## 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 (Chapman et al., 2023). The United Nations Convention on the Rights of the Child (UNCRC) emphasizes children's rights to survival, development, protection, and participation, establishing a global framework for safeguarding practices (Tanveer, 2024). Within healthcare, pediatric care settings are uniquely positioned to uphold these rights, given the sensitivity of child health needs and the risk of neglect, abuse, or exploitation (Greenbaum et al., 2023).

Child abuse remains a pervasive global concern, directly threatening children's rights and wellbeing (Goldhagen et al., 2020). According to the World Health Organization (WHO), approximately 1 in 4 adults report being physically abused during childhood, and 1 in 5 women and 1 in 13 men report experiencing sexual abuse as children (Ferragut et al., 2021). Such violations often go undetected in healthcare settings due to underreporting, lack of awareness, and inadequate safeguarding mechanisms (García-Pérez et al., 2021).

In pediatric care, nurses are uniquely positioned to identify, prevent, and respond to child abuse; however, their leadership role in child rights protection and ethical practice is not consistently recognized or systematically integrated into healthcare systems (Yehene et al., 2022). Gaps persist in policy enforcement, leadership training, standardized ethical frameworks, and evaluation of long-term outcomes, particularly in low-resource settings (Alsabri et al., 2025).

Thus, despite the critical importance of nursing leadership, child rights protection in pediatric care remains fragmented and insufficient, necessitating context-specific strategies and stronger leadership capacity to safeguard vulnerable children globally (Abdel-Malek, 2021).

Nursing leadership plays a pivotal role in ensuring that child rights are protected and that ethical standards are upheld in pediatric practice (Koller et al., 2024). Nurse leaders are responsible not only for managing clinical teams but also for setting ethical standards, fostering child-friendly environments, and advocating for policies that prioritize children's safety and dignity (Foster et al., 2025). Leadership qualities such as advocacy, ethical decision-making, and policy influence become particularly crucial when addressing child rights violations or ensuring ethical conduct in care delivery (Pervaiz et al., 2024).

Despite increasing recognition of the importance of child rights in healthcare, there remains limited synthesis of evidence on how nursing leadership contributes to child protection and ethical practices in pediatric care (Alshammari et al., 2025). Individual studies highlight nurse-led interventions, advocacy efforts, and ethical frameworks; however, findings are often fragmented and context-specific (Schmüdderich et al., 2023). A systematic review of existing evidence is essential to consolidate knowledge, identify gaps, and guide future practice, education, and policy development in this area (Organization, 2024).

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.
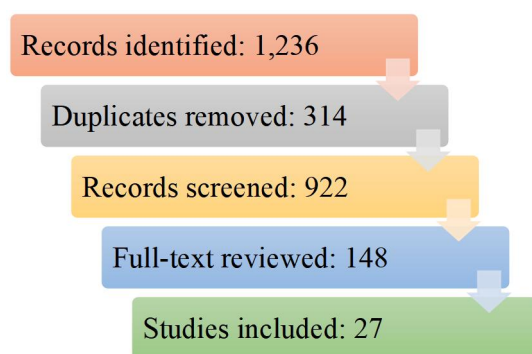


*Figure 1: PRISMA flow diagram*

**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.
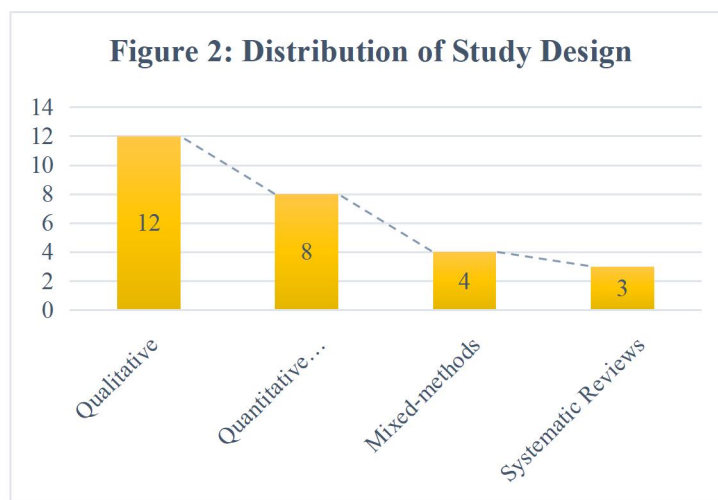


Figure 2: Distribution of Study Design

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.
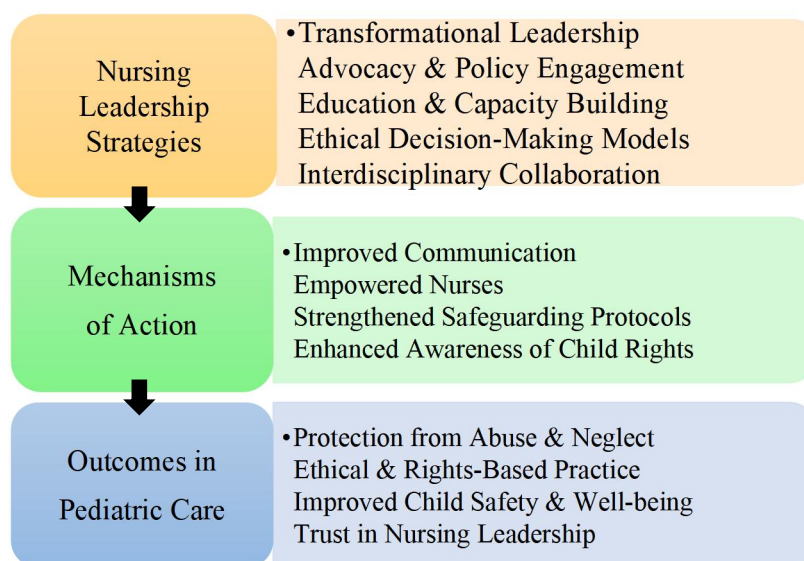


*Figure 3: Relationship between nursing leadership strategies and outcomes*

**DISCUSSION:**

This review synthesized evidence from 27 studies across diverse geographical regions, highlighting the global significance of nursing leadership in protecting child rights and fostering ethical pediatric care. The findings collectively demonstrate that nurse leaders serve as key drivers in advancing safeguarding practices, improving the recognition and reporting of abuse, and cultivating ethical clinical environments. By drawing on evidence from both high-income and low-to-middle-income countries, this review provides a comprehensive understanding of how leadership functions across different healthcare systems and cultural contexts.

The first theme, Advocacy and Policy Influence, underscores the critical role of nurse leaders in shaping institutional and national safeguarding frameworks. Studies from the USA, UK, and India illustrated how leadership initiatives led to the integration of child rights principles, particularly those outlined in the UNCRC, into pediatric policies and protocols (Alshammari et al., 2025). Similarly, systematic evidence from Spain reinforced the centrality of nurse advocacy in embedding children's rights into healthcare systems (Laserna Jimenez et al., 2021). This theme highlights not only the ability of nurse leaders to influence policy but also their responsibility in bridging the gap between global child rights frameworks and localized healthcare practices. Importantly, the evidence indicates that leadership-driven advocacy is more effective when supported by institutional commitment and interprofessional collaboration.

The second theme, Ethical Leadership in Pediatric Practice, reveals how leadership styles particularly transformational and servant leadership contribute to building ethical climates within pediatric care. Evidence from the UK, China, Australia, and Pakistan shows that ethical leadership enhances staff adherence to principles of confidentiality, dignity, and informed

consent, which are essential in protecting vulnerable pediatric populations (Pervaiz et al., 2024) (Bald, 2022). This finding resonates with previous literature suggesting that leadership grounded in ethical principles not only improves patient outcomes but also enhances job satisfaction and professional accountability among nurses. The cross-cultural consistency of this theme suggests that ethical leadership principles are universally applicable, although contextual challenges, such as resource limitations or cultural attitudes toward child rights, may influence their practical implementation.

The third theme, Capacity Building and Education, emphasizes the significance of leadership-driven initiatives in strengthening professional competencies and community awareness. Studies from Nigeria, Canada, Australia, and Pakistan reported improvements in abuse recognition, ethical decision-making (Roy & Madiki, 2020), and overall awareness of child protection following training and educational programs led by nurse leaders (Ifayomi, 2023) (Abbas, 2021) . 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 (Vinh & Tri, 2024).

Taken together, these findings highlight a global consensus that nursing leadership is essential in safeguarding children's rights. Yet, several gaps and challenges remain(McMellon & Tisdall, 2020). 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 (Okafor, 2023). 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 (Howell Smith & Shanahan Bazis, 2021). 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 (Zhang et al., 2021). 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 (Lowe et al., 2022). 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 (Adeleke et al., 2024). Similarly, Baron and colleagues in their review of nurse-led safeguarding practices in the UK, noted that while leadership interventions enhanced reporting mechanisms and interdisciplinary collaboration, there was little empirical data linking these changes to national-level indicators of child protection or equity (Baron et al., 2023). These parallels suggest that the translation of leadership outcomes beyond organizational boundaries remains underexplored.

In contrast, Enriquez in South Korea demonstrated that leadership-driven national child health initiatives, spearheaded by nurse leaders, contributed to measurable declines in childhood malnutrition rates over a five-year period, highlighting the potential for systemic impact when leadership is embedded in national health policy (Enriquez, 2025). Similarly, Gillen and Colleagues in Canada reported that the integration of nurse leadership into child protection policymaking was associated with improvements in national surveillance systems and enhanced equity in access to protective services (Gillen et al., 2024). These findings contrast with the general scarcity of systemic-level evidence and suggest that such outcomes are achievable when leadership interventions are strategically linked to policy and national health systems. Future research should therefore prioritize outcome-based evaluations and explore how leadership interventions can be scaled 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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