An-Najah National University
Faculty of Graduate Studies

FACTORS ASSOCIATED WITH INPATIENTS' DISCHARGE TIME: PRIVATE HOSPITAL BASED- STUDY AT NABLUS GOVERNORATE

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This Thesis was defended successfully on 13/10/2024 and approved by:

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Detection

الحمد لله على تمام نعمته وان قد من علي بان اتم هذه الرسالة بعد جهد ومثابرة و صعوبات وطموحات.... فالحمد لله رب العالمين

إلى معلم البشرية ونورها سيدنا محمد عليه أفضل السلام والتسليم

الى والدي ووالدتي اللذين زيناني بتاج العلم اطال الله عمركما وأحسن عملكما

الى سكن الحياة وعوني في مسيرتي زوجتي الغالية

الى بذرة الفؤاد وامل الغد ابنائي حفظهم الله عبد الرحمن، مريم

الى اخوتي واخواني مصدر ثقتي واعتزازي

الى الشهداء الابرار ... والاسرى البواسل والجرحى الميامين

الى كل هؤلاء اهدي هذه الدراسة وآمل من الله ان تكون فاتحة خير وعلم وان ينفعنا وينفع بنا

اخوكم، احمد الصيفي

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Declaration

I, the undersigned, declare that I submitted the thesis entitled:

FACTORS ASSOCIATED WITH INPATIENTS' DISCHARGE TIME: PRIVATE HOSPITAL BASED- STUDY AT NABLUS GOVERNORATE

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

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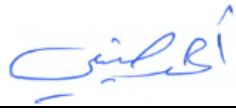
Signature:	
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FACTORS ASSOCIATED WITH INPATIENTS' DISCHARGE TIME: PRIVATE HOSPITAL BASED- STUDY AT NABLUS GOVERNORATE

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Abstract

This work explores factors that affect the discharge time of patients from a private Nablus hospital, West Bank, State of Palestine. This study adopts a retrospective observational design with regression analysis and identifies age, patient condition, occurrence of complications, and type of care as key determinants for discharge times.

Introduction and Background: The present research is undertaken to get an overview of the various factors that go with the discharge time of patients from a private hospital setup and contribute toward the better understanding of the process, ultimately leading to improved outcomes and enhanced patient satisfaction.

Methodology: This was an observational retrospective study with existing quantitative data culled from the electronic health records, management, and financial databases of the hospital. Regression analysis was used to predict the relationships between patient characteristics and times of discharge.

Results: There were significant factors that influenced the time for discharge of patients as obtained by regression analysis. Major findings are: age, $B = 0.077$, $p<0.001$; patient's condition, $B = 2.417$, $p = 0.016$; occurrence of complications, $B = 11.649$, $p<0.001$; and type of care, $p<0.001$, all having a significant effect on the length of stay in the hospital.

Conclusion: Timing of discharge remains one of the most critical areas for discharge process optimization and enhancing patient satisfaction. In this regard, the improvement of communication, streamlining the trajectories of care, and rendering priority to patient-centered care are recommended towards the attainment of these objectives.

Keywords: Factors associated; discharge time; private hospital; Nablus governorate.

Chapter One
Introduction and Literature Review

1.1 Introduction

The patient's discharge time, among other things, bears a very significant influence on the modern healthcare delivery framework, including the general efficacy in the hospital operations and patient satisfaction. The dynamics of the patient discharge process are multiple and complex. An exploration of these determinants in the context of Nablus, West Bank, Palestine, would turn out to be of great importance for improving the quality of healthcare provision. The research focuses on the private hospital of Nablus as a means of contributing to the current enormous literature and research base on determinants of the time taken in discharging patients.

The time a patient leaves the hospital is a significant part of healthcare operation that, beyond the immediate concern of individual patient experience, plays a more important role. The effectiveness in the discharge process itself bears great importance with respect to the general working operation of the hospital: in this sense, this process affects resource distribution, staff workflow, and overall operational efficiency within the hospital.

Discharging patients late may hurt not just the discharged individuals but also the operation of the hospital, which is left open and, in its turn, closes the doors to new incoming patients, worsening problems associated with bed management. Accordingly, it is very important to look deeply into the various factors that affect discharge times, to maximize not only patient satisfaction but also to optimize hospital resources and make healthcare delivery smoother.

This analysis is of paramount importance, more so in the context of Nablus, West Bank, Palestine, where the healthcare profiles rapidly undergo changes. This complicates the process of discharge, and the interplay of cultural, socio-economic, and geopolitical factors in the region shows distinctive challenges. Important in this endeavor is a true understanding of these nuances; hence, the development and tailoring of interventions that will speak to local context, ensure direct applicability, and find relevance in the specific healthcare landscape of Nablus. This paper is, therefore, an attempt to home in on a private hospital in this region, whereby insights created can be utilized by health

professionals, health administrators, and also health policymakers as benchmarks in bettering the existing practices, hence contributing to a health ecosystem that will be bettered in improving health care in Nablus, West Bank, Palestine.

This paper appears to build itself in light of the experiences of patients and the satisfaction with hospitals in the Palestinian healthcare context. Al Sharif (2008) conducted a PhD dissertation on patient satisfaction with the services from the district of Nablus Hospitals, providing an aspect of the subtlety of experiences in receiving healthcare in the region. By extension, Takruri, Radwan, El Jabari, Nawajah, & Hassan (2023) had a mixed method which would be illustrative of the kind of experiences that Palestinian patients have had with hospital services. Those two studies contributed rich qualitative perspectives on an in-depth exploration of the patient discharge process.

At the same time, the foundational literature on patient satisfaction and hospital experiences vis-à-vis the Palestinian healthcare setting is a bedrock for this research endeavour. For instance, in the doctoral dissertation study by Al Sharif (2008), the scope of patient satisfaction of hospital services in the Nablus district deepens the reader's understanding of healthcare experiences in the region. By being this detailed toward understanding patient satisfaction, Al Sharif's work creates the foundation needed to understand the larger healthcare environment and also provides a contextual setting for the current analysis of the specific issue: discharge times.

In the vein of Al Sharif (2008); Takruri, Radwan, El Jabari, Nawajah, & Hassan (2023) offer a powerful mixed-methods study that explores the full depth of experience of Palestinian patients with hospital services. This study goes beyond mere metrics on satisfaction and captures the qualitative essence of patient interaction with health systems. By taking a mixed-method approach, the work of Takruri, Radwan, El Jabari, Nawajah, & Hassan (2023) not only describes measurement through numbers but also reveals the qualitative nuances defining the patient-provider relationship. Added together, these studies represent a great contribution to the literature since they provide important qualitative perspectives, the bedrock from which a more nuanced and well-rounded view of the patient discharge processes in Nablus, West Bank, Palestine can be gleaned.

Thus, a more comprehensive understanding of the general context for the entire health system has been crafted through the amalgamation of insights born from this wide and deep exploration of patient satisfaction by Al Sharif (2008) and the in-depth mixed-method study by (Takruri, Radwan, El Jabari, Nawajah, & Hassan, 2023). It is knowledge crucial in the generation and illumination of the contexts that affect the perceptions of patient discharge dynamics—as a phenomenon—beyond the phenomenon itself, not as just another event but as an integral part of the overall journey of the patient within the Palestinian healthcare system.

Medical conditions are another paramount factor in the process of discharging patients. This is reflected upon in Sawalha's paper on the description of the discharge process, where the patients with ischaemic stroke are concerned, in Palestine (2009). "It is therefore intuitive that the burden imposed by the severity and complexity of medical conditions will also be an important determinant of length of stay, and the time required for discharging the patient", says Qadah (2014) in her study on medication beliefs and adherence in Nablus statin users.

The example available from the characterization of hospitalized ischemic stroke patients in Palestine by Sawalha (2009) underlines that the relationship between medical conditions and the patient discharge process is complicated. The latter work gives insight into specific medical conditions that become influential in the process of hospital stays and, therefore, gives one the opportunity to understand the more subtle aspects of the treatment process for patients with a diagnosis of ischemic stroke. These medical conditions are highly determinant of the period over which these patients are supposed to be kept in the hospital and hence, determine the period within which these patients will be discharged from the hospital. Research by Sawalha, through an illustration of the medical details and complexities for ischemic stroke patients, helps outline how different health conditions influence the overall patient experience. The study brings to light implications on the length of stay and the potential for discharge.

Besides the factor that relates to medical conditions, Qadah (2014) dissertation on medication beliefs and adherence among statin users in Nablus brings out the issue of multifaceted determinants of what impacts recovery and discharge for patients. Therefore, in the context of the area of focus by Qadah, the issue is based on examining the complex

interaction of medication-related factors, explaining patients' beliefs and adherence to prescribed medication. This dimension of patient care forms an integral part of the recovery process, and directly affects the period considered appropriate for patient discharge. As such, medication-related factors would be important to understand further and optimize the patient discharge process in the context of Nablus, West Bank, and Palestine.

Together, Sawalha's insights into the medical intricacies of the ischaemic stroke patient and Qadah's presentation of beliefs and practices in regard to medications shine light on complementary possibilities that may work jointly in the larger puzzle of patient discharge. This again highlights that the medical situation of the patient is linked up with the adherence of the patient to the prescribed medications; both are tangled factors that need exhaustive investigations in order to work on and improve overall effectiveness and efficiency of the process of patient discharge from hospitals in the Nablus healthcare setting.

In addition, Abdo's (2008) research into factors affecting pain intensity in post-caesarean section may be applicable to supporting the relevance of patient comfort and well-being, since the variable may have an impact on the discharge-readiness status of the patient. As indicative from the literature reviewed above, patient experience and health service delivery are interesting areas of research, as their interaction with medical aspects calls for an all-inclusive study of patient discharge times in a private hospital.

In this way, Abdo (2008) study prescribes a very important angle to a means in which to analyze the times of patient discharge; the prescience of this dimension under consideration is an all important step in determining adequacy within the study and reporting a coherent and non-bias inference process. The results have established that determinants of when a patient is discharged must transcend purely medical considerations and take into account pain management and the overall experience of a patient. Patient care attributes, which would indicate the satisfaction and well-being of a patient, hence become the prime issues to represent the dynamism associated with the patient discharge process from a private hospital.

In concert with other studies that explore medical conditions, medication adherence, and patient satisfaction, Abdo (2008) investigation adds more depth to the understanding of the interplay between medical factors and the patient experience in health care. Collectively, these studies lay a platform for the comprehensive study of patient discharge times, recognizing the multifaceted discharge process within the nuanced health care environment of Nablus, West Bank, Palestine.

In the general context of research into satisfaction, the works of (Hargraves, Wilson, & Zaslavsky, 2001); (Young, Meterko, & Desai, 2000) provide methodological knowledge on how exactly to adjust for patient characteristics when one analyses the reports about having hospital care. These references will help the study to guide the inclusion of the patient satisfaction aspect in determining the times of patient discharge at the private hospital in Nablus.

Among the causes being discharge processes, patient satisfaction is one of the most important factors that reflect the success of the general functionality. A broad study by Al Sharif (2008) in regard to patient satisfaction in Nablus underlines the capturing of the essence from patient experiences in health facilities. By investigating the quality of interactions between patients and health care providers, Al Sharif's results indicate that discharge efficiency relates directly to the perceptions that patients hold about their care. The paper contributes to the core insights into the wider perspective of patient satisfaction, underlining the process of discharge from Palestinian hospitals not only as a logistical priority but also as an area important for the patient's overall journey of health care. The findings of Al Sharif's research are therefore very valuable for private hospitals that wish to enhance their discharge protocols in creating a better healthcare experience for patients in Nablus.

Appropriately identified, patient discharge timing is among the major aspects that determine the flow of operations in healthcare-as established in the mixed-methods study on Palestinian healthcare experiences by Takruri et al. (2023). This places in perspective the necessary holistic understanding of the relationship between the patient and the provider if any effort is to be made toward reducing delays in discharge. Takruri et al. show that some qualitative nuances, such as the emotional experience of patients and their perceived level of empathy from healthcare providers, are just as crucial in shaping the

satisfaction of patients as quantitative metrics. This is a complementary study to Al Sharif's quantitative approach, developing nuanced interpersonal aspects of health care that support the argument for the implementation of a patient-centered approach in discharge strategies focused on timely, empathetic, and effective communication. These are very crucial strategies in reducing delays in discharges and easing bed management problems affecting the hospital's capability to efficiently admit new patients.

Added to the complexity of understanding discharge processes, especially for chronic conditions that require extended care, is Sawalha's 2009 research on patients with ischemic stroke. In Sawalha's analysis on how a stroke impacts readiness at discharge are underlying factors showing just how significant a patient's medical condition is in determining discharge timing. For patients with a stroke, their medical condition typically will necessitate longer hospital stays in order to ensure stability at discharge. This need further complicates the process of discharge planning for patients with severe medical conditions. Sawalha's work continues to establish a basis on which discharge processes need to be individualized based on various patients' medical requirements, especially for those suffering from life-long conditions. In private hospitals, where there is greater flexibility in resource utilization, such understanding of the specific patient requirements may lead to better discharge practices consistent with the overall efficient running of the hospital.

Qadah's dissertation (2014) on the medication beliefs and adherence of statin users in Nablus has strongly emphasized the unique aspect of the discharge process, in particular how patients' beliefs and behaviors about medication adherence can affect their readiness for discharge. It is also indicated that those who adhered strictly to the prescribed medicines were very likely to undergo smoother recovery processes, which in turn lead to shorter hospital stays. On the other hand, those patients with lower levels of adherence may have to stay longer due to complications, slower recoveries, or even because they will have to be further monitored. This is where this study comes into play: the patient's education and his adherence are two far-reaching factors that could ease discharge timing. In this respect, for Nablus, where sociocultural beliefs might affect patients' understanding of their medication, Qadah identifies that health providers should take these types of beliefs into account and respond to them during the discharge planning phase so that the actual discharge process is more competent in a cultural sense.

Lastly, Abdo's study regarding the intensity of pain after cesarean section, which is one method of surgical delivery, centers on the idea that readiness for discharge actually depends on the comfort of a patient, in which post-operative pain can make all the difference in discharge timing. Emphasizing pain as a determinant, Abdo's work simply goes to point out that effective pain management protocols form part of facilitating timely discharges for patients. Effective pain management is not only a comfort issue but also one factor that can affect a patient's physical and psychological readiness for discharge. This might have wider implications for reducing lengths of stay in hospitals such as Nablus, where resources may be limited, and thus accelerate the process of discharge. This approach will not only optimize bed use but also increase patient satisfaction in that the patient will not have to endure long periods of discomfort after discharge. The insights from Abdo's research make for a strong rationale for prioritizing comfort for the patient in discharge protocols, since it leads directly to efficiency in both hospital operations and patients.

This research aims to contribute to the literature further and integrates qualitative insights with quantitative analyses in identifying and understanding influences on patient discharge times. In doing so, this research aspires to suggest recommendations for an optimized patient discharge process based on evidence and at the end to contribute to better healthcare quality in Nablus, West Bank, Palestine.

1.2 Significance of the study

Effective discharge of patients is one of the prime determinants in health care facilities that influences patients' satisfaction with care provided and the overall quality of healthcare services. In the case of Nablus, West Bank, Palestine, an underdeveloped region with growing needs of high-quality healthcare, there is a surprising dearth of wide-ranging research on the factors that affect the length of stay in a private hospital. Whereas literature abound on patient satisfaction concerning services provided within hospitals, for example, Al Sharif (2008), and previous research on consciousness and the duration of stay by patients in hospitals, for example, by Takruri, Radwan, El Jabari, Nawajah, & Hassan (2023), there are little understandings on the quantitative factors influencing patients' discharge from health facilities on a time bound period.

Sawalha, 2009 has evaluated the medical condition of the inpatients in Palestine, and through the assistance of Qadah (2014) has conducted estimation of the medication compliance and its output; however, pathogenic and logistic problems in the medical, insurance-related, circumstances, how they operate alone and in collaboration to influence the time of discharge in this particular setting has not been extensively researched. In fact, such variables should be expounded and evaluated to foster quality health care among the private hospitals of Nablus.

1.3 Aim of the Study

To investigate and learn the causes of time of discharge among patients from private hospital in Nablus: medical conditions, insurance-related factors, and logistical issues; and to make recommendations about ways to maximize the patient discharge process in a hospital.

1.4 Research objectives

The objectives of this study are noted below:

- To analyze and identify key determinants of patients' discharge timings from a private Hospital in Nablus.
- The impact of the medical conditions, Insurance-related information, and Logistical matters on the Discharge Process.
- Recommend ways for efficient discharge of patients from the patient hospital.

1.5 Research Question

Main Research Question:

What are the key factors associated with patient discharge time in a private hospital in Nablus, West Bank, Palestine?

Sub-Research Questions:

- How does the severity of a patient's medical condition affect the time needed for discharge in the private hospital?
- In what ways do delays in the insurance approval process impact patient discharge times?

- What is the relationship between bed occupancy rates and the length of time required to discharge patients?
- How do logistical factors, such as staff availability and hospital resources, influence patient discharge timing?
- What strategies can be implemented to improve the efficiency of the discharge process in the hospital?

Main Hypothesis:

Patient discharge time in such a private hospital in Nablus, West Bank, Palestine, was significantly associated with several factors, including medical condition, and insurance-related factors.

Null Hypothesis Main:

The factors of medical conditions, insurance-related factors, and bed availability are insignificantly related to patient discharge times in a private hospital in Nablus, West Bank, Palestine.

Sub-Hypothesis 1:

The severity of a patient's case has a significant effect on the time needed for discharge in the private hospital.

Sub-Hypothesis 2:

Delays in insurance approval processes significantly impact patient discharge times in the private hospital.

Sub-Hypothesis 3:

There is a strong positive correlation between higher bed occupancy rates in the hospital and longer lengths of time required to discharge patients.

Patient discharge timing is one of the important strategies in modern health care that affects hospital efficiency and patient satisfaction. This study concentrates on a private hospital in Nablus, West Bank, Palestine, to increase understanding about discharge processes and their determinants. Investigations into the factors that affect the timing of discharge are necessary since it impacts on hospital operations due to its effect on resource

management and patient throughput.

These different local challenges on cultural variables, socio-economic, and geopolitical variables unique to Nablus complicate discharge dynamics. Earlier research, such as Sharif (2008) and Takruri, Radwan, El Jabari, Nawajah, & Hassan (2023), has been carried out to help define qualitatively the satisfaction of patients and hospital experiences at large as a foundation for understanding discharge issues. There is the contribution of medical conditions, especially ischemic stroke patients, cited by Sawalha (2009). Qadah (2014) on his part, espouses medication adherence in his 2014 work. Abdo (2008) research, focuses on post-caesarean pain and provides insight into the role of patient comfort in readiness for discharge.

This paper considers a range of factors involved in the discharge process, including medical conditions, and medication adherence, to achieve better integration. In this sense, it will give implementable recommendations to improve discharge efficiency and health care quality in general for Nablus by mixing qualitative and quantitative analyses.

1.6 Literature review

Miles & Dansky (1997) add that the number of minutes passed in a waiting line and minutes spent being filled are directly proportional to a patient's satisfaction with ambulatory care. These are important determining factors in the establishment of any general approach to health service since as much as healthcare delivery is effective, dissatisfaction can sneak in the event of long waiting periods. Since the private voluntary hospital in Nablus community boasts of a satisfactory level of patient discharge and turnover, the hospital management should work towards improving such a level of performance. Used together with early assessment, efficient discharge processes contribute not only to the speedy exiting of patients but also to an overall positive perception of the healthcare journey.

Effective discharge processes help to accomplish the goals of patient satisfaction and contribute to the optimization of resources in healthcare. In a private hospital in Nablus, resource allocation effectively has to be put in place to ensure prompt discharge and thus make bed turnover faster; this would ensure the utilization of available resources up to full capacity. It is not only better for the operation efficiency of a hospital, but is also

good for bringing positive impacts on patients in the sense of no unnecessary delays and efficient use of healthcare space.

More substantially, the emphasis in the healthtime experience reaches further than the patients' welfare and into the health environment. The discharge procedures at the Nablus are involved in efficient service as an answerability to the said increased demographic demand hence improving the functionality of the hospital. For the private hospital to become quality and time reactive, the precepts raised here by Miles & Dansky (1997) have to be observed so as to become a patient-responsive, high-performing health environment.

McDonald, Owings, & Jernigan (2006) postulated on Clostridium difficile infection after the discharge from a hospital, which brings out the possible infectious risk occurring soon when patients leave the short-stay hospitals. Such knowledge and mitigation of undertakings are vital in our case that necessitates the need to implement vibrant post-infection preventive strategies in the private hospital in Nablus upon discharge.

The study by McDonald, Owings, & Jernigan (2006) of Clostridium difficile infection post hospital discharge, serves to focus on long-tail risks of infectious complications even during the patient's departure from the short-stay hospitals. This insight does elicit considerable thought in relation to the imperative of ensuring comprehensive post-discharge infection prevention strategies in the specific context of a private hospital in Nablus.

In a local environment where delivering health services in Nablus is a task that involves not just the quality level but even the safety aspect of the same, the research article of McDonald, Owings, & Jernigan (2006) presents concrete ways in setting up advance mechanisms to respond to and prepare for infectious risks beyond the present hospital experience, in ensuring the safety as well of the patients and the anticipated risks that they might encounter after discharge.

The present study also questions the necessity of careful healthcare provision in Nablus, West Bank, Palestine. In a region where diseases causing infection are a matter of paramount concern for a healthy living, the private hospital must focus on measures that go even beyond the mere staying period of a hospital. It includes reiterating on hygiene methods, reinforcing the step post-discharge surveillance, and collaborating in a sharpened manner with the healthcare community overall to reduce the risk of infectious complications (McDonald, Owings, & Jernigan, 2006).

The insights provided by this study from McDonald, Owings, & Jernigan (2006) offer a very valuable reference point towards developing an infection prevention strategy tailored for the private hospital in Nablus that seeks to be at par with healthcare delivery worldwide. Such actions increase patient well-being and thereby create harmony with the larger objectives of increasing healthcare quality, safety, and resilience in dealing with the new challenges in healthcare. Indeed, gave a significant perspective of in-depth learning from the adverse events that affect patients after discharge from the hospital. This study is therefore going to provide the reference point for understanding and addressing the various factors contributing to the adverse events transition from hospital to home in this study carried out in a private hospital in Nablus (McDonald, Owings, & Jernigan, 2006).

Indeed, Miles and Dansky 1997 show that an effective discharge process can go a long way in contributing to overall patient satisfaction. In the healthcare setting, patients in high-pressure environments such as private hospitals in urban areas have perceptions that are influenced mainly by the efficiency at which services are delivered. Delays in the discharge process may give a perception of inefficiency and erode trust in the healthcare facility. The private hospital in Nablus could continue enjoying its reputation in effective patients' care and reinforce patients' satisfaction by adopting strategies to reduce the waiting time and simplify the discharge process. Moreover, the compliance of the discharge practices with patients' expectations would enhance the quality of care and thus place the hospital in a leading position concerning patient-centered services in the area.

Within this context, McDonald, Owings and Jernigan, (2006) emphasized that the significance of the effective discharge process is not confined to the issue of immediate patients' satisfaction but rather extends to the maximization of the available resources.

Effective discharge planning ensures rapid turnover of the hospital beds - something rather important in a private hospital where demand often exceeds capacity. Thus, by allocating the resources so efficiently, healthcare providers can manage more patients without compromising the quality of their care. McDonald et al. continue to highlight that resource management strategies utilized for discharge planning decrease waiting times for new patients and operational costs. For a private hospital in Nablus that balances high-quality patient care with financial sustainability, it is of utmost importance that discharge processes are smooth and efficient, facilitating both operational efficiency and a superior patient experience.

McDonald et al. (2006) further point out that another critical form of infection risk in patients is that associated with infection transmission upon discharge from hospitals, such as Clostridium difficile infection. This area of post-discharge care therefore underlines the importance of extending infection control measures to beyond the limits of hospital stay and making sure that patients are sent home with as little a chance of post-discharge complications as possible. It ensures better patient outcomes in the integration of infection prevention strategies into the discharge process and protection of public health in a private hospital in Nablus. Emphasizing infection control, even at discharge, reflects a commitment to patient safety in line with global best practices in healthcare. Some of these strategies may involve educating the patients about symptom-related infections, follow-up appointments, and resources to help them manage complications that may arise post-discharge.

Miles and Dansky's study (1997) highlights the fact that a smooth discharge benefits not just the patient, but also the efficiency of the healthcare system. The ability to ensure timely discharges will enable hospitals to accommodate more patients, which is crucial in high-resource utilization settings such as private urban hospitals among Palestinians. Improvement in the discharge process will ensure that hospital beds are freed up to accommodate as many patients as possible to reduce queues and facilitate access to health services. This proactive approach towards patient turnover supports a model of seamless care in which patients can be smoothly transitioned from the hospital to the home environment with least disruption to the process of recovery. Efficient discharge planning, in this respect forms the bedrock of the attempt of hospitals to provide patient-centered care while optimizing operational efficiency.

McDonald, Owings, and Jernigan (2006) stress that adequate follow-up measures are necessary for minimizing infection risk following discharge. This could also be particularly relevant to patients who carry more substantial risks of infection, such as immunocompromised patients and surgical patients. Regarding this matter, a private hospital in Nablus has set their policy for after-discharge follow-through so the care for the patient doesn't cease outside the confines of the hospital but extends out into the post-recovery phase. This approach shows an understanding of healthcare as part of a continuum, whereby post-discharge support and monitoring play an integrative part in the journey of full recovery of the patient. While doing so, this approach also depicts how the organization safeguards patient health while concurrently gaining trust with the patients and their families by showing dedication to long-term wellness and safety. Hence, the research team sets a very sound framework that could guide the formulation and implementation of policies on reducing adverse post-discharge events, improving patient outcomes, and increasing the standing of the facility.

In Nablus's private hospital setting, it is paramount to understand the bigger picture of the complications that might arise post-discharge. As healthcare professionals consider ethical values and the elements noted by Forster, Bihari, Tiruvoipati, Bailey, & Pilcher (2020) they can formulate interventions and measures that are vital for reducing the risk associated with data management and patient safety threats. Therefore, this approach is fully in line with the generic purpose of optimization of patient discharge processes in order to ensure positive outcomes following hospital treatment.

Next, the study evokes a question of re-evaluation for the strategies of discharge planning and embodiment in private hospital follow-up. Lessons from this research reassessing Forster, Bihari, Tiruvoipati, Bailey, & Pilcher (2020) can only bring about a whole new dimension in patient care implementation post-discharge through constant monitoring, patient education, and timely interventions in prevention as well as management of the many negative outcomes of therapy. That type of proactive stance will not only contribute to the assurance of enhanced safety but also foster excellence in the general quality delivery of healthcare services in Nablus (Kozak, Owings, & Hall, 2004).

The results of the study by Forster, Bihari, Tiruvoipati, Bailey, & Pilcher (2020) acquire importance in such dynamic health care and the development of evidence-based practices needed to meet patients' needs in Nablus. Ameliorating the causes of adverse events, the private hospital could get more engaged in offering good-quality, safe, and patient-oriented provision of health care throughout the entire care delivery process.

Kozak, Owings, & Hall (2004) National Hospital Discharge Survey provided a macroscopic perspective that enriched our overall view of discharge trends within the United States of America. Although such a wider view, beyond the base scope on a private hospital in Nablus, promotes context of the global healthcare situation in research that is connected to the study of patient discharge processes.

This makes the importance of the national discharge trend be very relevant with the private hospitals of Nablus, where all of the health care providers involved in this topology strive to harmonize local practices with global trends. Understanding the development of the discharge process at a national level would ensure the chance to see local process strategies optimized in such a way that they meet the latest trends and best practice recommendations.

Benchmarking an undertaking within the private hospital in Nablus will draw some health management based on the National Hospital Discharge Survey. The healthcare administrator will trace areas of strength and those in need of improvements quite easily by comparing the local practices and national trends. Such comparison allows for deep understanding of different dynamics involved in patient discharge so that the hospital aligns the strategies in place with those broader healthcare trends (Kozak, Owings, & Hall, 2004).

It is against this background that the dynamism and integrated nature of the world of health care, in which innovation and good practice know no boundaries of geographic location, that the macroscopic insights provided by Kozak, Owings, & Hall, (2004) prove valuable and help provide a point of reference in sharpening the patient discharge process in Nablus. In only this way, it does it ensure that the private hospital, while catering to local needs, is also informed by global perspectives in improving the quality, efficiency, and patient-centeredness with which health care can be delivered in the region.

The "quicker-and-sicker" idea expounded by (Kosecoff, et al., 1990) and the need for postdischarge surveillance of SSI by the surgical patient, as suggested by Mitchell, Swift, & Gilbert (1999) demonstrate the impression of patients' states that sometimes last for a long time outside the hospital. Considering our study site of a private hospital in Nablus, where recognition of the possible consequence of the patients' medical conditions and the necessity for vigilant monitoring after discharge are important elements in understanding the discharge length of stay for patients, the following article mentions the notion of quicker-and-sicker patients. Such recognition in Nablus is particularly important because healthcare providers are usually faced with the determination of the orders of discharge, seeking to ensure that resources are utilized efficiently while care of high quality is given. Such a recognition process facilitates an informed discharge decision to ensure patients are declared fit for discharge not only on considerations of immediate recovery, but also the post-discharge complications that could come along (Mitchell, Swift, & Gilbert, 1999).

Mitchell, Swift, & Gilbert (1999) focus on having continuous surveillance of surgical wound infection, even beyond the hospital setup. By looking at this argument in relation to our study in Nablus, there is a great need to acknowledge that post discharge complications may affect the patient greatly in the form of surgical site infection. Being important for the patient in the private hospital, this calls for the need to acknowledge such potential complications and having surveillance mechanisms exercised by health care providers along the discharge process. This proactive approach supports the larger goals of ensuring patient safety and optimizing healthcare quality in this region (Mitchell, Swift, & Gilbert, 1999).

Taken together, the above interpretation of the condition of the patient and the need for post-discharge monitoring, similarly described by (Kosecoff, et al., 1990); (Mitchell, Swift, & Gilbert, 1999) forms a more clear and in-depth explanation of factors that affect patients' discharge times from private hospitals in Nablus. It is thus an acknowledgment that the discharge process is made in line with the adherence to a patient-centered approach, which will ultimately result in positive results after being treated in hospitals.

Parkes & Shepperd (2000) in a systematic review of Cochrane Database, the important role that effective discharge planning plays in enhancing positive post-hospitalization

outcomes at home. As regards our research in a private hospital in Nablus, the optimization of the transition from hospital to home gains an integral place in the chain, underlining that flawless execution and proper coordination are indeed done throughout the discharge process.

It is going to be very useful to provide insight into how evidence-based practices can be applied to findings by Parkes & Shepperd (2000) in their systematic review. Especially for a hospital in Nablus, engaging informative insights that perfect and make stronger the set protocols of discharge planning provides a proactive approach. It promotes not only smooth transition for patients from inpatient care planning to home but also ensures that they get adequate support and additional means of recovery in a home setting (Parkes & Shepperd, 2000).

The discharge planning becomes particularly effective in Nablus, where it is aimed at improving the entire quality of care and patient satisfaction. The private hospital aims to contribute meaningfully toward the general goal by being attentive to coherent discharge centering on the patient. The facility is informed by the frameworks of patient-centered care and the specific needs of people in the Nablus region.

Within the context of private hospital settings in Nablus, effective management of discharge from patients is not about administrative convenience; rather, it forms a critical feature of care that has implications in the long term for safety and resultant health outcomes. As Forster et al. (2011) noted, ethical consideration forms the core in the formulation of strategies that would reduce risks associated with complications after discharge, those especially related to less-than-satisfactory practices in data management. These findings agree that private hospitals in Nablus can be in a position to formulate and implement interventions for both immediate and long-term risks to patient safety. Improvement in the transparency of data and its reliability can aid health professionals in protecting their patients from threats to their safety even after being discharged. This proactive approach ensures continuity of patient care and builds a safety culture for the patients, thus laying the foundation toward a more effective and ethical discharge process that will meet the particular healthcare needs of the population in Nablus.

Expanding on the importance of adequate discharge planning, the input from Kozak, Owings, and Hall (2004) sheds light on how national trends in discharges indeed give a

yardstick against which local practices can be measured and improved upon. Though the National Hospital Discharge Survey which the authors conducted is from the American health care environment, the macroscopic view it offers can be very useful to private hospitals in Nablus as they seek to benchmark their strategies against global standards. Comparing it with national and international best practices will enable healthcare administrators in Nablus to identify the strong points in their discharge planning while noting areas that require further refinement. This alignment not only enhances the effectiveness of discharge planning but also fosters an environment where practices are ever-evolving to meet the most current evidence-based recommendations, thus enhancing the quality and safety of healthcare delivery. In this respect, the private hospitals in Nablus will be responding not only to the global trends but also to the peculiar needs of their patients, thus bringing themselves into the lead category in care-oriented service at discharge.

This brings into focus that a major consideration in discharge planning is the recognition of post-discharge complications, especially in surgical patients, as noted by Kosecoff et al. and Mitchell, Swift, and Gilbert (1999). Their studies emphasize that the mechanism of surveillance is very important in extending beyond the hospital environment, in particular, the monitoring for SSI, which has rather big consequences for the recovery and quality of life of patients. Adopting the same keen approach in post-discharge monitoring from private hospitals in Nablus will reduce the incidence of adverse outcomes and protect the patients from preventable complications. Integrating such surveillance into the process of discharge ensures not only that patients are discharged at the appropriate time, but also that they continue to be adequately supported and monitored for any complications well after discharge. This practice underlines a patient-centered approach, recognizing the continuum from hospital to home that is so necessary to ensure safety and satisfaction for the patient.

Parkes and Shepperd emphasize that the core of ensuring optimum posthospitalization outcomes is careful discharge planning. Translating these insights into practice within private hospitals in Nablus would entail establishing an effective, well-coordinated process for discharge, including patient education, timely follow-up, and efficient transitions of care. Healthcare providers can avoid significant risks of complications and readmission by assuring that those patients and their families understand steps that will

be required for continued care at home. An approach like this empowers not only the patient, but also assures transition from hospital care to the home environment is easy and less traumatic for the improvement in patient satisfaction and overall health outcomes. In private hospitals in Nablus, their adoption of evidence-based discharge planning methods based on Parkes and Shepperd's research could increase the quality of care provided to patients through the globalization of local practices while still catering to regional health needs.

Finally, the "quicker-and-sicker" phenomenon described by Kosecoff et al. is a critical issue of the discharge process itself, where patients are being discharged in a more fragile state than in the past and requiring more post-discharge care. Such a trend for healthcare providers in Nablus implies a difficult balancing act between efficient management of hospital resources and the need to prepare patients for going home. In this way, the private hospital will be able to assess properly the readiness of every patient and plan the time of discharge, with consideration not only of the immediate recovery of the patient but also of the risk that might occur after discharge. This careful consideration would reflect a commitment to patient-centered care where discharge decisions are informed by a holistic view of each patient's health status and support system. Eventually, applications of the insights of Kosecoff et al. within the framework of discharge planning in private hospitals in Nablus will probably result in fewer complications and readmissions and also in more concerns for quality care that would answer the needs of patients in both the short and long run.

In summary, this systematic review by Parkes & Shepperd (2000) gives insights to optimize transition from the hospital to the home environment by focusing majorly on the role of discharge planning. This will give evidence-based practices to the private hospital in Nablus so that their approach is patient-centered toward this phase of the care, thus enhancing overall quality of health care and patient satisfaction.

The study by (Herlitz, et al., 2003) on survival after out-of-hospital cardiac arrest is very rich in informational findings that resonate well with our current study, aimed at understanding factors associated with the survival status at the time of hospital discharge. The perception, however, was not only on the cardiac arrest but other pathological conditions and their collective implication on patient discharge times in Nablus.

Data from the study by Herlitz et al. (2003) will therefore become important material in relation to this particular topic under consideration, since patient outcomes have a complex survival dynamic overall. That being said, understanding factors that may be associated with survival will shape the evidence-based practice and ultimate patient care in this private hospital in Nablus to the best possible levels.

By including different medical conditions, we are making the study more general to prevailing patient care concerns in Nablus. Although composed of a narrow medical event, the inferences to be drawn are relevant inside a wider frame of health delivery. The recognition of factors related to survival across the breadth of medical conditions empowers the private hospital to tailor its discharge process to the unique needs of patients in Nablus, thereby adding value to the healthcare base in more efficient, treatment-centered healthcare service.

In summary, Herlitz et al. (2003) foray into survivalistic consequences is important for outlining a parallel with our research goals on the importance of understanding factors related to survival up to hospital discharge. It is from this vantage point that our study analyzes a number of medical conditions in an effort to offer a detailed overview of the timeline through which patients are discharged, with the ultimate goal of contributing to improved healthcare quality and patient outcomes in Nablus.

Petrilli, et al. (2020) recent report on factors predicting COVID-19-related hospitalization and critical illness is one of those angles that the pandemic has introduced to a global health crisis. Their study, although with different settings and designs, rings a bell on the external impacts like pandemics on the discharge process of private hospital patients in Nablus.

Petrilli, et al. (2020) study provides information on the complexities related to patient outcomes during a global health crisis and highlights the role of the interplay of external factors with healthcare services. Though the focus is on COVID-19, the powerful area of reflection is sure to highlight how the healthcare practitioner in Nablus is in constant fluid action to realign with the external health crises that will affect patient discharge processes.

This research, by Petrilli, et al. (2020) is almost an unprecedented way in the setting of Nablus, which has to get interest in people regarding what will be the trickle-down effect

of factors in yielding patient discharge times. What ways the private hospital can upgrade its preparedness, coordination, and communication on ways of health crisis that becomes a source of stringent inquiry to ensure both the continuum of care and patient well-being.

Based on some of the takeaways from the study results by Petrilli, et al. (2020) the private hospital in Nablus can, therefore, come up with survival strategies in external turbulent environments to still ensure the effectiveness of the process of patient discharge. Many takeaways from the study by Petrilli, et al. (2020) will be directed toward the introduction of strategies in response to turbulent external challenges and the assurance of an effective process of patient discharge. This, therefore, is a forward-thinking approach that goes in line with allegiance to top-level, patient-oriented care service being delivered.

1.7 Admission and discharge time

Timing considerations in critical care settings add another critical dimension to the perspective forwarded by Zhou et al. (2023) with respect to the effect of admission and discharge times on hospital mortality in patients with sepsis. Even as their focus is on sepsis, the place of timely discharge in optimizing patient outcomes in Nablus is one such study that comes to mind.

This key finding by Zun, Ibrahim, & Mokhtar (2019) resonates with the idea that strategic timing plays an important role in critical care in terms of not only admission but also discharge. It brings an urgency to understanding timely discharges in realizing positive outcomes for patients after adopting this perspective in our research in Nablus. This study has done much to bring into focus the lines of critical care-time and potential mortality cost implications by presenting a challenge to health providers in Nablus to review discharge practices for improvement.

The findings from Zun, Ibrahim, & Mokhtar (2019) study, set in a private hospital in Nablus and therefore having to make a balance between efficiency and safety, help in the construction of an incisive understanding with respect to the role of timing in patient care. Evidence-based strategies for the betterment of quality of care and optimizing of patient outcomes could be developed by recognition of the implications for discharge times on hospital mortality.

Conforming its discharge practice to the important timing considerations described by the research and incorporating lessons from studies like Zun, Ibrahim, & Mokhtar (2019) the Nablus private hospital will be able to keep up. It is in this way that the hospital fulfills its responsibility to treat patients with timely, effective, and patient-centered care, hence fostering good patient outcomes in critical care settings.

In a retrospective cohort study, Picard, et al. (2022) present the risk factors for prolonged time to hospital discharge following ambulatory cholecystectomy under general anesthesia, thereby shedding insight into the enigmatic nature of post-surgical recovery and discharge planning. Their study invites considerations on what can prolong the discharge time, hence bringing implications for how to optimize postoperative discharge in the private hospital setting in Nablus.

The findings from Picard, et al. (2022) study contribute nuanced insight into multiple elements that can influence time to hospital discharge after some specific surgical procedures. Turning such a perspective into the study conducted in Nablus, one has to take cognizance and respond to factors likely to prolong such discharge times after surgery if optimistic outcomes and general patient satisfaction are to be ensured. This study will, therefore, encourage benchmarking and continuous improvement in the current postoperative discharge practice by healthcare providers in this private hospital, taking into account the unique factors at play in the local context.

The private hospital in Nablus will be guided by insights, such as those by Picard, et al. (2022) in order to change postoperative discharge procedures to address any risk factors that may arise. All this goes with the commitment of the hospital to making post-surgical care efficient and individualized; hence, contributing to positive outcomes and experiences among patients.

The study by Russell, et al. (2017) on the frequency and risk factors for live discharge from hospice adds a dimension of care transition that makes it fit within the general concept of patient discharge. Although focusing on hospice care, their understanding of the factors influencing live discharge offers key insights into the dynamics of transitioning patients from specialized care settings. Applying this latter perspective to our research in a private hospital in Nablus, the study raises concern about the factors that would help influence the transition of patients from hospital care to subsequent settings.

The findings from Russell, et al. (2017) add to the overall understanding of the nature of transitions in care, focusing on the factors likely to influence such decisions concerning live discharge from specialized care settings. In the context of the private hospital in Nablus, identifying these factors will be very critical in the process for healthcare providers to optimize the best discharge process, ensuring smoothness in transition for the patients.

The incorporation of insights from studies such as Russell, et al. (2017) may help the private hospital in Nablus while strategizing on assessment and addressing of potential risk factors that may impact transition from care in a hospital setting. This proactive approach will serve to fulfill the ideals that this particular hospital upholds: comprehensive, patient-centered care, hence facilitating smooth and positive transitions/experiences for persons transitioning from specialized care to subsequent settings.

The study of Moreira, Verga, Barbato, & Burghi (2017) on the effect of the timing of admission and discharge from an intensive care unit offers an important perspective to considerations about timing in a critical care setting. As this is an ICU-based study, it raises consideration of how timely transitions—here, from intensive care—impact patient outcomes. This thus translates to, in understanding the importance of timely discharge, optimizing patient outcomes becomes important in a private hospital in Nablus.

Incorporating insights from studies like Moreira, Verga, Barbato, & Burghi (2017) the Nablus private hospital will be in a better position to improve its practices regarding the discharge of patients from intensive care. This was in tandem with active interest by the hospital in ascertaining high quality, timely, and patient-centered care, thus positively influencing the outcome in patients discharged from intensive care settings.

In this regard, Whitney & Chuang (2016) examined the relationship between insurance and 30-day readmission rates of patients discharged from acute care hospitals to hospice services. Their focus is on hospice services, but generally, the study gives considerations related to insurance and readmission issues that help reflect how the insurance-related factors may affect post-discharge outcomes in our study setting within Nablus.

Such findings from the study by Whitney & Chuang (2016) elucidate the interrelationship of insurance-related factors on the likelihood of readmissions within a specified period. The effect of insurance-related factors on the post-discharge outcomes thus holds paramount concern for healthcare providers in the private hospital setting in Nablus, where optimum patient care remains the goal of continuum.

The private Nablus hospital will assess and take appropriate action on all possible insurance-related variables that may impact readmission rates, drawing from studies such as Whitney & Chuang (2016). This will be in line with its concern for full and continued care, to ensure that each patient, in the environment of Nablus, has the best possible outcome after discharge.

The nationwide study done by Teno, Plotzke, Gozalo, & Mor (2014) focused on the live discharge from hospice and added data about the factors involved in live discharge situations and the consequences of such. Although this study was carried out with the setting of hospice care, it raises thought on the variables that might lead to the discharge of a patient and the associated outcomes. If we translate this perspective to our research, understanding factors that would impact patient discharge will be of relevance in optimizing the best care within the private hospital setting of Nablus.

These results from a study by Teno, Plotzke, Gozalo, & Mor (2014) elucidate the intricate dynamics that factor into live hospice discharges, underscoring the need to consider factors that may influence discharges and their possible implications. In a private hospital in Nablus, it is important to understand these factors in the setting wherein patient transitions and outcomes are paramount.

The private hospital in Nablus will be impelled to fashion strategies to assess and manage the many factors that may affect the discharge of patients from hospitals, drawing upon the findings of this and other studies such as that by (Teno, Plotzke, Gozalo, & Mor, 2014). It will be in line with the vision of this hospital for unique, patient-centered healthcare, all toward the better management of patients' transition from hospital care.

The cohort study by Delgado-Rodrguez, Gmez-Ortega, Sillero-Arenas, & Llorca (2001) on the surgical-site infections diagnosed after hospital discharge is very much relevant to emphasize the need for monitoring for post-discharge complications. Their focus is on

surgical-site infections, but the very elements in this research bring awareness about the variables which might lead to post-discharge complications and add to our present understanding of the complexities surrounding the discharge of patients from a private hospital in Nablus.

The findings from the study by Delgado-Rodrguez, Gmez-Ortega, Sillero-Arenas, & Llorca (2001) place on high alert the occurrence of post-discharge complications, most especially in surgical-site infections. In the setting of a private hospital in Nablus, with a paramount concern for the safety of its patients, it becomes incumbent upon healthcare providers to understand and address various factors likely to contribute to post-discharge complications.

The private hospital in Nablus could benefit from follow-up practices upon discharge and its prevention strategies by reflecting on the insights from studies such as (Delgado-Rodrguez, Gmez-Ortega, Sillero-Arenas, & Llorca, 2001). By engaging in these proactive steps, the safeness of quality healthcare provision that the hospital strives to attain is maintained, thus yielding positive outcomes and experiences amongst patients in the context of Nablus.

It aims to plug a serious lacuna that exists in literature available today on the effect of quantitative factors on discharge times in a private Nablus, West Bank, Palestine, hospital. More broadly, this research is designed to make an important contribution toward literature concerning unique dynamics of health care delivery in a regional context set by unique cultural, logistic, and administrative considerations. This article focuses on the quantitative elements surrounding the discharge of patients at the end of life, in an effort to better understand all the factors that affect timely discharges. This has an impact on patient satisfaction, hospital efficiency, and resource allocation.

Specific objectives will be the identification and analysis of relationships between such factors as the severity of the patient's medical condition, delays in insurance approval processes, bed availability in the hospital, and time taken to get the patient discharged. Based on these factors, this study sets out to investigate systemically with a view to establishing evidence-based strategies for optimizing the process of patient discharge in a private hospital setup in Nablus. The present study thus aims to make a contribution not only to the development of a local healthcare system, but also to extend insight into the

interplay of facilitating and impeding factors of patient discharge times in the context of a Palestinian public hospital. The results of this study should help enlighten health professionals, policymakers, and hospital administrators in their attempt to modify patient care, operational processes, and hence improve the quality of health care in the region.

1.8 The Impact of Insurance on Patient Discharge Time from Hospitals

Discharge from hospitals is one of the most crucial phases in the delivery of health care services. It is significant in the determination of both the outcomes of patients after discharge and the system's healthcare efficiency. This review is aimed at identifying the relationship between health insurance and the discharge time of patients. Therefore, it is important for the quality of care and hospitals to operate appropriately by modification of this complex relationship. The synthesis of the findings by the above stated studies as to whether insurance affects the timing of patient discharge, thus, reviews the implications these throw to health outcomes.

Forster, Murff, Peterson, Gandhi, & Bates (2003) looked at the incidence and the degree of adverse events affecting patients after discharge. The article did not address insurance directly, but it did lay some basis for the issues and complications that insurance may encounter for patients after discharge from the hospital. Van Walraven, Seth, Austin, & Laupacis (2002) researched whether the availability of the discharge summary at post-discharge visits affected the readmission to the hospital. This also does not directly address insurance, but its finding does add to general coordination of post-discharge care.

Ayanian, Kohler, Abe, & Epstein (1993) reviewed the treatment and clinical outcomes of insured and uninsured women with breast cancer. It therefore has general implications in that the role of insurance may impact disease-specific outcomes, necessarily with implications for generalized care. Hernandez, et al. (2010) conducted a study on the association of early physician follow-up with readmission; this work underlines the importance of post-discharge care. Not exclusively focused on insurance, although their findings have obvious implications for the understanding of how timely follow-up—often influenced by insurance—affects hospital readmissions.

In the South African setting, Dyers, Evans, Ward, Du Plooy, & Mahomed (2016) considered the readiness of central hospitals for National Health Insurance in 2016; specific to the South African setting, their evaluation of coding quality against electronic patient discharge records sheds some light on the broader issue at hand: data accuracy and management, an important consideration when the role of insurance in patient discharge comes into the picture.

The article by Forster, Murff, Peterson, Gandhi, & Bates (2003) not only raises questions about the difficulties at time of discharge, but also insurance-related variables that may exacerbate or mitigate these difficulties. Elucidation as to how insurance affects adverse events in this period further may be helpful in pointing out what parts of care are affected by the quality of insurance coverage. Like it would say, "availability of insurances for follow-up visits or medications required during after-care is also a consideration which will contribute towards the patient's recovery trajectory post-discharge from the hospital".

Illumination of information flow from the hospital to the post-hospital care is the availability of summaries at the time of discharge in the study by (Van Walraven, Seth, Austin, & Laupacis, 2002). The study does not directly involve researching insurance; thus, it would not influence effective communication in most cases. A larger scope that was included could be related to insurance coverage and the effect on the quality and availability of information post-discharge, which would provide more impetus to develop ways to enhance care continuity and reduce readmission rates while improving patient outcomes.

Ayanian, Kohler, Abe, & Epstein (1993) study on the link between health care coverage and clinical outcomes for female patients with breast cancer added the disease-specific dimension of the general question of insurance and health care outcome. Applying this perspective to a much broader population—a cohort of people with health conditions—will potentially give us a global picture of how insurance affects recovery processes. Such design can actually reveal some shared behavioral patterns or unique issues of some particular health conditions, thus leading to the development of more tailored health care policies and interventions likely to work.

The article by Hernandez et al. (2010) regarding the relationship between early physician follow-up and readmission gives appropriate context by which the individual can understand the role of insurance in post-discharge care. Timely follow-up is frequently insurance-dependent, and further explication of that interaction may help to demonstrate how insurance structures influence the continuity and quality of care. The other thing is that generalizability across systems and insurance models may elucidate how post-discharge care improvement interventions can be adapted to the varied insurance landscapes.

In the South African context, Dyers, Evans, Ward, Du Plooy, & Mahomed (2016) offer an assessment of readiness for National Health Insurance that speaks to the broader context: health system readiness. This orientation sets the agenda for questions related to institutional infrastructures and policies required for the effective discharge of patients, and thus raises the stakes with respect to insurance-related interventions. Such data could yield the discussion as to how various healthcare systems, even those that differ in insurance models, manage the discharge of their patients. Thus, it is pertinent to the global discussion of healthcare optimization.

Finally, although it had a lot of insight, there was somewhat of a literature gap in terms of a direct scrutiny with regard to the nature of insurance and its impact on the time patients spend until discharge. This will be up to the researchers to design future studies to definitively demonstrate how insurance, in both type and extent of coverage, impacts the timing and quality of patient discharge. Further analysis on how insurance interacts with other factors, such as SES, comorbidities, or geographical location, can help in obtaining a better, fuller understanding of the dynamics involved. Such research initiatives may be invaluable to help the policy levels and health care practice formulate decisions that can help improve the best possible outcomes during this critical phase of patient discharge.

Efficiently managing the patient's discharge process is another critical area that impacts patient satisfaction and generally the quality of healthcare services. In the context of Nablus, West Bank, Palestine, where the need for good healthcare is increasing, there is a striking lack of comprehensive studies about the factors that affect the discharge times of the patients from a private hospital. The frequency with which previous studies were

conducted on patient satisfaction (Al Sharif, 2008) and experiences with hospital services Takruri, Radwan, El Jabari, Nawajah, & Hassan (2023) can rarely be noted, so there is a gap in knowledge of quantitative factors that influence timely release of patients from healthcare facilities.

Medical conditions of the hospitalized patients have been drawn through an assessment by Sawalha (2009), while medication adherence and its impact on outcomes have been studied by (Qadah, 2014). What has neither been studied nor established, and most critically the points of intersection and demarcation, are the medical conditions with the insurance-related factors and logistics intertwined and embedded within and how each of the three respectively and collectively set, interact, and contribute to the patient discharge time. Measuring and quantifying as such is, therefore, necessary to increase the quality of delivery in the private hospitals in Nablus.

Furthermore, the variables associated with the reported times of discharge of the patient cases, as reported from the private hospitals located in Nablus, West Bank, State of Palestine, will be considered. In relation to the medical condition, insurance-related variables, and logistical issues, it is supposed that the study measures their relative impact on the efficiency of the patient discharge process. Consequently, it will be independent, the time patterns, correlations as well as possible determinants that will be taken by the patients to be discharged from the private hospital, due to the strict appraisal of the patients' record.

This study has concluded that it was undertaken exclusively in Nablus and can contribute valuable local insights to inform health practice. The research will be quantitative, using data from patient records, insurance-related anamnesis, and records of a logistical nature. Such data shall be analyzed to understand properly what goes on in the time of discharge of the patient so that improvements in the process of discharge are evidence-based.

This study will fill this gap in knowledge since it will be a quantitative study of the times patients are discharged from private hospitals after the declaration of the single-pilot concept and steps toward good quality healthcare with high levels of patient satisfaction. It is hoped that the findings in the current study would adequately bring to the attention of health-care service providers, administrators, and the policymakers so that, with regard, such interventions can be implemented to improve efficiency in the patient discharge

process, hence bettering overall health delivery services provided in private hospitals in Nablus, West Bank, Palestine.

This research aims to identify the factors that affect the time of discharge of patients from private hospitals in Nablus, West Bank, Palestine, filling some lacuna in the literature. Taking support from primary studies of (Teno, Plotzke, Gozalo, & Mor, 2014); (Delgado-Rodrguez, Gmez-Ortega, Sillero-Arenas, & Llorca, 2001) which called for linking medical conditions with logistic delays pertaining to time of discharge, the facilitators are measured in a facilitative way so that improved patient outcomes can be brought out with regards to the hospitals management. Put differently, it will gain insight into the dynamics of discharging patients within a regional context and hence develop evidence-based strategies for the improvement of discharge and quality of care.

This will also extend to the insurance coverage implication for post-discharge, in general, based on the related works' findings, tagging it an influence on follow-up care and patient outcomes. The current study is going to look profoundly into how insurance status, medical condition, and discharge logisticians play in an investigation of how variables of such kind interact to determine discharge times when taken jointly. This will help gain insight into the discharge procedures and general satisfaction of patients in Nablus, thereby providing enlightenment to health care providers and policy makers in coming forth with pointed interventions in these and other private hospitals.

Chapter Two
Methodology

2.1 Introduction

This chapter will treat the description of the study method, the study sample and population, the study tool, a description o the procedures that were done to codify the study tool, and its application it describes the statistical procedures used in the analysis of data and extraction of results

2.2 Study design

The study: A retrolective observational study in a private hospital in the Nablus, West Bank, Palestine, will identify and assess factors affecting the time of discharge of patients. The study mainly uses quantitative nature data sources. Historical data can provide an insight on possible investigation of patterns of patient discharges and related factors over two years of time.

2.3 Data Sources

a. Patient Records: Data were collected from EHRs and databases maintained by the private hospital that contain all relevant patient demographic information, disease conditions, admission and discharge dates, clinical orders, and other important relevant quantitative variables.

b. Billing and Insurance Records: Data pertaining to an individual regarding insurance details, billing information, and time taken for prior authorization were extracted from the financial records of the hospital.

c. Logistic records: bed availability records, transportation arranging, and coordination between the hospitals.

2.4 Sample Size

Given a population size of 16,000 patients, a desired level of confidence of 95% (Z = 1.96), and a desired margin of error of 5% (E = 0.05), you can calculate the sample size using the formula:

- n is the sample size (which we want to find).

- Z is the Z-score for a 95% confidence level, which is 1.96.
- σ is the estimated population standard deviation (assumed to be 0.5 for a conservative estimate).
- E is the margin of error, which is 0.05 (5%).
- N is the population size, which is 16,000.

Calculate the sample size:

Sample size: the actual sample size used in this study was 376 patient record. Estimation of sample size was done through the estimation formula, which considered a population size of 16000 patients a desired level of confidence of 95%, and a margin of error of 5 %. It was unnecessary to subtract the finite population correction factor; hence the approximate sample size was 376 to hold representation.

This were achieved by the application of the technique of randomization of samples from the larger population in the research. A computer-based random number generator or some other process of randomization is applied to randomize the sample. The study does not apply selectivity and, therefore, the overall generalizability of the results is universal to a greater population.

A randomly selected sample was taken from the history data of patients who match the given set of two years.

2.5 Study Population

Inclusion Criteria:

- Patients Admitted to the Private Hospital: This will include patients who were admitted to the private hospital in Nablus for a two-year period earmarked.
- All Age Groups: Patients from all age groups were taken note of in an attempt to make the study more generalized within the limits of the patients going through the portals of the hospital.
- Varied Medical Diagnoses: All types of medical diagnosis and conditions were taken into account to determine the varied need of medical and time taken in discharge.
- Both the insured and the non-insured patients were taken into consideration in the

analysis when determining the impacts of different insurance-related variables on the discharge times.

- Other Insurance Companies: Patients that have registered with other types of insurance companies or categories to study the influence caused by the different policies in insurance on discharges.
- All Occupancy Scenarios: Patients with their admissions during highs and lows of both bed occupancy periods, to capture the dependence relationship between the availability of beds and discharge time.
- Patients with Incomplete Data: These are the people on whom data is incomplete or lacking on the variables to be analyzed such that, for instance, if there are exclusion criteria, then the patients with exclusion criteria, like those with incomplete discharge times, are excluded from the study.
- Patients in Other Hospitals: Patients admitted to hospitals other than the identified private hospital will not feature within the sample.
- Patients with Non-Medical Admissions: The admissions for reasons other than medical but for administrative or non-clinical purpose shall be excluded to the review as the same may not send or deliver the message that the study is meant to focus upon.
- Patients with Rare Conditions: When the patient presents extremely rare or unique medical conditions that cannot be applied to the general population, he/she were excluded.
- Patients with Atypical Insurance Situations: Patients with highly individualized insurance arrangements that do not typify the general condition of most patients were excluded.

2.6 Data collection tool

This data collection tool was serve as secondary data from the selected hospital and were included the major variables were have identified in the methodology: patient demographics, medical conditions, admission and discharge details, clinical orders, billing and insurance information, and logistics arrangement.

Permission and Access:

Permission to use and access secondary data for research was provided by the hospital's management of the private hospital.

Permission was granted for the researcher and data analysts, who were educated in the hospital, to access the data and retrieve data held in the electronic health records, data from administrative databases, and financial records of the hospital.

Data Extraction:

Retrospective data extraction: the focus was on the gathering of information regarding patient demographics, medical conditions, admission and discharge, clinical orders, and billing and insurance details, including logistic arrangements.

Data was for a two-year period to ensure that it is not only adequate but also representative of the patients who were admitted and discharged from the hospital.

Data Analysis:

Exploring the relationship between the variables and times taken to discharge a patient through the application of descriptive and quantitative nature methods of data analysis.

Statistical methods like regression analysis were applied in determining the impact the factors had on the efficiency to discharge a patient and variability of delays in the hospital.

Ethical Considerations:

The study was conducted under the achievement of ethical guideline and standards on the conduction.

Patients' information was made anonymous. It was made confidential and, at the same time, the privacy of the patient was kept.

This methodology made possible the structured collection and analysis of secondary data taken in a private hospital in Nablus to study factors affecting patient discharge times. Study depended upon the derivation of the maximization process of improvements in patient care during this period within a setup environment of a closely data-extracted, cleaned, and closely analyzed focused hospital.

2.7 Validity and Reliability

In adherence to the dictates of a valid research, quantitative method of data collection was conducted in conformity with the conventional norms and ethics of research.

2.8 Statistical analysis

Descriptive Analysis:

For the categorical study variables, frequencies and percentages were computed for patient's condition, occurrence of complications in patients, and type of care. The variables of age and length of stay were categorized into intervals, and frequencies along with percentages were computed based on these intervals. These were done only for summarizing and describing the study variables.

Quantitative Analysis:

This provided the ground for carrying out a statistical analysis, which ranged from simple and multiple linear regression models that brought into play the variable relations between patient discharge time and the patients' conditions, occurrence of complications in patients, type of care, and age. This quantitative analysis is in search of important predictors of such times.

Chapter Three

Results

In this chapter, the study's outcomes are showcased through addressing its research inquiries and testing its hypotheses. The data underwent processing and coding, followed by the implementation of both simple and multiple linear regression analyses using SPSS software.

3.1 Results

Characteristics of the sample:

Table 1

Demographic Characteristics of Patients

Variables		Frequencies	Percentage
Gender	male	224	59.4%
	female	153	40.6%
	Total	377	100%
Age	Less than 18	54	14.3%
	18-33	78	20.7%
	34-49	55	14.6%
	50-65	104	27.6%
	more than 65	86	22.8%
	Total	377	100%

The table (1) displays the distribution of patients by gender and age groups. Males account for (59.4%) of the sample, while females make up (40.6%). The largest age groups are 50-65 and over 65 (50.4% combined), and the smallest group is under 18 (14.3%).

Table 2

Distribution of Patients by Accommodation Type in a Hospital

Variables		Frequencies	Percentage
Type of Care	First Class	34	%9.0
	Third Class	193	%51.2
	Incubator	21	%5.6
	Suite	13	%3.4
	Cardiac Care	33	%8.8
	Intensive Care	83	%22.0
	Total	377	%100

The table shows the distribution of patients across different accommodation types in a hospital. Third Class accommodation is the most common (51.2%), followed by Intensive Care (22.0%). First Class, Suite, Incubator, and Cardiac Care have smaller percentages of patients.

Table 3

Distribution of Patients by Patient's Condition in a Hospital

Variables		Frequencies	Percentage
Patient's condition	Emergency	334	%88.6
	elective	43	%11.4
	Total	377	%100

The table shows that most patients (88.6%) were admitted under emergency conditions, while a smaller percentage (11.4%) were admitted electively.

Table 4

Distribution of Patient Length of Stay in the Hospital

Variables		Frequencies	Percentage
Length of Stay	less than 4 days	285	75.6%
	4-12	68	18.0%
	13-21	14	3.7%
	more than 21 days	10	2.7%
	Total	377	100%

The table shows that most patients (75.6%) have a length of stay in the hospital of less than 4 days, indicating a trend towards shorter hospitalizations. Fewer patients stay for 4-12 days (18.0%), 13-21 days (3.7%), or more than 21 days (2.7%).

Table 5

Occurrence of Complications in Patients

Variables		Frequencies	Percentage
Complications Occurrence	NO	367	97.3%
	YES	10	2.7%
	Total	377	100%

Table 5 provides data on the occurrence of complications among patients. It shows that (97.3%) of patients did not experience complications, while only (2.7%) did.

3.2 Study Hypothesis and the results

Hypothesis1 : Age has a significant impact on the length of stay in the hospital.

Table 6

Linear regression between Age (in years) and Length of stay in the hospital (in days)

Dependent	Independent	B	sig		Result
length of stay	Age	0.077	0.000	0.110	Reject the null hypothesis

From the results presented in Table (6), the p-value of less than 0.05 indicates a significant positive relationship between Age and Length of stay in the hospital, with a coefficient of (B=0.077). This suggests that for each additional year of Age, the Length of stay in the hospital increases by approximately (0.077) days. Age explains approximately 11% of the variation in the Length of stay in the hospital.

Hypothesis 2: There is a significant impact of the patient's condition on the length of stay in the hospital.

Table 7

Linear regression between patient's condition and Length of stay in the hospital (in days)

Dependent	Independent	B	sig		Result
length of stay	patient's condition	2.417	0.016	0.015	Reject the null hypothesis

The results from Table (7) reveal a statistically significant impact of the patient's condition on the length of stay in the hospital, indicated by a p-value of less than 0.05. Specifically, patients admitted under emergency conditions have a longer length of stay by approximately 2.417 days compared to elective admissions. Although the variability explained by the patient's condition is modest at 1.5%, this relationship is deemed significant, leading to the rejection of the null hypothesis.

Hypothesis 3: The occurrence of complications in patients has a significant impact on the length of stay in the hospital.

Table 8

Linear regression between occurrence of complications and length of stay in the hospital

Dependent	Independent	B	sig		Result
length of stay	occurrence of complications	11.649	0.000	0.091	Reject the null hypothesis

The results from Table (8) indicate a significant impact of the occurrence of complications on the length of stay in the hospital, as evidenced by a p-value of 0.000. The coefficient (B=11.649) suggests that the presence of complications increases the length of stay by approximately 11.649 days. While the R-squared value indicates that 9.1% of the variability in the length of stay can be explained by the occurrence of complications

Hypothesis 4: The type of care has a significant impact on the length of stay in the hospital.

Table 9

Linear regression between type of care and length of stay in the hospital

Dependent	Independent	B	Sig for each variable	F	Sig.		Result
length of stay	Incubator	7.601	0.000	23.06	0.000	0.156	Reject the null hypothesis
	Cardiac Care	6.544	0.000				
	Intensive Care	2.692	0.000				

Table (9) indicates that the type of care has a major influence on hospital stay duration. The length of stay for patients in the incubator, cardiac care, and intensive care units is significantly longer (7.601 days, 6.544 days, and 2.692 days, respectively), as shown by the p-values (p =.000) for each variable. This association is further supported by the R-squared value (.156), which indicates that the type of care explains 15.6% of the variation in duration of stay. The null hypothesis is therefore rejected.

Main Hypothesis:

Table 10

Linear Regression Analysis of Variables Impacting Length of Stay in the Hospital

Dependent	Independent	B	Sig for each variable	F	Sig.		Result
length of stay	Age	0.055	0.000	24.09	0.000	0.292	Reject the null hypothesis
	patient's condition	0.340	0.651				
	occurrence of complications	9.851	0.000				
	Incubator	2.196	0.482				
	Cardiac Care	3.913	0.000				
	Intensive Care	2.005	0.001				

Table (10) indicates that factors such as "Age", "Occurrence of Complications", "Cardiac Care", and "Intensive Care" have statistically significant effects on hospital length of stay (p-values of.000). With a beta coefficient of 9.851, "Occurrence of Complications" had the highest influence on duration of stay among these variables. On the other hand, because "Patient's Condition" and "Incubator" have p-values higher than 0.05, they do not

show statistically significant effects. The significant variables can be used to explain approximately 29.2% of the variability in the length of stay, according to the R-squared value of 0.292.

Summary:

The study provides a comprehensive analysis of factors affecting the length of hospital stay. Key findings indicate that age has a significant, albeit modest, impact on the duration of hospitalization, with each additional year adding approximately 0.077 days to the length of stay. Emergency admissions are associated with a notably longer stay, extending by about 2.417 days compared to elective admissions. The presence of complications significantly influences length of stay, increasing it by around 11.649 days, making complications a crucial factor in extended hospitalizations. Additionally, the type of care received plays a substantial role: patients in intensive care, cardiac care, and incubator units experience significantly longer stays, with increases of 2.692 days, 6.544 days, and 7.601 days respectively. Together, these factors explain about 29.2% of the variability in hospital stay duration. Notably, while complications and type of care are strong predictors, the patient's condition and the type of accommodation, such as incubator care, do not show a significant direct effect on length of stay. This analysis underscores the importance of addressing complications and considering the type of care when managing patient discharge times.

Chapter Four

Discussions, Conclusions and Recommendations

This chapter is going to be devoted to the discussion of findings, conclusions, and recommendations.

4.1 Discussion

4.1.1 Gender and Discharge Time

The distribution of gender in the sample of the patients admitted to the private hospital in Nablus—59.4% male and 40.6% female—may shed some light on probable gender-linked factors that may influence the discharge time variables under study. Although gender does not directly influence the time of discharge, it might indicate special needs or preferences in one patient group. Literature by (Abolfotouh, Al-Assiri, & Alshahrani, 2017); (Acoba, et al., 2022) suggests that demographic factors, including gender, are bound to make some difference in healthcare service delivery. Analysis of trends involving gender on discharge planning and communication strategies will identify areas of deficiency and provide opportunities for improvement in overall satisfaction with discharge.

Gender dynamics within health care would further affect discharge planning and the interaction with the patient, thereby indirectly influencing the discharge experience and overall patient satisfaction. As Abolfotouh et al. (2017) highlight, even though gender does not directly relate to discharge timing, health care providers should give heed to certain considerations based on each gender. For instance, female patients may be more interested in receiving detailed instructions post-discharge or may stress more family involvement during the time of discharge planning. This could be due to cultural expectations or family roles of women and men, especially in settings where involvement of family members is a norm in health decisions. Being sensitive to such issues and adapting processes to accommodate them can ensure that discharge processes are patient-centered with increased satisfaction and improved outcomes post-discharge.

The second most important element is communication in appealing to gender-related needs. Hence, studies like the one by Acoba et al. (2022) help one understand that clear and tailored communication strategies would improve the discharge experiences of both

male and female patients. Sometimes, male patients may prefer short and concise messages, while female patients may require detailed information so that they could ask questions. Due to this, such preferences help alleviate anxiety about post-discharge care and make sure patients leave the hospital knowing how to take care of themselves after discharge. This also contributes to the positive assessment of the services offered, since the patients are treated with respect and their needs are understood.

Conversely, sensitiveness regarding gender-specific needs in the health care system can make a total health outcome impact. For instance, women, who statistically are more prone to chronic conditions, may benefit from being discharged with protocols that emphasize follow-up care and detailed education on managing chronic health conditions post-discharge. This will be achieved by refining private hospitals' discharge practices in Nablus with a gender-aware approach, which, on top of increasing the level of patients' satisfaction, may also decrease the number of readmissions since all patients are prepared for their transition to the comfort of their homes. Abolfotouh et al. (2017) and Acoba et al. (2022) support the idea, purporting that such gender-sensitive practices are at the heart of ensuring improvement in the quality of healthcare, thus assuring better resource use for the benefit of both patients and healthcare providers.

4.1.2 Intersectionality and the Discharge Experience

This is critical to understand demographic variables like gender, age, SES, and how they intersect in terms of discharge times. Problems may pop up at different times for patients of various backgrounds moving through the system and influence their experience. Using an intersectional approach, health providers could focus discharge interventions on the needs and preferences of specific patient populations. It is individual strategies, such as patient education, involvement of caregivers, or discharge planning consultations, that bring patients closer to equal opportunities in access to timely and quality care and increase satisfaction regarding the process of discharge (Acoba, et al., 2022).

While gender distribution offers very useful demographic insight, its relationship with discharge times may be influenced by confounding variables such as age, socio-economic status, and culture. The complexity of grasping the patient experience perhaps enables health care providers to draw on some of the focused interventions in the optimization of the discharge process to impact positively on overall patient satisfaction (Abolfotouh, Al-

Assiri, & Alshahrani, 2017).

An intersectional approach to the discharge experience allows the health professional to consider the ways intersections of such demographic factors-age, SES, gender, and cultural background-further influence discharge times and patient satisfaction. This allows healthcare teams to provide more targeted interventions based on the particular needs of each diverse patient population. In this respect, the challenges a young patient from a low SES background and an aged patient from a high SES background will face differ, for example, in post-discharge support and follow-up care. According to the authors, Acoba et al. (2022), in addressing such differentiated challenges lies an avenue for health providers to improve their discharge processes so that it becomes equitable, responsive to the peculiar barriers of different populations.

Moreover, intersectionality in discharge planning incorporates cultural sensitivity, specifically in a setting such as Nablus, where the potential exists for cultural backgrounds that may be dissimilar. Cultural beliefs can be influential in patients' perceptions of hospital care, communication with healthcare providers, and their comfort level in asking for support. Therefore, the recognition of cultural variability in the process of discharge will support a more adequate approach to communication, whereby healthcare providers are enabled to engage themselves with the patients and their families in order to clarify what they expect or need after discharge. In such a way, it will be predictable and prevent any problems that could cause delay to discharge or even to the satisfaction of the patients, including misunderstandings of instructions on medication or follow-up appointments. This would make the hospital environment even more sensitive and welcoming to all types of patient backgrounds if cultural knowledge were integrated into the process of discharge planning.

Moreover, the after-discharge experiences of patients and their level of satisfaction about the care provided by hospitals are significantly determined by their SES. Further complications include issues such as lack of transportation and financial problems in low-SES patients, which prolong a patient's length of stay and complicate discharge. Closing these gaps may involve the development of resources and supports tailored to the specific needs of the patients in question, such as providing transportation vouchers or linking them with community services that can arrange for home care. Acoba et al. (2022) say,

"Discharge planning interventions that reduce socioeconomic disparities not only promote timely discharges but are also contributory to improved long-term health outcomes because such measures would likely provide certainty that the recovery needs of the patients are met and supported in their transition to home.". In this respect, adopting the intersectional framework would let the provider contextualize the combined effects of SES with other demographic factors influential in patient satisfaction and design protocols for discharge that are equitable and patient-centered.

4.1.2 Patient-Related Factors Influencing Length of Stay

This study identifies factors that would influence the length of stay in a hospital as: age, patient condition, occurrence of complications, and type of care. The regression analysis result, as indicated, was positive and significant in relating length of stay to age; $B = 0.077$, $p < 0.001$, indicating that for every additional year of age, length of stay increases by about 0.077 days. Compared to the elective, patients admitted under emergency stayed in the hospital for a longer period of time, about 2.417 days longer, with $p = 0.016$. Also, it was seen that the presence of complications increased the length of stay by about 11.649 days with $p< 0.001$. These results agree with the studies carried out by (Sran, Pyra, & Chen, 2017); (Friedel, et al., 2023), on the key role these patient-related factors play in influencing hospitalization outcomes and hence their satisfaction levels.

Besides age, patient condition, and occurrence of complications, the type of care also influences the duration of stay in the hospital. Patients who receive special or intensive care, being admitted to the critical care unit or patients undergoing a surgical intervention, stay longer than those patients who have been admitted for less serious conditions or routine/elective admission. This is also in concurrence with the work of Sran et al. (2017), where it has been specified that patients who need complex pathways of care have to go through extended stays in hospitals due to their continuous need for monitoring, expert interventions, and individualized recovery plans. This study observed that the length of stay for emergency admissions was longer compared to elective admissions. This is because the nature of emergent care often requires more diagnostic testing, treatment adjustments, and close post-treatment observation. The patterns here suggest that proper resource allocation needs to make allowance for these divergent needs in order to work out the best flow of patients and improve bed availability in hospitals.

In addition, socio-economic factors not directly tested in this paper do tend to interrelate with patient-level contributors of length of stay. For example, the results from Friedel et al.'s studies in 2023 show that patients with a lack of resources to get the appropriate post-discharge care have poor social support, or are of lower socio-economic status tend to have longer lengths of stay. This is attributed to the fact that the hospital must ensure the health conditions at the time of discharge are stable, the set up outside the hospital may not be perfectly adequate to offer the needed support. Patients treated at Nablus's private hospital may present similar socio-economic disparities that could indirectly influence discharge times, as physicians may wait longer before discharging a patient who has no reliable means for follow-up care. Appreciating these wider socio-economic determinants may provide lessons that can be learned regarding the need to adopt a holistic approach in discharge planning, one that will consider not only the clinical indicators but also the patient's home environment and support systems in attempting to avoid unnecessary extensions of hospital stays.

4.1.3 Impact of Care Quality on Patient Satisfaction and time discharge

This is reflected in the different types of care into which patients have been distributed across the board in this study, indicating clear variations in service quality and intensity. For instance, the mean length of stay of admission to an intensive care unit was lengthened by about 2.692 days, as opposed to all other types of care ($p < 0.001$). This was also the case for patients who needed either cardiac care or incubator services; their average lengths of stay were prolonged by about an average of 6.544 and 7.601 days, respectively, with $p < 0.001$ in both. These are in line with findings reported by (Almass, et al., 2022); (Westbrook, Babakus, & Grant, 2014) underline the importance of service quality and service as perceived by the patients toward the hospitals in driving these satisfaction levels.

A good experience and satisfaction with health care are received through getting good quality care associated with the fulfillment of patient needs. Hospitals whose practices are concentrated in patient-centered care, effective utilization of resources, and interdisciplinary collaboration have a record of better clinical outcomes and scores in satisfaction surveys. Health care providers improve patient satisfaction and quality care brought about by interventions through timely and efficient provision, optimizing the pathways of care, and patient engagement in their care (Almass, et al., 2022).

Distribution of patients across different types of care and the associated length-of-stay variations bring out the need for quality of care in shaping patient satisfaction. Quality of care and its effects on patients outline opportunities to target interventions by health services in optimizing care processes that minimize discharge delay without need and improve the overall satisfaction with the healthcare experience, as described by (Westbrook, Babakus, & Grant, 2014).

Besides, when the case consideration goes to units like intensive or cardiac care, the impact of the quality of care on the satisfaction and discharge time of the patient becomes vital. These patients are usually admitted in highly dependence areas and require extended and personalized care because of the critical stages of their diseases, which can also extend their stay at the hospital. These findings are concordant with Almass et al. (2022), who observed that in specialized units, patients generally stay longer in the hospital but are highly satisfied when their special care needs have been met. This correlation underlines resource allocation and the training of specialized staff as key areas regarding the quality of care in the critical care unit. When the patients perceive that they receive dedicated and attentive care focused on their condition, it will lead to the overall experience and satisfaction of the patients toward the healthcare provider.

The second is about timely and efficient discharge planning; it contributes to patient satisfaction and hospital effectiveness. It is noted from the study by Westbrook et al. (2014) that clear communication, early discharge planning, and coordination among healthcare teams reduce the patient's discharge time significantly, along with enhancing patient satisfaction. Patients with better-organized discharges, meaning the timing was proper and their plans adequate, were found to be more satisfied compared to those showing delay or lack of preparation to go home. Thus, healthcare teams can be made to intervene at the early stage in the patient care process in order to facilitate a smooth discharge process by not allowing an unnecessary extension of hospitalization. This effective discharge planning achieves optimized capacity at the hospital and enhances continuity of care for reduced post-discharge complications, features present in most patient-centered care models.

Further, variability in the reliability of the care processes creates a milieu shaping the satisfaction of patients with service, as unequal service might be perceived by them as a

kind of injustice. This study noticed that patients with the need for complex services, such as cardiac or intensive care, had extended stays, but these extended stays felt positive if the attention to the care and the communication by healthcare staff were good. According to Almass et al. (2022), health facilities make sure to extend even standard levels of care across different service areas, ensuring both general and specialized care units implement the quality benchmark in treating their patients. This focus on equity in care quality will also enable the hospital to provide equal treatment experiences to all patients, so that trust and satisfaction are achieved irrespective of the services that have been provided. Such investment in training and allocation of resources in various care settings ensures comprehensive and supportive care for all patients, contributing again to better patient outcomes and increased satisfaction.

4.2 Conclusion

This research has therefore been very vital in trying to bring out some of the factors that influence discharge time for patients at a private hospital in Nablus. This is a retrospective study, and it is from this background that major findings have been revealed through rigorous statistical analysis. Among them are demographic factors, such as age and gender, which have very rich insights into the contradictions and disparities between the patient populations with respect to experiences in health care. Patient-related factors influence length of stay and include the condition of the patient and the occurrence of complications. This proves that timely and effective medical care is very necessary. Moreover, the typology of care received by the patients seems to have a main role in shaping the times of discharge; for example, specialized care units, provided that the patient remains stable, are usually correlated with a longer time of stay at the hospital.

This study further stresses the strong relationship between the quality of care and patient satisfaction. Individualized care with respect to the condition of the patient is helpful to quality patient-centered care, which has a direct translation to a positive health care experience characterized by high patient satisfaction. More attention being directed toward the improvement of quality activities and the optimization of the care pathway helps health care providers to improve the overall satisfaction among patients and reduce inefficiency associated with the discharge process.

4.3 Recommendations

Furthermore, some recommendations have emerged from the insights gathered in terms of how the discharge processes could be streamlined and patient satisfaction maximized in a private hospital setup. More specifically, strengthening channels of communication between doctors and patients and their families should be prioritized. Smooth transitions out of the hospital can be facilitated by clear and open communication about treatment plans, instructions for discharge, and post-discharge care.

Another important element of discharging more efficiently has to do with the smoothing of a care pathway. Or, in other words, the identification and working on bottlenecks in the discharge process will reduce the unwanted delay, increasing efficiency in operation. Accordingly, patient-centered care is delivered in an important way. It means that patient preferences and values have to form an integral part of care planning and decision-making processes in such a way that the patients will feel they are in full control, empowered, and masters of their own decisions.

With this, initiatives aimed at improving care quality should be easily undertaken. An investment in staff training and education programs may be needed to obtain health professionals who can appropriately deliver high-quality, patient-centered care all the time. It is hence very important to establish mechanisms in monitoring and evaluating processes for discharge, including the satisfaction levels of the patients. This is important to enable regular feedback loops to have the greatest impact on efforts for continuous improvement and bring out the need for change in practices that will be deemed useful for the delivery of care services.

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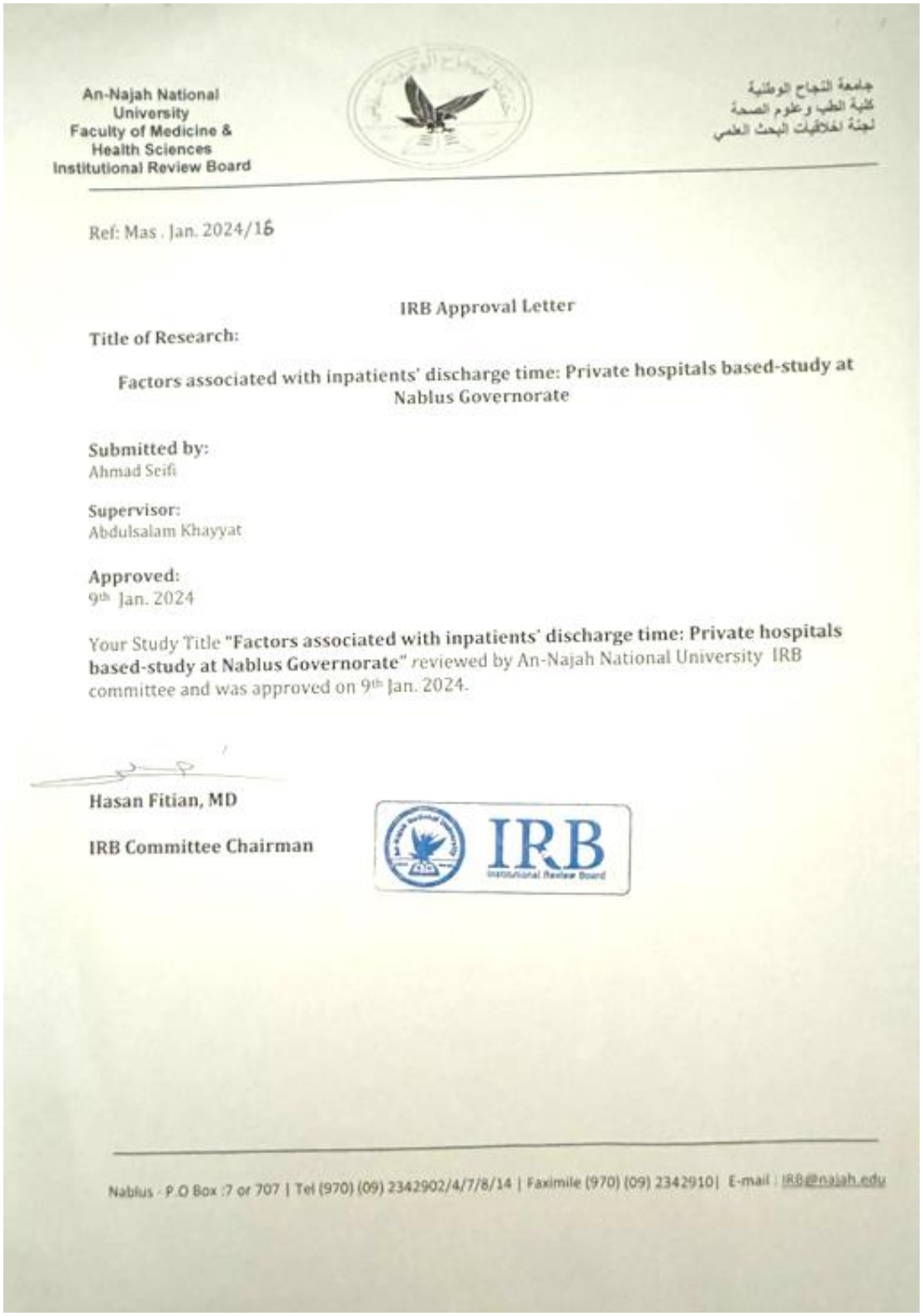
Appendices

Appendix A

IRB Approval Letter



An-Najah National University
Faculty of Medicine & Health Sciences
Institutional Review Board

جامعة النجاح الوطنية
كلية الطب وعلوم الصحة
لجنة اخلاقيات البحث العلمي

Ref: Mas . Jan. 2024/16

IRB Approval Letter

Title of Research:

Factors associated with inpatients' discharge time: Private hospitals based-study at Nablus Governorate

Submitted by:
Ahmad Seifi

Supervisor:
Abdulsalam Khayyat

Approved:
9th Jan. 2024

Your Study Title "Factors associated with inpatients' discharge time: Private hospitals based-study at Nablus Governorate" reviewed by An-Najah National University IRB committee and was approved on 9th Jan. 2024.

Hasan Fitian, MD

IRB Committee Chairman

IRB Institutional Review Board

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جـامعـــة النجاح الوطنية
كليـــة الدراســـات العليـــا

العوامل المرتبطة بوقت خروج المرضى:
دراسة ميدانية على المستشفيات الخاصة في محافظة نابلس

إعداد
أحمد عبد الرحمن حمدي صيفي

إشراف
د. عبد السلام الخياط

قدمت هذه الرسالة استكمالا لمتطلبات الحصول على درجه الماجستير في ادارة الصحة العامة
من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس– فلسطين.

2024

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الملخص

تحقق هذه الدراسة في العوامل المؤثرة على أوقات خروج المرضى في مستشفى خاص في نابلس، الضفة الغربية، فلسطين. باستخدام تصميم الملاحظة وتحليل الانحدار، تحدد الدراسة العمر، حالة المريض، حدوث مضاعفات، ونوع الرعاية كعوامل مؤثرة بشكل كبير على أوقات الخروج.

هدف الدراسة: تهدف هذه الدراسة إلى تحليل وتحديد العوامل المرتبطة بأوقات خروج المرضى في بيئة المستشفيات الخاصة، مما يساهم في تعزيز الفهم وتحسين عمليات الخروج لتحقيق نتائج مرضية أفضل للمرضى.

منهجية الدراسة: تم استخدام تصميم ملاحظي استعادي، حيث تم الاستعانة بالبيانات التاريخية من السجلات الصحية الإلكترونية، قواعد البيانات الإدارية، والسجلات المالية للمستشفى. تم إجراء تحليل الانحدار لفحص العلاقات بين خصائص المرضى وأوقات خروجهم.

نتائج الدراسة: حدد تحليل الانحدار عوامل مهمة تؤثر على أوقات خروج المرضى. النتيجة الرئيسية تشير إلى أن العمر ($B=0.077$, $p<0.001$) ، حالة المريض($B=2.417$, $p=0.016$) ، حدوث مضاعفات ($B=11.649$, $p<0.001$)، ونوع الرعاية ($p<0.001$) كان لها تأثير كبير على مدة الإقامة في المستشفى.

الاستنتاج الرئيسي: فهم ومعالجة العوامل التي تؤثر على أوقات خروج المرضى أمر حيوي لتحسين عمليات الخروج وزيادة رضا المرضى. يُوصى بتحسين التواصل، وتبسيط مسارات الرعاية، وإعطاء الأولوية للرعاية

التي تركز على المريض لتحقيق هذه الأهداف.

الكلمات المفتاحية: العوامل المرتبطة؛ خروج المريض من المستشفى؛ مستشفى نابلس التخصصي.