HUMAN RIGHTS EDUCATION FOR NURSING STUDENTS

Mark Chamberlain

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This article is based largely on a research study undertaken by the author into the teaching of human rights in nursing courses in the UK on behalf of the national section of the human rights organization Amnesty International. It attempts to provide a baseline estimate of human rights education in nursing curricula in the UK while making suggestions on how the teaching of human rights issues could be more clearly incorporated into nursing curricula, ending with some recommendations for further research.

Introduction

As human rights educators review the achievements to date of the United Nations Decade for Human Rights Education (1995–2004), it is an opportune moment to consider the role of human rights education in the training of nurses.

In searching through the literature as part of a research study I undertook into the teaching of human rights in nursing courses in the UK, which included sending out questionnaires to a group of nurse tutors, I identified references to only three previous studies on human rights education in the training of health professionals, the most pertinent being a survey by Sonis and colleagues of over 100 directors of bioethics courses in US medical schools, which sought to determine the degree to which human rights issues were included in course curricula. Another study, by Brenner, involved mostly public health students in the USA, while the results from a previously sponsored Amnesty International (AI) study of medical schools were undermined by the questions not being specific enough, as well as by a poor response rate to the questionnaire.

The Universal Declaration of Human Rights (UDHR), a list of 30 aspirations given legal effect in the 1966 International Covenants on Civil and Political Rights (ICCPR) and Economic, Social and Cultural Rights (ICESCR), together with the 1946 UN Charter, comprise the ‘International Bill of Rights’, the foundation stone on which the post-World War II concept of human rights is built. In addition,
there are regional human rights treaties, the most important being the European Convention for the Protection of Human Rights and Fundamental Freedoms, commonly known as the European Convention on Human Rights (see below, p. 273), which became part of UK law on 2 October 2000. If they are to become meaningful, these treaties need to be more widely known, with individual teachers playing a key role in promoting knowledge of their existence and their governments’ legal obligations. When the UDHR was adopted it was with the recommendation that governments should distribute the document to schools and educational establishments.

Twenty years ago, research by Szabo in Western Europe on attitudes towards political human rights found what has been described as a ‘sparkplug effect’: the more individuals encounter discussion of human rights in their daily lives, the more they want those rights acknowledged. This may partly explain the increasing global recognition given to human rights; yet, despite the increasing visibility of human rights issues in the UK, there is some evidence to indicate that young people are more interested in issues concerning the rights of animals than in the rights of humans.

Human rights education has been described essentially as either another form of education or, as Meintjes argues, as raising a critical awareness of oppressive patterns of social, political and economic organizations. This more radical version, characterized by a lack of direct instruction by the teacher, cannot be incorporated into a conventional curriculum. Jennings’ view is that human rights education should aspire to encourage students to feel more connected to others, which is more likely to be realized if learning emphasizes co-operation in a democratically organized classroom. This reinforces Osler and Starkey’s point that support for appropriate institutional structures and practices is more important in helping students to understand human rights than a human rights curriculum.

Human rights education overlaps with some of the movements in social and personal education (among them peace, multicultural and development education) which, during the 1980s, started to become part of the school curriculum in the UK. In terms of support from national governments and the availability of suitable materials, human rights education was then viewed as a poor relation. In endorsing liberal democratic values, human rights education is nowadays seen by many governments as being less threatening than either peace or political education. As a result of the increasing attention being given to international human rights treaties, human rights education is looked upon more favourably, although Osler and Starkey sense that teachers in the UK have ‘had little experience or understanding of the ways in which human rights legal instruments might support their goals in education for human rights’. Others have suggested that, by looking at peace and conflict as violations of specific human rights, peace education can become ‘not only more comprehensive but also far more comprehensible’. Reardon has specifically argued for conflict resolution skills to be included in human rights education.

Even so, some prejudice still exists against human rights educators involved in human rights work, based on the questionable assumption that activism serves to undermine the objectivity that is required for teaching. Human rights education also suffers from a misconception of human rights, commonly found in the...
media and in popular culture, in which individuals and groups claim ‘human rights’ that are either without a basis in human rights treaties or have been legitimately restricted for being in conflict with other human rights of greater importance.\textsuperscript{19} There is often concern among teachers that teaching human rights education will leave them exposed to charges of political bias and even indoctrination. Sometimes these fears arise from memories of the early 1980s, when it was alleged that the discipline of peace studies was guilty of ideological bias, although, on investigation, few of these allegations were substantiated.

As Starkey has remarked, education on human rights needs to emphasize ways in which individuals are able to influence others to respect human rights, otherwise, in the face of widespread violations of human rights, students may feel discouraged and powerless.\textsuperscript{20} Possibly expressing the fear that students could become discouraged by learning about human rights abuses in greater detail, one respondent in the survey I conducted mentioned ‘the potential damage to individuals in highlighting [human rights] issues’. Reassurance that students are not psychologically harmed comes from a study examining the effects of a Facing History and Ourselves human rights programme, involving discussions of historically-based human rights issues among secondary school students in the USA. It found, by using Rests Defining Issues Test, increases in moral reasoning; at the same time there were no reported increases in feelings of either depression, hopelessness or low self-esteem.\textsuperscript{21}

Another common perception that serves to limit human rights education is that human rights are of concern only in far-off Third World countries. If learning about human rights is to be seen as relevant, teachers need to locate both knowledge and understanding of human rights within ‘issues, events and activities of significance and interest’,\textsuperscript{10} otherwise students who are unable to grasp the implications of what is being taught for their personal or professional selves will remain largely unmotivated.\textsuperscript{22}

Human rights education has yet to demonstrate its practical value or whether it is capable of meeting the goals and objectives it often sets itself. Support for its value has come from a recent classroom-based study set in a Romanian school. Members of an experimental group were taught an alternative civics curriculum based on human rights themes using nontraditional methods of instruction and compared with a control group, who continued to be taught a traditional curriculum using more established methods. It was not until two years into the programme that differences between the groups became statistically significant, with the experimental group showing increased participation in local affairs (for example volunteering in the local community and attempting to influence government policies).\textsuperscript{23}

Although there is almost universal agreement regarding the importance of human rights across the educational systems of Western Europe, the reality is that certain countries place a greater significance on the teaching of human rights than others.\textsuperscript{24} In France, for instance, human rights is introduced into the curriculum at the age of six years, accounting for an hour a week at primary and secondary school levels.\textsuperscript{25}

Support for human rights education for nurses can be found in several international declarations, most notably in the United Nations Educational, Scientific and Cultural Organization (UNESCO) Recommendations on Human Rights
Teaching, Information and Documentation para. 3.3 which ‘recommends that the Director General [of UNESCO] promote the training in human rights of professionals, such as . . . nurses . . . through their national and international organizations’ (emphasis added). Furthermore article 10 of the UN Convention on Torture states that ‘education and information regarding prohibition against torture are fully included in the training of . . . medical personnel and other persons who may be involved in the treatment of any individual subjected to any form of arrest, detention or imprisonment’. Of the 140 states who have ratified the Convention, only Denmark presently interprets article 10 to include all nursing students.

International human rights law encompasses several human rights of direct concern to nurses. As an example, the Convention on the Elimination of Discrimination Against Women prohibits the practice found in some Muslim societies of spousal veto, where a woman requires the consent of her husband before she is allowed to receive certain types of treatment.

The International Council of Nurses (ICN) has, during the last 20 years, adopted several policy statements on human rights; sometimes having a more committed human rights stance than its medical counterparts. For instance, reflecting the position taken by both the World Medical Association and the World Psychiatric Association, the ICN, in its statement on the death penalty, considers ‘participation in execution a violation of a nurse’s ethical code’. It then goes further in calling upon national nursing associations (NNAs) to campaign for its abolition. A survey into whether NNAs took account of the ICN statement in their position towards capital punishment showed that, of the 22 associations that responded, only five, all of whom were based in countries where the death penalty had been abolished, made reference to the ICN’s position. With only a fifth of associations responding, it would be difficult to generalize from the study’s findings other than to raise some doubts about the influence that the ICN statement has had on the positions adopted by NNAs.

Nursing has seen the need for human rights education increasingly recognized. An excellent example is the Democratic Nursing Organization of South Africa (DENOSA), established with the ending of apartheid to replace the widely discredited South African Nursing Association. In its submission to the Truth and Reconciliation Commission, DENOSA undertook to ‘promote an understanding of a human rights approach amongst nurse educators’ and ‘in consultation with the South African Nurses Council, to develop an appropriate curriculum which recognizes the multifaceted issues impacting on health and human rights’.

The research study

Although the teaching of human rights issues can occur at various places within the nursing curriculum, this study needed to identify a specific group of nurse teachers. Human rights are seen by many as providing a moral framework, so it was reasonable to suppose that those with primary responsibility for teaching ethics and law would be in the best position to be able to respond appropriately to the questionnaire (the teaching of ethics being a requirement of courses leading to nurse registration since 1989).
Population criteria

The population selected consisted of teachers who had a primary responsibility for teaching nursing ethics and law and were:

- Based in nursing departments within the UK;
- Teaching nursing, adult nursing, mental health nursing or learning disability nursing students;
- Teaching to diploma or degree level (postgraduate courses were excluded).

Methodology

The potential study population was dispersed widely throughout the UK, so a questionnaire was the most appropriate means of obtaining the data required. Choosing a 50% sample allowed me to expect a reasonable number of replies of between 50 and 60. Dividing the population into subgroups according to the geographical components of the UK, nursing specialty and educational level, half of each subgroup was chosen by using stratified random sampling and the other half by purposive sampling. Given Gallagher and Boyd’s earlier finding that many nursing ethics teachers taught ethics to students in more than one branch of nursing, this strategy potentially allowed for the largest number of individuals to be reached.

With the likelihood that human rights issues featured in several course modules, the aim, as with Sonis’ et al.’s study, was to focus more on the breadth rather than on the depth of human rights teaching in nursing curricula. Consequently, there were no questions about the amount of time allocated to teaching particular issues, only whether the amount of time was perceived by the respondent to be adequate.

Piloting stage

The piloting stage was important in ensuring that the layout and wording enabled those receiving the questionnaire to understand the questions clearly. As with the main study, a copy of the UDHR was enclosed, both to promote an understanding of human rights among recipients that was consistent with that of the researcher, and to allow the respondents to refer to the Declaration when answering certain questions.

The responses from the pilot study suggested that the attitude to human rights scale that I had included as a means of providing a general measure of each respondent’s stance on human rights was subject to a bias because it is socially desirable to be seen to be in support of internationally recognized human rights norms. I understood the difficulties of asking questions of this type by using such an impersonal tool as a questionnaire, so I decided instead to enquire about the main obstacles and problems the respondents encountered in teaching human rights and the difficulties their students had in learning about human rights. Both questions were accompanied by a number of suggested responses that had been commonly cited in a survey of citizenship education. With the question broken down and rephrased, and with confidentiality emphasized, some respondents
were clearly comfortable enough to complain by means of the questionnaire about their students’ lack of interest or commitment to respecting the rights of others.

Results

A total of 117 copies of this final version of the questionnaire were distributed, of which 51 (40%) were returned completed. The response rate varied enormously between geographical areas. The responses from Scotland and Wales were 85% and 60% respectively, 37% from England. There was not a single response from Northern Ireland. This enormous variation is difficult to explain, other than to mention the special case of Northern Ireland, where the integration of nurse education into the universities had only recently been completed and that, owing to the sample size, just two individuals were responsible for ensuring that questionnaires were received by the appropriate potential respondents.

Approximately one-third of the respondents stated that they were members of campaigning organizations for human, social or environmental rights. Their membership of such organizations would suggest that they were sympathetic both to the idea of rights and the aims of the study. It would be unjustified, however, to assume that this relatively high figure was representative of the population as a whole because those who were not members of such groups may well have been less motivated to return the questionnaire.

When asked if they knew of the existence of each of the four ICN policy statements on human rights, about two-thirds stated that they knew of the Statement on the Nurse’s Role in Safeguarding Human Rights, while a majority expressed ignorance of the others. The corresponding figures for several international human rights treaties were significantly higher (Table 1).

Without exception, all the respondents stated that they taught their students about the rights of patients. When asked whether this included the rights of particular groups, roughly a third mentioned those listed as prompts: children, the mentally ill and those with learning disabilities. Perhaps it is not surprising that those teachers who taught only in the fields of learning disability or mental health nursing were more likely to mention those with learning disabilities and the

Table 1  Human rights awareness scale

<table>
<thead>
<tr>
<th>Statement/declaration</th>
<th>No. (%) knowing of its existence</th>
</tr>
</thead>
<tbody>
<tr>
<td>The UDHR, ICCPR and ICESCR</td>
<td>46 (90)</td>
</tr>
<tr>
<td>The UN Convention on the Rights of the Child</td>
<td>40 (78)</td>
</tr>
<tr>
<td>The UN Convention against Torture, article 10</td>
<td>30 (59)</td>
</tr>
<tr>
<td>ICN – Nurse’s Role in Safeguarding Human Rights</td>
<td>30 (59)</td>
</tr>
<tr>
<td>ICN’s Role in the Violation of Human Rights of Nurses</td>
<td>19 (37)</td>
</tr>
<tr>
<td>ICN – Nurses and Torture</td>
<td>11 (22)</td>
</tr>
<tr>
<td>ICN – Death Penalty and Participation of Nurses in Executions</td>
<td>10 (20)</td>
</tr>
</tbody>
</table>
mentally ill respectively. Although only one individual mentioned prisoners, a quarter of the respondents in Sonis’ et al.’s survey,\textsuperscript{3} when specifically asked, replied that they included discrimination against prisoners in their teaching. Arguably, this issue receives greater attention in the USA, where the Constitution provides a legal basis on which to challenge discrimination in health care.\textsuperscript{37}

Of 16 health and human rights issues listed, 10 were taught by a majority of the respondents (Table 2). Nearly all the 10 items would commonly be regarded as either general or domestic issues (the impact of human rights violations on health, the values underlying human rights, the ethical rights of patients, the rights of particular groups, the right to health, the role of the nurse as advocate in safeguarding human rights and the connection between the realization of human rights and health promotion), compared with international issues – the involvement of health professionals in the death penalty, the nurse as a potential victim of human rights violations, caring for refugees who may be torture victims, the involvement of health professionals in human rights abuses – which, with the exception of the latter, were generally not taught. Sonis et al.’s study\textsuperscript{3} supports this divide, as do the responses received in this study to questions concerning the International Bill of Rights and conflict resolution skills, which received roughly equal numbers of ‘yes’ and ‘no’ answers. These issues are generally seen as having both domestic and international dimensions.

**Table 2** Teaching of human rights issues scale

<table>
<thead>
<tr>
<th>Human rights issue</th>
<th>No. (%) teaching the issue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domestic/general human rights issues</strong></td>
<td></td>
</tr>
<tr>
<td>Values underlying human rights</td>
<td>51 (100)</td>
</tr>
<tr>
<td>Ethical rights of nurses and patients/clients</td>
<td>51 (100)</td>
</tr>
<tr>
<td>Rights of particular groups</td>
<td>51 (100)</td>
</tr>
<tr>
<td>Role of the nurse as advocate in safeguarding human rights</td>
<td>49 (96)</td>
</tr>
<tr>
<td>Right to health (ICESCR – article 12)</td>
<td>37 (73)</td>
</tr>
<tr>
<td>Connection between realization of human rights and health promotion</td>
<td>37 (73)</td>
</tr>
<tr>
<td>Impact of human rights abuses on health</td>
<td>34 (67)</td>
</tr>
<tr>
<td><strong>International human rights issues</strong></td>
<td></td>
</tr>
<tr>
<td>Health professionals’ involvement in human rights abuses</td>
<td>35 (69)</td>
</tr>
<tr>
<td>Human rights organizations/UN role in safeguarding human rights</td>
<td>33 (65)</td>
</tr>
<tr>
<td>Nurses as potential victims of human rights abuses</td>
<td>21 (41)</td>
</tr>
<tr>
<td>Health professionals’ involvement in the death penalty</td>
<td>4 (8)</td>
</tr>
<tr>
<td>Caring for refugees who may have been tortured</td>
<td>4 (8)</td>
</tr>
<tr>
<td><strong>Domestic/international human rights issues</strong></td>
<td></td>
</tr>
<tr>
<td>International Bill of Rights</td>
<td>26 (51)</td>
</tr>
<tr>
<td>Conflict resolution skills</td>
<td>24 (47)</td>
</tr>
</tbody>
</table>
It is promising that, given the need to enforce and monitor the human rights standards proclaimed by medical and nursing associations, two-thirds of these respondents wrote that the role of human rights organizations and the UN in safeguarding human rights were issues covered in their teaching.

When asked to identify the main problems in teaching human rights, not unexpectedly, given the competing demands within nurse training, half mentioned pressure on the timetable. Other shared concerns were the lack of funding for resources, the absence of suitable resource materials and national guidance, and the size of student groups. However, for one in five who responded, no problems were noted.

A corresponding question concerning the problems faced by students in learning about human rights mostly failed to elicit a specific response. Many, however, thought that students had difficulty in understanding the relevance that human rights had for clinical practice. About one in 10 respondents referred to the legalistic language of human rights discourse or to attitudes that were antagonistic to the concept of human rights. A similar number identified their students’ poor knowledge of current affairs and history as impediments to teaching human rights issues.

Teaching methods and resources

As in teaching generally, the most effective methods in human rights education will be influenced by the needs of the group. In comparison with most other subject areas, human rights education, in attempting to effect cognitive, behavioural and attitudinal changes, requires a greater range of teaching methods, including some that are activity based, and forms of assessment. Support for this comes from a study by Kehoe, who selected three groups: the first was allocated a teacher who taught largely by discussing violations of the UDHR; the second read extracts from human rights documents placed throughout the room and were then asked to describe how the extract related to a violation of the UDHR; and the third group watched a film about the UN. Although the discussion approach was more effective in teaching students to be able to discriminate between cultural practices consistent with, and those in violation of, the UDHR, the second group demonstrated the greatest increase in knowledge about the Declaration.

The choice of teaching methods used will also depend partly on class sizes, which have increased significantly since the introduction of Project 2000 (the UK nurse education programme). Respondents indicated that the most frequently used methods were group discussions, debates, case studies, formal lectures, videos and project work.

As a teaching method, the Internet allows the possibility of communicating with many human rights groups who have their own web sites. While a long-term goal of the UN Decade for Human Rights Education is to establish regional human rights education centres, offering access to appropriate materials, the Human Rights Education Association have launched an Electronic Resource Centre for Human Rights, with a small but expanding human rights library.

It is surprising that four respondents indicated that their college of nursing celebrated International Human Rights Day (10 December), a recommendation suggested by the Council of Europe; the institution where another respondent was
based was intending to mark the day for the first time later that year. Jennings and Spurgeon advocate the use of literature as a particularly safe method for discussing potentially controversial issues such as human rights, yet this method failed to be mentioned.

Human rights can either be taught as a subject in its own right or incorporated widely throughout the curriculum. Some educationalists suggest that both approaches should be utilized, with others arguing specifically for the integration of human rights or for it to be part of a specific module, such as the course on forensic medicine for nurses offered by Dundee University. For a considerable majority (four out of five) the teaching of human rights issues is part of a core module in ethics and law, indicating that those with responsibility for teaching this part of the syllabus were an appropriate population for the study. There was evidence of education on human rights issues occurring elsewhere in the curriculum, most frequently in nursing theory, health education/promotion and sociology modules. Overall, it appears as if the teaching of human rights issues in nursing occurs mostly within modules on ethics and law, although Brenner cautions that ‘to the extent that the distinction between ethics and human rights remains unclear,’ ethics courses may not recognize the value a human rights paradigm has to offer health workers.

Assessing human rights education

Hannibal and Lawrence lament the absence of ‘measures to evaluate the effectiveness and usefulness of human rights education for the health care professional’. The only material specifically dedicated to the assessment of human rights education appears to be a book by Tibbits. It may be that, as the teaching of human rights becomes more common in the training of health professionals, certain assessment tools will become accepted as standard.

When asked about what resources they would like to have access to, respondents predominantly chose videos, CD-ROMs, bulletin boards, teaching packs, bibliographies, case studies and guest speakers. Although nongovernmental human rights organizations have produced highly acclaimed resources on human rights education, such as Teaching about genocide by the Canadian nongovernmental organization (NGO) Human Rights Internet, some have cautioned against using materials produced by NGOs that teachers may regard as being biased. The Council of Europe, however, suggests that schools should work with NGOs, who often have information, personal experiences or case studies that are suitable for adaptation in the classroom. Given the advantages of using case studies in human rights education, it is not surprising that they should be among the resources most commonly requested. The AI German Medical Group has published a number of case-study scenarios in German to promote human rights education in nursing.

Sonis and co-researchers wondered whether the availability of model curricula on health and human rights would encourage an increase in the teaching of human rights issues in medical training. There are already a number of initiatives available in electronic format, which could provide the outline for a model of human rights education in the training of health professionals. However,
a degree of consensus among health professionals regarding the aims of human rights education would be required.

Recommendations

Further studies are needed to test the reliability of the measurement scales used in what was an exploratory study. Dividing the index ‘teaching of human rights issues scale’ (Table 2) into two separate measures for domestic and international issues would be particularly valuable. Establishing their validity, however, is impossible in the absence of a recognized standard index of health and human rights; neither can validity be determined by reference to a related concept, because the construct has ‘no known theoretical relationship to [any] other construct’.

A useful follow-up study would be to question teachers of health visitors and midwives, who, while sharing the majority of concerns of nurse teachers, are very likely to have additional interests, such as female genital mutilation and the issue of reproductive rights. Finally, more research is needed into which specific human rights nurses encounter regularly in order to inform the content and aims of human rights education for nurses.

References

Human rights education for nursing students


52 Amnesty International German Medical Group. *Human rights requires cultivation* [Teaching Pack]. Bonn: AI German Medical Group, 1996. (Available only in German.)


