

# The relationship between nurses' conscientious intelligence levels and care behaviors: A cross-sectional study

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## Abstract

**Background:** Nurses are the main protectors of goodness, honesty and morality in patient care. Conscience allows nurses to be understanding and careful while they provide patient care. In this research the researcher aimed to determine the relationship between conscientious intelligence levels and caring behaviours of nurses and to determine the factors affecting the conscientious intelligence levels and caring behaviours.

**Methods:** This research designed as a descriptive, cross-sectional and correlation study included 314 nurses working at three hospitals in eastern Turkey. The data were collected by the researcher at a time when the nurses were available and not working. Written and oral informed consent was obtained from all the participants.

**Results:** A moderate significant positive correlation was observed between conscientious intelligence levels and caring behaviours of nurses. The length of service in nursing, sex and being pleased with the nursing profession were associated with conscientious intelligence levels and caring behaviours.

**Conclusion:** At the end of this research, it was determined that nurses with high conscientious intelligence had better caring behaviours. Although it is very important for nurses to be knowledgeable of and competent at providing care, taking their conscience into consideration in the care of his or her patients is more important. If a nurse is not pleased with the nursing profession, his or her behaviour should be monitored when he or she provides care for the patient. Persons without conscientious values should not be accepted into the nursing profession.

## Keywords

Conscience, intelligence, nursing, caring, quality of care

## Introduction

Nursing is a profession that has its roots in human needs; therefore, it dates back to as far as human existence.<sup>1</sup> The only thing that has not changed since the existence of nursing is the delivery of care. Care is the fundamental aspect of nursing practices, and the importance of care in the rapidly developing health care sector is increasing day by day.<sup>1</sup> Compliance with the professional and ethical standards while providing care to patients is very important to protect the health and dignity of people.<sup>2</sup> Care provided by nurses is guided by several characteristics such as their conscience, critical thinking skills, ethical values and perspective of life. Conscience plays an important role in these individual characteristics.<sup>3</sup>

Conscience is a mental process that tries to preserve the individuality and integrity of an individual by warning the individual against violations of the

professional and ethical values.<sup>4</sup> Moreover, conscience warns us that our personal and professional values, beliefs, ethics or standards may be threatened by the problems or circumstances we face.<sup>3</sup> Nurses are able to seek their conscience because they believe their conscience directs them to take the right action in situations where they are experiencing uncertainty, and they can use their conscience as a guide during ethical decision-making processes.<sup>5,6</sup>

In various studies conducted with the participation of nurses, “being conscientious” is considered as an

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indicator of professionalism to provide good patient care, and conscience is observed as an incentive force for patient care, limiting factor for bad behaviour and solution to the problems of patients perceived to be difficult.<sup>7,8</sup> Nurses are the main protectors of goodness, honesty and morality in patient care. Nurses need to constantly seek their conscience to continuously maintain patient care at the highest possible quality.<sup>6,9</sup> This is because conscience reduces poor-quality practices in patient care.<sup>3,10</sup> Conscience enables nurses to be understanding and careful while providing patient care.<sup>10</sup> Therefore, to provide better quality care, we need to investigate the effect of conscience on nursing activities.<sup>11</sup> Particularly, for those who ignore their conscience and consider nursing only as a profession, their level of conscientious intelligence should be increased via in-service trainings to ensure that they continue working in the nursing profession, or they may need to be suspended from the profession. The situations wherein nurses experience conscientious stress and blunt their conscience leads to professional burnout.<sup>5,6</sup> The quality of care provided by nurses who experience professional burnout also decreases.<sup>9,12</sup> Although conscience is important in the nursing profession, very few studies have focused on this topic.<sup>8</sup> This can also be an important reason for the decrease in quality of care.<sup>13</sup> Qualitative studies have examined the effect of conscience on caring behaviour in nursing.<sup>8,13</sup> Different societies can translate conscience according to their culture and religion, which leads to various influencing factors. Therefore, it is necessary to investigate conscience in different societies with different cultures and religions.<sup>14</sup> The conscientious intelligence levels of nurses were not evaluated from such a point of view in earlier research. The research question for this study was: ‘What is the relationship between nurses’ conscientious intelligence levels and care behaviours?’ It is hoped that the findings from this study can be used in better understanding the relationship between the nurses’ care behaviours and conscientious intelligence levels. If we can better understand this relationship, we can achieve better quality of care by improving nurses’ caring behaviours. For this reason, this relationship is very important.

## Methods

### *Study design and setting*

This descriptive, cross-sectional and correlation study was conducted with nurses who actively worked at three hospitals in eastern Turkey between July 2019 and December 2019. The phrase “Actively working nurses” refers to nurses who come to the hospital and work regularly. The study was carried out in

accordance with the Helsinki Declaration. Before the study was conducted, the approval was obtained from the Clinical Research Ethics Committee of Erzincan Binali Yildirim University in Turkey (dated 05.14.2019 and numbered 33216249–604.01.02-E.24,309). Before filling the research forms, participants were verbally informed about the research, and they were told that they could withdraw from the study at any time. Also, written and verbal informed consent was obtained from all the participants. The nurses in this research agreed to participate in the study voluntarily.

### *Exclusion and inclusion criteria*

Inclusion criteria were defined as being able to communicate and having a nursing education, whereas exclusion criteria were defined as incomplete data in the questionnaires and reluctance to continue participating in the research. In addition, nurses who were on unpaid leave, sick and at rest were not included in this study.

### *Sampling and study respondents*

The population of the study consisted of 600 nurses working at three hospitals. The sample size was calculated by a statistician using the Power Analysis & Sample Size (PASS version: 11.0.10) statistical program. The sample size requirement for one correlation test was calculated as 321 (power = 90%, alpha = 0.05). Using simple random sampling, 321 nurses were selected from three hospitals (107 nurses from each hospital). All nurses working at three hospitals were listed by their last names and random numbers were chosen from among them. Seven of 321 nurses were excluded from the study because of missing/incomplete responses to survey questions. The researcher did not include the missing data. After those excluded from the study, the study was completed with the remaining 314 nurses.

### *Data collection tools*

The data were collected using the “Personal Information Form”, “Conscientious Intelligence Scale” (CIS) and “Caring Behaviours Scale” (CBS) which the nurses were asked to complete.

The personal information form comprises the 10 questions four of which were on socio-demographic characteristics such as age, sex, educational status and length of service in the profession and six of which on being pleased with nursing, wanting to quit nursing, perceiving nursing only as a job, knowing the Florence Nightingale Pledge (Hippocratic oath for nurses) and being faithful to the oath. Furthermore, an open-ended question on “What are your views on

the significance of conscience in nursing care?" is included in the form.

The CIS, a five-point Likert-type scale, developed by Akti et al.<sup>15</sup> comprises 32 items and seven sub-dimensions. The sub-dimensions of the scale are ethical values (five items), moral sensitivity (five items), responsibility to the creator (four items), mercy (five items), conscious awareness (five items), social sensitivity (four items) and wisdom (five items). As the total score obtained from the scale increases, so does the level of conscientious intelligence.

The CBS developed by Wu et al.<sup>16</sup> is the short form of Caring Behaviours Inventory-42 developed by Wolf et al.<sup>17</sup> that is suitable for bidirectional evaluation of patients and nurses.<sup>16</sup> The scale is designed to assess the nursing care process. Caring Behaviours Scale-24 (CBS-24) is used for self-assessment of nurses and to compare patient perceptions.<sup>16</sup> In addition, the scale is used to evaluate nursing care (caring behaviours in listening, training, decision-making including the patient) before and after surgical intervention.

### *Validity and reliability*

Akti et al. found the internal coefficient of consistency of the CIS as 0.86.<sup>15</sup> The scale, specifically developed for the Turkish culture and applicable to nurses, is a valid and reliable tool. In our study, Cronbach's  $\alpha$  coefficient value was 0.84 for the CIS.

The validity and reliability study of the CBS-24 for the Turkish culture was conducted in 2012.<sup>18</sup> This six-point Likert-type scale comprises four sub-dimensions and 24 items as follows: assurance (eight items), knowledge and skills (five items), being respectful (six items) and commitment (five items). The higher the score is, the better the nurses' caring behaviour is. In Kursun and Kanan's study, Cronbach's  $\alpha$  coefficient was 0.96 in the nurse group.<sup>18</sup> In our study, Cronbach's  $\alpha$  coefficient value for the CBS-24 was 0.97.

### *Data collection*

The data were collected by the researcher at a time when nurses were on shift. The study was conducted with nurses of three hospitals in a province located in the eastern part of Turkey. The researcher collected the data from the nurses four days a week through face-to-face interviews. During data collection, the respondents were not given the questionnaire to fill in at their convenience; this was to avoid influence from the co-respondents. The researcher interviewed each nurse for 15–20 minutes and collected the data herself.

### *Data analysis*

Statistical analysis in the study was performed by a statistician. Statistical analyses were performed using the IBM SPSS for Windows (SPSS Statistics Base v23, IBM). When the Boxplot was examined, there were two outliers for the CBS and three for the CIS. As there were five extreme values in the study, it was determined that the normality distribution was distorted and when these extreme values were removed, the data were normally distributed. As five data of 314 were outliers, and these constituted <5% of the total data, they were excluded from our research. Accordingly, the skewness and kurtosis values for both scales were between  $-2$  and  $+2$ ; therefore, the data was normally distributed. Cronbach's coefficients (for the internal consistency of the scale items) were used for evaluating the data. P values of  $<0.05$  were considered to be statistically significant. Numbers, percentages, arithmetic mean and standard deviation were used as descriptive statistics. Independent sample's t test was used to compare the sociodemographic data and the Pearson's correlation analysis was used to evaluate the correlation between the scales.

## **Results**

### *Characteristics of the participants*

The mean age of the nurses was  $30.29 \pm 7.55$  (min: 19; max: 58) years. Of them, 83.5% were women, 77% had a bachelor's degree and 43.7% had work experience ranging between 1 and 5 years, 67% were pleased with nursing profession, 63.1% did not perceive nursing only as a job to make money and 79% knew the Florence Nightingale Pledge (Table 1).

### *Mean scores of CIS, CBS-24 and their sub-dimensions*

The analysis of the mean CIS and CBS-24 scores of the nurses revealed that the highest mean score was obtained from the compassion sub-dimension ( $21.66 \pm 3.32$ ). The sub-dimension scores of CBS-24 were close to each other, and the highest score was obtained from the knowledge and skills sub-dimension ( $5.29 \pm 0.80$ ; Table 2).

### *Relationship between conscientious intelligence levels and caring behaviours of the nurses*

When the relationship between conscientious intelligence levels and caring behaviours of the nurses was examined, a moderate positive correlation was observed ( $r=0.403$ ,  $p<0.01$ ). There was a negative correlation between being faithful to the Florence

**Table 1.** Sociodemographic characteristics of participants (n = 309).

Demographic characteristics	n	%
<b>Educational status</b>		
High school	51	16.5%
University	238	77.0%
Graduate Degree	20	6.5%
<b>Sex</b>		
Female	258	83.5%
Male	51	16.5%
<b>Length of service in the profession (years)</b>		
<5	135	42.7%
5–9	70	22.7%
10–14	38	12.3%
15–19	17	5.5%
>19	49	15.9%
<b>Loving nursing</b>		
Yes, I do	207	67.0%
No, I do not	36	11.7%
Indecisive	66	21.4%
<b>Choosing the nursing profession willingly</b>		
Yes, I chose nursing willingly	208	63.3%
No, I chose nursing unwillingly	101	33.7%
<b>Knowing the Florence Nightingale Pledge</b>		
Yes, I know it	244	79%
No I do not know it	28	9.1%
I know it partially	37	12%
<b>Being faithful to the oath</b>		
Yes	271	87.7%
No	17	5.5%
Indecisive	21	6.8%
<b>Seeing nursing only as a job to make money</b>		
Yes	40	12.9%
No	195	63.1%
Indecisive	74	22.9%

Nightingale Pledge and the CIS scores ( $r = -0.117$ ,  $p < 0.05$ ; Table 3).

### *Sociodemographic characteristics of the nurses and the mean scores they obtained from the CIS and CBS-24*

There was a significant difference between the mean score obtained from the “responsibility to the creator” sub-dimension of the CIS by the nurses who willingly chose the nursing profession and that obtained by those who did not ( $p < 0.05$ ). The mean scores obtained from the overall CIS total and its ethical values sub-dimension by the female participants were significantly higher than were those obtained by the male participants. According to the Least Significant Difference (LSD) advanced analysis, the nurses who were pleased with their profession obtained significantly higher mean scores from the overall CBS-24, and its

**Table 2.** Distribution of the mean scores of participants (n = 309).

Variables	Min–Max	Mean±SD
<b>Conscientious Intelligence Scale</b>		
Ethical values	7.0 – 25.0	20.24 ± 3.678
Moral sensitivity	6.0 – 25.0	21.44 ± 3.89
Responsibility to the creator	4.0 – 20.0	16.07 ± 3.13
Mercy	6.0 – 25.0	21.66 ± 3.32
Conscious awareness	5.0 – 25.0	20.52 ± 2.80
Social sensitivity	8.0 – 20.0	16.91 ± 2.33
Wisdom	4.0 – 20.0	16.06 ± 2.61
<b>Caring Behaviour Scale</b>		
Assurance	2.38 – 6.0	5.05 ± 0.84
Knowledge and skills	2.0 – 6.0	5.29 ± 0.80
Being respectful	2.0 – 6.0	4.94 ± 0.83
Commitment	2.60 – 6.0	4.85 ± 0.87

commitment to the profession and being respectful sub-dimensions than did the nurses who were not sure whether they were pleased with their profession. A significant difference was observed in the CIS responsibility to the creator sub-dimension scores as the length of service in the profession increased (Table 4).

### *Thoughts of the nurses about the significance of conscience in nursing care*

Most common responses to the question “What do you think about the significance of conscience in nursing care?” were as follows: “Conscience is at the core of the nursing profession”, “A nurse has to be conscientious and compassionate”, “Without conscience, nursing cannot be performed”, “Conscience in nursing is associated with empathy because the person in the sick-bed could have been your mother, father or someone you loved; therefore, empathy is related to conscience” and “I think a lot about how it will affect my conscience before I perform any practice”.

### **Discussion**

A moderate significant positive correlation was observed between the conscientious intelligence levels and caring behaviours of the nurses. Conscience is one of the fundamental concepts of nursing ethics<sup>8</sup> which forms the basis of nursing, ensures continuity of patient care and positively affects nursing practices. The participants in the present study stated that conscience is a concept at the core of nursing, nursing profession cannot be performed without conscience and conscience is associated with empathy. In a qualitative study, a nurse stated what she experienced while caring for her patients in intensive care as follows:

**Table 3.** Relationship between conscientious intelligence levels and caring behaviour scales and certain characteristics of nurses (n = 309).

	Conscientious Intelligence Scale	Caring Behaviours Scale	Being faithful to the oath	Seeing nursing only as a job to make money
Conscientious Intelligence Scale	1.00	$r^* = 0.403$	$r^{**} = -0.117$	–
Caring Behaviours Scale	$r^* = 0.403$	1.00	–	$r^* = -0.168$
Being faithful to the oath	$r^{**} = -0.117$	–	1.00	–
Seeing nursing only as a job to make money	–	$r^* = -0.168$	–	1.00

\* $p < 0.001$ ; \*\* $p < 0.05$ ;  $r$  = Pearson's correlation.

“Even her breathing depends on you, she has no consciousness, she can't even lift a finger. You sit alone with your conscience.”<sup>19</sup> In such a situation, conscience comes into play in nursing care. Conscience involves decision-making in a moral manner according to the best of one's ability.<sup>20</sup> In another study, the participating nurses defined conscience as follows: “A force that allows us to distinguish what is right or wrong, and then pushes us to act accordingly.”<sup>21</sup> Conscience acts as an incentive factor to perform appropriate nursing practices while prohibiting false practices.<sup>22,23</sup> To do the right thing, nurses try to maintain balance in care by considering patient rights, professional obligations and their own consciences.<sup>20</sup> The conscience of a nurse plays a crucial role in professional practices, patient care decision-making processes and informing patients.<sup>8</sup> Nurses are the main protectors of morality, goodness, honesty and ethical principles in patient care.<sup>4</sup> Nurses spend the most time with patients during the day, and witness the patients' activities daily of living such as eating, drinking, suffering pain and movement as well as their emotional aspects. Nurses are professionals who are closest to the physiological condition of patients and to their values systems and culture. Nurses who are in such close proximity with patients need to be adequately supported to provide care while taking their conscience into account.<sup>8</sup>

In a qualitative study conducted in Iran, conscience was a guiding factor to ensure quality care in nursing practice.<sup>13</sup> In other studies, nurses often resorted to their conscience to not harm patients.<sup>12,24</sup> In a study conducted in Turkey, conscientious stress arises in health workers who did not listen to their conscience or were forced not to listen to their conscience during professional practice, and thus, they experience professional burnout.<sup>25</sup> The quality of care given by nurses experiencing professional burnout decreases.<sup>9,12</sup>

Nurses take on roles and responsibilities at all phases of life from birth to death and at any point of health-illness and death scenarios.<sup>26</sup> In addition to these functions, nursing is one of the professions predominated by women all over the world. Nursing, which began with the existence of humanity, has been

identified with the caring, healing role of a woman and the self-sacrifice inherent in her nature.<sup>27</sup> In the present study, the level of conscientious intelligence of the women was significantly higher than that of the men. In a study, it was determined that sex affected the level of conscientious intelligence<sup>28</sup> and that women had higher conscientious intelligence levels.<sup>29</sup> Thus, there is a need for further research on this subject.

In the present study, there was a significant correlation between the length of service in the profession and conscientious intelligence levels and caring behaviours. When a nurse begins his or her professional life, his or her conscientious intelligence level and caring behaviour scores are high. It can be thought that nurses starting the profession act more based on their conscience, and as years pass, their conscience is weakened due to the negativity they experience, ultimately leading to professional burnout. In a qualitative study, nurses who just started their professional life required more support, and if they were not supported, they began to ignore the needs of the patient, and their consciences.<sup>13</sup> Prospective studies are needed on this subject, and conscientious intelligence levels of nurses should be followed-up over the years.

A negative correlation was observed in the present study between being faithful to the Florence Nightingale Pledge and conscientious intelligence levels of the nurses. Throughout history, members of a profession have taken oaths to build confidence in the profession and to secure themselves; this introduces a conscientious responsibility.<sup>30</sup> There have been times when oaths, beginning as a tradition in ancient times, were considered as important as the law. Professions have unique values and ethical principles, and members of these professions behave in line with these values and principles. Considered as the first ethical codes of nursing, Florence Nightingale Pledge is an important guide for nurses.<sup>31</sup> The Florence Nightingale Pledge emphasises that there is a fundamental respect for individuals; individuals are given the freedom to choose, nurses should avoid giving harm to the individual, they should do good and avoid evil, they should not disclose private or confidential information, and they should

**Table 4.** Certain characteristics of nurses and average scores between Conscientious Intelligence Scale and Caring Behaviours Scale (n = 309).

Certain characteristics of nurses	Conscientious Intelligence Scale					Caring Behaviour Scale					Total		
	Ethical values	Moral sensitivity	Responsibility to the Creator	Mercy	Conscious awareness	Social sensitivity	Wisdom	Total	Assurance	Knowledge and Skills		Being respectful	Commitment
<b>Gender</b>													
Female (258)	20.48 ± 3.44	21.50 ± 3.75	16.06 ± 3.02	21.78 ± 3.28	20.62 ± 2.71	16.97 ± 2.29	16.19 ± 2.63	134.18 ± 14.44	5.04 ± 0.80	5.32 ± 0.77	4.96 ± 0.78	4.86 ± 0.85	5.04 ± 0.73
Male (51)	19.07 ± 4.53	21.13 ± 4.54	16.07 ± 3.69	21.05 ± 3.47	20.01 ± 3.20	16.62 ± 2.56	15.41 ± 2.41	129.41 ± 17.84	5.07 ± 1.02	5.15 ± 0.90	4.83 ± 1.05	4.84 ± 0.97	4.98 ± 0.95
t test	2.092	0.621	-0.16	1.424	1.399	0.974	2.078	2.070	-200	1.365	0.964	0.106	0.412
p value	<b>0.041</b>	0.535	0.988	0.155	0.163	0.331	<b>0.041</b>	<b>0.039</b>	0.842	0.173	0.336	0.916	0.682
<b>Educational Status</b>													
High school (51) <sup>(a)</sup>	20.54 ± 3.74	20.25 ± 5.50	15.01 ± 4.16	20.98 ± 4.95	21.03 ± 2.58	17.25 ± 2.84	16.43 ± 2.34	133.09 ± 15.46	5.12 ± 0.82	5.51 ± 0.51	5.01 ± 0.83	4.93 ± 0.94	5.13 ± 0.72
University (238) <sup>(b)</sup>	20.15 ± 3.73	21.65 ± 3.50	16.25 ± 2.94	21.84 ± 2.91	20.36 ± 2.90	16.85 ± 2.26	16.02 ± 2.66	133.42 ± 15.44	5.04 ± 0.84	5.24 ± 0.86	4.93 ± 0.82	4.86 ± 0.84	5.02 ± 0.78
Graduate	20.65 ± 2.71	22.00 ± 2.75	16.55 ± 1.43	21.30 ± 2.61	21.00 ± 1.80	16.80 ± 1.76	15.55 ± 2.66	133.85 ± 10.34	4.96 ± 0.85	5.41 ± 0.51	4.80 ± 0.94	4.61 ± 1.00	4.94 ± 0.80
Degree (20) <sup>(c)</sup>													
F value	0.371	2.974	3.572	1.539	1.513	0.634	0.911	0.019	0.295	2.696	0.498	1.006	0.625
p value	0.690	<b>0.050</b>	<b>0.029</b>	0.216	0.222	0.331	0.403	0.981	0.745	0.069	0.608	0.367	0.536
Difference (LSD analysis)	-	c > b, a,	c > b, a	-	-	-	-	-	-	-	-	-	-
<b>Nursing Experience (years)</b>													
1-5 (135) <sup>(b)</sup>	20.48 ± 3.56	21.91 ± 3.16	16.55 ± 2.68	21.91 ± 2.89	20.90 ± 2.94	17.26 ± 2.20	16.05 ± 2.65	135.09 ± 13.88	4.98 ± 0.96	5.27 ± 0.91	4.97 ± 0.88	4.89 ± 0.89	5.01 ± 0.86
5-9 (70) <sup>(b)</sup>	19.81 ± 4.38	20.92 ± 4.21	15.31 ± 3.39	21.40 ± 3.44	19.94 ± 3.08	16.37 ± 2.24	15.88 ± 2.88	129.70 ± 18.98	4.86 ± 0.75	5.20 ± 0.72	4.63 ± 0.80	4.55 ± 0.91	4.81 ± 0.71
10-14 (38) <sup>(c)</sup>	20.81 ± 2.16	21.52 ± 4.79	15.57 ± 3.62	21.57 ± 3.74	20.78 ± 1.80	16.76 ± 2.14	16.26 ± 1.68	134.89 ± 14.03	5.31 ± 0.75	5.38 ± 0.72	5.17 ± 0.79	5.07 ± 0.83	5.24 ± 0.75
15-19 (17) <sup>(d)</sup>	19.58 ± 5.32	21.70 ± 2.56	13.94 ± 3.97	20.70 ± 2.54	19.17 ± 2.24	17.11 ± 2.05	15.11 ± 2.73	127.35 ± 11.98	4.97 ± 0.75	5.08 ± 0.84	4.84 ± 0.68	4.90 ± 0.69	4.94 ± 0.68
> 19 (49) <sup>(e)</sup>	20.02 ± 3.11	20.75 ± 4.72	16.93 ± 2.63	21.73 ± 4.09	20.55 ± 2.60	16.79 ± 2.90	16.51 ± 2.63	134.93 ± 12.95	5.34 ± 0.56	5.49 ± 0.56	5.15 ± 0.65	5.01 ± 0.74	5.26 ± 0.54
F value	0.787	1.203	5.227	0.670	2.484	1.831	1.051	2.412	3.651	1.431	4.218	3.255	3.300
p value	0.534	0.309	<b>0.000</b>	0.613	<b>0.044</b>	0.123	0.381	<b>0.049</b>	<b>0.006</b>	0.224	<b>0.002</b>	<b>0.012</b>	<b>0.011</b>
Difference (LSD analysis)	-	-	e > b, c, d	-	a > b, d	-	-	a > b, d	e > a, b, d	-	e > a, b, d	e > a, b, d	e > b, d
<b>Loving nursing</b>													
Yes (207) <sup>(a)</sup>	20.11 ± 3.83	21.29 ± 4.18	16.18 ± 3.07	21.67 ± 3.52	20.42 ± 2.70	17.06 ± 2.30	16.17 ± 2.63	133.63 ± 15.72	5.14 ± 0.76	5.36 ± 0.75	5.03 ± 0.79	4.95 ± 0.86	5.12 ± 0.73
No (36) <sup>(b)</sup>	21.11 ± 2.38	22.36 ± 3.79	16.05 ± 3.10	21.86 ± 3.50	21.55 ± 2.82	17.16 ± 2.47	16.66 ± 2.59	136.77 ± 14.29	5.03 ± 0.74	5.35 ± 0.66	4.80 ± 0.72	4.76 ± 0.78	4.98 ± 0.67
Indecisive (66) <sup>(c)</sup>	20.19 ± 3.73	21.40 ± 2.84	15.71 ± 3.73	21.51 ± 2.51	20.27 ± 3.00	16.33 ± 2.30	15.37 ± 2.44	130.81 ± 13.35	4.77 ± 1.05	5.04 ± 0.96	4.73 ± 0.95	4.61 ± 0.90	4.78 ± 0.92
F test	1.132	1.146	0.576	0.130	2.875	2.691	3.479	1.893	4.855	4.217	3.741	4.063	4.755
p value	0.324	0.319	0.563	0.878	0.058	0.069	<b>0.032</b>	0.152	<b>0.008</b>	<b>0.016</b>	<b>0.025</b>	<b>0.018</b>	<b>0.009</b>
Difference (LSD analysis)	-	-	-	-	-	-	b > a > c	-	a > b > c	a > c	a > b > c	a > b > c	a > b > c

keep in mind the importance of providing fair, equal, appropriate treatment and care to everyone.<sup>32</sup> If a nurse is not faithful to the Florence Nightingale Pledge when graduating, this suggests that she/he is experiencing conscientious stress. There is a need to conduct more detailed studies to understand the extent to which nurses consider being faithful to the Florence Nightingale Pledge.

In the present study, a negative correlation was observed between the nurses' perceiving nursing only as a way of monetary gain and caring behaviours. Mean caring behaviour scores of nurses who perceived nursing only as a way of monetary gain were low. In another study, the statements of a nurse are as follows: "I empathise, we approach the patient by putting ourselves and our parents in the patient's place, we would be very cruel if we approached it as making money, we do much more than the required care of the patient."<sup>19</sup> Performing the nursing profession only to make money can be one of the situations that reduce conscience.

In the present study, the mean caring behaviour scores of the nurses who were pleased with their profession were higher than were those of the nurses who were not pleased with their profession. Nurses are pleased with their profession and who are happy assume a more conscientious approach and accurately solve the existing problems of their patients.<sup>32</sup> It can be argued that not being pleased with the profession and therefore being unhappy can influence the care provided by nurses.

## Conclusion

At the end of this research, it was determined that nurses with high conscientious intelligence had better caring behaviours. Although it is very important for nurses to be knowledgeable of and competent at providing care, taking their conscience into consideration in the care of his or her patients is more important. If a nurse is not pleased with the nursing profession, his or her behaviour should be monitored when he or she provides care for the patient. Persons without conscientious values should not be accepted into the nursing profession.

## Implications/recommendations

Topics such as conscientious intelligence and listening to your conscience while providing care should be included in in-service training programmes provided to nurses. It was determined that conscience education developed the ability of nurses to provide spiritual care. Accordingly, it is predicted that regular conscientious intelligence education will improve nurses' caring

behaviours, increase the satisfaction of patients, shorten the duration of hospitalisation and improve their overall quality of life. In addition, efforts should be taken so that nurses become pleased with their profession.

## Limitation of the study

Because the present study was conducted in three hospitals, the results obtained from this study are applicable only to the nurses surveyed and they cannot be generalized to all nurses.

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