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Effects of Financial Status, Health Insurance Status, And Administrative Discharge Policy in Timely Discharge of Patients in a Private Hospital in Laguna

Mariel Tigue Romaraog , R.S.W.[1], Eduardo V. Soriano, Jr., Rph, MHA, MPH, MSPharma[2]

[1,2] University of Perpetual help System Laguna

ABSTRACT

The timely discharge of patients is a crucial component of hospital efficiency and quality healthcare delivery (Gupte, 2022). Hospitals aim to ensure that patients are discharged at the appropriate time once they are medically stable, as this helps optimize bed availability, reduce healthcare costs, and improve patient flow. Timely discharge reflects effective coordination among clinical teams, administrative systems, and financial processes, indicating overall hospital performance. The goal of this study was to examine the effects of patients' financial status, health insurance status, and administrative discharge policy on the timely discharge of patients in a private hospital in Laguna. Specifically, it explored the level of financial status in terms of income, capacity to pay, and cash on hand; health insurance status in terms of type of insurance, coverage limits, and utilization; and administrative discharge policy in terms of workflow, clearance signatures, and billing speed. It also determined the level of timely discharge and examined the significant relationships among these variables. The findings revealed that there was a significant relationship between the financial status of patients and timely discharge in terms of income ($r = 0.459$, $p = 0.001$), indicating a moderate correlation. Likewise, health insurance status showed significant relationships with timely discharge in terms of type of insurance ($r = 0.456$, $p = 0.001$), coverage limits ($r = 0.423$, $p = 0.002$), and utilization ($r = 0.502$, $p = 0.000$). Furthermore, the administrative discharge policy demonstrated a strong significant relationship with timely discharge in terms of workflow ($r = 0.802$, $p = 0.000$), clearance signatures ($r = 0.866$, $p = 0.000$), and billing speed ($r = 0.816$, $p = 0.001$). It was concluded that financial status, health insurance status, and administrative discharge policy are significantly correlated with the timely discharge of patients, with administrative factors showing the strongest influence. These findings imply that efficient hospital processes, along with patients' financial and insurance capacity, are key contributors to improving discharge efficiency. This study is believed to be a valuable reference in enhancing hospital discharge systems, promoting efficient patient flow, and improving overall healthcare service delivery.

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KEYWORDS:

Timely discharge, Financial status, Administrative discharge policy.

I. INTRODUCTION

In hospitals, timely discharge of patients reflects efficiency in healthcare delivery and effective coordination among clinical, financial, and administrative systems. When healthcare teams work collaboratively, discharge processes become faster and more organized, improving bed availability and hospital flow. According to the OECD (2025) [1], efficient discharge systems are essential in improving hospital capacity utilization, reducing overcrowding, and enhancing overall healthcare performance.

Delays in hospital discharge remain a persistent issue in many healthcare systems. Duminy et al. (2026) [2] found that discharge delays are often caused by poor coordination between hospital departments, communication gaps, and limited post-acute care capacity. These challenges highlight the importance of structured discharge planning and efficient hospital systems.

Corresponding Author: Mariel Tigue Romaraog

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Financial capability is one of the major determinants affecting hospital discharge. Alibudbud (2024) [3] explained that financial constraints in healthcare systems contribute to inefficiencies in patient flow, particularly in private hospitals where payment settlement is required before discharge. Similarly, the World Bank (2023) [4] emphasized that inadequate financial protection systems increase the risk of catastrophic health spending, which affects patients' ability to complete hospital payments and discharge requirements.

The World Health Organization (WHO, 2024) [5] further reported that out-of-pocket healthcare expenditures remain a major barrier to timely healthcare access and discharge, especially among low-income patients. This financial burden often delays hospital release even after medical clearance has been given.

Financial strain also affects patient behavior and healthcare utilization. Despard et al. (2025) [6] found that medical debt is strongly associated with delayed care and reduced healthcare access among low-income populations. Likewise, Petroski et al. (2024) [7] reported that insurance complexity and financial constraints contribute to medication nonadherence and interrupted treatment, which may prolong hospitalization.

Health insurance coverage plays a significant role in hospital discharge efficiency. Choi et al. (2024) [8] found that coordinated insurance systems and discharge support mechanisms improve patient flow and reduce administrative delays. However, Choudhury (2023) [9] explained that delays in insurance authorization and approval processes increase hospital length of stay because billing and discharge clearance cannot be completed promptly.

In addition, the World Health Organization (WHO, 2023) [10] highlighted that fragmented insurance systems and weak reimbursement mechanisms contribute significantly to inefficiencies in hospital discharge processes worldwide. These system gaps often result in administrative bottlenecks even when patients are clinically ready for discharge.

Administrative discharge policies are also critical in ensuring timely patient release. Leone et al. (2025) [11] emphasized that structured discharge planning, workflow optimization, and interdepartmental coordination significantly reduce discharge delays and improve hospital efficiency. Similarly, Bailey et al. (2024) [12] found that "discharge by noon" initiatives improved patient throughput and reduced hospital congestion.

The Agency for Healthcare Research and Quality (AHRQ, 2023) [13] noted that ineffective discharge planning systems contribute to prolonged hospital stays and may increase the risk of readmission. Furthermore, the Commonwealth Fund (2024) [14] reported that administrative inefficiencies remain a major cause of delayed discharge in both public and private hospitals.

Digital transformation has also been identified as a key solution to discharge inefficiencies. McKinsey & Company (2023) [15] reported that hospitals adopting digital systems experienced improved workflow efficiency, reduced administrative burden, and faster patient discharge processes. Similarly, the European Observatory on Health Systems and Policies (2023) [16] found that integrated hospital information systems enhance coordination between departments and reduce discharge delays.

Despite the existing literature, limited studies have examined the combined effects of financial status, health insurance status, and administrative discharge policies on timely discharge, particularly in private hospitals in Laguna. Most previous research focused on individual factors without exploring how these variables interact within a specific healthcare context.

For these reasons, the researcher was motivated to conduct this study to determine the effects of financial status, health insurance status, and administrative discharge policy on the timely discharge of patients in a private hospital in Laguna. The findings of this study are expected to provide valuable insights for hospital administrators and healthcare personnel in improving discharge processes. Furthermore, this study aims to serve as a basis for developing an action plan that enhances administrative coordination, promotes efficient patient flow, and improves overall healthcare service delivery.

1.1 Objective of the Study

The overall objective of this study was to examine the effects of financial status, health insurance status, and administrative discharge policy on the timely discharge of patients in a private hospital in Laguna. Specifically, this study had the following aims (1) investigate the level of financial status of patients in terms of income, capacity to pay, and cash on hand; determine the health insurance status in terms of type of insurance, coverage limits, and utilization; assess the status of the hospital's administrative discharge policy in terms of workflow, clearance signatures, and billing speed; and identify the level of timely discharge of patients, (2) discern the significant relationship between the level of financial status and timely discharge of patients, health insurance status and timely discharge, and administrative discharge policy and timely discharge, and (3) propose an action plan based on the findings of the study to improve the timely discharge of patients considering financial status, health insurance status, and administrative discharge policy.

II. METHODS

To obtain the necessary data needed for the study, quantitative research was utilized. Copeland (2022) [16] defined it as a method that involves measuring variables numerically and analyzing them using statistical techniques to determine relationships among variables. Likewise, a descriptive-correlational research design was employed by the researcher, as it is the most appropriate research model for

this study. Descriptive research focuses on describing existing conditions, while correlational research determines the relationship between variables without manipulation. Through the utilization of these methodologies, the researcher sought to determine the level of (a) financial status, (b) health insurance status, (c) administrative discharge policy, and (d) timely discharge of patients. For the sampling technique, purposive sampling was used in this study. This is a type of non-probability sampling where respondents are selected based on specific criteria. The population consisted of thirty (30) patients who experienced delayed discharge in selected private hospitals in Laguna, and twenty-eight (28) respondents were included in the study. The sample size was determined using the Raosoft Sample Size Calculator with a 95% confidence level and a 5% margin of error. The selected respondents were considered appropriate since they had direct experience with delayed discharge. The respondents of the study were patients from selected private hospitals in Laguna. A structured questionnaire using a four-point Likert scale was utilized to gather data. The instrument consisted of four parts: financial status, health insurance status, administrative discharge policy, and timely discharge. The questionnaire underwent face validation by experts and was tested for reliability using Cronbach's Alpha, yielding coefficients of 0.975, 0.985, 0.971, and 0.963, respectively. The questionnaires were personally distributed, and the collected data were tallied, tabulated, analyzed, and interpreted. Statistical tools such as weighted mean and Pearson r were used for data analysis. Weighted mean was utilized to determine the level of the variables, while Pearson r was used to identify the significant relationships between financial status, health insurance status, administrative discharge policy, and timely discharge of patients.

III. RESULTS AND DISCUSSION

1. The Financial Status of Patients

Table 1. The Financial Status of Patients: Income

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. My monthly income is sufficient to cover my hospitalization expenses.	1.60	Very Low	5
2. My income allows me to pay hospital bills without major financial difficulty.	1.70	Very Low	4
3. My income bracket allows me to choose better healthcare options without delay.	1.86	Low	1
4. I do not rely on charity or external donations to augment my income for health costs.	1.72	Very Low	3
5. My household's combined income is enough to manage unexpected billing surges.	1.76	Low	2
6. I can settle hospital bills without diverting funds from basic needs (food/rent).	1.58	Very Low	6
Average	1.70	Very Low	

As presented in Table 1, the financial status of patients in terms of income indicates that respondents generally experience financial limitations in managing hospitalization expenses. The indicator "The patients' income bracket allows them to choose better healthcare options without delay" obtained the highest rank (Rank 1) with a weighted mean of 1.86, which is verbally interpreted as Low. Moreover, the indicator "The patients' household combined income is enough to manage unexpected billing surges" ranked second with a weighted mean of 1.76 and a Low interpretation. The indicator "The patients do not rely on charity or external donations to augment their income for health costs" ranked third with a weighted mean of 1.72, followed by "The patients' income allows them to pay hospital bills without major financial difficulty" which ranked fourth with a weighted mean of 1.70. Both indicators were verbally interpreted as Very Low.In addition, the indicator "The patients' monthly income is sufficient to cover hospitalization expenses" ranked fifth with a weighted mean of 1.60, while "The patients can settle hospital bills without diverting funds from their basic needs (e.g., food and rent)" ranked sixth with a weighted mean of 1.58. Both were interpreted as Very Low, highlighting that hospitalization often forces patients to reallocate funds intended for essential household needs. Overall, the financial status of patients in terms of income was Very Low, with an average weighted mean of 1.70. This indicates that the income level of many patients is inadequate to support hospitalization expenses, leading to financial strain and increased reliance on external support or alternative funding sources.

Table 2. The Financial Status of Patients: Capacity to Pay

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. I have the means to pay the full bill without resorting to personal loans.	1.52	Very Low	6
2. I can provide the required deposit or down payment immediately upon admission.	1.76	Low	2.5
3. My financial assets (savings/investments) are accessible for medical emergencies.	1.70	Very Low	4
4. I can settle professional fees (doctors' fees) independently.	1.68	Very Low	5
5. Paying the hospital bill does not cause significant long-term financial strain.	1.76	Low	2.5
6. I have a clear plan for funding my medical expenses before discharge occurs.	1.92	Low	1
Average	1.72	Very Low	

As presented in Table 2, the financial status of patients in terms of capacity to pay indicates that respondents generally have limited financial ability to independently settle their hospitalization expenses. The indicator "The patients have a clear plan for funding their medical expenses before discharge occurs" obtained the highest rank (Rank 1) with a weighted mean of 1.92, which is verbally interpreted as Low. Furthermore, the indicators "The patients can provide the required deposit or down payment immediately upon admission" and "Paying the hospital bill does not cause them significant long-term financial strain" both ranked 2.5 with the same weighted mean of 1.76, interpreted as Low. Meanwhile, the indicator "The patients' financial assets (savings/investments) are accessible for medical emergencies" ranked fourth with a weighted mean of 1.70, followed by "The patients can settle professional fees (doctors' fees) independently", which ranked fifth with a weighted mean of 1.68. Both were interpreted as Very Low. Lastly, the indicator "The patients have the means to pay the full bill without resorting to personal loans" ranked sixth with the lowest weighted mean of 1.52, interpreted as Very Low. In general, the financial status of patients in terms of capacity to pay was Very Low, with an overall weighted mean of 1.72. This implies that many patients experience financial difficulty in covering their medical expenses, often lacking sufficient savings, financial assets, or independent means to fully settle hospital bills without external support or financial adjustments.

Table 3. The Financial Status of Patients: Cash on Hand

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. I have physical cash or "on-call" digital funds available during my stay.	1.70	Very Low	5.5
2. I can pay for "out-of-pocket" medicines or supplies immediately.	1.74	Very Low	4
3. Having cash readily available helps me settle hospital bills faster.	1.94	Low	2
4. I can provide the required payment when the hospital requests it.	1.70	Very Low	5.5
5. My access to ready cash prevents me from waiting for bank transfers/clearances.	1.92	Low	3
6. Immediate access to cash helps prevent delays in my hospital discharge.	2.04	Low	1
Average	1.84	Low	

As presented in Table 3, the financial status of patients in terms of cash on hand indicates that respondents have limited access to readily available cash during their hospitalization. The indicator "Immediate access to cash helps prevent delays in the patients' hospital discharge" obtained the highest rank (Rank 1) with a weighted mean of 2.04, which is verbally interpreted as Low. Furthermore, the indicator "Having cash readily available helps the patients settle hospital bills faster" ranked second with a weighted mean of 1.94, interpreted as Low, This was followed by "The patients' access to ready cash prevents them from waiting for bank transfers or clearances", which ranked third with a weighted mean of 1.92, also interpreted as Low Meanwhile, the indicator "The patients can pay for out-of-pocket medicines or supplies immediately" ranked fourth with a weighted mean of 1.74, interpreted as Very Low In addition, the indicators "The

patients have physical cash or on-call digital funds available during their stay" and "The patients can provide the required payment when the hospital requests it" both ranked 5.5 with the same weighted mean of 1.70, interpreted as Very Low. In general, the financial status of patients in terms of cash on hand was Low, with an overall weighted mean of 1.84. This means that although the patients recognize the importance of having immediate access to cash for settling hospital expenses and facilitating discharge, many of them still face challenges in maintaining sufficient readily available funds during hospitalization.

Table 4. Summary Table for the Financial Status of Patients

Indicator	Weighted Mean	Verbal Interpretation	Rank
Income	1.70	Very Low	3
Capacity to pay	1.72	Very Low	2
Cash on hand	1.84	Low	1
Overall Weighted Mean	1.76	Low	

Table 4 summarizes the financial status of patients as assessed by the respondents in terms of income, capacity to pay, and cash on hand. It showed that patients had a Low level of financial status in terms of cash on hand (weighted mean = 1.84). However, in terms of capacity to pay (weighted mean = 1.72) and income (weighted mean = 1.70), the financial status of patients was interpreted as Very Low. Overall, the financial status of patients was Low (overall weighted mean = 1.76). This means that patients generally experience financial limitations in managing hospitalization expenses due to insufficient income and limited capacity to independently settle hospital bills. Although some patients may rely on readily available cash to address immediate payments, the results indicate that financial resources remain inadequate for fully supporting healthcare costs during hospitalization. The findings suggest that financial constraints continue to affect patients' ability to manage medical expenses effectively.

2. The Health Insurance Status of Patients

Table 5. The Health Insurance Status of Patients: Type of Insurance

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. I am covered by a health insurance program.	1.76	Slightly adequate	6
2. My health insurance helps reduce my hospital expenses.	1.88	Slightly adequate	5
3. My insurance provider supports my hospital billing process.	1.90	Slightly adequate	3.5
4. My insurance coverage assists in paying a portion of my hospital bills.	1.90	Slightly adequate	3.5
5. Having insurance provides financial security during hospitalization.	2.16	Slightly adequate	1
6. My type of insurance influences how my hospital bill is processed.	1.92	Slightly adequate	2
Average	1.92	Slightly adequate	

As presented in Table 5, the health insurance status of patients in terms of type of insurance indicates that respondents generally perceive their insurance coverage as providing some level of support during hospitalization. The indicator "Having insurance provides financial security during hospitalization" obtained the highest rank (Rank 1) with a weighted mean of 2.16, which is verbally interpreted as Slightly Adequate. Furthermore, the indicator "The patients' type of insurance influences how their hospital bill is processed" ranked second with a weighted mean of 1.92, interpreted as Slightly Adequate. This was followed by the indicators "The patients' insurance provider supports their hospital billing process" and "The patients' insurance coverage assists in paying a portion of their hospital bills", both ranked 3.5 with the same weighted mean of 1.90, also interpreted as Slightly Adequate. Meanwhile, the indicator "The patients' health insurance helps reduce their hospital expenses" ranked fifth with a weighted mean of 1.88, interpreted as Slightly Adequate, suggesting that while insurance contributes to lowering hospital costs, it may not be

sufficient to significantly reduce the overall financial burden. Lastly, the indicator "The patients are covered by a health insurance program" ranked sixth with the lowest weighted mean of 1.76, interpreted as Slightly Adequate, indicating that a number of patients may have limited or only partial insurance coverage. In general, the health insurance status of patients in terms of type of insurance was Slightly Adequate, with an overall weighted mean of 1.92. This implies that although insurance coverage provides a certain level of financial support and security during hospitalization, its overall contribution in significantly reducing the financial burden of the patients remains limited.

Table 6. The Health Insurance Status of Patients: Coverage Limits

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. My health insurance covers most of my hospitalization expenses.	1.76	Slightly adequate	6
2. My insurance policy covers a significant percentage of the total bill.	1.96	Slightly adequate	1
3. My insurance benefits are sufficient for my medical needs.	1.86	Slightly adequate	3.5
4. My insurance covers ancillary costs (laboratory, imaging, and medicines).	1.86	Slightly adequate	3.5
5. The "Maximum Benefit Limit" of my plan is sufficient for this hospitalization.	1.88	Slightly adequate	2
6. My insurance coverage reduces the "out-of-pocket" portion to a manageable level.	1.82	Slightly adequate	5
Average	1.86	Slightly adequate	

As presented in Table 6, the health insurance status of patients in terms of coverage limits indicates that respondents generally perceive their insurance benefits as providing limited financial support for hospitalization expenses. The indicator "The patients' insurance policy covers a significant percentage of the total bill" obtained the highest rank (Rank 1) with a weighted mean of 1.96, which is verbally interpreted as Slightly Adequate. Furthermore, the indicator "The Maximum Benefit Limit of the patients' plan is sufficient for this hospitalization" ranked second with a weighted mean of 1.88, interpreted as Slightly Adequate. This was followed by the indicators "The patients' insurance benefits are sufficient for their medical needs" and "The patients' insurance covers ancillary costs (laboratory, imaging, and medicines)", both ranked 3.5 with the same weighted mean of 1.86, also interpreted as Slightly Adequate. Meanwhile, the indicator "The patients' insurance coverage reduces the out-of-pocket portion to a manageable level" ranked fifth with a weighted mean of 1.82, interpreted as Slightly Adequate, Lastly, the indicator "The patients' health insurance covers most of their hospitalization expenses" ranked sixth with the lowest weighted mean of 1.76, also interpreted as Slightly Adequate. In general, the health insurance status of patients in terms of coverage limits was Slightly Adequate, with an overall weighted mean of 1.86. This implies that although insurance policies provide some level of financial assistance, their coverage limits remain insufficient to fully address the total cost of hospitalization, leaving the patients with a significant amount of out-of-pocket expenses.

Table 7. The Health Insurance Status of Patients: Utilization

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. The hospital's billing system is well-integrated with my insurance provider.	1.90	Slightly adequate	5
2. The requirements for filing an insurance claim were easy to fulfil	1.98	Slightly adequate	3
3. My insurance provider responds quickly to hospital "Letter of Authorization" (LOA) requests.	1.94	Slightly adequate	4
4. The hospital's HMO/Insurance coordinator was helpful in processing my papers.	2.04	Slightly adequate	1
5. There were no disputes regarding what my insurance would or would not cover.	1.72	Slightly adequate	6

6. Efficient insurance verification shortened my total waiting time for discharge.	2.00	Slightly adequate	2
Average	1.93	Slightly adequate	

As presented in Table 7, the health insurance status of the patients in terms of utilization indicates that respondents generally perceive insurance processes as only moderately functional during hospitalization. The indicator "The hospital's HMO/Insurance coordinator is helpful in processing the patients' documents" obtained the highest rank (Rank 1) with a weighted mean of 2.04, which is verbally interpreted as Slightly Adequate. Furthermore, the indicator "Efficient insurance verification shortens the patients' total waiting time for discharge" ranked second with a weighted mean of 2.00, interpreted as Slightly Adequate. This was followed by "The requirements for filing an insurance claim are easy for the patients to fulfill", which ranked third with a weighted mean of 1.98, also interpreted as Slightly Adequate. Meanwhile, "The patients' insurance provider responds quickly to hospital Letter of Authorization (LOA) requests" ranked fourth with a weighted mean of 1.94, interpreted as Slightly Adequate. In addition, "The hospital's billing system is well integrated with the patients' insurance provider" ranked fifth with a weighted mean of 1.90, also interpreted as Slightly Adequate. Lastly, the indicator "There are no disputes regarding what the patients' insurance covers" ranked sixth with the lowest weighted mean of 1.72, interpreted as Slightly Adequate.In general, the health insurance status of the patients in terms of utilization was Slightly Adequate, with an overall weighted mean of 1.93. This implies that the patients experience challenges in effectively accessing and utilizing their insurance benefits during hospitalization, particularly in terms of coordination, claims processing, and clarity of coverage.

Table 8. Summary Table for the Health Insurance Status of Patients

Indicator	Weighted Mean	Verbal Interpretation	Rank
Type of insurance	1.92	Slightly adequate	2
Coverage limits	1.86	Slightly adequate	3
Utilization	1.93	Slightly adequate	1
Overall Weighted Mean	1.90	Slightly adequate	

Table 8 presents the summary of the health insurance status of patients as assessed by the respondents in terms of type of insurance, coverage limits, and utilization. It shows that the patients obtained the highest mean score in terms of utilization (weighted mean = 1.93), followed by type of insurance (weighted mean = 1.92) and coverage limits (weighted mean = 1.86), all of which are verbally interpreted as Slightly Adequate. Overall, the health insurance status of the patients was interpreted as Slightly Adequate, with an overall weighted mean of 1.90. This indicates that the patients generally experience challenges in accessing, utilizing, and maximizing the benefits of their health insurance during hospitalization. Although some insurance policies provide partial financial support, the results suggest that the patients encounter difficulties related to coverage limits, claims processing, and overall utilization of their insurance benefits. These findings imply that inefficiencies in insurance services continue to affect the patients' ability to rely on their insurance for timely and adequate financial assistance during medical care. Overall, these studies confirm that the mere presence of insurance does not necessarily ensure financial security, particularly when utilization processes and coverage limits remain insufficient to meet the patients' healthcare needs.

3. The Status of the Hospital's Administrative Discharge Policy

Table 9. The Status of the Hospital's Administrative Discharge Policy: Workflow

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. The hospital follows a clear process for patient discharge.	2.90	Effective	5.5
2. The steps involved in discharge are well organized.	3.04	Effective	3
3. Hospital staff provides clear instructions regarding the discharge process.	3.12	Effective	2
4. The discharge procedure is easy to understand.	3.16	Effective	1
5. The hospital workflow allows patients to complete discharge requirements efficiently.	2.90	Effective	5.5
6. The discharge process is carried out in a systematic manner.	3.02	Effective	4
Average	3.02	Effective	

As presented in Table 9, the status of the hospital's administrative discharge policy in terms of workflow indicates that respondents generally perceive the discharge process as organized and systematic. The indicator "The discharge procedure is easy to understand" obtained the highest rank (Rank 1) with a weighted mean of 3.16, which is verbally interpreted as Effective. Furthermore, the indicator "Hospital staff provide clear instructions regarding the discharge process" ranked second with a weighted mean of 3.12, interpreted as Effective. This was followed by "The steps involved in discharge are well organized", which ranked third with a weighted mean of 3.04, also interpreted as Effective, Meanwhile, "The discharge process is carried out in a systematic manner" ranked fourth with a weighted mean of 3.02, interpreted as Effective. In addition, "The hospital follows a clear process for patient discharge" and "The hospital workflow allows the patients to complete discharge requirements efficiently" both ranked 5.5 with a weighted mean of 2.90, interpreted as Effective. In general, the status of the hospital's administrative discharge policy in terms of workflow was Effective, with an overall weighted mean of 3.02. This implies that the patients generally perceive the discharge process as organized, systematic, and guided by clear instructions, enabling them to complete discharge requirements efficiently, although minor areas for streamlining may still exist.

Table 10. The Status of the Hospital's Administrative Discharge Policy: Clearance Signatures

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. The required signatures for discharge are processed efficiently.	3.12	Effective	3.5
2. Hospital staff coordinates well in completing discharge clearances.	3.22	Effective	1
3. Obtaining the necessary approvals for discharge is manageable.	3.12	Effective	3.5
4. The number of required clearances does not delay discharge.	2.80	Effective	6
5. Staff members promptly sign and approve discharge documents.	3.16	Effective	2
6. The clearance process is completed without unnecessary delays.	2.88	Effective	5
Average	3.05	Effective	

As presented in Table 10, the status of the hospital's administrative discharge policy in terms of clearance signatures indicates that respondents generally perceive the clearance process as efficiently handled. The indicator "Hospital staff coordinate well in completing discharge clearances" obtained the highest rank (Rank 1) with a weighted mean of 3.22, which is verbally interpreted as Effective. Furthermore, the indicator "Staff members promptly sign and approve discharge documents" ranked second with a weighted mean of 3.16, interpreted as Effective. This was followed by "The required signatures for discharge are processed efficiently" and "Obtaining the necessary approvals for discharge is manageable", both tied at Rank 3.5 with a weighted mean of 3.12, also interpreted as Effective. Meanwhile, "The clearance process is completed without unnecessary delays" ranked fifth with a weighted mean of 2.88, interpreted as Effective, while "The number of required clearances does not delay discharge" ranked sixth with a weighted mean of 2.80, also interpreted as Effective. In general, the status of the hospital's administrative discharge policy in terms of clearance signatures was Effective, with an overall weighted mean of 3.05. This study aligns with existing literature on the importance of clearance signatures in discharge processes. Overall, these studies indicate that clearance signatures are essential for ensuring safe, efficient, and well-coordinated patient transitions.

Table 11. The Status of the Hospital's Administrative Discharge Policy: Billing Speed

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. The hospital prepares the final bill promptly.	3.04	Effective	4.5
2. Billing staff process payments efficiently.	3.04	Effective	4.5
3. The billing system helps minimize delays in discharge.	3.06	Effective	2.5
4. I receive my final hospital bill within a reasonable time.	3.02	Effective	6
5. Payment processing is handled quickly by the billing department.	3.10	Effective	1
6. Billing procedures contribute to a faster discharge process.	3.06	Effective	2.5
Average	3.05	Effective	

As presented in Table 11, the status of the hospital's administrative discharge policy in terms of billing speed indicates that respondents generally perceive billing processes as efficiently handled and contributory to timely discharge. The indicator "Payment processing is handled quickly by the billing department" obtained the highest rank (Rank 1) with a weighted mean of 3.10, which is verbally interpreted as Effective. Furthermore, the indicators "The billing system helps minimize delays in discharge" and "Billing procedures contribute to a faster discharge process" both ranked 2.5 with a weighted mean of 3.06, interpreted as Effective. Meanwhile, "The hospital prepares the final bill promptly" and "Billing staff process payments efficiently" both tied at Rank 4.5 with a weighted mean of 3.04, interpreted as Effective. The indicator "The patients receive their final hospital bill within a reasonable time" ranked sixth with a weighted mean of 3.02, also interpreted as Effective. In general, the status of the hospital's administrative discharge policy in terms of billing speed was Effective, with an overall weighted mean of 3.05. This implies that the billing process is generally efficient, supports timely payment, and contributes to faster discharge of the patients, although minor delays in bill delivery may still occur.

Table 12. Summary Table for the Status of the Hospital's Administrative Discharge Policy

Indicator	Weighted Mean	Verbal Interpretation	Rank
Workflow	3.02	Effective	3
Clearance signatures	3.05	Effective	1.5
Billing speed	3.05	Effective	1.5
Overall Weighted Mean	3.04	Effective	

Table 12 summarizes the status of the hospital's administrative discharge policy as assessed by the respondents in terms of workflow, clearance signatures, and billing speed. It shows that the hospital's discharge policy received the highest rating in terms of clearance signatures and billing speed (weighted mean = 3.05, Rank 1.5), while workflow obtained a slightly lower rating (weighted mean = 3.02, Rank 3), all of which were verbally interpreted as Effective. Overall, the status of the hospital's administrative discharge policy was interpreted as Effective (overall weighted mean = 3.04). This means that the patients generally perceive the hospital's discharge processes as organized, systematic, and efficient. The findings indicate that coordinated clearance procedures, timely billing, and a well-structured workflow collectively contribute to facilitating an effective and satisfactory discharge experience for the patients.

4. The Level of Timely Discharge of Patients

Table 13. The Level of Timely Discharge of Patients in a Private Hospital in Laguna

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. I was discharged from the hospital shortly after the doctor issued the discharge order.	3.04	Very timely	2
2. The time between the doctor's order and my discharge was reasonable.	2.70	Very timely	10
3. Hospital staff provide clear instructions regarding the discharge process.	3.10	Very timely	3.5
4. The medical clearance process was completed efficiently.	2.86	Very timely	6.5
5. Hospital staff worked together to complete discharge requirements quickly.	3.14	Very timely	1
6. The hospital clearance process helped facilitate timely discharge.	2.86	Very timely	6.5
7. The discharge process met my expectations in terms of time.	2.82	Very timely	8
8. I was pleased with how quickly I was discharged from the hospital.	3.10	Very timely	3.5
9. I felt that the hospital staff handled the discharge efficiently.	2.80	Very timely	9
10. I am satisfied with the hospital's discharge process.	2.88	Very timely	5
Average	2.93	Very timely	

As presented in Table 13, the level of timely discharge of patients in a private hospital in Laguna indicates that respondents generally perceive the discharge process as efficiently conducted and completed within an appropriate timeframe. The indicator "Hospital staff worked together to complete discharge requirements quickly" obtained the highest rank (Rank 1) with a weighted mean of 3.14, which was verbally interpreted as Very Timely. Furthermore, the

indicators "Hospital staff provide clear instructions regarding the discharge process" and "The patients are pleased with how quickly they were discharged from the hospital" both ranked 3.5 with a weighted mean of 3.10, interpreted as Very Timely. The indicator "The patients were discharged shortly after the doctor issued the discharge order" ranked second with a weighted mean of 3.04, also interpreted as Very Timely. Meanwhile, indicators such as "The medical clearance process was completed efficiently" and "The hospital clearance process helped facilitate timely discharge" both tied at Rank 6.5 with a weighted mean of 2.86, interpreted as Very Timely. Other indicators, including "The discharge process met the patients' expectations in terms of time" (Rank 8, WM = 2.82) and "The patients felt that hospital staff handled the discharge efficiently" (Rank 9, WM = 2.80), also received Very Timely interpretations, reflecting overall patient satisfaction with discharge timing. Overall, the level of timely discharge of patients was Very Timely, with an average weighted mean of 2.93. This means that the patients generally experienced efficient and well-coordinated discharge processes, timely completion of requirements, and satisfactory guidance from hospital staff, which collectively contributed to a positive perception of discharge timeliness.

5. Relationship between the Financial Status of Patients

Table 14. Relationship between the Financial Status of Patients and the Level of Timely Discharge

Financial Status of Patients	Pearson r	p-value	Interpretation
Income	0.459** Moderate correlation	0.001	Significant
Capacity to pay	0.511** Moderate correlation	0.000	Significant
Cash on hand	0.468** Moderate correlation	0.001	Significant
**Significant @ 0.01			

For the relationship between the financial status of patients and the level of timely discharge, a Pearson's r value of 0.459 was obtained for income, indicating a moderate correlation with a p-value of 0.001, which is lower than the test of significance at 0.01. This implies that there is enough statistical evidence to reject the null hypothesis, showing a significant relationship between income and timely discharge. This means that the higher the patient's income, the more likely they are to experience timely discharge. Similarly, capacity to pay yielded a Pearson's r value of 0.511, indicating a moderate correlation with a p-value of 0.000, also significant at 0.01. This shows that patients with greater capacity to pay tend to be discharged more promptly. Lastly, cash on hand had a Pearson's r value of 0.468, indicating a moderate correlation with a p-value of 0.001, which is significant. This suggests that patients with more readily available cash are likely to experience a faster discharge process.

Overall, these results indicate that the financial status of patients—through income, capacity to pay, and cash on hand—has a significant moderate relationship with the level of timely discharge. In other words, better financial capability contributes to a more efficient and timely hospital discharge.

Table 15. Relationship between the Health Insurance Status of Patients and the Level of Timely Discharge

Health Insurance Status of Patients	Pearson r	p-value	Interpretation
Type of insurance	0.456** Moderate correlation	0.001	Significant
Coverage limits	0.423** Moderate correlation	0.002	Significant
Utilization	0.502** Moderate correlation	0.000	Significant
**Significant @ 0.01			

For the relationship between the health insurance status of patients and the level of timely discharge, a Pearson's r value of 0.456 was obtained for type of insurance, indicating a moderate correlation with a p-value of 0.001, which is lower than the test of significance at 0.01. This implies that there is enough statistical evidence to reject the null hypothesis, showing a significant relationship between the type of insurance and timely discharge. This means that patients with more comprehensive or appropriate types of insurance are more likely to experience timely discharge.

Similarly, coverage limits yielded a Pearson's r value of 0.423, indicating a moderate correlation with a p-

value of 0.002, which is significant at 0.01. This suggests that patients whose insurance coverage limits are higher tend to have faster discharge. Lastly, utilization had a Pearson's r value of 0.502, indicating a moderate correlation with a p-value of 0.000, also significant at 0.01. This indicates that patients who are able to effectively utilize their insurance benefits are likely to experience more timely discharge.

Overall, these results show that the health insurance status of patients—through type of insurance, coverage limits, and utilization—has a significant moderate relationship with the level of timely discharge. In other words, better insurance coverage and effective use of insurance benefits contribute to a more efficient and timely hospital discharge process.

Table 16. Relationship between the Hospital's Administrative Discharge Policy and the Level of Timely Discharge

Hospital's Administrative Discharge Policy	Pearson r	p-value	Interpretation
Workflow	0.802** High correlation	0.000	Significant
Clearance signatures	0.866** High correlation	0.000	Significant
Billing speed	0.816** High correlation	0.001	Significant
**Significant @ 0.01			

For the relationship between the hospital's administrative discharge policy and the level of timely discharge, a Pearson's r value of 0.802 was obtained for workflow, indicating a high correlation with a p-value of 0.000, which is lower than the test of significance at 0.01. This implies that there is enough statistical evidence to reject the null hypothesis, showing a significant relationship between workflow and timely discharge. This means that a well-organized and systematic hospital workflow strongly contributes to faster patient discharge. Similarly, clearance signatures yielded a Pearson's r value of 0.866, indicating a high correlation with a p-value of 0.000, which is significant at 0.01. This suggests that efficient processing of clearance signatures plays a crucial role in ensuring timely discharge. Lastly, billing speed had a Pearson's r value of 0.816, indicating a high correlation with a p-value of 0.001, also significant at 0.01. This shows that prompt and efficient billing processes strongly influence the speed of patient discharge. Overall, these results demonstrate that the hospital's administrative discharge policy—through workflow, clearance signatures, and billing speed—has a significant high correlation with the level of timely discharge. In other words, more efficient and coordinated administrative processes significantly enhance the timeliness of patient discharge.

IV. CONCLUSION AND RECOMMENDATION

The patients' level of financial status unveiled that they have a low level of financial capability in managing hospitalization expenses. It implied that the patients experienced financial constraints in terms of income, capacity to pay, and cash on hand, which may limit their ability to immediately settle hospital bills and comply with discharge requirements. This further suggested that financial instability remains a barrier to efficient healthcare access and discharge processes.

When it came to the patients' level of health insurance status, it showed a disagree level, indicating that patients encountered challenges in accessing and utilizing their insurance benefits. It implied that limitations in insurance coverage, delays in approval, and difficulties in utilization affected their ability to fully benefit from health insurance during hospitalization, which may contribute to delays in discharge clearance.

The composite result of the hospital's administrative discharge policy in terms of workflow revealed an "Agree" rating. It implied that patients generally perceived the discharge procedures as organized and systematic. This suggested that the hospital has an established process in place that guides patients through discharge; however, there may still be areas that require improvement to achieve a more efficient and seamless system.

All in all, in terms of the level of timely discharge of patients, the findings revealed a high level. This implied that despite financial and insurance-related challenges, patients were generally able to experience a smooth and efficient discharge process. It suggested that hospital systems and staff coordination contributed positively to ensuring that discharge procedures were completed within a reasonable timeframe.

In terms of the relationship between financial status and timely discharge, it revealed that there was a significant relationship among the indicators, and the correlation was moderate. This indicated that the higher the patients' financial status in terms of income, capacity to pay, and cash on hand, the more likely they are to experience timely discharge. It implied that financial readiness plays an important role in facilitating faster completion of discharge requirements.

When it came to the relationship between health insurance status and timely discharge, the findings showed a significant

relationship among the indicators with a moderate correlation. It unveiled that better insurance coverage, higher limits, and effective utilization increase the likelihood of timely discharge. This suggested that insurance support helps reduce financial burden and speeds up administrative processing.

Talking about the relationship between the hospital's administrative discharge policy and timely discharge, it revealed a significant relationship with a strong correlation. This implied that the more efficient and coordinated the hospital's workflow, clearance signatures, and billing processes are, the higher the level of timely discharge of patients. It further suggested that administrative efficiency is a major driver in achieving effective patient flow and minimizing discharge delays.

Overall, the findings emphasized that financial status, health insurance status, and administrative discharge policy significantly influence the timely discharge of patients. The results implied that improving financial support mechanisms, enhancing insurance processes, and strengthening administrative systems can greatly contribute to better discharge efficiency.

For the reasons mentioned, there is a need to implement an action plan to improve the timely discharge of patients. This suggested that hospitals should focus on strengthening financial assistance programs, streamlining insurance verification and claims processing, and improving administrative coordination. By implementing these measures, hospitals can streamline discharge procedures, reduce delays, improve patient satisfaction, and enhance the overall efficiency and quality of healthcare service delivery.

The following recommendations were made by the researcher based on the following findings.

To hospital administration, the researcher suggests strengthening financial assistance initiatives to support low-income patients. This may include enhancing access to social services, offering flexible payment schemes, and increasing awareness of available financial aid programs to help patients manage hospitalization costs and facilitate timely discharge.

To hospital administration and the patient relations unit, the researcher recommends improving patient access to and utilization of health insurance services. This may be done by establishing insurance assistance help desks, providing patient education on insurance benefits, and coordinating closely with insurance providers to simplify claims processing and coverage procedures.

To hospital administration, the researcher further recommends enhancing coordination of discharge-related processes such as workflow, clearance signatures, and billing efficiency. The adoption of digital systems, strengthened interdepartmental communication, and reduction of administrative bottlenecks may significantly improve the timeliness of patient discharge.

To hospital management, the researcher suggests sustaining and continuously improving the hospital's discharge process system. This may be achieved through regular monitoring, staff training, and periodic evaluation to ensure that the discharge process remains organized, systematic, and responsive to minor inefficiencies.

To hospital administration and the social services unit, the researcher recommends implementing programs that assist patients in financial preparation for hospitalization. This may include financial counseling, provision of early billing estimates, and collaboration with medical social workers to help patients plan for healthcare expenses.

To hospital administration and partner insurance providers, the researcher suggests strengthening collaboration to improve insurance coverage utilization. This may be achieved by streamlining claims processes, enhancing awareness campaigns on insurance benefits, and ensuring that patients maximize their available coverage to support faster discharge.

To the researcher, it is recommended to document and monitor the implementation of proposed interventions to assess their effectiveness in addressing financial, insurance, and discharge-related challenges.

The researcher recommends that future researchers replicate this study in other hospital settings or geographic areas to compare findings and further explore financial, insurance, and discharge efficiency trends across different healthcare institutions.

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