

## Factors Determining Patient Evasion and its Impact on the Mobilization of Financial Resources at the Kabondo General Reference Hospital in Kisangani, DR Congo

Prudent BOTIMBA LOMANYA, Cotty LEZODE MASINGE, Tito BASEKWA ENKATEKABISIA, Raymond ASSANI RAMAZANI \* and Placide LIBONDA LIFENGGE

*Lecturer at the Higher Institute of Medical Techniques of Kisangani (DR Congo).*

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### Abstract

**Introduction:** The study focused on the factors associated with the escape of hospitalized patients and its impact on the mobilization of the hospital's financial resources: the case of Kabondo General Reference Hospital from 15 March to 30 June 2025. The aim is to identify the factors associated with the escape of hospitalized patients at the Kabondo General Reference Hospital; to highlight the impact of the escape of hospitalized patients on the mobilization of the hospital's revenue; and to demonstrate the mechanism put in place by the hospital to prevent the escape of hospitalized patients.

**Methodology:** We used a descriptive cross-sectional approach, including 77 staff members working at Kabondo General Reference Hospital who responded to our questionnaire.

**Results:** The factors associated with patients leaving Kabondo General Reference Hospital are lack of financial resources (75.3%), lack of social support (10.4%), poor quality of care (7.8%) and the hospital environment (3.9%). The loss of income (64.9%) caused by the escape of hospitalized patients has a negative impact on revenue mobilization; 67.5% of respondents suggest organizing hospital security and guard services as a strategy to prevent patient escape.

**Conclusion:** Patient absconding in healthcare facilities is a common phenomenon with negative consequences for revenue generation, which can effectively have a negative impact on the smooth running of the hospital.

**Keywords:** Associated factors; Absconding; Patients; Impact; Revenue generation; Financial resources

### 1. Introduction

The escape of hospitalized patients is a behavior frequently observed in our daily practice. Access to healthcare is a significant issue in developing countries compared to developed countries, where a universal social health insurance system is in place, facilitating access to healthcare [1]. Alongside this phenomenon of escape, there has been an increase in patients abandoning treatment. After several days or months of hospitalization, some patients or their parents sign discharge forms or make commitments to the social workers at the centers, readily pledging their identity cards, driving licences or passports to the hospital social services. Once their loved ones are released, they disappear completely. The Sikasso Hospital in Mali has recently recorded a significant increase in this hospital indicator in absolute numbers: 98 cases of escape were recorded in 2003, 108 cases in 2004, 189 cases in 2005 and 248 cases in 2006 [2].

The issue of hospital patient absconding affects all countries worldwide to varying degrees, and all areas of medicine are concerned. With this in mind, we are conducting a study on the factors associated with hospital patient absconding

\* Corresponding author: Raymond ASSANI RAMAZANI

and its impact on hospital revenue generation. The escape of patients is an undeniable barrier to the proper functioning of hospital facilities. On the one hand, it represents a loss of revenue in the self-financing system for healthcare facilities envisaged by managers; and on the other hand, exposes escaped patients to health risks linked to the interruption of care and the breakdown of trust in the patient-caregiver relationship [3].

The issue of hospital patient escapes is often addressed in the media (journalistic) and scientific literature. To this end, it is always difficult to have a meaningful discussion when addressing topics that are less frequently studied by researchers in public health and related fields. This is the case with this study, which appears to be the first to be undertaken and published in our country, and more specifically in our province. According to the results of a study conducted in the European Union, the rate of forgoing healthcare is higher than the European average (7% in the European Union) in southern countries (Portugal 19%, Greece 14%, Italy 12% and Spain 10%) and in France (9%) [4].

Specific studies on patient absconding in hospitals are still virtually non-existent in the medical literature, especially in sub-Saharan Africa. A study conducted in Bamako reveals that out of 843 patients admitted to the infectious and tropical diseases department, 45 cases of discharge against medical advice and 7 cases of discharge without medical advice (escapes) were recorded, representing 6.2% of hospitalized patients. An assessment of hospitalizations in 2023 in the medical department of Gabriel Touré Hospital recorded 22 cases of abandonment, representing 2.87%, and 15 cases of escape, representing 1.96%. The main reason for escapes was insufficient financial resources (90%). In 82.7% of cases, the decision to leave was made by a relative; the patient themselves decided to leave in only 17.3% of cases [5].

In the DRC, the working population represents 40% and rural areas remain even more densely populated. It is classified as a poor country, with a health system that still depends heavily on funding from multilateral and bilateral donors and non-governmental organizations, as 71.3% of the population remains in poverty while population growth stands at around 3.1% [6, 7].

In South Kivu Province, patient absconding is becoming commonplace at the Kavumu Hospital Centre in Karanda, in the Kabare Territory. Approximately 27.5% of women, most of whom are left alone with their children and abandoned by husbands who have left in search of money, are said to be most affected by this situation. A total of 129 cases of escape were recorded in 2021 alone. These escapes also cause economic losses to the hospital; they have resulted in a loss of income of more than US\$4,000, which is detrimental to the proper functioning of the hospital [8].

It is well known that patients absconding from hospitals, especially in developing countries, is a serious obstacle to the self-financing of financial resources. The Kabondo General Reference Hospital is no exception to this reality. Patients are increasingly leaving healthcare facilities surreptitiously, without the knowledge of healthcare staff and without paying their medical bills. This represents a loss for the hospital, which is seeking to mobilize more resources. The recovery of medical costs in healthcare facilities is a serious problem that undermines the entire Congolese healthcare system. Hospitals are finding it increasingly difficult to recover medical bills after providing care to patients, due to a significant increase in the number of hospitalized patients absconding.

This study appears to be the first of its kind in Kisangani in the province of Tshopo in general and at the Kabondo General Reference Hospital in particular. It was initiated with the aim of determining the factors associated with the evasion of hospitalized patients and their impact on the mobilization of the hospital's financial resources.

The main objective of this study is to contribute to reducing the number of cases of patients absconding from public hospitals in Kisangani with a view to improving the cash-flow situation of these hospitals. Specifically, the study aims to identify the factors associated with the escape of patients hospitalized at Kabondo General Referral Hospital; highlight the impact of the escape of hospitalized patients on the hospital's revenue mobilization; and demonstrate the mechanism put in place by the hospital to prevent the escape of hospitalized patients.

## **2. Methods**

### **2.1. Materials**

#### *2.1.1. Study setting*

This study was conducted at Kabondo General Reference Hospital, a public health facility located in the Artisanal Quarter of Makiso commune, at Avenue Mabruki No. 16, Tshopo Province, in The Democratic Republic of Congo. According to its geolocation, Kabondo General Reference Hospital is bordered to the east by Avenue Mabrouck on the main road connecting the municipality of Kisangani and the municipality of Kabondo; to the west by the Marist Brothers'

concession, the grounds of Mwangaza Primary School and the main road leading to Saint Camille Parish; to the north by Kalindula Primary School; and to the south by Kalindula Institute and the main road leading to Bangboka International Airport.

## 2.2. Methods

### 2.2.1. Type of study

The method is the set of intellectual operations by which a researcher or even a discipline seeks to achieve, demonstrate and verify the truths it pursues. The method is made possible by appropriate techniques for demonstrating the phenomenon under study. For this study, we opted for a descriptive cross-sectional approach, conducted at the Kabondo General Reference Hospital over a period from March 15 to June 30, 2025.

### 2.2.2. Study population and sample

In our case, the study population consisted of all staff working at Kabondo General Referral Hospital during the period from March 15 to June 30, 2025. This is a finite population consisting of 77 staff members (including administrative, paramedical and medical personnel).

### 2.2.3. Data collection technique

The technique we used to collect data was a semi-structured direct interview with staff on duty at Kabondo General Reference Hospital to gather information on patient absconding. A semi-structured direct interview is a systematic approach to interviewing, mainly used in recruitment, where all respondents are asked the same questions in the same order and are assessed according to the same predefined criteria. Using standardized questions, all questions are prepared in advance and asked of each respondent in the same way.

### 2.2.4. Data processing technique

The collected data were grouped into absolute frequency tables, then converted into percentages using SPSS software, version 2021, for univariate analysis.

## 2.3. Ethical considerations

Participation in this study was voluntary. Consent was freely given, informed, but only verbal. Respondents were informed that if they agreed to participate in this study, they would be asked to complete a questionnaire. Respondents who freely agreed to be recruited could withdraw from the study at any time without prejudice.

## 3. Result

### 3.1. Sociodemographic characteristics of the subjects in the study

**Table 1** Distribution of study subjects according to sociodemographic characteristics

Variables	n=77	%
Age groups (years)		
28 – 35	24	31.2
36 – 43	30	38.9
44 – 51	12	15.6
52 – 59	11	14.3
Gender		
Female	42	54.5
Male	35	45.5
Seniority (years)		
2 – 12	60	77.9

13 – 23	13	16.9
24 – 34	4	5.2
Staff category		
Paramedical staff	43	55.8
Administrative staff	30	39.0
Medical staff	4	5.2

This table shows that the age of the subjects studied ranges from 28 to 59 years old; the 36 to 43 age group is the most represented with 30 subjects studied, or 38.9%. Most are female (54.5%), compared to 45.5% male. The majority of subjects in the study, 77.9%, had between 2 and 12 years of professional experience, and 55.8% were paramedical staff, followed by administrative staff with 30 employees, or 39.0%, and medical staff with 4 employees, or 5.2%.

### 3.2. Factors determining patient absconding and their impact on the mobilization of financial resources in hospitals

**Table 2** Distribution according to factors determining patient evasion and their impact on the mobilization of financial resources in hospitals

Variables	n=77	%
Existence of evasion		
Yes	68	88.3
No	9	11.7
Perception of patient absconding		
The act of a patient leaving hospital without the knowledge of medical staff and without paying their hospital bill.	48	62.3
A hospitalized patient leaving without paying their medical bill.	29	37.7
Existence of a security service		
Yes	77	100
No	0	0.0
Hospital security service		
Gate security service	48	62.3
Kafakis Security Team	29	37.7
Factors associated with patient absconding		
Lack of financial resources	58	75.3
Lack of social support	8	10.4
Poor quality of care	6	7.8
Hospital environment	3	3.9
Patient's psychiatric history	2	2.6
Characteristics of escaped patients		
Indigent patients	68	88.3
Mentally ill patients	7	9.1
Social cases	2	2.6
Impact of evasion on revenue mobilization		

Loss of revenue	50	64.9
Shortfall in revenue	21	27.3
Financial deficit	3	3.9
Patient insolvency	3	3.9
Consequence of evasion		
Loss of earnings	50	64.9
Loss of revenue	22	28.6
Cash-flow deficit	5	6.5
Healthcare pricing model		
Flat-rate pricing	75	97.4
Pay-per-service pricing	2	2.6
Strategy to prevent patients from leaving without authorisation		
Organise hospital security and on-call services	52	67.5
Reduce healthcare costs to promote access to healthcare	16	20.8
Train staff on patient safety	6	7.8
Prohibit patients from leaving without a discharge note	3	3.9

This table shows that 88.3% of the subjects studied acknowledge the existence of patient absconding at Kabondo General Referral Hospital, 62.3% consider patient escape to be the act of a patient leaving the hospital without the knowledge of the nursing staff and without paying their hospital bill. All subjects in the study, i.e. 100.0%, unanimously confirm the existence of a hospital security service, and 62.3% indicate that hospital security is provided by the gate guard service. Furthermore, 75.3% of the subjects in the study indicated that lack of financial means is the main factor associated with patient escape, and 88.3% indicated that the majority of escape cases involve indigent patients.

It should also be noted that 64.9% of the subjects agreed that patient escape has a negative impact on revenue mobilization due to loss of income, and that escape results in a shortfall in revenue (27.3%). 64.9% believe that loss of revenue is the main consequence of patient evasion, and among the strategies for preventing patient evasion, 67.5% propose organizing hospital security and guard services, followed by reducing the cost of care to promote access to healthcare (20.8%).

## 4. Discussion

### 4.1. Existence of escapes

The majority of respondents, 88.3%, confirmed the existence of escapes at The General Referral Hospital of Kabondo, compared with 11.7% who denied it. According to Sanogo, Y [2], from 1 March 2009 to 28 February 2010, 303 cases of treatment abandonment and 89 cases of escape were recorded at the Sikasso EPH. The majority of patients resided in the Sikasso district, i.e. 87.7%. The main reason for patients abandoning treatment and escaping was lack of financial means; 76% could no longer afford their treatment. The problem of hospitalized patients absconding affects all countries worldwide to varying degrees and all sectors of medicine. It is with this in mind that we are conducting a study on the factors associated with hospitalized patients absconding and their impact on hospital revenue mobilization.

### 4.2. Perception of patient escape

It appears that the majority of subjects in the study, 62.3%, consider patient escape to be the act of a patient leaving the hospital without the knowledge of the nursing staff and without paying the hospital bill, compared to 37.7% who perceive it as the escape of a hospitalized patient without paying the bill for their care. The perception of healthcare staff regarding patient escape from hospital is generally influenced by several factors related to their workload, working conditions, relationship with patients, and organizational constraints. Although the available documents do not

specifically address “patient absconding” as a separate topic, they do highlight several relevant factors concerning healthcare staff’s perspective on situations that could encourage or be linked to such absconding [5].

Healthcare staff are often faced with excessive workloads, stress and fatigue, which can affect their vigilance or availability to closely monitor certain patients at risk of escape. This excessive workload can also impact the quality of the caregiver-patient relationship, in which communication and listening play a crucial role. Caregivers who are unavailable or stressed may pay less attention to patients’ needs, thereby creating situations in which certain patients seek to escape or circumvent the rules.

Healthcare staff often perceive their tasks as a duality between the need to provide technical care and managing relational aspects, yet a relationship of trust with the patient is crucial in preventing absconding or escape. Sometimes, institutional tensions or breakdowns in communication between caregivers and patients can exacerbate patient dissatisfaction or mistrust, which could be a factor in some cases of escape. Caregivers also work in an environment where security constraints, sometimes perceived as restrictive, add to their responsibilities, complementing the work of security personnel whose role is primarily preventive and reactive to escape attempts.

Caregivers’ perceptions of patient escape are influenced by the complexity of their tasks, often under intense pressure, where preventing escape requires a delicate balance between quality of care, supervision, communication and organizational conditions. Effective prevention of such situations therefore requires not only stronger security measures, but also greater consideration of the needs and well-being of the caregivers themselves.

#### **4.3. Existence of a hospital security service**

The results of this study show that all subjects, i.e. 100.0%, unanimously confirm the existence of a hospital security service, with 62.3% indicating the gate security service, compared to 37.7% who indicate the Kafakis security team. According to Yao E [9], there is indeed a security service or system in place at the hospital, one of whose main tasks is to prevent patients from escaping. This security service is generally permanent, vigilant, and responsible for strictly controlling the flow of people entering and leaving hospital facilities to prevent unauthorized departures by patients.

Several sources emphasize that the establishment of such a security service is a recommended measure in the management of escapes, particularly in contexts where this phenomenon is problematic. This service may include close monitoring of patients at risk of escape, control of access to hospital services, collaboration with nursing staff to identify vulnerable patients or those likely to escape, the imposition of disciplinary sanctions in cases of complicity with escaped patients, and the presence of physical devices such as fences and checkpoints [10]. The role of a hospital security service is multifaceted and essential to ensuring the safety of patients, staff and visitors, as well as the protection of property and infrastructure. Its main tasks include controlling and screening access, constantly monitoring the premises, responding quickly to incidents, protecting medical equipment, assisting and guiding the public, implementing and enforcing internal security procedures, collaborating with law enforcement agencies, and participating in alert and prevention systems [11].

We believe that the actions carried out by the hospital security service aim to ensure a secure environment, prevent risks and patient escapes, reassure patients and staff, and enable the smooth running of healthcare establishments. This organization aims to reduce escapes, which are a ‘serious handicap’ for hospitals, impacting in particular financial management and the quality of care. The fight against patient absconding is often part of the role assigned to hospital security services, in close collaboration with healthcare staff, as part of an overall strategy for patient safety and care.

#### **4.4. Factors associated with patient absconding**

It appears that 75.3% of the subjects in the study indicate that lack of financial means is the main factor associated with patient absconding, followed respectively by lack of social support (10.4%), poor quality of care (7.8%), the hospital environment (3.9%) and the patient’s psychiatric history. According to Loukou B. Yao & al [12], there are various factors that determine why patients leave hospital, but several studies point to a number of major causes: lack of financial resources (this is the main factor most often cited. Many patients can no longer afford treatment or hospitalization costs, which forces them to abandon treatment or escape). Dissatisfaction with healthcare staff should also be noted (some patients perceive negligent or aggressive behavior, as well as bad practices such as extortion or illegal billing in certain departments, which can encourage escape) .

According to Lekani GT [13], socio-economic and demographic factors also determine patient absconding. Indeed, the majority of patients who abscond may come from disadvantaged backgrounds, be illiterate, or belong to certain age groups (for example, a high proportion are children aged 0 to 10). Organizational and hospital conditions can also be

added to this list: an unsuitable hospital environment, a lack of confidentiality, or poor clinical care can exacerbate patients' feelings of frustration or insecurity, prompting some to abscond. There are also cultural factors and beliefs (in some cases, trust in traditional medicine or religious beliefs may lead some patients to interrupt their hospital treatment prematurely).

According to Banze JL, Kabemba H, et al [3], the phenomenon of escape, often linked to the poverty of patients unable to pay their hospital fees, puts additional pressure on the mobilization of hospital resources. He stresses the need for a comprehensive strategy that includes enhanced security measures, financial relief for indigent patients, and the involvement of authorities and local populations to reduce this deficit.

In our opinion, patient absconding from hospital is mainly determined by financial constraints, dissatisfaction with the quality of care and staff behavior, as well as social and organizational factors. A comprehensive approach that takes these various elements into account is necessary to effectively prevent this phenomenon.

#### **4.5. Characteristics of escaped patients**

According to respondents, the majority of escape cases involve indigent patients (88.3%). In Brazzaville, Makaya R [10] reported that the majority of escape cases in hospitals involve indigent patients who lack the money to pay their medical bills. According to Sanogo Y. [2], based on a study at Sikasso Hospital, the main category of escaped patients in hospitals are children aged 0 to 10, representing approximately 41.9% of escape cases. The average age of escaped patients is 23, with males predominating (61.2%) among these patients. In terms of distribution by hospital department, 38.77% of escaped patients came from the pediatric department. Escaped patients are mainly children and young patients (aged 0-10), predominantly male, often from urban areas close to the hospital, belonging to modest socio-economic categories (e.g. farmers, housewives), with a significant proportion coming from the paediatric ward.

This concentration among young and vulnerable populations reflects socio-economic factors and care specific to this group. These data enable better targeting of measures to prevent escape from hospitals.

#### **4.6. Impact of evasion on revenue mobilization**

Patient evasion in hospitals can have either a positive or negative impact on revenue mobilization. In this series, we found that 64.9% of the subjects studied agree that patient evasion has a negative impact on revenue mobilization due to the loss of income. In Sikasso, Sanogo Y. [2] found that evasion results in a shortfall in revenue (67.3%), and in Brazzaville, Makaya, R [10] reports a financial deficit and patient insolvency in 59.3% of cases. According to Banze JL, Kabemba H, & al [3], patient absconding from hospital has a significant impact on the revenue mobilization of healthcare facilities. For example, a study conducted at the Manono General Reference Hospital in the Democratic Republic of Congo showed that 6.2% of hospitalized patients absconded, resulting in a financial loss estimated at approximately 6.5% of total hospitalization revenues, or a deficit of USD 1,858 out of USD 28,650 during the study period.

This financial loss is a serious handicap in the hospital's quest for financial autonomy, directly affecting its ability to cover essential running costs, such as staff salaries and the purchase of supplies, medicines and reagents for biomedical analyses. As a result, annual budgetary targets are compromised, which can adversely affect overall operations and the quality of care. The deficit caused by patient absconding therefore affects not only the hospital's immediate cash flow, but also its ability to maintain an effective and accessible health service, especially in contexts where financial resources are already limited. Patient evasion, often linked to personal financial difficulties, puts additional pressure on hospital management, highlighting the need for enhanced security measures, financial relief for the poor, and active involvement of local authorities and populations to reduce these losses [10].

In our opinion, patient evasion results in a direct loss of revenue for the hospital, compromising its financial health and its ability to provide quality service, which requires concerted action to limit this phenomenon.

#### **4.7. Consequences of absconding on the mobilization of financial resources**

Analysis of this table reveals that 64.9% of the subjects studied believe that patient absconding results in lost earnings, loss of income (28.6%) and cash-flow deficits (6.5%). Patient evasion in hospitals has major financial consequences, including a direct loss of revenue for the healthcare facility. This deficit compromises the hospital's quest for financial autonomy and affects its ability to cover its essential running costs, including staff salaries and the purchase of supplies, medicines and reagents for biomedical analyses. These financial losses reduce the hospital's cash-flow and compromise the achievement of annual budgetary objectives, leading to operational difficulties that can adversely affect the quality of care and the overall functioning of the facility [3].

We believe that the financial consequences of patient evasion are a serious handicap that negatively impacts the mobilization of hospital resources, compromising the economic viability and quality of health services.

#### **4.8. Healthcare pricing model**

The results of this study show that 97.4% of the subjects studied indicated a flat-rate pricing model. According to Manzambi KJ, & al [6], the relationship between the method of healthcare pricing and patient evasion in hospitals is mainly linked to patients' financial difficulties in covering hospitalization costs. Several sources indicate that the method of payment for healthcare, often based on direct billing to patients, can encourage evasion when patients are insolvent or unable to pay. This situation leads some patients, particularly those from low-income backgrounds, to leave the hospital secretly without paying their bills, which is a form of evasion. Several points emerge from the analysis that lack of financial means is the primary cause of patient evasion, with insolvent patients fleeing to avoid hospitalization costs; Poor pricing and billing practices, such as illegal extortion, illicit billing, or the unauthorized sale of medicines, exacerbate this dissatisfaction and encourage evasion [12].

For its part, Cuma J. [8], a pricing system that is not adapted to local poverty limits access to care for a significant portion of the population, thereby reinforcing the phenomenon of evasion. In some contexts, flat-rate or 'activity-based' pricing can change the way resources are allocated, but without financial relief measures reserved for the indigent, this can continue to generate unpaid bills and encourage evasion.

To limit evasion, it is recommended that an appropriate financial relief system be put in place, along with better management of cost recovery and enhanced security measures. We believe that a healthcare pricing model based strictly on direct payments and not adapted to patients' financial capacity contributes significantly to patient evasion. A balanced hospital pricing system, which includes mechanisms to support poor patients and combat bad pricing practices, is necessary to reduce this phenomenon and improve the mobilization of hospital revenue.

#### **4.9. Strategy to prevent patient evasion**

It appears that 67.5% of the subjects in the study propose organizing hospital security and guard services as a strategy to prevent patient evasion, followed by reducing healthcare costs to promote access to healthcare (20.8%), staff training on patient safety (7.8%) and prohibiting discharge without a discharge note (3.9%).

According to Drouin, P. [14], strategies for preventing patients from escaping from hospital are based on a comprehensive approach combining several organizational, security and relational measures, including strengthening physical security and access control, and close collaboration between healthcare staff and security teams (healthcare staff, who are on the front line with patients, must identify patients at risk, ensure appropriate monitoring, and report any abnormal situations). Security plays a complementary role by preventing unauthorized departures and intervening quickly in the event of an escape attempt. It is also necessary to improve the working conditions of healthcare staff (by reducing work overload, offering training in emotional management and compassionate communication, and promoting participatory management, vigilance and the quality of the caregiver-patient relationship are improved, which helps to reduce escape behavior) [15].

For Kabinda MJ, & al [16], the mechanism to be put in place to combat patient escape from hospital may include a system of financial relief and measures to combat unfair pricing practices (adapting hospital pricing to take into account patients' financial capacities, avoiding abusive or illegal billing, and thus reducing the main cause of escape linked to payment difficulties), and the establishment of a patient safety culture (promoting a team culture where each member is empowered to prevent incidents, including absconding, and encouraging the reporting and management of risky situations in order to learn and improve prevention measures).

Preventing patient absconding requires coordinated action that integrates enhanced security, improved working conditions, careful relationship management, and appropriate financial measures to reduce risks and ensure a safe and caring hospital environment. The establishment of a vigilant security service responsible for rigorously monitoring entrances and exits, conducting regular patrols, checking people's identities, and detecting any attempts to escape or suspicious behavior. This sometimes includes the installation of physical devices such as fences and checkpoints [17].

More specifically, it is recommended that hospital managers implement measures including a permanent and vigilant security service responsible for rigorously controlling the flow of people entering and leaving hospitals, disciplinary sanctions against healthcare staff involved in aiding and abetting escaped patients, and the provision of competent and trained healthcare staff to ensure good clinical care that promotes respect for and monitoring of patients.



## 5. Conclusion

The escape of patients from healthcare facilities is a common phenomenon with negative consequences for revenue generation, which can have a negative impact on the smooth running of the hospital.

It is important that efforts be made to reduce or even prevent the escape of hospitalized patients. Given that most patients live in poverty, priority should be given to combating social inequalities, consulting and involving political, administrative and traditional authorities in the joint management of hospitals, and mobilizing the population to change their mindset. Emphasis must be placed on the consequences of patient absconding on the health of those receiving care and the functioning of the hospital.

## Compliance with ethical standards

### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

### *Contribution of authors*

Prudent BOTIMBA LOMANYA designed and carried out the data collection, while the other panel members contributed by entering, formatting and processing the text.

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