

# THE RELATIONSHIP OF LOCUS OF CONTROL AND COMPLIANCE IN NURSE-PRACTITIONER-MANAGED HYPERTENSION CLINICS: A COMPARATIVE STUDY

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**Purpose:** This study investigated the relationship between locus of control (LOC) and compliance in nurse-practitioner-managed (NP) hypertension clinics in a southeastern health district and compared the results with the same study conducted in 1991. **Method:** The sample consisted of 97 adult patients enrolled in a state-funded hypertension program; whereas, the initial study consisted of 101 patients. Two research hypotheses guided this study: (1) More than 50% of the patients attending NP-managed hypertension clinics will demonstrate compliance with their prescribed hypertension regimen, and (2) Hypertensive patients cared for in NP-managed clinics exhibiting internal LOC will be more compliant in following a prescribed hypertension regimen than hypertensive patients exhibiting external LOC. Data were analyzed using descriptive statistics and chi-square analyses. Three instruments were utilized in this study: the Adult Nowicki-Strickland Internal-External Locus of Control Scale to evaluate internal/external controls, the Lifestyle Questionnaire of Hypertension Risk Factors to classify patients as compliers or noncompliers to the prescribed regimen, and the Instrument for Medical Chart Review to collect demographic data. **Findings:** The study found that the majority of the hypertensive patients in both studies were compliant with their prescribed regimen (71.1% in 2004 and 88.1% in 1991). The study did not support the hypothesis that hypertensive patients cared for in NP-managed hypertension clinics exhibiting internal LOC were more compliant in following a prescribed hypertension regimen than hypertensive clients exhibiting external LOC ( $\chi^2 = 0.013$ ,  $p = .91$ ). Findings in the 1991 study were also nonsignificant ( $\chi^2 = 1.42$ ,  $p = .23$ ). Other findings indicated that hypertensive patients are older (mean age of 57 years as compared to mean age of 53 years in 1991) and have more co-morbidities as defined by having three or more medical diagnoses in addition to being hypertensive (52.6% as compared to 16.8% in 1991). **Discussion:** Further studies are recommended that may identify other contributing factors of compliance, such as psychosocial and behavioral variables. The results of this comparative study will be utilized in assisting the health district and state in evaluating compliance in this state-funded hypertension program.