ORIGINAL RESEARCH

Human rights education for nurses: An example from Finland

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ABSTRACT

Background and objective: Nurses deal with complex human rights issues arising from difficult situations and ethical dilemmas involving patients, relatives, and health care professionals. Human rights education can enable nurses to understand principles of human rights and apply them at work in their efforts to provide high quality care. The objective for this study was to describe how human rights material was integrated into a professional ethics course for master degree nursing students and to facilitate nurse educators' efforts to include such material in their courses.
Methods: In this qualitative study, data consisted of responses to a human rights assignment by 23 nursing students at a university of applied sciences in Finland. Thematic analysis was used to identify patterns and themes from the assignment.
Results: Participants' consensus was that human rights education should be part of nursing curricula. Students described what they learned, identified similarities and differences between human rights principles and ethical codes, gave examples applying human rights principles to their work, and stated how they could better protect human rights of nurses and their patients.
Conclusions: Learning about human rights reinforces nurses' knowledge and application of ethical codes and increases their awareness of factors necessary for quality care.

Key Words: Human rights, Nursing education, Master's level nursing education, Professional ethics

1. INTRODUCTION

Since the 1990s, a vast global literature[1–7] has emphasized links between health and human rights. The international People's Health Movement and the international journal, Health and Human Rights, have supported rights-based approaches to practice and policy. A review of scientific journals between 1998 and 2008 found 928 articles in 337 journals on health and human rights.[8] More recent articles have described rights-based approaches to health care for those near the end of life, lesbian and bisexual women, isolated patients and elderly people, mothers with HIV, and those in rehabilitation and occupational therapy.[9–17] The World Health Organization has produced over 400 publications on applications of human rights to health. The Pan American Health Organization, with human rights experts, has developed health and human rights programs that apply to mental health, sexual and reproductive health, adolescent health, and elderly people's health.[18]

Tenets of a health and human rights approach include (1) health policy makers, administrators, and providers should be knowledgeable about human rights and (2) policies and practice will be better if human rights principles are followed.[19] Many argue that all health professionals need education about health and human rights, and there have been

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calls for medical schools to include this education for doctors.[20–29] The World Medical Association[30] recommended that medical ethics and human rights be (1) taught at every medical school as obligatory from the beginning of their students' education, (2) included on curricula examinations and (3) extended to graduate school and continuing education curricula. Despite these recommendations, most health professionals lack an understanding of human rights-based approaches to policy and practice. In a survey, 76% of deans of U.S. medical doctor-granting and public health schools reported that education on human rights was 'very important' or 'important', yet only 37% indicated their schools offered such material.[22] One study[23] reported that in the U.S., 23% of 31 accredited public health schools, 2% of 125 medical schools, and .2% of 556 nursing schools offered a health and human rights course, and nearly all such courses were electives.

1.1 Human rights education: Views from and about nurses

Many argue human rights education is important for nurses.[31–37] In the literature reviewed the need for nurses to promote human rights and social justice was emphasized.[32,38–41] Some have argued that nurses' involvement in social justice has waned, and that responsibilities of public health nurses include social justice advocacy. Researchers state that quality of patient care will improve if human rights/social justice material become a major part of nursing curricula.[32,41,42] Others found in their review of core competences for public health nurses that most included material on human rights/social justice, but nevertheless, practicing nurses seem to have insufficient knowledge of these topics.[39] A UK study found human rights content in ethics and law courses for nurses, but depth and time of this content was not examined.[43] Knowledge of core competencies in human rights is a graduation requirement for all health profession programs in South Africa, and human rights courses for nurses have been offered in Latin American, Central Asia, and Eastern Europe.[26,29,37] Others have emphasized that education for nurses should include information about human rights of nurses as well as for rights of patients.[44,45]

Despite their lack of formal training, nurses have applied human rights principles to advocate for and describe quality care for pain management,[46] mentally ill people,[47–50] those with intellectual disabilities,[51] elderly people,[52] and those with chronic respiratory failure.[53] After working in Southern Sudan, researchers concluded that nurses are able to promote conditions that advance people's human rights and improve their health.[54] Others propose that supervisors of midwives should be considered human rights defenders.[55] The International Council of Nurses (ICN) and the American Nurses Association have published position statements supporting the importance of human rights knowledge for nurses.[56–58]

1.2 Present study

In 2012 Finland established a Human Rights Centre whose tasks include promoting human rights education from primary through graduate levels. A Centre publication emphasized human rights education at universities was inadequate and made recommendations that human rights education should be compulsory for all and that applied universities include evaluation of implementation of such education in their annual reports.[59,60]

Health professionals in many areas of the world have advocated for rights-based health programs and practice. Yet nurses are generally not educated about human rights. Thus we, one nurse educator and one human rights expert, began our collaboration to co-teach graduate level professional ethics courses with human rights content. We regarded ethics courses as a logical place to integrate human rights materials for the principles and values of these two concepts are similar and overlapping.[61,62] In 2013 and 2014 we were co-instructors of professional ethics/human rights courses. Encouraged and motivated by positive course evaluations, we decided to teach the course again and get university approval to ask students if we could use their course assignments for research. The purposes of this research are to describe the human rights component of the course and to motivate and facilitate others to include human rights content in nursing curricula. The literature review indicated such education enables nurses to improve patient care and also their working environments.

2. METHOD

2.1 Objectives

Objectives were to describe nursing students' responses to the human rights (HR) assignment and to help nurse educators develop HR course material.

2.2 Research design

We applied a qualitative, thematic analysis method based on the procedures recommended by Braun and Clarke.[63,64]

2.3 Participants

A convenience sample of 23 Advanced Practice Nursing master students was used from a university of applies sciences in Finland. All students were enrolled in an online professional ethics course in 2016-2017. Participants' median age was 41 (range 31-60), and all were female. Most participants were

nurses providing direct care to patients and two worked as public health nurses. While pursuing their master's degree, participants were working in many fields: mental health (n = 4), emergency department (n = 3), operation theatre (n = 3), substance abuse and rehabilitation (n = 2), internal medicine (n = 2), and surgery (n = 2), pediatrics (n = 2), maternity (n = 2) dementia care (n = 1), homecare (n = 1), and outpatient clinic (n = 1). The average experience as a nurse was 12 years (median 12, range 4-24).

2.4 Human rights assignment: Study data

Although students were Finnish, the course was offered in English. Data were based on one multi-part HR assignment, worth forty percent of the grade. Students were given twelve weeks to read course material and reflect upon and complete assignment questions. Readings consisted of short papers on HR written especially for the course, an article discussing HR of patients and health providers,[44] the 2012 International Code of Ethics for Nurses (ICN) and an ICN publication on Health and Human Rights.[57] Additional sources about HR and ethics were provided for students.

Students were informed there were no "right answers" to assignment questions, and that views were likely to be different. The first question asked students to discuss what they learned and considered important from the readings. We also asked about difficulty for some content of the HR readings was theoretical and abstract, and nurses are generally accustomed to course information that is more practical and applied. Knowledge about the difficulty was important so we could determine if material would need revision. The second question required students to identify similarities and differences between HR principles and Codes of Ethics (EC). We reasoned this would help reinforce knowledge of EC due to overlapping aspects of EC and HR. The third question asked students to give examples from their work experience of cases where the HR of patients and nurses may have been violated. This question related to an article[44] with tables listing HR of both groups along with international and regional HR documents stating the rights. The fourth question asked students directly whether they thought HR content should be included in ethics courses for nurses. This question was important for if students did not regard knowledge of HR important, then including such content would be problematic for instructors. The last question asked students if nurses should have more influence on health policy in order to improve HR for both patients and nurses.

2.5 Data analysis

Data consisted of 51 single-spaced typed pages of participants' responses to assignment questions. Data were analyzed applying an inductive thematic analytic approach.[63,64] This analysis includes phases for identifying, analyzing and reporting patterns (themes). An inductive approach was chosen to analyze data without trying to fit it into a pre-existing coding structure or researchers' preconceptions.[63,64] To ensure familiarity with all data, participants' answers were read several times by both authors. Then, initial codes were generated from the data. Next, themes were examined carefully in relation to the five questions. At this point, themes were coherent and formed meaningful patterns. Both authors separately formed similar patterns of responses, and final categories were determined from these two patterns. We used quotations to confirm the content of themes that emerged from the data. Although some themes overlapped in response to different questions, we reported themes for each question separately. We used a 15-point criteria checklist[63] to promote accurate thematic analysis.

3. RESULTS

3.1 Question 1: Learning content and difficulties

The first question asked participants to state what they learned and what was difficult to understand in course readings. For this two-part question, there were 107 separate comments. Of these, slightly over half were classified as theoretical/abstract and about a quarter involved applications to patient care. Nearly all comments about what was difficult to understand were classified as theoretical/abstract.

About two thirds of the comments about what participants learned were theoretical/abstract. A common theme was the awareness of the complexity of making decisions based on ethical and HR principles. One participant wrote, "Nothing is unambiguous because things must be weighed in many different areas; rights and values as well as through a variety of perspectives." Another wrote, to understand HR and ethics "requires profound reflection and a very broad consideration of different issues."

A theme for about one fourth of participants involved linking HR to ethics. One participant thought that it was not necessary to try to differentiate the two concepts for both would aid in making morally correct decisions. Another wrote "ethical decision making and the HR approach should be part of basic education in the healthcare field, especially for nurses." Still others wrote, a "person who has comprehended HR is also likely to behave ethically right and fairly" and "the nurse who has internalized HR is in principle ethical and fair".

Yet another theme was that the readings had increased student knowledge and awareness of HR. One participant wrote "Now I understand better the relationship between HR and ethics." Another stated that now she did not "understand why

HR are not part of health care education because it is a big part of health care work."

A final theme identified in over a fifth of the comments was students' ability to apply HR principles to patient care. Some stated that they now recognized that they were indeed HR workers, and that with their new knowledge they could be more in "compliance with them in taking care of the patient's rights". Another wrote that with immigration and racism increasing, she wonders how the attitudes of those she worked with could be changed. Similarly, another participant was concerned about how nurses could stop poor treatment of drug-addicted patients in emergency units and acknowledged violations of good care and equality for such patients. One participant thought that knowing about HR would help health care professionals deal with ethical dilemmas. Other comments were that HR understanding would promote the patients' "self-respect, dignity, self-determination, independence and integrity." Another wrote that adding HR reinforced that nurses need to be "patient oriented", to provide "equal care and treatment", and in general "ensure that patients get the best possible care." Still others emphasized that HR should make them culturally sensitive, pay attention to needs of those most vulnerable, and work harder to help those who cannot express their own needs.

3.2 Question 2: Similarities and differences between HR principles and EC

Participants were able to describe both similarities and differences in HR principles and the ICN Code of Ethics (EC). They described 71 separate entries for analysis. The most common theme cited by seventeen participants was that both HR principles and EC emphasize the importance of treating all people or patients with equality, dignity, and respect. Fifteen participants stated that this respect and equality extended to all regardless of characteristics such as age, sex, religion, ethnicity, and sexual orientation. One participant described the equality principle as "all humans are equal in human rights and nurses should be advocates for equity and social justice in resource allocation, access to health care and other social and economic services."

Four participants noted the universality quality of HR principles and EC. One stated that the ICN EC include the view that "the need of nursing is universal" and that HR are "universal and applying to every human." A few participants emphasized that both the nursing EC and HR principle of universality includes a focus on vulnerable groups. One participant understood that in order to promote HR, society has to share the value and "spirit of brotherhood, everyone needs to contribute to support the health and well-being of all, especially vulnerable populations." Another participant stated that as a care worker, HR is a phrase "rarely used at work but nevertheless the nurse is the patient advocate for vulnerable people" and HR knowledge plays "an important role" in taking care of patients' needs. Another acknowledged that "nurses have responsibility for those who are vulnerable and keep on their side."

Several participants described examples involving confidentiality, privacy, and information as part of the overlap between HR principles and EC. The right to information about treatments was stressed and one participant stated, "patients' HR are respected if they can participant in decisions about treatment."

Yet another major theme was how both HR principles and EC guide nurses to help their patients and communities realize their right to health which means the "right to the highest attainable standard of health". To attain this high standard a few participants said it was "the responsibility of nurses to increase and maintain their skill by continual learning" and "to maintain their competence by regular learning." One participant stated professional ethics is guided by HR, another said that "if the patient's HR are not respected there is no quality care", and yet another said, "both pursue the best treatment people can get." Another participant noted that HR and EC are "so near to each other." Yet another participant stated that "a nurse promotes an environment in which HR are respected." Other participants thought that if someone understands HR, that person would be more likely to work in "ethically correct ways" and "with justice" and that both EC and HR guide nurses and help them "provide good care." One participant focused on dilemmas and conflicts that arise in nursing and gave examples of how controversial and complex decisions are even with knowledge of HR and EC.

Fewer differences between HR principles and EC were cited by participants. The main theme was that EC apply to the work place or to a specific profession or group, whereas HR apply at the work place and to groups but also apply outside of the work environment and are broader. One participant stated that HR extend to more areas than in a work environment and include more than the right to health but also the right to food, housing, education. Another participant stated that "HR are determinant in all aspects of life and EC guide action at work." One participant thought that violations of EC at work are more often punished than violations of HR in the broader community.

3.3 Question 3: Application of HR to patients and health care provider

Question three asked participants to think about their own work environments and give examples as described in one

reading,[44] if applicable, of specific HR violations of both patients and providers.

Participants described 34 violations of HR of patients, and the most common violation was the "right to the highest attainable standard of health"[44] commented upon ten times. Examples included lack of money to provide therapy, failure to give pain medication, too few providers leading to neglect of patients, health clinics too far away for needed access, patient sent to correct wrong place for treatment, and too early discharge of patients from hospital. The "right to privacy and confidentiality" HR violation[44] was cited by nine participants and included three cases where the patient was not treated in a private environment and six cases where providers shared patient information improperly.

Other HR described as being violated, each by six participants, were the "right to information" and the "right to non-discrimination".[44] Examples of information violations included not being told all options for treatment, inability of some patients to access their medical information online or via some other electronic means, and not giving patient information due to patient's possible misinterpretation. Groups that were described as subject to discrimination were drug users, alcoholics, older people, prisoners, people not knowing the language of health providers, and aggressive patients.

In three cases of HR violations described by participants, there appeared to be some justification for not adhering to patients' wishes. In one case, a participant said patients needed to be tied down so they would not hurt themselves; in another, a patient was denied making a late-night phone call; and in the last case, the participant only stated that the patient's wishes were not listened to and gave no details.

Participants listed 14 examples of HR violations of providers. These violations dealt with the "right to decent working conditions".[44] In nine cases the violation concerned dealing with either threats or actual violence by aggressive and/or dementia patients. Other violations involved lack of support for gaining new nursing skills or being denied the "right to due process"[44] in disciplinary actions.

3.4 Question 4: Views about learning HR material

The theme studying HR raises learners' awareness of HR in patient care was overwhelmingly supported. Participants indicated that HR material should be part of their ethics courses. Some stated this directly but most gave examples of how such material would help them at work. One participant stated that "studying HR helps to think critically and reflectively." Others said knowledge of HR "helps us to discuss HR violations", "helps us to see and observe HR violations better", "helps nurses not to violate patients' rights", "helps respect patients' own rights", "helps respect human rights in general", "helps to recognize that health provider is also a HR worker", "will clarify the situations where violations have happened", and "help us to be aware of ethically sensitive situations". Other participants stated that "knowing HR is a good ground for ethical decisions that are encountered at work", that HR knowledge "gives courage to intervene in problematic situations at work", "affects how I perform my job as a nurse", and "helps to tackle sensitive situations as soon as possible". Other participants said that HR education will influence how they "observe other health providers" and "the nursing environment overall", "help us to act ethically" and helps them "to remember the ethical principles and codes better."

Another theme was the importance of HR knowledge in providing quality care to patients. Participants stated this knowledge will influence "how I observe the patient", "provide more understanding to do the right decisions at work and with the patient", help "make strong ethical decision-making while giving care", "improve the quality of care" and "improve holistic care". Other comments were that "studying HR supports nurses to have a right approach to the patients", "helps nurses to meet the different kind of people and patients" and "reduce prejudices toward immigrants."

3.5 Question 5: Promotion of HR for patients and nurses

Participants contributed over 70 comments about the promotion of HR for patients and nurses. Major themes emphasized the need for nurses to influence health policy by becoming active in both politics and their trade unions. Comments included "Nurses should participate more in public debate about resources in health care", "strong public pressure is needed to ensure quality of care for all citizens", "we should have a strong national movement to defend HR in health care", and similarly, "nurses should start a strong public campaign." Several participants stressed the need for "nurses to have an impact on the decision makers of the government", and similarly, others stated "nurses' voices should be heard in the decision-making process", "policy-makers should get information from actual nurses", "nurses should take part in politics, they need to run matters in policy", "nurses should draw attention of decision-makers who participate in the development of health and social living conditions", and "nurses need to inform politicians what is going on in the health care sector." One participant even suggested that nurses "stand for election in municipal elections" and another thought that "nursing curricula should have more about politics and how to influence" nursing policy.

The theme of more involvement in health policy was strong

with several participants favoring more input from nurses. Comments were "nurses should be more involved in health policy-then patients' rights would be better protected", "decision makers should ask nurses about health policy and practice so the patient's rights would be protected better", "nurses should take part in all developmental actions at their workplace", nurses need to "influence and highlight the problem areas" where they work, and "nurses should get involved in political decision-making that considers health because they are the best advocates for patients". Three participants emphasized the importance of nurses having more power to determine health policy and practice for they are the ones who "work closely with the patient and are often responsible for the patient's overall care." The concern was to provide quality care and one participant said, "it is wrong to talk about money" when quality care is at risk.

This theme of nurse involvement in policy was also supported by comments such as too many "academic people with a master or doctor degree in nursing science with just a minimum experience in nursing" impact health care, "nurses see the poor decisions of administrative personnel everyday", "lots of national projects are impossible to put into practice or run in real working life", "those who make decisions concerning nurses work far away from everyday work", "policy makers have lost touch with reality and are blind for the facts like preventive health promotion" and its "cost-effective" quality, and "a decision maker should visit in hospital to see the reality of work." The common views were summed up by the comments, "health policy makers should listen to nurses when doing decision making about health policy because nurses have practical knowledge of the delivery of high quality care and how to protect patients' rights", "nurses do practical work so they know how things are in practice and how things should be done", and "nurses have a variety of ideas of how to realize cost effective care for patients and this could support patients' rights better."

With respect to labor/trade unions, comments included "nurses need to impact labor unions", "unions protect nurses' rights and can raise issues that also concern patients' rights", "luckily labor union nurses are active", "trade unions have an important role when affecting policy makers. . . on behalf of nurses. . . they need to tell policy makers how things are at the moment", nurses should "take part in nurse's associations and trade unions" and "nurses need to be active and contact local politicians and trade union representatives".

Another theme highlighted the importance of nurses educating the public about health care needs through public discussion in the media. Comments included "nurses have to work actively with the media", "nurses can impact on the allocation of the resources by starting discussion about equity and social justice" and "more open discussion is needed about nurses' work and work conditions in Finland" and "what problems are encountered in nursing nowadays". Similarly, other participants stated that "nurses need to inform people regularly about health care and situations there", "nurses need to discuss and inform politicians what is going on in the health care sector, not too many politicians see the crucial points of health care", "nurses need to be more visible in public", "nurses should tell the public the reality of their work because they are the professionals", and "nurses should involve the public more in discussion of quality of life and well-being of people".

Resource allocation for health care was a concern of fifteen participants and the view was that economic cutbacks have caused both work stress for nurses and inadequate patient care. Comments included "budget cuts are lamentable and affect nurses' well-being at work", "attitude is doing harm for nurses, it is not cost-effective", the "problem is that the quality of care is demanded but the resources remain the same year after year", "it is constantly a worry whether the number of nurses will increase in the near future", "work load of nurses is increasing every year", "nurses are suffering from the stress nowadays so that they are not able to do the work as good as they wish for", "nurses feel frustrated when they do not have enough time to take care properly", "quality of care will suffer if it is needed to be done in a hurry and with stressed feelings", "nurses need adequate resources so they can do quality nursing" and "nurses are in such a hurry that the patients won't get pleasant experiences of care." Another participant stated these same views as "resources are limited in health care and there are often too many patients in a shift for one nurse and there is just not time enough to do the job as they would like to."

In addition, participants provided twenty-six examples of how work situations reduce quality of care for patients (hindering the patient's right to the "highest available standard of care") and promotes a working environment that is highly stressful and inadequately staffed. Problems often cited dealt with lack of "time to do what they were trained to do", "not enough appointments for people in crisis", "feelings of inadequacy due to failing to meet patients' needs", feelings of "lack of power to protect patients' rights", and feelings that their requests are "ignored". Others thought that lack of resources by both patients and health providers led to poor care, and cited specific cases involving elderly people and people in small towns.

Six participants' comments were about managers and here the main view expressed was their lack of power. One man-

ager participant said she felt disappointed when her suggestions did not result in any changes, and another participant indicated that other professionals, not nursing managers, are in control and "order nursing management resources and so they cannot do what they are trained for." Other comments involved the importance of a manager raising and discussing ethical issues in patient care and stressed that "it is very difficult to make changes at work."

Additional comments dealt with the relationships of health providers at work and here the relationship of nurses and doctors stood out as important. Comments were when "a doctor responded to patients with very condescending and provoked manner. . . nurse felt the situation very difficult and frustrated and intense stress and conflict", "nurses do not feel more power because caring is multi-professional", "a good relationship between the doctors and nurses improves the quality of care", "more cooperation is needed between health care professionals concerning patient's care" and "a good atmosphere at work is key to quality care." Other comments were "a nurse can bring a new perspective in the care of patients if they are considered as equal to other health care professionals; nurses can bring new views on protections of the patients' rights" and "physicians are quite far away from patient's everyday life and so the decisions are not so often reasonable to put into practice." The general view expressed was that doctors should work more cooperatively with nurses and listen to them in making some decisions about patients.

Overarching themes related to improving both their work conditions as nurses and the quality of care for patients. Thus, there were several comments on following the ICN EC and protecting the HR of patients with specific examples. Other comments focused on how nurses could improve their competence through education and learning from a variety of sources including non-governmental organizations, nursing research, evidence-based care, patient organizations, and sharing work and ethical/HR issues at work and having the time to do this.

4. DISCUSSION

4.1 Summary of main findings

Although participants mentioned a few difficulties, they were able to understand the vast majority of HR material, and there were no negative comments about HR being included in ethics courses or in nursing curricula. Participants were able to apply HR to their work, especially in their commitment to provide quality care to patients. Participants' responses to Question 1 demonstrated that most learned a great deal about HR and ethics and why they are HR workers. Question 2 responses showed they can identify and distinguish similarities and differences between HR and ethical principles. Question 3 reinforced their knowledge of the HR of both patients and health care providers. Question 4 indicated that participants agreed that HR material should be included in their ethics courses. From Question 5 we learned that participants were highly motivated to provide good care and wished that nurses who are highly experienced in care-giving had more power to influence health policy.

4.2 Findings' relation to other studies

Consistent with other studies,[24,29] findings showed that studying HR raised participants' awareness of HR in patient care and HR in general and increased their knowledge of how to help patients who are in vulnerable situations. Nurse participants understood this vulnerability and were motivated to provide high quality care for all. Participants emphasized that both HR principles and EC guide nurses to help their patients and communities realize their right to health which means the "right to the highest attainable standard of health" as defined in international documents.[24,44] A literature review of the concept 'equality' found it to be central to nursing ethics and that this concept is complex at a functional level and has yet to be achieved in practice.[65] Similarly, participants of this study described the importance of treating patients with equality, dignity and respect and provided examples where HR were not realized in practice.

Participants stressed that their right to non-stressful and safe working conditions was a barrier to providing quality care. Research about Finnish nurses found problematic factors were excessive workloads with high patient-to-nurse ratios, the broad description of nurses' work, limited possibilities to influence work policy, and a lack of managerial support[66] Consistent with other studies of Finnish nurses, participants were concerned about factors that cause them stress and consequently, affect the quality of care.[67,68] Although research found that Finnish nurses report slightly positive job satisfaction, the highest component of this satisfaction was related to motivating factors such as finding their work interesting, challenging, and receiving feedback from patients.[68,69] Nurses were least satisfied with work factors such as inappropriate work load, inadequate staff, and stressful situations; especially important to note is that nurses who reported the highest job satisfaction were those who considered their units to provide excellent care.[69–74]

A majority of participants thought nurses should have more power and input into decisions about their working conditions. Other research[75,76] focusing on empowerment has found that when nurses feel they have some control and power, they provide better care and have higher job satisfaction. Further, participants wanted nurses who have a long experience in patient care to have more influence in health

policy and patient advocacy. They were convinced that this influence and advocacy would lead to better realization of HR for nurses and patients. This study raises questions for nurses to consider at work, with the media, and in their professional organizations: Should they be involved in politics to have more impact on health policy? Should nurses, as the literature review and our participants supported, be more active advocates for the HR of their patients and community? How can nurses be expected to do more when they are already overburdened with work responsibilities?

4.3 Strengths and limitations

Participants had a long period to reflect on and give thoughtful consideration to their assignment questions. This may have positively influenced their engagement in the subject and, therefore, they could provide rich data. Participants were working as a nurse while taking the course, and this may have helped them to provide real-life descriptions about HR issues. The lack of generalizability of findings due to its convenience sample is a major limitation of this study. A second weakness is that the English language requirement may have hindered some Finnish students' ability to fully express their views.

4.4 HR material for nurse educators

For those interested in teaching about HR, there is a wealth of material available. The material for the course described here is a good start, and we will gladly provide this with additional references. One book, *Democratic Institutions and Human Rights, Guidelines for Human Rights Education for Health Worker*,[77] contains information about curricula, textbook and support materials, assessment and evaluation and several pages of references. Because the course we taught was online, teaching methods were limited. Tibbitts[78] presents models of HR teaching and describes excellent tested techniques that involve active participation and student engagement for in-class teaching. Another publication, *World Programme for Human Rights Education, Second Phase, Plan of Action*[79] focuses on how to implement HR courses in higher education for various vocations including health professionals.

5. Conclusion

The nurses in our sample were highly supportive of learning about HR. They were able to apply HR principles to their work and acknowledged connections between these principles and providing quality care. More research is needed to examine how other samples of nursing students evaluate HR content in their courses. We encourage educators to include HR material in their courses and report their findings for nurse administrators and policy makers. Knowledge about HR can prepare graduates to be advocates for patients and inform the public about HR-based policy and practice.

Conflicts of Interest Disclosure

The authors have no competing interests.

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