

***FACTORS CONTRIBUTING TO ABSCONDING OF MENTAL HEALTH CARE USERS IN  
MOPANI DISTRICT LIMPOPO PROVINCE, SOUTH AFRICA***

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**A Mini dissertation for submission to the Higher Degrees Committee of the School of  
Health Sciences, University of Venda for the degree of Master of Public Health**

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## DECLARATION

I, Annah Tshifhiwa Siphuma, hereby declare that this mini dissertation titled '**Factors contributing to absconding of mental health care users in Mopani district of Limpopo Province South Africa**' for Master of Public Health degree at the University of Venda, hereby submitted by me for a degree at this institution has never been submitted in any other institution. This is my own work in design and execution. All reference material contained herein has been duly acknowledged.

Signature



Date: 23/08/2023

## Dedication

This study is dedicated to my late mother and father.

## **Acknowledgement**

Completing this study was long and complex but most of all it was very encouraging and insightful through the support, encouragement, and assistance I received throughout the duration of my study.

First, I would like to thank the Almighty for giving me the strength and courage to complete this degree, on my own I would have failed.

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My daughter Mulinda for being patient and allowing me to focus on my studies.

## LIST OF ACRONYMS AND ABBREVIATIONS

<b>CEO</b>	<b>Chief Executive Officer</b>
<b>DoH</b>	<b>Department of Health</b>
<b>Hol</b>	<b>Head of Institution</b>
<b>UREC</b>	<b>University of Venda Research Ethics Committee</b>
<b>LOA</b>	<b>Leave of Absence</b>
<b>MHCU</b>	<b>Mental Health Care User</b>
<b>WHO</b>	<b>World Health Organisation</b>

## ABSTRACT

**Introduction:** Prohibited malingering of patients from psychiatric wards is a critical concern among professionals responsible for their care. This is because patients who abscond from psychiatric hospitals pose a risk of potential injury and harm to themselves, other patients, and the community. The consequences of absconding include physical harm, delayed treatment time and financial expenses to families and the government.

**Aim:** The purpose of this study was to explore and describe the factors contributing to the absconding of mental health care users at Evuxakeni Hospital.

**Methods:** The study was conducted among 11 psychiatric nurses and 7 mental health care users. The data was collected through in-depth structured interviews which were recorded using a voice recorder and field notes were also recorded. All the ethical issues were adhered to throughout the study. The coded data were analysed using thematic analysis following Tesch's steps of qualitative data analysis and the findings were present in themes and subthemes.

**Results:** The study findings revealed that the patients' social and behavioural factors and hospital related economic factors contribute to the absconding of MHCUs from psychiatric institutions. Furthermore, factors such as stigma, lack of family support, addiction, unsatisfactory budget, poor security setup, and low knowledge of patients regarding psychiatric health trigger absconding among MHCUs. These issues have resulted in patients being victims of violence, suicide, and consequently poor adherence to treatment, which is now a burden to the health system.

**Recommendations:** The study recommended that security personnel and security apparatus such as CCTV cameras be installed to deter absconding. The patients also suggested that they should be provided with better facilities where they can feel comfortable in the process of rehabilitation. All stakeholders (policymakers, healthcare providers, caregivers, and patients) should be involved in rethinking how psychiatric facilities should be operated to make the journey of patient recovery more positive.

**Keywords:** Absconding, contributing factors, Leave of absence, Mental Health Care User

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## CHAPTER 1

### 1.1 INTRODUCTION

Mental illness is a health problem which impacts how an individual feels, thinks, behaves, and interact with other people. Mental illnesses are diagnosed using standardized criteria (Schinke, Stambulova, Si & Moore, 2018). Majority of patients are suffering from various mental illnesses and are continuously being mismanaged in mental institutions due to different challenges being faced by Health care workers, amongst others these are some of the mental conditions that patients are diagnosed with: Anxiety disorders which are caused by continuous worry and distress which affects daily life, Persistent low mood, exhaustion, and intense grief which indicate major depression. In addition, frequent consumption of alcohol and drugs which badly influence a person's life signals substance use disorders (Malgas, 2017). Bipolar disorders display major changes in depressive and manic moods. Schizophrenia, however, is a severe chronic mental disorder affecting judgement, mood, and behaviour of a person (Mohr, Riper, & Schueller, 2018). Furthermore, eating disorders affect the relationship a person has with food and self-perception. Finally, post-traumatic stress disorders develop when a shocking event occurs resulting in difficult recovery (Sharma, Meurk, Bell, Ford, & Gartner, 2018). The study therefore aims to tackle all these conditions in relation to how they contribute to patients escaping from care in mental health institueions in Limpopo province with the help of Health care workers who are directly and indirectly linked with MHCUs.

#### 1.1 Background of the study

Worldwide, 970 million people suffer from mental illness, with anxiety being the most predominant, affecting 284 million people. Mental illness affects more females 11.9% than males 9.3% (Zeinoun, Akl, Maalouf & Meho, 2020). According to the World Health Organization (WHO), depression is the greatest mental health problem worldwide with mortality rate being notably higher than that of the overall population. It is estimated that mental disorders contribute to 14.3% of deaths and approximately 8 million deaths yearly (Mohr, Riper, & Schueller, 2018). Mental health patients are victims of human rights violation, stigma, and discrimination inside and outside psychiatric institutions (WHO, 2013).

Absconding refers to an occasion where a mental health care user (MHCU) in a mental care unit cannot be located and their whereabouts are unknown (Sharma et al., 2018). Prohibited roaming

around of patients from psychiatric wards is a clinical challenge which puts patients and nursing staff at jeopardy of injury (Mezey, Durkin, Dodge & White, 2015).

Absconding rates differ widely in the global literature with rates of 25% to 34% in all psychiatric admissions reported. Considering these studies, the greatest average rates of absconding from hospital were reported in America 8.92%, England 6.2%, India %5.5%, Ireland 4.2%, and Iran 2.4% (Cabarkapa, Sadhu, King, Dowling, Radhakrishnan, Akinbiyi, Srinivasaraju & Stevenson, 2020). A study conducted to investigate the patient absconding behaviour in Hong Kong in 2002 showed that the addicts contributed to 29.3% of the total number of the absconding cases, which indicates the impact of substances on MHUCs (Muir-Cochrane, Muller & Oster, 2021)

An Australian study of three acute care psychiatric wards revealed over 10% of compulsorily hospitalised patients who absconded at least once while admitted (Malgas, 2017). Another study from January 2006 to June 2010 in Iran determined absconding rates as 17.2 % in involuntary admissions and over 25% of cases were recurrent and occurred early in admission (Cabarkapa et al., 2020). In an investigative study in Australia, an overall of 995 incidents by 488 patients were reported between January 2016 and June 2018 representing an incidence rate of up to 67%, 57 patients represented 102 incidents of absconding during the two years of study (Muir-Cochrane, Muller & Oster, 2021).

In sub-Saharan, in a Nigerian study conducted by Raji (2020), 13 cases of absconding were recorded which indicates that absconding rates are 3.2% among males with a diagnosis of substance related disorders and a history of absconding from a psychiatric ward. According to a South African study at Sterkfontein Hospital, 45.3% of absconders were diagnosed with psychotic disorders. A total of 97 patients who absconded in 2008 fulfilled standards for the study and 44 were diagnosed with a primary psychotic disorder where 7 patients absconded more than once, resulting in a total of 108 absconding incidents. The absconding rate was 7.8%. The statistics demonstrated in these studies indicates a steady increase in absconding cases and in Limpopo no study has been conducted regarding this problem and absconding continues impacting mental health care system (Arbee & Subramanian, 2019).

Vahidi, Ebrahimi, Areshtanab, Jafarabadi, Lees, Foong, and Cleary (2016) argued that escaping results from psychological factors such as post-traumatic stress due to abuse, divorce, death; social and environmental factors such as poverty, substance abuse, and unemployment, schizophrenia, feeling restrained or being denied Leave of Absence (LOA). However, according to Voss and Bartlett, 2019 absconders report doing so out of boredom, fear of fellow patients, lack

of privacy, lack of recreation and leisure, rejection by relatives and friends. A history of drugs and alcohol use is also associated with absconding; seemingly out of the need to obtain substances; patients who use tobacco abscond for the same reason (Mezey et al., 2015).

According to Strand and Selenius (2019), clinical factors related to absconding include diagnosis and symptom severity; patients with schizophrenia are generally associated with absconding, followed by patients with borderline personality disorder due to delusions or hallucinations (Anisi, Zarei, Kariman, Kazemi & Chehrazi, 2017). Furthermore, patients who roam around participate in exit-seeking behaviour that displays a determined commitment to abscond (Vahidi et al., 2016). Patients with cognitive impairment exhibit a malingering behaviour (Javed & Fountoulakis, 2018). Simpson, Penney, Fernane, and Wilkie, 2015 found that younger male patients with schizophrenia tend to abscond more than older patients. Absconding is also associated with non-compliance to treatment resulting from patients' altered insight for their mental illness (Memarian, Yazdinezhad, Mehrpisheh & Aghakhani, 2015).

Several measures are required when dealing with MHCUs. Constructing, establishing, and maintaining a solid therapeutic rapport, starting with the initial interaction between the health care worker and the patient, which continues throughout the assessment and care process is especially important (Javed & Fountoulakis, 2018). Approaches to develop rapport include full clarity of the role and purpose of the assessment to minimize feelings of hesitation and anxiety while providing a reaction which is socially responsive, using individual approaches, providing care, and reducing prohibitive conditions (Strand & Selenius, 2019). A risk assessment tool is significant and potential absconders should be monitored closely (Vahidi et al., 2016). Furthermore, psychosocial, and pharmacological interventions involving the multidisciplinary team are required (Malgas, 2017). Effective containment practices are reported to be chemical and physical restraint, seclusion and locking doors (Javed & Fountoulakis, 2018). Up-to-date, proper reclassification of state patients also prevents absconding (Arbee & Subramaney, 2019). In response to an incident of absconding, police, family, friends, and other service providers, are engaged (Malgas, 2017).

Understanding reasons for absconding provides information to assist psychiatric institutions in keeping patients, health care workers and communities safe (Khammarnia, Kassani, Amiresmaili, Sadeghi, Jaber, & Kavosi, 2015). In South Africa a few approaches suggested to manage patients' risk of absconding, including locking ward doors, LOA and locking ward doors, security guarding, roll call and use of seclusion room are also being used, but despite these strategies,

patients are still absconding therefore it is important to investigate the factors contributing to absconding (Memarian et al., 2015).

## **1.2 Problem statement**

The researcher is a professional nurse in a psychiatric institution, wherein observations are made daily in terms of tracing movements of MHCUs, from the observations; it appeared that there are cases of absconding and attempted absconding by MHCUs at Evuxakeni hospital. According to Evuxakeni Quality Assurance statistics, about 7.2 percent of absconding cases were reported in the past four years and a further 5.8 percent attempted cases and 2.4 percent were recaptured (Department of health, 2020). Absconding is a challenge when MHCUs leave the hospital premises without proper discharge or Leave of Absence (LOA). This poses a problem in the communities due to absconders' criminal history or damage to property, which affects the hospital management, health care workers, communities as well as families. Common reactions by nurses to absconding patients include panic, resentment, concern, and anxiety. Additionally, it adds much work for both mental health staff and the police to complete reports and assisting the patient to return to the hospital; hence, the researcher became motivated to study the factors contributing to absconding of MHCUs, to be able to come up with preventive measures to curb this problem.

## **1.3 Rationale of the study**

Absconding of MHCUs is a distinctive concern for Evuxakeni Hospital as a psychiatric institution. The researcher seeks to explore and describe factors contributing to absconding of MHCUs. Although there have been studies addressing factors, impacts and prevalence of absconding, there still a gap, because although there are measures to control MHCUs movements, such as security personnel, roll call, locking gateways, there are still cases of absconding in the hospital (Malgas, 2017). No studies have been conducted in Mopani regarding this phenomenon; hence, the researcher saw a need to explore and describe the factors contributing to absconding of MHCUs.

## 1.4 Significance of the study

The study results might bring attention to the Department of Health (DoH) Limpopo Province, Mopani District, and Evuxakeni Hospital management, to consider some strategies to prevent absconding of MHCUs. It might also advise decision making organizations to construct techniques that may assist with preventing MHCUs from absconding as well as forming appropriate evidence regarding the issue of absconding. Furthermore, the study might recommend to the DoH some strategies to influence policy amendments regarding this challenge. It is therefore important that the outcomes of this study produce information that may help health care providers distinguish approaches to prevent absconding and improve the security in psychiatric institutions.

## 1.5 Study purpose and objectives

### 1.5.1 Purpose

The purpose of the study was to investigate the factors contributing to absconding of MHCUs in Mopani District of Limpopo Province, South Africa.

### 1.5.2 Objectives

Specifically, the study sought to:

- To explore and describe factors contributing to absconding of MHCUs in Mopani District Limpopo Province.
- To describe the measures to prevent absconding of MHCUs in Mopani District.

## 1.6 Definition of terms

**1.6.1 Absconding** refers to leaving hospital grounds without permission (Arbee & Subramanian, 2019). In this study absconding means leaving the hospital without proper discharge or LOA.

**1.6.2 Contributing Factors** are things that help to bring about a result and are partly responsible for development or phenomenon (Memarian et al, 2015). In this study contributing factors are sources that add to the problem of absconding MHCUs.

**1.6.3 Mental health** is a state of wellbeing in which an individual realizes their abilities, can cope with normal stresses of life, can work productively and is able to make contributions to the

community (WHO, 2016). In this study mental health refers to emotional, psychological, and social well-being that influences how a patient thinks, feel and act.

**1.6.4 Mental health care user**, as indicated by MHCA no 17 of 2002, refers to an individual getting care, treatment and rehabilitation facilities at a mental institution proposed for improving the psychological status of a patient. In this study mental health care user means anyone who is admitted as a mental health care user at Evuxakeni Hospital.

#### 1.7 Outline of the chapters

Chapter 1 introduced the topic and provided brief background of the study. It also introduced the rational, problem statement, purpose, objectives, and research questions which guided the study. Chapter 2 focused on the literature review.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 INTRODUCTION

Chapter 1 introduced the topic and brief background of the study; it also introduced rational, problem statement, definition of terms, research questions, purpose, and objectives of the study. Chapter 2 focuses on a discussion on literature review.

Literature review serves to classify relevant theoretical or conceptual framework for defining the research problem, lay foundation for a study, inspire new research ideas and determine any gaps or contradictions in the body of research as well as sharing the with the reader results of studies that may be relevant to the one being lead (Polit & beck, 2017). In this study the researcher will conduct literature review to explore the factors contributing to absconding of mental health care users (MHCUs). The aim of literature review is to explore relevant literature using peer reviewed journals related to absconding of MHCUs. This chapter will discuss the extent of absconding of MHCUs globally, sub-Saharan, South Africa and in Limpopo province.

The scope of literature covers all relevant literature linked to absconding of MHCUs. Literature was searched on websites, internet search conducted on Google and Google scholar, Journals and psychiatric articles database using the following search terms: psychiatric patient, escaping/absconding, psychiatric units, and psychiatric institution. In this literature review, the following inclusion and exclusion criteria were used: the articles were:

- To discuss absconding of MHCUs globally, in sub-Saharan and south Africa
- To be published from 2015-2021
- To be published in English

The discussion was based on the following headings: Extent of Absconding in MHCUs, Identification of high-risk patients, Characteristics of absconders, Consequences of absconding

Therapeutic relationships and prevention of absconding, contributory factors to absconding, Care planning. The discussion about absconding will be start with introduction, followed by the subheadings on absconding MHCUs from psychiatric institutions globally, in Africa and in South Africa.

## **2.2. History of mental illness**

In a study by (Foershner 2010) highlights on the history of mental illness revealed that various attempts to treat metal illness were household to prehistoric cultures. The study also indicated that it was believed that mental illness was a consequence of supernatural phenomenon such as spiritual or demonic custody or witchcraft.

Mental illness is a complex issue and the successful treatment of different psychiatric disorders often involved several therapies (funk 2016).Mental health programmes involve al members of the multidisciplinary team, families and community members in decision making which was also supported by the reports on the national alliance for the mentally ill's legislative initiatives aimed at establishing a model system of mental healthcare based on recovery oriented programs(Monroe-deVita, Morse & Bond)

Internationally there has been an increasing focus on risk assessment and risk management in the delivery of mental health services. Schinke, Stambulova, Si, & Moore, 2018 elaborates on how absconding from psychiatric hospitals is of great concern for patients and caregivers and affects not only the treatment and safety of these patients but also patient's caregivers and the community. Patients regularly abscond from mental health units and at times the consequences for patients and for others can be serious. The police are involved with absconding events but are rarely considered in the mental health literature (Sharma, Meurk, Bell, Ford, & Gartner, 2018). In most jurisdictions, the police can take missing person reports for involuntary patients whose whereabouts are unknown and there are genuine concerns for their safety or welfare (Ogulensi & Adamson 2015). Those people remain active cases for the police until located. Improved liaison and cooperative working that promote effective communication could strengthen police and mental health nursing collaboration and ensure better outcomes for patients. Absconding from psychiatric hospitals is of great concern for patients and caregivers. Patients' escape from hospital imposes a significant cost to patients as well as the health system. Therefore, it may be necessary to focus efforts on high-risk groups and increase insurance coverage in the country to prevent absconding from hospital.

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 parallel moves to address the problems of stigmatisation, discrimination, prolonged institutionalisation, inaccessibility to appropriate care and exploitation of mentally ill patients (Arbee, & Subramanian, 2019). The MHCA is among the most progressive mental health legislations in the world. Unfortunately, deinstitutionalisation has not been resoundingly successful. Locally, service integration has been hampered by infrastructure constraints, administrative challenges, and limited political support. Raji (2020) points out that deinstitutionalisation, with its enforced psychiatric bed reduction and increased turnover of patients, has resulted in a paradoxical increase in the number of involuntary admissions.

### **2.3 High risk patients for absconding**

Anisi, Zarei, Kariman, Kazemi, and Chehrazi, 2017 suggest that potential absconders should be identified, and implement interventions to ensure that patients comply with treatment, which would assist in service planning, quality assurance and evaluation of treatment. Day and night nurses and healthcare assistants must actively participate in identifying high-risk patients and report progress in the patient's notes (Javed, & Fountoulakis, 2018). Memarian, Yazdinezhad, Mehrpisheh, and Aghakhani, (2015) states that a record of must be kept identifying the time and conditions during absconding. During admission patients presenting and considered as elevated risk must be seen and given high triage priority for assessment by professional nurses so that a review can be undertaken immediately (Strand, & Selenius, 2019).

### **2.4. Age**

There was a widespread consensus that absconding was more common among younger MHCUs, normally than 40 years old. The mean age of absconders ranged from 22-27 and 32-38 years (Sharma, Meurk, Bell, Ford, & Gartner, 2018). A Canadian study by Verma, Khanra, S., Goyal, Das, Khess, Munda, and Ram, (2020). The study reported that 44% of absconders were between 20-29 years. However, Evuxakeni reports young mental health care users to be the ones who are absconders of which most of them have substance abuse induced disorders, which corresponds to the most common cause for absconding which is substance abuse (Mohr, Riper & Schueller, 2018).

### **2.4. Gender**

From descriptive data, there was an overwhelming consensus that absconders were mainly male. However, the predominance of men among absconders reflects the typical population of

psychiatric hospitals (Weiss, 2015). A study, by Mezey, Durkin, Dodge, and White, (2015) in UKsecure units, discovered many males in the absconding group. It seems likely that there is an association between gender and absconding, with males more likely to abscond than females (Zeinoun, Akl, Maalouf, & Meho, 2020)

## **2.5 Diagnosis and duration**

A forensic study by Zeinoun, Akl, Maalouf, and Meho, (2020) reported absconders to be agitated, anxious, paranoid, and experiencing pre-psychotic or psychotic symptoms. In this study majority of absconders were diagnosed with affective disorders. A United Kingdom study reported that the most common diagnosis for absconding patients was manic depression, followed by schizophrenia, and substance induced psychosis (Schinke, Stambulova, Si, & Moore, 2018). Persons with schizophrenia may attempt to abscond because of positive symptoms such as delusional thoughts or command hallucinations and persons with borderline personality disorders may abscond as an act of defiance against care provision or rules in the treatment environment (McGrath, Palmgren, & Liljedahl, 2019). Some persons, particularly those with progressive cognitive impairment, exhibit wandering behaviour which is broadly characterized by purposeful or non-purposeful locomotion. Subsets of persons who wander engage in exit-seeking behaviour that is characterized by a wilful intent to leave a secure treatment unit or facility without permission (Cabarkapa, Sadhu, King, Dowling, Radhakrishnan, Akinbiyi, Srinivasaraju, & Stevenson, 2020).

## **2.6. Contributory factors to absconding.**

The reasons that patients abscond are many and varied. Many patients who leave care report doing so for reasons such as boredom; fear of other patients; lack of privacy; lack of meaningful recreation and leisure; feelings of confinement, perceived household responsibility and isolation from relatives and friends (Khammarnia, Kassani, Amiresmaili, Sadeghi, Jaber, & Kavosi, 2015). Lack of visitors, relationship problems, impulsivity, non-compliance, influence by other patients, to obtain substances, stigmatization, dislike of staff, ward, or food, leave or discharge also contributes to absconding, states Buchanan-Barker and Barker, (2015). A history of substance use, including drugs and alcohol, is also associated with increased risk of absconding behaviour, presumably out of the need to acquire the substance. Unsurprisingly, people who are daily users of tobacco, also abscond for the same reason (Khammarnia, Kassani, Amiresmaili, Sadeghi, Jaber, & Kavosi, 2015).

## **2.7. Medication issues**

Absconding is associated with non-compliance to medications which may arise when a person lacks insight for their illness. Working with a person to help them develop an appreciation for their condition is difficult but important for promoting safety and helping the person in the recovery process (Russ et al 2017). Absconding tends to occur most often early in a person's admission to care, typically prior to or in the early stages of treatment implementation. The risk of absconding is also higher during transfers and shift changes as well as on Fridays and weekends. Persons also abscond in response to a disagreement with the nature of treatments offered and the way their problems were perceived by healthcare professionals (Russ et al. 2017).

## **2.8. Consequences of absconding**

Absconding is a significant problem with potential for harm to patients or public. Absconding patients are at higher risk of self-harm, violence, non-adherence, relapses, substance use and negative media attention (Simpson, Penney, Fernane, & Wilkie, 2015). Most health professionals associate absconding with the escape of potentially dangerous psychiatric patients. Absconding causes fear and uncertainty, and portrays psychiatric services negatively (Vahidi, Ebrahimi, Areshtanab, Jafarabadi, Lees, Foong, & Cleary, 2018). Vahidi, Ebrahimi, Areshtanab, Jafarabadi, Lees, Foong, and Cleary, 2018 predict that a patient with a history of absconding is likely to abscond again.

Absconding events are multifactorial, with environmental, psychosocial, and organic aspects. One study reported that an exceedingly small number of patients were victims of assault while two found that evidence of aggression towards others (Malgas, 2017). Absconding is a significant patient safety concern for persons with mental illness because of the risk of harm to self or others having left care (Ogulensi & Adamson 2015).

## **2.9. Therapeutic relationships and prevention of absconding**

Patients who have absconded have reported the importance of socio-environmental factors in their decisions to abscond. Several strategies have been proposed to reduce and manage patients' risk of absconding, including locking ward doors, increased availability of short-term escorted leave for patients and decreased ward numbers (Wilkie, Penney, Fernane, & Simpson, 2014). Muir-Cochrane, Muller, and Oster, 2021) reviewed 39 articles on absconding from 1996 to 2008 and concluded that many containment and management techniques currently practiced, such as locking ward doors, derive from their perceived effectiveness to increase ward safety, but

are not evidence based. Locking doors appears to have only modest effects on preventing patients from leaving units without permission (Malgas, 2017).

### **2.10. Care planning**

Wilkie, Penney, Fernane, and Simpson, 2014 state that a quieter area for keeping the patient should be considered and ensure that ward doors are always closed. The mental health care user should be checked on a regular basis; at least every 30 minutes. In response to an incident of absconding or missing persons within the hospital, the mental health team should be mobilized. If the person is found to be missing from the building and areas immediately surrounding the building, then emergency services including police as well as family, friends, or other service providers, may have to be engaged along with the mental health team (Sharma, Meurk, Bell, Ford, & Gartner, 2018). However, when engaging persons outside of the mental health team, there are several particularly important considerations that must be considered (Raji, 2020). Education regarding the effects of absconding and prevention should be on-going for mental health care nursing staff.

### **2.11. Conclusion**

The literature review in this chapter indicated that in psychiatric institution is an on-going and escalating problem globally. Preventing absconding is a critical health priority that requires a combination of legal and regulatory interventions, law enforcement, and community-based programs aimed at better health as well as health care services which focus on the prevention of absconding and the promotion of curative and rehabilitative interventions.

## CHAPTER 3

### RESEARCH METHODOOGY

#### 3.1 Introduction

This section provides a thorough description of the methods that were used in the study, including the qualitative research approach, study design, study setting, population and sampling, measurement instrument, pre-test, data collection, data analysis, trustworthiness of the study and ethical standards that were followed when conducting the study.

#### 3.2. Study approach

A qualitative research approach was used in this study. The approach was chosen because it seeks to find the gist and understanding of human experiences (Grove, Gray & Burns, 2015). In this study, qualitative approach helped the researcher to explore the factors contributing to absconding of MHCUs at Evuxakeni Hospital.

#### 3.3. Study design

A study design is a set of steady steps used by the researcher to react to the research question of the study. It shapes the course of action for the study and chooses the procedures to be followed by the researcher to get participants, collect, and analyse data and interpret the results (Mackey & Gass, 2015). In this study, the researcher used Explorative and Descriptive research design to clarify the exact nature of the study and to thoroughly investigate the factors that contribute to absconding of mental health care users through interviewing relevant participants using an interview guide to collect relevant data and analyse the data to gather thoughts.

**Explorative research design:** Explorative design is described by Burns and Groves (2013) as a study which is conducted to study the in-depth of an encounter in the most semi-structured way to reach the description, knowledge and understanding of a selected population through posing of questions and being inquisitive until data saturation is reached. In this study, the researcher described the perceptions on factors contributing to absconding of MHCUs. This was done to increases and improve understanding and knowledge on the research topic.

**Descriptive design:** Descriptive research targets new facts about circumstances, people's activities, or recurrence with which certain incidents occur (Polit & Beck, 2017). In this study the researcher described the perceptions and factors of nurses and MHCUs regarding absconding of MHCUs to accurately and systematically describe through observing and describing the behaviour without influencing the participants in any way.

### **3.4 Study setting/Area of study.**

The study setting was Evuxakeni Hospital which is the only psychiatric hospital in Mopani District situated on the eastern side of Giyani, Section A. Evuxakeni Hospital was established in 1985 at Giyani which is predominately populated by Tsonga speaking people who are affected by mental health problems related to substance abuse, inherited mental illnesses and medical-induced psychosis. The psychiatric hospital has a total of 10 units with 266 (191 males) and (75 females) MHCUs of which, one male acute ward, five male chronic wards and three female chronic wards. There are also 4 general operational managers, 2 speciality operational managers, 74 professional nurses; 71 are psychiatric nurses, 22 with advanced psychiatry; 33 enrolled nursing assistants and 77 nursing assistants. Each ward has 15-20 nursing staff including two professional nurses, two enrolled nursing assistants and two nursing assistants on day duty as well as one professional nurse, one enrolled nursing assistant and one nursing assistant on night duty. Furthermore, each ward accommodates a maximum of 30-40 MHCUs. All the wards are secured with security bars on the windows and entrance doors, except for the back exit doors. A security guard is regularly stationed behind the wards to watch the male wing. The female wing does not have a security guard at the back. Corridors are demarcated and male and female wings are separated to prevent MHCUs from roaming around and from interacting. Lastly, some exits to the corridors have a security guard 24-7.

### **3.5 Study population and sampling**

#### **3.5.1 Target population**

A Population is the maximum number of elements having similar attributes and comprises of people, groups, human beings, and occasions that meet the criteria that the researcher is interested in studying (Polit & Beck, 2017). In this study the population were all psychiatric nurses and all MHCUs at Evuxakeni Hospital. The target population of 11 available psychiatric nurses and MHCUs were accessible for data collection. The selected population possessed relevant information as they have been in the psychiatric setting for a long time and have encountered the phenomenon of absconding.

### 3.5.2 Sample and sampling

Sampling refers to selecting groups of individuals, occasions, conducts or components with which to conduct a study. Non-probability sampling is the possibility of selecting specific people that are known to exhibit the features of interest (Pruzan, 2016). In this study non-probability purposive sampling was used to select the participants according to the qualifying criteria which was, only psychiatric trained nurses with five or more years of experience in the field, were A sample of Eleven (11) psychiatry nurses were selected from all the wards at Evuxakeni Hospital and at least seven (07) MHCUs who were stable and agreed to participate were interviewed until data saturation. This sample size was determined by data saturation.

### 3.5.3 Inclusion criteria and Exclusion criteria

#### 3.5.3.1 Inclusion criteria

Male and female psychiatric nurses with two or more years of experience, who gave consent, MHCUs who are admitted and were stable in the wards who agreed to be part of the study, were included, as they have encountered the phenomenon of absconding.

#### 3.5.3.2 Exclusion criteria

Professional nurses who are not psychiatric trained and unstable MHCUs who were admitted in the wards who did not agree to be interviewed, were excluded, as they were not suitable for this study.

### 3.6 Measurement Instrument

For this study this study, the researcher was the interviewer. The researcher formulated an interview guide; semi-structured interview questions (annexure A and B) were centred on the objectives of the study using an interview guide. The interview guide comprised of open-ended questions. These were followed by probing questions in areas which required further clarity, to ensure that participants explain fully without being influenced. The following was an interview guide open-ended question, generated to answer one of the study goals; for nurses: ***“In your opinion, what are the factors contributing to the absconding of MHCUs?”*** and was followed by probing questions; for MHCUs: ***“In your opinion, what makes MHCUs abscond?”*** These questions were translated into Xitsonga, Sepedi, and Tshivenda according to the MHCUs’ language of preference.

### **3.7 Pre-test**

A pre-test is the testing of the research instrument, such as a questionnaire or interview guide (McGrath, Palmgre & Liljedahl, 2019). A pre-test was conducted with three psychiatric nurses and two MHCUs, who formed part of the actual study. The purpose was to determine the relevance and clarity of the interview guide questions and to measure the duration of each interview. The detected errors and remedial action were used to improve pitfalls in the interview guide. The findings of the pre-test helped pinpoint and reduce measurement errors, and to also determine whether participants are interpreting questions correctly and ensure that the order of questions is not influencing the way a participant answer as well as to ensure that the interview last for the stated time. This aided to avoid possible errors in data collection such as unclear wording and inadequate time, as well as ensuring that the variables defined by the operational definitions were observable.

### **3.8 Data collection**

Data collection is the process of gathering the information needed, to address a research problem, keep a record and to pass information to others (Polit & Beck, 2017). The researcher firstly set up an appointment with the Head of Institution to obtain permission to conduct the study and explain the research process; how it will be conducted and what needs to be done. Thereafter the researcher visited the wards to clarify and outline the purpose of the research. Thereafter the researcher requested participants to take part in the study. Those that were eager to take part in the study were given the informed consent letter to read and informed consent form to sign (annexure C); for MHCUs it was read out for them, and the head of institution signed for them. The interviews were conducted at Evuxakeni Hospital. The researcher made use of semi-structured interviews to collect the data. Data collection lasted for a month. The interview guide consisted of open-ended questions, allowing participants to explain fully without being influenced by the researcher and it led to follow up questions. Paraphrasing and reflecting was used to reveal any missed information for clarity and to guide the discussion to ensure that the objectives were covered. This was achieved by establishing a rapport through a formal introduction and by motivating participants to talk openly and freely and ask to follow up questions, to recap and confirm accuracy of the information. The questions focused primarily on the nurses and MHCUs' perceptions regarding the factors contributing to absconding of MHCUs. The interviews were conducted in a private room at Evuxakeni Hospital. The interviews were composed and directed in English for nurses and in Xitsonga, Tshivenda, and Sepedi for MHCUs. Data collection continued for 30-45 minutes. An opening question was asked to psychiatric nurses in English

was: ***“In your opinion what are the factors contributing to the absconding of MHCUs?”*** And for the MHCU: ***“In your opinion, what makes MHCUs abscond?”*** These were followed by probing questions in the interview guide (annexture G). The researcher sought permission to use a voice recording device to record the transpired data and field notes were recorded during the interview to ensure that everything that will be heard, thought about, seen, or experienced was noted. Data was gathered until data saturation was reached.

### **3.9 Data analysis**

Data analysis is described by Polit and Beck (2017) as a process where the researcher sums up the data from the examples used in the study to a huge population in which the research is focused on. For this study Techs technique for data analyses was used. Transcribe verbatim listening to the recording word for word.

**Step-1 Reading through the data:** The researcher read the transcripts by going through the verbatim transcripts carefully to get concepts about data sections and their meaning, at the same time jotting down ideas as they arise.

**Step-2 Reduction of collected data:** The researcher then scaled down data collected into codes based on recurring matters and then grouped comparable topics together.

**Step-3 Questioning meanings of data:** The researcher then again read transcripts and evaluated them probing the meaning and clarity of the collected data.

**Step-4 Abbreviation of topics to codes:** The topics were then shortened and coded differently from topics to codes.

**Step-5 Development of themes and subthemes:** The researcher constructed themes and subthemes by grouping relatable topics to construct meanings of themes and subtheme.

**Step-6 Compare codes, topics, and themes for duplication:** To ensure that there was no duplication, topics and themes were be clustered according to their description.

**Step-7 Initial grouping of themes and subthemes:** Grouping of all themes and subthemes was assembled in one column through content analysis.

**Step-8 Recording:** Theme grouping was done to make data retrieval simple.

### **3.10 Trustworthiness**

In qualitative studies, the value of the data collected remains fundamentally noteworthy, and the quality is measured by addressing to the following principles: credibility, dependability, transferability, and conformability (Grove, Gray & Burns, 2015).

#### **Credibility**

The objective is to show that analysis was done in a way that guarantees that the subject was described and indeed agreed to (Mackey & Gass, 2015). Credibility was ensured by doing follow up interviews, to validate data and provide feedback to the participants to check if information is properly captured. The researcher prolonged engagement of the study for a month, to ensure that data saturation is reached. Transcribed data and field notes and audio recordings were sent to an independent coder specialising in qualitative research.

#### **Transferability**

Transferability is the point to which the outcomes of the study can be reassigned to other situations (Mackey & Gass, 2015). Transferability was ensured by providing a thorough description of the research methods, research design as well as the outcomes of the study for use in future studies.

#### **Dependability**

Creswell (2013) describes dependability as provision of evidence to an extent that if the study is to be repeated with the same participants in the same situation it would still give similar outcomes. In this study dependability was guaranteed by using voice recorder and transcripts which were available for verification, whenever necessary. An independent coder was also involved for the coding of data collected, to ensure dependability of the study.

#### **Confirmability**

Confirmability refers to results that reflect implementation of validity, auditability, and fittingness. It happens when the discoveries of the researcher are the results of enquiry and not of the researcher's bias (Giselda, Christa & Brink, 2018). The researcher ensured confirmability through member checking and paraphrasing during interviews to confirm information. It was guaranteed by the inclusion of an independent coder to guarantee that the information mimicked the voices of the participants recorded during the interview by playing the sound records while assembling data.

### **3.11 Ethical considerations**

Ethical considerations relate to research ethics and include several activities. Ethics aim to protect the rights of human subjects during scientific research process (Padgett, 2017).

#### **3.11.1 Permission**

The proposal was presented to the Department of Public Health, School Higher Degree Committee and Executive School Higher Degree Committee. University of Venda Research Ethics Committee (UREC) offered an ethical clearance (**SHS/21/PH/08/2707**) and University Higher Degree committee. The researcher requested permission from Limpopo Province Department of Health (annexure D), Mopani District as well as from Evuxakeni Hospital to conduct the study. Furthermore, the researcher honoured the rights of the participants by holding fast the moral considerations outlined below:

#### **3.11.2 Informed consent**

According to Giselda, Christa, and Brink (2018), informed consent refers to the researcher obtaining consent from the participants after informing them about the motive of the study. Participants were informed about the reasons for the research before it is conducted and what the researcher intends to do with the findings, then the participants decided whether they wanted to be a part of the study or not. Nurses sign the consent form, while MHCUs were assented for by the Head of Institution (HOI) and relatives after willingly agreeing to participate.

#### **3.11.3 Anonymity**

Anonymity refers to assurance that the participants' identity stays anonymous, by giving them code names or numbers (Grove, Gray & Burns, 2015). In this study the researcher used letter sets to name participants, for instance, Participants A, Participant B. Anonymity was ensured by keeping participants information in a private locked place.

#### **3.11.4 Privacy**

Privacy refers to the participants having control over their information (Grove, Gray & Burns, 2015). The interviews were conducted in an undisclosed area. Participants were not forced to disclose information and the researcher ensured that the information acquired from the members was not imparted to individuals who were not involved in the study.

### **3.11.5 Principle of Justice**

Burns and Groves (2013) emphasise that the researcher has to respect and comply with the agreement that they have with the participants. The researcher ensured that all participants are treated fairly and equally, without discrimination.

### **3.11.6 Care for vulnerable group**

This refers to the protection of the participants' wellbeing from harm and distress; be it physical, mental, emotional, financial (Creswell, 2013). Participants were protected from physical and emotional harm that may emerge from the study and were treated with humility. MHCUs were treated with consideration for their conditions and were not taken advantage of due to their mental status. Due to the Covid 19 pandemic, the researcher observed and complied with the precautionary measures as an ethical conduct which includes wearing a mask, social distancing, washing, and sanitizing of hands and avoiding handshakes.

### **3.12 Plans for dissemination and implementation of results**

The researcher created standards out of the evaluated data; a copy of the research findings was submitted to the University of Venda library and the DoH. The findings were also shared in accredited journals and presented at research conferences.

### **3.13 Conclusion**

This chapter described the research approach, design, and the methods. A qualitative research approach which is both descriptive and explorative was described in this chapter. Data collection, analysis, and sampling methods as well as the ethical considerations and measures to ensure trustworthiness were discussed. Chapter 4 describes the research findings.

## CHAPTER 4

### PRESENTATION OF RESULTS

#### 4.1 Introduction

This chapter presented analysed data and interpretation, in accordance with the data collection where five themes emerged as the key findings for the study. As the interviews commenced the researcher was producing themes, once all interviews were conducted, all transcripts were read to get topics about data sections and their meaning. Data was then scaled down into themes based on recurring matters and then grouped together according to comparable topics. The themes were then shortened and grouped differently from topics to themes. Themes and subthemes were constructed by grouping relatable topics to construct meanings of themes and subtheme. To ensure that there was no duplication, topics and themes were clustered according to their description. Grouping of all themes and subthemes was assembled in one column through. Theme grouping was done to make data retrieval simple in qualitative studies, the value of the data collected remains fundamentally noteworthy, and the quality is measured by addressing to the following principles: credibility, dependability, transferability, and conformability (Grove, Gray & Burns, 2015)

#### 4.2 Characteristics of participants

Data was collected at Evuxakeni hospital Giyani in February 2022 from the 1<sup>st</sup> to the 28 using Semi-structured interviews which lasted between 30 to 50 minutes per individual. The findings are presented in terms of themes and sub-themes which emerged from data analysis. Ensuring confidentiality and anonymity, the identity of the participants is presented with alphabetical codes and abbreviations. The study findings from both nurses and patients were combined, however the verbatim will be identified by their codes in **PN** stands for Psychiatric Nurse and **P** stands for patient. The purpose of the study was to investigate the factors contributing to absconding of MHCUs in Mopani District of Limpopo Province, South Africa. Specifically, the study aimed:

- To explore and describe factors contributing to absconding of MHCUs in Mopani District Limpopo Province.
- To describe the measures to prevent absconding of MHCUs in Mopani District.

## 4.2 Demographic information of study participants

Table 4.1 below shows the demographic information of the study participants which includes eleven psychiatric nurses and seven MHCUs. The study was conducted at a purposively selected hospital, Evuxakeni Hospital which is the only psychiatric hospital in Mopani District situated on the eastern side of Giyani in Section A. A total number of eleven out of twenty psychiatric nurse who were recruited participated in the study and the majority (n=11; 72%) of them were females as nursing is considered a female dominated occupation hence more females and mental institutions do require more manpower, however the male wards at Evuxakeni has more male staff although they are not psychiatric/registered nurses hence they did not form part of the study. The study revealed that four nurses had psychiatric experience of ten to twenty years and the seven of them had worked in the psychiatric hospital for only five to ten years. The study was also conducted among seven MHCUs at the same hospital in which majority of them were aged between 31 and 40 years of age. It was found that (n=5) of them were males and in terms of admission, it was further established that four patients have been admitted for 1-15 years. The study established that four of the patients have admitted attempting absconding one to 10 times.

**Table 4.1. Demographic information of study participants**

<b>Psychiatric Nurses (n=11)</b>		
<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Age ( years)</b>		
30-40	05	45
41-50	03	27
51 and above	03	27
<b>Gender</b>		
Females	08	72
Males	03	27

<b>Experience (years)</b>		
5-10	07	63
10-20	04	36
<b>MHCUs n=07</b>		
<b>Age</b>		
20- 30	03	42
31-40	04	57
<b>Gender</b>		
Males	05	71
Females	02	28
<b>Years of admission</b>		
1-5	02	28
6-10	03	42
11-15	02	28
<b>Attempts to abscond.</b>		
0	03	42
1-5	03	42
6-10	01	14

#### 4.3: Presentation of results

From data analysis, five main themes emerged, which include: patient related factors, Stigma Family and community related factors, Institution related factors, Consequences of absconding of MHCUs, suggestions to prevent absconding of MHCUs. The table 4.2 below shows the summary of the identified main themes and subthemes of the study.

**Table 4.2. Summary of the main and subthemes the study**

<b>Main Themes</b>	<b>Subthemes</b>
Patients related factors	<ul style="list-style-type: none"> <li>• Frustration/boredom</li> <li>• Addiction/ Drug abuse</li> <li>• Fear of other patients and nurses</li> </ul>

	<ul style="list-style-type: none"> <li>• Mental and psychological problems of patients (e.g. delusions, hallucinations)</li> <li>• Patients' dissatisfaction with hospital services</li> </ul>
Stigma	<ul style="list-style-type: none"> <li>• Patient dissatisfaction</li> <li>• Lack of family visits</li> <li>• Poor adherence to treatment</li> <li>• Lack of knowledge regarding mental illness</li> </ul>
Family and community related factors	<ul style="list-style-type: none"> <li>• Lack of family visits</li> <li>• Lack of knowledge regarding mental illnesses</li> <li>• Stigma</li> </ul>
Institution related factors	<ul style="list-style-type: none"> <li>• Poor budget for psychiatric services and personnel</li> <li>• Shortage of staff</li> <li>• Poor infrastructural security setup</li> <li>• Lack of training and informing of patients</li> <li>• Poor facilities and rehabilitation activities</li> </ul>
Consequences of absconding of MHCUs	<ul style="list-style-type: none"> <li>• Accident</li> <li>• Poor adherence to treatment</li> <li>• Bad image on the institution</li> </ul>
suggestions to prevent absconding of MHCUs	<ul style="list-style-type: none"> <li>• Promoting contact with family and friends</li> <li>• Recruiting of more nurses and provision in-service training</li> <li>• Improvement of infrastructural and security setup</li> <li>• Awareness campaigns for educating the community about mental illnesses</li> </ul>

### Themes 1: Patients related factors

Six subthemes emerged under this theme: boredom/frustration; lack of family visits, stigma, mental and psychological problems, addiction, patients' dissatisfaction with hospital services and fear of other patients has contributed to the absconding rate in Mopani district.

### **Subtheme 1.1: Frustration/boredom**

The study conceals that there are patients who encounter challenges when they are admitted in the hospital and the nurses also shared their encounters with these patients' behaviours and their conditions. Participants cited that patients are frustrated and bored by staying in one place with no movements as if they are in prison. Others mentioned that patients were promised discharged, and they were hopeful to go home hence they opted to abscond from the institution. They further mentioned the same routine of eating, sleeping, and smoking in the toilets which contributes to their frustrations.

*I think they feel that the environment here does not allow them to just do as they please, because since they are not well, they can't just be allowed to do as they please. We need to control them, but however they feel bored because of the control, they feel like they are in jail. (PN 10)*

*One of the patients after he was discovered, when interviewed he said, "I was tired of staying here" and when we look at him, he was right. He has never relapsed for five years, since he was admitted in our ward and he was promised that he is going to be discharged. So, it was a sign of frustration from him. (PN3)*

*I feel that they are wasting my time if I was at home i was supposed to do this and that and but here we get bored, all we do is to just go and smoke in the toilets. And then come back, eat and sleep and nothing keeps us busy to allow us to have a chance in life so that we can be able to be productive when we are outside (PN4)*

### **Subtheme 1.2: Addiction/ Drug abuse**

The study also picks that most of the patients usually abuse drugs prior admission which contributes to 60% of them being diagnosed with substance induced psychosis. It was revealed that addiction to drug use result in many of them attempting to abscond and some even absconding successfully. Some patients verbalized that they have connections with people who supply them with drugs and the security guards do not search visitors thoroughly for any drugs or substances that are not allowed inside the premises which simplifies patients having access to substances.

*I like smoking but they do not allow us, there are no shops to buy beer as well. And there is nothing to do, its best is to run away. (P03)*

*Due to poor security setup, some of these patients sneak into the hospital with drugs like dagga or even tobacco, and then go to the toilets to smoke, by the time nurses rush there sometimes they are done smoking, or they throw it in the shower or toilet as a way of destroying evidence. (PN4)*

*The problem of absconding in most of our MHCUs is that they crave substances because they are used to smoking outside the hospital. So, nurses can never know what they are thinking about when they are sitting there in groups (PN8)*

*There are those MHCUs, who were diagnosed with substance induced psychosis, since the hospital doesn't allow substances inside the hospital, so they still have addiction which make them feel like they could escape just to get those substances. (PN7)*

### **Subthemes 1.3: Fear of other patients and nurses**

In the study, it is revealed that patients at Evuxakeni hospital are battling with different psychological and mental problems, which then pose a challenge to them. The study established that some patients abscond due to the fear of other patients as well as nurses. Some patients appear to be more superior than others and intimidating and dangerously aggressive.

*"It is not nice to be here, some of the nurses here sometimes threaten to beat me, so going home to my siblings is the best option. I do not wish to be in this hospital. I do not want to stay here. (P04).*

*There are some patients who are aggressive, it therefore poses a threat to fellow patients, and some will tell you that “I want to go home because I don’t feel safe from other patients.” (PN09)*

*Patients who try to run away are violent, they try to break the doors or fight with nurses but if they are given injection, they relax and sleep, but if they abscond they go back to the community and cause trouble. When they are in groups or when they are in bed, they share ideas to abscond so that they can be free to get substances. (PN6)*

#### **Subthemes 1.4: Mental and psychological problems (e.g., delusions)**

The different responses revealed that absconding of MHCUs is a deflective behavioural result of varying factors that might be associated with mental illness. Most of the participants confirmed that some MHCUs decide to run away because of the of their mental state. As a psychiatric institution, a lot of patients remain psychotic or relapse in their stay which result in patients acting towards their perceived feelings such as hallucinations and delusions. Patients also lack understanding of their conditions hence their behaviours.

*MHCUs have been diagnosed with different conditions which have different manifestations, for example some might decide to abscond in response to auditory hallucinations or delusions, sometimes pursuing allegedly goal-directed behaviour linked to active psychotic symptoms. (PN10)*

*MHCUs cannot be blamed for their behaviour because they have mental illness and their intentions to abscond is primarily driven by their mental status (PN01).*

*I regain my memory later and have no idea what was going on in my mind, it just happens.....because I hear voices , but when I wake up I am okay (P07)*

*After the MHCU is recovered they usually verbalize that, “I’m not doing it for fun, you can see I’m sick”, and you can see he is very sick because he*

*has these hallucinations, and they are telling him that he should just go (PN01)*

*Substances abuse affects them because once they smoke, we find them fighting and some of them hallucinate, they have delusions after smoking, they relapse and pick unnecessary fights, they do not co-operate in the ward (PN04)*

*MHCUs who have tried alcohol and substances are the most problematic because they usually start hearing voices telling him that they must go out someone wanted to see him outside will go outside, even if there's no one they still want to go outside. (PN5)*

#### **Subtheme 1.5: Patients' dissatisfaction with hospital service**

The study noted that patient satisfaction and the fulfilment of their rights are partial and the patients feel dissatisfied with hospital services. Patients feel abused and illtreated because of the way nurses treat them, they feel illtreated and that their complaints are not taken into consideration. The following are some of the perceptions they voiced out.

*I do not like the way nurses treat me, especially when it comes to the food we eat "it's not nice and they restricted us from owning cell phones" which make us feel like we are in prison (P06).*

*When MHCUs have been ignored or neglected by the staff members especially after they have been complaining about wanting to go home and nurses do not give them attention they think of running away. (PN04)*

*Most of the patients feel like they are not being treated well, some will even tell nurses, that they are using their grant money, so they think of running away because they see the services are not ideally what they want (PN11)*

## **Main Theme 2: Family and community related factors**

**The community as well as the relatives are the main culprits with regard to discrimination against MHCUs, as they interact and live with MHCUs in their daily lives. Hence mental health awareness is imperative in this group of people, that they receive the education they need to be able to support and comprehend mental health disorders.**

### **Subtheme 2.1: Lack of family visits**

Mental illness affects both the patients and their families, thus anxiety, stress, and inconvenience derived from a person's illness are transferred to their families as well. The study noted that absconding by MHCUs is triggered by the lack of family support. One participant confirmed that they do miss their family and they would appreciate them coming to see them on a regular basis and that it would make them feel loved and appreciated and would not feel the need to run away from home.

*In my opinion, one of the factors that lead to absconding is a lack of visits from the families because there are patients who have been here for a long time, but then their families hardly come, and others never come at all. They have been traced, but they do not come at all, or they produce different excuses such as monetary challenges and these patients miss their families, so this leads to more absconding.” (PN07)*

*I have been on LOA for two weeks, but our siblings have lost all trust in us so since then they never took me for LOA again” (P02)*

*Most patients have been institutionalized, meaning their families have decided to keep them in the hospital with no intentions of accepting them back home (PN11)*

*MHCUs think that their parents and relatives don't want to visit them at the hospital because even when the hospital organize home visits, they tell health care workers that they don't want them, and it makes patients feel like they are just going to die in the hospital because even relatives don't want them back (P03)*

*The fact that there's no one visiting them from home makes them run away. It's very challenging especially since most of the relatives somehow dumped these MHCUs, but once they hear that there's an abscondment, they use that for their personal gain. (PN2)*

### **Subtheme 2.2: Stigma**

The study revealed that most patients do not want to be seen in a psychiatry hospital as they stigmatized as they are admitted in a psychiatric institution as it makes them feel inferior to others. Some even pointed out that the experience of hospitalization also leads to confusion and distress. Most patients consider themselves as normal and not suffering from mental illness and unfortunately families are also suffering from traumatic experiences suffered in the past with the patient which worsens the stigma.

*I do not want to be among people who are mad because I am alright; “they think I am crazy like them ask my mum, I can drive, I can read and write I feel stigmatized but one day I will make my way home”(P04).*

*The facilities are designed in a way that promotes stigma and some patients complain of being locked in the seclusion rooms especially when the person is aggressive, and they say it is a horrific experience (PN08)*

*And another thing that is a problem and might cause relapse, is that we conduct home visits and then at home, they say they do not want them because when they are at home, they do not take treatment, relapses, and then he insults people and family members. PN3*

*Relatives are severely terrified of MHCUs because they know once they abscond, they are not yet stable. And some abscond and when they get home and fight with the families. PN8*

### **2.3 Lack of knowledge regarding mental illnesses**

Most community members including relatives are naive when it comes to mental illnesses which is a cause for concern for mental health institutions, the institution needs to produce strategies to address underlying issues such as these.

*Relatives need to be educated about mental health conditions so that they can be able to accept these patients even after their behaviors in the past so that they can take back their relative P3.*

*There is also a need for more home visits where the relatives should be counselled too, for the past traumatic experiences they encountered and crimes committed by these MHCUs prior admission, so the friends and relatives are still afraid of them. PN3*

*The community is not well aware of mental illness if we can involve the clinics where we can form community-based awareness campaigns that can assist in spreading awareness on mental health to the community and to support relatives to accept the patients PN5.*

### **Main Theme 3: institution related factors**

The study discovered that some of the factors which contribute to absconding among MHCUs include unsatisfactory budget for psychiatric services, poor staffing as well as poor health insurance. Below are the emerged subthemes from institution related factors. Hospital related factors included poor infrastructure, lack of security, poor training, and lack of patient education.

#### **Sub theme 3.1: Poor budget for the psychiatric services and personnel**

Despite the availability of free health services, the budget is below expectations to smoothly run a psychiatric institution as patients cannot access therapeutic services due to insufficient support and improper health services coverage. Concerning this issue, participants said that.

*The budget we get as an institution is not sufficient to cover the hospital expenses like entertainment for the patients and equipment for nursing personnel. (PN10)*

*The institution is short staffed, few nurses cannot monitor the whole ward and raising such issues, there always no budget to hire more nurse. Even in terms of the security, the response is, no money (PN02).*

### Sub theme 3.2: Shortage of staff

**Shortage of staff is a systemic issue, which is worsening by the day in our country and has led to staff taking responsibilities they may not be qualified for jeopardizing the safety and wellbeing of patients and the staff themselves . This study it depicts the impact that shortage of staff results in our institutions including staff turnover and absenteeism.as a result staff shortage has affected patients ability to access therapeutic care and reduction in ward activities.**

*The institution has lost a lot of nurses, some of them passed away and some got transfers, so it's not easy for one person to monitor the ward of close to 40 people. The others are busy thinking of an escape plan. They usually succeed in absconding because of shortage of nurses. It's very, very bad. We have a serious shortage of staff". (PN07)*

*Most patients don't take treatment as prescribed and staff tend to miss that because we are understaffed, so a mental health care user can skip several doses of medication without being noticed It's being addressed time and time again and the response is always "this is not a hospital level matter, it's a provincial matter" PN2.*

*Sometimes in the ward there are only two nurses caring for more than 22 MHCUs which makes it highly impossible to monitor all MHCUs. The ratio of nurse to patient is unrealistic; it is impossible to supervise close to 30-40 patients with only three staff members. so maybe if the ratio is improved it will be easy to control the patients PN6.*

*The institution does not have enough OT personnel to occupy and rehabilitate MHCUs. OT services are rendered to them, but it is not what World Health Organisation recommends, it is below standard. There is also a special need for men power, because male nurses are less dominant than female nurses PN8.*

### **Subtheme 3.3: Poor infrastructural security setup**

The infrastructure wherein the patients are admitted is poorly maintained and is not user friendly. Most nurse participants argued that the facility is not secure, and it also lack standardised utilities, which simplifies absconding of MHCUs. One of the patients said.

*“I don’t feel comfortable in these wards, I want to be in my own space were its quiet with minimal interaction with people, but there’s no free space here.” (P03)*

*The infrastructure itself is a contributing factor of MHCUs absconding because there's easy access to exit points besides the security gate, so the infrastructure can be an easy point for them to escape. The hospital itself is not built in a manner which can protect and hinder absconding. This infrastructure is not suitable for mental health care, the fence, and the wall both provide an easy access for them to jump out.  
PN2*

*The main factor is infrastructure because is not suitable for mental health care users, especially in acute ward, where MHCUs are still severely psychotic and unfortunately, there are only two seclusions which are also not fit to be a seclusion, but nurses compromise to nurse MHCUs in there  
(PN8)*

### **Subtheme 3.4: Lack of health education**

The interviews established that the patients admitted lack proper knowledge of why they are admitted in psychiatric institutions which therefore facilitate absconding.

*Patients think that they are being punished or being jailed for no apparent reason because little is known to them about why they in the hospital are, very few know about why they are admitted or have clear understanding of their condition (PN09).*

*Some patients are educated some are not educated enough to understand their condition they also don’t be motivated to work towards their dreams because they are just limited to the hospital environment” (PN02)*

*We are the only ones who stay in the hospital without going home and are we always locked up. They must just give us medication and let us go and be at home with our families (P07).*

*The hospital must review its policy regarding the admission of patients. There needs to be a policy that will guide how long the mhcu has to stay in the institution so that in cases of absconding it can be reported to the Review Board, so that the decision is in relation to the policy of the hospital, because most mhcus and relatives were told that the patient can stay till death (PN3)*

### **Sub theme 3.5: Poor facilities and rehabilitation activities**

The lack rehabilitation services contributes to more patients absconding. The goal of rehabilitation is to aid in developing emotional, social, and intellectual skills needed to live, learn, and work in the community with little or no supervision.

*The televisions are not subscribed so that we can watch super sport all we watch are movies the whole day. (P06)*

*Occupational therapists are part of the rehabilitation program, but they always complain of not having enough resources, so they end up doing the same activities to the patients which result in patients getting bored (PN02)*

*OT staff take MHCUs for OT activities and most of them are doing farming, some cook while others are working in the carwash. But some of them are lazy and refuse to participate in ward activities, with the idea of absconding, so they are closely observed (PN06)*

### **Main theme 4: Consequences of absconding of MHCUs**

This theme presents the consequences of absconding from the psychiatric institution. The consequences established includes amongst others, death, crime, poor adherence to treatment and exposure of psychiatric nurses and institutional incompetence.

#### **Subtheme 4.1: Accidents**

The issues of crime and road accidents as well as self-harm are some of the negative results of absconding.

*Absconding is bad because one can relapse and go for months without treatment and you can do bad things and the community may not understand your condition and can take matters into their own hands, they attack those mhcus or they get killed (P2)*

*Some MHCUs committed crimes such as rape and burning houses and once they do they get arrested and go back to the hospital, some they even steal their parents' money to go and buy drugs (nyaope) they go back to the hospital sick again. PN5*

*Many reports from families regarding absconders say that MHCUS hurt themselves on the way home; some even commit suicide, crimes like theft and assaulting the public. Some are beaten or arrested, and then police will notify the hospital and the family. Some go missing sometimes as well as they try to make their way home". (PN5)*

*They disrupt and burn properties, they have burnt clothes, they have burnt houses, they fight with their siblings or their mother they even rape their relatives, some have even murdered. So, it is so difficult for them to forgive them although counselling is done to restore their relationships (PN8).*

#### **Subtheme 4.2: Poor adherence to treatment and relapses**

Whenever the patient absconds from institution, health consequences are possible. It has been argued that most of the patients who abscond are on treatment and when they escape the treatment is discontinued.

*Most of the escapees are on treatment and they leave their medication behind which worsens the condition and makes it difficult for them to pick up from the initial stage which is why most of them will come back relapsed (PN3).*

*It is a very bad behaviour, and it delays healing and relatives then become reluctant to visit or take MHCU for LOA, so it is something which is not good because one turns an inmate once admitted into the hospital (P4).*

*It is a problem when a patient leaves the hospital without permission because when he is found he is monitored closely and won't have freedom of movement because of this behavior (P1).*

### **Subtheme 4.3 bad image on the institution**

The phenomenon of absconding reflects badly on all spheres of the health care system, below are some of the negative impacts that are brought about by absconding.

*The impact that absconding has is that the community and the government doesn't recognize us as a mental institution, so it affects us badly and it brings down the morale of the staff as well. (PN02)*

*I think personally, I think the management will be exposed, because when you look at the question is, how did the MHCU get out of the institution and as always nurses will be blamed for negligence (PN03)*

*If an MHCU tries to escape and get hit by a car in the process; the family and the community now starts to think that the institution is bad for their relatives who are admitted there. This problem places health care workers' jobs at risk because if the patient absconds the ones on duty need to account for that incidence. (PN06)*

### **Main theme 5: suggestions to prevent absconding of MHCUs**

In effort to determine the measures to curb absconding of MHCUs from the psychiatric hospitals, these are some of the of suggestions:

## Subtheme 5.1 Promoting contact with family and friends

**Family plays an crucial role in MHCUs.mental health problems are associated with dysfunctional social and Psychosocial process in the family.Engaging families in the care of mental health care users has many benefits, however implementation of this activity has a lot challenges Health care workers can engage families and friends by providing Psychoeducation and supporting the families’s needs**

*The main objective of conducting home visits and family therapy is to reunite the mhcu with their families although some relatives are still reluctant to see their relatives. The institution support relatives by involving social workers asses the situations at home as well as psychiatrists come to examine MHCUs who are eligible for discharge and also support the families in better understanding the conditions (PN02)*

*“I need my cell phone with me, and I should be allowed to go around and out to do shopping and meet my friends. I also want to watch soccer on”. (P04)*

*As a way of limiting absconding, the hospital should host family gathering monthly because once a year or twice a year, is not enough for these patients to see their families, which leads to them to missing them and end up absconding. (PN07)*

*The institution is currently trying to do home visits where family therapy sessions are conducted with the objective of rehabilitating them, supporting relatives on how they can assist mental health care users for them to cope while out of the hospital (PN3)*

*Families are contacted and promise to come but they don’t come and although it’s not on a frequent basis they are traced at least every two months to keep contact and to encourage them to come and visit (PN06)*

*They are not allowed to have cell phones to communicate with family and friends for family to support by calling them encouraging them to visit (PN03)*

### **Subtheme 5.2: Recruitment of staff and provision of in-service training to improve nurses' skills.**

**There're is an increased demand for mental health specialists,however the working conditions are not ideal. Although there're is a great potential for growth in this field there is still a need for this cadre in the nursing profession. Nurses need skills to be able to empathise with people, have excellent teamwork skills and also have resilience and the ability to manintain humanity however this need to be accompanied by a good work llife balance which seems to be lacking in our institutions which explains the high turnover**

*The hospital needs staff who are knowledgeable who will be able to deal with the mental health care users in a psychiatric manner. There is a need for workshops. Nurses must be up to date with new developments that are impeding mental health care so that they can be inspired and well equipped to deal with such mental health experiences (PN02)*

*Also, the government should intervene by assessing the institutional needs. Check with the employees and the institution on what it that is needed for institution to improve. The only thing that is needed is intervention. (PN02)*

*We graduated in different years and content is changing; thus, we also need to be attending workshop relevant to the field we are in, personally I can say I need to upgrade my skills", and that can only be achieved through frequent in-service training". (PN06)*

### **Subtheme 5.3: Improvement of infrastructure and security setup**

The security issues were discussed by psychiatric nurses at length. The security setup of the institution was confirmed to be not secured. Therefore, the study suggested CCTV (close circuit television) cameras should be installed to aid the monitoring of patients as they move around the ward and the premises.

*The government as well must be willing to revamp the buildings and ensure that the security is tight so that we do not always have to look over our shoulders as to whether we will still have our jobs or not this can ease up healthcare workers' anxiety of working under fear so I think that could help" (PN11)*

*The security guards are helping with ensuring that MHCUs remain in the same place so they stay in front of each entrance and other one at the back of the ward but when it comes to the ward itself, the security is not that good there are no security doors, the windows are not having security bars, and mhcus are able to jump the fence, this goes to show that security is not enough because if it was enough they would make sure that every door there's a security so there's only one security at the back who is having a clear view of the all the wards at the back (PN03)*

*Due to poor security setup some of these patients sneak in with drugs like dagga or even tobacco, then go to the toilet and smoke, by the time you rush there sometimes they are done smoking, or they have thrown it in the toilet as a way of destroying evidence. There are no security bars at the back it is just a door which is something that the hospital manager should improve by doing installing security bars. Also, cameras can assist with, easily monitoring patients' movements (PN04).*

*Since the building has poor security set up, cameras should help with monitoring movements but there are no CCTVs and the security personnel and nurse are not enough; even the fence is not that restrictive, at the back of the wards there is a fence, but a patient can easily jump through and only one security guard keeps an eye, the other security officers take rounds. (PN06).*

*There should be enough security system, good security system, a very big fence, enough security personnel, alarms systems and cameras in the hospital. as well as trained experts to monitor cameras on a daily basis. Also roll calls should be made frequently enough, at least hourly have to check on the patients. (PN07)*

*Once a patient is admitted in hospital it must be ensured that no MHCU is in the position of substance. This can be achieved by random search in the words. The institution tries by all means to keep them under control to make sure that the gates are always locked and that there's close observation (PN05)*

#### **Subtheme 5.4 Awareness campaigns for educating the community about mental illnesses.**

**The aim of awareness campaigns is to educate the community about mental health issues by connecting with the community and establishing good relationships and teach them skills as well as offering reassurance especially to victims of mental health issues in order to support MHCUs**

*Awareness campaigns can limit absconding because when the community is educated enough on the subject, it can limit absconding and by also by educating MHCUs and relative about compliance to treatment both at home and while admitted. And giving tasks and involving them in activities in the hospital such as playing football, and family day ceremonies (PN04)*

*Daily health education about the importance of taking medication and give them examples of people who are complying and also what they are doing at the moment just to encourage them to take their medication and show them the importance of complying to treatment and how it can benefit the patient (PN02)*

#### **Conclusion**

Chapter Four presented the findings of the study exploring nurses' and patients' views on factors contributing to absconding of MHCUs. The findings revealed the different experiences of nurses and MHCUs while in hospital. The findings were presented in terms of the five themes that emerged during the interviews. Nurses reported that every day brought new challenges in the management of MHCUs in the wards, and that it was not an easy task, especially under

circumstances that include shortage of staff and poor infrastructure. The next chapter focuses on discussion of the findings.

## Chapter 5

### 5.1. Introduction

This chapter discusses the findings of the study. It also highlights key findings that provide foundational insights for future studies and comparison with findings from other studies. The discussions were done following the main themes and subthemes identified in the study. The aim of the study was to explore the contributing factors to absconding of MHCUs in Mopani. The study revealed several factors which contribute to absconding and these includes, social and behavioural factors, hospital related factors, and economic factors, the consequences, and measures to prevent absconding. The discussion of this discourse will be following the specific objective of the study.

### 5.2. Demographic variables

The present study shows more females nurse than males; therefore, females largely dominate the nursing profession. A study conducted by O'Connell, Macdonald, and Lutgendorf(2013) and colleagues corroborated the findings that there are few men in nursing and that it is a public perception that nursing is a female occupation. This finding is further confirmed by the results of a Ugandan survey on determinants of essential medicines availability in public health facilities in which most the respondents were female (orkello, oido & mshilla,2015). This is a clear indication that the shortage of male staff contributes to the rising number of absconding cases as some participants voiced out that there are few male staff hence workforce is needed especially in the male patients dominated wing since patients have little respect for most female staff.

### 5.3. Patient related factors

The study established that boredom/frustration; lack of family visits, stigma, mental and psychological problems, addiction, and fear of other patients has contributed more to the

absconding rate in Mopani district. The study revealed that frustration and/or boredom within the hospital wards from the environment, fellow-patients and staff members were viewed as increasing the likelihood of absconding among MHCUs. A similar study supported these present study findings as they similarly speculated that boredom usually causes absconding attempts and this can be witnessed during the month preceding the abscond, patients frequently will have privilege level changes, requests for privilege increases without clear reasons (Cabarkapa, Sadhu, King, Dowling, Radhakrishnan, Akinbiyi, Srinivasaraju, & Stevenson, 2020). It also results in difficult and unacceptable behaviour which usually results in increased frustration (that sometimes result in involvement of verbal/physical aggression, medication non-compliance and substance use. Absconding ideation and discontent are therefore seen by Umoh and Endra (2020) in comments such as 'needing a break', wanting to go home or 'leave this place' and are also described as impulsive in nature and accompanied by a high frequency of substance use, which then lead to the following subtheme.

A study by Voss and Bartlett (2020) shared the same observations with this study in which their systematic literature review described boredom, feeling confined, frustration, and needing to complete a task (e.g., related to household responsibilities) as motivations for absconding. This study also notes that most of the patients usually abuse drugs before they are admitted which results in 60% of them being diagnosed with substance induced psychosis. It was therefore established that addiction to drug use had many of them attempting to abscond and some even absconding successfully. Kirchebner, Law and Sonnweber (2021) confirmed to the above quotation by arguing that concerning the geographical conditions and situations of psychiatric hospitals, one of the social problems they face is patients' addiction since many of these individuals belong to low social class, and they cannot tolerate the hospital conditions when they are hospitalized and treated. The findings are consistent with the literature across civil and forensic studies in which patients who absconded in European hospitals were found to be likely to have a history of problematic substance use, as well as a history of attempted absconding.

This study revealed that patients at Evuxakeni hospital are battling with different psychological and mental problems, which then pose a challenge among them. The study established that some patients abscond due to the fear of other patients who might be aggressive. A study by Moradpor (2020) similarly found in their study in Iran that absconders cited being disturbed by other patients, fear, and safety concerns, both in terms of other patients' perpetrating actual violence, but also

feeling threatened, harassed, or having properties stolen, thus these concerns have been linked to patients' decisions to abscond from the wards.

Given that diseases affect both the patients and their families, thus anxiety, stress, and inconvenience derived from a person's illness are transferred to his family as well. The study noted that absconding by MHCUs was triggered by the lack of family visits since patient's views family as a defensive shield against problems. Parten and Shwa (2014) emphasised that people with abundant parental support during admission in hospital are likely to have relatively good health throughout admission, whereas people with inadequate parental support are likely to have poorer health. Research has long shown that MHCUs who receive sufficient support from their relative's report fewer psychological and physical problems thus it can be arguably correct that patients' psychological and physical health is influenced by the amount of social support they receive. In addition, Williams et al (2021) argued that families of people with serious mental disorders can be a valuable source of support in management of mental disorders. Many people with serious mental illness either live with their families (including parents, spouses, siblings, and children) or have regular on-going contact with their family. Family members of MHCUs are often the first to recognize behavioural changes that accompany a mental disorder and can aid in getting linked to mental health services as well as adherence to treatment. Families of individuals diagnosed with a mental illness also often serve as informal case managers, providing and coordinating care for their relatives, thus preventing absconding from the health facility and relapses (Voss & Barlett, 2019). According to the study findings, patients who are likely to abscond are usually those whose families have abandoned them, they have no social support hence absconding result. Some patient participants also feel the same way that if their relatives were to visit them, they would not abscond. According to the study findings, families of those who do not get visits have had bad experiences with these patients, they have cases of rape, arson, murder etc. that relatives had to witness hence the post trauma result in this resistance to maintain the relationships with them.

The present study revealed that the escape of a patient is a deflative behaviour result of varying factors that might be associated with the behavioural and mental problems of the patient. The study noted that some decided to run away because of the symptoms of their condition. Although the present study findings can be supported by many studies, it is necessary to point a contrary point from Parten and Shaw (2014) who differed by arguing that those patients reporting psychotic motivations concurrently expressed non-illness-related reasons for absconding. Nevertheless,

the present study still present that one individual expressed a psychotic motivation and Bailey, Page, Ndzimande, Connel and Vincent (2016) postulated that proximal risk indicators were reported in which absconders experienced active symptoms of their illness with notable mental status instability, medication changes, and/or missed doses of medication.

Thus, it can be argued that these variables indicate significant changes in patient's level of clinical stability and may also reflect deteriorations in the therapeutic relationship between the patient and the treatment team. Arbee and Subramaney (2019) further explained that these variables thus appear relevant to the assessment of risk for absconding, particularly among this sub-group of patients, and could well serve as choice points for intervention prior to an individual being granted privileges to leave the ward. Furthermore, it is also vital to note that most of the studies from developed countries discovered that schizophrenia is the most common diagnosis in patients who abscond followed by Primary Mood Disorder and Intellectual Deficit.

The present study established that patients do not want to be seen in a psychiatry hospital as they described hatred towards being admitted in a psychiatry ward as it reportedly makes them feel inferior to others. Some even pointed out that the experience of hospitalization also led to confusion and distressing beliefs about how they developed a mental illness. As a rule, people with psychiatric disabilities tend to have the same life aspirations as people without disabilities in their society or culture and they want to be respected as autonomous individuals and lead a life as normal as possible (Zhang et al., 2020).

As suggested by Kaggwa et al (2021) stigma is a motivator for absconding because patients reported feeling inferior because of having a mental illness. Despite a patient being severely mentally ill, it is perceived that most patients with mental illness in health setting scenario absconds as an effective solution to the problem of stigma (Zhang et al., 2020). Furthermore, some patients are believed to be not being engaged in the psychiatric ward that eliminated their ability to engage in meaningful roles and left them bored. Therefore, Umoh and Endra (2020) noted that this loss of social status is another way in which stigma is experienced by.

#### **5.4: Institution related factors**

The study discovered that there are economic factors which contributed to absconding among MHCUs, and these include unsatisfactory budget for psychiatric services and staffing as well as poor health insurance. Despite the availability of free health services, the study revealed that the

budget is below expectations to smoothly run a psychiatric institution as patients cannot afford therapeutic expenses due to insufficient support and improper health coverage. Some studies have explained further the effects of the above sentiment as Cabarkapa et al (2020) attested that this behaviour can pose many risks, including longer recovering process or uncompleted treatment for patients. Furthermore, due to economic problems and lack of proper budgeting, some patients cannot afford the hospital costs for buying entertainment equipment. This was supported by a few participants who mentioned that the facility does not have entertainment for patients to keep them occupied and it all comes back to the economic state of the department.

The present study presents the hospital related factors that were viewed as a contributor to absconding of patients from the psychiatric hospital. Hospital related factors included poor infrastructure, lack of security and poor training and informing of patients. The study has discovered that the infrastructure wherein the patients are admitted is poorly maintained and is not user friendly. Participants pointed out that the facility is not secure and it also lacks standardised utilities, which then simplifies absconding of MHCUs. To support this patient perspective, studies have indicated that the presence of crowded wards, as well as numerous doors in the hospital environment without security, minimizes the possibility of control and supervision,

In support of these findings, some school of thought posited that in hospital particularly psychiatric hospitals, the guardians and police forces have crucial roles in the establishment of order and observance of regulations (Moradpour, 2020). However, if the infrastructure is poorly built, controlling and supervising hospitals is difficult, making these forces confront problems in the execution of their responsibilities. A study by Sheikmoonesi et al (2012) similarly points out that deinstitutionalisation, with its enforced psychiatric bed reduction and increased turnover of patients can result in a paradoxical increase in the number of involuntary admissions. Thus, the population at risk of absconding is potentially larger and closing the doors of psychiatric units might increase aggressive incidents. Moreover, another emphasis to these findings was brought in by Umoh and Endra (2020) who indicated that ward crowding was found to be significantly associated with aggressive incidents and increased absconding rates have been connected to a punitive or threatening atmosphere in an inpatient unit.

The interview result in the present study established that the patient admitted lack proper knowledge of why they are being admitted in the psychiatric institutions. Therefore, it is noted that the lack of this information on what are the indications as well as the benefits of admission, might facilitate them to abscond. In consistency to the above sentiment a study by Houdid and Paruk

(2018) hypothesised that in health-promoting hospitals, training and informing patients are introduced as one of the conditions that promote health. This training and informing in hospitals can involve some cases such as training about the disease and its treatment process and educating about therapeutic costs, disease management, and lifestyle development in such a way that this awareness enhances post-discharge health among MHCUs. Kirbchebner, Law and Sonneweber (2012) further reiterated that, one of the standards of the health-promoting hospitals associates with patient's interventions and information and refer to training and informing patients and their families. However, it is known that this issue is not well executed in most hospitals. Thus, it can be argued that absconding is caused by the lack of patient and carer training and education. The study reveal that patients are not knowledgeable about their own conditions and poor rehab services and shortage of scarce skills also exacerbates its impact on patients' behaviours.

### **5.5. Patient dissatisfaction**

The study noted that the problems of patient satisfaction and the observance of his rights are significant. It was revealed that the patients sometimes feel dissatisfaction with hospital services. Literature has suggested that it is a key role for the healthcare employees and hospital personnel to attract patients' satisfaction with services. Furthermore, the dissatisfaction of patients gives rise to problems such as poor cooperation with the healthcare personnel as well as probable complaints and skirmishes, and sometimes patients leave the hospital or run away (Kaliski, 2020). The patient participants referred to some dissatisfaction-related problems, which can have a role in absconding, and they feel that they were deprived or enjoyed lower social and economic statuses. From a European perspective patients faced catastrophic care costs due to their lack of insurance or inappropriate insurance-service coverage, and they were worried about their received therapeutic service charges (Chan, Mark & Lee, 2018). In high immigrant influx countries like America, after receiving care services, some patients with false identities aimed to run away from the hospital without paying the costs. Dissatisfied patients also complained that they are not given enough food, there is no entertainment, and the nurses are rude to them, they are denied access to communicate with their families and friends hence the ideas to abscond.

Most of the study participant complained about the poor rehabilitation facilities, and they argued that if these are not well taken care of it will make more patients to abscond. The goal of psychiatric rehabilitation is to help individuals with persistent and serious mental illness to develop emotional, social, and intellectual skills needed to live, learn, and work in the community with the least amount of professional support. Supporting evidence from Chan, Mark, and Lee (2018) postulated

that although psychiatric rehabilitation does not deny the existence or the impact of mental illness, rehabilitation practice has changed the perception of this illness. Furthermore, Moradpour (2020) suggested that enabling persons with persistent and serious mental illness to live a normal life in the community causes a shift away from their focus on an illness model towards a model of functional disability. Thus, other outcome measures apart from clinical conditions become relevant especially social role functioning which include social relationships, work, and leisure as well as quality of life and family burden.

### **5.6. Consequences of absconding of MHCUs**

The studies in these main themes present the consequences of absconding from the psychiatric institution. The consequences established includes amongst others, death, crime, poor adherence to treatment and exposure of psychiatric nurses and institutional incompetence. Nurses emphasized the issues of accidents like crime and road accidents as well as self-hurt.

Bailey et al. (2016) supported to the above sentiment as they illustrated that absconding from a mental health facility is a significant safety issue that can have a range of negative consequences for patients, their relatives, and staff. Furthermore, the consequences of absconding are catastrophic, in 2013 many in-patient suicides in England occurred, following an incident of absconding from a mental health ward (Parten & Shaw, 2021). Thus, absconding incidents can also cause relatives and staff distress and anxiety, which can lead to a deterioration in the relationship between staff and patients' relatives and distract nurses from other responsibilities. Whenever the patient absconds from a psychiatric institution, health consequences are possible. The psychiatric nurses who participated in the study argued that most of the patients who abscond are on treatment and when they escape the treatment is discontinued. It is also documented that absconding may be acutely felt by patients themselves as these incidents may slow recovery by prolonging hospitalization and interrupting treatment (Zhang et al et al. 2020). Also, the literature suggests an association between self-harm behaviours and absconding. Dickens and Campbell (2017) reported that 16% of absconding events in their sample of psychiatric inpatients in the U.K. involved serious adverse outcomes including self-harm, victimization, prolonging hospitalisation, and death.

### **5.7. Measures to prevent absconding of MHCUs.**

In effort to determine the measures to curb absconding of MHCUs from the psychiatric hospitals, the study discussed several measures. These measures include reducing the lack of knowledge, increasing familial support, improve training of staff and upgrading of security set security The

study revealed that the family and friends support is key in prevent MHCUs from absconding the psychiatric institution. To support the above measure Kaggwa et al (2021) indicated that to limit patient escape due to social and familial problems, there is a need to design and implement psychological interventions such as determining social-psychological needs, providing mental education programs to family members, employing anxiety-reducing techniques, and rendering family therapy. The study reveals that there is a need for recruitment of more psychiatric nurses and the provision of in-service training so that the skills are always up to date. Evidence from other schools of thought suggests that personality, stress, and burnout of nursing staff are predictive of incidents on closed psychiatric wards that are a restrictive attitude that might provoke incidents and absconding behaviour (Vita & Barlati, 2019). The in-service training as suggested in this study will be the best way to improve the nurse-patient relationship which can then prevent absconding. Furthermore, Cabarkapa et al. (2020) suggested that nurse-patient relationship is among the strongest factors for adherence to therapy in patients with schizophrenia an open-door strategy might increase adherence, thus absconding is avoided. Emmanuel, et al, (2017) suggested that the psychiatric nurses should be able to manage and prevent escaping intent in mental health care which includes inquiring from the patient on how he/she should be addressed, supplying the necessary explanation of nurses' role and objective of assessment to reduce thoughts of uncertainty and anxiety. Prevention and management of escape described by many psychiatric nurses as the riskiest role for a nurse and might endanger a nurse' life.

The security issues were discussed by psychiatric nurses at length. The security setup of the institution was condemned to be not secured. Therefore, the study suggested CCTV (close circuit television) cameras should be installed to aid the monitoring of patients as they move around the ward and the premises. In supportg, a study by Stewart and Dowers (2013) added by suggesting numerous ways to prevent inpatients from absconding, such ways include rule clarity, identification of potential escapee, locking of the ward door and strengthening of the security apparatus in the ward. In some circumstances the escaping patients break ceilings, pull out protectors in windows and gates and spoil gate locks to have their way out of the ward. This therefore calls for the need for CCTV cameras. Some tricky patients who pretend to be stable can deceive nursing staff to authorize them to look for fresh air outside, pick dried wears from outside or fetch water within the hospital arena and thereafter ran away from their reach outside the gate.

## **5.8 Conclusion**

Absconding remains a life-threatening phenomenon in psychiatry and require appropriate approaches and strategic interventions to tackle the challenges that comes with it. Sociocultural and socioeconomic factors prove to be the most barriers to preventing this problem.

The impact of shortage of health care workers is reported to be related to poor monitoring of patients because of increased workload, leading to low morale and burnout. As much as most psychiatric nurses are zealous about psychiatry, the obstacles related to their day-to-day work environment demoralises them, leading to shortage of staff, result in absenteeism and burnout.

## Chapter 6

### Summary, conclusions, and Recommendation

#### 6.1: Introduction

This chapter concludes the study summary, discuss the limitations and recommendations for further studies. The previous chapter discussed in detail the findings from the collected and analysed data as well as the understanding and interpretation of the themes by the researcher

#### 6.2. Summary of the Study

The purpose of this study was to explore and describe the factors contributing to absconding of mental health care users at Evuxakeni Hospital in Mopani District. Specifically, the study sought.

- (i) To explore and describe factors contributing to absconding of MHCUs in Mopani District Limpopo Province.
- (ii) To describe the measures to prevent absconding of MHCUs in Mopani District.

A qualitative research approach using exploratory and descriptive design was adopted which non-probability purposively sampled the psychiatric nurses and mental health care users. The study was conducted among 11 psychiatric nurses and 7 mental health care users. The data was collected through semi structured interviews which were recorded using a voice recorder and field notes were also recorded. All the ethical issues were adhered to throughout the study. The coded data was analysed using thematic analysis following the Tesch's steps of qualitative data analysis and the findings were present in themes and subthemes. The study established five main themes which included among other the patients' social and behavioural factors, hospital related, economic factors that contribute to absconding of MHCUs from psychiatric institutions. Some of the key subthemes emerged where stigma, lack of family support, addiction, unsatisfactory budget, poor security setup and poor knowledge regarding psychiatric health by patients. These issues have resulted in patients being victims of violence, suicide, and consequently poor

adherence to treatment, which is now a burden to mental health. The study further recommended that the security personnel and security apparatus like CCTV cameras to be installed to deter absconding as well as the employment of more health care workers including doctors, nurses occupational therapist and physiotherapists as well as renovating the buildings to meet the standard of an ideal psychiatric institution. The patients also suggested that they be provided with better facilities where they can feel comfortable in the process of rehabilitation such as sufficient recreational activities which involves getting out of the institution every once in a while to prevent them from feeling in jailed.

### **6.3 Limitations of the study**

Although the study was insightful, study has some limitations regarding, the small sample size from a single psychiatric institution, this can be a challenge in generalising the findings, however the findings can be useful for comparison. The other limitations are that the parents and guardians or the community where the institution is situated where not involved in study, who might have added more new information and also the implication is that the data to be presented is largely influenced by females; therefore, the responses are not a balanced reflection of people from both genders. Some of the patients were not willing to talk for long which means some of the information was missed. Data was collected using a semi structured interview; hence, it is imperative to note that one cannot discount the existence of personal desirability and bias that respondents might not report their knowledge.

### **6.4 Study Recommendations**

The study of factors contributing to absconding has aligned significant discernments into areas that require consideration. The government need to encourage community awareness. These and other eminent constraints form the centre of the recommendations outlined.

Considering the findings of the study, the following recommendations are proposed:

#### **6.4.1. Recommendation for department of health**

The Government of South Africa through the department of health of health must allocate sufficient funds. This approach will be able to recruit and hire more nurses, doctors, OT staff and a psychiatrist. They should be encouraged to extend their productivity and performance. Motivation strategies could be in a form of supportive supervision. This will also decrease the risk of patients absconding and ensure better observation of patients.

Psychiatric nurses together with Hospital boards need to review their policies on care and monitoring to ensure that they have a rescue risk focus, as well as ensuring that the policies reflect a comprehensive assessment and prevention of absconding.

There is a need for CCTV cameras and fixing of expanded security wire on the hospital wall fence especially at the back behind the ward to discourage patients from jumping out in their effort to escape.

Government has to acknowledge the need for adequate in-service training of psychiatric nurses specifically on how to deter absconding in psychiatric health settings. Training of nurses should also include benchmarking and workshops on modern management of mental health care users.

#### **6.4.2 Recommendations for training**

Assessment and safety planning education and training should be developed and delivered to mental health practitioners:

This would enable practitioners to improve skills to work with and counter to patients presenting with problems in a proficient, innovative, and considerate manner, including the awareness, expertise and approaches to deliberate defensive factors and positive opportunities.

Patient and family/community input should be integrated into such training for health care workers to recognise the potential impact on patients and family members of decisions made regarding absconding and safety planning.

#### **6.4.3. Recommendation for further studies**

Further studies on the factors contributing to absconding MHCUs are recommended, to reveal gaps that might have been missed in this study. Mixed approach and a bigger sample are recommended for a better understanding of the phenomenon. Studies can be further be conducted in other facilities that are also affected by absconding incidents.

Further research should be conducted on the assessment and management approaches of absconding among health care workers including all MDT members in other mental health institutions in Limpopo and further studies should be undertaken to explore patients,' family members' and community members for other perspectives on beliefs and safety planning.

## 6.5. Conclusion

In summation, the study establishes an insight on contributing factors to absconding of MHCUSs in psychiatric institution. The study revealed that patients' social and behavioural factors that include addiction, boredom, and lack of family support and mental and psychological health of problems are key factors. Although the hospital related factors cannot be ignored, it is also important to note that lack of rehabilitation facilities and user-friendly infrastructures was also pointed out as determinant of many psychiatric escapes. The economy was not spared as it is the root of many issues raised and many of these issues raised had results in adverse effects which include death, crime, and poor adherence to treatment. To address the outlined consequences, the study recommends that the infrastructure is improved to meet the safety and security standard. The nurses recommended that in-service training and recruiting of adequate personnel is imperative.

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## ANNEXURE A

### APPROVAL FROM THE UNIVERSITY HIGHER DEGREES COMMITTEE (UHDC)

**UNIVERSITY OF VENDA**

**OFFICE OF THE DVC: RESEARCH AND POSTGRADUATE STUDIES**

TO : MR/MS A.T SIPHUMA  
FACULTY OF HEALTH SCIENCES

FROM: PROF. N.N FEZA  
DVC: RESEARCH AND POSTGRADUATE STUDIES

DATE : 18 AUGUST 2021


**DECISIONS TAKEN BY UHDC OF 18<sup>th</sup> AUGUST 2021**

Application for approval of Masters Proposal Report in Faculty of Health Sciences: A.T Siphuma (11600509)

Topic: "Factors Contributing to Absconding of Mental Health Care Users in Mopani District Limpopo Province, South Africa."

Supervisor	UNIVEN	Dr. J.T Mabunda
Co-supervisor	UNIVEN	Mr. B.S Manganye

**UHDC approved Masters proposal**

  
\_\_\_\_\_  
PROF. N.N FEZA  
DVC: RESEARCH AND POSTGRADUATE STUDIES

**ANNEXURE B**

**ETHICS CLEARANCE CERTIFICATE**

RESEARCH AND INNOVATION  
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:  
**Ms AT Siphuma**

STUDENT NO:  
**11600509**

PROJECT TITLE: Factors contributing to absconding of mental health care users in Mopani district Limpopo province, South Africa.

PROJECT NO: SHS/21/PH/08/2707

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS		
NAME	INSTITUTION & DEPARTMENT	ROLE
Dr JT Mqondo	University of Venda	Supervisor
M. S. Nkanganye	University of Venda	Co - Supervisor
Ms AT Siphuma	University of Venda	Investigator - Student

Type: Masters Research  
Risk: Straightforward research without ethical problems (Category 1)  
Approval Period: July 2021 – July 2023

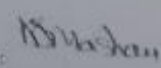
The Human and Clinical Trials Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

**General Conditions:**


- The applicant is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:
  - The applicant must submit a progress report in the prescribed format to the REC.
  - When a project is approved, the applicant must adhere to the ethical principles during the course of the project.
  - The applicant must adhere to the protocol, as stipulated in the application form. Should any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
  - The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the REC and new approval received before or on the expiry date.
  - In the interest of ethical responsibility, the REC retains the right to:
    - Request access to any information or data at any time during the course or after completion of the project.
    - To ask further questions. Seek additional information. Require further justification or monitor the conduct of your research or the adherence to the approval process.
    - Withdraw or postpone approval if withdrawal or principles of practice of the project are revealed or suspected.
    - Be deemed applicant that any relevant information was withheld from the REC or that information has been false or misrepresented.
    - The required annual report and reporting of adverse events was not done timely and accurately.
    - Non-compliance with national legislation or international conventions deem it necessary.

ISSUED BY:  
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE  
Date Considered: June 2021

Name of the HCTREC Chairperson of the Committee: Dr NS Mashau

Signature: 

UNIVERSITY OF VENDA  
OFFICE OF THE DIRECTOR  
RESEARCH AND INNOVATION  
2021-08-08  
Private Bag 34050  
Venda, Limpopo

  
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## ANNEXURE C

### DEPARTMENT OF HEALTH PERMISSION REQUEST LETTER

Makwarela

PO Box 492

Sibasa

0970

The Department of Health

Limpopo Province

Private Bag x 11285

Giyani

0826

#### RE: PERMISSION TO CONDUCT RESEARCH

I, Siphuma AT student number: 11600509, studying at the University of Venda, registered for post graduate Master of Public Health degree hereby request permission to conduct a study on: Factors contributing to absconding of mental health care users in Mopani district of Limpopo Province. The purpose of the study is to explore the contributing factors of absconding of mental health care users and preventive measures in Mopani District. The participants in this study will be psychiatric nurses and MHCUs admitted at Evuxakeni. Due to the Covid 19 pandemic, the researcher will observe and comply with the precautionary measures as an ethical conduct which includes wearing a mask, social distancing, washing, and sanitizing of hands and avoiding handshakes. Your positive response will be highly appreciated.

Thank you in advance for your approval.

Researcher's signature:



Date 25/08/2021


Cell : 0723668633

E-mail address : [chifhiwa.annah@gmail.com](mailto:chifhiwa.annah@gmail.com)

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## ANNEXURE D

### LIMPOPO DEPARTMENT OF HEALTH PERMISSION

**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

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**Department of Health**

Ref : LP\_2021-08-023  
Enquires : Ms PF Mahlokwane  
Tel : 015-293 6028  
Email : [Phoebe.Mahlokwane@dhsd.limpopo.gov.za](mailto:Phoebe.Mahlokwane@dhsd.limpopo.gov.za)

Annah Siphuma

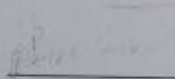
**PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES**

Your Study Topic as indicated below;

Factors contributing to absconding of mental health care users in Mopani district Limpopo province, South Africa

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
  - a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
  - b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
  - c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
  - d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
  - e. The approval is only valid for a 1-year period.
  - f. If the proposal has been amended, a new approval should be sought from the Department of Health
  - g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

  
pp Head of Department

13/09/2021  
Date

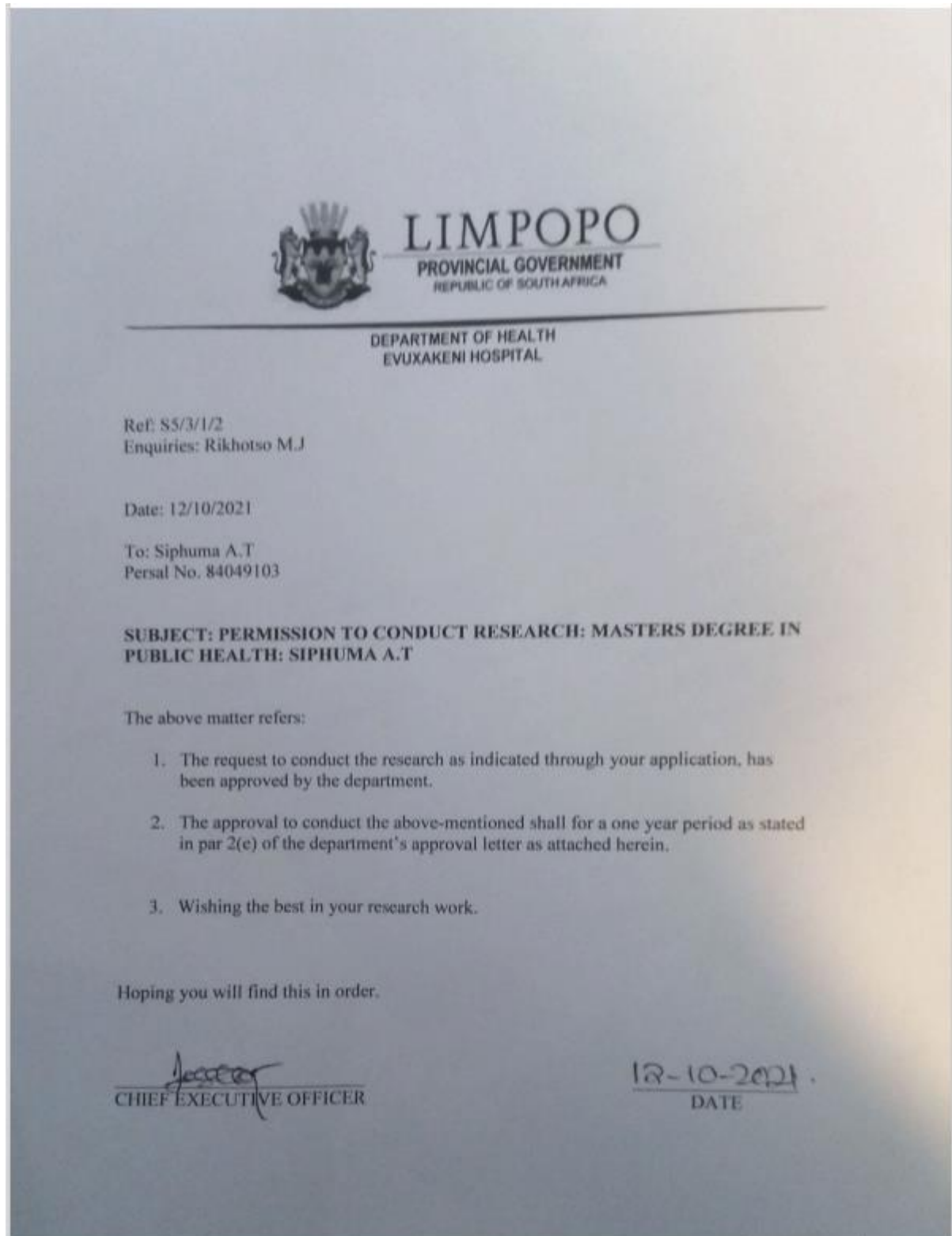
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Private Bag X9302 Polokwane  
Fidel Castro Ruz House, 18 College Street, Polokwane 0700, Tel: 015 293 6000/12. Fax: 015 293 6211.  
Website: <http://www.limpopo.gov.za>

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## ANNEXURE E

### EVUXAKENI HOSPITAL PERMISSION



 **LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

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DEPARTMENT OF HEALTH  
EVUXAKENI HOSPITAL

Ref: S5/3/1/2  
Enquiries: Rikhotso M.J

Date: 12/10/2021

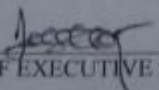
To: Siphuma A.T  
Persal No. 84049103

**SUBJECT: PERMISSION TO CONDUCT RESEARCH: MASTERS DEGREE IN PUBLIC HEALTH: SIPHUMA A.T**

The above matter refers:

1. The request to conduct the research as indicated through your application, has been approved by the department.
2. The approval to conduct the above-mentioned shall for a one year period as stated in par 2(e) of the department's approval letter as attached herein.
3. Wishing the best in your research work.

Hoping you will find this in order.

  
CHIEF EXECUTIVE OFFICER

12-10-2021  
DATE

## **ANNEXURE F: LETTER OF INFORMATION**

**Title of the Research Study : Factors contributing to absconding of mental health care users in Mopani District of Limpopo Province South Africa**

**Principal Investigator/s/ researcher:** (Siphuma AT, student)

**Co-Investigator/s/supervisor/s:** (DR Mabunda JT, Senior lecturer; DR Manganye BS, Lecturer)

**Brief Introduction and Purpose of the Study:** The purpose of this study is to; explore the factors contributing to absconding of MHCUs in Mopani District.

**Outline of the Procedures:** The participants will be expected to do the interview at a convenient time. Interviews will be held in a private room, where the researcher and the participant will seat facing each other. Interviews will last for 30-40 minutes and participants will be given time to answer questions fully without interruption. Psychiatric nurses on duty will be selected and a recording device will be used. Field notes will be taken, to ensure that these accurate data is captured and will be interpreted and analysed at the end of the study. For any queries, the participant is allowed to ask any question.

**Risks or Discomforts to the Participant:** In cases of emotional distress, participants will be comforted and accordingly. Due to the Covid 19 pandemic, precautionary measures will be observed as an ethical conduct which includes wearing a mask, social distancing and washing and sanitizing of hands and avoiding handshakes.

**Benefit:** The researcher will have gained information relevant in the field of study and will be able to answer some of the health challenges being faced daily in the health sector and the data will be published.

**Reason/s why the Participant May Be Withdrawn from the Study:** If a participant is not compliant or does not feel the need to continue with the project, they will not be penalized or charged.

**Remuneration:** There will be no payment or remuneration for participating

**Costs of the Study:** Participants will not be expected to pay for anything, if anything needs payment, the researcher will cover it.

**Confidentiality:** The researcher will ensure that the names of participants are hidden codes are used to identify the participants and the transcripts and voice recordings are kept safe.

**Research-related Injury:** No compensation whatsoever will be provided in case of any injury: Persons to Contact in the Event of Any Problems or Queries: (Dr Mabunda J.T, Jabu.Mabunda@univen.ac.za) Please contact the researcher (0723668633), my supervisor (Manganye B.S) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

## CONSENT

Statement of Agreement to Participate in the Research Study: I hereby confirm that I have been informed by the researcher, (Siphuma A.T), about the nature, conduct and risks of this study. Research Ethics Clearance Number: ..... I have also received, read, and understood the above written information regarding the study. I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report. In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher. I may, at any stage, without prejudice, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study. I understand that significant new findings developed during this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature
I, .....	.....	.....	.....

(Name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher .....	Date.....
Signature.....	

Full Name of Witness (If applicable).....	Date .....
Signature.....	

Full Name of Legal Guardian (If applicable).....	Date.....
Signature.....	

## **ANNEXURE G INTERVIEW GUIDE**

**Opening question:** In your opinion, what are the factors contributing to absconding of MHCUs?

### **Probing questions**

1. What are the characteristics of patients who are likely to abscond?
2. What containment measures can be used to manage patients at risk of absconding?
3. What are the effects of this phenomenon?
4. What measures can be taken to prevent this behaviour?

### **Annexure B: Interview guide for MHCUs**

1. In your opinion, what makes MHCUs abscond?
2. How do you feel about this behaviour?
3. What do you think should be done to prevent this problem?

### **Xitsonga Translation**

1. Ni kombela mi hlamusela hi mavonelo ya nwina lexi vangaka ku nyenga ka vavabyi va miehleketo?
2. Mi ti twa njhani hi mhaka ya ku nyenga?
3. Mi hleketa leswaku xintshuxo ku nga va va yini eka mhaka leyi?

### **Sepedi Translation**

1. Ka kopo, o bona okare ke eng se si felejagose dira o re balwetsi va monahano ba chabe sepedlele.
2. O I kwa bjang ka go chotlha sepedlele?
3. O ya ka wena o bona o kare o ka dirwa eng o hlahlula bothata bjo?

### **Tshivenda Translation**

1. kha talutshedze kupfesesele kwa zwivhanggi zwa u tshotha ha vhalwadze vha muhumbulo
2. Vha di pfa hani nga fhungo la u tshotha?
3. Ndi tshi ni tshi ne thusa u lulamisa uvhu vhudifari?

## ANNEXURE H

### TRANSCRIPT: INTERVIEW WITH PARTICIPANT F

Participant f

R- Good afternoon, ma'am. How are you?

P: I am good.

R: My name is Anna Siphuma; I am a student at the University of Venda. I am doing a Master of Public Health. This is my second year, and my research title is **factors contributing to absconding of mental health care users at Evuxakeni hospital**, may you kindly introduce yourself.

P: I am participant F, and I am 32 years old working here for eight years now.

R: Oh OK, so for our convenience I will be recording this session so that I can later review the information that we are sharing. If it's OK with you, I am recording us as we speak.

P: It is fine.

R: So, may you kindly share with us your opinion as to what you think are the factors that contribute to absconding of mental health care users in the hospital.

P: The first thing I would say I think it is they find it boring because there is no dagga and there is no alcohol, so they think that if they are going to get those things, and the other thing is burn out patients just want to see themselves outside the hospital. They are tired of staying here and doing the same routine repeatedly.

R: if I may ask, do the same routine that they're doing over and over again? Which ones are those?

P: In the morning they are going to bath waiting for the food, morning food, Breakfast, lunch, and supper, day by day.

R: So, there are no activities that these patients are being engaged in. Are they not busying with other activities? Other than those routines that are basic for daily living.

P: Yes, there are activities, but some of them are prohibited due to coronavirus. They are trying to limit the contact.

R: So, what are those activities that are prohibited due to COVID?

P: Like playing cards because it requires them to sit next to each other so, we try to provide them with mask, but because you know them MHCUs, they even remove the masks.

R: So, there are no other activities except playing cards.

P: Yes, they engage in OT services.

R: what are those activities that they do in OT?

P: They come and take them to the OT and most of them are farming, but not all of them. Some cook and others are working in the carwash. But not all of them because some of them are lazy and they will just say no they don't want to participate in ward activities, with the idea of absconding, so we make sure that we observe them.

R: What other factors do you think contribute?

P: I think even peer pressure. When they are in groups or when they are in bed the other one will just say yeah, I miss those times when we are still free and that will give others' ideas to abscond so that they can be free. Some wanted to abscond or rather kill themselves. That shows that she is eager to leave.

R: So, with these absconding cases, what happens in an incidence for example, what procedures are you following?

P: We make sure that we give report to our colleagues so that every staff member will be aware of the mental health care users condition and then we make sure that and treatment rooms and other rooms and anything that can harm the patient is locked. And also observe the MHCU.

R: So, if we talk of the safety or the containment of the patients in the ward, how is the safety? And how is the security? As well as how are you ensuring that you are going to be able to prevent that patient from absconding in case of any?

P: The building has got poor security set up, so if I miss one corner a CCTV camera should help me. But here there are no CCTVs, and the security personnel and nurse are not enough like I said before. Even the fence is not that restrictive" at the back of our wards there is a fence and that fence a patient can be able to jump through.

R: So, you mentioned that there is a security at the front of the ward, what about at the back?

P: At the back there is no security because there is no gate, but the security officers do rounds around the wards but I'm not sure about the frequency.

R: what more can you share with us about this phenomenon

P: We need to monitor their movements and also do roll call

R: So, is it achievable those steps u mentioned that, is it easy to do the roll call and observe the patients. Are there any ways that can make things easier for you as nurses? Are there cameras that you can use to monitor these patients regularly or enough staff to make sure that what you are saying is achievable?

P: I cannot say it is achievable but first, let me say it is hard because sometimes you can find that in the ward there are only two nurses caring for more than 22 MHCUs meaning that it is highly impossible to monitor all MHCUs. And there are no cameras that I can say maybe we can just track their movements. But we try to do a head count patient by patient. The ratio of nurse to patient is absurd; you can supervise close to 30-40 patients with only three staff members. As a person, I do feel exhausted, so maybe if the ratio is improved it will be easy to control the patients.

R: How frequently do you do head count?

P: We used to do that before, handover of report reports.

R: So that is the only time you observe whether the patients are there complete or not.

P: Yeah, yes, we used to do that before they introduced the other roll call in which we need to observe theme during the day.

R: So, what do you think can be done to reduce this and what that what impact does it have on nurses and the patients as well as the Institution as a whole.

P: I think we can install security cameras in the wards so that we can monitor their movements in and outside. So that even if when they are outside doing whatever they are doing, playing we can see them. The impact that this phenomenon has on nurses is that it places our jobs at risk because if the patient absconds and I'm on duty, I need to account for that incidence.

R: is there anything regarding the impact on the patient.

P: if an MHCU is trying to escape and get hit by a car when he is trying to escape what is the family going to say, the community now starts to think that our institution is bad from their relatives who are being taken care of.

R :So, what do families have to say about these absconding cases and what do they say or do in case a patient abscond on them or what do they have to say to the hospital?

P: they blame the nurses, and they start doubting ability to care for patients, but they still leave their patients in the institution.

R: Do you think are you motivated enough as health workers in the hospital to Work effectively.

P: No, I don't think we are being supported enough because we are short staffed, every year, at least one nurse goes to training and some are going to other hospitals and transferring to other programmes and I think that the quality of care will decrease. Because I think there's not enough that's being done to support us as nurses to ensure that what under good conditions that are conducive and that we also can be productive

R: we are hoping that this study is going to assist with finding solutions, or at least recommend some. Thank you for giving me your time.

## ANNEXURE I: PLAGIARISM REPORT

Siphuma Annah Tshifhiwa			
ORIGINALITY REPORT			
<b>20%</b>	<b>20%</b>	<b>8%</b>	<b>%</b>
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
1	<a href="http://www.ncbi.nlm.nih.gov">www.ncbi.nlm.nih.gov</a> Internet Source		5%
2	<a href="http://hdl.handle.net">hdl.handle.net</a> Internet Source		4%
3	<a href="http://univendspace.univen.ac.za">univendspace.univen.ac.za</a> Internet Source		3%
4	<a href="http://www.patientsafetyinstitute.ca">www.patientsafetyinstitute.ca</a> Internet Source		2%
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10	<a href="http://repository.up.ac.za">repository.up.ac.za</a> Internet Source		1%
11	<a href="http://archpublichealth.biomedcentral.com">archpublichealth.biomedcentral.com</a> Internet Source		1%

## ANNEXURE J: EDITOR'S LETTER

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### EDITOR'S CERTIFICATE FOR SIPHUMA ANNAH TSHIFHIWA

13 May 2023

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#### To whom it may concern

Dear Sir/Madam

This is to confirm that I, Zitha Innocent have proofread and edited a mini dissertation for the degree of Master of Public Health in the Faculty of Health Sciences at the University of Venda, titled *'FACTORS CONTRIBUTING TO ABSCONDING OF MENTAL HEALTH CARE USERS IN MOPANI DISTRICT LIMPOPO PROVINCE, SOUTH AFRICA*

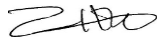
**Siphuma Annah Tshifhiwa**

**(11600509)**

I have further suggested several amendments that the student has undertaken to effect before this research is finally submitted: spelling, grammar, structure, and format of chapters. This mini-dissertation was inspected meticulously for consistency and correctness in grammar usage, coherence, cohesion, and citations.

Should there be any inquiry, please do not dither to contact me.

Best Regards



**Zitha I**

**Cell Phone:** 0715430998/ 015 962 8922

**Email:** Innocent.Zitha@univen.ca.za

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*BA (English), BA (Hons) in English, MA in English  
Lecturer (English) at Science Foundation  
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