

The Challenges and Problems Posed by Patient Absconding from Teaching Hospitals in Kerman: A Qualitative Study

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Abstract

Background Patient absconding from hospital is one of the permanent crises the hospital face which poses many risks and challenges to the patient, hospital and society. Considering the importance of this subject and numerous problems caused by this phenomenon in the hospitals, the present study aimed to identify the challenges and problems of patient absconding behavior for teaching hospitals of Kerman university of medical sciences.

Methods The present study is a qualitative study which was conducted using purposive sampling through semi structured interviews with 63 informants involved in patient treatment process. Data were analyzed using Collaizi content analysis method.

Results Two main themes of economic and social factors, and factors related to the hospital covering 36 subthemes were identified to explain the challenges and obstacles of patients absconding behavior. Also, three subthemes of problems for staff, patient and hospital were identified as problems resulted from patient absconding behavior.

Conclusion There are many challenges and obstacles to decrease patient absconding from hospitals, and one of the main challenges is the patients' economic and social problems. The absconding behavior can lead to harm and problems for the patient, and some emotional and occupational consequences for the employees and nurses. Paying attention to this issue and considering some courses of action to prevent patient absconding can lead to a considerable increase in the public trust and eliminate many problems for hospitals.

Background

The hospitals are one of the main elements of the healthcare system such that no health system can operate on its own without the participation and support of the hospitals [1]. However, the hospitals face many problems and challenges. One of these challenges that are less paid attention to is the patient absconding from hospital. The patient absconding from hospital is one of the important health and security problems facing the health systems [2, 3].

Patient absconding behavior is defined as the patient leaving the hospital without informing staff and before completing the courses of treatment and paying up their medical bills which may put them and others at risk [4]. The main reasons for patient absconding may stem from fatigue and hopelessness, inability to pay medical costs, intolerance of hospital, overdose of drugs, addiction and poisoning, drinking of alcoholic drinks, treatment failure, behavioral disorders, unemployment and receiving unpleasant news [5]. This behavior can pose many risks including longer recovering process or uncompleted treatment [6]. Also, it leads to an increase in the hospital expenses and those of the society. For instance, in a study conducted in 2015 in the emergency department of one of the hospitals in Iran, the average medical expenses to be paid by each absconded patient was estimated at about 1.500.000 Rials[1], and the total loss made to the hospital was estimated at about 1.100.000.000 Rials [7].

On the other hand, the patients who abscond the emergency departments of the hospitals are often considered as a great crisis and problem for the treatment staff such that the staff must always seek the best actions to prevent these behaviors. Thus, some extra responsibility and workload are created for some individuals such as the health wards supervisors, hospital managers, security guard of the hospitals [8].

In many studies conducted around the world, the rate of patient absconding from hospital has been reported as 2.5% to 34% most of which has been reported from the psychiatric units [9]. Also, in a study conducted in Iran, the rate of patient absconding from the emergency department of general hospitals has been reported about 2.4% [7]. Considering the studies that have been conducted in other countries, the greatest average rates of patient absconding from hospital were reported in America (8.92), England (6.28), India (5.58), Ireland (4.28), Iran (2.40) per 100 patients admitted to the hospitals [5]. A study conducted to investigate the patient absconding behavior from the inpatient units of a hospital in Hong Kong in 2002 showed that the addicts account for a considerable portion of the patient absconding from hospital constituting 29.3% of the total number of the absconding cases [10]. According to the results of some studies, the absconding patients were mainly male, young people, single people and addicts, and any nursing policy or strategy employed to reduce patient absconding must be aimed at these people considering the fact that most absconding behaviors are exhibited by these people [11]. According to the above-mentioned points, it can be said that the patient absconding behavior is an important issue in risk management on the part of the hospital which creates some economic, social, legal challenges to and consequences for the hospital, and also involves the hospital managers and staff in a new responsibility and task. Thus, it is necessary to conduct the present study considering the critical situation of the hospitals and the existence of patient absconding as a serious crisis for the health system, and the paucity of relevant studies on this issue. Accordingly, the present study was conducted to investigate the challenges of patient absconding from three teaching hospitals of Kerman University of Medical Sciences.

[1] - Official currency of Islamic Republic of Iran, each US\$ equaled 120000 rials at the time of present study

Method

The present study is a phenomenological qualitative study which was conducted through semi structured interviews with informants. The phenomenological research includes a set of interpretive methods seeking to investigate and describe the experiences of the people with a phenomenon [12]. The informants were selected from people who were in connection with or involved in patient absconding behavior like the managers, physicians, nurses, patients carriers, security guards and social workers from 4 teaching hospitals (table 1). Accordingly, the people with a working experience of more than 5 years in the hospital who were willing to participate in the study were entered into the study. Also, snowball

sampling was used to complete the interview and to identify more informants. The interview was conducted with the staff of private hospitals to investigate this issue more deeply and comprehensively. Interview guide which was first drafted by reviewing related literature() and finalized by research team after several discussions was used for data collection. All interviews were conducted in the workplace of the participants. The interview was recorded with the written consent of the participants prior to the interview, and in cases where the interviewees did not agree to record the interview, the interview was written down. Each interview lasted for 20-40 minutes. Then, the interviews were transcribed, coded and initially analyzed.

Table 1. Profile of interview participants

Interviewees	Number	Job Interviews
Managers	4	Hospital Presidency and Executive Management
Physicians	4	Hospitals physicians
Nurses and staff	44	Clinical and Educational Supervision
		Hospital metrones
		Supervisors from different parts of hospitals
		Expert on Quality Improvement Office and Expert Committee
Social workers	4	Master social workers
Security	4	Hospitals Security and Security Department
Patient career	3	Hospital's patient career

Colaizzi's content analysis was used to analyze the qualitative [13]: At first, all interviews were transcribed and reviewed several times. In the next stage, the texts were read several times and the important points were underlined to be distinguished from other parts. Then, the important sections were broken into the smallest meaningful units. In the following stage, the less related or irrelevant data were eliminated. The themes were placed in some groups according to their frequency and meaning where name of the groups indicated the content of the group and the purpose of the participants. The groups were reviewed several times and the similar groups were combined. Finally, the researchers agreed upon the meaning of the data and what appeared as the themes and subthemes, contents and their names. No special software was used to carry out these stages and all stages were carried out manually. The initial framework included 2 Themes concerning the challenges and obstacles, 2 themes concerning the courses of action and 1 theme concerning the identification of the created problems that remained unchanged. However, the subgroups of each of these components underwent fundamental changes. In the findings section, the letter "P" along with a number indicates the participant who has been quoted.

To ensure validity and reliability of the study, Lincoln and Guba criteria consisting the following steps was used:

The analysis of the qualitative data was carried out using Lincoln & Guba method. For this purpose, four criteria including credibility, dependability, confirmability and transferability were considered to evaluate the results [14]. The following tasks were carried out to achieve each one of these criteria.

Credit: Spending sufficient time to collect and analyze the data to improve the credit of findings. Thus, the questions of the interview were examined in terms of content through the exchange of research members' views and according to the valid papers. Also, the interviews were transcribed and coded, and they were reviewed and finalized by the members of the research team.

Transferability: the purposive sampling was used to achieve this criterion, and it was achieved through selecting the informed and expert interviewees.

Dependability: All details of the interviews were recorded and coded accurately through the confirmation and review of the members of the research team, and the final codes were extracted.

Confirmability: The interviews were transcribed, and the documents of research process are available.

The collected information was saturated in the sixty-third interview; thus, the interviews stopped in this stage. The reason for the greater number of interviews is the deeper investigation and achieving greater number of challenges in connection with the research topic.

Results

In the present study, two Themes and 36 subthemes were identified explaining the challenges and obstacles relating to patient absconding behavior (tables 2 and 3).

First class: Economic and social factors

This section consists of the economic and social factors relating to the challenges and obstacles posed by patient absconding from teaching hospitals in Kerman where 11 subthemes were identified (Table 2).

Table 2. Themes explaining patient absconding behavior

Themes	Subthemes
Lack of insurance coverage	Lack of insurance coverage and impossibility of insuring some patients specially the rough sleepers (New act of Iran's Health Insurance)
	Lack of insurance coverage for the patients admitted for struggle, and having to pay the expenses not paid by the insurer
	Not providing complete insurance support for the trauma patients
	Problem of inability to pay the medical costs
Problems of accepting the foreigners	Large number of foreign nationals
	High expenses and lack of insurance for foreigner or illegal immigrants
Social problems and patient behavior problems	Addiction and its treatment process
	Illegitimate pregnancy
	Not identifying the patient's identity, and patient's families ignorance of the patient's conditions
	Poisoning and suicides
	Compulsory hospitalization and lack of support of the family

Lack of health insurance was one of the most important factors which contributed in patient absconding behavior. In this regard some of participants believed “ *The patients do not have health insurance coverage*” (P.3). “ *The main reason for the patient absconding is that they do not have insurance and cannot afford to pay for the medical expenses*” (P.1).

Even in many cases and in spite of the health insurance coverage, the patients could not pay the medical expenses because of not receiving a complete support and appropriate insurance coverage, and they absconded the hospital without paying for the medical bills. One of the participants in the study stated that: “ *Some patients need an immediate and emergency treatment including the cases of suicide and struggles whose costs create some problems for the hospitals where these patients have to pay for the medical expenses that are not paid by the insurer; however, they usually abscond without paying for the costs. As for the trauma patients who cannot afford to pay the overhead costs, the costs are very high while they have no supporting insurance coverage so that they become more willing to abscond*” (P. 42).

Also, there was fewer absconding behavior in some hospitals as they were compensated by the social works department in this regard an interviewee believed: “ *In our hospital that is a psychiatric hospital, most of the problems relating to the payment of the medical bills is solved through social work. Therefore, there is no absconding patient here because of the treatment costs*” (P.8). Or another participants stated that “ *The inpatients in this psychiatric hospital do not have any financial problem because the social work solves their problems*” (P.10).

The admission of foreigners by some hospitals for the high costs of treatment and lack of insurance coverage have created many problems which have led to absconding of these patients without paying for the medical bills in some cases. In this regard, the participants in the study stated that: “ *The patient absconding from our hospital are foreign patients whose medical expenses are very high and cannot pay their medical bills*” (P.46). “ *The illegal immigrants are not insured by any insurance company, so they are very willing to abscond and there are a many of these patients*” (P.42).

The patients’ absconding is a deviant behavior where many factors can lead to such a behavior. Most of these factors may relate to the behaviors of the patients themselves. Another group of participants in the study pointed out these social and behavioral problems: “ *The people who do not like to leave any record about them like the people who have committed suicide. Some absconding patients face legal obstacles to their discharge where their parents must give their consent to the discharge of these patients, where it is a suicide case and these patients do not like others to know about this*” (P.1). “ *Some absconding patients have social problems or they are addicted or they have social and family problems*” (P.26). “ *Most of the patients have mental problems and cannot stand the treatment process*” (P.48).

In one of the studied hospitals, the participants pointed out two social problems that were the main reasons for the patient absconding from hospital: “ *The reason for the most of patient absconding cases is poisoning, the patients who commit suicide and can be taken to the hospital abscond mostly for the*

social problems” (P.62). “ Our greatest problem is the illegitimate pregnancy where the mother leaves the baby somewhere and abscond. This imposes many legal problems and costs on the hospitals, and we spend much time to address these cases” (P.63).

A group of participants pointed out some social and behavioral problems of the patient absconding from psychiatric hospitals that were a little different from those of the patients of other hospitals. Most of these patients do not accept that they are ill, and the families hospitalize them against their will, and sometimes they do not return to take back their patients. Also, the patients become restless and impatient, and they do not like to stay in the hospitals, so they seek to abscond. Also, some regulations and limitations imposed by the psychiatric hospitals can lead to patient absconding in the participants’ view. In this regard, one of the participants stated that: *“ The patients abscond for a series of limitations imposed on them that they do not consider to be legal, some of these limitations include ban of smoking, drug abuse etc.” (P.8).*

Factors relating to the hospital

In the present study, the absconding challenges associated with hospital were identified in 7 main class and 26 subclass (Table 3).

Table 3. Hospital related factors affecting patient absconding behavior

Main class	Subclass
Weak supervision and control	Shortage of security guards and high work load and lack of proper training
	Weakness of the security guard systems and their improper performance
	Improper control of the inputs and outputs
	Not identifying and controlling the patients who intend to abscond
	Lack of cooperation on the part of the security guards and nurses in controlling and monitoring the patients
	The hospital security guard not being equipped with the necessary instruments
Lack of education and notification	Not being aware of the treatment costs and processes
	Not providing the costs for training the patients and families
	The misperception of the hospital services to be provided for free
Patients' dissatisfaction	Inappropriate behavior and disrespect towards the patients as they are admitted to the hospital
	Lack of good relationship with the patients on the part of the doctors or nurses
	The poor performance or social work in seeking to solve the patients' problems in paying the medical expenses
	Patients' satisfaction with the hospital facilities and conditions
Lack of work commitment	Inattention and irresponsibility of the staff concerning the patient absconding
	Lack of extra organizational coordination concerning patient absconding
	Lack of coordination and not discharging the duties of partner organizations
Problems of discharge process	Long discharge process and patient's impatience at the long process
	Not discharging the mentally ill patient from the non-psychiatric hospital
	Not discharging the patients immediately at the appropriate time and certain times (not addressing the patient's case immediately)
Lack of the special process for addressing the patient absconding	Lack of relevant law and executive courses of action to deal with patients absconding
	Lack of a certain process to address the process of patient absconding
	Lack of a certain measure and method of investigating the hospital performance
Physical environment of the hospital	Multiple doors and different sections in the hospitals that are widely spread out
	Extensiveness of volume of physical resources and lack of appropriate physical conditions of the hospitals
	Lack of a separate psychiatric ward for the hospital
	Lack of windows railings of the hospitals

The security guard of the hospital has an important duty to enforce law in the hospitals. It is difficult to control and supervise the hospital due to environmental conditions and large number of clients where sometimes these staff face problems in doing their duties, and sometimes the inattention or perhaps the slacking on the part of the security guard leads to the less control and supervision in the hospitals. In this regard, some participants believed that: *"Nurses' carelessness can be one of the factors involved in patients absconding, and the inattention on the part of the security guard is another factor in this regard"* (m.51). *"The entrance and exit of the hospital is not controlled, so the patients feel that they can easily abscond, so the security of the hospital diminishes"* (m.26). Also, some other participants pointed out the shortage of security guards in the wards, as a result, the decrease in control and supervision in the hospitals: *"There is not enough security guards in the hospital, if there were more security guards, there would be a greater watching and guarding"* (m.8). *"There is a smaller number of security guards in the hospital and they do not discharge their duties properly"* (m.35).

Low knowledge of the patients and their companions on the health related issues and hospital costs was identified as another factor contributing in patients absconding behavior. In this regard, some participants stated: *"Not being informed and educated is one of the factors involved in patients absconding"* (m.27). *"The patients struggle with the hospital because of not being informed of the importance of treatment continuity"* (m.2). Moreover, other participants believed: *"Most people are not informed of the medical costs, administrative process and patients health record that is used for paying off the medical bills"* (m.31). *"The main factors involved in patient absconding is the lack of notification of the costs"* (m.53). *"The patients are not informed enough, if we inform the patients and their companions, this decreases the dissatisfaction and it also decreases the patients absconding. The patient absconding somewhat stems from avoiding to pay the medical bills, and the patients' conversation with the social workers and informing the patients and explaining to them about the discounts can prove effective in this regard"* (m.28).

With regard to the participants' views, there is no process of addressing the patient absconding completely and clearly in the hospitals. Therefore, the effective planning, coordination and actions are not conducted well to decrease this problem in the hospitals. In this regard, some participants stated that: *"There must be regulations to enable us to deal with the absconding patients and address their cases more effectively"* (m.46). *"There is no appropriate process for this, neither the security guard nor the supervisors of the wards do not shoulder the responsibilities, also the lack of cooperation and coordination between the security guard and nurses are one of the effective factors contributing in patients absconding"* (m.62).

The hospitals have some extensive in terms of environmental conditions to be able to provide a wide range of services and activities. The existence of different wards, the crowdedness of the wards and numerous doors in the hospitals decreases the ability to control and supervise the hospital properly, and this makes it possible for some patients to abscond from the hospitals. In this regard, one of the participants believed that: *"The dispersion of the wards and numerous doors in the hospitals can be a cause for the patients absconding"* (m.1).

According to the findings of the present study on the identification of the problems connected with the patients absconding, three main class of problems (problems created for the hospital, patients and staff) and 13 subclasses were identified (Table 4).

Table 4. Relationship between the main classes and subclasses of the problems created by patient absconding

Main class	Subclass
The problems created for the hospital	Unpaid and uncompensated medical expenses and increasing the financial burden to be incurred by the hospital
	Creating responsibility for the hospital
	Legal problems for the hospital in case of any damage to the absconding patient
	Distrust to the treatment in the hospital
	Disrepute for the hospital
The problems created for the patient	Providing incomplete treatment or the aggravation of the disease after the recovery
	Creating stress and concern for the patients' families
	Legal and judicial problems
	Damaging oneself or others
The problems created for the staff	Wasting the time of the staff, specially the time of nurses and security guards
	Making the staff concerned and stressful
	Probability of deducting from the staff salaries or merit pays
	Probability of physical altercation and beating the staff

In the section allocated to the problems created for the hospital, the participants have pointed out the expense problems, legal liability and undesirable performance indicator. The participants believed that: *"The large number of absconding patients is not considered to be a good feature for the hospitals"* (m.20). *"This is not considered to be a desirable index for the hospitals, and it does us some damage in terms of security and financially. Most of the absconding patients are the ones who stay in the hospitals for a long time and have to pay much medical costs"* (m.26).

Of course, the patients admitted to the private hospitals do not have much problem in paying the medical costs, since they are charged at the point admission. One of the participants said that: *"We do not have patient absconding in the private hospitals because they cannot afford to pay the medical bills, and we take from the patients a down payment in the private hospitals when admitting the patients"* (m.53).

The patient absconding can create many problems for the patients themselves, and in this regard most of the participants pointed out some issues including not seeking further treatment or incomplete treatment, the probability of damaging themselves and others, legal problems, stress and concerns of the patients and their families. In this regard, the interviewees said that: *"The patients who have to return to the hospitals with the same symptoms and be hospitalized must pay the same treatment costs again"* (m.37). *"The patients may damage their families and the people around them"* (m.10). *"The problem facing the patients themselves is the incomplete treatment. The problem facing the patients' families is the fear of being injured by the absconding patient and the problem created for the hospital is that the condition of the absconding patients aggravates after they return to the hospital"* (m.13).

Concerning the patients who have absconded from the psychiatric hospital under study, there were greater number of probable problems and damages. In this regard, one of the participants said that: *"The absconding patients are exposed to the risk of accidents and life hazards. The patients who abscond at night mostly come from other cities, and they may fail to reach home. Half of the families of these patients do not like them to return home at all, and the rest of the families are worried that whether their patients can return home after absconding from the hospitals or not"* (m.18).

However, some interviewees said that the patients who abscond at the time when they are to be discharged and after complete recovery, do not have much problem. One of the interviewees said: *"There will be no problem facing the absconding patients except for the fact that they will not be admitted again to the hospitals where they absconded from. This depends on the patients' awareness of the fact that whether they have been completely treated or not. However, most of the absconding patients are in the last treatment stage when they can be discharged"* (m.42).

On the other hand, the patient absconding creates further responsibility for the hospital staff and involves them in this issue and wastes their time. Also, this behavior leads to the deduction from their salaries and merit pays. In this regard, one of the interviewees said: *"Sometimes patient absconding wastes the staff time and sometimes it leads to physical altercation and beating between the absconding patients and the staff"* (m.22).

Discussion

In the present study, the challenges and obstacles facing the patient absconding from hospitals that are connected with the economic and social factors, and the factors connected with the hospital were investigated. The economic and social factors included the lack or lack of complete insurance coverage, lack of insurance support provided by the insurance companies for the patients whose problems are caused by struggles or traffic accidents, the problems concerning inability to pay the medical costs, the problems of the foreigners and the high costs they impose on the nation's health system, and patients' behavioral and social problems were determined.

In the studied hospitals, mostly the rough sleepers and the people who have been involved in struggles and the foreign nationals faced insurance problems which caused them to abscond. The increasing costs of the health system sector have increased the payments made by the people. For this purpose, the Ministry of Health implemented public health coverage as part of Health System Reform Plan in Iran, this plan has decreased the costs and the payments made by the people according to the results of the study conducted by Anisi et al. and the number of the absconding patients has decreased [15]. However, in the recent years, following the adoption of the new decisions of Iran Health Insurance on charging the people of some health insurance funds has made it difficult to implement the public insurance coverage. This problem is especially noticeable among the poor patients, rough sleepers and other disadvantaged classes. The patients taken to the hospitals for struggling, especially those taken to the emergency departments have to pay for the medical costs themselves because their injuries are not covered by the

insurance companies, and these people absconds from the hospitals in many cases because of inability to pay the medical costs.

Considering the increase in the immigration of the foreign nationals, it becomes more obvious that it is necessary to pay attention to the healthcare services provided to them. The great number of the foreign nationals in Kerman leads to the greater admission of these patients to the health centers, and considering the fact that these patients do not have any insurance coverage and the high treatments costs of these patients, the number of the foreign absconding patients has raised concerns and annoyance among the authorities and staff of the hospitals. Falkowski et al. also found out that all absconding patients under their study were the Afro-Caribbean nationals [16]. Hence, considering the preoccupations presented in the present study, the necessity of paying attention to these issues by the healthcare system policy-makers is more tangible. According to the results of the present study, one of the important factors involved in patient absconding is the inability to pay for the medical costs. Of course, this factor was less noticeable in the psychiatric hospitals in relation to other hospitals. Zarei et al. pointed out the inability of the families to pay the medical costs [7]. The study conducted by Khamniya et al. showed that the costs play a role in patient absconding [2]. The results of the mentioned study align with the results of the present study.

In the present study, the greatest behavioral and social challenges posed by the patient absconding relate to addiction and the treatment process of addiction, poisoning and suicides, not identifying the patients' identity and the patients' families not being informed of the patients, compulsory hospitalization of the patients and the lack of support of the patient's family and illegitimate pregnancy. Most of the studies have pointed out addiction and the treatment process of addiction as one of the factors involved in patients absconding. According to the studies conducted by Cochran & Mosel, most of the absconding patients used illegal drugs [17]. Also, according to the study conducted by Ajli et al. most of the absconding patients were reported to use illegal drugs [18]. A study conducted in a psychiatric hospital showed that the patients with a record of illegal drug abuse who stayed for a long time in the hospitals, were most likely to abscond and had the greatest record of absconding [3].

Poisoning and suicide were important factors involved in patient absconding in one of the studied hospitals. These patients absconded from the hospitals after receiving the healthcare services and when being transferred to the ward or at the time when the wards were crowded, because of the dissatisfaction with being transferred to the psychiatric hospitals and the fear of the stigma of mental illness or the lack of the separate ward or rooms for the psychopath in the wards.

The compulsory hospitalization and the lack of support of the patients' families were the main reasons for the patient absconding from the psychiatric hospital under study because these patients are not often informed of their illness and require to be hospitalized; however, they do not accept that they must be treated, and most of the families of these patients hospitalize their patients compulsorily. Also, in the present study, the inappropriate behavior and disrespect towards the patients were pointed out especially at time when the patients are admitted to the hospital which is an important point in admission and

hospitalization of the patients. Most of the interviewees considered the lack of the support of the patients' families and fewer cases of families visiting the patients as another reason for the patients absconding. In this regard, Mosel et al. proposed the factors of being away from the family and lack of access to and contact with the patients as one of the reasons for patient absconding [19].

The illegitimate pregnancy and the rough sleeping, as social problems, also led to patient absconding in the hospitals under study which necessitates creating social safety nets in order to reduce this type of social problems. One of the studies showed that the characteristics of the absconding patients do not differ much from those of the non-absconding patients in the control group, and this shows that the tendency to abscond from the hospitals does not exclusively relate to the behavioral and personal characteristics of the patients, but they also relate to some other factors such as the social context of the place where the patients live [20].

The results of the present study showed that the dissatisfaction with the facilities and environmental conditions of the hospital lead to the patients absconding. Some limitations such as smoking in the psychiatric hospitals and the closed areas without any recreational and happy space for these patients make them abscond. It is probable that a special motivation for absconding is generated in the psychopaths caused by hopelessness when facing with long hospitalizations and restrictions of the social freedom. According to the study conducted by Cochran et al. the psychopaths mentioned the closed environment of the hospital and creation of an anxiety-provoking environment that disturbs the psychopaths' peace as the reasons for their absconding. One of the common methods to prevent the patient absconding is locking up the doors of the wards where there is not much evidence to support this intervention [9].

The investigation into the present conditions showed that the delay in discharging the patients as they are ready to be discharged, long discharge process and lack of awareness on the part of the patients and their companions of the discharge process in some hospitals under study made the patients grow impatient which led to not passing the process, and most of these patients left the hospitals without obtaining the discharge card and completing the discharging process. These patients did not fully pay the medical bills and they could be considered as the absconding patients. Some problems in discharge process have been pointed out, in most of the studies conducted in Iran, which lead to patients and staff's dissatisfaction. Also, not being aware and lack of notification of the costs and treatment process have created the misconception that the hospital services are provided for free which is one of the secondary subjects addressed by the present study that was found to be effective in the patient absconding from the hospitals under study, though no previous study addressed this subject.

In the present study, the inattention and irresponsibility of the staff, extra organizational incoordination in discharging the duties on the part of the main partners involved in patient absconding in the form of work commitment is a challenge that has been pointed out to solve the problem of patient absconding from the hospitals. The lack of a special process to address the patients absconding, and the lack of relevant law and executive courses of action to deal with patient absconding were some important challenges in

this regard from the viewpoint of many interviewees in the study especially the security guards of the hospitals.

Another result of the present study that align with those of other studies on this subject is the problems created by the patients absconding. The patient absconding is an issue which has raised concerns both in the society and hospitals. Also, it has decreased the public and family trust to the hospitals considerably. It has also made the hospitals face some financial and legal problems. In this regard, the study conducted by Wilkie et al. showed that the decrease in treatment progress, treatment prolongation and delay in the rehabilitating goals of the absconding patients may lead to families' distrust of the hospitals [3]. The patient absconding has been considered as a defect and error in the public healthcare services provided by the hospitals which eliminates the trust of the society in the hospitals [11, 21]. The patient absconding raise concerns and fear among the staff and waste their time especially the nurses and security guards' time, and it probably leads to their involvement in this issue and deduction from their salaries. Patient absconding will probably lead to nurses' anxiety and concerns and they may also be blamed and criticized by their colleagues and managers. In some cases, they may even lose their jobs [9, 22].

Conclusion

Patient absconding is one of the important issues facing the hospitals that can lead to some social consequences as well as the economic consequences. Considering the findings of the present study, the absconding behavior can lead to damage to and problems for the patients themselves, and some emotional and occupational consequences for the hospital staff and nurses. This issue is considered along with a considerable decrease in the public trust and many other problems for the hospitals where some actions must be taken in this regard. The present study contributes to the better understanding of the importance of patient absconding and also to prevent and reduce the patient absconding from the hospitals.

Declarations

Abbreviations

Not applicable.

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Authors' contributions

MM, MA and MNM designed the study. MM conducted interviews with the study participants. MM transcribed the interviews. All authors contributed to the interpretation of the results. MM drafted the manuscript. MNM and TD revised the manuscript. All authors read and approved the final manuscript.

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Availability of data and materials

Anonymised transcripts are available from the corresponding author.

Ethics approval and consent to participate

This study was approved by ethical committee of Kerman University of Medical Sciences. The Ethics approval Cod is IR.KMU.REC.1397.155. Written informed consent was obtained from all individual participants included in the study.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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