Locus of Control and Nurse-Physician Collaboration

Ineffective nurse-physician collaboration negatively affects health care organizations by contributing to negative patient and clinician outcomes and to increased costs of care delivery.

Perception of the quality of interprofessional collaboration (IPC) among nurses working in acute care settings in reference to the physicians with whom they work tends to be low.

Personality traits are related to IPC among clinicians.

The personality trait Locus of Control (LOC) is correlated with positive work relationships and nursing outcomes.

Does LOC impact nurse-physician collaboration?

To explore the relationship between LOC and nurse-physician IPC, the researcher examined data from an opt-in sample of 102 (21% of those surveyed) registered nurses working on acute care units in an 800-bed academic medical center.

Locus of control was measured by the Internal Control Index (ICI) – Likert-type scale with score of 1 being most external and 5 being most internal.

Nurse-physician collaboration was measured by the Interprofessional Collaboration Scale (ICS) – Likert-type scale with score of 1 being least collaborative and 4 being most collaborative.

Data measuring 2 control variables (age and years of practice), 1 predictor variable (LOC), and 4 criterion variables (aggregate IPC and IPC domains of communication, accommodation and isolation) were collected via electronic surveys.

Regression Analysis

Multiple linear regression analysis showed:

- Positive statistically significant relationships between a more internal locus of control and the composite nurse-physician interprofessional collaboration scores as well as the nurse-physician interprofessional collaboration subscales of communication and accommodation.

- A negative statistically significant between a more internal locus of control and the nurse-physician interprofessional collaboration subscale of isolation.

- Neither age nor years of professional experience were found to be predictive of the composite or individual dimensions of nurse-physician interprofessional collaboration.

Distribution of Locus of Control, Nurse-Physician Collaboration, Communication, Accommodation, and Isolation

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Skew (SE)</th>
<th>Kurtosis (SE)</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locus of control</td>
<td>3.57</td>
<td>0.62</td>
<td>-0.95 (0.25)</td>
<td>0.66 (0.49)</td>
<td>1.67</td>
<td>4.78</td>
</tr>
<tr>
<td>Nurse-physician</td>
<td>2.55</td>
<td>0.47</td>
<td>-0.78 (0.25)</td>
<td>0.76 (0.49)</td>
<td>1.19</td>
<td>3.80</td>
</tr>
<tr>
<td>Collaboration</td>
<td>2.60</td>
<td>0.48</td>
<td>-0.73 (0.25)</td>
<td>0.71 (0.49)</td>
<td>1.19</td>
<td>3.80</td>
</tr>
<tr>
<td>Communication</td>
<td>2.48</td>
<td>0.45</td>
<td>-0.19 (0.25)</td>
<td>0.17 (0.49)</td>
<td>1.19</td>
<td>3.80</td>
</tr>
<tr>
<td>Accommodation</td>
<td>2.48</td>
<td>0.45</td>
<td>-0.19 (0.25)</td>
<td>0.17 (0.49)</td>
<td>1.19</td>
<td>3.80</td>
</tr>
<tr>
<td>Isolation</td>
<td>2.56</td>
<td>0.53</td>
<td>-0.61 (0.25)</td>
<td>0.31 (0.49)</td>
<td>1.00</td>
<td>3.67</td>
</tr>
</tbody>
</table>

Note. N = 97; SD = standard error; Min. = minimum; Max. = maximum.

KEY TERMS

- Locus of Control: belief that outcomes are primarily determined by internal or external factors – higher scores on the ICI indicate a more internal locus of control.
- Nurse-Physician Collaboration: members of the two professions working together to achieve optimal patient outcomes.
- Communication: measurement of the nurse’s perception of the quality of the communication of physicians.
- Accommodation: measurement of the degree to which the physicians consider the work needs and planning of the nurses when planning and carrying out their own work.
- Isolation: measurement of the nurse’s perception of the degree to which physicians seek the nurse’s opinions regarding practice or other decisions and work in a coordinated manner with the nurses.

CONCLUSIONS

- There are factors at the individual level that may act as barriers to optimal nurse-physician collaboration. In this study, the specific factor examined was locus of control among acute care nurses. A more external locus of control may act as a barrier to effective nurse-physician collaboration. Thus, knowing where a nurse’s locus of control falls on the continuum and its relationship to nurse-physician collaboration can assist in identifying and overcoming this barrier.

- The findings of this study included the clear predictive relationship between locus of control and nurse-physician collaboration. These results may be used to inform the development of practical applications that focus on preventing poor nurse-physician collaboration among pre-licensure clinicians, and applications that focus on improving nurse-physician collaboration among post-licensure.