruitment of the participants started after ethical approval from university and Harry Gwala district specialised hospital. The first author met with the management to introduce the study then it was introduce to potential participants and recruitment started. Potential participants were provided with information sheet and the study was explained to them by the first author.

### **Ethical Consideration**

The ethical approval was obtained from the Research Ethics Committee of the University of KwaZulu-Natal, Protocol Reference number: HSSREC/00006282/2023 and KwaZulu-Natal Department of Health (KZN-DoH) research committee, Reference number: KZ\_202307\_028. The study was conducted in an ethical in relation to the ethical principles in the Declaration.

### **Data Collection**

Data collection and data analysis were conducted between November 2023 and March 2024. The data was collected in one selected using hospital boardroom. The healthcare professionals attended during their lunch times to complete the questionnaire, covering all shifts. All the completed questionnaires were collected from the offices of the component managers where the completed questionnaires were kept.

### **Data Analysis**

Analysis and organization of the raw data was performed with the SPSS package, Version 21 for Windows. The findings are presented as frequency, percentage, mean, standard deviation, tables, graphs and figures. The Cross tabulations for Chi-Square analysis was performed to test differences in the ratings of the factors associated with absconding, characteristics and motives or reasoning of absconding. The level of significance for all the data analysis was set at .05. Descriptive statistics such as the average mean and standard deviation was also calculated using Spearman rho, independent – Samples Kruskal-Wallis Test and was compared using the Pearson Chi-Square and correlation.

## **RESULTS**

The result revealed that there are more females (34, 65.4%) than males (18, 34.6%). This suggests that the workforce in this context is predominantly female. In respect to age group, the workforce cuts across ages 25-60 years. However, the majority of the workforce were within the age bracket of 25-30 years (10,19.2%), 35.01-40 years (9, 17.3%) and 55.01-60 years (9,17.3%). (See Table 1). In addition, the majority of individuals work in the Male Acute Ward (14, 26.9%) and the Sub-acute Ward (10, 19.2%), while a significant proportion of the respondents work in "other" wards. (16, 30.8%), indicating diverse roles or departments. The most common nursing category is Registered Nurse (Community, Psychiatry and Midwifery), which accounts for 73.1% of the total. "Registered Nurse" and "Others" categories have lower representation, with 3(5.8%) and 4(7.7%), respectively.

Furthermore, the result shows that all the individuals (52,100%) have received mental health care training.

Table 1: shows the socio-demographic attributes of the respondents.

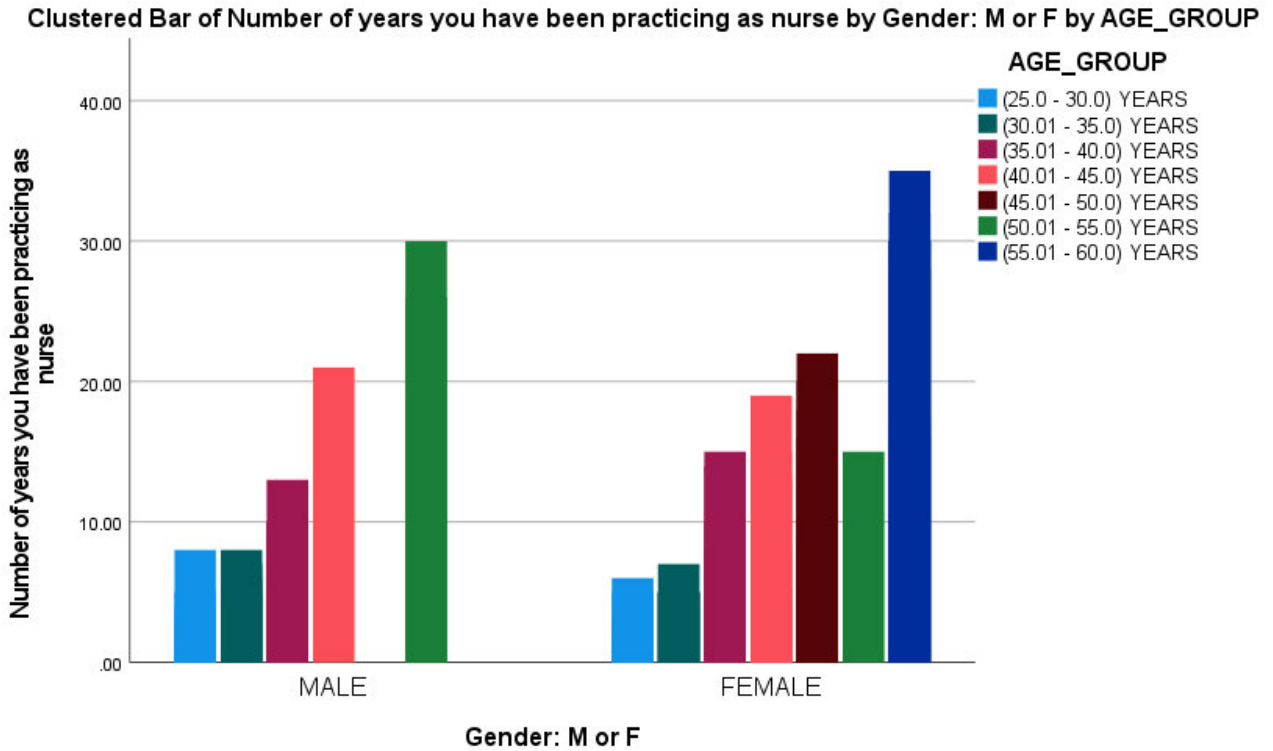
		Frequency	%
Gender	MALE	18	34.6
	FEMALE	34	65.4
Age Group	25.0 - 30.0 YEARS	10	19.2
	30.01 - 35.0 YEARS	8	15.4
	35.01 - 40.0 YEARS	9	17.3
	40.01 - 45.0 YEARS	6	11.5
	45.01 - 50.0 YEARS	7	13.5
	50.01 - 55.0 YEARS	3	5.8
	55.01 - 60.0 YEARS	9	17.3
Department	MALE ACUTE WARD	14	26.9
	SUB-ACUTE WARD	10	19.2
	PRE-DISCHARGE WARD	9	17.3
	FEMALE WARD	3	5.8
	OTHERS	16	30.8
Nursing Category	REGISTERED NURSE	3	5.8
	REGISTERED NURSE (COMMUNITY, PSYCHIATRY AND MIDWIFERY)	38	73.1
	REGISTERED PSYCHIATRIC NURSE	7	13.5
	OTHERS	4	7.7

Mental Health Care Training	Yes	52	100.0
	No	0	0.0

The majority of the male nurses work in the Male Acute ward or Sub Acute ward with 33% respectively (See Table 2). However, no male nurse(s) work in the female ward, while only two male nurses were in the other departments aside from those highlighted in Table 4.3. In contrast, the majority of the female nurses (14, 41%) work in "other wards" aside from those highlighted in the study, followed by nurses in the male acute ward (24%) and those in the pre-discharge ward. Similarly, Female wards had the least representation of female nurses, with 9%.

Table 2: Gender Distribution of Respondents by Department

Department	Male	Female
Male Acute Ward	6(33%)	8(24%)
Sub-Acute Ward	6(33%)	4(12%)
Pre Discharge Ward	4(22%)	5(15%)
Female Ward	0(0%)	3(9%)
Others	2(11%)	14(41%)
Total	18 (100%)	34 (100%)



The number of years in nursing practice based on gender is depicted in Table 3. The result shows the mean number of years practising as a nurse for females is 15.09 years, substantially higher than the mean of 9.61 years for males. This finding suggests that, on average, female nurses in the sample have accumulated significantly more years of professional experience compared to their male counterparts. The result shows that the minimum years of experience for both genders is two years (2), while the maximum is 35 years for female and 30 years for their male counterpart. This observation reinforces the notion that the female participants in the sample tend to have a longer tenure in the nursing profession, potentially indicating a greater commitment or longevity among female nurses.

Table 3: Number of years of have been practicing as a Nurse

Gender	Frequency	Mean	Minimum	Maximum
Female	34	15.09	2	35
Male	18	9.61	2	30

The correlation analysis reveals that there is a significant positive association/relationship (bolded values with the asterisks) between patient factors (characteristics, motives, and reasoning) and organisational/service/staff factors, and also between work/environmental factors and organisational/service/staff factors. However, a negative association/relationship is revealed between the number of years of practising as a nurse and the other three factors/variables considered, as shown in the table below.

The correlation analysis presented in the Table 4 reveals several noteworthy relationships among various factors that may influence nursing practice. Firstly, a moderate positive correlation ( $r = 0.384$ ,  $p < 0.01$ ) exists between patient factors, encompassing characteristics, motives, and reasoning, and organisational/service/staff factors. This finding suggests that as patients' characteristics, motives, and reasoning become more prominent or influential, the organisational, service, and staff-related factors tend to increase correspondingly. Conversely, a weak negative correlation ( $r = -0.074$ ) is observed between patient factors and the number of years practising as a nurse, implying that the influence of patient factors may diminish slightly as nurses gain more experience over time.

Table 4. Correlation Analysis

	PATIENT FACTORS (CHARACTERISTICS, MOTIVES, REASONING)	ORGANISATIONAL/SERVICE/STAFF FACTORS	WORK/ENVIRONMENTAL FACTORS	NUMBER OF YEARS YOU HAVE BEEN PRACTICING AS NURSE

PATIENT FACTORS (CHARACTERISTICS, MOTIVES, REASONING)	1	<b>.384**</b>	.235	-.074
ORGANISATIONAL/SER VICE/STAFF FACTORS	<b>.384**</b>	1	<b>.406**</b>	-.226
WORK/ENVIRONMENTA L FACTORS	.235	<b>.406**</b>	1	-.019
NUMBER OF YEARS YOU HAVE BEEN PRACTICING AS NURSE	-.074	-.226	-.019	1

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Furthermore, the analysis reveals a moderate positive correlation ( $r = 0.406$ ,  $p < 0.01$ ) between organisational/service/staff factors and work/environmental factors (See Table 5). This relationship indicates that as organisational, service and staff-related factors become more prevalent or influential, the work and environmental factors also tend to increase. Interestingly, the number of years practising as a nurse exhibits a weak negative correlation with organisational/service/staff factors ( $r = -0.226$ ) and work/environmental factors ( $r = -0.019$ ), suggesting that the influence of these factors may diminish slightly as nurses accumulate more years of experience. It is noteworthy that patient factors demonstrate a weak positive correlation ( $r = 0.235$ ) with work/environmental factors, indicating a potential relationship between these two variables, albeit not a strong one.

Table 5. Regression Analyses

Dependent variable	Independent variables (predictors: a)	Unstandardised coefficients Beta	Standardised Coefficients Beta	T-value	Sig.	Collinearity statistics		R	R square	Adjusted r square	Sig. (p-value)
						Tolerance	Vif				
Patient factors (characteristics, motives, reasoning)	Organisational/ service/staff factors	.231	.346	2.405	.020	.835	1.197	.394 <sup>a</sup>	.155	.120	.016
	Work/ environmental factors	.142	.095	.659	.513	.835	1.197				
Organisational/ service/staff factors	Patient factors (characteristics, motives, reasoning)	.458	.306	2.405	.020	.945	1.058	.503 <sup>a</sup>	.253	.222	.001
	Work/ environmental factors	.749	.334	2.629	.011	.945	1.058				
	Patient factors (characteristics,	.062	.093	.659	.513	.853	1.173				

Work/ environmental factors	motives, reasoning)										
	Organisational/ service/staff factors	.165	.370	2.629	.011	.853	1.173	.415 <sub>a</sub>	.172	.138	.010
Number of years you have been practicing as nurse	Patient factors (characteristics, motives, reasoning)	.011	.007	.044	.965	.845	1.183	.239 <sub>a</sub>	.057	-.002	.414
	Organisational/ service/staff factors	-.277	-.263	- 1.622	.111	.747	1.338				
	Work/ environmental factors	.202	.086	.556	.581	.828	1.208				

## DISCUSSIONS

The socio-demographic attributes of the respondents show that there are more females (34, 65.4%) than males (18, 34.6%). This suggests that the workforce in this context is predominantly female. In respect to age group, the workforce cuts across ages 25-60 years; however, the majority of the workforce were within the age bracket of 25-30 years (10,19.2%), 35.01-40 years (9, 17.3%) and 55.01-60 years (9,17.3%).

In addition, the majority of individuals work in the Male Acute Ward (14, 26.9%) and the Sub-acute Ward (10, 19.2%), while a significant proportion of the respondents work in "other" wards. (16, 30.8%), indicating diverse roles or departments. The most common nursing category is Registered Nurse (Community, Psychiatry and Midwifery), which accounts for 73.1% of the total. "Registered Nurse" and "Others" categories have lower representation, with 3(5.8%) and 4(7.7%), respectively. Furthermore, the result shows that all the individuals (52,100%) have received mental health care training.

The male nurses work in the Male Acute ward or Sub Acute ward with 33% respectively. However, no male nurse(s) work in the female ward, while only two male nurses were in the other departments aside from those highlighted in Table 4.3. In contrast, the majority of the female nurses (14, 41%) work in "other wards" aside from those highlighted in the study, followed by nurses in the male acute ward (24%), and those in the pre-discharge ward. Similarly, Female wards had the least representation of female nurses, with 9%.

The number of years in nursing practice based on gender shows that the mean number of years practising as a nurse for females is 15.09 years, substantially higher than the mean of 9.61 years for males. This finding suggests that, on average, female nurses in the sample have accumulated significantly more years of professional experience compared to their male counterparts. The result shows that the minimum years of experience for both genders is two years (2), while the maximum is 35 years for female and 30 years for their male counterpart. This observation reinforces the notion that the female participants in the sample tend to have a longer tenure in the nursing profession, potentially indicating a greater commitment or longevity among female nurses.

The correlation analysis reveals that there is a significant positive association/relationship (bolded values with the asterisks) between patient factors (characteristics, motives, and reasoning) and organisational/service/staff factors, and also between work/environmental factors and organisational/service/staff factors. However, a negative association/relationship is revealed between the number of years of practising as a nurse and the other three factors/variables considered.

Firstly, a moderate positive correlation ( $r = 0.384$ ,  $p < 0.01$ ) exists between patient factors, encompassing characteristics, motives, and reasoning, and organisational/service/staff factors. This finding suggests that as the characteristics, motives, and reasoning of patients become more prominent or influential, the organisational, service and staff-related factors tend to increase correspondingly. Conversely, a weak negative correlation ( $r = -0.074$ ) is observed between patient factors and the number of years practising as a nurse, implying that the influence of patient factors may diminish slightly as nurses gain more experience over time.

Furthermore, a moderate positive correlation ( $r = 0.406$ ,  $p < 0.01$ ) between organisational/service/staff factors and work/environmental factors. This relationship indicates that as organisational, service and staff-related factors become more prevalent or influential, the work and environmental factors also tend to increase. Interestingly, the number of years practising as a nurse exhibits a weak negative correlation with organisational/service/staff factors ( $r = -0.226$ ) and work/environmental factors ( $r = -0.019$ ), suggesting that the influence of these factors may diminish slightly as nurses accumulate more years of experience. It is noteworthy that patient factors demonstrate a weak positive correlation ( $r = 0.235$ ) with work/environmental factors, indicating a potential relationship between these two variables, albeit not a strong one.

### **Strengths and limitations of the study**

One of the institution the researcher was working at and may have led to the participants to not to participate thinking that information it may be used against them. But participants in the study had positive attitude towards the study. No participants withdrew from the study. The

study involves nurses and excluded other mental health care providers. The study was only conducted in one mental health care based in Harry Gwala District and the data generated might not be adequate to make a generalized conclusion for the province or country.

## **Recommendations**

Addressing factors associated with absconding behaviours amongst hospitalised mental health care users within the Harry Gwala District in KwaZulu-Natal, it is essential to adopt best practices that encompass both patient-centred care and systemic improvements. From a careful analysis from this, the following recommendations were made:

- **Enhance Patient Engagement and Autonomy:** Active Participation: Involve patients in their treatment plans and decision-making processes. This can increase their sense of control and reduce feelings of helplessness that may lead to absconding.
- **Personalised Care Plans:** Develop individualised care plans that consider each patient's unique needs, preferences, and triggers for absconding. Regularly review and adjust these plans based on patient progress and feedback.
- **Improve Hospital Environment and Resources:** Therapeutic Environment: Create a more welcoming and therapeutic hospital environment. This includes comfortable living spaces, access to outdoor areas, and recreational activities to reduce boredom and frustration.
- **Adequate Staffing:** Ensure sufficient staffing levels to provide comprehensive care and supervision. Trained staff can better engage with patients and address their needs promptly.
- **Address Stigma and Enhance Support Systems:** Stigma Reduction Programs: Implement programs to reduce stigma associated with mental illness within the hospital and the broader community. Educating both staff and the public can help create a more supportive environment for patients.
- **Family Involvement:** Encourage family involvement in the treatment process. Provide support and education to caregivers to help them understand and manage the challenges associated with mental illness

***Implement Structured Leave Policies:***

- **Clear Guidelines:** Develop clear guidelines for patient leave, including structured sign-in and sign-out procedures, pre-leave forms, and patient information leaflets. This can help manage expectations and reduce impulsive absconding.
- **Gradual Reintroduction:** Allow for gradual reintroduction into the community through supervised and then unsupervised leave. Monitor patient responses and adjust leave privileges accordingly.

***Monitor and Address Behavioural Triggers:***

- **Behavioural Interventions:** Implement behavioural interventions to address factors that may lead to absconding, such as impulsivity, non-compliance with treatment, and aggression. This includes cognitive-behavioural therapy (CBT) and other evidence-based therapies.
- **Symptom Management:** Ensure effective management of psychiatric symptoms through appropriate medication and therapeutic interventions. Regularly assess and adjust treatment plans to address any exacerbation of symptoms promptly.

***Enhance Security Measures:***

- **Risk Assessment:** Conduct regular risk assessments to identify patients at high risk of absconding. Implement appropriate security measures without compromising the therapeutic environment.
- **Surveillance Systems:** Use surveillance systems and staff patrols to monitor patient movements, especially in high-risk areas.

***Continuous Training and Development:***

- **Staff Training:** Provide ongoing training for healthcare staff on best practices for managing absconding behaviours. This includes de-escalation techniques, understanding the psychological factors involved, and effective communication skills.
- **Reflective Practice:** Encourage reflective practice among staff to learn from absconding incidents. Conduct debriefings and reviews to identify what went wrong and how future incidents can be prevented.

## CONCLUSION

Investigating factors associated with absconding behaviours among hospitalised mental health care users within the Harry Gwala District in KwaZulu-Natal, several key factors can be considered based on existing research and similar studies:

**Stigma and Hospital Environment:** Patients often abscond due to the stigma associated with being in a psychiatric hospital, which can make them feel inferior or isolated. The hospital environment, particularly seclusion rooms, can be distressing and dehumanising, contributing to a desire to escape to regain a sense of freedom and dignity.

**Mental Health Symptoms:** The severity and type of mental health symptoms play a significant role. Individuals with psychotic disorders, especially those experiencing exacerbations of symptoms, are more likely to abscond. The desire to escape distressing symptoms or delusional thoughts can drive absconding behaviours.

**Experiences with Caregivers:** Mixed emotions regarding caregivers can influence absconding. While some patients feel overly controlled and infantilised, leading to a desire for independence, others feel burdened by the emotional and financial strain their care imposes on their families. This complex dynamic can motivate patients to abscond to relieve perceived burdens on their caregivers.

**Hospital Resources and Services:** Poor hospital conditions, including inadequate facilities and lack of engaging activities, can lead to feelings of boredom and frustration among patients, prompting them to abscond. Enhancing hospital resources and providing more therapeutic activities could help mitigate these feelings.

**Demographic Factors:** Young males are statistically more likely to abscond. This demographic trend might be related to higher levels of impulsivity and a greater desire for autonomy seen in younger patients.

**History of Absconding and Behavioural Issues:** Patients with a history of absconding or those involved in property damage, assaultive behaviour, or non-compliance with treatment are at higher risk. Addressing these behavioural issues through tailored interventions might reduce absconding incidents.

**Implementation of Structured Leave Processes:** Implementing structured leave processes, such as signing in and out books and pre-leave forms and providing clear guidelines through patient information leaflets, can significantly reduce absconding. These measures help patients understand the expectations and procedures for leave, making them feel more in control and less likely to abscond.

In conclusion, addressing absconding behaviours requires a multi-faceted approach that includes improving the hospital environment, enhancing caregiver-patient dynamics, providing adequate resources, and implementing structured leave processes. Tailoring interventions to address the specific needs and motivations of patients can help reduce the incidence of absconding.

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### **Author's contributions**

Seluleko Malunga designed the study, collected and analysed data and compiled manuscript. The supervisor Dr Ngcobo W.B guided the design, analysed data and provided psychological support throughout.

### **Conflicting of interest**

The author declared that there was no conflicting of interests

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### **Data availability**

The data and material of the study will be available upon reasonable request