

ORIGINAL RESEARCH

Medicine Science 2019;8(4):1017-24

The effect of conscientious intelligence on the ability to manage patient expectations: Example from a university hospital

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Received 28 August 2019; Accepted 10 September 2019

Available online 13.12.2019 with doi: 10.5455/medscience.2019.08.9124

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Abstract

The aim of this study was to determine the effect of 'Conscientious Intelligence' on healthcare professionals' ability to manage patient expectations. In the study, valid and reliable scales were used. The questionnaire prepared from these scales was applied face to face to the participants. Descriptive and cross - sectional study was designed. The study population was consisting of 250 individuals working in the emergency department of a university hospital. The whole population was tried to be completely reached without selecting a sample. A total of 200 staff (80%) who agreed to participate in the study were included. Sixty-three percent of the participants were male, 59% were single, 78% were under 35 years of age, 46% had a graduate degree, and 74% had lower income than TL 6,000. Cronbach's alpha was calculated as 0.913. According to our findings, there is a relationship between conscientious intelligence and the ability to manage patients' expectations. Similarly, we found that conscientious intelligence has an impact on the ability to manage patients' expectations. As the conscientious intelligence of the staff increases, their ability to manage patient expectations increases.

Keywords: Conscientious intelligence, ability to manage patient expectations, emergency department.

Introduction

Conscience is one of our most important values that affect our private life and occupational profession life. It is defined as the force that drives a person to make a judgment about his/her behavior, which enables a person to judge directly and spontaneously on his/her moral values [1]. Conscience, which is the subject of different disciplines such as philosophy, theology, psychology, and ethics, means 'the power that drives a person to make a judgment about his/her behavior and enables one to make a direct and spontaneous judgment on his/her own moral values'[2]. Today, conscience has been transformed into a more complex form by associating emotions, causes and personal integrity [3,4].

Intelligence concept is defined as follows: 1. Ability to think events independently, to adapt to new situations successfully, to gather actions and attitudes around a certain thought or target. 2. It is the name given to all spiritual functions such as perception, memory, association, imagination, judgment, reasoning, abstraction, and

generalization. 3. All of man's ability to think, reason, perceive objective truths, judge and draw conclusions, comprehension, acumen, astuteness, and inheritance [2].

There are many different definitions of conscience and intelligence in different sources of social sciences and medicine. The concept of intelligence is described as "the unique abilities and skills of each individual to live in the changing world and keep pace with the changes" in the book named 'Frames of Mind' by Howard Gardner. His 'multiple intelligence theory' consists of 8 areas of intelligence: 1. Verbal-Linguistic Intelligence, 2. Logical-Mathematical Intelligence, 3. Physical-Kinesthetic Intelligence, 4. Musical-Rhythmic Intelligence, 5. Visual-Spatial Intelligence, 6. Social-Interpersonal Intelligence, 7. Inner-Personal Intelligence, 8. Existentialist-Nature Intelligence [5].

'Conscious intelligence' or 'spiritual intelligence' (SQ / spiritual quotient) is the name given to the type of intelligence related to the questioning of one's behavior by internal dynamics or conscience and consequently shaping his/her behaviors and thus adaptation to the environment [6].

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In the previous studies, we noticed that the concepts of 'intelligence' and 'conscience' are used together by Tarhan. Tarhan (2015) argues that this type of intelligence is called 'conscientious' instead of

‘spiritual’ in achieving wisdom in the Information Age and that conscientious intelligence enables one to listen to his/her inner voice and to realize their internal and external responsibilities [7].

The connection between medicine and conscience is mainly through medical ethics. In the ethical decision-making processes, many academic studies are showing that a significant number of health workers want to use their conscience as a reference and that their integrity is damaged if this does not occur [8-11].

Another factor related to patient compliance is the level of the patients’ conscientious intelligence. Zohar and Marshall [12] used Spiritual Intelligence as a new type of intelligence, which was also defined as the creativity of people, the ability to change rules, and the ability to soften rigid rules with compassion [13].

The main subject of every medical practice in health institutions is human life, thus it is also a set of values due to the health worker-patient relationship in its center. These values belong to the health care professionals as well as to the patient. Behind the efforts of health professionals to keep these values in balance, lies the responsibility imposed by the professional identity internalized by education and experience, with the effort of individuals not to frustrate the belief that the health worker will provide the best service to him when faced with a health problem.

According to the conclusions of previous studies, nurses and physicians refer to their conscience, where they believe that they distinguish the right from the wrong and lead them to take the right action in every situation where they have a value conflict and accept the conscience as a guide for ethical decision making [14-16].

There are many studies evaluating the relationship between expectations and clinical outcomes. In these studies, it is stated that it is possible to manage patients’ expectations through a well-established physiotherapist-patient relationship and that well-managed expectations by the physiotherapists result in better outcomes results regarding patients’ satisfaction at the end of the treatment [17-19].

While nurses have sufficient knowledge and skills in caregiving for the physical health problems of sick individuals, they may have less skill in the management of emotional problems. Developing the ability to recognize and effectively manage the behaviors that cause psychosocial problems has a positive impact on the treatment process of the patients and enables the nurses to get more professional satisfaction [20].

Beauchamps and Childress stated that conscience is a perception of personal value and they emphasized the importance of raising awareness that it should not take part in decisions affecting someone else’s life. For this reason, more care, knowledge, and caution are needed when evaluating the professional practices performed by health workers under the reference of conscience. According to the authors, the voice of conscience sometimes makes retrospective judgments in order not to experience the painful feelings caused by bad decisions taken in the past and warns the person to reconsider these decisions and their consequences [21].

Today, according to the results of many studies conducted with the participation of nurses, ‘being conscientious’ is accepted by

nurses as an important indicator of professionalism to provide good patient care [22-24]. But sometimes nurses and physicians are forced to suppress their conscience to meet the expectations of the patients and the institution in which they work. Studies on this subject show that the repressed conscience turns into a heavy burden for health care workers and causes exhaustion [3,14,25-27]. Meeting the expectations of patients is one of the most important parameters of satisfaction. Generally, patients are not satisfied with the treatment because their expectations are not met [19].

Considering the patient’s habits, beliefs, and values together, this is defined as the ‘holistic approach’ in the nursing profession, which contributes to the realization of the patients’ needs. The health status of patients from different cultures, such as nutrition, pain, the tendency to alternative treatment methods, health-illness perceptions, and use of body language are different from each other. Conscience allows us to understand and respect these differences and different values of patients [28].

According to the approach, which adopts conscience as a guide/reference, there are two situations for medical action. Medical action can be advocated based on conscience, which is ‘conscientious acceptance’ or medical action can be rejected based on conscience, which is a ‘conscientious objection’. It acts before and after the action decision. It warns the actor before the action decision, and after the action, it appears as approving or not approving the action. ‘Peace of conscience’ occurs in case of approval, and ‘remorse’ emerges in case of disapproval [29].

The Geneva Declaration of Professional Commitment, first published by the World Physicians Association in 1948 and updated in 2006, emphasized the importance of ‘conscience’ and ‘honor’ for physicians [30]. Although the place of conscience in the field of health is controversial today, it is worth mentioning in the Geneva Declaration that ‘I will practice my profession with conscience and respect to human dignity’ [30,31].

Keeping in mind that patient expectation is high in health institutions, especially in emergency services, it will be reasonable to investigate this issue. Improving the skills of emergency department staff in managing the patients’ expectations may improve the quality of health care provided to the patients. Therefore, in this study, we aimed to determine the effect of Conscientious Intelligence on the ability to manage patients’ expectations in healthcare workers.

This study aimed to investigate the effects of conscientious intelligence on the ability of health workers to manage patient expectations. The main hypothesis of this study is that conscientious intelligence has an effect on the ability to manage patient expectations.

Materials and Methods

The study population consists of 250 health staff working in the emergency department of a university hospital in Diyarbakır/Turkey. The whole universe was tried to be included in the study without selecting a sample with the full count method. 200 people who agreed to participate in the study were enrolled. Thus, the participation rate was 80%.

A questionnaire consisting of 3 sections was designed to collect data. In the first part of the questionnaire, there are 6 items prepared to determine the socio-demographic characteristics, in the second part there are 32 items of the conscience intelligence scale, and in the third part there are 9 items of the scale for evaluating the ability to manage patient expectations. The data were collected between January and February 2019.

Data Collection Tools

Conscience Intelligence Scale, 32-item scale developed by Aktı et al. (2017) was used to measure Conscience Intelligence [32]. The reliability of the variables (Cronbach's Alpha) was found to be 851 for the whole scale and was accepted to be highly reliable. The statistical analyzes resulted that the scale had a construct validity with high factor load values (0.45-0.86). The lowest score that can be got from this scale is 32 points and the highest score is 160 points. 1st, 2nd, 3rd, 4th, and 5th questions were reversely coded.

Scale for the Ability to Manage Patient Expectations, 9-item scale developed by Miçoogulları et al. (2017) was used to measure the Ability to Manage Patient Expectations [19]. The reliability coefficient (Cronbach's Alpha coefficient) value of the variables was found to be between 0.53 and 0.96 for the items and it was accepted as highly reliable. As a result of the statistical analyses, the factor load values were found to be high (0.44-0.83) and the scale was considered to have construct validity. The lowest score that can be got from this scale is 9 points and the highest score is 45 points.

In this study, Cronbach's Alpha internal consistency reliability analyses were performed for the scales used for reliability measurement. The Cronbach's Alpha value of the 32-item Conscience Intelligence Scale was calculated as 0.893, and the Cronbach's Alpha value of the 9-pharse Ability of Patient Expectation Management Scale was calculated as 0.835. These values indicate that the study is highly reliable.

Research Model and Hypothesis

Within the scope of the study, the conscientious intelligence was included as the independent variable and the ability to manage patient expectations was included as the dependent variable in the model was introduced.

In the light of the literature and the research model, the following hypotheses were established: There is a difference in conscience intelligence scores according to socio-demographic characteristics. There is a difference in terms of ability to manage patients' expectations according to socio-demographic characteristics. There is a relationship between conscientious intelligence and the ability to manage patient expectations. Conscientious intelligence has an impact on the ability to manage patient expectations.

Statistical Analysis

The data were analyzed with SPSS (Statistical Package for Social Sciences) 20.0 package program. Descriptive statistical methods, reliability analysis, t-test in independent samples, One-way Anova test, correlation, and regression analyses were used in the data analysis.

Results

Demographic Findings

In this section, the socio-demographic characteristics of the

participants are presented. Forty-eight (24%) of the participants were between 19 and 25 years of age, 74 (37%) were between 26 and 30 years of age, 34 (17%) were between 31 and 35 years of age, 18 (9%) were between 36 and 40 years of age and 26 (13%) were over 41 years of age.

Table 1. The Mean and Standard Deviation Points of Conscience Intelligence Scale (N=200)

Judicial sentences	Mean	Std.D.
I care about people being honest, principled and well-intentioned under all circumstances	4.54	0.65
We have to listen to the people we talk to and try to understand them.	4.53	0.59
Success is achieved through new ideas, self-discovery, and development.	4.51	0.53
A living creature in distress must be protected.	4.51	0.59
When someone gets into trouble, we have to stand by and help him.	4.51	0.62
I start my work with good faith and effort and look for solutions to my problems.	4.49	0.53
Moral people play a big role in making this world more livable.	4.48	0.64
If any other person(s) is affected by a mistake we make, we should feel remorse.	4.40	0.76
I do not use the information I have, in order to gain superiority to others.	4.38	0.78
Compassionate and compassionate people should be able to forgive the wrongs of others.	4.38	0.81
People in need should be helped when they need it.	4.37	0.86
When people are unhappy and sad, we should listen to them and try to comfort them.	4.34	0.75
Mankind is a part of the whole society.	4.33	0.82
We must pray for those in distress.	4.30	0.86
When people talk about their problems, we should listen to them patiently.	4.27	0.88
If I consider an event morally, I will take steps to that event	4.25	0.83
I am known as an honest, loved and trusted person around me.	4.25	0.65
I am aware of the deep meaning between the material world and the spiritual world.	4.25	0.83
One should know his/her limits and responsibilities towards himself/herself, society and profession.	4.24	1.03
I don't hesitate to face my fears.	4.24	0.80
If an investigation of my work is initiated, I will immediately defend and find a guilty.	4.22	0.92
I love the creature because of the CREATOR.	4.19	1.08
Despite my shortcomings and imperfections, I do not avoid looking at 'ME' in the mirror.	4.19	0.90
I risk for the principles of my purpose of life, for truth and honesty.	4.18	0.76
Believing is the nature of humans.	4.12	0.98
I believe the strong one is the right.	4.12	1.30
Taking risks to do good is better than taking risks to avoid evil.	3.99	1.03
I can change my own truths to prove my loyalty to my manager / supervisor.	3.98	1.16
My conscience affects my faith.	3.80	1.10
I can change my own truths to prove my loyalty to the authority I am responsible for (at my work).	3.78	1.25
I believe that good things are always made with an ordeal.	3.71	1.00
I accept the success of our team as my own achievement.	3.68	1.45
Conscience Intelligence Scale	4.23	0.40

74 of the participants were female (37%) and 126 were male (63%). 84 (42%) of the participants were single and 116 (58%) were married. 26 of the participants were high school graduates (13%), 50 (25%) were undergraduate, 92 (46%) had a bachelor's degree and 32 (16%) had a master's degree. Among 200 participants, 46 (23%) were doctors, 68 (34%) were nurses, and 86 (43%) had other health staff titles.

The monthly income of 20 participants (10%) was lower than 2000 TL, 50 (25%) were between 2001-4000 TL, 78 (39%) were between 4001-6000 TL and 52 (26%) were more than 6000 TL.

In the study, the mean conscientious intelligence level of the participants was 4.2348 ± 0.40166 and the average ability to manage patient expectations was 3.9056 ± 0.57909 . We noticed that the participants who received the highest value of 4.54 ± 0.65617 in the conscientious intelligence level marked the statement "I care about people being honest, principled and well-intentioned under all circumstances"; while the lowest value with 3.68 ± 1.45885 was taken by those who marked the statement "I accept the success of our team as my own achievement" (Table 1)

We found that the participants who received the highest value of 4.34 ± 0.60517 in the Ability to Manage Patient Expectations level marked the statement "I try to establish a trust relationship with the patient"; while the lowest value with 2.74 ± 1.33466 was taken by those who marked the statement "I remain silent against the patient's unmet expectations" (Table 2).

Table 2. Mean and Standard Deviation Scores of the Ability to Manage Patient Expectations Scale (N=200)

Judicial sentences	Mean	Std.D.
I try to establish a trust relationship with the patient.	4.34	0.60
I explain the progress in his/her health status during the treatment process to the patient with concrete evidence.	4.26	0.68
I care about the patient's values and wishes.	4.13	0.83
I prevent my patients from unfulfilled expectations.	4.11	0.84
If the patient's expectations are unreasonable, I tell him/her clearly.	4.04	0.90
If the patient's expectation is low according to the prognosis of the disease, I give detailed information about the disease.	3.96	0.89
I believe that I can manipulate the expectations of my patients over time.	3.89	0.91
I am aware that my own expectation may affect the patient's expectation.	3.68	1.10
I remain silent in case of the patient's unmet expectations.	2.74	1.33
Scale for Ability to Manage Patient Expectations	3.90	0.57

Differentiation Tests

One-way analysis of variance (Kruskal-Wallis test) was performed to determine whether there is any difference between age categories in terms of conscientious intelligence and ability to manage patient expectations. We found that there was no difference between the age groups of the participants in terms of mean conscience intelligence and the ability to manage patient expectations. Hypotheses H_1 and H_7 were rejected according to these results (Table 3).

Table 3. The mean values of scale scores according to age categories

	Age categories	N	Mean	Std. Deviation	X ²	p
Conscience Intelligence	19-25	48	4.18	0.33	4.584	0.332
	26-30	74	4.26	0.45		
	31-35	34	4.27	0.23		
	36-40	18	4.44	0.37		
	> 41 years	26	4.04	0.47		
Ability to Manage Patient Expectations	19-25	48	3.83	0.59	3.091	0.543
	26-30	74	3.94	0.58		
	31-35	34	3.81	0.42		
	36-40	18	4.01	0.38		
	> 41 years	26	3.96	0.79		

Independent samples t-test was performed to determine whether there is any difference between sexes in terms of conscientious intelligence and the ability to manage patient expectations. We found that there was no difference between the genders in terms of mean conscience intelligence and the ability to manage patient expectations. Hypotheses H_2 and H_8 were rejected according to these results (Table 4)

Table 4. Comparison of mean scores of the scales between genders

	Gender	N	Mean	Std. Deviation	t	p
Conscience Intelligence	Female	74	4.27	0.40	1.193	0.234
	Male	126	4.20	0.39		
Ability to Manage Patient Expectations	Female	74	3.89	0.54	0.223	0.886
	Male	126	3.91	0.59		

Independent samples t-test was performed to determine whether there is any difference between marital status groups in terms of conscientious intelligence and the ability to manage patient expectations. We found that there was no difference between the single and married staff in terms of the ability to manage patient expectations. Whereas, the conscience intelligence score of the married subjects was significantly higher than the single ones. According to these results, the H_3 hypothesis was accepted, but the H_9 hypothesis was rejected (Table 5)

Table 5. Comparison of mean scores of the scales between married and single participants

	Marital status	N	Mean	Std. Deviation	t	p
Conscience Intelligence	Single	84	4.31	0.36	2.252	0.026
	Married	116	4.18	0.41		
Ability to Manage Patient Expectations	Single	84	3.93	0.59	1.423	0.558
	Married	116	3.88	0.56		

One-way analysis of variance (Kruskal-Wallis test) was performed to determine whether there is any difference between educational status groups in terms of conscientious intelligence and the ability to manage patient expectations. We found that there was no difference between the educational status groups in terms of mean conscience intelligence and the ability to manage patient expectations. According to these results, H_4 and H_{10} hypotheses were rejected (Table 6).

Table 6. Comparison of mean scores of the scales between the educational status groups

	Educational status	N	Mean	Std. Deviation	X ²	p
Conscience Intelligence	High school	26	4.27	0.40	5.214	0.157
	Undergraduate	50	4.26	0.23		
	Bachelor's	92	4.28	0.44		
	Master's	32	4.05	0.43		
Ability to Manage Patient Expectations	High school	26	3.92	0.96	5.608	0.132
	Undergraduate	50	3.92	0.44		
	Bachelor's	92	3.93	0.51		
	Master's	32	3.79	0.54		

One-way analysis of variance (ANOVA) was performed to determine whether there is any difference between the occupational groups in terms of conscientious intelligence and the ability to manage patient expectations. We found that there was no difference between the occupational groups in terms of mean conscience intelligence and the ability to manage patient expectations. According to these results, H₅ and H₁₁ hypotheses were rejected (Table 7)

Table 7. Comparison of mean scores of the scales between the occupational groups

	Title	N	Mean	Std. Deviation	f	p
Conscience Intelligence	Medical doctor	46	3.90	0.38	0.463	0.630
	Nurse	68	3.90	0.45		
	Other Health Staff	86	3.95	0.32		
Ability to Manage Patient Expectations	Medical doctor	46	4.01	0.57	1.942	0.146
	Nurse	68	3.80	0.50		
	Other Health Staff	86	3.92	0.62		

One-way analysis of variance (Kruskal-Wallis test) was performed to determine whether there is any difference in conscientious intelligence and the ability to manage patient expectations between monthly income categories. We found that there was no difference between different monthly income groups in terms of mean conscience intelligence and ability to manage patient expectations. According to these results, H₆ and H₁₂ hypotheses were rejected (Table 8).

Table 8. Comparison of mean scores of the scales between monthly income groups

	Monthly income	N	Mean	Std. Deviation	X ²	p
Conscience Intelligence	< 2000 TL	20	4.23	0.16	1.440	0.696
	2001-4000TL	50	4.25	0.43		
	4001-6000TL	78	4.29	0.38		
	> 6001	52	4.12	0.44		
Ability to Manage Patient Expectations	< 2000 TL	20	3.83	0.74	0.725	0.867
	2001-4000TL	50	3.92	0.70		
	4001-6000TL	78	3.89	0.47		
	> 6001 TL	52	3.93	0.53		

Relationship Test

The relationship between conscience intelligence and the ability to manage patient expectations was examined by Pearson correlation analysis. There was a statistically significant, positive moderate correlation between conscientious intelligence and the ability to manage patient expectations ($r = 0.459$, $p < 0.001$). According to this result, the H₁₃ hypothesis was accepted

Impact Analysis

Simple linear regression analysis resulted that there is a significant strong relationship between conscientious intelligence and the ability to manage patient expectations ($R = 0.459$, $R^2 = 0.210$, $p < 0.001$). According to the results of the regression analysis, conscientious intelligence explained 21% of the total variance of the ability to manage patient expectations.

When we check the standardized beta coefficient and t values, we can say that the independent variable (conscientious intelligence) has a significant effect on the dependent variable (ability to manage patient expectations) ($t = 7.261$, $p < 0.001$). The established model was statistically significant, as well ($F = 52.715$, $p < 0.001$). According to these results, the H₁₄ hypothesis was accepted (Table 9).

Table 9. Comparison of mean scores of the scales between the educational status groups

Groups					
Model	Non-standardized Coefficients		Standardized Coefficients	t	p
	β	Std. Error	β		
Coefficient	1.106	0.387		2.855	0.005
Conscientious Intelligence	0.661	0.091	0.459	7.261	<0.001
R = 0.459	R ² = 0.210		F = 52.715	p <0.001	
Durbin-Watson=1.733					
Dependent Variable: Ability to manage patient expectations					

Discussion

Conscientious intelligence levels and the ability to manage patient expectations were high among the participants of our study. This result suggests that health workers manage their internal voice and medical job ethics professionally. Besides, when the level of Conscientious intelligence of the participants was evaluated, the highest score was received by those who marked the statement of "I care about people being honest, principled and well-intentioned under all circumstances". In a study by Juthberg et al., nurses stated that when they feel that something is going wrong, their conscience warns them and does not allow them to deceive themselves regardless of the approval of others [33].

The first dissertation study on the subject of conscience in health care workers was conducted by Staniulie In 2005. This study included 85 nurses and 14 physicians in Lithuania. They reported that the health workers who participated in the study perceived the conscience in 6 dimensions as 'inner voice', 'good conscience', 'bad conscience', 'stressful conscience', 'personal conscience' and 'professional conscience'. It was determined that the importance attributed to conscience increased with age and duration of service in both occupational groups [34].

In our study, when we evaluated the participants 'ability to

manage patients expectations, the highest score was taken by those who marked “I try to establish a trust relationship with the patient”; while the lowest score was taken by those who marked the statement of “I remain silent in case of the patient’s unmet expectations.” According to scientists, emotional intelligence skills can be learned, even though 50% of them are innate. Anyone can learn emotional skills regardless of their innate abilities [35].

Birchley argues that the conscience-based objections of health workers should be taken into account in order to prevent the regression of conscience, especially for those working in critical care units such as the intensive care unit and the operating room; he states that the conscience of the health worker regresses where the voice of the conscience is not taken into account or if it is not fulfilled [26].

There was a significant difference between the age groups of the participants in terms of conscientious intelligence scores. In our study, there was a significant difference in conscientious intelligence scores between the participants aged 36-40 years and those over 41 years of age. Çoban et al. explain the increase in conscientious intelligence with the progress of age, as individuals mature and begin to approach events more realistically and adapt more successfully to the requirements of life with age [36]. This explanation supports the results of our study.

There was no difference between the age groups in terms of the ability to manage patient expectations. In the health sector, a patient communicates with a wide range of employees, from the security guard in the hospital to the counselor, from the nurse to the doctor, from the accountant officer to the caregivers. Therefore, each hospital employee represents a significant value for the hospital [37]. In this respect, the ability to manage patient expectations develops in health workers of all age groups. The study supports this situation.

In this study, there was no significant difference in conscientious intelligence and their ability to manage patient expectations between the genders of the participants. In a study of health professionals, Glasberg found that female health care workers resort to conscience more often than men and experience higher levels of emotional exhaustion due to conscience-based reasons [27]. In the studies by Baltaş (1999) and Goleman (2000), they found that there were similarities between the groups rather than a significant difference between the genders [38,39].

When we examined whether conscientious intelligence and the ability to manage patient expectations differ between marital status groups, we found that there was no difference between the married subjects and single ones in terms of the ability to manage patient expectations. However, we found that the score of conscience intelligence was significantly higher in married participants than that of single ones.

We found that the educational status of the participants was not related with the ability to manage patient expectations and conscientious intelligence scores. In terms of psychological discipline, it is reasonable to say that conscience is shaped by the influence of factors such as family, socio-cultural environment and education and is accepted as an important element for personal integrity. During making moral judgments, in some people, being

conscientious is obviously seen, in others it does not manifest itself explicitly. The most important factor affecting this visibility is ‘education’ [40].

In the study, we did not find a relationship between the titles of the participants and their conscientious intelligence and ability to manage patient expectations. Conscience-related disturbance issues in the field of health appear to be related to the responsibility areas. In the research conducted by Glasberg, Ahlin, and Juthberg, nurses generally express that they feel conscientiously discomfort concerning their duties when their work results in failure [27,29]. The expressions of the participants in this study contradict our study.

In our study, we found that the monthly income status of the participants did not make any difference in their conscientious intelligence and ability to manage patient expectations. This result supposes that the social and economic level does not affect the ability to manage patient expectations and professional life.

It is a limitation in terms of scope that the study was conducted on university hospital staff operating in the Diyarbakır region. It was presumed that the employees answered the questionnaires prepared within the scope of the research realistically and impartially. However, it is another limitation of the survey method that employees who answered the questions in the survey may have responded under the effect of social appreciation. The study was conducted in a certain time section. Another limitation of the study is that the data was collected in a cross-sectional manner and that the research was not repeated at different times in order to determine the change over time.

Conclusion

In conclusion, there was a significant, positive and moderate relationship between conscience and ability to manage patient expectations. As the level of conscientious intelligence increases in health workers, the ability to manage patient expectations increases. We believe that health professionals can overcome the problems encountered in every field of social life by using the concept of conscientious intelligence and problem-solving skills in a fair, conscientious dimension, in a short time and efficiently.

Suggestions in the light of study results;

- In-service training can be organized to convey the importance of the concept of conscientious intelligence to health workers and the connection between conscience and reason. In this way, the positive behaviors of health workers in terms of conscientious intelligence can be increased and the level of emotion and spirituality that has been used to disappear in all segments of the society can be grown.
- Situations that create conscientious stress in health care workers should be determined by the institution and a more favorable work environment should be created for the employees by developing the solution process.
- The awareness of healthcare workers can be increased by sharing experiences about conscience intelligence and how to manage patient expectations during professional practices among employees.

- Negative conscience experiences that health workers are exposed to and unfavorably affecting patient care should be identified, conscientious burdens should be mitigated, and factors that prevent employees from focusing on their professional roles should be eliminated.

Competing interests

The authors declare that they have no competing interests.

Financial Disclosure

All authors declare no financial support.

Ethical approval

This study was approved by the Institutional Ethics Committee and conducted in compliance with the ethical principles according to the Declaration of Helsinki.

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