WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Collaborative Practice and Respect for Patients in Family-Centred Care among Nurses in Children's Hospitals in Delta State, Nigeria

Iweriebor, Onoiribholo Bridget; Alex-Hart, Balafama; Ukaigwe, Patricia Chinelo.

Africa Centre Of Excellence for Public Health and Toxicological Research (Ace-Putor) University of Bport Harcount Choba, Port Hacourt, Nigeria

Email: brid_gets@yahoo.com, balaalexhart@yahoo.com, patricia.ukaigwe@uniport.edu.ng

ABSTRACT

This study examined collaborative practice and respect for patients in family-centred care among nurses in children's hospitals in Delta State. Two objectives and two research questions guided the study. Two null hypotheses were tested at the 0.05 significance level. The study adopted a cross-sectional survey research design. The population comprised 406 nurses working in paediatric units across the 52 public general hospitals in Delta State. A sample size of 210 was selected using bi-stage sampling technique, involving stratified and simple random sampling. The data used in the study were collected using the researchers-developed Perception and Practice of Family-Centred Care among Nurses Questionnaire (PPFCCNQ), which was validated by experts and yielded Cronbach's alpha reliability coefficients of 0.82 and 0.78 for the two variables. Data were analysed using means and standard deviations to answer the research questions, while independent t-tests were applied to test the hypotheses. The findings revealed that both male and female nurses practised collaboration and upheld dignity and respect in paediatric family-centred care to a high extent. Major strengths included interprofessional teamwork, patient privacy maintenance, and respect for cultural values, while notable challenges were limited adaptation of care based on family feedback, time constraints, and workload pressures. No significant difference was found between male and female nurses in their practice of collaboration ($t = 0.681$, $p = 0.497$) or dignity and respect ($t = 0.861$, $p = 0.390$). Based on the findings, the study recommended that hospital management should strengthen institutional protocols for integrating family feedback into care plans, provide continuous training on interpersonal and cultural competence, and address staffing shortages in paediatric units to enhance the consistency and quality of family-centred care delivery.

Keywords: Collaborative Practice, Respect, Dignity, Patients, Family-Centred Care, Nurses Children's Hospitals, Delta State, Nigeria

Introduction

Family plays a pivotal role in the overall growth, development, and well-being of children. A child's development is shaped significantly by the environment in which they grow, and the unique experiences of children invariably influence every member of their family. In recognition of this interconnectedness, it is both logical and beneficial to involve families in the planning and delivery of medical care for children (Yakubu et al., 2018). This understanding underpins the growing emphasis on family-centred care (FCC), an approach that prioritises collaboration between healthcare professionals, patients, and their families, thereby ensuring that care is holistic, responsive, and tailored to the specific needs of children. The philosophy of FCC rests on creating mutually beneficial partnerships in the planning, implementation, and evaluation of healthcare, with the overarching aim of improving outcomes and enhancing satisfaction for both patients and their families (Institute for Patient- and Family-Centered Care, 2020).

FCC is defined as a multifaceted model of care that acknowledges families as the most constant presence in a child's life and as key partners in healthcare delivery (Jung & Tak, 2017). It builds upon the premise that families possess intimate knowledge of their children, along with a diversity of values, priorities, and coping strategies that deserve respect. The model therefore promotes a respectful and supportive framework in which families are empowered to actively participate in care decisions. Collaboration stands at the core of FCC, signifying the shared efforts of families and healthcare professionals in ensuring a child's welfare. This involves working together, pooling expertise, and jointly making informed decisions, not only about the physical aspects of care but also about its emotional, cultural, and spiritual dimensions (Lim & Bang, 2023).

In paediatric settings, collaboration extends beyond the interaction between parents and nurses during bedside care. It encompasses a joint approach that includes other healthcare providers, administrators, and where appropriate, the patients themselves, all contributing to a shared vision for care (Patel et al., 2021). McAllister and Anoosheh (2018) observed that such a collaborative approach fosters trust, transparency, and shared responsibility, qualities that enhance the management of a patient's health condition. Furthermore, partnerships in FCC are not confined to the delivery of direct care; they also involve collaborative engagement in policy formulation, programme implementation, and service evaluation, ensuring that systems are designed with family needs in mind.

Alongside collaboration, dignity and respect form another fundamental pillar of FCC. Dignity refers to the recognition of each person's inherent worth, while respect entails treating individuals with courtesy, empathy, and consideration. These principles, when applied in clinical contexts, ensure that

patients and families are valued not merely as recipients of care but as partners whose rights, cultural backgrounds, and preferences are consistently honoured (Higgs et al., 2021). Respect in FCC involves a deep cultural sensitivity that acknowledges and accommodates the values, beliefs, and practices of patients and their families (Okunola et al., 2017). In practical terms, this means creating an environment in which families feel understood and supported, where their voices are actively sought in shaping care plans, and where their autonomy in decision-making is upheld. The significance of collaboration and respect in FCC is especially pronounced in paediatric nursing. Nurses are healthcare professionals that are both in closest and most sustained contact with children and their families. They are therefore uniquely positioned to facilitate the operationalization of the tenets and principles underpinning FCC. They are expected to bridge the gap between clinical knowledge and family perspectives, thus fostering a care environment where trust, empathy, and open communication thrive (Rogers et al., 2021). Enhancing nurse-family interactions strengthens mutual understanding, increases transparency in clinical decisions, and encourages families to engage more actively in care planning. This engagement, in turn, is associated with better treatment adherence, improved health outcomes, and heightened satisfaction among families (Ngcobo, 2016).

In practice, collaboration and respect are interdependent. Without mutual respect, genuine collaboration may become difficult to sustain, as families may perceive clinical decisions as paternalistic or dismissive. Conversely, respect is reinforced through active collaborative behaviour, such as inviting family members into ward rounds, acknowledging their insights during care planning, and ensuring that their concerns are documented and addressed. Studies by Shields (2017), Dall'Oglio et al. (2018) and Lim and Bang (2023) and Mikkelsen et al. (2020) reported that formal FCC training programmes in paediatric hospitals in Europe, North America and South Korea led to measurable improvements in nurse-family partnerships, particularly in the domains of shared decision-making and cultural sensitivity. These findings are relevant to the Nigerian context, where FCC is still evolving as a formal practice.

Strengthening both collaboration and respect through targeted interventions could provide a pathway to bridging the theory-practice gap, while also aligning care with the expectations of families who see themselves as active custodians of their children's well-being. The quality of collaborative relationships between nurses and families can influence the overall success of FCC. As Russell (2020) noted, when nurses integrate FCC principles into their daily practice, families will be more likely to feel valued and empowered, which in turn fosters a sense of partnership rather than dependency. Conversely, a lack of collaboration and respect may lead to dissatisfaction, hinder communication flow, and erode trust, all of which are major that can compromise care quality, and success of FCC implementation.

Despite its recognised benefits, the implementation of FCC principles in Nigerian paediatric hospitals is still a challenge. Reports indicate that nurses sometimes face systemic and organisational barriers, including inadequate staffing, time constraints, and absence of clear policy guidelines on FCC implementation (Bello et al., 2023; Lateef &Mhlongo, 2022; Aluh et al., 2022). Moreover, mothers and caregivers of hospitalised children in some facilities have expressed concerns about the frequency of undignified treatment, lack of adequate information, and insufficient involvement in care decisions (Okechukwu et al., 2023). These concerns underscore the gap between the ideals of FCC and its practical execution in certain contexts.

In the cultural setting of Delta State and Nigeria more broadly, collaboration and respect in FCC cannot be fully understood without recognising the role of extended family networks. Care decisions are often influenced not only by parents but also by grandparents, aunts, uncles, and other relatives who share caregiving responsibilities. Where nurses overlook these dynamics, miscommunication or perceived disrespect can arise, leading to tension between healthcare teams and families. Okunola et al. (2017) observed that in culturally plural contexts of Nigerian society, the act of respect in FCC setting is demonstrable by adapting care processes to reflect these extended family structures. This may involve allowing space for group discussions, providing information to multiple family representatives, and acknowledging the value of collective decision-making. By integrating such culturally attuned practices into collaborative care models, nurses can foster stronger relationships with families and enhance the acceptability and implantation of FCC. Therefore, tailoring collaboration and respect to fit into the sociocultural context offers an important means of making FCC principles both meaningful and sustainable in children's hospitals.

Globally literature shows a consistent pattern indication that the evaluations of actual FCC practice often produce lower scores compared to assessments of healthcare professionals' perceptions of FCC (Ngcobo, 2016; Alabdulaziza et al., 2017; Ohene et al., 2020; Prasopkittikun et al., 2020; Kutahyalioglu et al., 2021; Lim & Bang. 2023). This "theory-practice gap" has been documented across various settings and is influenced by individual factors (such as professional experience and personal attitudes) and institutional conditions (such as training opportunities, workload, and leadership support). In the African context, the situation is compounded by the limited recognition of family nursing as a distinct specialty and the absence of standardised FCC frameworks in nursing education (Yakubu et al., 2018; Imanipour & Kiwanuka, 2020).

Yet, in many Nigerian communities, it is culturally customary for families to remain closely involved during a child's hospitalisation. This provides a unique opportunity to strengthen FCC through practices that formalise and support family involvement, ensuring that such involvement is not left to informal arrangements but is guided by clear principles of collaboration and respect. Doing so could address many of the perceived shortcomings in nurse-family relationships, improve communication, and enhance the overall quality of paediatric care. It is against this background that this study examined the extent to which nurses in children's hospitals in Delta State practise collaborative care and uphold dignity and respect in their interactions with patients and families. By investigating these core FCC principles, the study sought to generate evidence that could inform targeted interventions, support policy development, and promote a healthcare culture where collaboration and respect are not optional enhancements but integral, measurable standards of care.

Statement of the Problem

Collaboration and respect for patients are central tenets of family-centred care (FCC), yet their consistent application remains a challenge in children's hospitals in Delta State. While FCC calls for nurses and families to work together as equal partners in planning and delivering paediatric care, reports

from caregivers indicate that their input is sometimes disregarded, their cultural preferences overlooked, and their interactions with nurses marked by insufficient courtesy or empathy. Such lapses erode trust, reduce cooperation, and weaken the sense of partnership that is highly essential for optimal care delivery. For nurses, the challenges arise from a combination of factors ranging from absence of institutional policies reinforcing collaborative engagement, high patient-to-nurse ratios, resource constraints, and limited training in communication and cultural sensitivity. More importantly, the prevailing cultural expectation that families should be closely involved in a child's healthcare is often insufficiently integrated into clinical workflows, leading to heightened frustration for both families and care providers. The lack of research exploring how nurses interpret and apply collaboration and respect within FCC in Delta State establishes a clear gap in understanding that may well hinder effective policy and practice reform. Investigating these aspects of FCC is not only vital for strengthening nurse-family relationships, but also for improving patient satisfaction, and for fostering care environments that uphold dignity, inclusivity, and mutual trust.

Research Questions

The following research questions guided the study.

1. To what extent do male and female nurses practice collaboration in providing family-centred care in children hospitals in Delta State?
2. To what extent do male and female nurses practice dignity and respect for patients in providing family-centred care in children hospitals in Delta State?

Hypotheses

The following null hypotheses were tested at 0.05 significance level.

H_{01}: There is no significant difference between the opinion of male and female nurses on the extent they practice collaboration in providing family-centred care in children hospitals in Delta State.

H_{02}: There is no significant difference between the opinion of male and female nurses on the extent they practice dignity and respect for patients in providing family-centred care in children hospitals in Delta State.

Methodology

This study adopted a cross-sectional survey design to investigate collaborative practice and respect for patients in family-centred care among nurses working in children's units of general hospitals in Delta State, Nigeria. The design was deemed appropriate because it enabled the researcher to capture, at a single point in time, both the prevailing level of collaboration between nurses and families and the extent to which patients' dignity and preferences were upheld in care delivery. The conduct of the study within general hospitals across the state ensured the inclusion of a variety of practice environments, ranging from urban to rural settings, thereby reflecting diverse healthcare realities in paediatric nursing. The study population comprised all 406 nurses assigned to paediatric units in the 52 public general hospitals of the state. Eligibility was restricted to nurses working in paediatric units, present during the data collection period, and willing to participate. Nurses working in private facilities, those posted outside paediatric units, or those on leave during the study period were excluded. Using Yamane's (1967) formula for sample size determination with a 5% margin of error, a sample of 202 was obtained and increased to 210 to strengthen representativeness and accommodate possible non-responses. A two-stage sampling technique was employed: first, the general hospitals were stratified according to the three senatorial districts of the state; second, ten hospitals were randomly selected from each district. Within each selected hospital, seven nurses were randomly chosen from the paediatric unit staff list to form the study sample.

The instrument used for data collection was the "Perception and Practice of Family Centred Care among Nurses Questionnaire (PPFCCNQ)," developed by the researcher. The questionnaire comprised two sections: Section A elicited socio-demographic data, while Sections B contained 16 items covering the domains of family-centred care, including collaboration and respect for patients, rated on a four-point Likert scale from "Very High Extent" to "Very Low Extent." The content and face validity of the instrument were ensured through reviews by the researchers. The reliability of the instrument was established through a pilot study conducted with 30 nurses in the paediatric units of selected hospitals in Port Harcourt, Rivers State, resulting in Cronbach's alpha values of 0.82 to 0.78 for the two variables, thus confirming satisfactory internal consistency. Data collection was carried out by the researchers at the sampled hospitals after obtaining institutional permissions and informed consent from all participants. Questionnaires were administered directly to the respondents and retrieved immediately upon completion, with arrangements for collection at a later date where immediate return was not feasible. Of the 210 distributed questionnaires, 208 were returned, and 206 were valid for inclusion in analysis. The extracted data were inputted in and analysed with SPSS version 25.0; descriptive statistics (mean and standard deviation) were used to address the research questions, while hypotheses were tested using t-tests at a 0.05 level of significance. Ethical clearance was granted by the University of Port Harcourt Ethics Committee, and confidentiality, anonymity, and voluntary participation were strictly maintained throughout the study.

Results and Discussion

Table 1: Socio-Demographic data of respondents (n=206)

Variables	Options	Frequency (n = 368)	Percentage (%)
Gender	Male	54	26.21
	Female	152	73.79
Years of Experience	Less Experienced (1-5 Years)	117	56.8
	Experienced (5-above Years)	89	43.20
Educational Level	Diploma-prepared Nurses	86	41.75
	BSc-prepared Nurses	120	58.25

The Table 1 shows Most respondents were female (73.79%), and a little over half had between one and five years of work experience (56.8%). In terms of qualifications, 58.25% were BSc-prepared nurses, while 41.75% held diplomas, reflecting a largely young, academically trained nursing workforce with varying levels of experience.

Table 2: Mean and Standard Deviation of responses on the extent male and female nurses practice collaboration in providing family-centred care in children hospitals

S/N	Questionnaire items	Male Nurses		Female Nurses		Average Mean	Remarks
		$\overline{X}$	SD	$\overline{X}$	SD		
1.	I actively collaborate with other healthcare professionals to foster family-centred care.	2.83	0.78	3.38	0.79	3.1	High Extent
2	I believe that collaborative efforts with my colleagues enhance the quality of family-centred care.	3.27	0.87	2.91	0.82	3.09	High Extent
3.	I interact with families of sick children to address their needs and preferences in providing care.	3.22	0.67	2.68	0.67	2.95	High Extent
4	I am committed to fostering a culture of collaboration among healthcare providers to promote family-centred care.	3.41	0.75	3.49	0.81	3.45	High Extent
5	I seek input from families and involve them in decision-making processes regarding their child's care.	2.83	0.82	3.07	0.80	2.95	High Extent
6.	I value the contributions of other team members in promoting a collaborative environment for family-centred care.	3.46	0.70	3.08	0.63	3.27	High Extent
7	I find it challenging to adapt care strategies based on feedback and input from families to enhance the overall family-centred care experience.	2.07	0.84	2.00	0.91	2.04	Low Extent
8	I do not demonstrate empathy and sensitivity towards families' emotional needs and challenges.	1.99	0.71	1.93	0.69	1.96	Low Extent
	Aggregate mean	**2.89**	**0.77**	**2.82**	**0.77**	**2.85**	

The data in Table 2 shows that nurses in children's hospitals in Delta State actively engage in interprofessional collaboration to promote family-centred care (FCC), with an overall mean of 2.85 indicating a high extent of practice. Collaboration with other healthcare professionals (Item 1) was rated highly at 3.10, with female nurses (3.38) reporting stronger involvement than males (2.83). Recognition of teamwork as vital for improving care quality (Item 2) also yeilded a highly mean score of 3.09, with male nurses (3.27) rating it higher than the females (2.91). Direct engagement with families to understand their needs was rated 2.95 overall, with male nurses (3.22) showing higher involvement than females (2.68). Commitment to fostering a collaborative culture among care providers (Item 4) received the highest rating at 3.45, with minimal gender difference. However, adapting care strategies based on family feedback (Item 7) was rated low at 2.04, indicating that feedback-driven adjustments are not widely practised, possibly due to structural or workload constraints. Similarly, demonstrating empathy and sensitivity to families' emotional needs scored the lowest at 1.96, with near-identical ratings across genders, indicating that the nurses believe that they already integrate emotional responsiveness into practice. Overall, both male (2.89) and female (2.82) nurses valued collaboration and family engagement, confirming the practice of these core elements in the implementation of FCC in public paediatric hospitals in the state.

Table 3: Test analysis on the opinion of male and female nurses on the extent they practice collaboration in providing family-centred care in children hospitals

Group	n	Mean	SD	t-value	df	p-value	Cohen's d
Male	54	2.89	0.77	0.681	204	0.497	0.09
Femal	152	2.82	0.77				

The results in Table 3 show that male nurses (M = 2.89, SD = 0.77) scored a slightly higher mean score than female nurses (M = 2.82, SD = 0.77) in their perceptions of collaboration in providing family-centred care. This small difference is reflected in the t-value (0.681, df = 204) and a p-value of 0.497, which is above the 0.05 significance threshold, indicating that it is not statistically significant. The effect size as measured by Cohen's d (0.09), indicates a negligible difference, establishing that gender has little to no influence on nurses' level of practicing collaboration in implementing family-centred care.

Table 4: Mean and Standard Deviation of responses on nurses practice of dignity and respect for patients in providing family-centred care in children hospitals

S/N	Questionnaire items	Male Nurses		Female Nurses		Average Mean	Remarks
		$\bar{x}$	SD	$\bar{x}$	SD		
9	I always treat patients with dignity and respect during care interactions.	2.99	0.69	2.80	0.60	2.90	High Extent
10.	I make sure that patient's privacy and confidentiality are maintained at all times.	2.73	0.81	3.00	0.75	2.86	High Extent
11	I do not always listen to patients or involve them due to time constraints.	2.25	0.67	2.12	0.84	2.18	Low Extent
12	I make efforts to recognize patients' emotional needs while providing care.	2.78	0.71	2.65	0.62	2.72	High Extent
13	I ensure that patients feel valued and empowered in their care journey.	2.65	0.80	3.01	0.72	2.83	High Extent
14	I display impatience or irritation sometimes when interacting with patients and their families.	2.01	0.75	1.98	0.72	2.00	Low Extent
15	I consider patients' cultural and personal beliefs respectfully in care delivery.	2.67	0.79	2.70	0.81	2.68	High Extent
16	I take feedback from patients seriously by using it to improve my practice.	2.63	0.80	3.05	0.77	2.84	High Extent
	Aggregate mean	**2.59**	**075**	**2.66**	**0.73**	**2.63**	

The data in Table 4 shows that nurses in children's hospitals across Delta State practise dignity and respect in family-centred care (FCC) to a high extent, though patterns were varied slightly by gender. Treating patients with dignity and respect (2.90) was highly rated, with male nurses (2.99) scoring slightly higher than females (2.80), while ensuring privacy and confidentiality (2.86) was more strongly endorsed by female nurses (3.00) than their males counterparts (2.73: Item 10). Time constraints had the lowest rating in this category (2.18), implying that nurses workload pressures sometimes constituted impediment to patient engagement, with male nurses (2.25) reporting a marginally greater impact than the female nurses (2.12). In item 12, recognition of patients' emotional needs (2.72) was slightly higher among males (2.78) than females (2.65), whereas ensuring patients feel valued and empowered (2.83) yeilded higher ratings from females (3.01) compared to males (2.65). Behaviours reflecting impatience or irritation were rare (2.00), and cultural competence was rated similarly by both groups (2.68). Taking patient feedback seriously (2.84) was more emphasised by female nurses (3.05) than males (2.63). The aggregate mean of 2.63 confirms a high overall nurses' engagement in practices dignity and respect patients, with female nurses (2.66) showing a marginally stronger orientation toward empowerment and feedback-driven improvement.

Table 5: Test analysis of the opinion of male and female nurses on the extent they practice dignity and respect for patients in providing family-centred care in children hospitals.

Group	N	Mean	SD	t-value	df	p-value	Cohen's d
Male	54	2.59	0.75	0.861	204	0.390	0.10
Female	152	2.66	0.73				

The results in Table 5 show that female nurses (M = 2.66, SD = 0.73) scored only slightly higher than male nurses (M = 2.59, SD = 0.75) in their perceptions of practising dignity and respect for patients in family-centred care. This small gap is supported by the t-value (0.861, df = 204) and a p-value of 0.390, which is above the 0.05 significance threshold, indicating that the difference is not statistically significant. The effect size measured by Cohen's d (0.10) is negligible difference, indicating that gender has little to no influence on how nurses view the importance of maintaining dignity and respect in care.

Discussion of Findings

Extent of Collaboration in Family-Centred Care

The study found that paediatric nurses in children's hospitals in Delta State practised collaboration in family-centred care (FCC) to a high extent. The major areas of practice included interprofessional teamwork, recognising the role of collaboration in improving care quality, engaging with families to address their needs, seeking family input in decision-making, valuing contributions from colleagues, adapting care strategies based on family feedback, and demonstrating empathy and sensitivity towards families' emotional needs. Male nurses reported higher engagement in teamwork and direct family interactions, while female nurses exhibited stronger involvement in interprofessional partnerships and decision-making processes. The findings of study by McAllister and Knight (2018) support this observation; the scholars indicated that collaboration with families in childcare processes remains a fundamental component of FCC, particularly when interprofessional cooperation and shared decision-making are prioritised. The empirical report of Lim and Bang (2023) indicates that nurses who actively engaged in teamwork and valued family input were more likely to provide a holistic and patient-centred care, a report that this is consonant with Kiwanuka et al. (2019), who identified collaboration as an essential factor to overcoming institutional barriers to application of FCC tenets. This corroborate another finding of this study, which showed that incorporating family input into decision-making processes was practised by the nurses to a high extent. Prasopkittikun et al. (2020) revealed that nurses considered family perspectives in the clinical services; however, the extent to which family preferences were integrated into care plans varied. The female nurses were more inclined to seek and include family input in care-related discussions compared to their male counterparts.

Despite the high level of collaboration observed, the study also identified challenges that occasionally hindered collaborative teamwork among the paediatric nurses. Some nurses reported difficulties in maintaining open communication with family members, particularly in situations where culturally-shaped family preferences conflicted with medical recommendations. Additionally, workload pressures sometimes limited the extent to which nurses could fully engage in collaborative practices, as time constraints were reportedly a challenge for nurses willing to have detailed discussions with families. These findings support the report of Moreau et al. (2019), who observed that collaboration was essential for quality paediatric care, acknowledging however that practical constraints such as time limitations and staff shortages sometimes restricted the depth of teamwork and communication between nurses and patients' family members.

Further insights from Bello et al. (2023) suggest that collaboration in FCC is most effective when healthcare providers receive institutional support, including adequate staffing, clearly defined roles, and continuous training on teamwork dynamics. The present study also found that while paediatric nurses in Delta State were committed to collaborative care, limited hospital resources and administrative challenges sometimes hindered their ability to engage in consistent interprofessional teamwork. The results of this study further indicated that no significant difference existed between the opinions of male and female nurses on the extent they practised collaboration in FCC ($t = 0.681$, $p = 0.497$, Cohen's $d = 0.09$). This finding suggests that gender did not substantially influence nurses' level of collaboration in FCC.

This study is partly in tandem with Lim and Bang (2023), who maintained that collaboration in FCC is primarily influenced by institutional policies, professional experience, and teamwork culture rather than gender differences. Their study emphasised that nurses' willingness to collaborate depended largely on the hospital environment and the emphasis placed on interprofessional cooperation rather than inherent gender-related differences. To strengthen collaboration among nurses in care delivery within FCC setting, healthcare institutions should have to provide structured training that enhances nurses' ability to engage in teamwork and family communication. Hospitals leaders have to implement policies that promote interprofessional collaboration in such a way that doctors, nurses and other healthcare professionals in the field are carried along in patients, while ensuring that sufficient time is allocated to professional engagement with families without feeling overwhelmed by workload demands.

Extent of Dignity and Respect in Family-Centred Care

The study revealed that paediatric nurses in children's hospitals in Delta State practised dignity and respect in family-centred care (FCC) to a high extent. Nurses treated patients with dignity, maintained their privacy, recognised their emotional needs, empowered patients, respected patients' cultural beliefs, and used their feedback to improve care delivery. Female nurses showed slightly higher engagement in demonstrating dignity and respect compared to male nurses. These findings agree with Kiwanuka et al. (2019), who observed that patient dignity and respect are foundational components of FCC, fostering trust and positive patient experiences. Their study found that when nurses actively considered patient preferences and cultural values, patients and their families reported higher satisfaction levels with healthcare services. The results of hypothesis showed that no significant difference existed between the opinions of male and female paediatric nurses ($t = 0.861$, $p = 0.390$, Cohen's $d = 0.10$). This suggests that gender did not substantially influence nurses' approach to maintaining dignity and respect in patient care.

The study showed that nurses actively maintained patient privacy and confidentiality as a fundamental aspect of family-centred care. The findings suggested that female nurses placed a stronger emphasis on protecting patient information and ensuring privacy during care interactions compared to

their male counterparts. Bello et al. (2023) corroborated this finding, having demonstrating that adherence to privacy and confidentiality policies significantly contributed to improved patient-nurse relationships and overall care satisfaction. The study further revealed that time constraints posed a significant challenge to nurses' ability to listen to and involve patients in care decisions. The findings suggested that while both male and female nurses acknowledged the impact of time constraints on patient engagement, male nurses reported a slightly higher ability to navigate these limitations.

The study showed that nurses demonstrated a strong recognition of the emotional needs of paediatric patients, effectively reinforcing the importance of providing emotional support as part of family-centred care. The findings suggested that while both male and female nurses acknowledged the significance of emotional responsiveness, male nurses appeared to be slightly more attuned to recognising and addressing these concerns. These findings are in agreement with Al-Oran et al. (2023), who corroborated this observation, having indicated that nurses who actively provided emotional support to patients were effective in contributing to the improvement of patient comfort and well-being. The study further showed that nurses actively sought patient feedback and used it to enhance their practice. The female nurses demonstrated a greater inclination toward incorporating patient perspectives into their care approaches, thereby reinforcing the remarks of Prasopkittikun et al. (2020), who opined that female nurses are often more proactive in listening to and applying patient feedback as a means of improving care quality. The results implies that the sustainability and improvement in the practice of dignity and respect by nurses require institutional support, in-service training, and workload management as essential pathways to ensuring consistency in the practice of FCC tenets.

Conclusion

Based on the findings, this study concludes that both male and female nurses practise collaboration and uphold dignity and respect to a high extent in paediatric care delivery. However, despite this high level of commitment, challenges including limited adaptation of care based on family feedback, time constraints, and workload pressures were still notable barriers to the full integration of FCC principles in daily practice.

Recommendations

Based on the findings, the following recommendations and solutions were provided.

1. Hospital management should establish clear protocols for integrating family feedback into care plans and review them regularly to strengthen collaborative practice.
2. Nursing leaders should provide continuous training on interpersonal skills, cultural competence, and strategies for sustaining patient engagement under workload pressures.
3. Government health authorities should address staffing gaps in paediatric units to enable nurses to devote adequate time to family engagement and patient support.
4. Individual nurses should actively apply FCC principles by consistently seeking family input, maintaining dignity and respect, and promoting patient empowerment in care decisions.

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