

The Creative Climate and its Relation to Risk-Taking among Nurses at Port Said Hospitals

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ABSTRACT

Background: In this competitive and ever-changing world, studying creativity and its predictors became important and is being greatly emphasized, particularly among nurses. **Aimed of the study :** to investigate the creative climate of nursing and its relation to risk-taking at Port Said hospitals. **Subjects and Method: Design:** A descriptive correlational research, **Subjects:** 291 nurses, **Setting:** This study was conducted at the governmental hospitals at Port Said. **Tools:** incorporated Situational Outlook Questionnaire and Risk-taking Questionnaire **The Results:** The work environment is perceived as having a moderate level of creativity by 56.7% of the nurses polled, a low level of creativity by 23.7%, and a high level of creativity by 19.6%. Moderate risk-taking levels as reported by 52.3% of the nurses polled, a high risk-taking level of 5.8%, and a low risk-taking level of 21.9%. **Conclusion:** There is a positive correlation between all dimension s and the total creative climate in all dimension s of risk-taking. Finally, there are statistically significant positive correlations between the creative climate and risk-taking among nurses **Recommendations:** The study suggested that nurses attend a workshop on how to foster a creative and risk-taking environment.

Keywords:. Creative climate, Nurses, Risk-taking.

INTRODUCTION

In this competitive and ever-changing world, creativity and creative climate became important and are being greatly emphasized, particularly in healthcare organizations (Rahman, 2016). As health care organizations witness a lot of challenges and rapid changes that push their leaders to find the best ways to cope with these changes and provide a suitable work climate to achieve their aims (Anderson, Potocnik & Zhou, 2014). So, they focus on organizational climate acts as an effective source for defining and influencing behavior and is associated with a set of work environment features that individuals who work in this environment perceive and motivate good work (Were, 2016).

Intelligent nursing leaders build a climate that encourages nurses to improve their work, go out comfort zone, think differently about processes, and take risks to make advancements (Leal- Rodríguez, Eldridge, Roldán, Leal-Millán & Ortega- Gutiérrez, 2015). Creative climate refers that adding values to enhance creativity within an organization (Kirovska, Kochovska & Kiselicki, 2017). A creative work climate is important for the improvement of nursing practice and organizational success (Were, 2016).

Also, the rapid technological changes and competitions among healthcare organizations require creativity and creative nurses for the survival of organizations, their advancement, and improvement in their performance (Dania, 2020). Creativity requires stepping out of comfort zone. Stepping out of the comfort zone is risk-taking. Thus, there is a strong connection between creativity and risk-taking. Also, An organization whose risk tolerance rate is high will allow for emphasis on experimentation, rapid changes, and application of new ideas (Fomujang & Tassang, 2018).

Risk-taking is an inherent part of creativity that aimed to create new ideas (Robert Half, 2019). According to Yuan and Woodman (2010) a work climate that supports and encourages risk-taking, nurses feel more secure which leads to more innovative performance. Also, healthcare organizations with a high risk-taking climate show a high level of creativity compared to organizations showing low risk-taking performance. So, nursing managers should encourage their nurses toward risk-taking behavior that results in a creative climate (García-Granero, Llopis, Fernández-Mesa & Alegre, 2015).

Risk-taking and creativity are similar to each other. Creativity requires some degree of risk-taking to achieve development, inventions, and make medical progress in improving health and quality of life (Baas, Koch, Nijstad, De Dreu, 2015). The continuous and inevitable changes that occur in the healthcare environment require nurses to think differently to achieve organizational quality and success. This requires the nurses to take risks to introduce these changes (Trepanier, Crenshaw & Yoder-Wise, 2016)

The proactive behavior of individuals and taking potential risks for positive organizational outcomes is defined as risk-taking behavior. Nurses require risk-taking skills to solve problems, build relationships, introduce new practices and processes, and address problems in processes and practices. Successful risk-taker nurses search for the source of the problem by asking questions, gathering data, and building professional relationships with leaders, experts, problem solvers, and students to reach valuable solutions to achieve good outcomes (Seifert, 2021).

The good work climate pushes its staff to take risks, but some nurses are afraid of taking risks as they may be worried about making mistakes and failing. So, Hunkeler (2017) states that to motivate the staff to take the risk the manager should build the value of risk-taking in the work climate by inspiring his staff to apply new ideas and not be afraid of failure. Also, praise and rewards the nurses who move from their comfort zone and takes risk. If the nurses feel that they are trusted by their leaders, they can take more risks (Pardue, Horton-Deutsch, Halstead & Pearsall, 2018).

Significance of the study:

Competition is achieved and maintained while enabling the organization to pursue its mission and vision with the availability of a creative work environment. No organization succeeds without creativity and a creative climate (Vukotić, Karabašević, Mirčetić & Maksimović, 2019). A creative work environment results in the creation of new ideas and methods for selecting approaches to patient care that lead to successful decision-making in the clinical setting (Cheraghi, Pashaeypoor, Dehkordi & Khoshkesht, 2021). Nurses provide the main care in the healthcare organization so, they contribute to providing the main creative practice. Therefore, encouraging a creative work climate and risk-taking among nurses became an important requirement in healthcare organizations (Ahmed & Abd-Elhamid, 2019) A creative work environment results in the creation of

new ideas and methods for selecting approaches to patient care that lead to successful decision-making in the clinical setting

This study may help to identify the degree of creativity and risk-taking behavior among staff nurses that encourages managers to provide a good climate for creativity and risk-taking to improve organizational outcomes. So, the current study will investigate the climate for nurses' creativity and its relation to risk-taking at Port Said governmental hospital.

AIM OF STUDY

The present study aims to investigate the relationship between the creative climate and risk-taking among nurses at Port Said hospitals.

Objectives:

1. Determine the creative climate among nurses
2. Assess risk-taking among nurses
3. Find out the relationship between the creative climate of nursing and risk-taking.

SUBJECTS AND METHOD

A. Technical design:

Study design : -

The descriptive correlational research design was used.

Study setting:

This study was conducted at the governmental hospitals in Port Said governorate that agreed to participate in it during its time. There were 11 hospitals, four of which were affiliated with the ministry of health and population; one of them refused to conduct the study, namely Chest hospital, and the other three agreed to participate in the study, namely Tropical hospital, Ophthalmology hospital, and Psychiatric hospital. Seven hospitals that were affiliated with health care insurance authority participated in the study, namely Al-Hyah Hospital, As-Salam Hospital, El-Mbara Hospital, El-Nasr Hospital, El-Zhour Hospital, El-Tadamon Hospital, and Obstetric Hospital.

Study sample:

The target nurses of this study were working in the previously mentioned setting (N = 1190). The sample size from the previously mentioned settings was calculated using Open Epi, Version 3, an open-source calculator, using the following formula:

Equation

$$\text{Sample size } n = [\text{DEFF} * Np(1-p)] / [(d^2 / Z^2 (1-\alpha/2)^2 * (N-1) + p*(1-p)]$$

Where:

Population size (for the finite population correction factor, or FPC)

Hypothesized % frequency of the outcome factor in the population (p): 5-/+%50

Confidence limits as a % of 100 (absolute +/- %) (d): %5

DEFF (design effect for cluster surveys): 1

The formula estimated the minimum sample size as n = 291 nurses with a confidence level of 95%.

Sampling technique:

The sample size included 291 nursing personnel taken from all mentioned hospitals. Nurses were chosen from previously mentioned hospitals according to a simple random sampling technique.

Data collection tools:

The tools that were used in the present study consisted of two tools, as follows:

Tool (I): The Situational Outlook Questionnaire: was developed by Isaksen (1995) and was derived from the Creative Climate Questionnaire (CCQ) of Ekvall (1983) to measure the creative climate, included two parts:

The First Part: Personal characteristics of the staff nurses, such as hospital name, job title, department, years of experience, qualifications, gender, and age.

The Second Part: Situational Outlook Questionnaire (SOQ), measures the creative climate and consists of nine dimensions with 50 items. The first dimension measures organizational climate challenges and involvement, which consist of seven items, e.g., (an atmosphere filled with energy).

The second dimension measures organizational climate freedom, which consists of six items. The third dimension measures idea support, which consists of five items. The fourth dimension measures playfulness, which consists of six items. The fifth dimension measures trust, which consists of four items. The sixth dimension measures debate, which consists of six dimensions. The seventh dimension measures idea time, which consists of six dimensions. The eighth dimension measures risk-taking, which consists of four items. The ninth dimension measures conflict, which consists of six items.

Scoring system: Items were scored on a four-point Likert scale ranging from not agreeing (0), to what extent (1), agreeing (2), and strongly agreeing (3). The total score of the creative climate was deduced based on the following nurses' creative levels according to a cut-off point:

- Less than 65% is a low level of creativity.
- From 65 to less than 75% is a moderate level of creativity.
- More than or equal to 75% is considered a high level of creativity.

Tool (II): Risk-Taking Questionnaire (RTQ):

This tool was developed by Al-Qatrawi (2012) to measure nursing risk-taking: It consists of 39 items, which are divided into five dimensions. The first dimension measures the acceptance of risk-taking, which consists of seven items. The second dimension measures the motivation for risk-taking, which consists of eight items. The third dimension measures the risk of making decisions, which consists of eight items . The fourth dimension measures the risk of modernizing the work methods, which consists of eight items. The fifth dimension measures the distinctive ability of the risky personality, which consists of 8 items.

Scoring system: All items on the six dimensions were scored on an adjectival scale (strongly disagree = 1, disagree = 2, sometimes = 3, agree =4, and strongly agree = 5). The total score of the nursing risk-taking was deduced based on the following nurses' nursing risk-taking levels according to a cut-off point:

- Less than 44% is a low level of Risk-taking behavior.
- From 45% to less than 65% is a moderate level of risk-taking behavior.
- More than or equal to 65% is considered a high level of risk-taking behavior.

Operational Design:

Includes the preparatory phase, validity and reliability, the pilot study, and fieldwork.

The preparatory Phase:

This phase involved the review of current national and international related literature, articles, periodicals, magazines, and the internet to acquire theoretical knowledge regarding the study variables (creativity and risk-taking). This served to select the data collection tools and to write down the review of the literature.

Tools' Validity:

The researcher used back translation to translate the first tool (the Situational Outlook Questionnaire) into Arabic. The tool was first translated into Arabic by a proficient translator and then translated back by another proficient translator using the blind technique. Following that, an expert panel compared the translated version to the English version and evaluated its validity. The researcher modified the second tool (the risk-taking questionnaire for use in the field of nursing and validated it with an expert panel.

Tools' Reliability:

The reliability of the study tools was verified by Cronbach's alpha (coefficient alpha) for internal consistency, and it was (0.89) for the situational outlook questionnaire and (0.84) for the risk-taking questionnaire.

Pilot Study:

A pilot study was carried out on 29 nurses who represent 10% of the studied sample and were randomly selected to test applicability, objectivity, feasibility, and time needed to fill out the data collection. The result of the pilot study revealed a confidence interval of 85%–90%. According to the finding of the pilot study, no modifications were made. So, the nurses who took part in the pilot study were included in the main study sample.

Field Work:

Data had been collected for 5 months, from the beginning of February 2021 to the end of June 2021. Upon fulfillment of all administrative arrangements, an application was submitted to the dean of the Port Said Nursing Faculty, the director of the health care insurance authority, and hospital managers to obtain approval to conduct the study. Data was collected from personnel at Port Said governorate hospitals by the researcher after explaining to each participant the aim of the study and getting his/ her consent. filled in questionnaire sheets by the study subjects, and the data collection was carried out through the distribution of questionnaire sheets. ensure confidentiality of the data filled in by the participating nurses. The questionnaire sheets were handed back to the researcher upon completion. the questionnaire needed to fill out was 15–20 minutes time.

Administrative Design:

Official letters were obtained from the Dean of the Faculty of Nursing at Port Said University before the study and sent to the study's setting, the directors of each setting were contacted and informed. Following an explanation of the study's purpose, written permission was obtained. On the day of data collection, After clarifying and explaining the purpose of the study, each nurse signs a verbal agreement.

Ethical Considerations:

Approval was obtained by the Scientific and Ethical Research Committee of the Faculty of Nursing at Port Said University No. (14) In this study, all participants were informed that participation was voluntary and they have the right to withdraw from the study at any time, and their identity was concealed to ensure the confidentiality of the data collected and that the results Study for the purpose of scientific research.

Statistical Design

Data were coded, tabulated, and transformed by the investigator into a specially designed format in order to be suitable for computer feeding, and then the data were analyzed using the statistical package for social science (SPSS) computer program version 22. Qualitative data were labeled using numbers and percentages. Continuous variables are shown as the mean and standard deviation. A chi-square (χ^2) statistic is a test that measures how a model compares to actual observed data. Correlation coefficients (Pearson correlation) are used to measure how strong a relationship is between two variables. Linear regression is a linear approach to modeling the relationship between a scalar response and

one or more explanatory variables. The significant level of the statistical analysis (P) was considered at 0.05, and the highly significant level was considered at 0.001.

RESULTS:

Table (1): displays the personal and job-related data of the nurses. The results reveal that nurses' mean age was 35.97 ± 5.86 years, and 31.3% of them were aged between 20 and 30 years old; 62.7% were married; more nurses were in the emergency department (40.8%); and 39.9% graduated from the nursing technical institute. The highest percentage of them had more than ten years of experience in nursing and in the department (39.2% and 38.1%, respectively). Concerning job titles, 34.3% of nurses were working as specialized nurses and 30.9% were working as head nurses, while 14.1% were working as a nurses manger.

Table (2): portrays that the total mean score of creative work climate was 105.1 ± 12.80 , indicating that the challenge and involvement dimension had the highest mean score (15.56 ± 2.61), followed by the organizational climate freedom dimension (14.23 ± 1.3), the organizational climate playfulness and humor dimension (12.86), and the organizational climate ideas time dimension (12.33), while the organizational climate RRisk-taking dimension had the lowest mean score (7.72 ± 1.2).

According to **Figure (1)**, 56.7% of the nurses polled perceive their work environment as having a moderate level of creativity, 23.7% perceive it as having a low level of creativity, and 19.6% perceive it as having a high level of creativity.

Table (3): portrays that the highest percent of nurses 52.3% had moderate risk-taking and 25.8% of them had high risk-taking, while 21.9% of them had low risk-taking with a mean of 103.11 ± 11.80 . In relation to risk-taking dimensions, most nurses' responses were in the moderate range. Whereas the risk of modernizing the work methods had the highest percent of moderate responses (55%), it was followed by the acceptance of risk-taking (54.3%) and the least percent (46.4%) for the distinctive ability of the risky personality dimension.

Figure (2): illustrates that 52.3% of the nurses polled had a moderate risk-taking level, 25.8% of them had a high risk-taking level, and 21.9% of them had a low risk-taking level.

Table (4): indicates that there was a high positive correlation between the challenge & involvement dimension and the motivations for risk-taking and modernizing work methods at p-value 0.01**, as well as a high positive correlation between the organizational climate playfulness and humor dimension and the motivations for risk-taking and the risk of making a decision at P value 0.01**. While there was a slight positive correlation between organizational climate trust and openness dimensions with motives of risk-taking, risk of making a decision, modernizing the work methods, and distinctive abilities of the risky personality at P value of 0.05.

Table (5): demonstrates the correlation between creative climate and risk-taking scores; it shows statistically significant positive correlations between total creative climate and total risk-taking($r = 0.841$, P-value = 0.000**).

Table (6): reveals the results of the covariance analysis between risk-taking as a dependent variable and educational level, job title, and creative climate as predictors. Where the model is significant ($F = 7.118$ and $P = 0.004$), this model explains 52% of the variation in risk-taking detected through $R^2 = 0.52$. Also, it was explained that educational level, job title, and creative climate had a positive effect on risk-taking at a p-value of 0.05.

Table (1): Personal and job-related data of nurses (n = 291).

Personal and job-related data of nurses	Sample (n=291)	
	No	%
Age		
20 - <30	91	31.3
30 - <40	74	25.4
40 - <50	66	22.7
> 50	60	20.6
\bar{x} S.D 35.97±5.86		
Gender		
Male	61	20.9
Female	230	79.1
Name of the department		
Intensive care unit	113	38.8
Emergency department	119	40.8
Neonate intensive care unit	59	20.2
Years of experience in nursing		
<5	78	26.8
5 -<10	99	34.0
>10	114	39.2
\bar{x} S.D 7.80±2.3		
Years of experience in the department		
<5	86	29.6
5 -<10	94	32.3
>10	111	38.1
\bar{x} S.D 7.51±1.99		
Educational level		
School nursing diploma	77	26.5
Nursing technical institute	116	39.9
Health technical institute nursing division	19	6.5
Bachelor of nursing	63	21.6
Master's in nursing	12	4.1
PhD in nursing	4	1.4
Job title		
Top nurses manger	41	14.1
Head nurse	90	30.9
Specialized nurses	100	34.3
Staff nurses	60	20.6

Table (2): Percentage distribution of studied nurses related to their creative work climate dimensions levels (n = 291).

Dimension of creative work climate	High		Moderate		Low		Mean± SD	Mean percent
	N	%	N	%	N	%		
Challenge & involvement	65	22.3	160	55	66	22.7	15.56 ± 2.61	55.6
Organizational climate freedom	73	25.1	157	53.9	61	21	14.23 ± 1.3	59.3
Organizational climate ideas support	68	23.4	144	49.5	79	27.1	10.22±1.76	51.1
Organizational climate playfulness and humor	70	24.1	150	51.5	71	24.4	12.86±1.61	53.6
Organizational climate debate	66	22.7	153	52.6	72	24.7	12.02±1.5	50.1
Organizational climate risk taking	60	20.6	146	50.2	85	29.2	7.72 ± 1.2	48.3
Organizational climate conflict	72	24.7	139	47.8	80	27.5	11.95±1.43	49.8
Organizational climate trust and openness	80	27.5	142	48.8	69	23.7	8.41 ± 2.1	52.6
Organizational climate ideas time	67	23	153	52.6	71	24.4	12.33±2.31	51.4
Total creative work climate	57	19.6	165	56.7	69	23.7	105.1±12.80	52.55

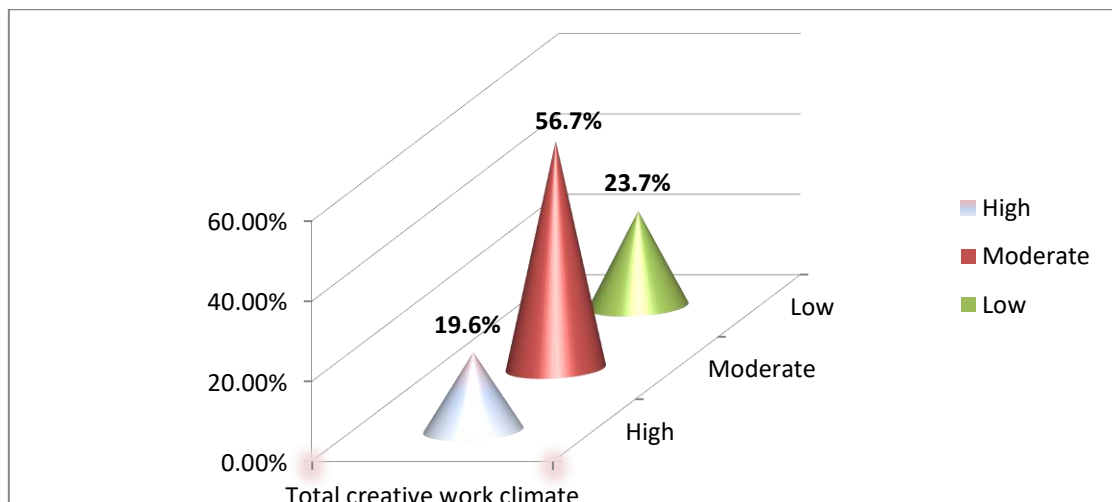


Figure (1): Creative work climate levels as perceived by studied nurses (n = 291).

Table (3): Percentage distribution of studied nurses related to their risk-taking dimensions levels (n= 291).

Risk-taking dimension	High		Moderate		Low		Mean \pm SD	Mean percent
	N	%	N	%	N	%		
Acceptance of risk-taking	63	21.6	158	54.3	70	24.1	17.81 \pm 1.50	50.9
Motives of risk-taking	75	25.8	153	52.6	63	21.6	20.12 \pm 1.43	50.3
Risk of making a decision	84	28.9	140	48.1	67	23	21.64 \pm 2.78	54.1
The risk of modernizing the work methods	80	27.5	160	55	51	17.5	23.04 \pm 2.11	57.6
The distinctive ability of the risky personality	86	29.6	135	46.4	70	24	20.5 \pm 2.70	51.4
Total risk-taking	75	25.8	152	52.3	64	21.9	103.11 \pm 11.80	52.9

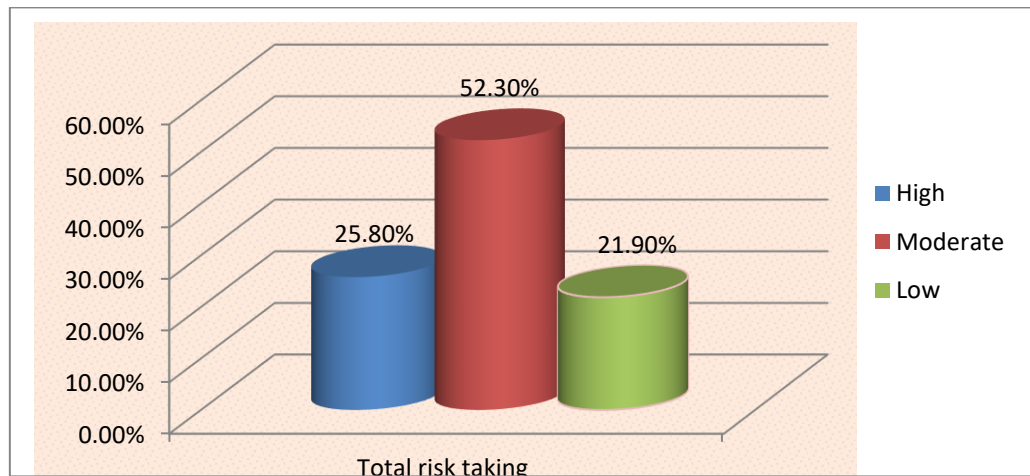
**Figure (2):** Total risk-taking levels as perceived by studied nurses (n = 291).

Table (4): Correlation matrix between creative climate dimensions and risk-taking dimensions:

Study variables		Acceptance of Risk-taking	Motives of risk-taking	Risk of making a decision	The risk of modernizing the work methods	distinctive ability of the risky personality
Challenge & involvement	<i>r</i>	0.432	0.675	0.390	0.567	0.401
	<i>p</i>	0.05*	0.01**	0.05*	0.01**	0.05*
Organizational climate freedom	<i>r</i>	0.577	0.601	0.380	0.299	0.400
	<i>p</i>	0.01**	0.01**	0.05*	0.05*	0.05*
Organizational climate ideas support	<i>r</i>	0.307	0.411	0.377	0.350	0.337
	<i>p</i>	0.05*	0.05*	0.05*	0.05*	0.05*
Organizational climate playfulness and humor	<i>r</i>	0.701	0.603	0.499	0.311	0.345
	<i>p</i>	0.01**	0.01**	0.01**	0.05*	0.05*
Organizational climate debate	<i>r</i>	0.319	0.409	0.446	0.501	0.432
	<i>p</i>	0.05*	0.05*	0.05*	0.01**	0.05*
Organizational climate risk taking	<i>r</i>	0.299	0.366	0.600	0.499	0.701
	<i>p</i>	0.05*	0.05*	0.01**	0.01**	0.01**
Organizational climate conflict	<i>r</i>	0.623	0.823	0.410	0.387	0.602
	<i>p</i>	0.01**	0.01**	0.05*	0.05*	0.01**
Organizational climate trust and openness	<i>r</i>	0.511	0.402	0.358	0.401	0.370
	<i>p</i>	0.01**	0.05*	0.05*	0.05*	0.05*
Organizational climate ideas time	<i>r</i>	0.402	0.389	0.299	0.405	0.663
	<i>p</i>	0.05*	0.05*	0.05*	0.05*	0.01**
Total	<i>r</i>	0.411	0.367	0.401	0.654	0.333
	<i>p</i>	0.05*	0.05*	0.05*	0.01**	0.05*

Bivariate Person correlation test, Significance considered if $p < 0.05^*$, highly considered if $p < 0.001^{**}$

Table (5): Correlation between total score of creative climate and risk-taking:

Study variables		Total creative climate
Total risk -taking	<i>r</i>	0.841
	<i>p</i>	0.000**

Bivariate Person correlation test used (**) statistically significant at $p < 0.01$

Table(6): Best fitting linear regression model for risk taking.

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.
	B	Beta		
Educational level "High"	.218	.416	3.164	.019*
Job title "Head nurse"	.146	.265	2.771	.041*
Creative climate	.197	.301	4.976	.016*
Model	R square	F	sig.	
Regression	0.52	7.118	.004**	

a. Dependent Variable: Risk taking

b. Predictors: (Constant), Educational level, job title, and creative climate

Significance considered if $P < 0.05^*$, highly considered if $P < 0.001^{**}$

DISCUSSION

In today's competitive and ever-changing world, creativity is valued and emphasized, particularly in healthcare organizations. Nurses' creative thinking abilities are regarded as a primary source of their organization's success (Yousaf, Majid, & Yasir, 2019). The healthcare professions, especially nursing, need to grow and compete. So, healthcare organizations need to focus on developing, introducing new services, cultivating, and promoting creativity among them to meet the needs of patients (Holden, Boustani, & Azar, 2021).

So, the present study was conducted to examine the relationship between creative climate and risk-taking among nurses at Port Said government hospitals through the determination of the creative climate of nursing and the assessment of Risk-taking among nurses and to find out the relation between the creative climate of nursing and risk-taking at Port Said government hospitals.

Regarding the creative climate, the findings of the present study revealed that all participating nurses had an average level of creativity at work. This finding might be due to their work environment, as they work in universal health insurance hospitals that encourage and support nurses to develop new ideas and allow them to participate in decision-making and goal-setting. They have a light-hearted atmosphere. Also, they have autonomous and challenging work designs, leaders' role models for creativity, organizational support for creative pursuits, resource supplies for accomplishing creative

tasks, and organizational rewards for creative performance (Mokhber& Vakilbashi, 2015).

The findings are consistent with the findings of Lv, Yang, Zhang, and Chen (2021) which investigated organizational innovation climate and innovation behavior among Chinese nurses and discovered that nurses had a high level of organizational innovation climate. On the contrary, Ahmed and Abd-Elhamid (2019) discovered in their study of the relationship between leadership behaviors and innovative work behavior among nurses that less than half of the nurses studied have an average level of innovative work climate.

In terms of the creative climate dimensions (challenge and involvement, organizational climate freedom, idea support, playfulness and humor, debate, Risk-taking, conflict, trust, and openness), the current study's findings revealed that the majority of nurses' responses were in the moderate range. Whereas challenge and involvement had the highest percentage of moderate responses, organizational climate freedom had the lowest, and the conflict dimension was the lowest. The presence of clear goals, open communication, and mutual trust may explain the high score for challenge and involvement (Boone, Gilsing, & Walrave, 2020). This finding could also be explained by the fact that most hospital head nurses involve nurses in setting organizational goals.

This result is confirmed by Kalhor, Khosravizadeh, Moosavi, Heidari, and Habibi (2018) who investigated the role of organizational climate in job involvement and discovered that nurses were very involved in their jobs. In addition, Isaksen and Akkermans (2011) discovered that challenge and involvement had high scores in their study of the creative climate. Furthermore, Nasurdin, Ling, and Hou (2014) discovered that challenge and involvement had a high score in their study of the influence of organizational creativity on product innovation. This finding contradicts the findings of Fomujang and Tassang (2018) who discovered that challenge and involvement had a very low score.

As regard the organizational climate (freedom) dimension, the present study findings displayed that more than half of the nurses' responses had a moderate level. This could be due to the nature of their work environment, the availability of resources, their

freedom to take individual initiatives, their own choices about their daily work, or their ability to make their own decisions.

These findings are in agreement with Taboli and Zaerizadeh (2016) who found that individual creativity had a significant impact on job performance. They concluded that clarification of the duties and staff-related matters and encouraging employees to participate in decision-making could increase productivity and their job performance in the workplace.

Regarding the organizational climate idea support dimension, the study findings revealed that most nurses' responses in the study sample were allocated between agree and, to some extent, disagree regarding all organizational climate idea support items. This may be because they feel encouraged to generate new ideas, receive support for new ideas, and share ideas because they are listened to. The present study findings are supported by Hughes, Allan, Tian, Newman, and Legood (2018) who reported that creativity is the capacity to generate novel ideas that may be helpful in solving problems (idea generation), whereas innovation involves implementing or converting new ideas into practice.

The foregoing findings are contrary to Trus et al. (2019) finding that revealed that more than half of the studied nurses perceived their organizational climate negatively due to a lack of participation in goal setting, decision-making processes, and scheduling; inadequate facilities and financial resources; pressure on time; and a lack of rewards. In addition, the administration wasn't interested in listening to new ideas in addition to the pressure on time and workload that led to decreased availability and time to discuss personal ideas.

The present study indicated that this dimension had the lowest percentage of participating nurses' responses to organizational climate conflict. This may be explained by their great deal of personal tension at work, a good work climate, the availability of resources, a suitable work hour, and how conflict affects creativity negatively (Fomujang & Tassang, 2018). This finding is consistent with the result of Abdel-Razek and Alharbi's (2017) assessment of the technological innovation climate in organizations, which found that the conflict dimension had a low percentage. Also, the study of Isaksen and Akkermans (2011) who studied creative climate, revealed that conflict had a low score.

Additionally, in relation to nurses' risk-taking behavior, the findings revealed that all nurses had moderate risk-taking, which indicated that they had a level of risk-taking. This finding might be due to the nature of their work environment, as most of them were working in emergency departments, and the nature of the nursing profession, as they were exposed to different dangerous situations, people, and substances during their work, and despite all this, they performed their work. Also, fault tolerance has been considered more effective in stimulating risk-taking behavior (Manso, 2017).

Besides that, Abdul Razzaq (2019) who studied risk-taking behavior as the head of a university department, discovered that the study participants were high risk-takers. Furthermore, Al-Qatrawi and Amer (2016) who studied risk-taking behavior and its relationship to job satisfaction in employees, found that the employee took moderate risks.

The current study found that the risk of modernizing the work methods dimension has a high score among the risk-taking dimensions (acceptance of risk-taking, motives for risk-taking, risk of making a decision, and distinctive ability of the risky personality). While the risky personality's distinctive ability received the lowest score. The high score in the risk of modernizing the work methods dimension may be related to the fact that the participating nurses invent methods of a dangerous nature to improve their performance at work; they use new methods despite the risks involved, and they do things of a dangerous nature to change the pattern of work. This result was in accordance with the study result of Abdul Razzaq (2019) who studied the risk-taking behavior at the head of the university department and found that the risk of modernizing work methods had a high score.

Concerning the acceptance of risk-taking behavior, the present study showed that the participating nurses had a moderate level. This may be as a result of the leader's support, a lesser punishment for failure following attempts to aid the organization, and the assurance that nurses will be rewarded for good outcomes of risk-taking while simultaneously ensuring that the health care organization has a high level of tolerance for mistakes. This is in accordance with the study result of Neves and Eisenberger (2014) who studied organizational support and its relation to risk-taking and found that perceived organizational support was positively related to subordinates' risk-taking. And

lack of encouragement and fear of the personal consequences of failure may contribute to lessening employee risk-taking.

Pertaining to risk motives, the current study confirmed that the studied nurses have a medium level of risk motives, and this returns to the dangerous work practiced by nurses for the sake of incentives, and they also participate in new dangerous work for their success in previous work, motivated by sincerity in work. The finding is consistent with Abdul Razzaq (2019) who discovered that the research sample's responses confirmed that they have a medium level of risk motivation.

In terms of the dimension of risk associated with decision-making, the current study found that the nurses studied have a moderate level of risk associated with decision-making. This could be attributed to the fact that the organizational climate at the hospitals allows them to make decisions without feeling pressured, as well as the availability of supportive supervisors who encourage employees to participate in clinical decision-making, thereby creating a creative environment. Furthermore, the majority of the nurses studied had more than ten years of experience, making them more experienced in determining what action to take or decisions to make in various situations. This is the same view as that of Nibbelink and Brewer (2018) concluded that most of the studied nurses had the ability to take any risky decision, and this was due to nursing experience and associated factors; organization and unit culture influences decision-making; education; understanding patient status; situation awareness; and autonomy.

A current study found that the distinctive ability of the risky personality had the lowest score. The result could be explained by the fact that most participating nurses lack courage and become terrified when they witness accidents while on the job, and the nurse's personality is crucial for taking risks. This finding is consistent with the findings of Figner and Weber (2015) who discovered that personality, person-centered characteristics, and their interaction all influence risk-taking.

Regarding the relationship between creative climate and risk-taking, the study's findings revealed that there was a significant correlation between creative climate and Risk-taking. Taking risks is a personality trait that underlies creativity. Also, an organization whose risk tolerance is high will be one that places an emphasis on creativity (Fomujang& Tassang, 2018).

This result is in line with the study finding of Ortisi (2020) who studied the relationship between innovation and creative climate and stated that in a more risk-taking environment, creativity and innovation are incentivized on an individual level. As well, the study findings of Garca-Granero, Llopis, Fernández-Mesa, and Alegre (2015) who studied the link between managerial risk-taking and innovation, found that an organization's risk-taking climate enhances innovation. This is in contrast with the study of Shen, Hommel, Yuan, Chang, and Zhang (2018) which studied risk-taking and creativity and showed that risk-taking was negatively correlated with creativity.

Finally, the current study indicated a high percentage of nurses had a good creative work environment that enabled them to take risks, whether with new ideas, suggestions, or different situations, and that was due to the support and trust they obtained from their organizational managers. So, the findings of the study revealed that there was a positive relationship between the creative climate of nursing and risk-taking.

CONCLUSION:

Based on the study findings; it was concluded that:

In accordance with the current study, the majority of nurses had a moderate creative work climate, while about a quarter had a low creative work climate. The majority of nurses gave moderate responses to the creative work climate dimensions. In terms of risk-taking, more than half of nurses reported moderate Risk-taking in relation to risk-taking dimensions, with the majority of nurses responding in the moderate range. Finally, among nurses, there are statistically significant positive correlations between the creative climate and risk-taking.

RECOMMENDATIONS:

Based on the findings of the current study, the following recommendations are suggested:

Nurse managers should develop the following creative work climate strategies to improve nurses' risk-taking behaviors

- ❖ Careful consideration should be made to issues of competence of nurses, staff mix including numbers of new graduates,
- ❖ Allow nurses time to attend meetings, develop projects, and incorporate research into practice.

- ❖ Motivate nurses to establish an information and resource-sharing platform to provide nurses with opportunities for continuous learning and development.
- ❖ Fostering a work climate that encourages nurses to make solutions for the problem, express their opinion, and implement the proposed.
- ❖ Encourage nurses to participate in decision-making, and allow time to share and discuss new ideas.
- ❖ Acknowledgment and incentives should be provided for creative ideas, and risk-taking.
- ❖ Job rotation, which involves changing jobs from time to time.
- ❖ Careful attention should be paid to conflict between nurses with consideration of training on communication techniques.
- ❖ **Further research is needed for:**
- ❖ Continues research about the factors that affect creativity and the creative climate and its benefits among nurses to detect barriers and obstacles that minimize creativity and detect the facilities that enhance the creative climate.
- ❖ Research about nurses' risk-taking and its benefits.

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المناخ الإبداعي وعلاقته بالمجازفة لدى الممرضين بمستشفيات بورسعيد

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الخلاصة

أصبح الإبداع مهمًا في هذا العالم المتنافس والمتغير باستمرار، ويتم الاهتمام به بشكل كبير، لا سيما في مؤسسات الرعاية الصحية. يحتاج متخصصي الرعاية الصحية، وخاصة الممرضين، إلى التطور والمنافسة. لذلك، تحتاج مؤسسات الرعاية الصحية إلى التركيز على تطوير وتعزيز الإبداع وروح المجازفة لتلبية احتياجات المرضى. **الهدف:** تهدف الدراسة لاكتشاف المناخ الإبداعي وعلاقته بالمجازفة لدى الممرضين بمستشفيات بورسعيد. **أدوات وطرق البحث:** وقد تم استخدام التصميم الوصفي الارتباطي، شملت الدراسة (291) ممرضة. **أدوات جمع البيانات:** تم استخدام استبانة لقياس المناخ الإبداعي واستبانة لقياس سلوك المجازفة. **النتائج:** أظهرت الدراسة أن أعلى نسبة من الممرضين لديهم مناخ عمل إبداعي معتدل فيما يتعلق بأبعاد مناخ العمل الإبداعي، كانت معظم استجابات الممرضين تقع في نطاق متوسط. حيث كان التحدي والمشاركة هو الأعلى نسبة في الاستجابة المعتدلة. فيما يتعلق بالمجازفة، كانت أعلى نسبة من الممرضين لديهم مخاطرة معتدلة فيما يتعلق بأبعاد المجازفة، كانت معظم استجابات الممرضين تقع في نطاق متوسط. حيث كان خطر تحديث أساليب العمل أعلى نسبة من الاستجابات المعتدلة. **الخلاصة:** خلصت الدراسة إلى وجود ارتباط ذات دلالة إحصائية طردية بين المناخ الإبداعي والمجازفة. **التوصيات:** أوصت الدراسة بتشجيع الممرضين على خلق سلوك أكثر إبداعًا، والحرص على وجود تدريب مستمر على الإبداع والمجازفة، والحرص على عدم وجود صراعات بين الممرضين وبعضهم. أيضا، يوصى بمزيد من البحوث في هذا المجال.

الكلمات المرشدة: المناخ الإبداعي، الممرضات، المجازفة