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# Nurse-physician collaboration and associations with perceived autonomy in Cypriot critical care nurses

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## ABSTRACT

**Background and aims:** Increased nurse-physician collaboration is a factor in improved patient outcomes. Limited autonomy of nurses has been proposed as a barrier to collaboration. This study aims to explore nurse-physician collaboration and potential associations with nurses' autonomy and pertinent nurses' characteristics in adult intensive care units (ICUs) in Cyprus.

**Design and Methods:** Descriptive correlational study with sampling of the entire adult ICU nurses' population in Cyprus (five ICUs in four public hospitals,  $n = 163$ , response rate 88.58%). Nurse-physician collaboration was assessed by the Collaboration and Satisfaction About Care Decisions Scale (CSACD), and autonomy by the Varjus *et al.* scale.

**Results:** The average CSACD score was  $36.36 \pm 13.30$  (range: 7–70), implying low levels of collaboration and satisfaction with care decisions. Male participants reported significantly lower CSACD scores ( $t = 2.056$ ,  $p = 0.04$ ). CSACD correlated positively with years of ICU nursing experience ( $r = 0.332$ ,  $p < 0.0001$ ) and professional satisfaction ( $r = 0.455$ ,  $p < 0.0001$ ). The mean autonomy score was  $76.15 \pm 16.84$  (range: 18–108). Higher degree of perceived collaboration (CSACD scores) associated with higher autonomy scores ( $r = 0.508$ ,  $p < 0.0001$ ).

**Conclusions:** Our findings imply low levels of nurse-physician collaboration and satisfaction with care decisions and moderate levels of autonomy in ICU nurses in Cyprus.

**Relevance to clinical practice:** The results provide insight into the association between nurse-physician collaboration and nurses' autonomy and the correlating factors.

**Key words:** Autonomy • Clinical decision-making • Collaboration • Critical care • Power disparities • Professional satisfaction