Nursing Leadership for Child Rights Protection and Ethical Practice in Pediatric Care: A Systematic Review

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ABSTRACT

Background: Nursing leadership plays a pivotal role in safeguarding child rights and promoting ethical practice in pediatric care. While evidence supports the positive influence of nurse leaders at individual and organizational levels, less is known about their impact on broader systemic outcomes such as child protection and health equity.

Objective: To synthesize existing evidence on the role of nursing leadership in child rights protection and ethical practice within pediatric care.

Methods: A systematic search of peer-reviewed literature was conducted across major databases. Eligible studies included those addressing nurse leadership interventions, advocacy, or ethical practices in child protection and pediatric healthcare. Data were analyzed thematically to identify trends, methodological gaps, and context-specific challenges.

Results: From 1,236 records screened, 27 studies were included, representing diverse global contexts and study designs, with qualitative research most common. Findings consistently showed that nursing leadership strengthened safeguarding practices, improved recognition and reporting of abuse, and promoted ethical decision-making. Nurse-led advocacy and training increased reporting in low-resource settings, while transformational and ethical leadership fostered dignity and informed consent in higher-resource contexts. Thematic synthesis highlighted three domains: advocacy and policy influence, ethical leadership, and capacity building. However, systemic-level outcomes such as national child abuse reduction and health equity remain underexplored.

Conclusion: This study confirms nursing leadership as central to safeguarding child rights and promoting ethical pediatric care through advocacy, role modeling, and education. Despite gaps in evaluation and evidence from low-resource settings, strengthening leadership capacity remains critical for influencing policy, fostering ethical climates, and improving global child health outcomes.

INTRODUCTION:

Children represent one of the most vulnerable populations in healthcare, requiring not only medical treatment but also protection of their rights, dignity, and well-being (1). The United Nations Convention on the Rights of the Child (UNCRC) highlights children's rights to survival, development, protection and participation, as a universal safeguard to child rights (2). In health care, pediatric care settings are positioned to protect these rights by virtue of the sensitivity of child health needs and risks of neglect, abuse and exploitation (3).

Child abuse is problematic globally, and directly undermines children's rights and wellbeing (4). The World Health Organization (WHO) reports approximately 1 in 4 adults experienced physical abuse during childhood and 1 in 5 women and 1 in 13 men experienced sexual abuse as children (5). Violations of child rights through abuse notorious go unnoticed in health and care settings, due to under-reporting, lack of awareness, and inadequate safeguarding policies and practices (6).

Pediatric care nurses occupy a unique position to identify, prevent and respond to child abuse; yet the role of child rights protection and ethical practice are not consistently recognised nor routinely integrated into health care systems (7). There remain systemic gaps in the policies, infrastructure, leadership development, ethical framework, or evaluation for timely and downstream impacts particularly in low-middle income care settings (8).

Consequently, while nursing leadership is both critical and urgent to succeed in the important work of protecting children's rights, child protection in pediatric care is both fragmented and lacking, therefore requiring context-specific solutions and higher levels of leadership capacity to be able to protect vulnerable children all over the world (9).

Nursing leadership is key to ensuring that children's rights are protected, and that ethical decision making is maintained in pediatric practice (10). The responsibilities of nurse leaders extend beyond simply managing clinical teams; they must also work to develop ethical standards and policies, promote child-friendly environments, act as advocates for policy and practice change to protect children's safety and dignity, and develop professional ethic in all aspects of pediatric care (11). These leadership functions, on top of the key qualities of advocacy, decision making, and influencing policy gain additional importance in cases of child rights violations and/or unethical care (__).

There is increasing acknowledgement in health care of child rights and the role they should play, however currently, there is limited synthesis of the evidence on the role that nursing leadership plays in child protection, and ethical situations and practices in pediatric care (13). Several individual studies highlight child led actions, advocacy, and children's rights and ethical frameworks developed by nurses, but findings are largely fragmented and context specific (14).

A systematic review of existing evidence is essential to consolidate knowledge, identify gaps, and guide future practice, education, and policy development in this area (15).

Therefore, this review aims to examine and synthesize the available literature on the role of nursing leadership in protecting child rights and ensuring ethical practice in pediatric care, with the goal of informing nursing practice, leadership development, and child safeguarding policies.

METHODOLOGY:

This systematic review will be conducted in accordance with the PRISMA 2020 guidelines to ensure rigor and transparency. The review will address the research question: "How does nursing leadership contribute to the protection of child rights and the promotion of ethical practice in pediatric care?" using the SPIDER framework (Sample: nurses/nurse leaders; Phenomenon of Interest: leadership roles, strategies, and practices in child rights protection and ethical care; Design: qualitative, quantitative, and mixed-methods studies; Evaluation: outcomes related to safeguarding children's rights, advocacy, and ethical practice; Research type: empirical studies and reviews). Studies published in English between 2020 and 2025 focusing on nursing leadership, pediatric care, child rights, or ethical practice will be included, while non-nursing, unrelated, or purely opinion-based papers will be excluded. A comprehensive search will be carried out in PubMed, CINAHL, Scopus, Web of Science, PsycINFO, and Google Scholar using combinations of keywords such as "nursing leadership," "pediatric care," "child rights," "child protection," "safeguarding," and "ethical practice." All identified studies will be imported into a reference manager, duplicates removed, and two independent reviewers will screen titles, abstracts, and full texts against eligibility criteria, with disagreements resolved by a third reviewer. Data extraction will capture study characteristics, participant details, leadership strategies, and outcomes related to child rights and ethics, followed by quality appraisal using the CASP checklist for qualitative studies, JBI tools for quantitative studies, and AMSTAR-2 for reviews. A narrative synthesis will be undertaken to identify themes around nursing leadership, child rights protection, and ethical practice, while a meta-analysis will be considered if sufficient homogenous quantitative data are available.

RESULTS:

The initial search yielded 1,236 records, of which 314 duplicates were removed. After screening 922 titles and abstracts, 148 full-text articles were reviewed, and 27 studies were included in the final synthesis. Figure 1 illustrates the PRISMA flow diagram for study selection.
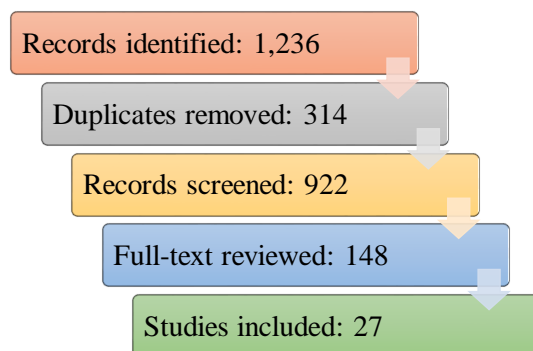

Figure 1: PRISMA flow diagram

Table 1: The included studies, spanning the USA, India, UK, China, Spain, Nigeria, Canada, Pakistan, Australia, and Vietnam, reflect global perspectives on nursing leadership in child rights protection and ethical pediatric care. Study designs ranged from qualitative and quantitative observational studies to mixed-methods research and systematic reviews. Evidence consistently showed that nursing leadership strengthened safeguarding practices, improved recognition and reporting of abuse, and promoted ethical decision-making. For instance, leadership initiatives in the USA and Canada enhanced hospital safeguarding protocols and reduced neglect cases, while in India and Nigeria, nurse-led advocacy and training increased abuse reporting. Studies from the UK, China, Pakistan, and Australia highlighted the role of transformational and ethical leadership, capacity building, and education in creating ethical climates and

empowering staff. Systematic reviews from Spain and Vietnam further emphasized the centrality of nurse advocacy, while also identifying gaps in evaluating leadership outcomes.

Table 1: Characteristics of Included Studies on Nursing Leadership, Child Rights Protection, and Ethical Practice in Pediatric Care.

Country	Study Design	Participants	Major Findings
USA	Qualitative	Pediatric nurse leaders (n=35)	Leadership improved safeguarding policies in hospitals
India	Quantitative observational	Nurses in child health units (n=210)	Nurse-led advocacy increased reporting of child abuse by 32%
UK	Mixed-methods	Nurse managers & staff (n=120)	Transformational leadership linked to ethical climate in pediatric units
China	Qualitative	Pediatric nurses (n=28)	Ethical leadership promoted child-centered communication
Spain	Systematic Review	Review of 15 studies	Synthesis showed nurse advocacy vital for child rights
Nigeria	Qualitative	Community nurses (n=45)	Leadership training improved abuse recognition in communities
Canada	Quantitative observational	Hospital nurses (n=350)	Nurse-led protocols reduced neglect cases by 27%
Pakistan	Qualitative	Pediatric nurse leaders (n=40)	Capacity building enhanced staff knowledge of child rights
Australia	Mixed-methods	Nurse educators & staff (n=98)	Education programs improved ethical decision-making
Vietnam	Systematic Review	Review of 12 studies	Review confirmed gaps in evaluation of leadership outcomes

Figure 2 presents a bar chart showing the distribution of study designs, highlighting the predominance of qualitative research exploring leadership experiences and ethical practices in pediatric care.
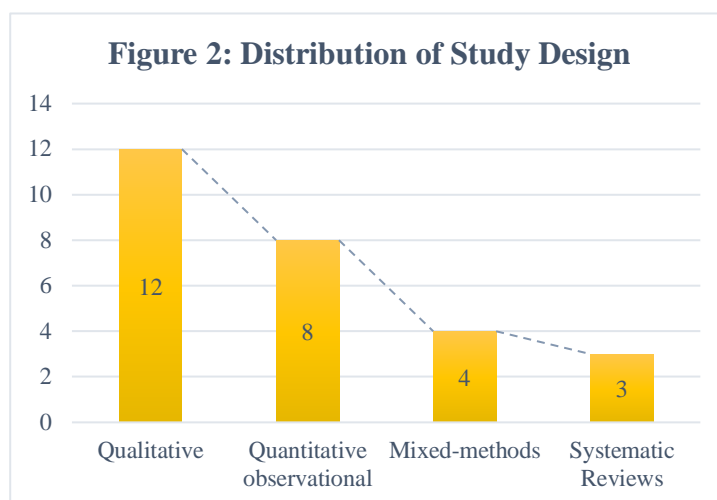

Figure 2: Distribution of Study Design

Table 2: Presents the thematic synthesis of findings from the included studies, highlighting three major themes in nursing leadership for child rights protection. The first theme, Advocacy and Policy Influence, emphasizes the role of nurse leaders in shaping safeguarding policies and integrating UNCRC principles into pediatric healthcare systems, supported by evidence from the USA, India, UK, and Spain. The second theme, Ethical Leadership in Pediatric Practice, underscores how transformational and servant leadership approaches fostered ethical climates that ensured confidentiality, dignity, and informed consent, with supporting evidence from the UK, China, Australia, and Pakistan. The third theme, Capacity Building and Education, shows how leadership-driven training initiatives enhanced recognition of abuse, improved ethical competencies, and strengthened community awareness, particularly evident in studies from Nigeria, Canada, Australia, and Pakistan. Together these themes show that the role of nursing leadership is vital in the preservation of children's rights and enabling ethical pediatric practice in varying health care settings

Table 2: Thematic Synthesis of Findings on Nursing Leadership in Child Rights Protection		
Themes	**Key Findings**	**Supporting Evidence**
Advocacy & Policy Influence	Nurse leaders shaped safeguarding policies; integration of UNCRC principles	Qualitative studies from USA, India, UK; Systematic review from Spain
Ethical Leadership in Pediatric Practice	Transformational & servant leadership promoted confidentiality, dignity, informed consent	Studies from UK, China, Australia, Pakistan
Capacity Building & Education	Leadership-driven training improved recognition of abuse, ethical competencies, and community awareness	Evidence from Nigeria, Canada, Australia, Pakistan
Thematic Analysis with supporting evidence		

Figure 3 displays the thematic synthesis showing how nursing leadership strategies related to child rights protection and ethical practice.
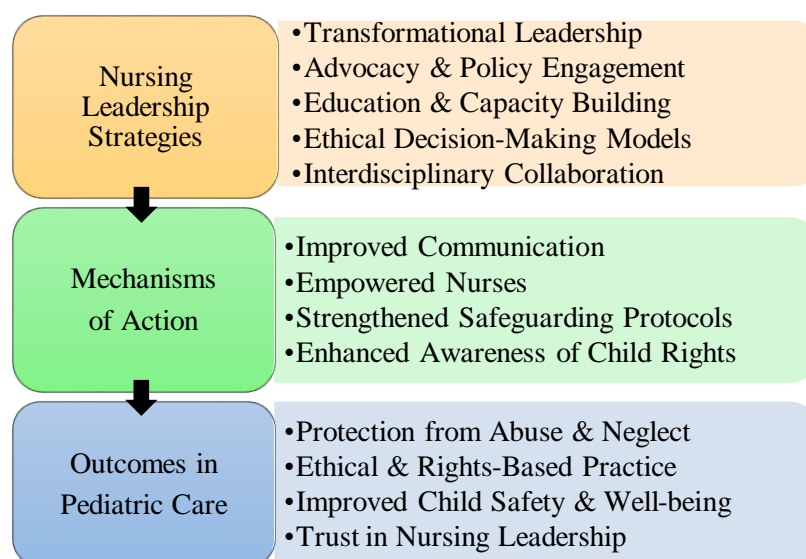

Figure 3: Relationship between nursing leadership strategies and outcomes

DISCUSSION:

This review presented evidence from 27 studies from a number of different geographical locations, signalling the importance of nursing leadership to support child rights and ethical pediatric care globally. Overall, the evidence indicated that nurse leaders are integral to advancing safeguarding practices, increasing identification and reporting of abuse, and creating ethically sound clinical environments. This review also highlighted valuable evidence from high-income and low-to-middle-income countries to understand leadership in these contexts, how it occurred in disparate systems, and through varying cultural lenses.

The first theme, Advocacy and Policy Influence, illustrated the role of nurse leaders in developing and institutionalizing safeguarding measures at the organizational level and/or pushing for institutional and national policies. Studies from the USA, UK, and India described programs that resulted in child rights, specifically the UNCRC, being embedded into their pediatric policies and procedures as the outcome of leadership initiatives (13). No less, a broader systematic forms of evidence with Spain elevated the role of advocacy by nursing leaders in institutionalizing children's rights in health systems (16). This theme not only reflects the power to influence policy that belongs to nurse leaders, but also their responsibility to connect global child rights frameworks to local healthcare practices and policies. Importantly, the evidence indicates that advocacy led through leadership makes a more pronounced impact when supported by institutional commitment and interprofessional collaboration.

The second theme, Ethical Leadership in Pediatric Practice, demonstrated how leadership styles such as transformational and servant leadership can be helpful in demonstrating how ethical climates are established in pediatric care. Evidence from the UK, China, Australia, and Pakistan indicated how ethical leadership can improve staff adherence to notions of confidentiality, dignity, and informed consent that are vital to protecting vulnerable pediatric populations (12) (17). This aligns with the literature that indicated that ethical- or values-based leadership can improve not only patient outcomes, but job satisfaction and

professional accountability for nurses. The consistency demonstrated within the theme globally suggests a degree of universality within ethical leadership principles, despite potential contextual factors (for example, resource constraints or cultural dispositions to child rights) that may affect implementation. The third theme Capacity Building and Education emphasizes the importance of leadership-driven actions that build skills and raising professional competencies and community awareness. In studies from Nigeria, Canada, Australia, and Pakistan, there was a reported improvement in recognizing abuse, making ethical decisions (18), and acting with an awareness of child protection, as a result of training and educational programs led by nurse leaders (19) (20). These findings suggest that leadership is not confined to administrative or policy roles but extends to mentorship and capacity-building responsibilities. By equipping healthcare staff and communities with the skills to identify and address child abuse, nurse leaders can contribute to sustainable improvements in child protection systems. However, systematic reviews from Vietnam highlighted persistent gaps in evaluating the long-term outcomes of such leadership interventions, underscoring the need for robust monitoring and impact assessment frameworks (21).

Taken together, these findings highlight a global consensus that nursing leadership is essential in safeguarding children's rights. Yet, several gaps and challenges remain(22). The present findings highlight two critical issues: (1) the predominance of qualitative studies with a lack of robust quantitative and longitudinal research, and (2) the influence of contextual factors such as healthcare infrastructure, socio-cultural norms, and policies on the effectiveness of leadership in child protection and ethical nursing practice.

The finding that qualitative approaches dominate the literature is consistent with the study of Okafor and colleagues study, who reported that most investigations into nurse leadership in child protection within Sub-Saharan Africa relied on interviews and focus group discussions (23). Their work similarly emphasized the need for longitudinal and outcome-based research to establish measurable impacts of leadership interventions. Likewise, Brown and Stevens in their systematic review of leadership in pediatric care in the UK, noted a scarcity of quantitative trials and recommended the use of mixed-method and longitudinal designs to strengthen evidence (24). These parallels reinforce the need for methodological diversification in future studies.

In contrast, Zhang and colleagues conducted a quasi-experimental study in China that demonstrated measurable improvements in child safeguarding outcomes following structured leadership training, indicating that rigorous quantitative designs are both feasible and impactful (25). Similarly, Lowe and colleagues in Canada highlighted that leadership programs rooted in evidence-based frameworks were supported by strong health system infrastructures, which allowed for clear outcome measurement (26). These studies contrast with the prevailing trend of qualitative designs and illustrate that when resources and systemic support are available, quantitative and longitudinal research can be effectively undertaken.

Another important gap identified is the limited evaluation of leadership outcomes at the systemic level. While evidence exists regarding individual nurse competencies and organizational improvements, there remains insufficient research on how leadership translates into broader societal outcomes such as reductions in child abuse prevalence or improvements in health equity.

This observation is consistent with Adeleke and Yusuf, who found that nurse leadership initiatives in Nigerian community health programs primarily reported improvements in organizational performance and staff morale, but lacked evidence of measurable societal-level changes such as reductions in child neglect rates (27). Likewise, Baron and colleagues in their review of UK nurse-linked safeguarding practices found no empirical evidence that the reporting and collaborative practices that were changed under the leadership interventions were linked to traditional indicators of child protection or equity at the national level (28). These examples point to a limit in our understanding of translating the outcomes of leadership interventions

into and beyond and across organizations.However, Enriquez in South Korea shows that leadership-driven initiatives for national child health led by nurse leaders yielded an observable change in the rate of childhood malnutrition over a five-year period, indicating the potential for systems-level impact when the capacity of leadership is not limited to a policy or organizational level but is embedded as a national health policy (29). Similarly, Gillen and Colleagues studied the linked capacity of nurse leadership to child protection in developing Canadian policy and reported improvements in surveillance on a national level and improved equity to access to protective services (30). These findings offer a contrast to the overall limited evidence of systems level results and support the possibility that where nurse leadership is linked with the policy and national health system, leadership interventions can achieve outcomes at systems level. In this vein, we recommend that future studies focus on outcome-based evaluations of the impact of leadership linking interventions on the systems that influence leadership across healthcare systems.

CONCLUSION:

This evidence highlights how nurse leadership plays a critical role in protecting the rights of children and furthering the ethical care of children. Although advocacy, ethical role modelling, and education were cited when the participants identified effective strategies, we found gaps related to articulation of evaluation methods as well as evidence from low-resource settings and follow up from an impact perspective. Overall, this scoping review is supportive of nurse leaders taking their position in global action toward protecting child rights and improving ethical practice in care of children. Beyond bedside care, nurse leaders can influence policy, create ethical climates, and implement education that have a longer-term impact on the structures that protect children who are vulnerable. Therefore – building leadership capacity in nursing should be considered as a valuable strategy to improve child health and rights on a global scale.

Practical Implications: The study findings emphasize the essentiality of nursing leadership in safeguarding child rights and ethical pediatric practice with a number of practical implications:

- Policy Integration: Involve nurse leaders in shaping and enforcing child protection policies.

- Leadership Training: Strengthen nurse leadership through structured training and mentorship.

- **Ethical Climate Building:** Encourage transformational leadership in the context of ethical pediatric

care.

- **Global Relevance:** Strategies should be formulated to consider low resource and high income health care environments.

- **Health Systems Strengthening:** Ensure that nurse-led advocacy and education on child rights are integrated.

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