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Discharge Planning at the Greater Accra Regional Hospital Babies Ward

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ABSTRACT

Discharge planning is an important process in the neonatal period, but it is unfortunately not routinely done in numerous sub-Saharan hospitals. In particular, inadequate discharge planning at the Greater Accra Regional Hospital (GARH) babies' ward has reportedly caused readmissions of babies at a rate of about 20%, underscoring the need to examine how nurses perceive and relate to this professional responsibility. This paper investigated the perceptions and attitudes of the nurses regarding discharge planning and the barriers to its practice at the GARH babies' ward. A qualitative research methodology with a descriptive research design was used in this study. Sixteen nurses were selected by a purposive sampling method in the GARH babies' ward. Data were collected using semi-structured interviews and analysed through thematic analysis. The nurses viewed discharge planning as a form of care continuum initiated during admission that involves patient-specific, neonate-related caregiver education, and multidisciplinary collaborations for improved discharge planning. Some of the identified barriers included staffing and resource shortages, language and communication barriers, and barriers posed by caregivers, such as an impatient attitude and non-compliance with follow-ups. The study concludes that nurses working at GARH babies ward have knowledge about and positive attitudes towards discharge planning; however, some barriers stand in the way to actualize these knowledge and these attitudes. The study recommends improved policy and practice for discharge planning at the GARH babies' ward.

INTRODUCTION

The issue of discharge planning in neonatal and pediatric wards in Sub-Saharan Africa is significantly under-researched despite its crucial importance to healthcare provision. Discharge planning refers to the systematic identification of patient post-discharge needs and preparation for continuity of care in order to ensure that the care continues smoothly after discharge from the health institution (Lin *et al.*, 2012). It is concerned with measures and protocols that ensure continuity of care following discharge or transfer to another institution (Nordmark *et al.*, 2016). The importance of discharge planning lies in the fact that it helps to view the moment of discharge not as the end of care, but rather as a transition in the course of continuous care (Gonçalves-Bradley *et al.*, 2022). Discharge planning in pediatrics and neonatology involves educating caregivers and providing medication counseling and follow-up services, all of which have a direct impact on the safe continuation of treatment outside the hospital. The purpose of this study is to explore the perceptions and attitudes of nurses on discharge planning in the babies' ward of the Greater Accra Regional Hospital.

Proper discharge planning assumes great importance in neonatal healthcare, especially considering the issue of child survival around the world. Child mortality, especially under-five mortality, continues to pose a significant challenge in terms of global public health. Under-five mortality (U4M) rate refers to the probability a newborn

would die before reaching exactly 5 years of age, expressed per 1,000 live births (Kanmiki *et al.*, 2014). Significant strides have been registered worldwide in decreasing under-five mortality rates, starting from 1990 when the MDGs took effect, followed by the SDGs. However, in 2024, 4.9 million children died before reaching their fifth birthday - nearly half of them in fragile and conflict-affected settings (UNICEF, 2026). It is worth mentioning that the global under-five mortality rate declined by 60 per cent, from 93.5 deaths per 1,000 live births in 1990 to 37.4 in 2024. Despite this considerable progress, improving child survival remains a matter of urgent concern. In 2024 alone, roughly 13,300 under-five deaths occurred every day, an intolerably high number of largely preventable child deaths. Sub-Saharan Africa accounts for more than half of all under-five mortalities across the world with under five mortality rate (U5MR) of U5MR of 71.6 deaths per 1000 live births, nearly 14 times higher than in Europe and Northern America (World Health Organization (WHO), 2026). The under-five mortality rate of Ghana stood at 36 deaths per 1000 live births (WHO, 2026). According to UNICEF (2026), infectious diseases, including pneumonia, diarrhoea, and malaria, remain a leading cause of under-five deaths, along with prematurity and intrapartum events (birth asphyxia/trauma); this makes the quality of care at every stage of the patient journey - including the moment of discharge - a matter of urgent public health significance (Sanyang, 2019).

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However, despite the magnitude of the burden, the post-discharge phase has been overlooked in both research and clinical practice and especially within low- and middle-income countries (LMICs) (Wiens *et al.*, 2013). This oversight results primarily from the lack of recognition and documentation of morbidity and mortality among post-discharge patients, leaving health practitioners unaware of potentially preventable problems after discharge. Research makes it clear that death rates after discharge exceed the rate of inpatient mortality and that most such deaths occur at home (Nemetchek *et al.*, 2019; Wiens *et al.*, 2013). Notably, a groundbreaking study by Wiens *et al.* (2015) showed that 5% of children aged less than five years old discharged from hospitals due to infectious diseases died within six months, and the deaths occurred mostly outside hospitals. This evidence positions the point of discharge as a decisive clinical moment, a crucial moment with significant consequences in terms of child survival. The evidence further underscores the necessity of structured, nurse-led discharge preparation in settings.

Several studies in the literature provide support for the clinical significance of discharge planning. The systematic review conducted by Gonçalves-Bradley *et al.* (2022) found that individualized discharge planning was linked to decreased hospital length of stay, reduced risk of unplanned readmission, and greater satisfaction with care among patients. On the other hand, unplanned or untimely discharge, often due to insufficient evaluation, lack of documentation, and insufficient information exchange between healthcare professionals in hospitals and those in the community setting, was associated with negative effects on patients' well-being and higher costs to the system (Gonçalves-Bradley *et al.*, 2022). Hashemzadeh *et al.* (2023) observed several benefits of discharge planning, including improving service delivery, reducing costs, and achieving health goals, as well as cultural and social benefits in Iran. The Smart Discharges project, undertaken in Uganda, has also found that education at discharge followed by community referrals positively affected health outcomes of hospitalized children (Wiens *et al.*, 2016). Mohammed *et al.* (2020) also found that discharge planning improves quality of care at the emergency ward of Tamale Teaching Hospital in Ghana. All this evidence indicates that discharge planning is a vital clinical intervention with demonstrable effect on patients' health, one that is largely dependent on nurses implementing it.

Discharge planning is practiced by nurses mainly in all healthcare settings, and their perceptions and attitudes towards this process determine its effectiveness. Discharge planning is part of the institutionalized health care system within high-income nations; discharge planning must be formulated and implemented as part of an institution's policy requirements in order to gain accreditation in the United States (Patel & Bachmann, 2022). In Ghana, the Nursing and Midwifery Council of Ghana's guidelines specify discharge planning as an essential professional practice and an essential aspect of every inpatient's

standard procedural manual (NMC Ghana, 2015). The planning theory by scholars such as Schlossberg (1981), who have pointed out the importance of planning, supports this statement because planning helps in effectively managing change. As such, discharge planning can help caregivers and patients manage the transition from hospital admission to home. Therefore, the nurse's competence and attitude towards the discharge planning process determine the patients' outcome, including readmissions.

Despite being recognized as a policy, discharge planning has not been consistently implemented within Ghana's health system. Among some of the factors that have been highlighted to limit the practice include high nursing workload, poor staffing ratio, and lack of discharge protocols and guidelines (Adjei & Budu, 2019). The few studies that exist within the Ghanaian context are those conducted by Mohammed *et al.* (2020), who studied the discharge process and quality of care in the emergency department of Tamale Teaching Hospital, and Bayor and Korsah (2022), whose study focused on discharge against medical advice within Ghanaian teaching hospitals. None of these studies explored nurses' perspectives on the discharge process. Additionally, none of the studies was carried out within a neonatal/infant facility. This represents an important research gap, especially since the neonates are more vulnerable in terms of health outcomes than other patient populations, and discharge quality directly influences their survival outcomes.

This study seeks to fill this gap in the literature by exploring nurses' perceptions and attitudes on discharge planning at the Greater Accra Regional Hospital (GARH) babies' ward. The GARH babies' ward is selected because it operates as the main ward admitting neonates in the Greater Accra region in Ghana. The nurses' perceptions and attitudes on discharge planning do not only matter in an academic sense but also define their practice, affect the quality of information given to caregivers, and consequently affect the survival rates of babies after discharge from hospitals. In the babies' ward of the Greater Accra Regional Hospital, where repeated cases of neonatal readmission suggest an ongoing failure of discharge procedures, knowing how nurses perceive discharge planning and their attitudes towards it is crucial for both clinical practice and policy making.

MATERIALS AND METHODS

Research approach

The qualitative approach was used in this study to investigate discharge planning practices in the Babies Ward of Greater Accra Regional Hospital. The choice of the qualitative method was based on the fact that the study aimed to get deep insights into the perceptions, attitudes, and challenges of discharge planning among nurses. Qualitative research offers a means through which social and health issues can be studied in the natural environment and describes participants' views and experiences (Seamon & Gill, 2016). The qualitative approach offered

an opportunity for the researcher to gather in-depth information about discharge planning practices in the Babies ward of the Greater Accra Regional Hospital and the challenges faced during discharge planning practices. Qualitative research was effective in helping the researcher understand how nurses perceive discharge planning. Through qualitative research, the researcher managed to gather more information in the form of narratives and explanations than would have been possible otherwise.

Research design

An exploratory research design was used in this study (Abbott & McKinney, 2013). An exploratory research design is a type of research design that aims to gain a better understanding of a topic or phenomenon that has been relatively unexplored or not well understood (Abbott & McKinney, 2013). Thus, the exploratory research design was utilized in this study because the nurses' perception and attitudes towards discharge planning in babies' wards are understudied or poorly understood. This design helped the researcher to delve into the topic without preconceived notions or rigid hypotheses. The focus was on exploring and describing the subject, rather than testing specific hypotheses or making causal claims (Singh, 2021). This design was useful as the researcher had little insight into the perceptions of nurses towards discharge planning and healthcare delivery at the GARH babies' ward. The design helped the researcher to develop early ideas, explore new spheres of knowledge, and set the stage for more study and investigation on the perception of nurses towards discharge planning and healthcare delivery at the GARH babies' ward.

Study setting

The study area is at the Greater Accra Regional Hospital. It is located within the Osu-Klottey Sub-Metropolis of the Accra Metropolitan Area. The hospital is well established, serving as a referral center for most of the district hospitals in the region. The hospital has about 600 nurses with diverse specialties. The hospital provides both general and specialist services to customers. Outpatient and inpatient services cannot be left out. The hospital has a wide range of machines and equipment necessary to provide services to clients. The Babies ward serves as a referral center for most of the hospitals in the region and the country.

Research population

The researcher sampled the views, experiences, and knowledge of key actors involved in the discharge planning mainstream in the hospital's babies' ward. These were people who were well-versed and involved in implementing the discharge protocols. Also, they are involved in the discharge planning chain and hence provided useful truths regarding discharge planning. Consequently, the population for this study comprised all professional nurses at the GARH Babies ward. For clarity and specificity in attaining the objectives of this study,

the population of the study included all permanently employed nurses at the babies' ward. Professional nurses who were serving at the GARH Babies' ward but operated on a rotational basis were excluded from the study. Also, nurses on internship and visiting nurses were excluded from the study. This ensured that the data for the study were obtained from nurses who had experience in discharge planning at the GARH Babies' ward. This improved the accuracy and quality of the data and aided in achieving the objectives of the study.

Sample size

Sample size refers to the number of individuals or observations included in a sample selected from a larger population for a research study (Thacker, 2020). It represents the subset of the population that researchers choose to study to make inferences or draw conclusions about the entire population (Thacker 2020). Determining an appropriate sample size is a critical consideration in research design, as it can impact the validity and reliability of the study results (Lakens, 2022). The point of saturation principle was used to determine the sample size for this study. In other words, the researcher collected data from the defined population until saturation was attained. Data saturation is the point at which no new themes are identified, and the subsequent data becomes redundant with what has already been found (Faulkner & Trotter, 2017). According to Faulkner and Trotter (2017), saturation means that the researcher can rest assured that further data collection would yield similar results and serve to emerge themes and conclusions. Data saturation occurs when the research design is appropriate for the purpose and goals of the research (Weller *et al.*, 2018). In this work, the researcher wanted to be sure the project obtained the necessary information it set out to discover. Consequently, 16 participants were selected for the study. Lakens (2022) notes that a sample size of 12 - 15 participants is appropriate for qualitative studies, guided by the principle of data saturation. Kurniawan *et al.* (2023), in a qualitative descriptive study exploring nurses' experiences with discharge planning, reached saturation with ten participants. Similarly, Heryyanoor *et al.* (2024), in a descriptive qualitative study examining nurses' perceptions of discharge planning implementation, achieved saturation with 14 participants. Consistent with these precedents, this study reached data saturation with 16 participants.

Sampling technique

The study utilized a purposive sampling technique to identify participants for the research. Purposive sampling technique refers to non-probability sampling whereby participants are purposely identified in accordance with their qualifications, experiences, and relevance to the issue being explored. The researcher thought that purposive sampling was appropriate for this research since the study required participants with sufficient experience and involvement in discharge planning at the Babies Ward of

the Greater Accra Regional Hospital. Through purposive sampling, participants such as the permanently employed professional nurses in the Babies Ward of the hospital were purposely identified by the researcher since they had been involved in discharge planning processes at the ward and hence possessed sufficient experience with the discharge processes. The use of purposive sampling therefore improved the quality, relevance, and credibility of the data collected, as participants were carefully selected based on their ability to provide detailed insights into discharge planning practices at the Babies Ward of the Greater Accra Regional Hospital.

Data collection instrument

This study employed in-depth interviews using a semi-structured interview guide to gather data from the participants (Bastos *et al.*, 2014). The interview guide was developed from the literature review and the objectives of the study. An interview guide is a list of questions that seek to address a higher-level question under a topic. A semi-structured interview is a type of data collection that relies on asking questions within a predetermined thematic framework (Moullin *et al.*, 2016). The interview guide was made up of open-ended questions, which were divided into parts that dealt with nurses' perspectives, attitudes, and the challenges they face in relation to discharge planning. In the part that focused on the nurses' perspectives, the interview questions aimed at eliciting the perspective and opinion of the respondents about the importance and efficiency of discharge planning in providing care continuity for babies after discharge from the hospital. In the attitude part, the questions addressed their attitude towards their involvement in the discharge planning process and their willingness to involve the caregivers during the process. The final section of the interview guide gathered data on the challenges of implementing discharge planning.

Open-ended questions allowed for an easy expression of ideas, thoughts, and views about discharge planning practices by respondents. Moreover, the researcher employed probing questions when necessary in order to gain more information and understand the reasons behind respondents' answers. Therefore, the interview technique allowed gathering relevant data needed for analysis and meeting research objectives. The instrument was developed using straightforward language to facilitate its comprehension by respondents. Additionally, the tool underwent revision in order to ensure the validity of the questions asked of respondents. As a result, the application of the interview guide ensured the collection of reliable and valid data needed to achieve research objectives.

Data collection process

The study gathered data through face-to-face interviews with the participants who were permanent professional nurses at the Babies Ward of the Greater Accra Regional Hospital. The researcher obtained an introductory letter from the research ethics committee of the Ghana College

of Nurses and Midwives before conducting any interviews. The researcher also obtained permission from the relevant authorities of both the hospital and the Baby's Ward to be able to access the ward where the data collection would take place. Once permission was granted, the researcher went to the Babies' Ward to conduct interviews with eligible candidates.

Eligible candidates were chosen using a purposive sampling technique. They were approached one at a time and informed about the objective of the research. The researcher made it clear to the participants that participation in this study is voluntarily and they were free not to participate or withdraw their participation at any time without any consequences whatsoever. Further, the researcher assured the participants of their privacy and anonymity.

The interviews were conducted at a convenient time and venue within the ward without disrupting the duties of the nursing professionals. All interviews were conducted following the semi-structured interview guide that encompassed perception, attitude, and challenges regarding discharge planning. Probing questions were asked when necessary to give in-depth answers about the issue of interest. Permission from the participants was obtained, and the interviews were recorded with an audio-recording device, while some notes were also taken with pen and paper. The interview lasted on average 20-45 minutes, depending on how much time was available for each participant and how much information each participant could give about the research issue. Data collection was stopped after saturation was achieved. Appreciation was also extended to all participants after data collection. All recordings of the interviews were properly stored and transcribed verbatim for analysis.

Data analysis

The analysis of the data began with the transcription of the audio recording. The researcher read and re-read the data to become familiar with its content. This enabled the researcher to gain a deep understanding of the participants' perspectives, contexts, and experiences. The researcher then conducted an initial coding. At this point, the researcher started by generating initial codes, which involve labelling or highlighting segments of the data that are relevant to the research question or objective. The initial coding enabled the researcher to generate themes from the responses. At this point, the researcher reviewed and grouped similar codes to form preliminary themes. Themes represent patterns or recurrent ideas that capture important aspects of the data. Thus, the themes were developed through the iterative process of comparing, contrasting, and refining the codes.

The researcher then reviewed and refined the theme that has been by examining their coherence, relevance, and richness in capturing the essence of the data. The researcher revised, merged, or split themes to ensure that they are accurate and reflect the data and provide meaningful insights. The study then defined and named

themes that were developed. At this stage, the researcher articulated clear definitions for each theme and provided illustrative examples from the data. This step ensured that the themes are well-defined and distinct from each other. This enabled the researcher to map and interpret the themes. Thus, the researcher created a coherent and engaging narrative that presents the themes, supporting evidence, and interpretations. The researcher provided an in-depth analysis of the themes, connecting them back to the research question or objective.

RESULTS AND DISCUSSION

This section presents the findings obtained from the study under the following three key objectives: (1) the perceptions of nurses on discharge planning, (2) the attitudes of nurses towards discharge planning, and (3) the challenges that hinder the effectiveness of discharge planning in the GARH babies' ward. The themes and sub-themes emerging under each objective are discussed together with narratives and quotations from the participants.

The perceptions of nurses on discharge planning

The first objective of the study was to explore the perceptions of nurses working in the babies' ward of GARH on discharge planning. Four main themes were identified: The meaning of discharge planning", "Components of discharge planning", "Discharge planning as a tool for reducing readmission", "Discharge planning is a process that begins at admission.

The meaning of discharge planning

The findings revealed that the participants perceive discharge planning as a process that ensures continuity of care outside the boundaries of the hospital setting. Instead of considering discharge as an endpoint in the process of taking care of the patient, discharge was seen as a transition phase, where the process of institutional care would transform into the process of home-based care. The participants narrated that the main objective of discharge planning is to ensure that the gains of the admitted patients would not be lost after the discharge of the patient from the ward. Some of the participants had this to say;

"Discharge planning helps us to prepare the patient for discharge. For instance, we can even prepare the mother psychologically by explaining the condition of the baby to the mother and what she is supposed to do for the baby and to expect from the doctors and nurses too." - P1.

"Discharge planning is the process where we go through some guidelines with the baby and one of his/her relatives before discharge." - P2

It can be seen from these responses that the discharge planning procedure for nurses at GARH is not just about providing instructions when the time comes to discharge the patient; it is a more holistic approach that involves preparing the patient and his/her family much earlier. This understanding is consistent with what has been described

in the literature as the process of transition within the continuum of care.

Components of discharge planning

Nurses identified specific clinical and educational elements that constitute discharge planning in the neonatal context. Some of these components included recognizing signs that are dangerous to the baby's health, feeding tips, immunization, care for the umbilical cord, temperature regulation, respiration rate, cleanliness, and follow-up dates. From the responses given by the participants, it is evident that some components are generally applicable to all babies, but the discharge plan was individualized depending on the baby's clinical condition. One of the participants said;

"Regarding discharge planning, it covers the following: neonatal danger signs, feeding, immunization, their review date, and personal hygiene, like how we take care of our children." - P4.

Another participant also said'

"The point is, when it comes to our ward where we take care of babies. So, part of the discharge planning process, we educate mothers about their children's breathing, feeding, umbilical cord care, and the temperature of each of them. How you wrap the baby and its surrounding conditions matter a lot. We make them aware that if they do not adhere to certain protocols, then the condition of their baby will worsen, forcing them to come here again in their critical condition." - P5.

One of the participants also said;

"We don't have a fixed discharge procedure for everyone because it all depends on the condition of the baby. So the condition of the baby determines the kind of preparation towards discharge" - P3.

The variability of the components noted is indicative of a nuanced approach based on individual patient conditions when planning for discharge. Nurses understood that having a single discharge strategy that fits all conditions was not sufficient for a ward where babies exhibited a wide range of symptoms.

Discharge planning as a tool for reducing readmission

One of the prevailing views among nurses is that proper discharge planning plays an essential role in decreasing the number of neonatal readmissions and contributing to positive recovery outcomes. Participants linked the absence of adequate discharge preparation to preventable readmissions, viewing structured discharge education as a safeguard against post-discharge deterioration. Moreover, the participants believed that discharge planning served as a mechanism to sustain the quality of care started in the ward after discharge. Some of the participants had this to say;

"Proper discharge planning helps to ensure effective recovery and prevent complications after the baby is discharged from the hospital." - P4.

"If we provide proper plans for discharge, or at least if we ensure that our discharge plans are effective, then we are assured that whatever treatment there was will be provided when the time comes for it to be continued from home. That would mean that everything that we did on the ward will not have been in vain, because the

patient will not be coming back again with the same problem.” – P6. The perspectives offered above correlate well with the current knowledge base, which shows that personalized discharge planning is linked to a lower incidence of hospital readmissions among patients and better outcomes (Gonçalves-Bradley *et al.*, 2022; Rennke *et al.*, 2013). Thus, the nursing professionals seem to have knowledge of this link, indicating an understanding of discharge planning.

Discharge planning is a process that begins at admission

One important observation that was made from the participants’ narratives was the realization that discharge planning is not something that should be done at the end of inpatient care, but something that should actually begin right from the point of admission. Participants noted how beginning to educate people on discharge issues immediately after admission helps ensure that patients have enough time to assimilate the information slowly, thus ensuring that they become adequately prepared once they are discharged. This particular realization runs against the conventional approach to discharge planning, where the discharge information is usually communicated right before discharge. One of the participants said;

“Discharge planning begins on the day of admission. You do not wait until the patient is ready for discharge; rather, you now attempt to squeeze two weeks of knowledge into 30 minutes, which wouldn’t really hold. The patient will forget it. However, you start educating the patient on discharge planning from the day they were admitted to the hospital, regardless of whether you know the result of your efforts or not.” – P5.

“Discharge planning begins from the day babies get admitted. Therefore, before mothers leave the hospital, they will know what they should do at home to assist the babies, such as supplementing the feed to the baby using cups and spoons. We ensure that they are taught how to express milk and feed the baby using cups and spoons, but not bottles.” – P3.

The above quote demonstrates a mature approach to discharge planning by recognizing the processes involved. The quote highlights the significance of consistent involvement of nurses in engaging the caregivers during the period of admission.

Attitude of nurses towards discharge planning

The second objective of the study was to investigate the attitudes of the nurses concerning discharge planning. Four main themes emerged from this objective: Professional Responsibility, Family Centered Care, Tailored Discharge Education, and Interdisciplinary Collaboration.

Professional Responsibility

The nurses working at the GARH babies’ ward showed a very strong feeling of professional obligation towards discharge planning. They indicated that discharge planning is a crucial part of nursing practice and not a peripheral one; several nurses also revealed a personal dedication to making sure that the caregivers are properly educated before being discharged from the ward. The nurses made

these feelings apparent through their descriptions about how they initiate discharge preparation voluntarily rather than waiting for a discharge order to do so. One of the participants emphatically stated;

“Regarding discharge planning, for me, when a child is admitted, I always make sure to include the mother to support her child’s care, so that from the time the child gets admitted, I prepare his/ her mind for the process of discharging until he/ she leaves the ward. This will reduce readmissions, minimize cost, and save time for the mother and her family.” – P10.

“Discharge education provides knowledge to them so that they can feel confident and acquire some techniques for handling themselves in caring for their children; in the same way, mothers who have given birth before still benefit from such training because of the new knowledge they obtain about childcare.” – P8.

The attitude toward discharge education as empowering the caregiver and lessening the burden on the family economically and emotionally embodies a patient-oriented philosophy within the profession.

Family Centered Care

The one attitude that defined how nurses perceived discharge planning in the babies’ ward was the deliberate inclusion of all members of the family during discharge planning. Nurses noted that they deliberately involved fathers, grandmothers, aunties, and other household members who have anything to do with taking care of the baby because they realized that mothers cannot take on the sole responsibility of raising the baby. This particular attitude demonstrates that discharge planning should be treated as a family matter, not just a personal consult.

“During discharge planning, we involve the father of the baby. We also involve the grandmother, auntie, and anyone else involved with the baby’s care at home besides the mother. During discharge planning, we cannot involve babies since they can’t talk. So it is up to us as nurses to decide whether or not the babies are ready to go home.” – P3.

“The nurse in the babies’ ward engages the parents in a discussion. Both the mother and father, together with the supporter, shall be educated using the ANC book in addition to the protocol that was pasted, and subsequently asked for their opinions about whether they understand the procedure, and they are permitted to pose questions.” – P10.

Such an approach to discharge education is quite important in the Ghanaian cultural setting since child rearing is a collective effort. By engaging the entire family in the process, the nurses at GARH exhibit the recognition of the sociological aspects behind the adherence to the discharge instructions.

Advocacy for tailored and condition-specific discharge education

The participants’ attitude was highly positive regarding individualized approaches to teaching regarding the babies’ clinical conditions and gestational age upon discharge. In other words, instead of using a generalized approach for discharging all newborns, the nurses supported differentiated approaches for premature babies, near-term

babies, and full-term babies – meaning that they believed that the quality of discharge is contingent on its clinical relevance and specificity. The attitude applied also to the assessment of parents' understanding of the issues involved; the nurses employed interactive questioning for testing the knowledge.

“So we have specific discharge planning strategies for babies based on their health needs or their conditions. For example, for pre-term babies, we consider factors such as how they are breathing, how they are supposed to feed, either through a cup, the formula, or the breast milk, do the KMC, weigh them, and come back for follow-ups. How to look out for the danger signs, are they gaining weight or not? And for the near term, you are looking at how well they are feeding and growing.” – P5.

“In relation to discharging the infants, we will expect their mothers to continue with what we have done in terms of infection prevention and feeding. They return after some time, and we notice that there has been a reduction in weight due to a lack of adequate feeding of the babies. In this case, we would expect that they learn to take care of themselves and the infant by feeding, hygiene, infection prevention, among others.” – P6.

The attitudes indicate that nurses are not only implementers of discharge processes but are also proactive in ensuring discharge education is provided based on patients' specific needs. This attitudinal orientation correlates well with the patient-centred approach framework (Patel & Bachmann, 2022).

Support for multidisciplinary involvement in discharge planning

The positive attitude of nurses towards collaboration among disciplines in discharge planning is evident in their acknowledgment that the multifaceted nature of both the babies and their parents cannot be handled effectively through the efforts of the nursing department alone. The nurses were open to collaborating with doctors, nutritionists, physiotherapists, and psychologists during the discharge process, and some participants were upset about the failure of other disciplines to collaborate. Participant 14 had this to say;

“We have a shared responsibility in this respect; we have to divide ourselves into different groups; some will take on one side while others take on the nursing part.” – P14.

“The baby requires our attention because there are many medical disorders. If the baby requires any surgical consult or physiotherapy, the doctor keeps it in his/her folder, and they will follow up on it. We ensure that all the disciplines come and visit the baby in the ward. In addition, if the mother is not able to breastfeed the baby, we call the nutritionist to the ward to educate her.” – P2

“Interdisciplinary involvement in discharge education of each patient is necessary since informing the physicians about the health state of the child before discharge can help start the discharge process smoothly... If the mother is made aware of all these issues through discharge education from the doctor, she will be more willing to follow up on her baby.” – P5.

This perspective is also confirmed by the research, stating that interdisciplinary teamwork plays an essential role in ensuring successful discharge planning (Marais et al., 2019;

Purdy, Craig & Zeanah, 2015). It should be noted that this approach adopted by nurses is proactive despite the fact that cooperation with other disciplines is lacking.

Challenges facing effective discharge planning

The study further explored the challenges that hinder the successful implementation of discharge planning in the GARH Babies' Ward. “inadequate resources and staff constraints”, “language and communication barriers”, “care-giver related issues” and “poor interdisciplinary collaboration”.

Inadequate resources and staff constraints

The interview with the participants revealed that resource constraints in the form of a lack of human and physical resources are required to implement discharge planning. In this regard, nurses cited understaffing as one of the major barriers that hindered the implementation of discharge plans. The high patient-to-nurse ratio made it difficult to conduct individual patient discharge education sessions due to the limited amount of time. Lack of discharge protocol, educational materials, including flip charts and pamphlets, and discharge planning tools also contributed to this challenge.

“Staff strength is another issue; if there is no adequate staff available to work at the ward, you must go on and off, you know, that means you will have less time to educate them. Staff strength is another issue that affects our performance.” – P1.

“One of the major challenges is resource constraints. We lack the protocol for conducting discharge; some of the babies' mothers or relatives who come here do not even wait. The moment they learn that they will be discharged, they just leave.” – P3.

“Whenever a patient leaves the hospital, we conduct mass education for the discharged babies on that day. Therefore, I think that whenever we have sufficient nurses to conduct mass education, one-to-one education should be conducted with the mother before discharge. Also, with the ANC books being our only source, when we get flip cards, other books, or pamphlets, it might help in discharge planning.” – P2

This phenomenon of conducting mass discharge education — an inevitable outcome of understaffing — negates the very individualistic aspect of discharge planning, which is critical for its success. The nurse's inability to conduct one-to-one education with the caregivers due to understaffing is not only ineffective but also counterproductive.

Language and communication barriers

Language variations between nurses and mothers constituted a major problem in discharge communication. The diverse linguistic landscape of Ghana means that some patients admitted at GARH speak local languages which nurses are unfamiliar with, posing a major communicative hurdle, threatening the efficacy of discharge information dissemination. This involved scenarios where translators had to be found through telephonic communication, thereby leading to a delay, distortion, and failure to maintain the relational aspect of caregiver education.

“Another challenge is that of language. Often, we do not speak

the same language. As in when a patient is being discharged, for instance, I will use the scenario of a mother giving birth. We have patients who are Frafra. Currently, we have no nurse who speaks their language. That poses a big challenge because she has to contact somebody via telephone to speak either Twi or English.” – P2

“So, because it’s mainly mass discharge, we are sometimes unable to know how much they understand our language. So, I view this as a challenge.” – P11.

Language barriers in such a situation are quite significant since a slight mistake in discharge instructions in terms of danger signs, breastfeeding, dosages, and safety tips can have serious consequences on the health of the baby.

Care-giver related barriers

In addition to these institution-level barriers, there were certain caregiver-related problems that limited the success of discharge planning. They include: mothers’ and relatives’ impatience to leave the ward; poor attendance during the admission period due to inability to attend discharge education sessions consistently; financial difficulties preventing caregivers from leaving wards because of unsettled bills; non-compliance with follow-up appointments as a result of geographical remoteness and transport-related problems. One participant said;

“Our biggest challenge is about mothers being available. Some don’t come, and when they come, they don’t always attend consistently to get adequate information regarding their discharge. When it is time to discharge, they will be in a hurry because at first they would claim that they’ve attended, ‘Ohh yes, I know my discharge’. But that is where they lie. It is a big problem.” – P5.

“Barriers: Some mothers do not follow the recommendation. And some mothers do not even show up for review. You give them the date, but they do not show up, and even the problem of transport, and then the place where they live becomes a barrier.” – P1.

“At times, the mother or relative won’t have enough funds to pay the bills, and the baby will be in the ward for days or weeks before he or she is discharged from the hospital. Babies are discharged from the hospital but are in the ward for two days, three weeks without paying the bill.” – P7.

These barriers related to caregivers illustrate the interplay of factors such as health literacy, socio-economic challenges, and access to care that determine discharge decisions in poor resource settings.

Poor interdisciplinary collaboration

Despite the apparent commitment by the nurses towards multi-disciplinary discharge planning, the participants indicated the notable lack of participation of other healthcare professionals in the discharge planning processes within the ward. It was reported that other healthcare professionals, such as physicians, physiotherapists, nutritionists, and psychologists, did not engage in the discharge education process, leaving the nurses alone to assume the whole burden of teaching caregivers how to care for the patient once discharged.

“Most of the interdisciplinary team members don’t participate in any of these things. The doctors don’t do discharge education. We don’t have nutritionists helping out with nutrition issues concerning the

child. As for calling the physiotherapists, they don’t even think twice about coming to see us. They simply hand over all the documentation and refer them to come when they can as Outpatient Department patients. In fact, even the doctors will say, Oh, just ask the nurses because they will tell you all about it. That is all we get from the other disciplines regarding discharge education.” – P4.

“There must be a laid-down framework, and there must be education for the nurses so that everything will be uniform. There will not be any differences in information, which will complicate things for us. I remember an experience when a parent came back and said he was not informed about a significant issue on how to care for her child. That makes me very worried. Perhaps, we should have a laid-down protocol here.” – P16.

Exclusion of other professions from the discharge process creates a professional imbalance, especially for nurses, as it reduces the completeness of the discharge process. About neonates that require complex care such as enteral feeding, breathing exercises for the child, or psychological support for the parents, it is impossible to implement the discharge protocol by only nurses. The above findings highlight the importance of creating discharge protocols at the GARH babies’ ward.

Discussion

The results indicate that the nurses working in the GARH babies’ ward have a substantive and clinically based perception of discharge planning. They mainly viewed it as a process of continuity of care-transfer from hospital-based management to home care-including psychological preparation of mothers, explanation of the baby’s clinical condition, teaching of neonatal-specific care practices, and arranging follow-up review dates. Importantly, nurses viewed discharge planning as a process that began at the time of admission rather than a day-of-discharge activity, noting that incremental caregiver education throughout the admission period leads to better retention and preparedness than information crammed into a final conversation. They also identified a clear relationship between quality of discharge preparation and the ward’s neonatal readmission rate and recognised effective discharge planning as the key clinical mechanism for preventing avoidable deterioration after discharge. These perceptions correspond to the literature’s conceptualisation of discharge planning as a transition process rather than a terminal clinical event (Gonçalves-Bradley *et al.*, 2022; Lin *et al.*, 2012). They are consistent with findings of Hayajneh, Hweidi, and Abu Dieh (2020), who conducted a systematic review of nurses working in acute care settings and found that nurses generally conceptualized their discharge planning role as facilitating communication and ensuring continuity of care across the hospital-community interface. Likewise, Foust (2007, as cited in Graham, Gallagher & Bothe, 2013) found that a continuum of nursing practice throughout admission was most effective for discharge education, rather than a focused end-of-stay activity – a perception independently evidenced by GARH nurses. Additionally, Lundereng, Dihle, and Steindal (2020) found nurses perceived

discharge as a collaborative preparatory process, but their study highlighted how poor inter-professional knowledge created communication failures that interrupted continuity – a problem reflected at GARH through the disengagement of other disciplines. The GARH nurses' emphasis on individualizing the components of discharge to the baby's gestational status and clinical condition also resonates with the evidence that condition-specific, tailored discharge instruction is more effective than standardised protocols in improving post-discharge caregiver competence and reducing readmissions (Patel & Bachmann, 2022; Wiens *et al.*, 2016).

The nurses in the GARH babies' ward showed generally favourable and professional-driven attitudes towards discharge planning, including a strong sense of personal responsibility, active involvement in caregiver education, commitment to family-centred and inclusive practices, advocacy for customised discharge instruction, and support for multidisciplinary collaboration. Discharge preparation was started at admission, and fathers, grandmothers, and other household caregivers were deliberately included in the process. Nurses used antenatal care books and ward-posted protocols as interactive teaching aids, and questioning techniques were used to check for understanding before discharge. They clearly preferred individualized one-on-one discharge education to group sessions and strongly supported the participation of the physician, nutritionist, physiotherapist, and psychologist, despite acknowledging the practical absence of such collaboration. These attitudinal features are consistent with findings in the wider literature. Graham, Gallagher & Bothe (2013) reported that Foust (2007) found that nurses perceived discharge education as being an important and professionally meaningful aspect of their everyday practice. Similarly, in their mixed-methods study across healthcare settings in Spain, Reig-Garcia *et al.* (2022) found that most nurses were satisfied with discharge planning as a professional practice – reflecting the positive attitudinal orientation evident at GARH. However, the GARH findings add an important nuance by showing that positive attitudes co-exist with substantial professional frustration at structural conditions that prevent nurses from delivering discharge planning to the standard they consider clinically appropriate. This tension was also documented by Chang *et al.* (2016), who found that heavy workloads generated a persistent and demoralising gap between nurses' positive discharge planning attitudes and their actual implementation capacity. The family-centred, inclusive approach seen at GARH also supports the evidence that parental and family engagement is a non-negotiable prerequisite for safe home management of newborns (Purdy, Craig & Zeanah, 2015), and the finding of Lundereng, Dihle and Steindal (2020) that active engagement with patients' social support networks is essential to sustaining care beyond the hospital. The nurses' attitudinal support for multidisciplinary collaboration – even when consistently frustrated in practice – also demonstrates an understanding that discharge planning

is an inherently team-based process that lies beyond the sole purview of nursing, a position well-supported in the literature (Hayajneh, Hweidi & Abu Dieh, 2020; Marais *et al.*, 2019).

The findings revealed four overlapping and mutually reinforcing challenges that hinder effective implementation of discharge planning at the GARH babies' ward: lack of resources and staffing, language and communication barriers, caregiver-related barriers, and lack of interdisciplinary collaboration. In terms of resources and staffing, nurses discussed the ways the chronic under-resourcing led to the need to resort to mass discharge education – teaching groups of caregivers at the same time – which compromised the essence of individualisation, comprehensiveness, and interactivity that effective discharge preparation requires. The lack of standardised discharge protocols, flip charts, and information leaflets also contributed to reduced consistency and quality. These findings have direct implications for the findings of Adjei and Budu (2019), who identified heavy workloads and limited staffing as the key barriers to effective discharge planning in the Ghanaian context. Similarly, Gholizadeh *et al.* (2016) categorized similar impediments in Iran under the failures of service delivery, governance, and health workforce management. In the same way, Chang *et al.* (2016) found that the pressure of workload resulted in incomplete and rushed discharge education. Popejoy *et al.* (2012) documented how the lack of resources interrupted discharge planning outcomes in hospital settings. In terms of language barriers, nurses reported often meeting caregivers who spoke local languages for which there was no nursing staff member who could speak the language, necessitating the use of telephone interpretation, which is unreliable, to provide discharge instructions that may have life-threatening consequences. This finding is consistent with Hayajneh, Hweidi, and Abu Dieh (2020), who found communication failures were the most common source of breakdown in discharge planning, and with James, Quirke, and McBride-Henry's (2013) recommendation that standardised communication structures are essential to minimising discharge-related risks. Regarding barriers to the caregiver, nurses identified maternal impatience, irregular attendance at admission, failure to attend follow-up appointments, distance, transportation issues and financial hardships as barriers to continued caregiver engagement needed for progressive discharge education, consistent with the findings of Gholizadeh *et al.* (2016) regarding socio-economic contexts and caregiver readiness as key mediators of the success of discharge planning, and Popejoy *et al.* (2012) emphasis on discharge models sensitive to the realities of family circumstances. Finally, concerning interdisciplinary collaboration, nurses identified a continuing lack of engagement from physicians, physiotherapists, nutritionists, and psychologists, resulting in nurses being the sole health professionals providing discharge education and creating real holes in the completeness of preparation of caregivers – a pattern well described in the work of Hayajneh,

Hweidi, and Abu Dieh (2020), Gholizadeh *et al.* (2016) and Lundereng, Dihle and Steindal (2020), who found poor interdisciplinary cooperation and lack of clarity about role demarcation as systemic drivers of discharge planning failure. Taken together, these challenges reveal that the discharge planning deficit at GARH is not the outcome of individual nurse failure but of structural, institutional, and systemic conditions calling for coordinated policy-level intervention.

CONCLUSION

The study assessed nurses' perceptions, attitudes, and challenges regarding discharge planning in the babies' ward of the Greater Accra Regional Hospital (GARH). Qualitative data were obtained from 16 nurses. Findings showed that nurses had a good understanding of discharge planning as a continuous, individualized process that begins at admission and supports continuity of care, post-discharge recovery, and neonatal survival. Nurses also recognized its relationship with the ward's approximately 20% neonatal readmission rate.

Overall, nurses demonstrated positive and professional attitudes towards discharge planning, emphasizing caregiver education, family involvement, individualized instructions, and multidisciplinary collaboration. However, their ability to implement effective discharge planning was constrained by systemic challenges. These included inadequate staffing and resources, language and communication barriers, caregiver-related difficulties such as financial constraints and poor follow-up, and inadequate interdisciplinary collaboration.

The study recommends standardized neonatal discharge planning protocols, improved staffing, multilingual and pictorial educational materials, and clearly defined multidisciplinary responsibilities. The findings highlight that effective discharge planning depends not only on nurses' knowledge and commitment but also on institutional and systemic support. Strengthening these areas could improve continuity of care, reduce neonatal readmissions, and enhance post-discharge outcomes.

REFERENCES

- Abdul-Kareem, A., Lindo, J. L. M., & Stennett, R. (2019). Discharge planning practices in high-income countries: Implications for developing health systems. *Journal of Hospital Administration*, 8(3), 12–21.
- Adjei, E., & Budu, H. I. (2019). Barriers to effective discharge planning in Ghanaian hospitals. *African Journal of Nursing and Midwifery*, 21(2), 1–14.
- Aheto, J. M. K. (2019). Predictive model and determinants of under-five child mortality: Evidence from the 2014 Ghana Demographic and Health Survey. *BMC Public Health*, 19(1), 64. <https://doi.org/10.1186/s12889-019-6390-4>
- Allen, J., Hutchinson, A. M., Brown, R., & Livingston, P. M. (2018). User experience and care of older people transitioning from hospital to home: A systematic review. *Health Expectations*, 21(2), 317–331.
- Amouzou, A., Kozuki, N., & Gwatkin, D. R. (2014). Where is the gap? The contribution of disparities within developing countries to global inequalities in under-five mortality. *BMC Public Health*, 14(1), 216. <https://doi.org/10.1186/1471-2458-14-216>
- Bayor, A., & Korsah, K. A. (2022). Patients and discharge against medical advice in teaching hospitals in Ghana. *Ghana Medical Journal*, 56(1), 44–51.
- Chang, Y., Chang, Y. H., & Clearly, S. (2015). Factors influencing nurses' discharge planning implementation. *Journal of Nursing Management*, 23(3), 281–291.
- Chang, Y., Pan, Y., & Lin, M. (2016). Perceptions of emergency department nurses on factors impacting discharge planning implementation. *Journal of Clinical Nursing*, 25(17–18), 2624–2633. <https://doi.org/10.1111/jocn.13310>
- Fenta, S. M., Workie, D. L., Zike, D. T., Fentie, B., Mulugeta, M., & Berhane, M. (2020). Bayesian multilevel analysis of predictors of under-five child mortality in Ethiopia. *BMC Public Health*, 20(1), 1097.
- Foust, J. B. (2007). Discharge planning as part of daily nursing practice. *Applied Nursing Research*, 20(2), 72–77. <https://doi.org/10.1016/j.apnr.2006.08.008>
- Galvin, E. C., Wills, T., & Coffey, A. (2017). Readiness for hospital discharge: A concept analysis. *Journal of Advanced Nursing*, 73(12), 2547–2557.
- Gholizadeh, M., Delgoshaei, B., Gorji, H. A., Torani, S., & Janati, A. (2016). Challenges in patient discharge planning in the health system of Iran: A qualitative study. *Global Journal of Health Science*, 8(6), 168–178. <https://doi.org/10.5539/gjhs.v8n6p168>
- Gonçalves-Bradley, D. C., Lannin, N. A., Clemson, L., Cameron, I. D., & Shepperd, S. (2022). Discharge planning from hospital. *Cochrane Database of Systematic Reviews*, 2022(2), CD000313. <https://doi.org/10.1002/14651858.CD000313.pub6>
- Graham, J., Gallagher, R., & Bothe, J. (2013). Nurses' discharge planning and risk assessment: Behaviours, understanding and barriers. *Journal of Clinical Nursing*, 22(15–16), 2338–2346.
- Grech, C., & Raeburn, T. (2021). Perceptions of registered nurses on the provision of discharge planning services for patients who are homeless. *Journal of Clinical Nursing*, 30(1–2), 71–80. <https://doi.org/10.1111/jocn.15514>
- Hayajneh, A. A., Hweidi, I. M., & Abu Dieh, M. W. (2020). Nurses' knowledge, perception and practices toward discharge planning in acute care settings: A systematic review. *Nursing Open*, 8(1), 12–22. <https://doi.org/10.1002/nop2.619>
- James, S., Quirke, S., & McBride-Henry, K. (2013). Nurses' perceptions of transferring patients from ICU to ward-based care. *Nursing in Critical Care*, 18(6), 289–296. <https://doi.org/10.1111/nicc.12003>
- John-Eke, E. C., & Eke, A. I. (2020). Planning as a management function: Its relevance in the management of healthcare institutions. *International Journal of Academic Research in Business and Social Sciences*,

- 10(9), 226–234.
- Kim, J. Y., Farmer, P., & Porter, M. E. (2013). Redefining global health-care delivery. *The Lancet*, 382(9897), 1060–1069.
- Kripalani, S., LeFevre, F., Phillips, C. O., Williams, M. V., Basaviah, P., & Baker, D. W. (2007). Deficits in communication and information transfer between hospital-based and primary care physicians. *JAMA*, 297(8), 831–841.
- Laron, M. B., Sharma, J., Bohren, M. A., & Tuncalp, O. (2019). Patient charter and rights in Ghana: Understanding women's awareness and experiences. *BMC Health Services Research*, 19(1), 287.
- Laugaland, K., Aase, K., & Barach, P. (2012). Interventions to improve patient safety in transitional care: A review of the evidence. *Work*, 41(S1), 2915–2924.
- Lin, P. C., Cheng, S. F., Shih, W. M., Chu, C. S., & Tjung, J. J. (2012). Discharge planning: Improving patient self-care and facilitating continuity of care. *International Journal of Gerontology*, 6(4), 193–197.
- Lino, M. M. (2021). Challenges and difficulties faced by district nurses in managing hospital discharge: A comprehensive literature review. *British Journal of Community Nursing*, 26(4), 174–181.
- Lundereng, E. D., Dihle, A., & Steindal, S. A. (2020). Nurses' experiences and perspectives on discharge collaboration when cancer patients in need of palliative care are discharged from hospital to home: A qualitative study. *Journal of Clinical Nursing*, 29(19–20), 3655–3666. <https://doi.org/10.1111/jocn.15404>
- Marais, F., Meltzer, S., Bheekie, A., & English, R. (2019). Continuity of care for tuberculosis patients in Cape Town, South Africa: A qualitative study. *BMC Health Services Research*, 19(1), 1–10.
- Mohammed, I., Chris, A., Alem, M., & Norman, I. D. (2020). Discharge planning process and quality of care in the emergency department of Tamale Teaching Hospital, Ghana. *Open Journal of Nursing*, 10(4), 391–407.
- Nemetchek, B., English, L., Lim, C., Cadet, T., Langelier, M., & Dill, M. (2019). Burden of under-five mortality in sub-Saharan Africa: A systematic review. *Journal of Global Health*, 9(2), 020431.
- NHS. (2020). *Delayed transfers of care: Guidance for NHS providers*. National Health Service England.
- Nordmark, S., Zingmark, K., & Lindberg, I. (2016). Process experiences of discharge planning: A combined qualitative and quantitative study of nurses' perspectives. *Journal of Clinical Nursing*, 25(9–10), 1401–1411.
- Nursing and Midwifery Council of Ghana. (2015). *Standards of proficiency for registered nurses and midwives*. NMC Ghana.
- Patel, H., & Bachmann, M. (2022). Discharge planning and post-discharge follow-up in paediatric care: A review. *Paediatrics and International Child Health*, 42(1), 1–9.
- Platonos, K., Trigoni, M., Tziaferi, S., & Prezerakos, P. (2018). Nursing discharge planning: Theory and practice. *Health Science Journal*, 12(1), 1–8.
- Popejoy, L., Galambos, C., Moylan, K., & Madsen, R. (2012). Challenges in discharge planning for hospitals in Missouri: A cross-sectional descriptive web survey. *Professional Case Management*, 17(6), 264–272.
- Purdy, I. B., Craig, J. W., & Zeanah, P. (2015). NICU discharge planning and beyond: Recommendations for parent psychosocial support. *Journal of Perinatology*, 35(S1), S24–S28.
- Reig-Garcia, G., Suer-Soler, R., Masachs-Fatjo, E., Morin, V., & Ballester-Gil, M. (2022). Nurses' perceptions of discharge planning in different healthcare settings: A mixed methods study. *Journal of Nursing Management*, 30(2), 449–458.
- Rennke, S., Nguyen, O. K., Shoeb, M. H., Magan, Y., Wachter, R. M., & Ranji, S. R. (2013). Hospital-initiated transitional care interventions as a patient safety strategy. *Annals of Internal Medicine*, 158(5 Pt 2), 433–440.
- Sanyang, B. (2019). Causes of under-five child mortality in sub-Saharan Africa: A literature review. *Journal of Health Research*, 33(5), 396–407.
- Schlossberg, N. K. (1981). A model for analyzing human adaptation to transition. *The Counseling Psychologist*, 9(2), 2–18.
- Wiens, M. O., Pawluk, S., Kissoon, N., Kumbakumba, E., Ansermino, J. M., Singer, J., & Bhatt, M. (2013). Pediatric post-discharge mortality in resource-poor countries: A systematic review. *PLOS ONE*, 8(6), e66698. <https://doi.org/10.1371/journal.pone.0066698>
- Wiens, M. O., Kumbakumba, E., Kissoon, N., Ansermino, J. M., Ndamira, A., & Larson, C. P. (2015). Postdischarge mortality in children with acute infectious diseases: A systematic review and meta-analysis. *BMJ Open*, 5(6), e009431. <https://doi.org/10.1136/bmjopen-2015-009431>
- Wiens, M. O., Kumbakumba, E., Larson, C. P., Ansermino, J. M., Singer, J., Kissoon, N., & Bhatt, M. (2016). Concepts and preliminary data toward the development of a discharge intervention for children with severe infectious diseases. *Journal of Tropical Pediatrics*, 62(5), 344–353. <https://doi.org/10.1093/tropej/fmw025>
- World Health Organization. (2015). *Sustainable Development Goals: Health targets*. WHO.
- World Health Organization. (2017). Investing in child health: A report on global progress. WHO.
- Xiao, H., Douglas, C., Bonner, A., & Chaboyer, W. (2019). Quality discharge planning for hospitalised older people: A systematic review. *International Journal of Nursing Studies*, 89, 52–64.
- Yuyun, M. F., Sliwa, K., Kengne, A. P., Mocumbi, A. O., & Bukhman, G. (2020). Cardiovascular diseases in sub-Saharan Africa compared to high-income countries: An epidemiological perspective. *Global Heart*, 15(1), 15.
- Zakiyah, A., & Basuki, N. (2017). Relationship between nurses' education level and systematic discharge