

Perceptions and Practice of Information Sharing in Family-Centred Care among Nurses in Children's Hospitals in Delta State, Nigeria

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ABSTRACT

This study examined the perceptions and practice of information-sharing among nurses in family-centred care (FCC) in children's hospitals in Delta State, Nigeria. The study adopted a cross-sectional survey research design. The population consisted of 406 nurses working in paediatric units of the 52 public general hospitals in Delta State. A sample size of 210 was used in the study. A bi-stage sampling technique was used to select respondents from 30 randomly chosen hospitals across the three senatorial districts. The researchers collected data using a validated researchers-developed "Perception and Practice of Family-Centred Care among Nurses Questionnaire" (PPFCCNQ), with reliability coefficients of 0.73 and 0.80 respectively. Data analysis was conducted using means and standard deviations to answer the research questions, while independent t-test was used to test the hypotheses. The findings revealed that nurses had generally positive perceptions towards FCC, and practised information sharing to a high extent. Experienced nurses reported significantly more favourable perceptions ($t = 2.78$, $p = 0.006$) and stronger information-sharing practices ($t = 2.592$, $p = 0.010$) than less-experienced nurses. Strengths included active engagement with families, regular updates, clear language use, and interprofessional collaboration, while limitations included inconsistent integration of families into care planning and limited provision of educational materials. Based on the findings, the recommendations made include that hospital management should constitute a multidisciplinary team to draft FCC guidelines that align with global standards while reflecting local realities. Once developed, the guidelines should be compiled into manuals for staff use, circulated through digital platforms for wider accessibility, and prominently displayed across all paediatric units. This will provide a consistent framework for family engagement, ensuring clarity of expectations and uniformity of practice throughout the hospital system.

Keywords: Perceptions, Information Sharing, Practice, Family-Centred Care, Nurses, Children's Hospitals, Delta State, Nigeria

INTRODUCTION

The family is a central influence on a child's growth, development, and well-being. Children's experiences are deeply interconnected with those of their family members, and these relationships significantly influence their health outcomes. This interdependence underlines the importance of involving families in the design and delivery of medical care for children (Yakubu et al., 2018). In paediatric health systems, the model that most explicitly captures this philosophy is family-centred care (FCC), an approach to care that brings healthcare professionals, patients, and families into active partnership to achieve holistic, tailored, and effective care (Institute for Patient- and Family-Centered Care, 2020). FCC recognises that families hold unique insights about their children's needs and capabilities, and it therefore seeks to empower them as equal partners in healthcare decisions (Jung & Tak, 2017). This model is not limited to the child's physical care; it extends to emotional, cultural, and social considerations, ensuring that interventions align with the family's values, circumstances, and expectations. The concept is grounded in respect for family knowledge and priorities, collaborative decision-making, and

transparent communication. Within this framework, two components are particularly significant for this study: nurses' perceptions of FCC and the practice of information sharing.

Nurses' perceptions of FCC are all about their beliefs, attitudes, and interpretations of its principles, and these perceptions shape how FCC is put into practice. Perceptions are influenced by professional experience, cultural background, training, and institutional support. They determine whether nurses view FCC as a collaborative necessity, a professional ideal, or merely an optional enhancement to care. Positive perceptions tend to encourage more consistent application of FCC principles, while scepticism or limited understanding can weaken its implementation (Lateef & Mhlono, 2022; Irinoye et al., 2006). Evidence from various healthcare contexts has shown that assessments of FCC practice often fall below the scores nurses assign to their own perceptions of FCC, a finding that indicates a persistent theory-practice gap (Ohene et al., 2020).

Information sharing, the second focus of this study, is a core FCC principle. It refers to the open, honest, and continuous exchange of relevant information between healthcare professionals and families, enabling them to make informed decisions about care (Ezeudu et al., 2018; Hockenberry et al., 2023). Effective information sharing ensures transparency, and builds trust between healthcare professionals and mothers, thereby facilitating a meaningful participation of families in the treatment process. In paediatric care, where decisions affect a vulnerable patient group, families depend on timely and accurate updates to understand the child's condition, options for treatment, and expected outcomes. Without this exchange, families may feel excluded or powerless in contributing to the care of their child, a condition that violates and undermines the philosophy underpinning the concept of FCC.

In the Nigerian context, the expectation for open communication is reinforced by cultural norms in which families play active roles during a child's hospitalisation. However, this expectation is not always met in practice. Some caregivers in children's hospitals often report dissatisfaction with the information they receive from nurses, noting that updates are either too limited or not provided in a way that enables families to make meaningful contribution to decision-making (Okechukwu et al., 2023). This is particularly concerning given that, culturally, health decisions are often made collectively, involving extended family members alongside parents. Inadequate information sharing can therefore disrupt established decision-making processes, diminish trust in healthcare providers, and undermine the continuity of care after discharge.

Nurses are pivotal to both perception and information-sharing dimensions of FCC because they interact most frequently with patients and families. They are well-positioned to assess needs, explain treatment plans, and respond to questions in real time. When nurses view FCC positively, they are more likely to approach families as partners, making a conscious effort to communicate openly and respectfully with families or caregivers. Conversely, when perceptions of FCC are lukewarm or negative, information sharing may become perfunctory, selective, or delayed, with families receiving only the minimum required updates – a situation that undermines the ideology under which FCC is built.

Previous research shows that structured FCC training and supportive hospital policies can strengthen both perceptions and communication practices. For example, Mikkelsen et al. (2020) found that nurses who received targeted FCC education reported greater confidence in engaging families and demonstrated improved skills in information exchange. Similar improvements have been observed in hospitals that embedded FCC into operational protocols, ensuring that family meetings, bedside updates, and participatory ward rounds were standard practice rather than discretionary activities (Shields, 2017). These findings suggest that the two variables under study - perceptions and information sharing are not only interlinked but also responsive to institutional investment.

Despite such evidence, implementing FCC in Nigerian paediatric hospitals is still facing notable barriers. Studies have shown a high nurse-patient ratios, time constraints, and inadequate infrastructure as obstacles to sustained family engagement (Bello et al., 2023; Aluh et al., 2022; Okunola et al., 2017). In some settings, the absence of formal FCC guidelines leaves communication practices to individual discretion, resulting in inconsistencies in information shared. Where institutional cultures do not actively promote family participation, nurses may prioritise clinical efficiency over inclusive communication, especially in high-demand environments. The

challenge is compounded by the limited research on FCC in sub-Saharan Africa, and particularly in Nigeria, where paediatric FCC is underdeveloped as a formalised practice (Yakubu et al., 2018). Family nursing is not recognised as a distinct specialty, and FCC concepts are not consistently integrated into nursing curricula (Imanipour & Kiwanuka, 2020). Without standard definitions, clear benchmarks, or regular professional development, nurses' understanding of FCC principles - including information sharing may vary widely.

Nonetheless, the cultural environment in Delta State provides a potentially strong foundation that can enable FCC to thrive. It is customary for family members, often beyond the nuclear household, to remain actively involved in a child's hospital care. This presents opportunities to institutionalise effective communication practices that accommodate collective decision-making and respect cultural norms. When information sharing is structured to include relevant family representatives, it reinforces the perception that nurses value family input, thereby fostering mutual respect and cooperation. It is also important to acknowledge that perceptions of FCC are not formed in isolation. They are shaped by the interplay of professional norms, personal beliefs, and everyday experiences in the clinical environment. For example, nurses who work in settings where family involvement is encouraged and modelled, may be more likely to adopt positive perceptions of FCC themselves. Conversely, in environments where families are seen as interfering or burdensome, perceptions may be less favourable, and communication with families more guarded. Such variations make it essential to examine perception and practice together, as differences in perception are likely to translate into differences in behaviour - in this case, the extent and quality of information sharing.

In the light of the above, this study also examined whether experienced nurses differ from less-experienced colleagues in their attitudes toward FCC and in their approach to information sharing. Experience may influence perceptions through accumulated patient interactions, exposure to diverse family situations, and greater familiarity with the benefits of collaborative care. It may also affect communication habits, as experienced nurses might have developed more strategies for conveying information effectively, whereas less-experienced nurses may still be refining these skills. Both perception and information sharing are integral to the successful application of FCC in paediatric nursing. Positive perceptions can inspire genuine partnership with families, while transparent and inclusive communication can translate those attitudes into tangible outcomes. However, without clear policies, adequate resources, and targeted training, even favourable perceptions may fail to result in consistent information sharing. This interplay makes it necessary to study these variables side by side, with attention to how professional experience shapes both. Against this backdrop, the present study investigated the perceptions of FCC among experienced and less-experienced nurses, and also assessed how these groups engage in information sharing with families in children's hospitals in Delta State. Findings from this research can inform interventions that strengthen nurses' understanding of FCC, promote standardised communication practices, and ultimately enhance the quality of paediatric care by aligning nursing practice with the expectations and needs of families.

Statement of the Problem

In children's hospitals in Delta State, there is a noticeable gap between the ideal of family-centred care (FCC) and the reality of its implementation, particularly in relation to nurses' perceptions and information-sharing practices. FCC is built on the premise that families are essential partners in paediatric healthcare, yet feedback from mothers and caregivers frequently indicate some inadequacies in communication coming from nurses regarding their child's condition, treatment options, and ongoing care plans. This lack of timely, transparent, and comprehensive information often reduces families' ability to make informed contributions and decisions about their child, thereby undermining the concept of shared decision-making - a core principle of FCC. Variations in perception between experienced and less-experienced nurses suggest that professional background may influence both the willingness and capacity to engage in effective information exchange. Constraining factors such as absence of formal FCC guidelines, insufficient training, limited staffing, and heavy workloads are constant issues that restrict nurses' opportunities to communicate openly and consistently with families (Okunola et al., 2017). Previous studies in this realm were conducted in different regions with unique contexts (Ohene et al., 2020; Jung & Tak, 2017), thereby establishing a research gap. The scarcity of empirical research on how nurses in this context perceive and practise FCC makes it difficult to design targeted interventions. If these gaps remain unaddressed, communication barriers will persist, limiting family involvement and potentially compromising both patient satisfaction and clinical outcomes in paediatric care.

Research Questions

The following research questions guided the study.

1. What are the perceptions of experienced and less-experienced nurses towards family-centred care in children's hospitals in Delta State?
2. To what extent do experienced and less-experienced nurses practice information sharing in providing family-centred care in children hospitals in Delta State?

Hypotheses

The following null hypotheses were tested at 0.05 significance level.

H₀₁: There is no significant difference between the perceptions of experienced and less-experienced nurses towards family-centred care in children's hospitals in Delta State.

H₀₂: There is no significant difference between the perceptions of experienced and less-experienced nurses on the extent they practice information sharing in providing family-centred care in children hospitals in Delta State.

METHODOLOGY

This study adopted a cross-sectional survey design to examine the perception and practice of family-centred care among nurses in children's units of general hospitals in Delta State, Nigeria. The design was appropriate because it allowed the researcher to capture prevailing practices and perceptions at a single point in time, avoiding the cost and complexity of repeated follow-ups. This one-time assessment made it more efficient and practical to include a large sample spread across multiple hospital locations, ensuring broad representation while maintaining cost-effectiveness and manageable logistics. It thus balanced methodological rigour with feasibility in a resource-constrained research setting. The study was conducted in general hospitals spread across Delta State, which offers primary, secondary, and limited tertiary healthcare services, and serves as the main referral network for surrounding communities. The study population comprised 406 nurses practising in the paediatric units of the 52 general hospitals in the state. Inclusion criteria were restricted to nurses serving in public general hospitals, specifically in paediatric units, who were present during the survey and willing to participate. Nurses in private health facilities, those not in paediatric units, and those on any form of leave were excluded.

Using Yamane's (1967) sample size determination formula at a 5% margin of error, a sample size of 202 was calculated and increased to 210 to enhance representativeness. A bi-stage sampling technique was employed: hospitals were first stratified into the three senatorial districts, followed by the selection of ten general hospitals from each district. From each selected hospital, seven nurses were randomly drawn from the paediatric units to produce the desired sample size.

Data used in this study were collected using a structured researcher-designed questionnaire titled "Perception and Practice of Family Centred Care among Nurses Questionnaire (PPFCCNQ)." The instrument comprised two sections: Section A collected demographic data, while Sections B contained 16 items measuring the study variables on a four-point Likert scale ranging from "Strongly Agreed to Strongly Disagreed" and "Very High Extent" to "Very Low Extent" for research question one and two respectively. Content and face validity were established through expert review by the researchers. The reliability of the instrument was confirmed through a pilot test involving 30 paediatric nurses in Port Harcourt, Rivers State. This yielded Cronbach's alpha coefficients of 0.73 and 0.80 for the first and second variables, indicating high internal consistency. The researchers visited the selected hospitals and obtained institutional permissions before administering the questionnaires to eligible respondents. Questionnaires were completed on-site or returned to designated unit desk officers for later collection. Of the 210 distributed, 208 were retrieved, with 206 validly completed questionnaire copied used in data analysis. The data were analysed using SPSS version 25.0, with mean and standard deviation to address the research questions. The t-tests was used to test the hypotheses at 0.05 significance level. Ethical approval was obtained from the University of Port Harcourt Ethics Committee. The respondents' confidentiality

and voluntary participation in the study were assured and observed, with all personally identifying data anonymised for identity protection.

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 perceptions of experienced and less-experienced nurses towards family-centred care in children's hospitals.

S/N	Questionnaire items	Experienced Nurses		Less Experienced Nurses		Average Mean	Remarks
		\bar{x}	SD	\bar{x}	SD		
1.	I believe that involving families in decision-making can enhance the quality of care for paediatric patients.	3.02	0.89	2.71	0.82	2.86	Agreed
2.	I believe that it is important to involve family in caring for their sick child.	3.22	0.93	2.61	0.82	2.92	Agreed
3.	I think family-centred care contributes to the emotional well-being of paediatric patients.	2.78	0.84	2.70	0.92	2.74	Agreed
4.	I always involve families in care planning and decision-making for paediatric patients.	2.46	0.98	2.32	0.97	2.39	Disagreed
5.	I sometimes find it challenging to implement family-centred care practices in my daily work routine.	3.20	0.87	2.56	0.79	2.88	Agreed
6.	I am satisfied with the current level of implementation of family-centred care practices in our children's hospital.	2.60	0.71	2.59	0.91	2.60	Agreed
7.	I receive adequate support from hospital administration in promoting family-centered care initiatives.	2.73	0.83	2.67	0.79	2.70	Agreed
8.	Family participation in care discussions sometimes hinders efficient workflow in our hospital.	2.68	0.92	2.62	0.76	2.86	Agreed
	Aggregate mean	2.84	0.87	2.60	0.85	2.74	

The data in Table 2 shows that nurses in children's hospitals within Delta State generally hold favourable views of family-centred care (FCC), although their perceptions vary with professional experience. Experienced nurses rated the contribution of family involvement to improved outcomes more highly (3.02) than their less experienced counterparts (2.71). A similar pattern was evident in respect to its essential role in paediatric care (3.22 versus 2.61), suggesting that longer clinical exposure tend to strengthen nurses' commitment to FCC principles. Despite these positive perceptions, the findings reveal notable implementation challenges. Both groups reported that families are not consistently involved in care planning (2.46; 2.32), indicating that

institutional or procedural limitations may restrict such engagement. Satisfaction with FCC implementation was only moderate (2.60), while administrative support, though present, was viewed as inadequate for full adoption. Some nurses also believed that family participation could disrupt workflow (2.86), implying the presence of a practical tension between FCC ideals and operational demands. The overall mean of 2.74 reflects strong recognition of FCC's value, however it highlights the need for structural and organisational changes to achieve more consistent application in practice.

Table 3: Test analysis of the experienced and less-experienced nurses on the perceptions towards family-centred care in children's hospitals.

Group	N	Mean	SD	t-value	df	p-value	Cohen's d
Experienced	89	2.84	0.87	2.78	204	0.006	0.28
Less Experienced	117	2.60	0.84				

The results in Table 3 show that experienced nurses ($M = 2.84$, $SD = 0.87$) reported slightly more favourable perceptions of family-centred care (FCC) than their less experienced colleagues ($M = 2.60$, $SD = 0.84$). This difference is supported by the t-value (2.78, $df = 204$) and a p-value of 0.006, which is below the 0.05 level of significance, indicating that it is unlikely to have occurred by chance. The effect size, measured by Cohen's d at 0.28, indicate a small but meaningful difference, implying that professional experience contributes significantly in shaping nurses' views of FCC.

Table 4: Mean and Standard Deviation of responses on the extent experienced and less-experienced nurses practice information sharing in providing family-centred care in children hospitals.

S/N	Questionnaire items	Less Experienced Nurses		Experienced Nurses		Average Mean	Remarks
		\bar{x}	SD	\bar{x}	SD		
9.	I actively engage with families to share relevant information about their child's care.	2.74	0.95	2.90	0.95	2.82	High Extent
10	I encourage open communication with families to ensure that they are well-informed about their child's health needs.	2.68	0.87	2.85	0.85	2.76	High Extent
11.	I regularly update families on their child's progress and involve them in decision-making processes.	2.92	0.85	3.02	0.92	2.97	High Extent
12	I provide educational materials and resources to families to enhance their understanding of their child's condition.	2.23	0.83	2.40	0.91	2.32	Low Extent
13	I collaborate with other healthcare professionals to ensure comprehensive information sharing with families.	2.68	0.77	2.75	0.67	2.72	High Extent
14	I take it as professional responsibility to ensure that families receive comprehensive information to support their involvement in their child's care journey.	2.60	0.76	2.95	0.72	2.78	High Extent
15	I share information on potential risks or complications with families.	2.62	0.66	3.00	0.62	2.81	High Extent
16	I use clear and understandable language when discussing medical information with families.	2.83	0.62	3.10	0.67	2.96	High Extent
	Aggregate mean	2.66	0.79	2.87	0.78	2.77	

The data in Table 4 indicates that nurses in children's hospitals across Delta State generally engage in information sharing as part of family-centred care (FCC) to a high degree, although the extent of practice was varied with professional experience. Actively engaging families to share relevant information about a child's care recorded an overall mean score of 2.82, with experienced nurses (2.90) reporting slightly higher involvement than their

less experienced counterparts (2.74). A similar pattern was evident in encouraging open communication to keep families well informed, where experienced nurses (2.85) again outperformed less experienced nurses (2.68), suggesting thus that professional maturity enhances confidence in family engagement.

Similarly, updating families on a child's healthcare progress and involving them in decision-making emerged as the most highly rated practice (2.97), particularly among experienced nurses (3.02) compared with less experienced nurses (2.92). In contrast, providing educational materials to improve family understanding of a child's condition received the lowest rating (2.32), indicating that structured patient education may was not a routine feature in many paediatric facilities the state. Transparency about potential risks (2.81) and the use of clear, understandable language (2.96) evince a consistent advantage for experienced practitioners, demonstrating a greater ease in managing sensitive and technical information. With an aggregate mean score of 2.77, the result affirm that information sharing is widely practised by the nurses, nevertheless, they also reveal that professional experience significantly influences both the depth and quality of communication they have with families in paediatric care.

Table 5: Test analysis on the opinion of experienced and less-experienced nurses on the extent they practice information sharing in providing family-centred care in children hospitals

Group	n	Mean	SD	t-value	df	p-value	Cohen's d
Experienced	89	2.87	0.79	2.592	204	0.010	0.24
Less Experienced	117	2.66	0.78				

The results in Table 5 show that experienced nurses ($M = 2.87$, $SD = 0.79$) reported more favourable perceptions of information sharing in family-centred care than less experienced nurses ($M = 2.66$, $SD = 0.78$). This difference is supported by the t-value (2.592, $df = 204$) and a p-value of 0.010, which is below the 0.05 significance level, confirming that the variation is statistically significant. The effect size measured by Cohen's d (0.24) indicates a small but meaningful difference, implying that professional experience plays a role in shaping nurses' views on information sharing, though other factors are also likely to influence how its implementation is perceived.

DISCUSSION OF FINDINGS

Perception of Paediatric Nurses on Family-Centred Care

The study revealed that paediatric nurses in children's hospitals in Delta State maintained a highly positive perception of family-centred care (FCC). They recognised that actively involving families in childcare decision-making of patients significantly enhanced the overall quality of paediatric care. Additionally, they nurses acknowledged the importance of family participation in child care and affirmed that the FCC approach contributed to the emotional well-being of paediatric patients. However, despite these positive perceptions, the nurses noted some inconsistencies in the actual implementation of FCC practices, particularly in the areas of fully integration of family into the routine care processes. These findings in part consistent with Alabdulaziza et al. (2017), whose study corroborated that the nurses acknowledged the fundamental importance of FCC, though a consistent implementation of the tenets was reportedly a challenge. The scholars further observed existence of a gap between the perceived necessity of FCC and its practical application, and attributed it to disparities in institutional policies, resource constraints, and cultural factors that restrict meaningful family engagement. Similar challenges were observed also reported by paediatric nurses in Delta State, where family participation was sometimes perceived as disruptive to effective workflow, despite that the nurses recognised it as a benefit.

Similarly, Winkelmann et al. (2023) reported a disparity between perceived necessity and actual implementation of FCC among secondary school athletic trainers. Their findings revealed that while trainers acknowledged the value of FCC in improving patient care outcomes, the practical implementation of the FCC was hindered by structural and organisational constraints. This aligns with the findings of the present study, given that the high level and positive perception FCC practices, and yet the principals were reportedly not seamlessly integrated into the daily routines of paediatric nurses.

Another crucial aspect of perception that emerged in this study was the influence of professional experience on nurses' adherence to FCC principles. This study revealed that experienced nurses had a stronger commitment to

ensuring that families are involved in childcare service delivery than the less-experienced nurses. This finding is consistent with Ngcobo (2016), who reported that more experienced nurses had a deeper appreciation for the role of family participation in patient care, adding that experienced nurses were more adept at and proficient in navigating the challenges often associated with implementing FCC in traditional or conservative communities.

Although paediatric nurses in this study had positive perceptions towards FCC, their reported inconsistent involvement of families in childcare planning suggests an underlying gap in training and institutional support. This agrees with Al-Oran et al. (2023), who observed that nurses' level of education and institutional culture contributed significantly in shaping their attitudes towards FCC. This also agrees with Prasopkittikun et al. (2020), who identified a perception-practice gap in their study, and attributed it to the dominance of traditional medical models that placed healthcare providers at the centre of decision-making, thereby limiting family involvement in decisions pertaining to clinical procedures.

It is noteworthy that a positive perception of FCC was reported, however it has not translated into a consistent and effective implementation of the care approach. Dall'Oglio et al. (2018) reported that organisational barriers, including time constraints and competing clinical demands, were significant obstacles that limited nurses' ability to fully implement FCC principles, reinforcing the observation of nurses in this study, who cited workflow disruptions as a major factor contributing to their inconsistent approach to involving families in care planning.

The study further revealed a significant difference in the perceptions of experienced and less-experienced paediatric nurses towards FCC. This suggests that nurses with more professional experience had a more favourable perception of FCC compared to their less-experienced counterparts. This finding is in line with Lim and Bang (2023), who reported that clinical experience of nurses significantly influenced their perception and practical engagement with FCC. Their research further showed that experienced nurses exhibited a deeper understanding of FCC principles, more adept at overcoming structural challenges and advocating for family involvement, and more proactive in involving families in care decisions. This somewhat aligns with the present study's findings, given that experienced nurses showed greater commitment to FCC principles than their less experienced counterparts, showing that accumulated experience equips nurses with the necessary skills and the needed confidence to integrate family participation into paediatric care processes effectively.

Extent of Information Sharing in Family-Centred Care in Hospital Setting

The study found that paediatric nurses in children's hospitals in Delta State practised information sharing in family-centred care (FCC) to a high extent. Nurses made deliberate efforts to keep families informed about their child's health status, treatment progress, and medical procedures. Regular updates, transparent discussions, and patient education were central to their information-sharing practices. This study showed that nurses actively collaborated with other healthcare professionals to ensure that families received comprehensive and accurate information about patient care. The findings showed that interprofessional communication played a crucial role in ensuring consistency and accuracy in information dissemination. This aligns with findings from Ngcobo (2016), who demonstrated that effective interdisciplinary collaboration strengthened the reliability of information shared with families, leading to improved trust in the healthcare process. This study demonstrated that experienced nurses took greater professional responsibility in ensuring that families received detailed and accurate information to support their involvement in their child's care. These findings highlight that effective information sharing in FCC is crucial for fostering trust and collaboration between healthcare providers and families. This study also suggests that when families are well-informed, they will be more likely to participate actively in decision-making and patient care, which could in turn lead to improved health outcomes.

More specifically, the findings of this study showed that over time, nurses have developed a deeper appreciation for the role of information sharing as a fundamental duty rather than a supplementary task, reinforcing the observations of Abukari et al. (2022), who reinforced this, indicating that nurses who proactively engaged in transparent communication practices facilitated better patient and family satisfaction with care services. This study showed that nurses prioritised transparency when discussing potential risks and complications with families. The findings suggested that experienced nurses were significantly more confident in handling these discussions, likely due to their familiarity with managing sensitive health conversations. This observation aligns with findings from Lateef and Mhlongo (2022), who reported that experienced nurses were more adept at

communicating treatment risks and complications in a way that reassured families and promoted informed decision-making. This study further revealed that nurses placed a high priority on using clear and understandable language when communicating medical information to families. The findings suggest that experienced nurses had a stronger commitment to simplifying complex health details to ensure that families fully comprehended the care being provided. This finding is in accord with Ohene et al. (2020), who analytically illustrated that clear and patient-friendly communication strategies contributed to enhanced family understanding and engagement in care.

Despite the generally high level of information sharing, some barriers were identified. Challenges such as time constraints, hospital protocols, and competing clinical demands sometimes affected the consistency and depth of information-sharing efforts. Corroborating this finding, Patel et al. (2021) revealed that institutional constraints such as workload pressures, lack of dedicated communication time, and administrative protocols often hinder nurses' ability to engage with patients' families in information sharing. Kutahyalioğlu et al. (2021) suggested that successful information sharing in FCC depends significantly on the individual hospital policies, pointing out that hospitals that prioritise patient and family education and communication are more likely to be open to sharing patients' healthcare information with the family members.

The study also showed that a significant difference exists between the experienced and less-experienced paediatric nurses on the extent they practised information sharing in FCC, suggesting that nurses with more professional experience were more likely to engage in effective communication with families than their less-experienced counterparts. Findings from Lim and Bang (2023) support this result, as their study showed that nurses with extensive clinical experience were more proactive in providing comprehensive patient education, discussing treatment options, and addressing family concerns. By implication, this study calls for institutional policies adoption in areas of providing sustainable support and continuous training and mentorship programmes for nurses, with a view to empowering them with relevant and requisite skills, including language and communication abilities required to properly navigate the structured communication protocols and information sharing requirements in paediatric healthcare setting. This should be complimented with effective time and work management policies that could help to empower nurses to improve the quality of information sharing and enhanced healthcare outcomes for paediatric patients and their families.

CONCLUSION

This study investigated the perceptions and information-sharing practices of nurses in family-centred care (FCC), and also examined the influence of their professional experience on these two dimensions. Based on the findings, this study concludes that nurses in children's hospitals in Delta State generally hold positive perceptions of FCC and practise information sharing with families to a high extent. However, this study further concludes that while experienced nurses demonstrated significantly positive perceptions and more effective information-sharing practices than their less-experienced counterparts, challenges such as inconsistent integration of families into care planning, limited provision of educational materials, and institutional constraints still hinder the full and consistent implementation of FCC in paediatric care.

RECOMMENDATIONS

Based on the findings, the following recommendations are provided as solutions.

1. Hospital management should constitute a multidisciplinary team to draft FCC guidelines that is consistent with global standards and local contexts. The guidelines should be published in manuals, circulated digitally, and displayed in all paediatric units. Compliance can be enforced through supervisory checks, performance appraisals, and family feedback mechanisms. Regular review meetings will track effectiveness, while non-compliance will trigger corrective measures to ensure families are consistently involved in care processes.
2. Nursing administrators should institute quarterly in-service workshops and communication role-plays, focusing on patient education and structured family involvement. Senior nurses with proven competence should serve as mentors, guiding younger staff during ward practice. Attendance should be compulsory and tied to professional appraisal or continuing education credits. Administrators can integrate these

modules into annual training plans, ensuring that communication and family engagement remain central to staff development and service delivery.

3. Government health authorities should provide increased resources dedicated to paediatric units by recruiting more nurses and support staff to lower workload burdens. Allocations can also cover improved infrastructure and incentives, such as housing or transport support, to retain staff in these units. Implementation should include clear budget tracking and performance evaluation, measuring whether reduced nurse–patient ratios lead to more meaningful interaction, effective information sharing, and family satisfaction with paediatric care services.
4. Individual nurses should take responsibility for practising FCC daily by explaining procedures clearly, encouraging family participation in decisions, and documenting concerns in patient records. Practical tools like ward checklists can remind them to involve families consistently. Accountability can be reinforced through peer reviews, reflection sessions, and patient feedback. By adopting FCC as a professional duty, nurses will embed family empowerment and information sharing naturally into their routine care practice.

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