CONSCIENCE AMONG CARE PROFESSIONALS IN HOSPITAL SETTING

A two parts study

Part 1: Literature review (15 ECTS on level 41-60 Swedish credits)
Part 2: Empirical study (15 ECTS on level 61-80 Swedish credits)

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ABSTRACT

The fundamental changes have made health care more complex and ethics has increasingly become a required component of clinical practice. Considering this the objectives of Lithuanians Health Care System emphasize the necessity to create and implement health care policy that will ensure public health care, high quality of health care services. Health care ethics could be considered one of the most important factors having influenced the development of the principles for the patients’ right and the protection of persons’ dignity in the 21st century. The need to explore and explain conscience within the caring context among health care professionals is an important task. The overall aim for the thesis was to describe the essence of the concept of Conscience reflected by care professionals and to adapt the questionnaire of Conscience in Lithuania hospital setting, with its psychometric evaluation. The thesis was designed as two part study. Part I the literature study was performed. Through PubMed and ELIN navigator which contains 17 data bases, covering the period from 1996 to 2005, June. Studies were included if they concerned perceptions of conscience exploration among care professionals in hospital setting. Methanalysis was carried out and model of Conscience was performed. The aim of study part 2 was to adapt the Lithuanian version of questionnaire Conscience to Lithuanian conditions and to test its reliability and validity. The adaptation procedure consisted of translation, expert panel checking relevancy of questions and examining psychometric properties of Lithuanian version of questionnaire Conscience. A pilot study was performed at two Lithuanian hospitals. Study subjects n = 99. Reliability was estimated by testing internal consistency. Correlation coefficient Cronbach’s alpha r = 0,788, split half analysis correlation coefficients: Cronbach’s alpha r = 0,575, Spearmans – Brown r = 0,73, Guttman – Split half coefficient r = 0,73. Validity was performed by testing face validity, content validity and construct validity. Face validity was confirmed by expert panel. Content validity was estimated by Cronbach’s Alpha if item deleted confirmed relevant data. An orthogonal principal components factor analysis with varimax rotation was conducted on the 16 items. Data adequacy KMO criterion on sphericity 0,695 confirms that data fits to factor analysis. The six factors with factorial weight L ≤ 0,4 explained 69% dispersion of the data. Factorial weight L ranged from 0,443 to 0,872. The instrument seems to be reliable and valid to assess the conscience among care professionals in hospital setting in Lithuania.

Keywords: conscience, moral problem, care professional, moral distress.
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GENERAL INTRODUCTION

Professional life in a liberal constitutional society involves a balancing of values between health professional and client. This is especially typical in health care, where the values at stake are attached to issues of life and death, and the fundamental capacities and abilities that give meaning to people’s lives. Because health care touches upon profound issues of life, death and quality of life the health care professionals might find morally distressed or pangs of conscience. Though priorities in health care make it difficult for personnel to offer care they feel, they have a duty to give. Physicians and nurses affirm that they experience pain of conscience when they cannot give the appropriate care for patients.

A number of organization changes have taken place in health care and nursing in recent years in Lithuania. Health care policy is oriented towards the balance between the cost and effectiveness of health care services and treatment. The Health insurance Law was approved in 1996 in Lithuania. It foresees a compulsory health insurance for all permanent residents in Lithuania, irrespective of their citizenship. Funds used by the health sector in Lithuania make up about 6 percent of the GDP. The main goal of Lithuania Health policy is to reorganize health care system so, that it ensures accessibility and maximum quality of health care services by complying with existing resources. The Restructuring strategy of Health Care Institutions is approved by the Government and foresees that restructuring is implemented in two stages: to develop more rapidly out-patient health care services in years 2003-2005, and to start restructuring with the reorganization of health care institutions in the largest cities in years 2006-2008. The main health care indices of the country are following: average length of stay at the hospital is 10.63 days; bed utilization is 276.59 days; bed turnover is 26.02. (Health report in Lithuania, 2004).

Organizational reforms have been carried out in order to make health care more efficient. The increased demands on health care services, require more efforts, from health care professionals’ to provide high standards health care services for clients. The health care providers come into collision with the dilemma not only what is the best for the patient but also they have to consider the questions of social economy (Janušonis, 2000). There are no published psychometric tests on Conscience and the instrument measuring Conscience has not been tested in Lithuania. However some related concepts like occupational stress
among health care providers have been investigated in Lithuania Pajarskienė (2000), Grigalauskienė (2002), Jonaitytė (2004).

In recent years we have gained an understanding of how long term stress in workplace can lead to physical and psychological problems (Karasel & Theorell, 1990). In health care setting, work stress increases as staff faces growing numbers of actually ill patients and endure pressure to conform rigorous standards of cost-containment and quality assurance programs (Shneider & Gunnarson, 1991). A complicated interaction exists in which the work situation, personality and social standing influence the way in which various stress affects health of care providers. Moral stress, moral sensitivity and burnout have been investigated in works (Maslach, 1981, 1993; Lutzen, 1993, 1999, 2003; Lazarus, 1984, 1999). Therefore, it can be assumed that when the nurses and physicians feel stress within their work with the patients their conscience will be affected. In turn, their capacity to work can be decreased.

According to Severinsson and Hummelvoll (2001) factors influencing nurses job satisfaction are related to areas of dissatisfaction for example, stress and experience of shortcomings. Thus for nurses and physicians, being aware of their moral obligation to apply ethical principles in practice may awoke moral stress and ‘stress of conscience’.

Being involved in ethically difficult care situations nurses and physicians come into collision with their conscience (Söderberg, Gilje, Norberg, 1996, 1997; Sorlie, Jansson, Norberg, 2003; Sorlie, Lindseth, Forde, Norberg, 2003; Sorlie et al., 2004, 2005). Since conscience is an internal aspect of human being, the expression of such “subjective experience” rarely is disclosed.

In this study I intend to explain what conscience is, how health care professionals perceive it, and what experience they refer to when they talk about conscience and bad conscience. The term Conscience is understood as very personal, subjective and hidden sense of own human being. Very little is known how health care professionals perceive their own Conscience and to establish the valid instrument of Conscience to measure different aspects of Conscience, to investigate how it correlates with burnout among care providers is the problem of this time. Conscience is important for measuring the impact of burnout. It
provides information to researchers, why, and how own integrity of care providers can be violate. Another reason to measure Conscience is to investigate the relationship with moral sensitivity, resilience, stress of conscience, and burnout. These considerations explain why care providers, health care administrators and researchers are keenly interested in investigations of Conscience, as it depends on wellbeing of health care professionals.

**BACKGROUND**

**Theoretical framework**

Roach (1998) proposed to approach Conscience from a non-medical perspective but from the perspective of the inner sphere of caring, professional caring. What is a nurse doing when he or she is caring? The five Conscience categories – compassion, competence, confidence, conscience and commitment lead the process of caring, which is designed as specific nurse’s values, activities, attitudes and skills.

This model of five “C”s is useful for conceptualization of caring as an essential human attribute. Perceived within the context of caring as the human mode of being, ethics as relational responsibility is not about legal prescriptions but about our moral call to be human (Roach 1998, p. 32). She defined Conscience as personal, precious interior compass, directing one’s behavior according to the moral fitness of things, according to those moral rules constitutive of our lives together. Roach finds that caring is the locus for rules, principles, and norms governing professional conduct. Roach (1998) finds caring expressed through commitment, compassion, confidence, conscience and competence.

The results from the literature present the different epistemological standpoints concerning the concept of Conscience. According to Gadamer (1988), understanding is ontology and thus hermeneutics takes us deeper into reality and into the world of the patient. Thus the phenomenon of Conscience is existential phenomenon of human being within the caring science perspective and has to be investigated.

manifests as essential intuitive function: in order to anticipate what is necessary carry out
she have to forebode [intuition]; from this meaning Conscience “ethos” is irrational and
later on can be rationalized (Frankl 1998, p.25). Frankl (1998) also explains the
transcendental phenomenon of conscience and names Conscience as immanent –
psychological phenomenon with direction to transcendence.

The Existential – Deontological foundations of Conscience also disclosed Heidegger
(1962) when analyzing the character of Conscience as a Call. From an existential –
phenomenological perspective, the essential attribute of the individual nurse resides in her
genuine concern for life-world experience and well-being of the patient. According to
Heidegger (1988) the pre-condition for human existence or “being-in-the-world” is
participation and involvement, and can either be perceived as an authentic, or non authentic
form of existence. Heidegger (1988) defined existential – ontological foundations of
“Conscience as a Call”, it means that “a Call” calls human being into its ownmost
possibilities, as a summons to its ownmost potentiality – for – Being – its – Self.
According to Heidegger (1988), Conscience is an aspect of authenticity in which one frees
oneself from one’s past and one’s surroundings by experiencing the ultimate responsibility
for what one decides to choose.

**Concept of Conscience**

According to Meleis (1997) the concept analysis bring the concept closer to use in research
and clinical practice. Meleis (1997) claims that in describing a phenomenon it is necessary
to sum up what the phenomenon is and where and when it occurs. Phenomena are
perceived, and only when they are organized and labeled do they become concepts.
Concepts, according to Meleis (1997) are mental image of reality tinted with the theorist’s
perception, experience, and philosophical bent. Defining a concept helps to delineate sub
concepts and dimensions of the concept.

Walker and Avant (1995) suggest that the chosen concept has some relevance to a future
research project. The choice of concept here has arisen out of a need to understand
Conscience among health care professionals as the basis of health care in Lithuania.
Lithuania as other Eastern newly independent States has own past, and research within the
humanistic paradigm should be used. The concept analysis of Conscience will help to understand the experience of health among health care professionals especially in the field of psychiatry and pediatric, where caregivers come in ethically difficult situations, when caring patients. Any research on this issue there were not find in Lithuania.

To establish an understanding of Conscience and fulfill the essential step of bringing it closer to measurability and create the operational definition Walker and Avant (1995) suggested that a concept analysis can contribute to the development of a tool or research instrument. The results of this analysis may contribute towards the development of a tool, that can be used to assess how health care professionals recognize the perception of owns Conscience, how they describe good Conscience, bad Conscience, pangs of Conscience, stress of Conscience.

Definition, identification and description of the different dimensions and components of the concept of Conscience I will start with dictionary definitions:

Merriam-Webster’s Online Dictionary (2004) explains: Con·science. Etymology: Middle English, from old French, from Latin conscientia, conscient-, consciens, present participle of conscire to be conscious of guilt, from com- + scire to know - - more at science.
Date: 13th century

Webster’s Revised Unabridged Dictionary, © 1996, 1998 MICRA, conscience:
N 1: motivation deriving logically from ethical or moral principles that govern a person’s thoughts and actions [syn: scruples, moral sense, sense of right and wrong]
2: conformity to one’s own sense of right conduct; “a person of unflagging conscience”
3: a feeling of shame when you do something immoral; “he has no conscience about his cruelty”.

In the Old Testament and Apocrypha. According to the Greek understanding of conscience: that it is always or almost always a guilty conscience, and that all the Greek words for it look with scarcely in exception to ‘conscience – the judge’ and are primarily connected with shame.
The Pauline Envoi. The Pauline writings contain six further occurrences of conscience. Two of these, like all those we have examined already, are MBA. Both of them take the form, conscience bearing witness with. In Rom. 9.1 conscience is used absolutely and the context is plainly moral.


1. Knowledge of one’s own thoughts or actions; consciousness.
2. The faculty, power, or inward principle which decides as to the character of one’s own actions, purposes, and affections, warning against and condemning that which is wrong, and approving and prompting to that which is right; the moral faculty passing judgment on one’s self; the moral sense. As science means knowledge, conscience etymologically means self-knowledge. But the English word implies a moral standard of action in the mind as well as a consciousness of our own actions.
3. The estimate or determination of conscience; conviction or right or duty. Conscience supposes the existence of some such [i.e., moral] faculty, and properly signifies our consciousness of having acted agreeably or contrary to its directions”.
4. Tenderness of feeling; pity.

The Oxford English Dictionary (1989). The Oxford English Dictionary (1989) entry for conscience provides the following description of the Latin word: privity of knowledge (with another), knowledge within oneself consciousness, f. conscient (present participle) of conscire, f. con. – together- scire to know. The Oxford English Dictionary illustrates the earliest quotation for conscience as follows: within ourselves our own conscience, that is our mind reproaching itself with the fire of remorse for sin”. The Oxford English dictionary (1989) explains conscience as the internal acknowledgment or recognition of the moral quality of one’s motives and actions; the sense of right and wrong as regards things for which one is responsible; the faculty or principle which pronounces upon the quality of one’s actions or motives, approving the right and condemning the wrong.

Middle English Dictionary explains conscience as: “the mind or heart as the seat thought, feeling and desire; attitude of mind, feelings”; “the faculty of knowing what is right, with
reference to Christian ethics; the moral sense, one’s conscience; awareness of right and wrong, consciousness of having done something good or bad”.

Many authors agree that the concept of Conscience is difficult to define. The phenomenon of Conscience has been recognized from different science perspectives, from different cultures from different epoch’s.

Natsoulas (2000) discussed about dual awareness of from a historical and literary perspective and emphasized the two branches of meaning. The Latin verb *conseire* was the original source of conscious and consciousness. Conscio was used to mean “know together with, I share with (someone) the knowledge that”, or “know”, “know well”. The other branch of meaning for conscious and consciousness are used to refer to what might, be described as an “unaccompanied” consciousness of something.

The semantic analysis of word conscience reveals the linguistic meaning of the concept. The word conscience derived from Latin ‘conscientia’, where-con meaning ‘with’, sciv meaning ‘I know’. Originally the word “Conscion” is found in a range of Greek texts as synedesis. In semantic meaning from word group – synoida – means “I know in common with” (from syn and eido, with and I know) (Costigane, 1999). There are other senses, like ‘I bear witness’ or ‘I am conscious of’. So, syndedsis itself refers to the goodness or badness of specific actions performed by an individual, but one who is in relationship with others.

According to Natsoulas (2000) the word conscience entered the English language during the thirteenth century, that is earlier by centuries than the word consciousness did. Lewis (1960) described consciousness as being a useless synonym for conscience until the eighteenth century and still does in French. Thus conscience is defined as “consciousness of right and wrong; moral sense”. Natsoulas (2000) contrasted one’s internal recognition of the morality, the sensing of their rightness or wrongness as states of consciousness.

Conscience is a sense of moral responsibility for one’s behavior, realization of its value. For example: a voice of Conscience, freedom of Conscience and so on (Current Dictionary of Lithuanian Language, 2000, page 682). Lithuanians recognize conscience in an inner sense of an individual. It may be based on individual’s moral value and responsibility.
However, the individual’s conscience is based on human nature and spirit, as human being has a soul. Conscience may be profound and superficial. It has to be developed. Human conscience is the only; an individual, however, being a member of a community transfers in into diverse fields of life and activity. That’s why we could speak about professional, civil, national conscience and other types of Conscience. For example, by national Conscience we mean Conscience of a community that was formed at a certain time and has common origin, land, speech, history, culture, the ability to sense and perceive moral value and responsibility of its behavior. National Conscience supplements human Conscience the basis of which is the human soul. Concept of Conscience is defined almost in the same way in diverse philosophic trends but is explained in different ways.

Different explanation is presented by Shreider (1989), he argues Conscience is a realization of the meaning of one’s actions and the following moral responsibility for them. In literal translation from Russian it is a “co-notice” – that is, “existing together with notification” (from society); the prefix “co” emphasizes social conditionality of the criterion.

**Conscience from psychosocial perspective**


Kochanska (1994), states that emerging signs of conscience and internalization appear in early childhood and further conscience develops as a consequence of four–to-six–year old children’s adoption of parental standards, in order to compensate children’s anxiety over their erotic and hostile feelings towards their parents.

According to Freud (1964), Conscience develops out of the Oedipus complex. Children, who are restrained from expressing sexual feelings toward their opposite – sex parent, take the role of their parent in controlling their own impulses.

Erikson (1963) recognized the child’s aggression toward parents, who are turned inward. In the psychosocial development stage of Autonomy versus shame and Doubt, children come to limit their belief in their parents, who are recognized as moral standards.
Kohlberg (1969) has conceptualized the growth of conscience in terms of the development of moral judgment and reasoning. Cognitive developmental approaches to socialization have focused upon child cognition and have examined moral judgments, moral choices, and moral reasoning.

Stilwell, Galcin, Kopta (1991) have created a five-domain theory of conscience: conceptualization, moral – emotional responsiveness, moral valuation, moralization of attachment and moral volition.

According to Fuchs (1987) object – orientation of the Conscience is basically the tendency to more or less identify Conscience with practical reason. Fucks (1987) claims that the human being’s deep-seated self-consciousness is existent in every deepest level of consciousness and aware of himself, be an obligated existence, which means a moral being.

**Conscience and moral**

The terms ethics and morals are often used as synonyms. Ricoueur (1992) distinguishes between them by focusing on two historical traditions: teleological ethics and deontological ethics. He uses teleological ethics in accordance with Aristotle’s Nicomachean Ethics. Ethics, according to Ricoeur (1992) is not a law but a vision or imagination of what a good life is, in relation to others. Morals, is founded in deontological ethics, which emphasizes the moral norm. Morals are connected to a singular person in a singular situation, where moral judgments are made and actions are guided by norms, rules, and principles (Soderberg, 1999).

The virtues relevant for integrity always accompany other, substantive virtues, and their associated values, principles and rules. Musschenga (2001) claims, that the interest in integrity leads us to investigate the coherence and consistency of the sayings and doings. According to Musschenga (2001) moral integrity is connected with trustworthiness and reliability of people and the predictability. Moral integrity those peoples’ external and internal consistency and coherence. For establishing those components Musschenga (2001) distinguishes between virtues of form, virtues of unified agency, intellectual virtues, volitional virtues and virtues of substance.
Beauchamp and Childress (2001) acknowledge conscientiousness as one of the most important focal values, especially for health professional. Many people view Conscience as a faculty of authority for moral decision – making. Slogans such as” Let your Conscience be your guide” suggest that Conscience is the final authority in moral justification. Conflicts of Conscience, according to Beauchamp and Childress (2001) mean Conscientious objection, and sometimes emerge in health care, when care professionals regard as unethical some role obligation or order, that descends from hierarchical structure of authority.

Soderberg (1999) finds out the connection between “what I am” and “what I do” and points to the seriousness of the professionals’ struggle when trying to transform ethically difficult care situations into something good.

Conscience often examines our own virtues, for example, honesty, openness, sincerity, loyalty and dedication. They refer to the quality of someone’s communication about his or her convictions and behavior, and to the quality of his or her commitment to a role, practice or set of practices. Virtues of unified agency as harmony, constancy, unity and permanency, are of central importance to a person’s reliability. Intellectual virtues are necessary for interpreting principles and rules in concrete situations. Volitional virtues are, for example, self-control, perseverance and steadfastness, are relevant, for withstanding external pressures and internal temptations to act in a way contrary to normative expectations, values and standards (Beauchap and Childress, 2001).

**Conscience from the philosophy perspective**

Conscience has always been an object of reflection within philosophy. Heidegger (1978) suggested that Conscience involves the response of troubling oneself to take care of the troubling situation. According to Heidegger, the call of Conscience says nothing. By saying nothing, the call provides the necessary provocation to awaken the self to its own possibilities, including the unique prospect of death. Schalow (1995) quotes Heidegger’s understanding of Conscience “only in keeping silent does the Conscience call; that is the call comes from soundlessness of uncanniness”. Schalow (1995) emphasized the
Heidegger’s Dasein’s individuation and states that the call of Conscience can evoke a deeper sensitivity to the claim of difference.

Tillich (1996) claims, that recent existential philosophy has developed a doctrine of transmoral Conscience that follows the general lines of Luther, Bruno, and Nietzsche. Heidegger, the main representative of existential philosophy, says, “The call of Conscience has the character of the demand that man in his finitude actualize his genuine potentialities, and this means an appeal to become guilty”. Conscience summons us to ourselves, calling us back from the talk of the market and the conventional behavior of the masses. It has no special demands; it speaks to us in the “mode of silence”.

Existential moral awareness is based on Conscience, argues Lederman (2003) and demonstrates it by Bubers definition of Conscience: Conscience means to us the capacity and tendency of man radically to be distinguished between those of his past and future actions which should be approved and those which should be disapproved. Conscience can naturally distinguish and if necessary condemn in such a manner not merely deeds but also omissions, not merely decisions but also failures to decide, indeed even images and wishes that have just arisen or are remembered.

Conscience is personal. It relies on the freedom of existence. To exist is to take leave of what one is in order to establish oneself on the level of that which was formerly only possible Lederman (2003).

**Conscience within theology**

Conscience in the biblical foundations. Looking in the historical Christian texts of the biblical foundations we can find different explorations of Conscience. It is interesting to notice, that the Hebrew language has no specific word for Conscience, though the idea of judgment on actions performed is expressed by reference to the heart. Costigane (1999) reveals certain themes emerging from biblical texts: seeking God, being in relationship with him, and listening to him (Hebrew texts). The word for Conscience expressed by reference to the heart. The idea of heart is well represented in Matthew’s Gospel, in Mark and Luke and John Gospel where the term is used in connection with the
idea of inward disposition, orientations of life and awareness, the heart being the seat of intention which guides or inspires actions and thoughts.

The word for Conscience, syneidesis, being used in Paul’s letters to the church in Corinth, where Paul points out that, for justification, it is not enough for an individual to say that his or her Conscience is clear: the neighbor’s Conscience must also be taken into consideration. Paul reminds the Corinthians that love, not knowledge is what builds up the community.

Conscience from the considerations of the Greek and biblical texts. Costigane (1999) asserts that there is a distinction between what we understand as Conscience; that Conscience is somehow a function of reason, and that is something which relates to the individual, but that its manifestation cannot be seen in isolation from the community.

Christian writer Augustine in Book One of the Confessions writes: “Certainly there is no knowledge more intrinsically true (in cordibus suis) than that which is written in our own Consciences (conscientia), of not doing to others that which we would not suffer in ourselves Augustine, claims (Costigane 1999) where using cor (heart) emphasize the fundamental nature of the knowledge found in the heart.

According to Thomas Aquinas “Conscience is instance of morality, which judges about motivation and moral quality for action” asserts (Stančiene, 2003). In Aquinas’s terms, while synderesis is that which makes known to us general principles for action (which reflects the idea of the word written on the heart), the other aspect of Conscience is a function of practical reason which deals with specific issues. Hoose (1999) points out, however, for Aquinas a key concept was practical intellect. Aquinas saw synderesis as an inborn disposition towards the good, based upon practical moral reason which informs the individual that the good has to be done. According Aquinas right moral reasoning require the virtue of prudence, a sincere judgment of Conscience occurring as a result of the inborn disposition, synderesis, and the virtue of prudence which, for its very being and function, presupposes a basic orientation towards the good (Hoose, 1999, p.66).

Newman’s writings on Conscience provide us with much wider idea of what Conscience is how Conscience speaks to us of existence of God and tells us something about what God is: “in this special feeling which follows on the commission of what we call right and
wrong, lie the materials for the real apprehension of a Divine Sovereign and Jude” (Hoose, 1999, p.12).

Conscience is foundational a sense of God implanted in the heart and a judgment, engaging reason on actions undertaken in the light of this commitment to God.

Conscience within the Roman’s Catholic Church. Roman’s Catholic Church explains Conscience in the Magisterum what is usually regarded as the principal conciliar text. The following statement the most widely quoted: “this Conscience is man’s most secret core and sanctuary. There he is alone with God whose voice echoes in his depths” (Hoose, 1999). Individual Conscience for Christians is seen as having God’s law inscribed on their heart, a law which is detected deep within a person’s Conscience, and a law which must be obeyed, which calls a person to love good and avoid evil (Hoose, 1999). Moral theologians within the Roman Catholic tradition emphasized three different ways of understanding Conscience:

- Conscience one (Synderesis) is seen as given characteristic of being human which provides us with the capacity for knowing and doing good and avoiding evil.
- Conscience two – however has received much attention in moral debate and education. Its primary tasks are accurate perception and right moral reasoning, which is achieved by the formation of Conscience two in community, by using a wide range source of moral wisdom.
- Conscience three – is seen like convergence, the general orientation to the good – Conscience one, and the process of considering the relevant moral factors – Conscience two, in order to produce the judgment of what the person must do in a particular situation and the commitment to do it. Hoose (1999) discloses Callaghan’s standpoint, where he claims, that the Roman Catholic Church has often fostered immaturity and maintained superego mechanisms at the expense of Conscience, on the contrary to the encouraging people to move towards genuine self-love, the development of a mature Conscience and taking responsibility for ourselves.

Conscience within the Orthodox Church. Hoose (1999) claims, that the Orthodox Church view of Conscience is inseparable from its sense of the theological nature of human existence: the imitation of human being to intimate communion with the Divine Trinity.
Conscience for them is a part of conceptual system to describe ascesis, the spiritual struggle, and necessary for fellowship with God. On the contrary to Aquinas, Orthodox theology does not proclaim the Sovereignty of Conscience. A rational criticism of Orthodox church is that we cannot be guilty of what we have done without being aware about it.

Conscience within the Jewish tradition. Conscience in Jewish tradition – is a product of personal endeavor to restore the erring heart to its primeval affinity with the ideals of righteousness, justice, compassion and truth (Hoose, 1999).

Conscience within Islam. To understand the perception of Conscience within Islam according to Hoose (1999), it means to understand centrality of revelation, which relies on the scriptural tradition of the Qur’an and Hadith. Muslims believe that the Qur’an is the final revelation of Allah to human beings. For Muslims the self is not the judge of right and wrong, only God is all-seeing and knows our entire being and Allah is the Judge.

Conscience understanding in Buddhist ethics. Hoose (1999) noticed that it is quite difficult to understand what Conscience in Buddhist ethics or religion means, because it simply has no role in Buddhist religion. Despland (1995) notes that Hindu and Buddhist philosophies have very articulate and complex theories of consciousness. Buddhist ethics is about consciousness, not about Conscience, and the Buddhist’s spiritual path depends on awareness of the way as to progress towards the supreme goal of nirvana.
OVERALL AIM FOR THE THESIS:

To describe the essence of the concept of Conscience reflected by health care professionals and to adapt the questionnaire Conscience in Lithuania hospital setting, with testing its reliability and validity.

Aim for part 1 (study I) – to describe and illuminate the care professionals perception of Conscience through literature review.

Research questions.

- What are phenomena of perception of Conscience described in literature?
- What is perception (manifestation, expressions) of Conscience among health care professionals in hospital setting?

Aim for part 2 (study II) – to adapt the questionnaire Conscience to Lithuanian conditions and to test its, reliability and validity.

Research questions.

- How representative is Lithuanian version of Questionnaire Conscience?
- How representative are questions within the Questionnaire Conscience?
PART I: LITERATURE STUDY (STUDY I)

AIM

To describe and illuminate the care professionals perception of Conscience through literature review.

METHOD

The literature review was organized by the Matrix Method Garrard (1999) who provided the process for systematically reviewing the literature. According to Garrard (1999) the Literature Review consists of four major sections: Paper Trail, documents Sections, Review Matrix and Synthesis.

A systematic computerized literature search in the electronic databases ELIN: Electronic Library Information Navigator was performed, which supply possibilities to take full texts from 17 date bases, also data base PubMed.

The search period was performed in July 2004, December 2004 and May 2005.

While beginning with setting up the Paper Trail I started to select the Key Words which describe the topic and could be interrelated with the research questions.

Key words:
Conscience - is the main search term,
Conscience and nursing,
Conscience and care,
Conscience and health,
Conscience and physicians,
Conscience and nurses,
Stress of Conscience; bad Conscience; good Conscience,
Conscience and quilt,
Conscience and shame,
Moral sensitivity,
Moral integrity.

Comments on limits and the choice of keywords
Since the overall aim of the study is to describe the essence of the concept of the Conscience reflected by health care professionals, the keywords were selected in accordance with the aim of the study. 

Health care professionals have been identified as: care providers, nurses, physicians.

The concept of Conscience has been distributed to:
1) stress of Conscience,
2) bad Conscience,
3) good Conscience,
4) quilt,
5) shame,
6) moral sensitivity,
7) moral integrity.

No restrictions were done according to gender, nationality, religion convictions.

Data selection
The criteria for selection.
The selection of relevant documents followed three steps, according to the Matrix Method, which is a strategy for the literature review (Garrard, 1999).

Table 1. Inclusion and exclusion criteria.

Inclusion criteria:
Participants:
- Clinical nurse specialists.
- Physicians working in hospitals.
- Care providers working in hospitals.

Setting:
- Hospitals within departments:
Outcome measures: data relating to concept of Conscience (stress of Conscience, moral integrity, moral problems, ethical problems.

Methodology: qualitative research studies (any type).

Findings: any reflection of Conscience experienced by health care professionals.

Language: English.

Exclusion criteria:

Participants

- Studies which included participants working in midwifery and primary health care.
- Studies which included staff groups other than, or additional to the populations of interest.

Setting:

- Ambulance
- Delivery clinic
- Other clinics than the setting of interest of this study

Methodology: studies considered methodologically obscure.

The three steps were as follows:

- Reviewing the abstract when searching through data bases, and the original research articles, first step to read the abstract and to decide whether it is relevant to the purpose of literature review.
- Skimming the document.
  When the article appears to be relevant to the study, skimming helps to determine if it is valuable to the study. It is necessary to skim not only the abstract but the entire article, including the aim, the method and the results.
- Photocopying the Documents.
  The relevant articles were printed out.
  A total 291 abstracts were found, 68 met the criteria.
Table 2. Number of abstracts per database and keywords.

<table>
<thead>
<tr>
<th>Keyword</th>
<th>ELINE</th>
<th></th>
<th></th>
<th>PubMed</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hits</td>
<td>Identified abstracts</td>
<td>Saved abstracts</td>
<td>Hits</td>
<td>Identified abstracts</td>
<td>Saved abstracts</td>
</tr>
<tr>
<td>Conscience and nursing</td>
<td>17</td>
<td>7</td>
<td>5</td>
<td>144</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td>Conscience and care</td>
<td>80</td>
<td>26</td>
<td>7</td>
<td>55</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Conscience and health</td>
<td>103</td>
<td>11</td>
<td>7</td>
<td>189</td>
<td>31</td>
<td>2</td>
</tr>
<tr>
<td>Conscience and physicians</td>
<td>21</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Conscience and nurses</td>
<td>19</td>
<td>11</td>
<td>4</td>
<td>28</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Conscience and guilt</td>
<td>22</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Conscience and shame</td>
<td>11</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Moral sensitivity</td>
<td>126</td>
<td>23</td>
<td>11</td>
<td>100</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>Moral integrity</td>
<td>355</td>
<td>55</td>
<td>7</td>
<td>233</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>Stress of Conscience</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bad Conscience</td>
<td>35</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Good Conscience</td>
<td>142</td>
<td>26</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The Review matrix provides a standard structure for creating order by reading and abstracting each article and putting that information in the box of Generic Review Matrix (Garrard, 1999).

A matrix box consists of rows and columns and is a basis for writing a synthesis in a literature review through three steps process (Garrard, 1999).

- **Organizing the documents**
  Chronologically arranging the source documents from the oldest to the most recent by year of publication.

- **Choosing topics**
  Deciding which topics to use in the Review Matrix.

- **Abstracting the documents**
  Reading and abstracting each documents in chronological order from the oldest to most recent.

When knowing the overall aim of the study there are three the most important things: specifying the purpose of the literature review, selecting the source documents and choosing the column topics.
The abstracting process enabled critically analyze the source materials, abstract each on the basis of the column topics.

**Table 3.** Review matrix of the empirical studies of Conscience

<table>
<thead>
<tr>
<th>Author, journal</th>
<th>Title</th>
<th>Aim</th>
<th>Method</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Söderberg, A., Gilje, F., Norberg, A., Umea University, (1996)</td>
<td>Transforming desolation into consolation: the meaning of being in situations of ethical difficulty</td>
<td>To illuminate the meaning of being in ethically difficult care situations in intensive care, as narrated by ENs.</td>
<td>The phenomenological-hermeneutic study. The participants were 20 enrolled nurses employed in six intensive care units in Sweden.</td>
<td>The results reveal a complex human process manifest in relation of one’s inner self and the other person which transforms desolation into consolation through becoming present to the suffering other when perceiving fragility rather than tragedy. In each of desolation situations of horror, dishonesty and insufficiently, the ENs inhibited disclosure of the real, preventing them from being true, i.e. they suppressed their honest reactions, their weaknesses and their desired response to the appeal. This absence of honesty became rejection, a protection of self. It means an isolation of self-integrity and destruction of self-constancy.</td>
</tr>
<tr>
<td>Nelms, T.P. (1996). <em>Journal of Advanced Nursing</em>, 24, 368-374.</td>
<td>Living a caring presence in nursing: a Heideggerian hermeneutical analysis</td>
<td>To illuminate nurses’ shared practices and common meanings of living a caring presence in nursing.</td>
<td>Empirical qualitative. Heideggerian hermeneutical analysis. 5 nurses wrote a story of living a caring presence.</td>
<td>In this study the constitutive pattern identified as “caring as the presencing of being”. The themes identified in the study were the timelessness and spacelessness of caring, creating home, and the call of Conscience.</td>
</tr>
<tr>
<td>Söderberg, A., Gilje, F., Norberg, A. <em>Intensive and Critical Care Nursing</em>, 13, 135-144 (1997)</td>
<td>Dignity in situations of ethical difficulty in intensive care</td>
<td>To illuminate the meaning of being in ethically difficult care situations in intensive care.</td>
<td>The phenomenological-hermeneutic study. 20 registered nurses narrated episodes of ethical difficulty.</td>
<td>From a phenomenological hermeneutic perspective, the core theme of ‘dignity’ was identified in 85 stories. Stories with the concept of dignity reveal a threefold meaning; transforming disrespect into respect for the inviolable value of the human being; transforming ugly situations into beautiful ones; transforming discord of death into togetherness. Stories without the concept of dignity were oriented toward skills and physical care without reflection on actions and a ‘taken-for-granted attitude’ that good will prevail. Comparing and contrasting stories with and without dignity revealed the demands of dignity: attentiveness, awareness, personal responsibility, engagement, fraternity and active defense of dignity. In light of the philosophies of Well, Marcel and Ricoeur, the demands of dignity correspond to qualities generated when struggling for</td>
</tr>
<tr>
<td>Source</td>
<td>Title</td>
<td>Summary</td>
<td></td>
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<tr>
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</tr>
<tr>
<td>Oberle, K., &amp; Hughes, D. (2001). <em>Journal of Advanced Nursing</em>. 33 (6), 707-715.</td>
<td>Doctors’ and nurses' perceptions of ethical problems in end-of-life decisions</td>
<td>To identify and compare doctor’s and nurses’ perceptions of ethical problems. Empirical study qualitative study. Qualitative descriptive approach bases on the grounded theory methodology of Strause and Corbin. Thematic analysis: coding meaning units categories patterns common themes. 7 doctors 14 nurses working in acute care adult medical-surgical areas including intensive care. All participants experienced ethical problems around decision making at the end of life. Common themes: uncertainty competing values hierarchical processes scarce recourses. The key difference between the groups was that doctors are responsible for making decisions and nurses must live with these decisions. Each group acts different by when encountering and interpreting sources of moral distress. Nurses experienced moral distress when they perceived that the patients suffering was intensified because doctors could not write the “appropriate” orders. This moral response to suffering generated an incredible sense of moral burden in both groups.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Berggren, I., Severinsson, E., <em>Journal of Advanced Nursing</em> 41 (16), 2002.</td>
<td>Nurse supervisors’ actions in relation to their decision-making style and ethical approach to clinical supervision</td>
<td>To explore the nurse supervisors’ decision-making style and ethical approach by focusing on their priorities in the supervision process. A focus group comprised of four clinical nurse supervisors with considerable experience was studied using qualitative hermeneutic content analysis. Nurse supervisors frequently reflected upon the ethical principle of autonomy and the concept and substance of integrity. The nurse supervisors used an ethical approach that provision of patient care. Recognizing the supervisees as nurses and human beings was reported as important. Guilt, reconciliation, integrity, conscience and challenge emerged as the care components of supervision. Conscience emerged from the content analysis, and in reflected in the following statement: “We are responsible, and we have to defend our actions, because our conscience tells us to.”</td>
<td></td>
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</tr>
<tr>
<td>C Corley, M. <em>Nursing Ethics</em>, 2002 9 (6)</td>
<td>Nurse Moral Distress: a Proposed Theory and Research Agenda</td>
<td>To develop a better understanding of moral distress to theory of moral distress. Methasynthesis of major sources of nurse moral distress identified in the literature Developed (MDS) – moral distress Scale. Moral distress is the psychological disequilibrium, negative feeling state and suffering experienced when nurses makes a moral decision and when they cannot follow through with the chosen action. The psychological disequilibrium manifested as anger, frustration, guilt, loss of self – worth, depression and nightmares, suffering, sorrow, shame, compromised integrity, grief, heart ache, sadness, anguish, helplessness and powerlessness.</td>
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</tr>
</tbody>
</table>
| Sørlie, V., Jansson, L., Norberg, A., *Scand J* | The meaning of being in ethically difficult care | To illuminate the meaning of female The transcribed interview texts were subjected to phenomenological-

respecting the dignity of human beings. This study reveals that dignity begets dignity, which opens the RNs to the ethical dimension. This, in turn, counteracts the risk of dehumanizing care in technocratic environments. The meaning of dignity in this investigation points to a morality of obligations. In very acute situations of ethical difficulty arose in RNs conflict within their Conscience; they felt anger, despair and grief. |
<p>| Caring Sci17:285-29; 2003 | situations in pediatric care as narrated by female Registered Nurses | Registered Nurses’ lived experience of being in ethically difficult care situations in pediatric care. | hermeneutic interpretation. 20 female registered nurses were interviewed. | when they performed the tasks expected from them. The nurses, however, felt that something was missing. They missed self-confirmation from their Conscience. This gave them an identity problem. They were regarded as good care providers but at the same time, their Conscience reminded them of not taking care of all the ‘uninteresting’ patients. This may be understood as ethics of memory where their Conscience ‘set them a test’. The emotional pain nurses felt was about remembering the children they overlooked, about bad Conscience and lack of self-information. Nurses felt lonely because of the lack of open dialogue about ethically difficulties, between colleagues and about their feeling that the wrong things were prioritized in the clinics. |
| Severinsson, E., Nursing and Health Sciences, 2003 5, 59-66. | Moral stress and burnout: Qualitative content analysis | To describe and interpret the narrative of an Australian nurse’s experience of burnout. | A qualitative content analysis was used for the text of the interview. | The main findings of this study concern moral stress and burnout. Three themes were identified: shortcomings and health problems; hovering between suffering and desire; and responsibility for oneself. All themes are related to the nurse’s identity, the nurse’s personal experience of, and reflections on, ethical problems and the existential issues of suffering, and the responsibilities and difficulties nurses face. Shame and guilt generate feelings of inadequacy. Guilt also creates feelings of powerlessness and hopelessness when one fails to act in situations which require action. |
| Lützen, K., Cronqvist, A., Magnusson, A., &amp; Andersson, L. Nursing Ethics, 2003 10 (3) | Moral Stress: synthesis of a concept. | To describe the synthesis of the concept of moral stress and to attempt to identify its precondition s. | Qualitative data were analyzed from a hypothetical-deductive approach. | Moral sensitivity was expressed as lacking authority to act but knowing something should be done. Moral stress were identified: 1) nurses are morally sensitive to the patients’ vulnerability and lack of autonomy; 2) nurses experience that external factors prevent them from doing what they think is the best for the patient; 3) nurses believe that they have no control over the specific situation. |
| Sørlie, V., Lindseth, A., Forde, R., Norberg, A. (2003). Journal of Pediatric Nursing. Vol 18, No 5. | The meaning of Being in Ethically Difficult Care Situations in Pediatrics as Narrated by Male Registered Nurses | To elucidate the meaning of male RNs experience of being in ethically difficult care situations in pediatric care. | Empirical The method phenomenological hermeneutic. The interpretation proceeds: naïve reading structural analysis meaning units condensed to sub. All male RNs (n = 5) working in pediatric clinics. | The male RNs focused mainly on caring (doing good). The main focus was on Helping patients in caring perspective was related as being more than this led to the formulation of a comprehensive understanding. Inspired by Ricoeours. Themes and themes saving life. Helping the patient in a caring perspective was expressed as being a basic value which means that caring was the patients’ prerequisite for survival. |
| Sørlie, V., Kihlgren, Meeting Ethical | To illuminate | The interviews were analyzed and | Their reflections seem to show an expectation of care as expressed in their |</p>
<table>
<thead>
<tr>
<th>Author, journal</th>
<th>Title</th>
<th>Aim</th>
<th>Method</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.L., &amp; Kihlgren, M. <em>Nursing Ethics</em>, 2004 11 (2).</td>
<td>Challenges in Acute Care Work as Narrated by Enrolled Nurses</td>
<td>the experience of enrolled nurses (ENs) being in ethically difficult care situations and on working in an acute care unit.</td>
<td>interpreted using a method inspired by Ricouer’s phenomenological hermeneutics. 5 enrolled nurses between 45-62 years mode = 60 who were working in an acute care unit at hospital.</td>
<td>lived experiences and their desire for a particular level and quality of care for their own family members. A lack of time could lead to a bad Conscience over the little bit extra being omitted. This lack of time could also lead to tiredness and even burnout, but the system did not allow for more time.</td>
</tr>
<tr>
<td>Sørlie, V., Kihlgren, A., &amp; Kihlgren M., <em>Nursing Ethics</em>, 2005 12 (2)</td>
<td>Meeting Ethical Challenges in Acute Nursing Care as Narrated by Registered Nurses</td>
<td>To illuminate the experience of registered nurses being in ethically difficult care situations and on working in an acute nursing care ward.</td>
<td>Qualitative research. 5 registered nurses interviewed. Data analysis phenomenological hermeneutics method inspired by Ricoeur’s.</td>
<td>The nurses said that they had difficulty with reconciling themselves with their feelings of inadequacy: “I have to shoulder the responsibility on my own”. They can make themselves feel ill by thinking about all they have not done, defined this feeling as their inadequacies and “bad” Conscience’. It hurts inside when I run past patients who are not acutely ill’. Conscience dictates when something is not right, whether it be a wrong judgment or a lack of time to listen. The nurses said they feel that they have to be satisfied with what they have achieved. ‘I suffer from wanting to do more than I am able. I want to have more time with my patients’.</td>
</tr>
</tbody>
</table>

**Table 4.** Review matrix of the theoretical studies of Conscience

<table>
<thead>
<tr>
<th>Author, journal</th>
<th>Title</th>
<th>Aim</th>
<th>Method</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childress, J.F Kennedy <em>Institute of Ethics Journal</em> 7.4 (1997)</td>
<td>Conscience and Conscientious Actions in the context of MCOs</td>
<td>To provide a basis for understanding the notions of Conscience and conscientious objection and offers a framework for clinicians to state out positions grounded in personal Conscience.</td>
<td>A case study in hospital setting, where conflicts of obligation occur between profession – based obligations to patient and new organization based obligations.</td>
<td>Conscience is mode of consciousness and awareness of his or her own acts and their value or disvalue, their goodness or badness their rightness or wrongness. It is often retrospective. And it is often negative – a bad Conscience or feelings of guilt and shame that accompany an awareness of one’s own acts as bad or wrong. A good Conscience is quiet clean and refer to this state of affairs as one of peace, wholeness and integrity.</td>
</tr>
<tr>
<td>Georges, J.J., &amp; Grypdonck, M., <em>Nursing Ethics</em>, 2002 9 (2)</td>
<td>Moral Problems Experienced by Nurses when Caring for Terminally Ill People: a</td>
<td>To review Literature and to explore how palliative care nurses are affected by ethical issues and to</td>
<td>Literature review.</td>
<td>Moral problem: moral uncertainty is hesitation about the perception and the presence of a moral problem; a moral dilemma is a choice from opposing principles that support mutually inconsistent courses of action; moral distress designates the impossibility of carrying out a choice because institutional or other constraints</td>
</tr>
</tbody>
</table>
Data analysis

Using the Matrix Method proposed by Garrard (1999), each of 14 papers was evaluated in ascending chronological order using a structured abstracting from with keywords topics: journal identification, purpose, methodological design, data sources, validity and reliability of data collection, results and significance.

The general framework for synthesizing qualitative accounts will be presented involving a metha-synthesis, which in nature is interpretive synthesis. The goal of interpretive meta-synthesis is understanding and describing the phenomenon of Conscience. According to Sandelowsky (1991), a synthesis of qualitative accounts should grab the essence of the phenomenon, presenting a way to achieve a “fuller knowing” to advance knowledge.

Quantity and nature of relevant research Number and type of studies fifteen relevant studies were identified. They used a range of qualitative methods (see Table 4).

Table 5. Included studies

<table>
<thead>
<tr>
<th></th>
<th>Empirical studies</th>
<th>Theoretical studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Oberle, Hughes, 2001</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Berggren, Severinsson, 2002</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Corley, 2002</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Sørlie, Jansson, Norberg, 2003</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Severinsson, 2003</td>
<td></td>
</tr>
</tbody>
</table>
In order to achieve the comparability of the studies, studies were divided to empirical studies and theoretical. Thus two groups of interpretive synthesis will be analyzed separately, when synthesizing understanding of the concept of Conscience, the theoretical studies will be helpful, only to theoretisize the findings.

According to Cooper (1989) one of the most effective used methods of integrative research is the use of prior research to develop a more comprehensive account of a specific phenomenon or relationship than each of the related research reports separately.

Integration is understood as a process of synthesizing isolated bits of information to a more comprehensive and internally consistent whole. This is the explicit purpose of the kind of review. Synthesis review encompass a process of theory development in the sense to focusing on the same phenomenon from the relating separate studies into the more comprehensive account of the phenomenon (Kirkevold, 1997).

When reading texts in the initial phase, the findings were abstracted, and wrote on the reporting formats. All the details concerning the phenomenon of Conscience was extracted from the empirical studies and wrote a list of key metaphors, phrases, concepts, ideas and categories, and hermeneutically was portrayed individual constructions of Conscience. At this phase initial assumptions about the relationships between studies were made. The next phase involved finding key metaphors or key meaning, and on the last phase have been synthesized a meta matrix, witch was called “Face of Conscience”. Jensen (1996) clearly characterized a metha-synthesis which is rooted in the original data and is credible when it re-presents such faithful descriptions or interpretations of a human experience. The idea on comprehensive understanding of the phenomenon of Conscience I combine with my preunderstanding, also studies on philosophical, psychological, theological caring science, and related research, also guiding by nursing research science methodology, I generalize the concept of Conscience.
RESULTS

The twelve empirical studies were chosen for integrative methasynthesis. A qualitative research method has been used in twelve studies for the framework for synthesizing qualitative findings I have chosen a interpretive synthesis method.

Face of Conscience

Good Conscience

Soderberg, Gilje, Norberg (1996) revealed good Conscience phenomenon, through ways of becoming present as welcoming participation, reflecting on self, readiness, struggling for the others freedom, honesty and creating beauty. The ability to experience dignity in other human beings demands a special sensitivity (good Conscience), because most people do not hear the heart crying out against evil, so one needs to create atmosphere of attentive silence in which this faint and inept cry can make itself heard (Soderberg, Gilje, Norberg 1997). What is sacred in every human being according to Soderberg, Gilje, Norberg (1997) is an indomitable expectation that good and not evil will be done to him.

Sorlie et al (2003) confirms “Good” Conscience mainly on caring (doing good), being close to patients, to exercise a caring role and express caring values helping patients in a caring perspective, is related as being more than saving life. Also, helping, being close, consoling and enfolding the other in good and warm hands. Manifestations of life are silent. Trust, openness of speech and mercy, belong to what means to be a human being.

Broadening the caring concept with the understanding of right ethical decision, what is good, what is moral ideal, expresses respect for the integrity of the patient. Knowing whether actions have a benevolent outcome could be confirmed if we feel good, experiencing pleasure. Emotions such as sympathy, empathy, compassion, joy may confirm goodness. Moral sensing can be referred to as an inner voice that activates the ethical obligation “to do good”. Also an altruistic moral orientation can be viewed as good.
Nelms (1996) identified “caring as the presencing of being”, creating home and call to care as the call of Conscience. Conscience wordless and silent, Corley (2002) refers the opposite status from moral distress identified as moral comfort.

**Bad Conscience**

Corley (2002) investigated moral distress within nursing. Moral distress painful feeling, that occurs when nurses making right decision can’t do right action, they experience moral distress that leaves a moral residue. As nursing is an ethically grounded enterprise, moral standards infuse its practice, and all nursing acts are fundamentally ethical, when nurses cannot provide what is the best for patient, they suffer moral distress, influencing on their Conscience, and can lead to compromised integrity and moral residue. The pain and psychological disequilibrium of moral distress have been found to manifest as anger, frustration, guilt, loss of self-worth, depression and nightmares as well as physical symptoms that occur. Other researches also emphasized suffering, frustration, resentment, sorrow, anxiety, helplessness, powerlessness, shame, embarrassment, grief, heartache, misery, pain, sadness, and anguish. Nurses suffer from feeling that their moral integrity is in jeopardy and they are torn between opposing moral responsibilities. Corley (2002) identified and distinguished moral distress from opposite moral comfort.

Sorlie et al. (2004) recognized the bad Conscience, when nurses acknowledge that they were unable to do that “little bit extra”. It leads to headaches and pains in body, but the pain really in soul of one’s owns Conscience. Sorlie et al. (2004) identified, how a lack of time, could lead to bad Conscience, over the “little bit extra” being omitted. This lack of time could also lead to tiredness and even burnout. The bad Conscience increases when nurses are unable to care as they desire, and they wish, they feel split into two as human beings.

Oberle (2001) identified that differences between doctor’s and nurses’ ethical concerns were primarily related to their perceived mandates as caregivers. Thus-while doctors’ experiences around the end of life decisions represented moral dilemmas nurses experience was primarily, associated with moral distress or what has termed “moral outrage”. Childress (1997) defined bad Conscience as negative feeling of guilt and shame that accompany an awareness of one’s own acts as bad or wrong.
Sorlie, Kihlgren A., Kihlgren M. (2005), investigated how nurses had difficulty with reconciling themselves with their feelings of inadequacy. They make themselves feel ill by thinking about all they have not done, and call this feeling bad Conscience. Conscience dictates when something is not right, whether it be a wrong judgment, or lack of time for patients.

**Inner voice**
Researchers, Soderberg, Gilje, Norberg (1997) when exploring meaning of being in ethically difficult care, situations, revealed from phenomenological hermeneutic perspective the core theme of dignity, which has threefold meaning: transforming disrespect into respect for the inviolable value of the human being; transforming ugly situation into beautiful ones’ transforming discord of death into togetherness. The Inner voice is very closely to the dignity, and is the “face” of Conscience.

Soderberg et al. (1997), quoting Weil’s recognizes dignity as a moral intuition which arises through recognition of the dead of human degradation. Heideggerian characteristic “the call to care as the call of Conscience” is very close to the inner voice of Conscience. According to Nelms (1996) human caring is so deeply embedded in our “Consciousness”. Caring presence “being there” or “being with” another. While all the nurses in Nelms (1996) study heard and heeded the call of Conscience, a wordless, silent call. This call is precisely something we ourselves have neither planned nor prepared. It calls against our expectations and against our wills. The inner voice of conscience as Heideggerian Conscience is in the nature of a call to our innermost potentiality for being ourselves.

**Professional Conscience**
The core problem for doctors and nurses was witnessing suffering, which engendered a moral obligation to reduce that suffering. Uncertainty about the best course of action for the patient and family was a source of moral distress. Competing values, hierarchical processes, scarce resources, and communication emerged as common themes. The key difference between the groups was that doctors are responsible for making decisions and nurses must live with these decisions (Oberle, Hughes 2001).
Researchers have studied differences in ethical reasoning between doctors and nurses, with varying results. The core problem for both doctors and nurses Oberle, Hughes (2001) was witnessing suffering, which engendered a moral obligation to reduce that suffering. The authors concluded that the first interview reflected participants’ professional experience, while the second interview disclosed their personal experiences as human beings. In another Swedish study Soderberg, Gilje, Norberg (1996) nurses were most frequently concerned with problems of relationship and choice of action, in equal proportions, while doctors were most concerned with choice of action. Understanding the professional Conscience for each professional group presupposes knowledge about what it means for them to be in ethical difficult situations.

When a nurse learns what is the best for a patient, yet cannot provide it, the nurse suffered moral distress can lead to compromised integrity and moral residue: betrayed cherished belief (Corley, 2002).

Professional Conscience Sorlie, Jansson and Norberg (2003) revealed when nurses being confirmed as good nurses from physicians, they have satisfy self-confirmation. When being a good care providers at the same time, they hear a wordless voice accusing them of not caring. The wordless voice as an inner voice of Conscience, confirm that they are good nurses or not. Self confirmation for nurses can be seen as professional Conscience in the caring culture.

**Stress of Conscience**
Corley (2002) claims, moral distress psychological disequilibrium, can be recognized as:
- at the initial phase as frustration anger annuity, quilt, interpersonal, conflict;
- at the reactive phase as loss of self-worth, depression nightmares.

According to Corley (2002), when nurses cannot do what they think is right, they experience moral distress that leaves a moral residue. Severinson (2003) also states, that nurses supervisors also experienced stress of Conscience during supervision process which was reported as quilt, reconciliation, integrity and Conscience. Oberle, Hughes (2001) find out differences between doctor’s and nurse’s experiences being in ethically difficult situations, were doctors experienced moral dilemmas, nurse’s represented moral distress or
“moral outrage”. Sorlie et al. (2004) investigated how nurses recognized the problems of Conscience relating to levels of care, and find out that nurses experienced pain and exhaustion, the voice of Conscience as other life is as important as own life. Sorlie at al. (2005) claims that nurses’ were frustrated by a lack of time to be with patients “I suffer from wanting to do more than I am able. I want to have more time with my patients” (Sorlie at all 2005, p.138).
Figure 1. Model of conscience
DISCUSSION

Conscience has been an object of reflection in many conceptual research studies, yet it remains poorly understood.

Health care professionals, nurses, doctors, care givers are engaged in a moral endeavor (Corley, 2002). Bioethics as described by Beauchamp and Childress (1989), involved the application of four basic principles: autonomy, beneficence, nonmaleficience and justice. Thus the caring that is central to nursing may involve a different type of moral commitment and hence a different kind of moral reasoning that is represented in bioethics (Oberley, 2001) cites Parker.

Hoose (1999) state’s caring as “praxis” guided by “phronesis”. The careers’ actions may be viewed as being consistent with the Aristotelian concept of “praxis”, a form of “doing action”, which is morally committed. As a human being health care professionals has certain moral obligations to act in certain ways towards one’s fellow human beings.

Many theories have been offered in an attempt to guide humans in the right and wrong decisions and each represents a moral – philosophical stance (Gerard, 1995). Conscience of health care providers always is bedded in caring actions. When doing moral judgment about the right and wrong of actions the emphasis may be on: the consequences of the act; the nature of the act itself; the position of the moral agent who carried out the act (Gerard, 1995).

As we consider act of caring as moral act the Conscience of health care professionals, become the central agent to care as Immanuel Kant “categorical imperative” states: “Act only in that maxim, whereby you can, at the same time will that it should become a universal law” cited (Gerard, 1995).

When analyzing the data from selected studies the existed variety of constructions emerged. Conscience has various sources of wisdom according to, which it makes its judgment on the rightness or wrongness of actions performed. Those theoretical studies have been presented already known ethics theories, and basic assumptions on Conscience. Childress (1997) created the synopsis of Conscience construct. He saw Conscience as an
agent’s mode of consciousness and awareness of his or her own acts and their value or disvalue, their goodness or badness, their rightness or wrongness. It is often retrospective. It often emerges as agents look back over their acts. And it is often negative – a bad Conscience or feelings of guilt and shame that accompanies an awareness of one’s own acts as bad or wrong. On the contrary a good Conscience is described as quiet, clean, and easy refer to this state of affairs as one of peace, wholeness and integrity. George and Grypdonsk (2002) juxtaposed to Conscience a broad concept of a moral problem defined by Jameton:

- Moral uncertainty is hesitation about the perception and the presence of a moral problem.
- Moral dilemma is a choice from opposing principles that support mutually inconsistent courses of action.
- Moral distress designates the impossibility of carrying out a choice because institutional or other constrains make it difficult to pursue the desired course of action.

George at all (2002) state that several terms are used to refer to moral problems, such as ‘moral issues’ moral conflicts, ethical dilemmas or moral dilemmas. The concept of an ethical dilemma is related to choice and conflict values, principles and duties.

The expression of emotional pain nurses experiences when they are not confirmed from others for feeling that they are doing a good job as nurses (Sorlie, Janson and Norberg, 2003). In such case their identity in damaged. Discrepancies between good Conscience (self confirmation) and bad Conscience, when nurses feel missed self-confirmation from their Conscience awakes identity problem claims Sorlie, Janson and Norberg (2003). Referring to Ricoeur, Sorlie and all (2003) cities, a person’s identity is dependent on another person in a good or bad relationship, as well as on an inner voice of the person’s own – her or his – Conscience. The emotional pain nurses felt when remembering the children they overlooked, about bad Conscience and lack of self – confirmation (Sorlie, Janson, Norberg 2003, p.285).
CONCLUSIONS

There are many theories about the nature of Conscience. Conscience is an object of investigation within sciences as philosophy, psychology, theology, sociology. The research studies in nursing and caring sciences were lived experience of conscience have been investigated, emerged recently.

The integrative review revealed that care professionals encounter value conflicts, ethical dilemmas, moral distress, emotional pain, and feelings of shame and guilt when being in ethically difficult care situations. Care providers recognize different perception of their own personal Conscience. The call of Conscience, a wordless and silent call is precisely something we ourselves have neither planned nor prepared. The inner voice of Conscience as Heideggerian Conscience is in the nature of a call to our innermost potentiality for being ourselves.

The integrative review yielded different aspects of the perception Conscience experienced by health care professionals when being in ethically difficult care situations. In conclusion the research study allows generalizing the concept of Conscience and creating the model of Conscience. Conscience as deepest personal feeling relies on the freedom of existence. Existential Conscience means as a “call” for care professionals it means professional imperative and responsibility to care for others.

Conscience is based on moral values and reflect moral life with the different perception, that constrain the “face” of Conscience: inner voice, good Conscience, bad Conscience, stress of Conscience, professional Conscience and individual Conscience. Conscience has own actions with the direction to the past. Conscience’s actions are mostly retrospective. They are informing, balancing, serving as a quid, monitoring life, evaluating, making judgment, revealing the Bible, educating us.

The research about the meaning of the lived experience of Conscience among health care professionals is valuable for future investigations.
PART II: EMPIRICAL STUDY

AIM

To adapt the questionnaire Conscience to Lithuanian conditions and to test its, reliability and validity.

Background

This research was designed as a descriptive study to assess the validation process of Questionnaire of Conscience. Cormack (2000) states that descriptive research begins with the identification of a problem in order to obtain an overall picture of the phenomena being examined.


The questionnaire Conscience was created in the research project „stress of Conscience in relation to burnout among health care professionals”. The researchers investigate the connections between bad Conscience and burnout among health care professionals. For this reason three questionnaires have been constructed: Conscience, Stress of Conscience (bad Conscience) and Revised Moral Sensitivity. The longitudinal research study is planed in four phases:


Phases 2. Establishing statistical connections between stress of Conscience and burnout.

Phases 3 and 4. Illuminating the connections between stress of Conscience and burnout by interpreting narrative interviews.

The pilot studies in order to validate the questionnaire of Conscience have started in Klaipeda (Lithuania); Ljubljana (Slovenia), Oslo (Norway), Copenhagen (Denmark), Montana (USA), Pretoria (South Africa).

The questionnaire Conscience has been constructed by Norberg et all (2002) on the basis of relevant literature and research studies. The questionnaire was accepted as valid enough
when the factors agree with the results of interviews and literature and the statistical measures were acceptable (Cronbach’s alpha about 0.70).

METHOD

Polit and Hungler (1995) characterize a research design as overall plan for obtaining answers to the research questions. According to the research question in our study to test the reliability and validity of a Lithuanian version of questionnaire of Conscience and adapt it to Lithuanian conditions, it requires to choose specific type of quantitative research – as psychometric evaluation. According to Polit, Beck and Hungler (2001) psychometric evaluation is an assessment of the quality of an instrument, based primarily on evidence of its reliability and validity. In order to translate questionnaire Conscience to Lithuanian language I used Anderson’s and Kohn’s (1994) proposed method, which consists of four equivalency: translation, conception, questions and evaluation scales.

Design

According to the aim of the empirical study to adapt questionnaire Conscience and to examine the reliability and validity of a Lithuanian version of questionnaire Conscience, among health care professionals in hospital settings, the specific places of interest at Psychiatric hospital and Children hospital were taken. The adaptation procedure of questionnaire Conscience contains translation procedure into Lithuanian language and examining its reliability and validity. The adaptation procedure had own goal – how representative is Lithuanian version of Questionnaire Conscience is.

The pilot study it is important when examining the main psychometric properties of questionnaire validity, reliability and responsiveness. The pilot study includes selecting samples, distributing the questionnaires, checking the returns and analysis and examination of the findings in order to see if the questionnaire provides the data expected.

The pilot study according to Cromack (2000) is a small-scale version of the main study and is useful to test all the procedures and the feasibility of study. This includes selecting the
sample, distributing the questionnaires, checking the returns, and the analysis and examination of the findings to see if the questionnaire provides the data expected (Cormack, 2000 pp. 311).

Validity underpins the entire research process and refers to the degree to which an instrument measures what is supposed to be measuring, while reliability refers to the degree of consistency or accuracy with which the instrument measures the attribute under investigation (Cormack, 2000 pp. 29). In order to answer our research question – how representative questions are within the questionnaire Conscience, the psychometric evaluation was performed. Psychometric assessment according to Pilot and Hungler (1995) is an evaluation of the quality of an instrument, based primarily on evidence of its reliability and validity.

The structure of questionnaire of Conscience
The instrument to measure Conscience is questionnaire made up of a number of items or questions. These items are added up in a number of domains (called dimensions). A domain or dimension refers to the area of behavior or experience that we are trying to measure. For Conscience the importance of each item is rated in relation to the others. The items are equally weighed, which assume that their value is equal.

The structured self-report questionnaire Conscience (originally was in English) consists of 16 statements called items. These include social-psychological scale, named after social – psychologist Rensis Likert. A Likert scale consists of 6 statements that express the degree to which the respondents agree or disagree with the opinion expressed by the statement.

Statement 1 means – No, totally disagree.
Statement 2 means – No, almost totally disagree.
Statement 3 means – No, partly disagree.
Statement 4 means – Yes, partly agree.
Statement 5 means – Yes, almost partly agree.
Statement 6 means – Yes, totally agree.
Translation procedure
In order to translate questionnaire Conscience to Lithuanian language was used Anderson’s and Kohn’s (1994) proposed method, which consists of four equivalency: translation, conception, questions and evaluation scales.
The forward translation from English language to Lithuanian was carried out by two experts on English language, both the University diploma with qualification of English teacher. The protocols of the translation were presented to the author of this thesis. The protocols of the translated questionnaires were carefully monitored and there some discrepancies between two versions were found.

In order to test language validity another two experts translated the Lithuanian version back into English. Both back translators there were Lithuanian native speakers, having University education and experience being English interpreters more than 3 years. The translation protocols have been analyzed and compared with the original English version. The quality of translation was analyzed and discussed during expert panel sessions.

Expert panel consisted of: two experts in Caring sciences, a Registered nurse and a Physician, both having experience in health care and in educational sciences. One expert has University Master degree in Social sciences and University education in Theological sciences. One expert was a doctoral student of Social sciences having experience in Caring. Two experts were in Lithuanian language, both having University Master degree and experience in teaching students in nursing program. Four external experts were Registered nurses, working in Psychiatric and Children hospital and having experience in caring.

The purpose of Expert panel was to test the quality of translation questionnaire of Conscience in to Lithuanian language, to examine face validity of Lithuanian version of Questionnaire and check the equivalency between concept of Conscience and questions or statements within questionnaire.

During panel sessions main questions concerning the concept of Conscience were discussed. Does the translated questionnaire of Conscience contain the same meaning of questions? Is the grouping of words adequate? Do the translated words possess the same
intensity value as the English version? The issue of semantics of Conscience within the focus of this study was examined.

The first statement “Conscience must be interpreted” was translated directly. The words “interpreted” were translated as “interpretuotas” in Lithuanian. The Lithuanian word “interpretuotas” has three meanings and not always properly understood. Interpret (verb) means: 1) to translate a speaker’s words, while he/she is speaking into the language of his hearers “versti”. 2) to explain the meaning of: how do you interpret this theme as Conscience “aiškinti”. 3) to show or bring out the meaning of one’s performance of it “interpretuoti”, according to English Dictionary for speakers of Lithuanian (2001). The experts decided to take word “atpažintas” as direct translation into English “identify”, In order to confirm the same meaning, the experts proposed to add word “suprastas” as in English “comprehend”. Conclusion: instead of one word “interpreted”, Lithuanian version has two words: “atpažintas” and “suprastas”.

The second statement “We need tranquility in order to hear the voice of Conscience” was discussed and every possible meaning was tested. The word “We” (pronoun) used by a speaker in mentioning himself or herself together with other people. “the experts changed word “We” to Lithuanian “žmogui” as in English for a “person”, in order to perceive that Conscience for Lithuanians is very personal and the word “We” is not understandable, because “we” means generalization of the content of this statement.

The third statement “We cannot escape the voice of Conscience“ was translated directly any corrections weren’t done, and statement contains the same meaning of the question.

The fourth statement “Our Conscience admonishes us not to hurt ourselves”, has been discussed, because the direct translation of the group of words “not to hurt ourselves” was not understandable. The experts find out Lithuanian word unit “kad žeidžiame ir skaudiname save” – correspond the same meaning. The word hurt (verb) means:1) to injure or cause pain, “žeisti”, 2) to be painful, “skaudėti”. The decision was taken to put two words to the statement instead of the word “hurt”. Conclusion: instead of one word “hurt” Lithuanian version has two words: “žeisti” and “skaudinti”.

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The fifth statement “The Conscience admonishes us not to hurt others”, has been discussed in the same order, the only difference between previous statement out of this statement is in the end of question instead of “ourselves” was translated the word “others”, as in Lithuanian “kitus”.

The sixth statement “We should obey, our Conscience irrespective of other’s opinion”. The translated words possessed the same intensity value as the English version.

The seventh statement “At my work – place I can express what my Conscience tells me”. For the words “my Conscience tells me”, the direct translation to Lithuanian was discussed, and the expert on Lithuanian language pointed to keep regulations on Lithuanian language and suggested two words “my” and „me” instead of one word “mano” as in English my, or mine, but the meaning of the statement remains the same.

The eighth statement “I am able to follow my Conscience in my work” was also questionable. Protocols of the translations were presented and they have been discussed and considered in different ways. The word “follow” (verb) incorporates four meanings: 1) to go or come after, 2) to go along; 3) to understand; 4) to act according to. The direct translation to Lithuanian language leaves obscure meaning. The experts decided to propose the most understandable version. The Lithuanian version „Darbe aš elgiuosi pagal savo sąžinę” is in accordance with the origin statement.

For the ninth statement “Our Conscience can give us false signals”, only the word “give” direct translation as “duoti” was not adequate to the function of Conscience, which never had function, as giving. More acceptable word the Lithuanian word „siųsti” instead of “give” was taken. English word “send” (verb) 1) to cause or order to go or to be taken, 2) to cause to go into a certain, usually bad, state. Conclusion: the word “give” was changed to the word “send”, as in Lithuanian “siųsti”.

The translation of the statement tenth “Our Conscience is silenced if we do not listen to it”. The direct translation from “is silenced” to Lithuanian “yra nutildyta” was questionable. The Lithuanian language expert suggested one Lithuanian word “tyli”, as in English
“silent” it means, that was suggested more generalized statement, instead of more questionable statement.

When discussing the eleventh statement “I have to silence my Conscience in order to be able to continue working in the caring professions” the experts decided instead of “in the caring professions” to use group of words “in health care” because the logical construction of the sentence demands from the verb “working” to indicate the working place, but not profession.

The twelfth statement was translated without any corrections; all experts agreed with direct translation and acknowledged the statements understandable and having the same meaning as English version.

The thirteenth statement “One’s individual Conscience expresses society’s values”. The direct translation into Lithuanian language was found out as wrong statement, and experts suggested statement “Visuomenės vertybės yra išreikštos per sąžiningą” as in English “Society values are expressed by one’s individual Conscience. The experts confirmed this statement more understandable, and more suitable to use.

During panel sessions the fourteenth statement “God speaks through our Conscience” was discussed in different ways. The direct translation of this statement demanded some kind of explanation, so experts decided to add one more sentence “Conscience is the voice of the God” in order to make this statement more understandable. In summary the fourteenth statement in Lithuanian version consists of two sentences: “God speaks through our Conscience” and “Conscience is the voice of the God”.

The fifteenth statement “By obeying my Conscience I develop as a human being”. According to the protocols of forward translation and back translation the fifteenth statement remained the same, and experts confirmed that translation and the statement contains the same meaning and the same intensity value as the English version.

When discussing the last statement “When I cannot meet my own demands on myself, I get a bad Conscience”, and the translation protocols were analyzed the experts ascertained that
the definition “bad Conscience” needs more understandable explanation, because the word “bad” direct translation into Lithuanian “bloga” contains nine different meanings. The experts suggested to use the definition “pangs of Conscience” instead of “bad Conscience”. The experts of Lithuanian language and the experts in caring science decided that changing “bad Conscience” to “pangs of Conscience” will be more suitable and understandable, nevertheless the statement contains the same meaning.

The experts concluded that the translation followed on an established forward translation procedure and back – translation was strongly examined in order to assure the equivalency of translation, conception, understandability of questions and evaluation scale (the Likert scale), and recommended to start testing the questionnaire with pilot study.

The translated questionnaire Lithuanian version is presented at the Appendix part.

**Sampling plan**

The nonprobability convenience sampling has been chosen for the pilot study. Polit, Beck and Hungler (2001) affirm, that newly developed instruments can be effectively pretested and evaluated with a convenience sample. In case in which the phenomena under investigation are fairly homogeneous, the risk of bias may be minimal. In our case to test the newly developed questionnaire of Conscience Lithuanian version has been chosen convenience sampling. The Psychiatric and Children hospitals were identified as more suitable concerning the interest of study.

The target population consisted of health care professionals working at those hospitals. The eligibility criteria was specified as follows: health care professionals involved in curative and caring process in already indicated hospitals. Health care professionals have been identified as: mental health nurses, child’s’ health nurses and physicians working in Psychiatric and Children hospitals. The health care providers should have education and diploma with the conformation of qualification. There were no restrictions according to age, gender and length of service, religion and marital status. In order to increase the generalizability of a study the participants were selected from two different hospitals.
Data collection

The research instrument questionnaire Conscience has been designed for the purpose to collect specific information that will provide answers to the overall research question of the study. The structured self-report questionnaire Conscience which consists of sixteen close ended statements have been translated to Lithuanian language and distributed to the two hospitals. Personally the author of this study had permission from the Chiefs of the hospitals to carry out the study. The author of this study introduced the health care providers with the aim of the study and invited to participate in the study. All ethical aspects have been explained and confirmed that anonymity and confidentiality will be guaranteed. The Chief nurses handed out the questionnaires to nurses and physicians, according to the eligibility criteria. Forty questionnaires were distributed to Psychiatric hospital and seventy questionnaires to Children hospital. The participants who agreed to participate in the research filled up the questionnaires and returned during one week.

ETHICAL CONSIDERATIONS

According to Polit and Hungler (1995) research that involves human subjects requires a careful consideration of the procedures to be used to protect their rights. Researchers should follow code of ethics where three major ethical principles are incorporated: beneficence, respect for human dignity, and justice.

The Ethical Committee approved the study and also the permissions to perform study were obtained from the Head Physicians of Psychiatric and Children Hospitals.

Ethical considerations in my study relate to the nurses and physicians individual confidentiality, informed consent and in relation to participation. The free participation has been assured. The respondents were acquainted in written form with the purpose of the study and with the requirements of the questionnaire.

Investigations on person’s own Conscience are vulnerable, sensitive and careful, and researcher has been responsible to protect privacy, person’s integrity and confidentiality. The administration and safety of questionnaires have been fulfilled with guarantee of confidentiality and anonymity.
Data analysis

Concerning the aim of the empirical part to adapt and validate Lithuanian version of the questionnaire Conscience, two measuring tools as reliability and validity are almost important.

Reliability

According to Polit and Hungler (1995) reliability refers to the degree of consistency or accuracy with which an instrument measures an attribute. The reliability of the questionnaire Conscience was assessed by the internal consistency approach. The internal consistency shows the homogeneity of items, how strongly answers to the logical construction of statements correlate. If the correlation is strong it assumes that the statements reliably explain the phenomena. In case that correlation is not strong we assume it as a measuring error. In order to test the internal consistency of the questionnaire the coefficient alpha or Cronbach’s alpha estimated. In practice, reliability coefficients normally range between 0.0 and 1.00. The higher the coefficients, the more stable the measure. For most purposes, reliability coefficients above 0.70 are considered satisfactory (Polit and Hungler, 1995).

The reliability also was tested by assessing internal consistency using the split half technique. The items composing Lithuanian version questionnaire Conscience were split into two groups and scored independently and the scores on the two half – tests were used to compute a correlation coefficient. The correlation coefficient describing the relationship between the two half-tests estimated the internal consistency of the self-esteem scale.

Validity

Validity refers to the degree to which an instrument measures what it is supposed to be measuring (Polit, Hungler 1995, p. 353). The validity of Lithuanian versions questionnaire Conscience was estimated from different assessment approaches.
Face validity involves forming a subjective impression on whether “on the face of it” the research instrument appears to measure what it is supposed to measure. The face validity of the Lithuanian version of questionnaire Conscience was examined during expert panel sessions by experts who have knowledge concerning the concept Conscience. The experts, confirmed that the main descriptors of the person’s Conscience as: Inner voice of Conscience, Good Conscience, Bad Conscience, Stress of Conscience, Professional Conscience, Individual Conscience and the main actions of Conscience: informing, balancing, serving as quid monitoring life, evaluating, making judgment, revealing the Bible, educating emerged within the questionnaire.

Content validity is concerned with adequacy of coverage of the content area being measured. Content validity is also relevant in measures when a new instrument developing (Polit, Beck, Hungler 2001). This research study also investigates validation process of a new Lithuanian version questionnaire Conscience. The conceptualization of the construct of Conscience come from the results of a qualitative inquiry from a systematically literature review which is presented in the study I. According to the content validity was estimated every statement of the questionnaire Conscience was tested and Cronbach’s alpha. In case if variables (statements) are non congruent, or wrong, when excluding such variables the Cronbach’s alpha value is increasing, it call Cronbach’s Alpha if item deleted.

Construct validity is concerned with the following question: What construct is the instrument actually measuring? Polit, Beck, Hungler (2001) state, the more abstract the concept, the more difficult to establish the construct validity. Construct validation mostly testing relationships predicted on the basis of theoretical considerations. One approach to construct validation is a statistical procedure known as factor analysis, which is a method for identifying clusters of related items on a scale. In summary, construct validation employs both logical and empirical procedures (Polit, Beck, Hungler 2001).

RESULTS

Adaptation of the Lithuanian version questionnaire Conscience consisted of translation, checking relevancy of questions and examining validity and reliability. The questionnaire Conscience was forward and back translated from English to Lithuanian. The aim of the
linguistic translation was to retain the functional equivalence by founding expressions that were equivalent to the original versions of questionnaire Conscience. Nevertheless that direct translation of questionnaire Conscience forward and back translation from English to Lithuanian ensured adequacy, the adaptation of questionnaire Conscience for use in Lithuania conditions have been performed during panel sessions. Experts performed rigorous procedures and the 1,2,4,5,6,7,8,9,10,11,13,14,16 statements were corrected by estimations the proofs in to two strategies: conception, and local culture. The Lithuanian version of questionnaire Conscience presented at Annex page.

A panel of 10 experts from hospitals 5 nurses and 5 physicians assessed content validity according to Lynn’s (1986) proposed method. The experts were asked to rate the relevance of all items independently of each other on a four – point scale: 1 = not at all relevant, 2 = somewhat relevant, 3 = quite relevant and 4 = very relevant. In total 147 (91,8%) items were assessed as quite relevant or very relevant, 13 were assessed as somewhat relevant or not at all relevant. The statement “My Conscience is too strict” was judged as difficult to understand because three experts pointed not at all relevant, but seven experts pointed as quite relevant or very relevant.

Response rates were estimated as follows: 33 respondents returned back questionnaires from the 40 samples from Psychiatric hospital, response rate makes up 82,5%. 66 respondents returned back questionnaires from the 70 samples from Children hospital, response rate makes up 94,2%. Sample size all together with the response rates in this study confirm representative of sampling.

In order to know respondents characteristic according to age, education, profession, length of service and length of service at present place, the respondents completed the demographic part of the questionnaire.

Table 1. Characteristics of study subjects and setting (n = 99)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Until 30 year</td>
<td>14</td>
<td>14,14</td>
</tr>
<tr>
<td>30 - 39 year</td>
<td>28</td>
<td>28,28</td>
</tr>
<tr>
<td>40 - 49 year</td>
<td>28</td>
<td>28,28</td>
</tr>
<tr>
<td>50 - 59 year</td>
<td>21</td>
<td>21,21</td>
</tr>
<tr>
<td>60 and more year</td>
<td>8</td>
<td>8,08</td>
</tr>
</tbody>
</table>
When evaluating demographic characteristics of study subjects and setting the majority of health care providers was from 30 to 49 years, 85,7 percentage nurses, physicians contained 14,3 percentages. Length of service for major participants contains from one to nine years.

In order to examine the relationship between two rank variables were estimated Spearman’s correlation coefficient. Relationship is statistically significant if p value is less 0,05; p ≤ 0,05. Affirmative coefficient r means that relationship is direct and negative r means that relationship is reverse. All significant relationships marked in black bold color.

**Table 2.** Spearmans correlation coefficient in relation to rank variables

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Education</th>
<th>Profession</th>
<th>Length of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conscience must be interpreted</td>
<td>r 0,011</td>
<td>0,217</td>
<td>0,166</td>
<td>0,013</td>
</tr>
<tr>
<td></td>
<td>p 0,914</td>
<td>0,031</td>
<td>0,098</td>
<td>0,899</td>
</tr>
<tr>
<td>We need tranquility in order to hear the voice of Conscience</td>
<td>r -0,012</td>
<td>-0,093</td>
<td>-0,175</td>
<td>0,059</td>
</tr>
<tr>
<td></td>
<td>p 0,905</td>
<td>0,359</td>
<td>0,080</td>
<td>0,558</td>
</tr>
<tr>
<td>We cannot escape the voice of Conscience</td>
<td>r 0,116</td>
<td>0,112</td>
<td>0,159</td>
<td>0,029</td>
</tr>
<tr>
<td></td>
<td>p 0,247</td>
<td>0,268</td>
<td>0,113</td>
<td>0,771</td>
</tr>
<tr>
<td>Our Conscience admonishes us not to hurt ourselves</td>
<td>r 0,183</td>
<td>0,079</td>
<td>-0,066</td>
<td>0,257</td>
</tr>
<tr>
<td></td>
<td>p 0,066</td>
<td>0,434</td>
<td>0,513</td>
<td>0,009</td>
</tr>
<tr>
<td>The Conscience admonishes us not to hurt others</td>
<td>r 0,096</td>
<td>0,221</td>
<td>0,130</td>
<td>0,130</td>
</tr>
<tr>
<td></td>
<td>p 0,338</td>
<td>0,029</td>
<td>0,198</td>
<td>0,194</td>
</tr>
<tr>
<td>We should obey, our Conscience irrespective of other’s opinion</td>
<td>r 0,266</td>
<td>0,192</td>
<td>0,251</td>
<td>0,206</td>
</tr>
<tr>
<td></td>
<td>p 0,007</td>
<td>0,057</td>
<td>0,012</td>
<td>0,038</td>
</tr>
<tr>
<td>At my work – place I can express what my Conscience tells me</td>
<td>r 0,241</td>
<td>-0,020</td>
<td>0,165</td>
<td>0,261</td>
</tr>
<tr>
<td></td>
<td>p 0,015</td>
<td>0,841</td>
<td>0,100</td>
<td>0,008</td>
</tr>
<tr>
<td>I am able to follow my Conscience in my work</td>
<td>r</td>
<td>0.276</td>
<td>-0.003</td>
<td>0.015</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----</td>
<td>-------</td>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td>p</td>
<td></td>
<td>0.005</td>
<td>0.973</td>
<td>0.877</td>
</tr>
<tr>
<td>Our Conscience can give us false signals</td>
<td>r</td>
<td>0.011</td>
<td>-0.057</td>
<td>-0.087</td>
</tr>
<tr>
<td>p</td>
<td></td>
<td>0.916</td>
<td>0.574</td>
<td>0.390</td>
</tr>
<tr>
<td>Our Conscience is silenced if we do not listen to it</td>
<td>r</td>
<td>0.192</td>
<td>0.152</td>
<td>0.282</td>
</tr>
<tr>
<td>p</td>
<td></td>
<td>0.055</td>
<td>0.138</td>
<td>0.005</td>
</tr>
<tr>
<td>I have to silence my Conscience in order to be able to continue working in the caring professions</td>
<td>r</td>
<td>-0.085</td>
<td>0.090</td>
<td>-0.008</td>
</tr>
<tr>
<td>p</td>
<td></td>
<td>0.395</td>
<td>0.378</td>
<td>0.936</td>
</tr>
<tr>
<td>My conscience is too strict</td>
<td>r</td>
<td>0.194</td>
<td>-0.187</td>
<td>-0.131</td>
</tr>
<tr>
<td>p</td>
<td></td>
<td>0.051</td>
<td>0.064</td>
<td>0.190</td>
</tr>
<tr>
<td>One’s individual Conscience expresses society’s values</td>
<td>r</td>
<td>0.069</td>
<td>0.006</td>
<td>-0.152</td>
</tr>
<tr>
<td>p</td>
<td></td>
<td>0.491</td>
<td>0.950</td>
<td>0.129</td>
</tr>
<tr>
<td>God speaks through our Conscience</td>
<td>r</td>
<td>0.050</td>
<td>0.217</td>
<td>0.240</td>
</tr>
<tr>
<td>p</td>
<td></td>
<td>0.621</td>
<td>0.031</td>
<td>0.015</td>
</tr>
<tr>
<td>By obeying my Conscience I develop as a human being</td>
<td>r</td>
<td>0.140</td>
<td>0.240</td>
<td>0.243</td>
</tr>
<tr>
<td>p</td>
<td></td>
<td>0.159</td>
<td>0.017</td>
<td>0.014</td>
</tr>
<tr>
<td>When I cannot meet my own demands on myself, I get a bad Conscience</td>
<td>r</td>
<td>0.162</td>
<td>0.111</td>
<td>0.128</td>
</tr>
<tr>
<td>p</td>
<td></td>
<td>0.103</td>
<td>0.272</td>
<td>0.201</td>
</tr>
</tbody>
</table>

It was interesting to know if is it correlation relationship exists between age as rank variable and the items of questionnaire? It was estimated that significant correlation relationship between age and statements from questionnaire “We should obey, our Conscience irrespective of other’s opinion”, “At my work place I can express what my Conscience tells me” and “I am able to follow my Conscience in my work”.

Rank variable “Educational” correlates with the items “Conscience must be interpreted”, the Conscience admonishes us not to hurt others. “God speaks trough our Conscience” and “By obeying my Conscience I develop as a human being”. Thus items embody existential and transcendental phenomenon of Conscience and it can explain direct relationship with rank variable “Education”. Also the same reasoning can explain direct relationships between profession and items “We should obey our Conscience irrespective of other’s opinion”, “Our Conscience is silenced if we do not listen to it”, “By obeying my Conscience I develops as a human being” because was estimated significant relationship. Length of service as a rank variable has significant relationship with items “Our Conscience admonishes us not to hurt ourselves”, “We should obey our Conscience
irrespective of others opinion”. “At my work place I can express what my Conscience tells me”, and “I am able to follow my Conscience in my work”. Logical theoretical consideration allow explain this relationship.

**Reliability.** Internal consistency analysis

The reliability coefficient shows the internal consistency or homogeneity of a measure composed of investigated variables. We estimated internal consistency of questionnaire Conscience Cronbach’s alpha \( r = 0.788 \). As the normal range of values is 0.0 and +1.00, and the higher values reflect a higher degree of internal consistency.

**Table 3.** Reliability coefficient measuring internal consistency of questionnaire Conscience

<table>
<thead>
<tr>
<th>Cronbach's Alpha</th>
<th>Cronbach’s Alpha Based on Standardized Items</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.510</td>
<td>0.788</td>
<td>16</td>
</tr>
</tbody>
</table>

Cronbach’s alpha \( r = 0.788 \) show’s satisfactory relationship among statements.

**Split half analysis**

The correlation coefficients describing the relationship between the two half-tests estimated of an internal consistency of the self-esteem scale.

**Table 4.** Reliability coefficients of split half analysis

<table>
<thead>
<tr>
<th>Cronbach’s Alpha</th>
<th>Part 1 Value</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>8(a)</td>
</tr>
<tr>
<td></td>
<td>Part 2 Value</td>
<td>N of Items</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8(b)</td>
</tr>
<tr>
<td></td>
<td>Total N of Items</td>
<td>16</td>
</tr>
<tr>
<td>Correlation Between Forms</td>
<td>0.575</td>
<td></td>
</tr>
<tr>
<td>Spearman-Brown Coefficient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equal Length</td>
<td>0.73</td>
<td></td>
</tr>
<tr>
<td>Unequal Length</td>
<td>0.73</td>
<td></td>
</tr>
<tr>
<td>Guttman Split-Half Coefficient</td>
<td>0.73</td>
<td></td>
</tr>
</tbody>
</table>

a. The items are: Conscience must be interpreted; we need tranquility in order to hear the voice of Conscience; we cannot escape the voice of Conscience; our Conscience admonishes us not to hurt ourselves;
the Conscience admonishes us not to hurt others; we should obey, our Conscience irrespective of other’s opinion; at my work – place I can express what my Conscience tells me; I am able to follow my Conscience in my work.

b. The items are: Our Conscience can give us false signals; our Conscience is silenced if we do not listen to it; I have to silence my Conscience in order to be able to continue working in the caring professions; my Conscience is too strict; one’s individual Conscience expresses society’s values; God speaks through our Conscience; by obeying my Conscience I develop as a human being; when I cannot meet my own demands on myself, I get a bad Conscience

The correlation between forms Cronbach’s alpha $r = 0.575$ indicates homogeneity or internal consistency the extent to which different subparts of an questionnaire Conscience are equivalent in term of measuring the Conscience. The Spearman’s – Brown and Guttman Split-Half coefficients 0.73 also confirm the internal consistency of questionnaire Conscience.

**Validity**

Face validity being estimated during panel sessions confirms that questionnaire Conscience contains the main operationalized definitions and embody existential and transcendental functions of Conscience.

Content validity of Questionnaire Conscience related to how broadly the concept Conscience investigated in caring and nursing sciences and how clearly conceptualized and operationalized when creating the instrument to measure Conscience. The metahaanalysis through systematic literature review reveled peculiarities of the concept Conscience.

Content validity of the Lithuanian version questionnaire Conscience estimated by counting Cronbach’s Alpha, if someone variable would be excluded, we can find incomprehensible and nonconformable variables. If we would exclude those variable Cronbach’s Alpha importance will increase.
Table 5. Cronbach’s Alpha if Item deleted

<table>
<thead>
<tr>
<th>Item</th>
<th>Cronbach's Alpha if Item Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conscience must be interpreted</td>
<td>0,746</td>
</tr>
<tr>
<td>We need tranquility in order to hear the voice of Conscience</td>
<td>0,769</td>
</tr>
<tr>
<td>We cannot escape the voice of Conscience</td>
<td>0,745</td>
</tr>
<tr>
<td>Our conscience admonishes us not to hurt ourselves</td>
<td>0,746</td>
</tr>
<tr>
<td>The Conscience admonishes us not to hurt others</td>
<td>0,752</td>
</tr>
<tr>
<td>We should obey, our Conscience irrespective of other’s opinion</td>
<td>0,744</td>
</tr>
<tr>
<td>At my work – place I can express what my Conscience tells me</td>
<td>0,77</td>
</tr>
<tr>
<td>I am able to follow my Conscience in my work</td>
<td>0,766</td>
</tr>
<tr>
<td>Our Conscience can give us false signals</td>
<td>0,764</td>
</tr>
<tr>
<td>Our Conscience is silenced if we do not listen to it</td>
<td>0,758</td>
</tr>
<tr>
<td>I have to silence my Conscience in order to be able to continue working in the caring professions</td>
<td>0,78</td>
</tr>
<tr>
<td><strong>My Conscience is too strict</strong></td>
<td>0,793</td>
</tr>
<tr>
<td>One’s individual Conscience expresses society’s values</td>
<td>0,767</td>
</tr>
<tr>
<td>God speaks through our Conscience</td>
<td>0,747</td>
</tr>
<tr>
<td>By obeying my Conscience I develop as a human being</td>
<td>0,751</td>
</tr>
<tr>
<td>When I cannot meet my own demands on myself, I get a bad Conscience</td>
<td>0,749</td>
</tr>
</tbody>
</table>

In the Table 5. presented coefficient’s Cronbach’s alpha if item deleted confirms the content validity of questionnaire. In our study if we would exclude statement “My Conscience is too strict” Cronbach’s alpha 0,793 insignificant increases, it also confirms that questionnaire reliable.

**Construct validity** was estimated when using factor analysis. Before starting to use factor analysis, the data adequacy was tested. Two criterions shows data adequacy KMO (Kaiser-Meyer-Olkin) and Bartlett’s test of Sphericity. Methodological statistical analysis confirms such ranges:

- if KMO $\geq$ 0,9 data fits to factor analysis excellent
- if 0,8 $\leq$ KMO $\leq$ 0,9 data fits to factor analysis very well
- if 0,7 $\leq$ KMO $\leq$ 0,8 data fits to factor analysis well
- if 0,6 $\leq$ KMO $\leq$ 0,7 data fits to factor analysis satisfactory
- if 0,5 $\leq$ KMO $\leq$ 0,6 data fits to factor analysis no bad

Bartlett’s Test of Sphericity criterion’s measure is chi-square test, were data fits, if Chi-Square corresponding p value is less than 0,05, $p \leq 0,05$. 
Table 6. KMO and Bartlett's Test

<table>
<thead>
<tr>
<th></th>
<th>KMO</th>
<th>0,695</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartlett's Test of</td>
<td></td>
<td>0,695</td>
</tr>
<tr>
<td>Sphericity</td>
<td></td>
<td>Approx. Chi-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Square 454,570</td>
</tr>
<tr>
<td>df</td>
<td></td>
<td>120,000</td>
</tr>
<tr>
<td>Sig.</td>
<td></td>
<td>0,000</td>
</tr>
</tbody>
</table>

KMO (Kaiser-Meyer-Olkin) criterion of Sphericity was estimated 0,695, and confirms that our data fit to factorial analysis. Analyzing data from rotated Component matrix SPSS single out 6 factors, which explains 69 percentage dispersion of the data. Thus extracted factors explains conformably thus part of every statement.

Table 7. Information how factors explains every statement

<table>
<thead>
<tr>
<th>Statement</th>
<th>Factorial weights (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conscience must be interpreted</td>
<td>0,551</td>
</tr>
<tr>
<td>We need tranquility in order to hear the voice of Conscience</td>
<td>0,684</td>
</tr>
<tr>
<td>We cannot escape the voice of Conscience</td>
<td>0,622</td>
</tr>
<tr>
<td>Our Conscience admonishes us not to hurt ourselves</td>
<td>0,792</td>
</tr>
<tr>
<td>The Conscience admonishes us not to hurt others</td>
<td>0,678</td>
</tr>
<tr>
<td>We should obey, our Conscience irrespective of other’s opinion</td>
<td>0,618</td>
</tr>
<tr>
<td>At my work – place I can express what my Conscience tells me</td>
<td>0,688</td>
</tr>
<tr>
<td>I am able to follow my Conscience in my work</td>
<td>0,587</td>
</tr>
<tr>
<td>Our Conscience can give us false signals</td>
<td>0,724</td>
</tr>
<tr>
<td>Our Conscience is silenced if we do not listen to it</td>
<td>0,602</td>
</tr>
<tr>
<td>I have to silence my Conscience in order to be able to continue working</td>
<td>0,764</td>
</tr>
<tr>
<td>in the caring professions</td>
<td></td>
</tr>
<tr>
<td>My Conscience is too strict</td>
<td>0,812</td>
</tr>
<tr>
<td>One’s individual Conscience expresses society’s values</td>
<td>0,705</td>
</tr>
<tr>
<td>God speaks through our Conscience</td>
<td>0,824</td>
</tr>
<tr>
<td>By obeying my Conscience I develop as a human being</td>
<td>0,767</td>
</tr>
<tr>
<td>When I cannot meet my own demands on myself, I get a bad Conscience</td>
<td>0,578</td>
</tr>
</tbody>
</table>

According to statistical rules factor analysis is quite informative, if explained part not less 0,4 factorial weight, L ≤ 0,4.

Table 8. Factor extraction results of rotated Component Matrix

<table>
<thead>
<tr>
<th>Statement</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Factor 4</th>
<th>Factor 5</th>
<th>Factor 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conscience must be interpreted</td>
<td>0,443</td>
<td>0,394</td>
<td>0,131</td>
<td>0,146</td>
<td>0,296</td>
<td>0,271</td>
</tr>
<tr>
<td>We need tranquility in order to hear the voice of Conscience</td>
<td>0,136</td>
<td>-0,126</td>
<td>0,333</td>
<td>0,615</td>
<td>-0,366</td>
<td>0,163</td>
</tr>
<tr>
<td>We cannot escape the voice of Conscience</td>
<td>0,628</td>
<td>0,033</td>
<td>0,146</td>
<td>0,197</td>
<td>0,306</td>
<td>0,270</td>
</tr>
</tbody>
</table>
The Conscience admonishes us not to hurt ourselves

The Conscience admonishes us not to hurt others

We should obey, our Conscience irrespective of other’s opinion

At my work – place I can express what my Conscience tells me

I am able to follow my Conscience in my work

Our Conscience can give us false signals

Our Conscience is silenced if we do not listen to it

I have to silence my Conscience in order to be able to continue working in the caring professions

My Conscience is too strict

One’s individual Conscience expresses society’s values

God speaks through our Conscience

By obeying my Conscience I develop as a human being

When I cannot meet my own demands on myself, I get a bad Conscience

The orthogonal rotation of the extracted factors was done by varimax rotation to identify the underlying dimensions of questionnaire of Conscience. Factor loadings expressed the correlations between individual variables and factors (underlying dimensions). 6 factors were estimated, red color shows factorial weight and belonging to the extracted factor.
Table 9. Factor 1: results of rotated Component Matrix

<table>
<thead>
<tr>
<th>Title and content of the factor</th>
<th>Factorial weight (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title: Inner voice of Conscience</strong></td>
<td>L 1</td>
</tr>
<tr>
<td>1 Conscience must be interpreted</td>
<td>0.443</td>
</tr>
<tr>
<td>3 We cannot escape the voice of Conscience</td>
<td>0.628</td>
</tr>
<tr>
<td>14 God speaks through our Conscience</td>
<td>0.872</td>
</tr>
<tr>
<td>15 By obeying my Conscience I develop as a human being</td>
<td>0.856</td>
</tr>
</tbody>
</table>

Factor 1 named by author of the thesis “Inner voice of Conscience” consists of four statements all of them conform to the ascertained rules Factorial weight ≤ 0.4. The content of factor 1 contains thus meaningful expressions and statements, which confirm conceptual attributes of the concept Conscience and embrace phenomenological existential perception of Conscience. Confirmation of theories: Frankl’s, Ricour’s, Heidegger’s existential phenomenological theory of Conscience. Conscience speaks to us of the existence of God also confirm eligibility.

Table 10. Factor 2: results of rotated Component Matrix

<table>
<thead>
<tr>
<th>Title and content of the factor</th>
<th>Factorial weight (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Good Conscience</strong></td>
<td>L 2</td>
</tr>
<tr>
<td>6 We should obey, our Conscience irrespective of other’s opinion</td>
<td>0.572</td>
</tr>
<tr>
<td>7 At my work – place I can express what my Conscience tells me</td>
<td>0.789</td>
</tr>
<tr>
<td>8 I am able to follow my Conscience in my work</td>
<td>0.725</td>
</tr>
</tbody>
</table>

Factor 2 named, good Conscience contains tree statements. The content of factor 2 in accordance with theoretical assumptions refer in order to have good Conscience health care professionals should obey owns Conscience irrespective of other’s opinions, as well as to be able to follow own Conscience at work place. Obviously, expression on owns Conscience at work place confirms the meaning of good Conscience.

Table 11. Factor 3: results of rotated Component Matrix

<table>
<thead>
<tr>
<th>Title and content of the factor</th>
<th>Factorial weight (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bad Conscience</strong></td>
<td>L 3</td>
</tr>
<tr>
<td>9 Our Conscience can give us false signals</td>
<td>0.806</td>
</tr>
<tr>
<td>10 Our Conscience is silenced if we do not listen to it</td>
<td>0.639</td>
</tr>
<tr>
<td>11 I have to silence my Conscience in order to be able to continue working in the caring professions</td>
<td>0.719</td>
</tr>
</tbody>
</table>
Factor 3, named “bad” Conscience, consists of 3 statements, and all items conform to the ascertained statistical rules Factorial weight $\leq 0.4$. Theoretical considerations, and conceptualization of the concept Conscience confirm the eligibility of such statements to the perception of “bad” Conscience. If Conscience have to be silenced in order to be able to continue working in caring profession, that means yours integrity is damaged and obviously, you will have bad Conscience. Listening yours own Conscience is inseparable function of yours personality Person’s moral identity refers to the fact not listening yours Conscience having bad Conscience.

**Table 12.** Factor 4: results of rotated Component Matrix

<table>
<thead>
<tr>
<th>Title and content of the factor</th>
<th>Factorial weight (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress of Conscience</td>
<td>L 4</td>
</tr>
<tr>
<td>2 We need tranquility in order to hear the voice of Conscience</td>
<td>0.615</td>
</tr>
<tr>
<td>4 Our Conscience admonishes us not to hurt ourselves</td>
<td>0.813</td>
</tr>
<tr>
<td>5 The Conscience admonishes us not to hurt others</td>
<td>0.553</td>
</tr>
</tbody>
</table>

Factor 3 named Stress of Conscience consists of three statements. Two items as the Conscience admonishes us not to hurt others and not to hurt ourselves explicitly reveal the perception of stress of Conscience. It confirms with theoretical assumptions, that Conscience warns, us about good doing and wrong doing. The statement “we need tranquility in order to hear the voice of Conscience” seems not fit to the named factor, but looking from the existential experience of the person at a reflected level person needs the tranquility in order to listen to the pangs of Conscience.

**Table 13.** Factor 5: results of rotated Component Matrix

<table>
<thead>
<tr>
<th>Title and content of the factor</th>
<th>Factorial weight (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Conscience</td>
<td>L 5</td>
</tr>
<tr>
<td>13 One’s individual Conscience expresses society’s values</td>
<td>0.819</td>
</tr>
</tbody>
</table>

Factor 5 named “Individual Conscience” one statement contains this factor. The statement one’s individual Conscience expresses society’s values. The theoretical considerations inferred that human being at his deepest level of consciousness is aware of himself, he is also aware of himself as to be an “obligated” existence, which means a moral being.
Table 14. Factor 6: results of rotated Component Matrix

<table>
<thead>
<tr>
<th>Title and content of the factor</th>
<th>Factorial weight (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional Conscience</strong></td>
<td>L 6</td>
</tr>
<tr>
<td>12  My Conscience is too strict</td>
<td>-0.890</td>
</tr>
<tr>
<td>16  When I cannot meet my own demands on myself, I get a bad Conscience</td>
<td>0.461</td>
</tr>
</tbody>
</table>

Factor 6 consists of two statements. Professional Conscience according to theoretical reasoning contains deontological ethics, action ethics and virtue ethics. The statement “when I cannot meet my own demands” refer to the virtue ethics. The statement “My Conscience is too strict” refer to the deontological ethics and confirms that its belongs to this factor.
DISCUSSION

The empirical part of the study was designed to adapt the questionnaire Conscience to Lithuanian conditions and to test its reliability and validity in health care setting. There are no published psychometric tests on Conscience and the instrument measuring Conscience has not been tested in Lithuania. However some related concepts like occupational stress among health care providers have been investigated in Lithuania Pajarskienė (2000), Grigalauskienė (2002), Jonaitytė (2004).

In the present study the emphasis was directed to the translation procedure, to the adaptation process, and to the panel experts conclusions of the relevance of each question for the use in the Lithuanian conditions. The consequence of this, that the instrument when adapted to the Lithuanian health care system has been developed to measure Conscience and viewed multidisciplinary context of the concept of Conscience. Thus, thirteen statements such 1,2,4,5,6,7,8,9,10,11,13,14,16 were imperceptible transformed to the cultural and linguistically approach. The process of piloting discussions in the expert panel and testing for reliability and validity of Lithuanian version of questionnaire Conscience allow insist that reliability coefficient 0,788 sufficiently secure internal consistency or homogeneity of an instrument.

Compare with other studies similar example of the moral distress scale Corley (2001) revealed the high reliability Cronbach’s alpha for factor 1 = 0,97; for factor 3 = 0,66.

In this case the high reliability score probably reflects redundancy of the items (33 items) however our questionnaire Conscience consist of 16 items. The reliability coefficients of split half analysis which tends to underestimate systematically the reliability of the entire scale revealed such magnitudes: Cronbach’s Alpha part I 8(a) r = 0,73, part II 8(b) r = 0,557, and correlation between forms r = 0,575, also Spearman’s – Brown and Guttman Split-half coefficients r = 0,73. According to Cormback (2002) it is generally accepted that a reliability coefficient above r = 0,70 is satisfactory.

The strength of the instrument measuring Conscience lies in the content domains being based on conceptualization construct of Conscience on research investigations phenomena.
of Conscience and related phenomena and on multidisciplinary approach of investigations on Conscience. As for this study the aim is to adapt already created instrument original version created by Norberg and all (2002) and examine the content validity, support for content validity of the Lithuanian version questionnaire Conscience was found through the judgments of experts. Also statistical procedure was performed were item – total scale correlation analysis with estimating Cronbach’s coefficient alpha for 16 items was well above the desired criterion of 0,70. When we estimated Cronbach’s alpha if item deleted and the Cronbach’s alpha did not increase by more than 0,01 this question was not eliminated. These results indicate that the content validity is confirmed.

Construct validity tests the link between a measure and the underlying theory. Construct validity relates to the fit between the conceptual definitions and operational definitions of the variables being studied: that is operational definitions (the methods of measurement) need to validly reflect the theoretical constructs, while this is generally considered to be the most important form of validity as it provides a test of a measure and of the theory upon which it is based (Cormack 2002, p. 32).

In order to evaluate the strength of the relationship of individual items with the theoretical concept, data were subjected to exploratory factor analysis.

Construct validity have been estimated when using factor analysis. KMO and Bartlett’s test of Sphericity was estimated 0,695 and confirm data for factorial analysis.

An orthogonal principal components factor analysis with varimax rotation was conducted on the 16 items. The results gave 6 factors. The six factors with factorial weight $L \leq 0,4$ explained 69% dispersion of the data. The results of the factor analysis showed also that our factors have been identified identically to the theoretical model of Conscience. However it is important to note, that these findings are preliminary and the instrument needs to be further developed, tested and evaluated with the bigger sample.

In order that there are no published psychometric tests of Conscience in Lithuania, I tried to compare similar the psychometric evaluation data of moral distress scale (Corley, 2001). The reliability coefficient measuring the moral distress scale was ranged from $r = 0,31$ to $r$
in our study in our study $r = 0.788$ it shows similarity of results. Factorial analysis using a principal component factor technique with interactions and the orthogonal rotation of extracted factors yielded five factors with 21.7% of the variance explained, and our study shows better results six factors explained 69% of variance explained Corley (2001) find out conceptually unclear factors, in our study the factors were conceptually clear with the items containing them.

The significance of construct validity is in its linkage with theory and theoretical conceptualization. The theoretical considerations, predictions how the construct will function in relation to other constructs let us validate construct.

The psychometric evaluation of the Lithuanian version of questionnaire Conscience as well as its adaptation results seems to state that the instrument is reliable and valid to assess the Conscience among care professionals in hospital setting in Lithuania.

**GENERAL DISCUSSION**

The overall aim for the thesis was to describe the essence of the concept of Conscience reflected by health care professionals of questionnaire Conscience, to adapt it in Lithuania hospital setting and to test reliability and validity.

The phenomenon of Conscience was and is an object of interest for researchers in different sciences philosophy, psychology, sociology, theology, etc. The concept analysis of Conscience proposed by Walker and Avant (1995) was taken as theoretical framework systematically analyze the construct. This conceptual framework was used to describe and examine Conscience it’s confirmation within the nursing and caring literature, to clarify ambiguity of a concept, scholarly discussions, operational definitions, defining attributes and antecedents. For systematic review research concerning phenomenon of Conscience and related keywords was used the Matrix Method of literature review proposed by Garrard (1999). The structural framework of the Matrix Method allowed systematically in scientific way to read, analyze and summarize the scholarly materials concerning the topic of study. Kirkevold (1997) explained the term integrative review, arguing that research reviews focusing both on empirical findings and theoretical accounts are integrative to the extend
and provide a more comprehensive understanding of a particular phenomenon by interrelated prior isolated research.

The systematical theoretical and methodological approach to analyze the concept Conscience revealed what Conscience is. Conscience was considered as an ontological concept of human being, an indivisible experience by wholeness of person body, soul and spirit which lies on moral life and values, whose actions with direction to the past formed “face of Conscience”. The perception of Conscience was revealed through descriptors or metaphors such: Inner voice, Good Conscience, Bad Conscience, Stress of Conscience, Professional Conscience and Individual Conscience. Conscience was considered as an abstract multidimensional construct embodying meaning of intentionality, transcendentality and intersubjectivity.

Viewing the concept of Conscience in a phenomenological hermeneutic framework Nelms (1996) described the “call of Conscience as the call to care”. Within the Heideggerian view inauthentic and authentic modes of being are ontological qualities how we live. To find our way to authenticity is the ontological quality we live, that. Heidegger calls “Conscience”. Heideggerian Conscience is in the nature of a call to our innermost potentiality for being ourselves (Nelms, 1996). Roach (1987) also proposed that caring behavior in nursing is manifested through the five “C” attributes: compassion, competence, confidence, Conscience and commitment (Roach, 1998). According to Roach (1998) Conscience is referred to as that personal, precious interior compass, directing one’s behavior according to the moral fitness of things that is according to those moral rules constitutive of our lives together.

**Inner voice of Conscience**

Quoting famous statement “Conscience is man’s most secret core and sanctuary, there he is alone with God whose voice echoes in his depths” Hoose (1999) claims that each person is seen as having God’s law inscribed on their heart, a law which is detected deep within a person’s Conscience, and a law which is not self imposed but must be obeyed. Soderberg, Gilje and Norberg (1996) revealed how a complex human process manifest in relation of one’s inner self and the other person, which transforms desolation into consolation through becoming present to the suffering other. In situations when nurses experienced horror,
dishonesty and insufficiency, it suppressed their honest reactions, their weaknesses and their desired response acting congruently with their values and beliefs. According to Ricouer (1990) the inability to respond to an expectations from someone who is counting on You, means a violation of self – integrity and a destruction of self – constancy. Inner voice of Conscience can be viewed as a deep human experience as indispensable condition for all health care professionals. According to virtue ethics, doing the right and good thing calls for being the right person. Hoose (1998) quoting Newman explains superior function of Conscience, she speaks to as of the existence of God, and tells us something about what God is. Conscience is at the same time foundational (a sense of God implanted in the heart) and also a judgment, engaging reason, on actions undertaken in the light of, this commitment to God.

**Good Conscience**
Soderberg (1999) explains the term evil and good. On that ground evil she recognized the absence of good, the absence of the freedom of becoming aware of what is evil and what is good, and good – is a loving presence, the attention to other. Conscience could be considered variously as a negative judge of one’s actions, but on ethical reasoning being in consoling situations, researchers as Soderberg, Gilje, Norberg (1996) revealed good Conscience phenomenon, through ways of becoming present as welcoming participation, reflecting on self, readiness, struggling for the others freedom, honesty and creating beauty. Good Conscience (clean, calm) is also embedded to the central idea of caring the idea of love and compassion (Eriksson, 1993). Suffering can be alleviated in a relationship characterized by responsibility and desire to do good (Eriksson, 1993). Such characteristics also noticed Severinson (2003) and confirms that a person who has a high degree of motivation and the will to take on responsibility is likely to forge ahead, even in the face of very high work demands.

Ethical integrity according to Soderberg et all (1999) in caring context means: respecting patients as persons, being sensitive to human beings’ dissimilarities and their vulnerability, which form the prerequisites for respecting human being’s autonomy and dignity. Soderberg et all (1999) when citing Weil explains what is sacred in every human being is an indomitable expectation that good and not evil will be done to him. More over, the ability to experience dignity in other human beings demands a special sensitivity (good
Conscience), because most people do not hear the heart crying out against evil, so one needs to create an atmosphere of attentive silence in which this faint and inept cry can make itself heard (Soderberg, 1997).

**Bad Conscience**

Sorlie (2004) investigated that bad Conscience increases for nurses when they acknowledge that they were unable to do “that little bit extra”. It leads to headaches, other physical pains, and even exhaustion. Nurses expression confirms “I seem to have aches and pains in my body but the pain is really in my soul, my Conscience. The pain I feel is my Conscience (Sorlie 2004, p. 184).

Frankl (1998) inferred that Conscience reveals concrete, individual possibilities of values and carry out it intuitively. It assumes when nurses can’t to act according to own values they perceive pain of Conscience and their integrity is damaged.

Bad Conscience experienced by nurses Sorlie (2005) inferred, when they have difficulty with reconciling themselves with their feelings of inadequacy. They can make themselves feel ill by thinking about they have not done. They defined this feeling as their inadequacies and bad Conscience. Conscience dictates when something is not right, whether it be a wrong judgment or a lack of time to listen. Nurse’s experience of bad Conscience Sorlie (2005) citing “I get a bad Conscience when I see what I should do, but don’t”.

**Stress of Conscience**

Health care professionals encounter conscientious objections when having moral problems when caring for persons. Georges and Gryndonck (2002) quoting Jameton pick out three categories which contain definition of moral problem, such as: moral uncertainty, moral dilemma and moral distress. All these situations for health care providers mean, that their Conscience is already involved in ethical decision making, when nurses cannot do what they think is right, they experience moral distress that leaves a moral residue (Corley, 2002). Moral distress was explained as anger, frustration, guilt, loss of self-worth, depression and nightmares, as well as by physical symptoms, suffering, resentment, sorrow, anxiety, helplessness, compromised integrity (Corley, 2002). As moral distress
theory outlined what happens when a nurse either is unable or feels unable to advocate for a patient and thus experiences moral distress.

From this context we can recognize that Conscience is such primordial phenomenon which has actions informing, balancing, serving as a quid, monitoring life, evaluating, making judgment, revealing the Bible, educating doing the decision making. What kind of decision will be made depends on person’s freedom, as according to Frankl (1998) person’s freedom of strong will means be responsible, be active and have Conscience. This meaning Frankl (1998) characterized by quoting Marie von Ebner Eschenbach “Be the Lord of Your will, and a servant of Your Conscience” (Frankl 1998, p.41). This imperative sentence well characterize transcendence of Conscience, in other words Conscience have to be something other, more than own I, she have overcome person, whose a voice of Conscience only hear, Conscience has to be something on the other side of human being. Only when perceiving Conscience as transcendental phenomenon we can consider Conscience as phenomenon full of sense.

Källvemark (2003) quoting Jameton states that a nurse facing a moral dilemma and acting according to what she/he presumes is morally right would not create moral distress. Oberle (2001) when comparing doctors’ and nurses perceptions of ethical problems, claims that doctors are responsible for making decisions and nurses must live with these decisions, but for both doctors and nurses the core problem was witnessing suffering, which engaged a moral obligation to reduce that suffering. Suffering is a basic category of caring claims Eriksson (1992), and to alleviate patients suffering is based on the caritas motive. Problem of suffering is connected with the question of good and evil.

**Individual Conscience**

Fuchs (1987) claims, that the human being at his deepest level of consciousness, which is never fully accessible by way of objective reflection, is aware of himself; he therefore, is also aware of himself as to be an “obligated” existence, which means a moral being. This is the deepest core of the Conscience. According to Fuchs (1987) the concept Conscience is a fundamental distinction between moral goodness as a primary element and moral rightness as the merely secondary element belonging to Conscience. Judgment of good and right based on practical reason, therefore always takes place as a part of existential basic moral
experience and deepest moral convictions. Individual Conscience and Professional Conscience are interrelated. Fuchs (1987) inferred that moral judgment and personal moral experience are always interlaced. On the base on such presumptions we can state that Individual Conscience and Professional Conscience are interrelated. Indeed it may sometimes appear that Professional Conscience is based on particular moral and ethical questions, where it is meaningful self-realization as human beings. Conscience therefore makes a judgment on actions performed, and inflicts pain when the individual becomes conscious of wrongdoing (Costigane, 1998).

**Professional Conscience** has been analyzed through research studies, where nurses and physicians revealed their lived experiences being in ethically difficult situations. Uden et all (1992) disclosed differences in the experiences of being in ethically difficult care situations related by professionals and showed different matters when narrating ethically difficult care episodes: the nurses were concerned about the patients dignity, while the doctors were concerned about the patient’s survival. Those differences lie in different origin where professions rooted. As nursing profession rooted in caring, it contains Conscience, and role of Conscience according to Sorlie (2004) to care and the “best care is the care I would want my own mother to receive”. More over, caring in such manner gives for nurses an inner satisfaction, in other words good Conscience, and meaningful self-realization.

Differently physicians, being in ethically difficult situations reasoned according to action ethics focusing on choosing the right actions and emphasized justice (Uden et all, 1999). It seems that biomedical origin of the profession as physician, mostly emphasized on deontological ethics, and are not so much involved in caring. But deeper research on their lived experiences Soderberg (1999) revealed that clinical decision making involves “limit situations”, which require virtue ethics rather than action ethics. Doing “right” means acting according to the individual situation. Indeed judgment based on practical reason qualifies as being moral exclusively on account of the interconnected and ever-manifest Conscience (Fuchs, 1987).
METODOLOGICAL CONSIDERATIONS

This study consists of 2 parts. Advantages and limitations concerning the study will be presented separately.

**Part I Literature study.** A limitations of this study is that I considered to perform systematical literature review through qualitative research in caring and nursing science concerning topic questions. The quantitative research studies would be more correspond with the design of this Master thesis. The limitation was chosen in order to avoid already predicted notion to find the expressions only of negative Conscience. Previous research studies mostly investigated Koivula et all (2000), Payne (2001), Rafi (2004), how Conscience is affected by occupational stressors, work demands, time resources, etc., on the contrary this study seeks to investigate, to describe known data how care providers expresses their own Conscience being in ethically difficult care situations. It means that qualitative inquire and even phenomenological hermeneutic approach grounds deeper experiences of Conscience among health care professionals. The advantage of literature study was to perform systematical review by Matrix method proposed by Garrard (2000). When analyzing data the integrative research methods methaanalysis and methasynthesis have been an advantage.

**Part II The empirical** part is designed in order to adapt questionnaire Conscience in Lithuanian conditions and test its reliability and validity. The process of translation has some limitations, the experts on English and Lithuanian language should have both philosophical background with the understanding of existential phenomenology and the phenomenon of Conscience.

The adaptation questionnaire Conscience to the Lithuanian conditions was the rigorous process required maximum responsibility and knowledge concerning topical question. The advantage of this procedure, that a good translation indispensable to obtain a quality of Conscience questionnaire that works well in a culture different from that for which the instrument was originally designed. Each question was adapted to the local culture. The rigorous process of forward – translation and back – translation confirms that our questionnaire would work well in the new setting.
Testing reliability limitation was to evaluate one more test on reliability test-retested reliability. This test measure the stability of instrument and refers to the extent to which the same results are obtained on repeated administrations of the instrument (Polit and Hungler 1995). The estimation of reliability focuses on the instrument’s susceptibility to extraneous factors from on administration to the next.

Factorial analysis on testing construct validity was an advantage. Factorial analysis when factors have been rotated orthogonally explained 69% of the total variance. The six factors were named according to the essential content, and the items belonging to the 6 factors sufficiently well correspond to the theoretical construct of Conscience.

CONCLUSIONS
Health care professionals being in ethically polemics situations when caring for patients perceive own Conscience, with the magnitude scale of feelings that constrains “face of Conscience” a metaphoric explanation of the Conscience.

- **Inner voice** was expressed as being recognized and interpreted, being there “and being with another”, we cannot escape the voice of Conscience, the Conscience is the most secret score and sanctuary, God speaks though our Conscience, god’s law which is not self imposed but must be obeyed. Inner voice of Conscience viewed as a deep human experience, as idisensible condition for all health care professionals.

- **Good Conscience was** expressed as loving presence, the attention to other, becoming present as welcoming participation, reflecting on self, readiness, struggling to others freedom, honesty and creating beauty, caring with love and compassion, alleviating patients suffering, creating caring communion – an unselfish relationship with another. For health care professionals good Conscience was expressed as obeying our Conscience irrespective of other opinion, by expressing what own Conscience tells at work place, and when nurses and physicians are able to follow their own Conscience at work.

- **Bad Conscience** was expressed when nurses were unable to do “that little bit extra” leading by headaches, physical pain called my soul, “my Conscience”, not having possibilities to act according to own values, reconciling themselves with their feelings of inadequacy. When nurses can not provide what is the best for patient
they experienced frustration, guilt, loss of self-worth, depression, shame, embarrassment, grief, misery, pain. For health care professionals to silence own Conscience in order to be able to continue working in the caring profession leads to bad Conscience, as also if do not listen to own Conscience it will be silenced, that also confirms experience of bad Conscience.

- **Stress of Conscience was** expressed as psychological disequilibrium, negative feeling state and suffering experienced when nurses make moral decision and can’t follow through, when nurses feel unable to advocate for a patient, distress, when faced with institutional obstacles and interpersonal conflict about values, compromised integrity, moral residue frustration, anger, and anxiety. For health care professionals well indicator of stress of Conscience, is when our Conscience admonishes us not to hurt ourselves and others.

- **Individual Conscience was** expressed as awarening of himself as to be an “obligated” existence which means a moral being, judgment of good and right, based on practical reason as a part of existential basic moral experience and deepest moral convictions. Individual Conscience of nurse’s or physician’s when he or she cannot meet their own demands on him or her self, because of getting bad Conscience.

- **Professional Conscience** was experienced by nurses and physicians from different stand-point, physicians from the action ethics, and nurses from the virtue ethics. Physicians were concerned about patient’s survival while the nurses were concerned about the patients dignity. Professional Conscience and individual Conscience interrelated, but a call for care is rooted in caring.

An adaptation of questionnaire of Conscience to Lithuanian conditions, yielded evidence of validity and reliability. However, further testing with a large sample of health care professionals is recommended to enhance the instrument’s reliability and validity. The instrument of Conscience is an appropriate to measure Conscience among health care providers in hospital setting in Lithuania. The future research of Conscience should identified other similar phenomena as moral sensitivity, resilience, burnout and investigate psychosocial support. Investigations on Conscience among health care professionals in Lithuania step the first own steps and very important for the future research.
REFERENCES:


Altun, I. (2002). Burnout and nurses’ personal and professional values. *Nursing Ethics*, 9, 269-278.


SĄŽINĖ

Anketa anoniminė.

Kiekvienam teiginiui raskite Jums labiausiai tinkantį sąžinės supratimą. Skalė, susidedanti iš 6 pozicijų, Jums padės tiksliai įvertinti tai. Žymėjimo pavyzdys: ☑

1. Jūsų amžius (nurodyti) __________ m.
2. Lytis ☐ Vyraš ☐ Moteris
3. Jūsų išimokslinimas:
   ☐ aukštesnysis;
   ☐ aukštas, neuniversitetinis;
   ☐ aukštasis, universitetinis;
4. Dabartinė darbo vieta:
   ☐ vaikų ligoninė;
   ☐ psychiatrijos ligoninė;
5. Pareigos:
   ☐ bendrosios praktikos slaugytojas (-a)
   ☐ gydytojas (-a)
   ☐ kita

6. Darbo stažas ______ m.
7. Darbo stažas dabarinėje vietoje ________ m.
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<td>Ne, visiškai nesutinku</td>
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1. Sąžinės balsas turi būti atpažintas ir suprastas.
2. Žmogui reikia vidinės ramybės, kad išgirstų sąžinės balsą.
3. Mes negalime pabėgti nuo sąžinės balso.
4. Sąžinė įspėja mus, kad žeidžiame ir skaudiname save.
5. Sąžinė įspėja mus, kad žeidžiame ir skaudiname kitus.
6. Mes turime paklusti sąžinei nepriklausomai nuo kitų nuomonės.
7. Savo darbo vietose aš galėčiau sugrąžinti tai, ką sako mano sąžinė.
8. Darbe aš elgiuosi pagal savo sąžinę.
10. Sąžinė tyli, kai mes jos nesiklausome.
11. Aš turėčiau nutildyti savo sąžinę, kad galėčiau tęsti darbą sveikatos priežiūroje.
12. Mano sąžinė yra per griežta.
13. Visuomenės vertybės yra išreiškiamos per sąžinę.
15. Paklusdami savo sąžinei, aš tobulėju kaip žmogus.

Komentarai

**Ačiū už atsakymus.**