



Pediatric Nurses' Awareness Regarding Protective Child Advocacy and Rights in the Hospital

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ABSTRACT

Advocacy is explained in concrete acts such as helping the patient access needed healthcare facilities, assuring the quality of treatment, defending the patient's interests, and acting as a coordinator for the patient and the health care environments. **Aim:** Assess pediatric nurses' awareness regarding protective child advocacy and rights in the hospital. **Method:** A descriptive exploratory research design was utilized, and a convenient sample of 103 nurses at the in-patient pediatric ward, neonatal intensive care unit, and pediatric intensive care unit at Minia university hospital for obstetric and pediatric hospital, Minia health insurance hospital, and Misr-El-Hora general hospital affiliated to the Ministry of Health hospital. One tool was used, which included two parts, **part I:** Demographic data for nurses. **Part II:** Nurses' awareness about the protective child advocacy scale and child rights **Results:** Most of the studied nurses had good awareness of child advocacy and rights, and the minority had fair awareness. All the studied nurses aged between 30- < 35 years and 40- 45 years had good awareness about child advocacy, and all the studied nurses who had bachelor's degrees had a good level of awareness about child advocacy and rights. **Conclusion:** Increasing the nurses' age and their educational level provides an opportunity for them to advocate for children and maintain their rights. **Recommendation:** Conducting training courses for nurses about child advocacy and their rights is the Ministry of Health's responsibility in the hospital.

Keywords: *Advocacy; Child; Rights; Pediatric Nurses' Awareness.*

Introduction

Hospitalized children frequently cannot express their needs; advocacy is important for the child and his family members' physical and emotional health. Nurses believe that the child's best interests are not being met; they must seek assistance. This typically involves a holistic team to resolve the

problem (Leifer & Keenan-Lindsay, 2019). Advocacy refers to protecting and defending the patient's interests and guiding decisions about the patient (Josse-Eklund et al., 2014).

Advocacy means being the patient's advocate, taking action to ensure that the patient's needs are addressed by Nsiah, Siakwa, and

Ninnoni (2019), as well as Ahmadinejad et al. (2016), have demonstrated that nurses can support vulnerable patients through advocacy, alleviating their pain, excessive management, as well as protecting them from inadequate behavior by health practitioners.

The hospital environment has become good complicated in new decades, making patients more vulnerable, unaware, and threatened; and exposing them to difficulty making decisions concerning their health. This patient also needs supporters to make their treatment smoother. Nurses are generally responsible for communicating protocols and practices to patients, mediating between them and other staff members, helping them manage healthcare services, and investigating their complaints (Hanks et al., 2018).

Appreciation of children's rights in the hospital increases the diagnosis or recovery process and makes the hospital a less fearful environment for children and their families. Children sharing decisions over their care or therapy offer them a sense of autonomy or improve their consistency with the treatment regimen. It is also vital that children's families be educated of their children's rights regarding their health services in the hospital so that they can raise their voices when rights are broken or do not achieve the best of their child's interests (Neutzling et al. 2017).

The Committee on the Rights of Children interprets the right to children's health as an inclusive right, extending to the right to grow and improve their full capacity for and living conditions by introducing a plan, which addresses

the fundamental causes of the health of children, and to ensure that they meet the highest quality of health (WHO and NCDC, 2015).

Nurses take the burden of advocating and protecting newborns and children while maintaining their rights. Nurses should show people how to fight for the treatment they need (Leifer & Keenan-Lindsay, 2019). Nursing plays a major role in supporting families and patients to attain improved health results. This may be possible with patient advocates' involvement, improving relationships with the healthcare staff, sharing knowledge, and supporting high-quality healthcare (Choi, 2015).

Significance of the study

In all countries, a high percentage of children are disadvantaged and deprived of the right to good health and development. This inequality results from neglect and insufficient opportunity to provide children with access to healthy and healthful environments (Sezer, Esenay& Korkmaz, 2017).

According to the World Health Organisation study in 2016, approximately 6.6 million children and teenagers died mostly from diseases that can avoid. It was recognized that children aged 0-15 years should be taken and provided with the person's mental, physical, and social needs (WHO, 2018). A study conducted by UNICEF had reported that approximately 15,000 children die before turning five, or 7000 babies die within their first month of birth (Lufadeju, 2017).

Nurses play a significant role in advocating for the hospitalized children's rights, including the right to life and dignity well-being,

ensuring that parents support their children during hospitalization, and reporting suspected or documented incidents of abuse. The guidance was the activity most often undertaken by nurses in defending children's rights, encouraging their involvement in treatment, and supporting parents' or legal guardians' autonomy to make decisions about the care given to their children (Neutzling et al., 2017). There is a scarce study in Egypt regarding child advocacy and rights, so this study was done to assess the nurse's awareness regarding protective child advocacy and child rights in the health care setting.

Aim of the study

The current study aimed to:

Assess pediatric nurses' awareness regarding protective child advocacy and rights in the hospital

Research questions

Q1. What is the nurses' awareness regarding protective child advocacy in the hospital?

Q2. What is the nurses' awareness regarding child rights in the hospital?

Q3. What is the relation between nurses' awareness regarding child advocacy and rights and their demographic characteristics?

Subjects and Methods

Study design

A descriptive exploratory research design study was utilized in the current study.

Subjects

A convenient sample of 103 nurses has involved in the current study 50 nurses from Minia university hospital for the obstetric and pediatric, 36 nurses from the health insurance

hospital, and 17 nurses from Misr El- Hora General hospital affiliated to the Ministry of Health Hospital.

Setting:

The current study was carried out at the in-patient pediatric ward, neonatal intensive care unit (NICU), and pediatric intensive care unit (PICU) at Minia university hospital for obstetric and pediatric, Minia health insurance, and Misr-El-hora general hospital affiliated to the Ministry of Health hospital.

Tool for data collection:

A structured interview questionnaire sheet was developed by the researcher and included these parts:

Part I: Demographic characteristics of nurses, including age, sex, years of experience, level of education, marital status, training courses about patient advocacy and rights, and the number of training courses.

Part II: Questions related to nurses' awareness about child advocacy and rights which include the following:

A. Nurses' awareness about protective child advocacy scale adopted from **Hank (2010)** which included four subscales, acting as advocate subscale include (16 items) work status, and advocacy actions subscale include (4 Items), environment and educational influences subscale (8 Items), support and barriers subscale (8 Items).

B. Nurses' awareness about child rights includes standards which were adopted from **(WHO, 2017)** and included in the

current study, such as environment and safety standard (6 items) information and participation standard (5 items), protection standard (6 items), pain and palliative care standard (5 items) quality care standard, equality and non-discrimination standards (4 items)

Scoring system for nurses' awareness about protective child advocacy and child rights

Likert scale was used to arrange data as the score of (3) for agree, (2) for neutral, and (1) for disagree for nurses' awareness about protective child advocacy and child rights. The total score of ≤ 26 (33.3%) was considered poor awareness; the total score ranged between 27- 52 (33.3- 66.5 %) was considered as fair awareness, and more than 52 scores (66.5%) a good level of awareness.

Validity and Reliability

Three experts examined the content validity of the data collection tool at the pediatric nursing department examined the content coverage, clarity, relevance, applicability, wording, length, format, and overall appearance. Minor modifications were made based on experts' comments, such as paraphrasing and rearranging sentences.

To identify the extent to which the tool's items measure the same concept and correlate with each other internal consistency was measured. Performed Cronbach's alpha for reliability testing internal consistency for each section of the structured interview questionnaire, and the results were 0.829 and 0.914 for nurses' awareness about

protective child advocacy and child rights, respectively.

Pilot study:

To provide viability, objectivity, applicability, clarification, and adequacy of the research tool and define potential tool issues, a pilot test was performed on 10% (10 nurses) of the total sample and included in the main study.

Ethical Considerations:

Written primary approval was obtained from the Research Ethics Committee of the Faculty of Nursing, Minia University. Written formal consent was obtained from all nurses who participated in this study. Before participating in the study, the researcher explained the study's purpose and nature through direct personal communication, ensuring that the data were confidential and used for the research only. The study adhered to common ethical principles to participate in the research; anonymity and privacy were assured through coding the data, and the nurses had the right to reject participation in the study without any rationale.

Data collection procedure

Up on letters granted from the Faculty of Nursing, Minia University, and after explaining the purpose and nature of the study, the official permissions were obtained from the previously mentioned hospitals' directors.

Written formal consent was taken from nurses after complete explanation of the study's nature and purpose; informed each nurse about the right to refuse to participate in the study, the researcher

distributed the sheet for nurses under the researcher guide. The nurses filled out the questionnaire, including personal data and awareness about protective child advocacy and rights. Nurses were interviewed in the morning and evening shifts. During data collection, the researchers wore protective face masks and kept a proper physical distance between the researcher and the mothers. The time required for each sheet to be filled was 15 – 20 minutes, and the time needed for data collection was two months from the starting of September to the end of October 2020.

Statistical analysis:

A compatible personal computer was used for data entry, and the content of the tool was coded, categorized, and then analyzed by using the Statistical Package for the Social Science (IBM SPSS 28.0). Descriptive data were formulated as mean and standard deviation. Qualitative data were submitted as frequency and percentage. The Fisher exact test was used to detect the relation between nurses' awareness and their selected personal variables. The significance level at $P < 0.05$ was used as the cut-off value for statistical significance.

Results

Regarding demographic characteristics among studied nurses table (1) shows that 37.9% of the studied nurses aged between 25 - < 30 years with mean age 28.9 ± 5.8 years, 87.4% of them was female nurse, 56.3% of them was married, and 69.9% of them their experience in the nursing field ranged between 1 - < 5 years. Regarding nurses' qualifications, 54.4% of the studied nurses had technical institutes, 43.7% had previous training,

46.7% of nurses who had previous training had one course only, and 55.3% of them worked in the pediatric neonatal intensive care units.

Table (2): presents that 90.3% of the studied nurses had a good level of awareness about how they were acting as an advocate, 87.4% of them had good awareness about the environment and educational influences on child advocacy, and 19.4% of them had good awareness about barriers of advocacy.

Table (3): Reveals that 93.2% of the studied nurses had good awareness about child right to safety and healthy environment, protection, and good quality of care, 92.2% of them had good awareness about child right to participation and had information about the disease and 89.3% of them had good awareness about child right to equity and discrimination between children.

Regarding total nurses' awareness about child advocacy, figure (1) reveals that 94.2% of the studied nurses had good awareness, and 5.8 % had fair awareness.

Concerning the total nurses' awareness about child rights, figure (1) presents that 97.1% of the studied nurses had good awareness, and 2.9 % had fair awareness.

Table (4): Reveals that all studied nurses aged between 30- < 35 years and 40- 45 years had good awareness about child advocacy, and all studied nurses who had bachelor's degrees had a good level of awareness about child advocacy with statistically significant differences P-value < .026 & .03 respectively. The same table shows no statistically significant differences between nurses' awareness of child advocacy and their gender,

marital status, nursing experiences, previous training, and current work department.

Table (5): presents that all studied nurses who had bachelor and technical institute degrees had a good level of awareness about child rights than diploma nurses, and all studied nurses who worked in the pediatric and neonatal intensive care units had a good level of awareness about child rights than nurses worked in pediatric ward with statistically significance differences P-value < .05 & .05 respectively.

Table (1): Demographic Characteristics among Studied Nurses (n = 103).

Items	No.	%
Age/years		
20- <	22	21.4
25- <	39	37.9
30- <	22	21.4
35- <	12	11.7
40- < 45	5	7.8
Mean ± SD	28.9 ± 5.8	
Gender		
Male	13	12.6
Female	90	87.4
Marital status		
Single	32	31.1
Widowed	10	9.7
Divorced	3	2.9
Married	58	56.3
Nurses' experience/year		
1- <	72	69.9
5- <	18	17.5
10- <	8	7.8
15- 20	5	4.9
Mean ± SD	5.4 ± 5.3	
Nurses' qualification		
Diploma	35	34.0
Technical institute	56	54.4
Bachelor	12	11.7
Previous training		
Yes	45	43.7
No	58	56.3
If yes, No. of training		
One	21	46.7
Two – 3	18	40.0
More than 3	6	13.3
Department		
Pediatric ward	46	44.7

Items	No.	%
PICU/NICU	57	55.3

Table (2): Percentage Distributions of Nurses' Awareness Level Regarding Child Advocacy (n= 103).

Nurses awareness	Poor level		Fair level		Good level	
	No.	%	No.	%	No.	%
Acting as advocate	0	0.0	10	9.7	93	90.3
Work status and advocacy actions	9	8.7	25	24.3	69	67.0
Environment and educational influences	0	.0	13	12.6	90	87.4
Barriers to advocacy as lack of time, staff workload, nurses' burnout, lack of dedication, and child disease	44	42.7	39	37.9	20	19.4
Support	22	21.4	19	18.4	62	60.2

Percentage calculated by row

Table (3): Percentage Distributions of Nurses' Awareness Level regarding Child Rights (n= 103).

Child right	Poor level		Fair level		Good level	
	No.	%	No.	%	No.	%
Safety and healthy environment	0	0.0	7	6.8	96	93.2
Participation and information	0	0.0	8	7.8	95	92.2
Protection	0	0.0	7	6.8	96	93.2
Palliative care and pain management	0	.0	10	9.7	93	90.3
High-quality care	0	.0	7	6.8	96	93.2
Equity and non-discrimination between children	2	1.9	9	8.7	92	89.3

Percentage calculated by row

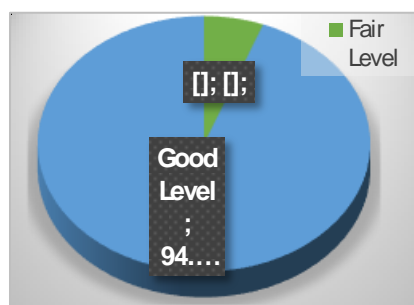


Figure (1): Percentage distributions of total nurses' awareness level regarding child advocacy (n= 103).

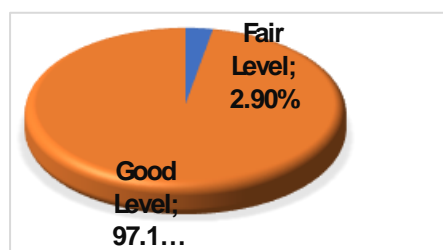


Figure (2): Percentage distributions of total nurses' awareness level regarding child rights (n= 103).

Table (4): Relation between level of Nurses' Awareness regarding Protective Child Advocacy and Their Demographic Characteristics (n = 103).

Items	Nurses' awareness level regarding protective child advocacy				P-value
	Fair level (n = 6)		Good level (n = 97)		
	No.	%	No.	%	
Age/years					
20- <	2	9.1	20	90.9	.026*
25- <	1	2.6	38	97.4	
30- <	0	0.0	22	100.0	
35- <	3	25.0	9	75.0	
40- < 45	0	0.0	8	100.0	
Gender					
Male	1	7.7	12	92.3	.758
Female	2	5.6	85	94.4	
Marital status					
Single	3	9.4	29	90.6	.663
Widowed	0	0.0	10	100.0	
Divorced	0	0.0	3	100.0	
Married	3	5.2	55	94.8	

Items	Nurses' awareness level regarding protective child advocacy				P-value
	Fair level (n = 6)		Good level (n = 97)		
	No.	%	No.	%	
Nursing experience/year					
1- <	5	6.9	67	93.1	.525
5- <	0	.0	18	100.0	
10- <	1	12.5	7	87.5	
15- 20	0	0.0	5	100.0	
Nurses' qualification					
Diploma	5	14.3	30	85.7	.03*
Technical institute	1	1.8	55	98.2	
Bachelor	0	0.0	12	100.0	
Previous training					
Yes	1	2.2	44	97.85	.169
No	5	8.6	53	91.4	
Department					
Pediatric ward	3	6.5	43	93.5	.786
PICU/NICU	3	5.3	54	94.7	

Percentage calculated by row Fisher test was done *statistically significant differences at < 0.05

Table (5): Relation Between Level of Nurses' Awareness Regarding Child Rights and Their Demographic Characteristics (n= 103).

Items	Nurses' awareness regarding child rights				P-value
	Fair level (n= 3)		Good level (n = 100)		
	No.	%	No.	%	
Age/years					
20- <	1	4.5	21	95.5	.709
25- <	2	5.1	37	94.9	
30- <	0	.0	22	100.0	
35- <	0	.0	12	100.0	
40- < 45	0	.0	8	100.0	
Gender					
Male	1	7.7	12	92.3	.273
Female	2	2.2	88	97.8	
Marital status					
Single	3	9.4	29	90.6	.077 NS
Widowed	0	.0	10	100.0	
Divorced	0	.0	3	100.0	
Married	0	.0	58	100.0	
Nursing experience/year					
1- <	3	4.2	69	95.8	.722
5- <	0	.0	18	100.0	

Items	Nurses' awareness regarding child rights				P-value
	Fair level (n=3)		Good level (n=100)		
	No.	%	No.	%	
10- <	0	.0	8	100.0	
15- 20	0	.0	5	100.0	
Nurses' qualification					
Diploma	3	8.6	32	91.4	.05*
Technical institute	0	0.0	56	100.0	
Bachelor	0	0.0	12	100.0	
Previous training					
Yes	0	0.0	45	100.0	.122
No	3	5.2	55	94.8	
Department					
Pediatric ward	3	6.5	43	93.5	.05*
PICU/NICU	0	0.0	57	100.0	

Percentage calculated by row Fisher test was done

*statistically significant differences at < 0.05

Discussion

Nurses can support the child's advocacy and rights if they are informed of these rights. Health service providers must represent an institution that understands and respects the rights and responsibilities of the recipient, their families, physicians, and other caregivers; thus, a better understanding of patient rights and an awareness of what constitutes a patient's right is required. Inadequate levels of nurse awareness in most dimensions of the cardio-pulmonary resuscitation CPR could ultimately lead to nurses' disregard for patients' rights in their professional careers. Consequently, it could cause numerous problems for the patient, and their dissatisfaction will result in decreased efficiency and effectiveness of hospitals and healthcare providers (Mousavi et al., 2017).

Regarding the studied nurse's awareness about child advocacy, the present study showed

that most of the studied nurses had a good level of awareness about how they acted as advocates on the patient's behalf when children are perceived to be in danger or a harmful situation preserving their dignity.

From the researcher's point of view, the current study result may be due to near half of the studied nurses had training courses about patient advocacy; this, in turn, leads to increase their awareness in the item of how they acted as advocates on the patient's behalf when children are perceived to be in danger.

This result was confirmed by Nsiah et al. (2019), who studied registered nurses' description of patient advocacy in a clinical setting and confirmed that most registered nurses identify patient advocacy as supporting patient safety and health care, including patient protection, a patient's voice, quality treatment, and a partnership between individuals. The nurses were well-informed of the advocacy of patients and able to fight for them found that nurses claimed that patient advocacy involved defending patients from harm and contributing to treatment.

Also, the study results were supported by the study of Toda et al. (2015) about "Patient advocacy: Japanese psychiatric nurses recognizing the necessity for intervention" and reported that nurses acted where (a) patients' atmosphere was unsafe, (b) care providers policies were bad, (c) their abusive actions were unacceptable, (d) their relatives violate patients' rights, and (e) there was an abuse of patients' property, and this reflects their strong knowledge about patient advocacy.

Regarding the studied nurses' awareness about environmental and educational influencing factors of child advocacy, the majority of them had good awareness about scrutinizing circumstances that cause the nurses to act as patient advocates, utilize organizational channels, provide good patient care, and increase dedication and educational level. Nsiah et al. (2019) have demonstrated that patient advocacy is multifaceted and that in the absence of a powerful practice environment, registered nurses cannot do it efficiently. Promoting patient participation in policymaking and treatment is effective in promoting patient advocacy.

From the researcher's point of view, the nurses in the current study were treated fairly by the hospital head nurse and hospital managers, and also they have been respected by other health care teams, which makes the nurses have fair work conditions. In addition, near half of them have attended training courses about child advocacy which enable them to advocate for children in the hospital.

Also, the current study results agreed with ELewa et al. (2016), who studied nursing interns' perception regarding patients' rights, and patients' advocacy presented that nurses must have positive work conditions and relationships with other health team members to act as advocates appropriately and know with this element.

Concerning nurses' awareness about barriers of advocacy, the current study results illustrated that less than half of them had a poor level of awareness, more than one-third of them

had a fair level, and less than a fifth of them had good awareness about lack of time, staff workload, nurses' burnout, lack of dedication, and child disease were the most barrier facing pediatric nurses as an advocator.

The present study results in the same line with Layla (2015), who assessed nurses' perceptions of barriers to pediatric patient advocacy in end-of-life care, mentioned that less than half of the studied nurses were unaware that the most advocacy barriers were related to childhood disease.

Another study by Osingada et al. (2015) also supported that advocating for patient rights in realistic environments is not easy for nurses, with several nurses facing barriers to promoting patient rights within the work environment. They claimed that there is a strong hope that fighting for patients cannot be achieved if their rights, options, and well-being are safeguarded.

Regarding the studied nurses' awareness about child's rights, the present study revealed that most of the studied nurses had good awareness about child right for safety and healthy environment, protection, and good quality care, child's right to has information and participation about the disease and child right to equality and non - discrimination between children. This result may be because nurses experienced the positive influence of respecting patients' individuality and inherent human dignity on the therapeutic nurse-patient relationship.

This result comes in accordance with Mishal et al. (2018), who studied awareness of child rights among Pediatric doctors and nurses in

Tertiary Hospitals, Lahore" and reported that most of the studied nurses had good awareness about child rights .

This result was also supported by Sheikhtaheri et al. (2016), who studied nurses' awareness and performance of the patients' bill of rights and mentioned that nurses' awareness of the patients' bill of rights was acceptable. Besides, the current study by Yaghobian et al. (2014) on their study about association between awareness of patient rights and patient education found that the majority of medical and nursing students were well aware of the laws regarding patients' rights .The same was reported by Zeina et al. (2013), who studied a hospital survey in South Egypt about patient rights and stated that more than half of the studied nurses know the list of patient rights. These results were inconsistent with Guerrero et al. (2016), who focused on children's rights and discovered insufficient treatment, equality, playing, pain, and palliative care for teenagers.

Regarding total nurses' awareness about child advocacy, the current study revealed that most of the studied nurses had good awareness, and the minority had fair awareness .This result was concluded by Ballantyne (2017), who studied the pediatric nurses' awareness regarding supporting and partnering with the child and their family, advocating for equitable access, delivering developmentally appropriate care, and creating a child & family-friendly environment.

Regarding the nurses' total awareness about child rights, the study results showed that most of the studied nurses had a good level of awareness, and the minority had fair awareness.

This result agreed with Mishal et al. (2018), who cleared that the majority of the doctors and nurses had a good level of awareness about child rights, and no one had a poor level of awareness.

Regarding the relation between the studied nurses' awareness about child advocacy and the demographic characteristics, the current study revealed that all studied nurses aged between 30- < 35 years and 40- 45 years had good awareness about child advocacy, and all studied nurses who had bachelor degree had a good level of awareness about child advocacy with statistically significant differences.

This result comes in line with Mishal et al. (2018), who reported that participants with age more than 30 years had more awareness as compared to participants that had age less than 30 years and ELsayed et al. (2013) in their study about the effect of an educational intervention on nurses' awareness about patients' rights in Tanta" and reported that there was a significant relationship between age and the level of education and mean of the study sample awareness of patients' rights. Also, Al-bardah (2012), in their study about assessing nurses' awareness regarding mother and child rights at Al-Sabaeen Hospital in Sana'a-Yemen", reported a statistically significant relationship between nurses' age and awareness of child rights. This difference in the result may be due to the majority of nurses in this study being less than 30 years old and were new graduates who studied patient rights as part of their curriculum in nursing schools .

The current study showed no statistically significant differences between nurses' awareness about child advocacy and their gender, marital status, nursing experiences, previous training, and their current work department.

This result was supported by Al-bardah (2012), who stated that there was no statistically significant relationship between years of experience and nurses' awareness about child advocacy and rights. Also, this finding was similar to Nejad et al. (2011), who studied "nurses' awareness of patients' rights in a teaching hospital and reported that there was no association between the variables of gender, degree, and marital status, and nurses' awareness about patient rights. There was no significant difference between them in terms of work section and work experience.

Regarding the relationship between the studied nurses' awareness about child rights and their demographic characteristics, the current study showed that all the studied nurses who had bachelor and technical institute of nursing degrees had a good level of awareness about child rights than diploma nurses. Also, all studied nurses who worked in the pediatric and neonatal intensive care units had a good level of awareness about child rights than nurses who worked in the pediatric ward with statistically significant differences.

The present study results may be explained as the nurses who had technical institute and baccalaureate degree received knowledge about child rights in the curriculum of nursing administration about nursing ethics; this, in turn, makes the nurses well knowledgeable about patient rights when dealing with patients in the hospital.

This result comes in accordance with Sheikhtaheri et al. (2016), who studied "Nurses' awareness and performance of the patients' bill of rights and reported that more experienced and educated nurses had higher awareness regarding the patients' rights,

Also, the study by Mishal et al. (2018) showed that education levels have a significant influence on knowledge levels among healthcare practitioners and that healthcare graduates are more aware of the effects of education on a standard of care in Western Australia, as well as Mould (2012) who investigate of the effect of specialist pediatric nurse education on the quality of children's nursing care in Western Australia, found that nurses with a specialty in healthcare have a more significant impact than those who hold a diploma. Mould, J. M. (2012). Pediatric nursing:

This result contradicted with Mousavi et al. (2017), who stated that there was no association between level of awareness and degree, and increasing degree did not affect the level of awareness. In addition, Al-bardah (2012) mentioned no association between nurses' awareness regarding child rights and the degree of qualification.

Conclusion

Based on the previous results, we can conclude that most of the studied nurses had good awareness regarding child advocacy and child rights. All studied nurses aged between 30- < 35 years and 40- 45 years had good awareness about child advocacy, and all studied nurses who had bachelor's degree had a good level of awareness about child advocacy and child rights with

statistically significant differences, and all studied nurses who worked in the pediatric intensive care unit and neonatal intensive care unit had a good level of awareness about child rights than nurses worked in pediatric ward with statistically significance difference.

Recommendations

1. Further studies should be conducted on patient advocacy and rights for pediatric nurses.
2. The Ministry of health should conduct training courses for nurses about child advocacy and children's rights in the hospital setting.
3. The study should be conducted on a large sample size of nurses in different health care settings.
4. The nursing faculty should collaborate with pediatric hospitals to provide regular education for the health care team about child advocacy and child's rights.

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