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# THE RELATIONSHIP BETWEEN CONSCIENTIOUS INTELLIGENCE AND ORGANIZATIONAL IDENTIFICATION IN NURSES, TURKEY

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## ABSTRACT

To determine the relationship between conscientious intelligence and organizational identification in nurses. This descriptive correlational study was conducted in a private hospital in Ankara. 223 nurses were recruited using the simple random sampling method. Data were collected with a personal information form, the Conscientious Intelligence Scale, and the Organizational Identification Scale. Data were analyzed using SPSS 20 statistics program. Kruskal Wallis variance analysis, multiple linear regression, and correlation analysis were used to analyze the data. There was a linear positive medium level relationship between the Organizational Identification Scale and the total and sub-dimensions of the Conscientious Intelligence Scale. The Conscientious Intelligence Scale (with *job tenure* and *shift style* subdimensions) explains 26.6% of the Organizational Identification Scale. The Conscientious Intelligence Scale ($\beta$ = 0.477) has more effect on the Organizational Identification Scale than other variables. The total scores of the nurses on Conscientious Intelligence Scale and Organizational Identification Scale were above average. Overall job tenure, tenure at the organization, and the level of conscientious intelligence among nurses increase organizational identification.

**KEYWORDS:** Conscientious intelligence, organizational identification, nurse.

## INTRODUCTION

Conscience is defined as the inner feeling of what is right and what is wrong, or it is defined as the feeling of guilt when the person perceives some action as the right thing to do and does not act accordingly (1). In other words, it is the power that is assumed to exist in every individual, that pushes people to make a judgment about their own behavior, and enables individuals to make direct and spontaneous judgments about their own moral values (2). Conscience is the task of judging people's their own intentions and actions. It is for this reason that the element that forms the basis of the concept of conscience is the actions or plans of human beings. In the concept of conscience, which is also defined as an "inner voice", the source of this voice is accepted as God, society, an authority, and self(3, 4) .

Conscience, which reaches a judgment using the concept of "good or bad" as a criterion, cannot be considered independent of moral values. This mechanism cannot be considered independent of humans' inner world (5, 6). The power that directly distinguishes between good and bad is the intelligence of a person, whose inner world is shaped by universal, moral, and ethical values (7). Intelligence, which has wide and deep dimensions and plays a key role in lifelong learning, is the capacity to produce a product that finds value in one or more cultures; it includes the ability to produce effective and efficient solutions to the problems faced in real life, and the skills required to adapt to an environment (8). Intelligence is an element accompanying conscience. Thus, good and bad are determined through ethical and social rules. Aktı et al. (9) discussed the relationship between intelligence and conscience in seven categories: ethical values, moral sensitivity, responsibility towards the creator, compassion, conscious awareness, social sensitivity, and wisdom.

Nurses, who play a key role in healthcare and patient care quality, are responsible for implementing methods that improve access to safe and quality healthcare services. In this respect, they are considered as the conscience of the health system (10, 11). This

general acceptance leads them to reason in all their actions, each of which is related to the components of conscientious intelligence. Conscience in nursing is generally perceived as an authority, auto-control, improved sensitivity, a being, a spiritual burden, an inherent, and cultural bond in nursing because the nature of nursing cannot be considered independent of the factors that make human beings human.

Ethical values are a cornerstone that shapes nurses' attitudes and behaviors (10, 12). Moral sensitivity with the ability to act in a way that takes into account the feelings, thoughts, and needs of others; being aware of their responsibilities towards their environment and themselves after they start doing their job; the desire to open oneself to others' sufferings; the compassion to relieve the suffering; a state of deep awareness; the ability to use the knowledge for social benefit; and, the ability to apply knowledge well and put it into practice are the indications that nurses have conscientious intelligence (11, 13). Professional conscience, which is the sum of individual factors, concerns the boundaries of behavior that no healthcare worker or nurse should exceed (14). An employee's commitment to the organization and their effort to protect their integrity is based on the relationship between professional and individual conscience. This issue is also related to the concept of identification, which is an outcome of self-process and internal dynamics of the individual regarding social behaviors (15).

If individuals have a certain level of organizational identification, they will be willing to fulfill the duties in the institution and will try to make more efforts on behalf of the institution (16) because the institution with which individuals identify themselves actually reflects themselves through social identity. Thus, people will be motivated to increase the status of the group or to maintain what exists as they desire to achieve a positive image (17).

In this context, the following questions were posed to determine the relationship between nurses' levels of conscientious intelligence and their organizational identification:

1. What is the conscientious intelligence level of the nurses?
2. Do nurses' individual characteristics affect their level of conscientious intelligence and organizational identification?
3. Is there a relationship between conscientious intelligence and organizational identification levels in nurses?

## MATERIALS AND METHODS

### PURPOSE OF STUDY

The research was conducted to examine the relationship between conscientious intelligence and organizational identification.

### STUDY POPULATION AND SAMPLE

This research was carried out in a private hospital in Ankara, Turkey. Nurses who worked at the hospital for at least one year and volunteered to participate in the study were included in the study. Those who submitted incorrectly filled out and/or incomplete forms were not included in the study. Four hundred and fifty-one nurses who worked in this private hospital for at least one year constituted the universe of the study. Accordingly, the sample was calculated as 203 using the formula of the sampling method whose universe is known with 95% reliability and 0.05 effect size.

$$n = \frac{Nt^2\sigma^2}{d^2(N-1)+t^2\sigma^2}$$

N: 451

σ: 0.98

t: 95% critical value with reliability 1.96

d: 0.1

Using the simple random sampling method, 250 data collection documents were distributed, taking into account the forms that may be returned incomplete/incorrectly filled out. After removing the erroneous and incomplete forms, 223 forms were analyzed. Data were collected between September and November, 2020.

### DATA COLLECTION TOOLS

A socio-demographic information form, the Conscientious Intelligence Scale, and the Organizational Identification Scale were used to collect data.

***SOCIODEMOGRAPHIC DATA FORM:*** The form prepared to identify individual and professional characteristics of the nurses consists of 9 items.

***ORGANIZATIONAL IDENTIFICATION SCALE (OIS):*** The OIS, which was developed by Mael, Ashforth et al. (1992) and whose validity and reliability were tested by Tüzün (2006), was used. The scale consists of six 5-point Likert style items in one dimension. Scale items are between "1" strongly disagree and "5" strongly agree. The Cronbach Alpha value of the scale was determined as 0.780. It was calculated as 0.914 in this study.

***CONSCIENTIOUS INTELLIGENCE SCALE (CIS):*** The CIS developed by Aktı et al. (2017) consists of a total of 32 items in seven sub-dimensions. The scale

measures conscientious intelligence in terms of ethical values, moral sensitivity, responsibility to God, compassion, conscious awareness, social sensitivity, and wisdom. While the lowest score that can be obtained from the scale is 36, and the highest score is 158. Cronbach's alpha coefficient of the scale was determined as 0.851. The total Cronbach's alpha value of the CIS was found to be 0.970, and the sub-dimension of ethical values as 0.742, moral values 0.938, responsibility towards the creator 0.855, compassion 0.974, conscious awareness 0.936, social sensitivity 0.936, and wisdom 0.898. The scale items are 5-point Likert type, scored as "1" strongly disagree, "2" disagree, "3" undecided, "4" agree, and "5" completely agree. In the scale, items 1, 2, 3, 4 and 5 are coded in reverse.

## DATA ANALYSIS

Data analysis was performed using the SPSS 20 package program. Since the parametric test assumptions were not fulfilled, the Kruskal-Wallis test was used when there were more than two groups, and the t-test was used in independent samples, while comparing the similarity of the distributions of organizational identification and conscientious intelligence scale total and sub-dimension scores according to the individual and professional characteristics of nurses. $p < 0.05$ was accepted statistically significant. Multiple regression analysis and correlation analysis were used for examining the relationship between variables.

## ETHICAL ASPECT OF THE STUDY

Approval was obtained from the Lokman Hekim University Non-Invasive Clinical Research Ethics Committee (2020/53 and Code 2020049). Written permission was obtained from the hospital administration where the study was conducted. Nurses invited to the study were informed about the study and gave consent that they were volunteers. Nurses' identity information was not written on the data collection forms.

## RESULTS

Table 1 includes socio-demographic information of the nurses. The study included 223 nurses. The average age of the individuals was 25.32 ± 5.79 years. It was found that 71.75% of the nurses were women and 76.68% were single. Regarding their education levels, 74.44% had a university/postgraduate degree, 11.66% had an associate degree, and 10.76% had a Health Vocational High School diploma. The average job tenure was 5.12 ± 4.67 years and the average tenure at organization was 3.78 ± 3.28 years. It was observed that 60.99% were clinic nurses, 27.35% were surgery nurses, and 26.46% were internal medicine nurses. The results showed that 62.78% worked in 12-h shifts.

| Variables | (n) | (%) |
|---|---|---|
| **Gender** | | |
| Women | 160 | 71.75 |
| Men | 63 | 28.25 |
| **Marital Status** | | |
| Married | 52 | 23.32 |
| Single | 171 | 76.68 |
| **Age** | 25.32±5.79 | |
| **Education Status** | | |
| University/Post-graduate | 180 | 77.58 |
| Associate Degree | 26 | 11.66 |
| Health Vocational High School | 24 | 10.76 |
| **Job Tenure (years)** | 5.12±4.67 | |
| **Tenure at Organization (years)** | 3.78±3.28 | |
| **Title/Position** | | |
| Clinic Nurse | 136 | 60.99 |
| Intensive Care Nurse | 58 | 26.00 |
| Nurse-in-Charge | 27 | 12.11 |
| Head Nurse | 1 | 0.45 |
| Other | 1 | 0.45 |
| **Unit** | | |
| Emergency Room | 22 | 9.87 |
| Operating Room | 21 | 9.42 |
| Surgery Clinic | 61 | 27.35 |
| Internal Medicine Clinic | 59 | 26.46 |
| Polyclinic | 16 | 7.17 |
| Intensive Care | 44 | 19.73 |
| **Shift Type** | | |
| Constant Daytime | 53 | 23.77 |
| Constant Nighttime | 13 | 5.83 |
| Shifts of 12 hours | 140 | 62.78 |
| Shifts of 8 hours | 13 | 5.83 |
| 8 hours daytime and 16 hours nighttime | 4 | 1.79 |

*Mean±Standard Deviation.

***Table 1: Distribution of Nurses by Socio-Demographic Characteristics***

Descriptive statistics of the scale scores are presented in Table 2. OIS mean total score was found to be 3.70 ± 0.98. The mean total score of the CIS was 124.21 ± 25.79. When the sub-dimension mean scores were examined, *ethical values* mean score was 16.25 ± 4.51, *moral sensitivity* 20.78 ± 4.84, *responsibility towards the creator* 15.27 ± 3.80, *compassion* 20.63 ± 5.14, *conscious awareness* 20.19 ± 4.63, *social sensitivity* 15.64 ± 4.00, and *wisdom* 15.46 ± 3.84.

| Scales | Mean | Standard Deviation | Minimum | Maximum |
|---|---|---|---|---|
| **Organizational Identification** | 3.70 | 0.98 | 1 | 5 |
| **Conscientious Intelligence** | 124.21 | 25.79 | 36 | 158 |
| Ethical values | 16.25 | 4.51 | 5 | 25 |
| Moral Sensitivity | 20.78 | 4.84 | 5 | 25 |
| Compassion | 20.63 | 5.14 | 5 | 25 |
| Conscious Awareness | 20.19 | 4.63 | 7 | 25 |
| Responsibility Towards the Creator | 15.27 | 3.80 | 4 | 20 |
| Social Awareness | 15.64 | 4.00 | 4 | 20 |
| Wisdom | 15.46 | 3.84 | 4 | 20 |

***Table 2: Nurses' Conscientious Intelligence Scale Total and Sub-dimension and Organizational Identification Scale Total Mean Scores***

Table 3 presents the relationships of the scales with each other. There is a linear positive moderate relationship between the OIS and the CIS and *moral sensitivity, responsibility towards creator, compassion, conscious awareness, social sensitivity,* and *wisdom* (respectively, r = 0.502, r = 0.414, r = 0.495, r = 0.535, r = 0.509, r = 0.501, r = 0.505, p <0.05).

| Scales | Organizational Identification | Conscientious Intelligence | Ethical Values | Moral Sensitivity | Responsibility Towards Creator | Passion | Conscious Awareness | Social Awareness | Wisdom |
|---|---|---|---|---|---|---|---|---|---|
| **Organizational Identification** | 1.000 | | | | | | | | |
| **Conscientious Intelligence** | **0.502** | 1.000 | | | | | | | |
| Ethical values | 0.003 | **0.434** | 1.000 | | | | | | |
| Moral Sensitivity | **0.414** | **0.898** | **0.336** | 1.000 | | | | | |
| Responsibility Towards the Creator | **0.495** | **0.835** | 0.100 | **0.747** | 1.000 | | | | |
| Compassion | **0.535** | **0.938** | **0.271** | **0.808** | **0.808** | 1.000 | | | |
| Conscious Awareness | **0.509** | **0.921** | **0.230** | **0.806** | **0.765** | **0.880** | 1.000 | | |
| Social Awareness | **0.501** | **0.931** | **0.318** | **0.771** | **0.769** | **0.873** | **0.858** | 1.000 | |
| Wisdom | **0.505** | **0.913** | **0.243** | **0.779** | **0.752** | **0.852** | **0.862** | **0.901** | 1.000 |

***Table 3: The Relationship of the Scales and Subscales***

| Independent Variables | Non-Standardized Constant | | Standardized Constant | t | p | F | Adjusted $R^2$ |
|---|---|---|---|---|---|---|---|
| | B | Standard Error | Beta | | | | |
| Constant | 1.326 | 0.280 | | 4.729 | **<0.001** | 74.381 | 0.248 |
| Conscientious Intelligence | 0.019 | 0.002 | 0.502 | 8.624 | **<0.001** | | |
| Constant | 4.115 | 0.196 | | 20.957 | **<0.001** | 5.131 | 0.018 |
| Gender | -0.327 | 0.144 | -0.151 | -2.265 | **0.024** | | |
| Constant | 4.132 | 0.281 | | 14.704 | **<0.001** | 2.554 | 0.007 |
| Marital Status | -0.247 | 0.155 | -0.107 | -1.598 | 0.111 | | |
| Constant | 3.277 | 0.294 | | 11.129 | **<0.001** | 2.117 | 0.005 |
| Age | 0.017 | 0.011 | 0.097 | 1.455 | 0.147 | | |
| Constant | 3.806 | 0.143 | | 26.557 | **<0.001** | 0.758 | 0.001 |
| Education Status | -0.080 | 0.091 | -0.058 | -0.871 | 0.385 | | |
| Constant | 3.489 | 0.188 | | 18.540 | **<0.001** | 1.367 | 0.002 |
| Income Level | 0.125 | 0.107 | 0.078 | 1.169 | 0.244 | | |
| Constant | 3.503 | 0.096 | | 36.426 | **<0.001** | 7.261 | 0.027 |
| Job Tenure | 0.037 | 0.014 | 0.178 | 2.695 | **0.008** | | |
| Constant | 3.540 | 0.100 | | 35.555 | **<0.001** | 4.270 | 0.015 |
| Tenure at the Organization | 0.041 | 0.020 | 0.138 | 2.066 | **0.040** | | |
| Constant | 3.538 | 0.110 | | 32.200 | **<0.001** | 3.157 | 0.010 |
| Title | 0.088 | 0.050 | 0.119 | 1.777 | **0.077** | | |
| Constant | 3.794 | 0.173 | | 21.909 | <0.001 | 0.384 | 0.000 |
| Unit | -0.027 | 0.043 | -0.042 | -0.620 | 0.536 | | |
| Constant | 3.995 | 0.138 | | 28.927 | **<0.001** | 6.058 | 0.022 |
| Shift Type | -0.108 | 0.044 | -0.163 | -2.461 | **0.015** | | |

***Table 4: The effect of the Conscientious Intelligence Scale and individuals' Characteristic on the Organizational Identification Scale (Simple Linear Regression)***

Table 4 includes the evaluation of the effects of the CIS and individuals' characteristics on the OIS based on the Simple Linear Regression Analysis. The OIS is explained by the CIS 24.8%, gender 1.8%, job tenure 2.7%, tenure at the organization 1.5%, title 1.0%, and shift type 1.5%. One unit increase in the CIS causes an average increase of 0.019 units in the OIS. Multiple Linear Regression Analysis was performed with variables found to be statistically significant in simple linear regression.

| Independent Variables | Non-Standardized Constant | | Standardized Constant | t | p | F | Adjusted $R^2$ |
|---|---|---|---|---|---|---|---|
| | B | Standard Error | Beta | | | | |
| Constant | 1.517 | 0.310 | | 4.891 | **<0.001** | 27.869 | 0.266 |
| Conscientious Intelligence | 0.018 | 0.002 | 0.477 | 8.202 | **<0.001** | | |
| Job Tenure | 0.023 | 0.012 | 0.110 | 1.892 | **0.060** | | |
| Shift Style | -0.070 | 0.038 | -0.105 | -1.815 | **0.071** | | |

***Table 5: The effects of variables on the Organizational Identification Scale (Multiple Linear Regression Analysis - Retrospective variable selection)***

Table 5 contains the effects of the variables on the OIS. The statistically significant variables in Table 4 were added to the model in Multiple Linear Regression Analysis. Analyses were performed using the backward variable selection method. The CIS, job tenure, and shift style explained 26.6% of the OIS. The CIS ($\beta = 0.477$) had more contribution to the OIS than other variables.

## DISCUSSION

In this study, the relationship between nurses' conscientious intelligence and organizational identification levels were investigated. The mean CIS score was found to be 124.21 ± 25.79. In a study conducted in Sweden in which nurses' understanding of the effect of conscience in providing inpatient care was examined, it was determined that nurses regard conscience as an important factor in performing their profession. Furthermore, nurses stated that conscience can be a limiting factor as well as a driving force and a source of sensitivity in their work. They also stated that conscience is an entity that plays a role in the provision of nursing services and it guides their efforts to provide high quality care (18). Wisdom is defined as the use of intelligence, creativity, and knowledge by balancing one's own (internal), interpersonal, and institutional interests (18), and in the present study, the CIS wisdom sub-dimension mean score was found to be high (15.46 ± 3.84). From this point of view, it can be said that nurses with a high level of wisdom will both provide quality patient care and serve the benefit of the institution.

The mean score of the *responsibility towards the creator* sub-dimension of the CIS was found to be high (15.27 ± 3.80). Toroflores et al. found that 55.6% of the nurses were religious. In addition, nurses stated that practices such as embryo selection after preimplantation genetic diagnosis, refusal of the patient to receive blood transfusion for religious reasons, and optional abortion in the first 14 weeks of pregnancy disturbed their conscience (19). In this context, it can be said that belief is a factor that affects the provision of health services.

We found the mean score of the *moral sensitivity* sub-dimension of the CIS above the middle level (20.78 ± 4.84). In a study conducted with intensive care nurses in Switzerland, it was stated that nurses' not providing care according to their own moral values and beliefs may cause moral distress, and it was stated that moral distress would lead to negative consequences for both nurses and patients (20). In another study conducted with nurses, it was found that moral distress was positively associated with the intention of transfer from the unit they work (21). It can be said that moral sensitivity is integrally related to efficient, effective, and attentive care to ensure the well-being of patients.

The *compassion* sub-dimension score of the CIS was close to the average (20.63 ± 5.14). Love and compassion, which are inherent in human beings, are also seen when nurses are performing their job requirements. Nurses stated that the stress they experience in work environment is related to the problems and role in the workplace, and that helping and showing compassion to vulnerable patients increase job satisfaction. Nurses had high levels of compassion satisfaction, while their compassion fatigue levels were low (22). It was found in a similar

study that intensive care nurses with high compassion satisfaction exhibited a moderate/low fatigue profile (23). In addition to the positive effect of compassion on patients, it can be thought as a form of healthy communication and understanding among colleagues. Individuals who feel a sense of compassion in their organization can strengthen their commitment to the organization through the perception that they are valued and cared for. Organizational commitment is the strongest predictor of intention to remain in nursing and provides organizational identification(24-26).

The CIS, job tenure, and shift style explain 26.6% of the OIS. However, compared to other variables, the CIS (β = 0.477) contributes more to the OIS. While nurses working in day shift have a better and stable performance than nurses working in night shift, those working in the night shift experience difficulties with their work performance (27). Based on this, it can be said that daytime employees have a better understanding of business processes and they adopt the organization's mission and values. It can also be said that these nurses are more likely to take responsibility to achieve organizational goals. The higher contribution of conscientious intelligence to organizational identification among all variables reveals the necessity of handling this issue as a driving force in management. Management should take into account the conscientious sensibilities of employees when integrating human resources, policies, and practices in order to increase employees' work commitment and promote organizational identity. This will provide positive results for both the organization and the employees.

## LIMITATIONS

The data are limited to the opinions of nurses working at the hospital in Ankara where the study was carried out.

## CONCLUSION

Among the factors that affect the commitment of nurses to organizational goals and objectives, gender, job tenure, tenure at the organization, shift style, title, and conscientious intelligence levels are quite effective. In fact, the CIS contributes much more than the other variables to the OIS (β = 0.477).

As a result, nurses' own conscientious intelligence levels appear to be important in the formation of their feelings, thoughts, and attitudes towards their profession. It can be said that nurses working with conscientious peace will strengthen their emotional commitment. Thus, their work will be integrated with the goals and objectives of the organization, their loyalty will be strengthened, and they will be identified with the organization. Further studies will contribute to the literature examining the effects of nurses' conscientious intelligence levels on corporate and job performance.

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## CONFLİCT OF INTEREST

The author declare no conflict of interest

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The author declared that this study has received no financial support.

**AUTHOR CONTRİBUTİONS:** Study design, data collection, data analysis, study supervision, manuscript writing, critical revisions for important intellectual content: NB, IS, YU.

## ETHICAL ASPECT OF THE STUDY

Approval was obtained from the Non-Invasive Clinical Research Ethics Committee (2020/53 and Code 2020049). Written permission was obtained from the hospital administration where the study was conducted

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