

Assessment of the Entrepreneurial Characteristics and Hopelessness Status of Nurses Working in Theonetraining and Research Hospital

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BACKGROUND/AIMS

Due to the vast knowledge they obtain during the education process, nurses become self-confident and successful professionals with a life vision, open to risk taking and change.

MATERIALS and METHODS

The aim of this study was to determine the entrepreneurial characteristics of the nurses, as well as their opinions and the hope or hopelessness status. This research included 140 nurses working in the Training and Research Hospital. The research was descriptive and in the screening model. The Beck hopelessness scale (BHS) and the entrepreneurship scale (ES) were utilized as the data collection tools. To determine the hypothesis tests to be used in the comparison of entrepreneurial tendencies of nurses by their identifying characteristics and the Beck hopelessness scale, the compliance of the dataset with the normal distribution was tested using the Kolmogorov-Smirnov test, and as a result of the test, the scores from both the scales were found to be compliant with the normal distribution. The Levene test was performed to test the homogeneity of variances, which were then identified as homogenous. Therefore, parametric hypothesis tests were used in the research.

RESULTS

In the comparison of entrepreneurial tendencies of nurses considering the identifier characteristics and Beck hopelessness scores, the t-test was used when the number of categories in the independent variance was 2, and the variance analysis was performed when it was >2. In addition, the correlations between the entrepreneurial tendencies and Beck hopelessness scores were tested with the Pearson correlation analysis.

CONCLUSION

Therefore, with the increase in the scores obtained by the nurses from the Beck hopelessness scale in the sub-dimension of feelings about future, the scores from the sub-dimensions of self-confidence, innovation, need to accomplish, locus of control and taking risks under the entrepreneurship scale also increase. The nurses with higher levels of hope are self-confident, have higher levels to take risks with more need to accomplish.

Keywords: Creativity, entrepreneur, entrepreneurship, hope, hopelessness

INTRODUCTION

Upon new circumstances forcing the change in increasingly difficult environmental conditions, the effort to create entrepreneurial behaviors such as making investment, changing the work environment, creativity, decisionmaking, and risk taking is a crucial mission in the development of modern societies. The confidence, courage, power to take risks, desire to start one's own business, taking chances, aim-oriented living, and determinedness generated in the lives of individuals that exist within the personalities would encourage individuals to take entrepreneurship.

Entrepreneurship

Entrepreneurship is the concept that covers risk taking, using opportunities, realization of chance taken, and making changes (1, 2).

In a study conducted on the subject, a professional entrepreneur was defined as a person with a global mind, who makes decisions with consensus and execute such decisions through a business plan. The concept of entrepreneurship is the

process where some resources and processes are researched and utilized using chances (3-5).

Studies on the importance of establishing an entrepreneurial culture that will promote entrepreneurship in the organization will lead to entrepreneurial orientation of the individuals because of the dynamism, which is resourcebased and in the world market conditions, producing successful and innovative products for along-term business success. It is important to create this culture in every workplace (6-8).

The most important factor that non-innovation organizations should know is that there is a danger of losing their organizational effectiveness. For this reason, organizations should find and persuade high entrepreneurship-oriented individuals to produce valuable and rare products and services considered to be a sustainable competitive advantage and source and to create the added value. It can be seen that there is a move toward creating an environment that supports innovative, proactive, and risk-taking strategic behaviors within the organization (9).

In many studies, increasing the tendency toward entrepreneurship to create innovation and value plays a key role. These studies emphasized that the most important strategy in competitiveness would be to address innovation, proactivity, and risk-taking dimensions (10-13).

Engelen (14) in their study took into account the cultural dimensions of Hofstede, and entrepreneurship behaviors were examined. The authors found that individualism and uncertainty avoidance culture dimensions were effective (14).

Özdevecioğlu and Cingöz (15) define the concept of entrepreneurship as the process in which certain resources and processes are explored and exploited to make good use of certain opportunities. According to İrmiş and Özdemir (16), the entrepreneurship is a process employed to effectively realize the risk management to identify the work opportunities and use them accordingly and to establish values through the use of management skills. In the formation of values, establishing a profit-oriented new entity, expanding such entity and generating income through the creation of a new good or service defines the entrepreneurship (17).

The internal instinct to be successful might be considered as one of the fundamental tools in increasing the motivation to succeed. When people are successful, they feel more satisfied and happier. Such people with high desire to be successful do not like routine, and they show effort to create change and new ideas (18). According to Küçük, the individuals with a high-achievement motive have the skills to transform their surrounding into business ideas due to their skills to conduct research, see details, show interest toward change, and have the ability to see what the others cannot (19). The entrepreneur is defined as an independent person who wants to make his or her own decisions, be free, and fulfill his or her dreams (20). Pursuant to Yılmaz (21) and Sümbül, the entrepreneurs are visionary people interested in adopting changes, having the skill to use opportunities, and working toward reaching their future objectives.

The Entrepreneur Nurse

International Council of Nurses (ICN)

In 2004, provided the definition of the entrepreneur nurse as "nurse control of practice and patient care" as the most significant definition among the others in the literature, and it highlighted that the entrepreneur nurses may also provide services in marketing, public, and the private sector. On the basis of nursing, entrepreneurship is considered as the development, assessment, and sale of healthcare products and devices, legal services, health care/policy consultancy, and health care/policy publications (22). Considering that entrepreneurship is generally perceived as the person who produces a product or provides a service and then market those to other businesses, the nurse entrepreneur may be seen as the person who establishes and organizes his or her own business as indicated by (3, 23). In terms of the health care, the entrepreneurship may be used as the social change and the change in the provision and organization of nursing services. The nurse entrepreneurs are innovative people, who use their creativity to develop new methods and produce new ideas, services, or products, or new methods to use the existing products in a different way. They may charge for such service and product and may market a new product to improve the patient care (3-24). The innovativeness had become important by the end of the 1970s and beginning of the 1980s. Davyhoff and Moore defined the innovative person as "intrapreneur" (3) and described the innovative in the health care domain as an entrepreneur working in an existing institution or a system such as a hospital, while the innovativeness is the main factor in the survival of a health care organization. The profession of nursing contributes to the protection, development, and improvement of health and also reflects the knowledge, skills, and trust to merge the medical administration. Regardless of the cooperation and challenges of the independent practice, the autonomy of the entrepreneurial acts brings momentum to such merging (25-27).

By the end of 2000s, the nurses began to practice in accordance with the entrepreneurship model and created innovative initiatives. The rapid changes in the health care sector and public demand for cheap and quality care introduced autonomous working opportunities to nurses as trainers and consultants (26-28). Particularly, with the increasing significance of nurses in the home care services, the nurses began to show up their individual skills, knowledge, and initiative. Fullbrook indicated that the preliminary condition of professionalism is to walk away from the routine and make an effort to undertake the duties with creative power and perform them accordingly (29). Kalischuk and Thorpe claimed that creativity enhances the problem solving in the nursing practice (30). Dayhoff and White noted that the benefits of being an entrepreneur are reflected in time provided that the work's maturity and becoming a market position (4-28). The period to see the accomplishment of an entrepreneurial operation may take between 3 and 10 years.

Roles of Nurse Entrepreneurs and Challenges in Their Service Domains

The nurse entrepreneurs provide services in various dimensions as the owners and managers of consultancy activities, education companies, home care agencies, care facilities for adults, child care centers, public clinics, durable medical equipment companies, printing/publication companies, and companies

producing health care products (26). However, complicated legal conditions required to perform new medical planning, lack of professional assistance for private nursing practices, and attitudes of other health care professionals about the special practices in nursing are some of the challenges (31, 32). The concepts of nursing and business are not combined, and while the performance is enhanced in corporate spaces, the performance in other areas is considered to deteriorate. The ethical conflicts between nursing and business are underlined (21-23). Legal shortcomings, concerns, and lack of knowledge are also considered as an obstacle in the entrepreneurship activities. The lack of knowledge regarding the law, regulations, and compensation procedures and the general concerns regarding the arrangements cause the loss of entrepreneurship opportunities among nurses. As much as the legal issues, much smooth issues such as a lack of intention to struggle with the employers and doctors also lead to the obstacles for entrepreneurship (31, 33-35). That we used their scales upon getting consent, had conducted a study on the senior class students of Kafkas University and Kirikkale University where they considered the students as a potential entrepreneur and aimed to identify the tendencies of students toward the entrepreneurship (36). For this study, self-confidence, change, need to accomplish, locus of control, risktaking, and tolerance toward the uncertainty were selected as the entrepreneurial characteristics. Considering these findings, students in Kars and Kirikkale were found that they performed the entrepreneurial activities at a significant level, had the potential to establish a business, and had business ideas. The study also indicated that although the students had self-confidence, the tendency to change, needed accomplishment, had locus of control, and the tendency to take risks, yet they did not show any tolerance toward uncertainty.

The Status of Hopelessness Perception

When the entrepreneurial characteristics are evaluated, emotions should be considered as well. The negative feelings about the future of individuals have a negative impact on the coping methods with the problems and the adaptation process to their surroundings (37). Hope is defined as "an expectation greater than zero," and hopelessness is "an expectation less than zero in the realization of an aim, in brief no expectations" (38). Considering the cognitive theory of Beck, hopelessness is considered to be the basis of depression (39), and hope is an emotional element of the expectation to reach an aim (40). The concept of hope is defined as an emotion, expectation, illusion, and desire, and it was stated that hope facilitates the potentials of individuals through protecting them and is an instinctive component of life. As the opposite of hope, hopelessness is expressed as the negative expectations regarding future and is an obstacle (41). The things to be done by individuals and their contributions to their surroundings increase parallel to the positivity level of their thinking and decrease parallel to their hopelessness level (42). An increase in the hopelessness level has an opposite impact on the problem-solving abilities, productivity, and success of an individual compared to hope. While hope is argued to be a feature that injects the feeling of wellness and motivates the person to stand up (43), it is defined as the anticipation to accomplish beliefs and plans to find an exit, in addition to positive developments (44). Hopelessness is expressed in the way that the individual defines oneself with the negative features and negative expectations about the future and the belief that neg-

ativity would stay (45, 46). The feeling of hopelessness is closely related to the cognitive nature and information-processing style of individuals (47, 48), meaning that the individuals who assign wrong meanings to their experience regardless of the objective or the real reason expect negative outcomes without even showing any effort to accomplish those objectives, and the development of negative expectations about future as an outcome (49-51).

Study Aim

The aim of this study was to evaluate entrepreneurial features of nurses working at the Near East University Training and Research Hospital and their perceptions regarding hope and hopelessness together. In addition, this study also aimed to identify the entrepreneurial features of nurses working at the Near East University Training and Research Hospital and the impact of such features on their feeling of hope and hopelessness, based on the scientific foundations, and to further contribute to the relevant literature. The questions leading this evaluation in terms of various variables were the following:

Is there any variance in the entrepreneurship views of nurses' inconsideration with their professional experience?

Is there any variance in the views of nurses about entrepreneurship?

Is there any variance in the views of nurses about experiencing hopelessness?

MATERIALS and METHODS

This section explains the model, population, sample, data collection tools, statistical method, and techniques in data collection and data analysis.

Research Model

The screening model as one of the descriptive research methods was utilized to identify the entrepreneurial tendencies and hopelessness levels in nurses. "In a multiple-component population, the screening model is the screening arrangements conducted on the whole population or a group, example, or sample of that population to reach a general fact" (52).

Population and Sample

In this study, a population of 140 nurses working at the hospital located in Turkish Republic of Northern Cyprus for the academic year of 2015-2016 was included. Among the nurses, 86.52% were women, and 13.48% were men. 42.70% of nurses were aged ≤ 24 years, 26.97% were 25-26 years, and 30.34% were ≥ 27 years. Considering education, 15.73% nurses graduated from a vocational high school or had a 2-year degree, while 84.27% had a bachelor's degree or completed a post-graduate program. 38.51% of nurses had a professional experience for ≤ 1 year, 26.97% had 2 years, 11.24% had 3 years, and 29.21% had ≥ 4 years of experience. 59.55% of nurses had a previous entrepreneurship experience. Within the scope of this research, 39.33% of nurses had a business idea.

Data Collection Tools

As a data collection tool of this research, we used a questionnaire with three sections: identifier features, the Entrepreneurship scale (ES), and Beck hopelessness (BHS) inventory.

The first section of questionnaire included introductory questions prepared by the researcher about the details such as gender, age, and type of completed high school.

To identify the entrepreneurial tendencies of nurses included in the research, the entrepreneurship scale developed by İscan and Kaygin (36) in 2011 was utilized under the second section of questionnaire. The scale was developed as a 5-point Likert scale with 28 items. The validity and reliability process was performed by İscan and Kaygin on the total number of six sub-dimensions of the scale as self-confidence, change, need to accomplish, locus of control, risk taking, and tolerance toward the uncertainty, with a total variance of 51.75%. The Cronbach alpha values of sub-dimensions varied between 0.61 and 0.79. As a result of the reliability analysis conducted by the researcher in relation to the scale, the Cronbach alpha values were found to range between 0.76 and 0.85. Considering such results, the entrepreneurship scale was considered as a valid and reliable scale in the identification of entrepreneurial tendencies of nurses included in the third section of questionnaire, the original Beck hopelessness scale was developed by Beck in 1963 and translated and adapted into Turkish by Seber et al. in 1993 (53). The scale is comprised of propositions with 11 right and 9 wrong keys. Each proposition in compliance with the key is given 1 point, while each in-compliant proposition gets 0 points. The average score of participants from the scale was calculated as the hopelessness score. The propositions of the 1st, 6th, 13th, 15th, 19th were related with the feelings about future; the 2nd, 3rd, 9th, 11th, 12th, 16th, 17th, 20th with the loss of motivation; and the 4th, 7th, 8th, 14th, 18th expectations from the future.

Following the development of questionnaire as the data collection tool, the Near East University Ethics Board was referred for an authorization to administer the questionnaire to nurses within the scope of population. After the authorization, the questionnaire was administered in the form of an interview in April 2016. To ensure sincere and correct responses from the participants, the nurses were informed about the significance of research, confidentiality that they did not need to write their names on the questionnaire, and that the collected information was to be read only by the researcher.

Data Analysis

The data collected from the questionnaire were entered into the electronic environment and analyzed with the Statistical Package for the Social Sciences version 21.0 statistics program (SPSS IBM Corp.; Armonk, NY, USA). Primarily, the distribution of the responses for the identifier features, entrepreneurship, and Beck hopelessness scale was determined through the frequency analysis, and the descriptive statistics regarding the scores from the sub-dimensions of scales were calculated. To identify the hypothesis tests to be used to compare the entrepreneurial tendencies in terms of identifier features and scores from the Beck hopelessness scale, the compliance of dataset with the normal distribution was tested using the Kolmogorov-Smirnov test, and the scores of nurses for both the scales were identified as in compliance with the normal distribution. Therefore, parametric hypothesis tests were used in the research. In the comparison of entrepreneurial tendencies of nurses with the identifier characteristics and Beck hopelessness scores, the t-test was conducted

when the number of categories in the independent variance was 2, and the variance analysis was performed when it was >2. In addition, the correlation between the entrepreneurial tendencies and Beck hopelessness scores was tested using the Pearson correlation analysis. The findings section discussed the entrepreneurial tendencies and Beck hopelessness scores of nurses, their entrepreneurial tendencies by their identifier features and variances between the Beck hopelessness scores, and the relationship between the entrepreneurial tendencies and Beck hopelessness scores.

Considering Table I, the average score of nurses from the entrepreneurship scale in general was found as 59.89 ± 13.94 with the lowest score of 28 and the highest of 139. The nurses obtained 71.9 ± 2.37 as an average from the self-confidence sub-dimension, 12.33 ± 3.79 from change sub-dimension, 10.90 ± 3.44 from the need to accomplish, 12.22 ± 3.66 from locus of control, and 6.65 ± 2.32 from the tolerance of uncertainty. The nurses had an average of 5.71 ± 4.02 from the Beck hopelessness scale with the lowest score of 0 and highest of 24. In relation with the Beck hopelessness scale, the average score for the future feelings was 0.84 ± 1.26 , 2.91 ± 2.29 from loss of motivation, and 1.96 ± 1.36 from future expectations.

When Table 2 was evaluated, comparing the work experiences of nurses and the scores from the entrepreneurship scale, there was no statistical variance between the scores obtained from the sub-dimensions of self-confidence, change, locus of control, and tolerance toward uncertainty ($p < 0.05$). Regardless of their work life, the nurses obtained similar scores from these sub-dimensions. The variance between the scores from the sub-dimension of need to accomplish in terms of their work life was found to be significant ($p < 0.05$). Such variance was found for nurses working for 3 years, who obtained lower scores from the need to accomplishment sub-dimension. Among who participated in this study, there was a statistically significant variance between the scores from the entrepreneurship scale ($p < 0.05$). The scores for nurses from the sub-dimension of risk taking were identified as statistically significant ($p < 0.05$). The nurses with ≤ 1 year, and 3-year work experience obtained lower statistically significant scores than the nurses with 2- and 4-year work ex-

TABLE I. Descriptive statistics for the scores of nurses from the entrepreneurship scale and the Beck hopelessness scale

ScScales and Sub-dimensions	n	\bar{x}	s	Min.	Max.
G Entrepreneurship scale	89	59.9	13.94	28	139
Nurses obtained	89	71.9	2.37	4	20
Innovation	89	12.33	3.79	6	30
Successneeds	89	10.90	3.44	5	25
Locus of control	89	12.22	3.66	6	30
Risk taking	89	110.60	313.13	5	2525
Tolerance to uncertainty	89	6.65	2.32	2	10
B Beck hopelessness scale	89	5.71	4.02	0	24
A The agree score for the future	89	0.84	1.26	0	5
M Motivation	89	2.91	2.29	0	12
F Future expectations	89	1.96	1.36	0	7
B Beck hopelessness scale totals	89	5.71	4.02	0	24

TABLE 2. Comparison of scores obtained by the nurses in terms of their work experience

	Working time	n	\bar{x}	s	Min.	Max.	F	p
Confidence	1 year and below	29	7.10	2.37	4	14	1.34	0.27
	2 year	24	7.96	2.73	4	12		
	3 year	10	6.50	2.12	4	10		
	4 years and below	26	6.85	2.03	4	10		
Innovation	1 year and below	29	12.14	3.68	6	23	2.63	0.06
	2 year	24	14.04	4.12	7	21		
	3 year	10	11.40	3.50	6	16		
	4 years and below	26	11.31	3.31	6	17		
Success needs	1 year and below	29	10.24	3.33	5	19	4.04	0.01*
	2 year	24	12.04	2.31	8	16		
	3 year	10	8.20	3.29	5	15		
	4 years and below	26	11.62	3.90	5	20		
Locus of control	1 year and below	29	11.07	2.81	6	18	2.59	0.06
	2 year	24	12.88	3.66	6	20		
	3 year	10	11.00	3.65	6	15		
	4 years and below	26	13.38	4.16	6	20		
Taking risk	1 year and below	29	9.52	2.95	5	17	3.50	0.02*
	2 year	24	11.38	2.81	5	17		
	3 year	10	9.20	2.74	5	13		
	4 years and below	26	11.62	3.31	5	19		
Tolerance to uncertainty	1 year and below	29	6.21	2.65	2	10	2.22	0.09
	2 year	24	6.33	1.99	3	10		
	3 year	10	6.20	2.30	3	9		
	4 years and below	26	7.62	2.02	2	10		
Entrepreneurship scale totals	1 year and below	29	56.28	13.23	31	98	2.98	0.04*
	2 year	24	64.63	12.91	41	84		
	3 year	10	52.50	14.65	29	77		
	4 years and below	26	62.38	13.87	28	84		

*p<0.05

perience. Considering the results, the nurses with ≥ 4 years of work experience are most willing to take risks. The nurses with a longer work experience take more risks. There was a statistically significant variance between the scores obtained from the entrepreneurship scale in general ($p < 0.05$). Considering Pearson's correlation analysis to determine the correlation between the scores obtained by nurses from the sub-dimensions of Beck hopelessness scale and sub-dimension of the entrepreneurship scale as presented in Table 3, a statistically significant correlation between the scores under the sub-dimension of feelings about future within the Beck hopelessness scale and the sub-dimensions of self-confidence, innovation, need to accomplish, locus of control, and taking risks within the entrepreneurship scale was identified ($p < 0.05$). Such correlations were positive and weak. Therefore, with an increase in the scores obtained from the Beck hopelessness scale in the sub-dimension of feelings about future, the scores from the sub-dimensions of self-confidence, innovation, need to accomplish, locus of control, and risk taking under the entrepreneurship scale also increase. Thus, it might be interpreted that nurses with a higher level of hope

are self-confident and are more prone to risk taking, with more need to accomplish. Nurses with a higher level of hope are more self-confident and open to change.

RESULTS

The studies have focused on the fact that the entrepreneurial potential must exist for entrepreneurship to emerge. This section discusses the entrepreneurial tendencies and Beck hopelessness scores of nurses, their entrepreneurial tendencies by their identifier features, and variances between the Beck hopelessness scores, and the relations between the entrepreneurial tendencies and Beck hopelessness scores (Table 1).

According to Table 1, the average score of nurses from the entrepreneurship scale in general was found as 59.89 ± 13.94 with the lowest score of 28 and highest of 139. The nurses obtained 7.19 ± 2.37 as an average from the self-confidence sub-dimension, 12.33 ± 3.79 from change sub-dimension, 10.90 ± 3.44 from the need to accomplish, 12.22 ± 3.66 from locus of control, and 6.65 ± 2.32 from the tolerance toward the uncertainty. The nurses got an

TABLE 3. Correlations between the scores of Beck hopelessness scale and the entrepreneurship scale

Beck Hopelessness Scale/ Entrepreneurship Scale		Confidence	Innovation	Success Needs	Locus of Control	Risk Taking	Tolerance to Uncertainty
Feelings about future	R	0.28	0.38	0.34	0.29	0.31	0.04
	P	0.01*	0.00*	0.00*	0.01*	0.00*	0.01
Motivation							
loss	r	0.20	0.20	0.08	0.13	0.07	-0.27
	p	0.06	0.06	0.44	0.23	0.51	0.01
Future							
Expectations	r	0.18	0.15	0.06	0.04	0.07	-0.10
	p	0.10	0.15	0.58	0.72	0.53	0.37
*p<0.05							

average of 5.71 ± 4.02 from the Beck hopelessness scale with the lowest score of 0 and highest of 24. In the relation with the Beck hopelessness scale, the average score for the future feelings was 0.84 ± 1.26 , 2.91 ± 2.29 for the loss of motivation, and 1.96 ± 1.36 for future expectations (Table 2).

When Table 2 was evaluated, comparing the work experiences of nurses and the scores from the entrepreneurship scale, there was no statistical variance between the scores obtained from the sub-dimensions of self-confidence, change, locus of control, and tolerance toward uncertainty ($p < 0.05$). Regardless of their work life, the nurses obtained similar scores from these sub-dimensions. The variance between the scores from the sub-dimension of the need to accomplish in terms of their work life was found to be significant ($p < 0.05$). Such variance originated from the nurses working for 3 years, who obtained lower scores from the need to accomplish sub-dimension. In addition, there was a statistically significant variance found between the scores of nurses from the entrepreneurship scale ($p < 0.05$). The scores of nurses from the sub-dimension of risk taking by the work experience were identified as statistically significant ($p < 0.05$). The nurses with ≤ 1 year of experience, and 3-year work experience obtained lower statistically significant scores than the nurses with 2- and 4-year work experience (Table 3). Considering Pearson's correlation analysis to determine the correlations between the scores obtained by the nurses from the sub-dimensions of Beck hopelessness scale and the entrepreneurship scale presented in Table 3, a statistically significant correlation between the scores under the sub-dimension of feelings about future within the Beck hopelessness scale and sub-dimensions of self-confidence, innovation, need to accomplish, locus of control, and risk taking within the entrepreneurship scale was identified ($p < 0.05$). Such correlations were positive and weak. Therefore, with an increase in the scores obtained by the nurses from the Beck hopelessness scale in the sub-dimension of feelings about future, the scores for the sub-dimensions of self-confidence, innovation, need to accomplish, locus of control, and risk taking from the entrepreneurship scale also increase.

DISCUSSION

International Council of Nurses (ICN)

In 2004, indicated that the definition of entrepreneur nurse as "nurse control of practice and patient care" is the most significant definition among the others in the literature, and it high-

lighted that the entrepreneur nurses may also provide services in marketing, public, and private sector. The nurse entrepreneur may be defined as the person who establishes and organizes his or her own business as indicated by (3, 23). Such people are innovators, and they use their creativity to produce a new idea, services, or products, or they develop new methods to use the existing products in a different way. They charge people in exchange for their creativity, service, and products. Development and marketing of a new product for patient care may be given as an example of nurse entrepreneurship (3, 24).

Changes in the health sector demand of the society to access the cost-effective and quality-care-created autonomous work opportunities for the nurses as trainers and consultant (26, 28).

This present study aimed to evaluate the entrepreneurial features of nurses working at the Near East University Training and Research Hospital and their perceptions regarding the feelings of hope and hopelessness together. In addition, this study also aimed to identify the entrepreneurial features working at the Training and Research Hospital and the impact of such features on their feelings of hope and hopelessness and to base this on the scientific foundations and contribute to the relevant literature.

The screening model as one of the descriptive research methods was utilized to identify the entrepreneurial tendencies and hopelessness levels of nurses.

A total of 140 nurses working at the hospital located in Nicosia, Turkish Republic of Northern Cyprus for the academic year of 2015–2016 were included into this study. There were 86.52% women and 13.48% men. 42.70% of nurses were aged ≤ 24 years, 26.97% were 25–26 years, and 30.34% were ≥ 27 years. Considering education, 15.73% of nurses graduated from a vocational high school or had a 2-year degree, while 84.27% had a bachelor's degree or completed post-graduate program. 38.51% of nurses had a professional experience ≤ 1 year, 26.97% 2 years, 11.24% 3 years and 29.21% 4 years and above. 59.55% of nurses had a previous experience in entrepreneurship. A total of 39.33% of nurses had a business idea.

These results indicate that the majority of nurses have other business ideas in addition to entrepreneurial initiative, which is considered as positive. As a data collection tool of this re-

search, a questionnaire with three sections (identifier features, entrepreneurship scale, and Beck hopelessness inventory) was applied. The first section of questionnaire included introductory questions prepared by the researcher with regard to gender, age, and level of education.

To identify the entrepreneurial tendencies of nurses who participated in the research, the entrepreneurship scale developed by Işcan and Kaygın in 2011 was utilized under the second section of the questionnaire. The scale was developed as a 5-point Likert scale with 28 items. The validity and reliability process was performed by Işcan and Kaygın on the total number of six sub-dimensions of the scale: self-confidence, change, need to accomplish, locus of control, risk taking, and tolerance toward the uncertainty with the total variance of 51.75%. The Cronbach alpha values of sub-dimensions varied between 0.61 and 0.79 (-36). As a result of the reliability analysis conducted by the researcher in relation with the scale, the Cronbach alpha values were found to range between 0.76 and 0.85. Considering such results, the entrepreneurship scale was considered to be valid and reliable in the identification of entrepreneurial tendencies of nurses. The original Beck hopelessness scale developed by Beck in 1963 was included in the third section and translated and adapted into Turkish by Seber et al. in 1993 (53). The scale is comprised of propositions with 11 right and 9 wrong keys. Each proposition in compliance with the key is given 1 point, while each proposition that is not in compliance is given 0 points. The average score of participants from the scale was calculated as the hopelessness score. The propositions of the 1st, 6th, 13th, 15th, 19th were related with the feelings about future; the 2nd, 3rd, 9th, 11th, 12th, 16th, 17th, 20th with the loss of motivation; and the 4th, 7th, 8th, 14th, 18th with the expectations from the future. After the authorization from the University Ethics Board, the questionnaire was applied as an interview in April 2016.

This research included 140 nurses working in the hospital.

Strengthening the entrepreneurial nature of nurses working in the university hospital would make them more successful in the professional life; hence, a relevant training should be planned and implemented.

The efforts toward ensuring much independent nursing profession in the health domain and enhancing the feeling of hope should be increased.

Research opportunities and practice laboratories that would speed up the studies of nurses with entrepreneurial potential should be provided, and the nurses should be supported in patient care and other professional roles. The results show that the nurses with hopes for the future and open to change have a high potential to succeed should be taken into account as the nurses with higher levels of hope would benefit their place of work. The enhancement of entrepreneurial features of nurses in their field should be increased, and the efforts toward finding new practices with regard to patient care should be endeavored. The experiences of nurses working at the hospital should be taken into consideration, and the efforts should be in place to bring in new practices accordingly.

Considering the experience of nurses working in the hospital, efforts should be made to find new practices by considering th-

eir opinions on patient care and treatment, and setting up an environment.

In the increasingly competitive conditions in the world, the amount of support for entrepreneurial nurses should be increased as well.

It is necessary to plan and conduct teaching that will improve entrepreneurship and perspective of innovations through in-service programs for newly recruited nurses. Extending and updating content in terms of innovation and creativity will help to increase the effectiveness of programs.

Ethics Committee Approval: Ethics committee approval was received for this study from Near east University (Approval Date: 05.II.2015, Approval Number: 239).

Informed Consent: All participants received written and oral information on all aspects of the study and gave written consent to participation.

Peer-review: Externally peer-reviewed.

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