

An Examination of Conscientious Intelligence Based on Sociodemographic Aspects: A Study on Healthcare Professionals

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ABSTRACT

Objective: Conscientious intelligence, unlike logical and emotional intelligence, can be defined as consulting one's conscience in making decisions, determining what is good and what is bad, and consciously choosing what is right. This study aimed to determine the differences in conscientiousness among healthcare professionals based on sociodemographic characteristics.

Methods: This study was designed as a descriptive, cross-sectional study. Data were obtained using the Personal Information Form and the Conscientious Intelligence Scale. The Personal Information Form consists of seven questions and 32 items regarding the demographic characteristics of employees. Developed by Aktı and colleagues in 2017, the scale consists of 32 items and 7 subfactors. The study was conducted at a private hospital in Istanbul. The study population consisted of 380 employees. A convenience sampling method was used. An attempt was made to reach all employees using the complete enumeration method during sampling. The study was conducted by reaching 277 individuals who agreed to participate in the study. Data were collected using a survey method from employees who volunteered to participate in the study. Data were analyzed using statistical techniques in SPSS.

Results: The Cronbach's alpha value for the conscientious intelligence scale was found to be 0.87. This result demonstrates the reliability of the scale for the study. Of the participants, 84.1% were female, 63.9% were married, 35.5% had no children, 41.3% were between the ages of 26 and 34, 40.1% were high school graduates, 51.5% had less than 5 years of service experience, and 43% were midwives and nurses. The mean conscientious intelligence score was 121.28, and the standard deviation was 12.8.

Conclusion: According to the research findings, the participants' mean conscience intelligence scores were found to be high. It was concluded that the mean conscience intelligence scores of healthcare workers did not differ according to their socio-demographic characteristics, gender, and marital status. The mean conscience intelligence scores of healthcare workers varied according to their socio-demographic characteristics, such as number of children, age, educational status, length of service, and title.

INTRODUCTION

Conscience is a spiritual power and divine ability bestowed upon humanity by God, used to distinguish between good and evil and to guide people toward goodness. Generally speaking, conscience is the level of "moral consciousness, an inner consciousness" present in all humans, enabling them to grasp what is morally right and wrong through the ability to judge one's actions in accordance with moral principles.^[1] Conscience is a feeling within the human

heart, a feeling that creates peace when good is done and unease when evil is done, and a structure that constantly makes judgments. The definitions of conscience, "Distinguishing between good and evil, tending toward good, and making judgments about people's actions," are common in terms of the functional roles of conscience and the provision of self-control.^[2]

Intelligence is defined in the Turkish Language Association (TDK). This definition is as follows: "The totality of a person's abilities to think, reason, perceive objective facts,

judge, and draw conclusions; understanding, sagacity, intelligence, and foresight”.[3] Intelligence is the mind's ability to learn, to make useful use of what it has learned, to adapt to new conditions, to offer new solutions, and to take action for a purpose, to think logically, and to adapt to its environment.[4]

The first studies on intelligence, which has been defined and tested in various ways up until now, were developed in 1911 by Binet and others to identify primary school students at risk of failure. It was believed that this test could measure human intelligence. Binet defined intelligence as understanding, judgment, and reasoning.[5]

In his work “Frameworks of the Mind,” Gardner defined intelligence as a talent and skill unique to each individual, enabling them to live in a constantly changing world and adapt to these changes. He proposed the “theory of multiple intelligences,” which he defined under eight areas of intelligence. These are: 1. Verbal Intelligence, 2. Logical Intelligence, 3. Physical Intelligence, 4. Musical Intelligence, 5. Visual Intelligence, 6. Social Intelligence, 7. Intrapersonal Intelligence, and 8. Existential Intelligence.[6]

Zohar and Marshall, who proposed Spiritual Intelligence as a new form of intelligence, used the term “human creativity,” “the ability to change rules,” and “the ability to soften rigid rules with compassion.” They argued that in order to achieve wisdom in the information age, this should be called “conscientious” rather than “spiritual.” They suggested that it should be considered conscientious intelligence.[7]

Conscientious intelligence, unlike logical and emotional intelligence, can be defined as consulting one's conscience in making decisions, determining good and evil, and consciously choosing what is morally good or right. Conscientious intelligence is crucial for understanding one's inner voice and recognizing one's internal and external responsibilities. Tarhan (2015) lists the values of conscientious intelligence as follows: Listening to one's inner voice, internal and external responsibilities, accountability, responsibilities to God, ethical values, moral reasoning, wisdom, humility, honesty, and principledness.

Throughout history, common human desires can be listed as world domination, self-actualization, and leaving a mark on history. The purpose of this desire for self-actualization is to question existence and non-existence, fulfill the desire for immortality, and seek the meaning of life. This search drives people to seek their Creator and creates a conscientious inner voice. This conscientious inner voice can be revealed through the teachings of Anatolian wisdom, such as those of Rumi, for the transformation from the information age to the age of wisdom.[7]

This study aimed to determine the differences in the conscientious characteristics of healthcare professionals according to sociodemographic characteristics.

MATERIALS AND METHODS

The study was approved by the Yalova University Ethics Committee (Date: 25/06/2025 , No: 2025/248) and was conducted in accordance with the principles of the Declaration of Helsinki.

Purpose, Method, Population, and Sample

The study aim is to determine the differences in conscientiousness among healthcare professionals based on sociodemographic characteristics.

Conscientiousness is not a field that has received sufficient research, both in our country and internationally. Conscientiousness scores are considered important among management and employees, especially in healthcare organizations with multidisciplinary and stressful work environments. This study aims to investigate the role of conscientiousness in a hospital environment with a diverse employee profile and to positively contribute to the manager-work environment-employee management relationship.

This study was designed as a descriptive and cross-sectional study. Data were collected using a Personal Information Form and the Conscientiousness Scale. The Personal Information Form consists of seven questions on employee demographics and 32 items from the scales.

Developed by Aktı and colleagues in 2017, the scale consists of 32 items and 7 subfactors. These subfactors are Ethical Values, Moral Sensitivity, Responsibility Towards the Creator, Compassion, Conscious Awareness, Social Sensitivity, and Wisdom. As a result of statistical analyses, the scale was accepted as having high factor loadings (0.45-0.86) and had construct validity. Items 1, 2, 3, 4, and 5 of the scale were reverse coded. The scale was rated using a 5-point Likert-type scale. The scoring for all items was determined as follows: 1: Strongly disagree, 2: Disagree, 3: Neither agree nor disagree, 4: Agree, and 5: Strongly agree.

The study was conducted at a private hospital in Istanbul. The study population consisted of 380 employees. A convenience sampling method was used. All employees were reached using a complete enumeration method. The study was conducted by contacting 277 individuals who agreed to participate in the study. Data were collected from employees who volunteered to participate in the study via a survey between June 26 and July 16, 2025. Data were analyzed using statistical techniques in SPSS.

Research Hypotheses

H1: Conscientiousness varies according to sociodemographic characteristics.

RESULTS

Reliability

Cronbach's alpha was examined to determine the reliability of the scale used in the study.

Table 1. Sociodemographic characteristics

Variable	n	%
Sex		
Female	233	84.1
Male	46	15.9
Total	277	100
Marital Status		
Married	177	63.9
Single	100	36.1
Total	277	100
Number of Children		
0	97	35.5
1	93	34.1
2	52	19.0
3 or more	31	11.4
Total	273	100
Age		
18-25	90	33.2
26-34	112	41.3
35-45	69	25.5
Total	271	100
Education Level		
High School	111	40.1
Associate degree	32	11.6
Bachelor's degree	96	34.7
Maaster's degree	22	7.9
PhD	16	5.7
Total	277	100
Job Title		
Midwife-Nurse	119	43.0
Health Tech.	56	20.2
Admin Services	48	17.4
Doctor	18	6.4
Management	36	13.0
Total	277	100
Years of Service		
1-5 years	139	51.5
6-10 years	75	27.2
11-15 years	32	11.9
16 years or more	28	10.4
Total	270	100

The conscientiousness scale value was found to be 0.87. This result demonstrates the reliability of the scale for the study.

Results Regarding Sociodemographic Characteristics

Results regarding the sociodemographic characteristics of the participants were examined within the scope of the study. The frequencies and percentages for these variables are shown in Table 1.

Of the participants, 84.1% were female, 63.9% were married, 35.5% had no children, 41.3% were between 26 and 34 years of age, 40.1% were high school graduates, 51.5% had less than 5 years of experience, and 43% were midwives and nurses.

Descriptive Statistics

The mean conscientious intelligence score was 121.28, and the standard deviation was 12.8.

A t-test was used to determine whether employees' conscientious intelligence scores differed based on gender and marital status. The t-test results revealed no significant differences in terms of gender or marital status (Table 2).

An ANOVA test was conducted to determine whether conscientious intelligence scores differed significantly based on the number of children, and the difference was found to be significant ($F=7.701$, $p<0.001$) (Table 3). A Tukey multiple comparison test was used to determine the differences. Those with three or more children were found to have a higher mean and significantly different mean than those with others. These results suggest that the number of children is a factor affecting conscientious intelligence scores.

The ANOVA test, conducted to determine whether conscientious intelligence scores differed by age, found the difference to be significant ($F=5.772$, $p<0.01$). A Tukey multiple comparison test was used to determine the differences. The mean score for employees aged 26-34 was found to be higher than that for employees aged 18-25. Accordingly, age appears to be a factor influencing conscientious intelligence scores.

An ANOVA test was conducted to determine whether conscientious intelligence differed based on length of

Table 2. Differences in conscientious intelligence scores by gender and marital status

	n	x	s.s	t value	p value
Sex					
Female	233	120.64	12.80	-0.1705	0.089
Male	46	124.48	14.40		
Marital Status					
Married	177	121.92	12.48	0.87	0.384
Single	100	120.32	14.40		

Table 3. Differences in conscientious intelligence scores by other sociodemographic variables

	N	x	s.s	F	p	Significant Differences
No of Children						
0 (A)	97	120.32	12.16	7.701	0.000	A<D B<D C<D
1 (B)	93	119.04	10.88			
2 (C)	52	120.64	16.31			
3+ (D)	31	131.84	11.84			
Age Group						
18-25 (A)	90	117.44	12.48	5.772	0.005	A<B
26-34 (B)	112	123.84	12.80			
35-45 (C)	69	121.60	14.40			
Years of Service						
1-5 years (A)	139	119.68	13.44	4.456	0.005	C<B C<D
6-10 years (B)	75	124.48	12.80			
11-15 years (C)	32	116.48	13.44			
16 years or more (D)	28	125.76	10.56			
	N	Mean Rank		Chi-square	p	Significant Differences
Education Level						
High School (A)	111	124.08		23.737	0.000	B>A B>D B>E
Associate degree (B)	32	160.55				
Bachelor's degree (C)	96	133.71				
Maaster's degree (D)	22	104.50				
PhD (E)	16	103.40				
Job Title						
Midwife-Nurse (A)	119	126.13		21.624	0.000	C>A C>B C>D C>E A>D
Health Tech. (B)	56	106.22				
Admin Services (C)	48	168.24				
Doctor (D)	18	96.50				
Management (E)	36	116.25				

service, and the difference was found to be significant ($F=4.456$, $p<0.01$). A Tukey multiple comparison test was used to determine the differences. The mean difference between employees with 11-15 years of service was found to be lower and significantly different from the mean difference between employees with 6-10 years and 16 or more years of service. These results suggest that length of service is a factor affecting conscientious intelligence scores.

An ANOVA test was conducted to determine whether conscientious intelligence differed based on length of service, and the difference was found to be significant

($F=4.456$, $p<0.01$). A Tukey multiple comparison test was used to determine the differences. The mean difference between employees with 11-15 years of service was found to be lower and significantly different from the mean difference between employees with 6-10 years and 16 or more years of service. These results suggest that length of service is a factor affecting conscientious intelligence scores.

The Kruskal Wallis test, conducted to determine whether there were differences in conscientious intelligence based on title, found the difference to be significant (chi square=21.624, $p<0.001$). A Mann Whitney U test, con-

ducted to determine the differences, found that the mean for administrative workers was higher than the mean for all other groups, while the mean for midwives/nurses was higher than the mean for doctors. Accordingly, title appears to be a factor influencing conscientious intelligence scores.

DISCUSSION

According to the research findings, the participants' mean conscientious intelligence scores were found to be high. This finding is significant. This result demonstrates that employees with high conscientious intelligence possess moral sensitivity, empathy, and ethical decision-making skills. High levels of conscientious intelligence indicate that people can be more sensitive and responsible in relationships. Some studies have also found high levels of conscientious intelligence.^[8-15] Other studies have found moderate levels of conscientious intelligence.^[16] Studies conducted with healthcare workers in Türkiye have found high levels of conscientious intelligence.

The demographic results of the study appear to share similarities and differences with the literature. According to the demographic results of the study, gender did not create a significant difference. Research results from similar studies also indicate that conscientious intelligence, in particular, does not differ by gender.^[8-17] In this context, considering both the findings of the current study and the results of similar studies in the literature, it can be concluded that gender is not a determining variable in conscientious intelligence. This supports the notion that conscientious intelligence is a construct based on universal and shared values among individuals and is shaped not by biological but rather by social and cognitive developmental processes.

In this context, according to the demographic results of the study, there is no significant difference between conscientious intelligence scores in terms of marital status. Studies showing similarly no differences are available in the literature.^[12] Furthermore, there are studies in the literature that yield results different from our study. These studies suggest that single healthcare workers have higher conscientious intelligence levels than married individuals.^[8,15,16] Furthermore, a study with results different from our study indicates that married individuals have higher mean conscientious intelligence levels than single individuals.^[10] Based on the results of these studies, it cannot be concluded whether marital status has an impact on conscientious intelligence. These conflicting findings make it difficult to reach a definitive conclusion about the impact of marital status on conscientious intelligence. The impact of this variable should be evaluated in conjunction with other factors, such as the study's sample characteristics, participants' age groups, life experiences, or cultural context.

In this context, according to the demographic results of the study, there is a significant difference between conscientious intelligence scores based on the number of chil-

dren variable. Healthcare workers with a higher number of children have higher conscientious intelligence scores. This suggests that healthcare workers behave more conscientiously after having children. This finding suggests that having children can strengthen components of conscientious intelligence such as empathy, responsibility, and moral sensitivity. Having a child creates a significant transformation in an individual's life; it can trigger processes such as prioritizing the needs of others, making sacrifices, and gaining emotional depth. In this context, healthcare workers are likely to exhibit more conscientious and sensitive attitudes after having children.

In this context, according to the demographic results of the study, there is a significant difference between conscientious intelligence scores in terms of the age variable. Considering the age criterion, it is concluded that age is a significant factor affecting conscientious intelligence scores. The average age of employees between 26 and 34 was found to be higher than that of employees between 18 and 25. In other words, it can be said that conscientious intelligence levels increase with age. Similar studies exist in the literature to this effect. Similar studies indicate increases in conscientious intelligence scores with age.^[10,16,17] There are also studies that yield different results from our study. These studies found no difference by age. Researchers attribute this reason to the relatively similar age groups of the participants in the study.^[9]

Another study found no difference between age groups.^[8] The social, professional, and moral experiences individuals encounter with age may enable them to view events from a broader perspective and make more conscientious decisions. However, the existence of studies in the literature that fail to find significant differences by age demonstrates that this relationship is not always linear or universal. In such studies, methodological factors such as the close age groups or limited sample size may have prevented the age-conscientious intelligence relationship from becoming clear. Furthermore, individual differences, personality structure, and lifestyle are also important factors influencing this relationship.

In this context, according to the demographic results of the study, there is a significant difference between conscientious intelligence scores in terms of the length of service variable. This difference varies according to length of service. There are also studies that obtain similar results to our study.^[15] There are also studies that obtain different results from our study. These studies do not show any difference according to length of service.^[16] This suggests that the effect of length of service on conscientious intelligence may vary depending on the context, sample characteristics, and study methods. To more clearly understand the relationship between length of service and conscientious intelligence, comprehensive studies that take into account different demographic and occupational factors are necessary.

In this context, according to the demographic results of the study, there is a significant difference between consci-

entious intelligence scores in terms of educational background. The results indicate that those with an associate's degree had higher conscientious intelligence scores than other participants. This could be due to their thinking being more emotional and conscientious, rather than the professional and objective perspective that should result from their education. There are also studies that yield different results from ours. These studies found no differences based on educational background.^[8,10,15,16] These differences may be due to various factors, such as sample structure, working conditions, or measurement tools. The impact of educational background on conscientious intelligence is complex and multifaceted; therefore, not only educational background but also an individual's personal and professional experiences should be considered.

In this context, according to the demographic results of the study, there is a significant difference between conscientious intelligence scores in terms of title. This difference depends on title. There are also studies that obtain similar results to our study.^[10] There are also studies that obtain different results from our study. These studies do not show any difference based on length of service.^[8] These differences may be due to differences in sample characteristics, fields of study, and measurement methods. Furthermore, the impact of title on conscientious intelligence should be evaluated in conjunction with factors such as individuals' professional experience, levels of responsibility, and work environment, and should be supported by more comprehensive analyses.

Limitations

The study's conduct in a private hospital in Istanbul can be considered a limitation in terms of scope. Therefore, it should not be generalized to healthcare professionals. The limitations of this study, due to its conduct in a single private hospital, impact the generalizability of the findings and limit the applicability of the results to other healthcare institutions or professional groups. The hospital's unique working style, cultural structure, and employee profile may hinder the broader validity of the findings. Therefore, applying these results to other healthcare institutions requires caution. However, focusing on a specific hospital provides a comparative reference for other institutions with similar characteristics and may guide future research.

Therefore, while the findings are valid for this specific sample, caution is advised when generalizing to broader populations. Within the scope of the study, it was assumed that the employees who responded to the surveys exhibited realistic and impartial attitudes. However, the fact that the employees responded under the influence of social recognition can be considered another limitation of the study due to the survey method used. Furthermore, the fact that the surveys and Likert-type scales did not fully reflect the variables is also considered a limitation.

Conclusion

According to the research results, levels of conscientious

intelligence were found to be high among healthcare professionals. High levels of conscientious intelligence in healthcare settings can lead to improvements in the quality of healthcare services and patient care. This result demonstrates that employees with high conscientious intelligence possess moral sensitivity, empathy, and ethical decision-making skills. High levels of conscientious intelligence suggest that people can be more sensitive and responsible in relationships. This, in turn, will increase employee and patient satisfaction.

It was concluded that the mean conscience intelligence scores of healthcare workers did not differ based on socio-demographic characteristics, gender, and marital status. This supports the notion that conscientious intelligence is a universal construct based on shared values among individuals and is shaped by social and cognitive developmental processes rather than by biological or marital relationships.

It was concluded that the mean conscience intelligence scores of healthcare workers vary according to socio-demographic characteristics, such as the number of children, age, educational background, length of service, and title. After having children, healthcare workers exhibit more conscientious and sensitive attitudes. The social, professional, and moral experiences individuals encounter with age allow them to view events from a broader perspective and make more conscientious decisions. The difference was due to the relationship between length of service and age. The impact of education level on conscientious intelligence is complex and multifaceted. Therefore, it is not only education level but also an individual's personal and professional experiences that are influential. Furthermore, the impact of title on conscientious intelligence stems from its interaction with factors such as individuals' professional experience, level of responsibility, and work environment.

Because conscientious intelligence is a trait shaped by personal development and experience, a corporate culture should be established in healthcare institutions and organizations where the importance of ethical values and conscientious responsibility is emphasized, supported, and rewarded.

Given that variables such as age and length of service influence conscientious intelligence, training programs can be designed to enhance conscientious intelligence, particularly for young and inexperienced employees. These programs can aim to increase empathy, ethical decision-making, and a sense of responsibility.

Providing psychosocial support and professional development opportunities tailored to the needs of employees in different professional positions can be beneficial. This can strengthen employees' conscientious intelligence and encourage ethical behavior in the workplace.

Due to the varying and contradictory results found for some demographic variables in the study, it is recommended that the relationships between conscientious in-

telligence and demographic factors be examined through more comprehensive, multicenter studies.

Ethics Committee Approval

The study was approved by the Yalova University Hospital Ethics Committee (Date: 25.06.2025, Decision No: 2025/248).

Informed Consent

Retrospective study.

Peer-review

Externally peer-reviewed.

Conflict of Interest

None declared.

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Vicdani Zekanın Sosyodemografik Özelliklere Göre İncelenmesi: Sağlık Çalışanlarında Bir Uygulama

Amaç: Vicdani zekâ, mantıksal ve duygusal zekâdan farklı olarak karar aşamasında vicdana danışarak iyiyi ve kötüyü bulmak ve bilinçli olarak iyiyi, doğruyu seçmek şeklinde tanımlanabilir. Bu çalışmada, sağlık çalışanlarının vicdani özelliklerinin sosyodemografik özelliklere göre farklılıklarını belirlemek amaçlanmıştır.

Gereç ve Yöntem: Bu çalışma tanımlayıcı ve kesitsel tipte planlanmıştır. Veriler, Kişisel Bilgi Formu ve Vicdani Zekâ Ölçeği kullanılarak elde edilmiştir. Kişisel Bilgi Formu çalışanların demografik özellikleri yedi soru ve ölçekler kapsamındaki 32 maddeden oluşmaktadır. 2017 yılında Aktı ve arkadaşları tarafından geliştirilen Ölçek 32 maddeden ve 7 alt faktörden oluşmaktadır. Çalışmanın evrenini toplam 380 çalışan oluşturmaktadır. Örnekleme gidilirken tam sayım metoduyla tüm çalışanlara ulaşılmaya çalışılmıştır. Araştırmaya katılmayı kabul eden 277 kişiye ulaşılarak anket yapılmıştır. Veriler SPSS programında istatistiksel teknikler kullanılarak analiz edilmiştir.

Bulgular: Vicdani zekâ ölçeği Cronbach alpha değeri 0,87 olarak bulunmuştur. Bu sonuç, araştırma için ölçeğin güvenilir olduğu göstermektedir. Katılımcıların %84,1'inin kadın olduğu, %63,9'unun evli olduğu, %35,5'inin çocuğu olmadığı, %41,3'ünün 26-34 arası yaşta olduğu, %40,1'inin lise mezunu olduğu, %51,5'inin 5 yıl altında hizmet süresine sahip olduğu, %43'ünün Ebe-hemşire meslek grubuna sahip olduğu görülmektedir. Vicdani zekâ ortalaması 121,28 ve standart sapması 12,8 olarak bulunmuştur.

Sonuç: Araştırma bulgularına göre katılımcıların vicdani zekâ puanı ortalamaları yüksek seviyede bulunmuştur. Sağlık çalışanlarının vicdani zekâ ortalama puanlarının sosyodemografik özelliklerinden cinsiyet ve medeni durum değişkenlerine göre farklılık göstermediği sonucuna ulaşılmıştır. Sağlık çalışanlarının vicdani zekâ ortalama puanlarının sosyodemografik özelliklerinden çocuk sayısı, yaş, öğrenim durumu, hizmet süresi ve unvan değişkenlerine göre farklılık gösterdiği sonucuna ulaşılmıştır.

Anahtar Sözcükler: Vicdan; vicdani zekâ; zekâ.