

## BACKGROUND

- 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?

## METHODS

- 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

## RESULTS

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

Variable	M	SD	Skew (SE)	Kurtosis (SE)	Min.	Max.
Locus of control	3.57	0.62	-0.95 (0.25)	0.66 (0.49)	1.67	4.78
Nurse-physician collaboration	2.55	0.42	-0.41 (0.25)	0.15 (0.49)	1.53	3.69
Communication	2.48	0.45	-0.19 (0.25)	0.17 (0.49)	1.39	3.80
Accommodation	2.60	0.48	-0.73 (0.25)	1.02 (0.49)	1.19	3.80
Isolation	2.56	0.53	-0.61 (0.25)	0.31 (0.49)	1.00	3.67

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

### 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.

## 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