

# Codependency in nurses and related factors

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## Abstract

**Aim:** The study that aims to examine codependence in nurses and the factors that affect codependence has been planned in accordance with the descriptive research method.

**Material and Methods:** The sample group of the study is comprised of 538 nurses that work at five state hospitals and one university hospital located inside the Gaziantep city limits who accepted to participate. Study data were acquired using an Individual Information Form with questions on socio-demographic characteristics and factors which are thought to have an impact on codependence, Nurse Codependency Questionnaire and Rosenberg Self-Esteem Scale. Data acquisition tools were applied during the dates of March 3 Mart – August 29, 2014.

**Result:** The scores of nurses from Nurse Codependency Questionnaire was determined as  $70.65 \pm 11.09$ , codependent caretaking subscale score average was determined as  $40.03 \pm 8.31$ , lack of expression sub-scale score average was determined as  $30.00 \pm 4.91$  and Rosenberg self-esteem scale score average was determined as  $22.67 \pm 4.15$ .

**Conclusions:** It was determined that self-esteem, physical, emotional and sexual abuse during the pre-18 year old childhood period, physical and psychological problems, education level, working conditions and whether working hours are regular or not are all related with codependency in nurses.

**Keywords:** Codependency; nurse; influencing factors.

## INTRODUCTION

Codependency is defined as a control problem, a disease, a learned behavior, a relationship mold and a process of dependency with fundamental symptoms of "Low Self-Esteem" and "Self-Concealing" which is accompanied by "Focusing on Others/Self-Disregard" (1,2). It is indicated as learned behavior manifesting itself with the dependency of the individual to people other than himself/herself and to objects, a wrong behavior mold that involves failure to openly express emotions and the necessity of establishing relations with others through a personal meaning inferred from relations with others or loss of self due to self-evaluation and shaping of behavior based on perceptions of others (3-6). Insufficiency in identifying, managing or expressing emotions, identity confusion, difficulties in drawing boundaries, being dependent on the approval of others and self-disregard because of focusing on others, low self-esteem and self-concealing are characteristic symptoms of codependency (1,2,7).

The term codependency was first coined in 1979 and

was used for defining distorted behavior due to having relations with an alcoholic and during the mid-1980's it was used for defining not only individuals in relation with substance abuse, but also individuals with familial functional disorders and those who develop poor means of relations (1,8-12). It is put forth that codependency occurs due to many different reasons with the most important being familial and that the behavior learned in order to stay alive in a dysfunctional family environment emerges by focusing on the needs and emotions of others for emotional support and approval as a result of hiding and disregarding personal emotions, behaviors and needs (13). It emerges in the family as a result of continuous undermining of personality development process due to parental pressure in the family, dysfunctional parenthood, physical or emotional dissatisfaction of the child, physical and verbal abuse in childhood, insufficient acceptance of the child, failure to express emotions due to oppressive family environment, lack of communication, excessive control and sense of imprisonment (14,15).

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The expectation of the society from nurses is to be strong, clever and talented individuals who are also warm, self-sacrificing, and protective who also give more priority to the needs of their patients. Nurses generally put in a lot of effort to reach this ideal and the habit of making concessions results in the loss of personal identity in nurses (16). It is argued that codependency is observed more frequently among nurses since nursing is a profession that teaches how to be sensitive to the requirements of others and how to provide care (3). Codependency in nursing appears as loss of professional identity, excessive identification with the role of caretaking, failure to discern between his/her responsibilities and those of others, a fake sense of duty towards others in relation with fear more than caring and depending on others in order to feel valuable (6,17). Providing care is one of the most important duties of the nursing profession. It is required for nurses to know their professional boundaries well and to avoid developing codependence behaviors when fulfilling their duties of caretaking. It is important to distinguish a healthy professional nurse care and codependency (2,6,11). No study on codependency in nurses has been observed in our country and the present study was carried out for making such a contribution to the relevant literature.

## MATERIAL and METHODS

Descriptive study method was used for determining the level of codependence of the nurses and the factors that affect it.

### Population and Sample Group of the Study

The study was carried out with nurses working at five state hospitals and one university hospital located inside the city of Gaziantep. Study data were collected during the dates of March 03 – August 29, 2014. The sample size of the study was determined via proportional sampling method. All 6 locations where the study took place operate as day time and shift work for a total of 1924 nurses making up the study population. Whereas the study group was determined as 443 nurses covering at least 20% of all nurses working at each center and finally 538 nurses were included to compensate for the possible losses.

### Data Acquisition Tools:

#### Individual Information Form

Information form; the nurses were asked to sign a form indicating that they participate in the study voluntarily. Information form; comprised of 38 questions developed by the researcher in accordance with the literature for acquiring information on the demographic characteristics of the nurses, their workplaces and work order, their habits as well as information which may affect codependency.

### Nurse Codependency Questionnaire– NCQ

Nurse codependency questionnaire was developed in 2004 by Sarah Allison working at the Texas University of America after which the reliability and validity studies were completed. Nurse codependency questionnaire is comprised of two sub-scales indicated as codependent caretaking and lack of expression. Codependent

caretaking sub-scale is comprised of the items of 1-2-3-5-6-8-9-11-13-14-15-16-19-20-23 and the lack of expression sub-scale is comprised of the items of 4-7-10-12-17-18-21-22-24. It is an attitude scale comprised of 24 items which evaluates codependency in nurses. Each item of the scale is evaluated by giving scores as “completely true” 1 point, “mostly true” 2 points, “neither true nor false” 3 points, “mostly false” 4 points, “completely false” 5 points. The scores of questions 4 and 24 are calculated inversely during score calculation. The total score is obtained by summing up the scores for each of the 24 item. Score interval varies between 24 and 120. There is no scoring system for the evaluation of the scale. Level of dependency decreases with increasing scores (6).

### Rosenberg Self-Esteem Scale (RSES)

The scale used for measuring self-esteem in the study has been developed by Morris Rosenberg in 1963. The adaptation of the scale to the Turkish society was carried out by Çuhadaroğlu (1986); whereas the validity and reliability study was carried out by both Çuhadaroğlu (1986) and Tuğrul (1994). Validity coefficient was calculated as  $r = 0,71$  during the validity and reliability study carried out by Çuhadaroğlu. Tuğrul determined the Cronbach Alfa internal consistency coefficients of the scale as 0.86 during the study on the sources of stress in the family environments of children of alcoholics, their impacts and ways of coping with stress. Rosenberg Self-Esteem Scale is a self-report scale comprised of 63 multiple choice questions. The scale is made up of twelve sub-categories. The first “ten” items of the scale were used for measuring self-esteem in accordance with the study purpose. Items 1, 2, 4, 6, 7 question the positive self-evaluation, with a scoring of 3 to 0, while items 3, 5, 8, 9, 10 question the negative self-evaluation with a scoring of 0 to 3. Total score interval is between 0-30 with a score between 15-25 indicating sufficient self-esteem, whereas scores of below 15 indicate low self-esteem (18,19). The Cronbach Alpha value for this study was found to be 0.85.

### Evaluation of the Data

The dependent variables of the study are the score averages of the nurses for the codependency scale, while the independent variables are the demographic characteristics of the nurses and their self-esteem score averages.

Kolmogorov Smirnov test was used for evaluating whether the continuous variables are in accordance with the normal distribution or not. Student t test was used for the 2 independent group comparisons of variables with normal distribution, Mann Whitney U Test was used for the 2 independent group comparisons of variables without a normal distribution. NOVA and LSD multiple comparison tests were used for comparing more than two independent groups. Relations between the numerical variables were tested via correlation coefficient. Average  $\pm$  standard deviation values were provided as descriptive statistics. SPSS for Windows version 22.0 package software was used for statistical analyses and  $p < 0.05$  was accepted as statistically significant.

**Study Ethics**

Approval over an e-mail correspondence was taken for the Nurse Codependency Questionnaire from Sarah Allison who developed the questionnaire. Ethics council approval was taken on from Gaziantep University Clinical Studies Ethics Council Directorate (2014/18). Approval was taken from the Gaziantep Şahinbey Research and Application Hospital on and from the Union of Public Hospitals on.

**RESULTS**

It was determined that 89% of the nurses are females, 64.1% are married, 52.2% live in Southeastern Anatolia region, 65.5% have an education level of undergraduate and graduate degree, 29.4% have been working for 1-5 years, 45% work during the day and 61.9% work for eight hours and that 68.4% do not have any professional association membership. It was also determined that 10.8% of the nurses have physical health issues, that 10.2% have been beaten during their childhood and youth, 10.4% have been threatened, 8.2% have been neglected physically while 8.2% have been neglected emotionally and that 5.2% have been subject to sexual abuse by foreign individuals and that 3.2% have been subject to sexual abuse by family members and relatives. The age average of the nurses who participated in the study was 30.84±7.33 (min=17-max=57).

Nurse codependency questionnaire score average of the nurses was determined as 70.65±11.09, codependent caretaking sub-scale score average was determined as 40.03±8.31, lack of expression sub-scale score average was determined as 30.00±4.91 and Rosenberg self-esteem scale score average was determined as 22.67±4.15 (Table 1).

	Min-Max	Avg.-Std.
Nurse Codependency Scale	32-114	70.65 ±11.09
Codependent Caretaking Sub-Scale	15-70	40.03 ± 8.31
Lack of Expression Sub-Scale	17-45	30.00 ± 4.91
Rosenberg Self-Esteem Scale	10-30	22.67 ± 4.15

It was determined that the nurse codependency total score average and lack of expression sub-scale score average were lower at a statistically significant level for nurses

with low self-esteem (p<0.05). No statistically significant difference was determined in the codependent caretaking sub-scale score average according to self-esteem level (p>0.05) (Table 2).

It was determined that the gender and codependent caretaking sub-scale score average was 39.72±8.08 for females and 42.58±9.67 for males while it was also determined that the value was statistically lower for females (p<0.05). It was observed that the score average obtained from lack of expression sub-scale is lower at a statistically significant level for nurses who indicate that working times are not regular (p<0.05). Nurse codependency scale and codependent caretaking sub-scale score averages were determined to be lower at a statistically significant level for nurses who indicate that they have a physical health issue (p<0.05). It was observed that the lack of expression sub-scale score average does not differ at a statistically significant level with regard to having a physical health issue (p>0.05). It was determined that the nurse codependency scale total score average and the total score obtained from sub-scales were lower at a statistically significant level for nurses who indicate that they have a mental health issue (p<0.05). Lack of expression sub-scale score average was determined to be lower at a statistically significant level with regard to being beaten by someone during the below 18years of age childhood period (p<0.05). Nurse codependency score average and score averages obtained from sub-scales were determined to be lower at a statistically significant level for nurses who indicate the sexual approach of a stranger during the below 18 years of age childhood period, nurses who indicate that they have been physically or emotionally neglected and threatened by someone (p<0.05) (Table 3).

A statistically significant difference was observed between the education levels of the nurses and the nurse codependency scale and codependent caretaking sub-scale (p<0.05). No statistically significant difference was determined between the education levels of the nurses and the lack of expression sub-scale total score averages (p>0.05). It was put forth as a result of further analyses that there is a difference between the nurse group with undergraduate and graduate level of education and those with vocational school of health graduates and associate degree holders (Table 4).

Self-Esteem Score	n	%	Nurse Codependency Scale		Codependent Caretaking Sub-Scale		Lack of Expression Sub-Scale	
			Min-max	Avg-Std	Min-max	Avg-Std	Min-max	Avg-Std
<15 (Low)	27	5.0	44-81	64.00±10.67	22-47	36.66±7.16	18-36	27.33±4.90
15-25 (Normal)	368	68.4	39-108	70.05±10.48	17-70	40.09±7.99	18-45	29.96±4.44
> 25 (High)	143	26.6	32-114	73.14±11.95	15-69	40.51±9.17	17.45	32.93±4.73
Statistical Values			P=0.000***	F=10.248	P=0.085	F=2.474	P=0.000***	F=27.630

\*p<0.05, \*\* p<0.01, \*\*\* p<0.001

Table 3. Comparison of Demographic Properties and Nurse Codependency Scale and Sub-Scale Score Averages				
Demographic Properties		Nurse Codependency Scale	Codependent Caretaking Sub-Scale	Lack of Expression Sub-Scale
		Avg-Std	Avg-Std	Avg-Std
Gender	Female (n=479)	70.39±10.81	39.72±8.08	30.67±4.92
	Male (n=59)	72.72±13.01	42.57±9.67	30.15±4.82
Statistical Values		p=0.191 t=0.110	p=0.033* t=0.118	p=0.433 t=0.878
Regular Working Hours or Not	Yes (n=302)	70.72±11.76	39.59±8.56	31.12±5.25
	No (n=236)	70.55±10.31	40.58±7.95	29.97±4.55
Statistical Values		p=0.808 t=0.051	p=0.167 t=0.078	p=0.007*** t=0.001
Physical issues or not	Yes (n=58)	67.00±10.78	37.03±7.47	29.96±5.48
	No (n=480)	71.09±11.05	40.39±8.34	30.70±4.83
Statistical Values		p=0.008*** t=0.965	p=0.002*** t=0.485	p=0.333 t=0.128
Mental Issues or Not	Yes (n= 30)	64.50±9.77	36.26±7.55	28.23±4.65
	No (n=508)	71.01±11.06	40.25±8.30	30.76±4.89
Statistical Values		p=0.001*** t=0.330	p=0.009*** t=0.678	p=0.007*** t=0.474
Were you beaten when you were below 18 years of age?	Yes (n=55)	69.25±10.36	39.90± 7.97	29.34±5.01
	No (n=483)	70.85±11.14	40.04±8.36	30.76±4.88
Statistical Values		p=0.298 t=0.349	p=0.903 t=0.705	p=0.050* t=0.603
Were you threatened when you were below 18 years of age?	Yes (n=56)	67.62±9.76	38.67±7.63	28.94±4.93
	No (n=482)	71.00±11.18	40.19±8.38	30.81±4.87
Statistical Values		p=0.018* t=0.418	p=0.169 t=0.790	p=0.009** t=0.764
Were you neglected physically when you were below 18 years of age?	Yes (n=44)	66.61±11.35	37.56±8.60	29.04±4.97
	No (n=494)	71.01±11.00	40.25±8.25	30.76±4.88
Statistical Values		p=0.017* t=0.699	p=0.052 t=0.751	p=0.033* t=0.960
Were you neglected emotionally when you were below 18 years of age?	Yes (n=94)	67.31±10.25	38.43±7.87	28.88±4.67
	No (n=444)	71.36±11.13	40.37±8.37	30.98±4.88
Statistical Values		p=0.001*** t=0.329	p=0.034* t=0.827	p=0.001*** t=0.816
Were you approached sexually when you were below 18 years of age?	Yes (n=28)	65.78±9.01	37.14±6.78	28.64±4.96
	No (n=510)	70.92±11.13	40.19±8.36	30.72±4.89
Statistical Values		p=0.007*** t=0.295	p=0.029* t=0.316	p=0.038* t=0.896
Internet Use of Nurses	Yes (n=494)	71.13±10.90	40.40±8.13	30.73±4.90
	No (n=44)	65.29±11.85	35.90±9.21	29.38±4.87
Statistical Values		p=0.058 t=0.660	p=0.759 t=0.323	p=0.036* t=0.852

\* p&lt;0.05, \*\* p&lt;0.01, \*\*\* p&lt;0.001

Table 4. Comparison of Nurses' Educational Status and Nurse Codependency Scale and Sub-Scale Score Averages				
Education Level of Nurses	n	%	Nurse Codependency Scale	Codependent Caretaking Sub-Scale
			Avg-Std	Avg-Std
Health vocational high School	96	17.8	68.83±10.89	38.17±8.23
Associate Degree	90	16.7	68.22±11.15	38.23±8.20
Undergraduate and Graduate	352	65.5	71.77±11.08	41.00±8.21
Statistical Values			p=0.005*** F= 5.336	p=0.001*** F=7.040

\* p<0.05 ,\*\* p<0.01, \*\*\* p<0.001

## DISCUSSION

It was determined during the present study that the codependency levels of nurses is moderate. No study was observed in literature which measures the level of codependency among nurses using this scale. When the position of nurses in the Turkish healthcare system is examined, it is observed that they are not sufficiently involved in direct patient care. However, nurse-patient interaction can only be established during the process of caretaking. Issues in our country such as the insufficient number of nurses and the high number of patients per nurse may prohibit the nurses from carrying out their roles as caregivers. We can set forth that limited caretaking is indicative for determining the moderate level of codependency. The studies carried out set forth that there is codependency among nurses and nursing students (11,16,20,21). Pardee carried out a study on students using the Codependency Assessment Tool (CODAT) as a result of which it was determined that the codependency scores are low (22). Codependency was determined in 28.7% of the participants of another study carried out on 567 students using the CODAT assessment tool (13). Kelly-Rank carried out a study on 14 males and 49 females making up a total of 65 South Korean students with an age average of 30 during which the Friel codependency scale was used for putting forth that 51% have moderate-high levels of codependency (23). The findings of a study carried out on 160 nurses using the Friel codependency scale present that 27% have low to moderate levels of codependency (24).

It was determined that nurses with low self-esteem have higher levels of codependency. Self-esteem is considered as both the reason and result of codependency. Higher levels of codependency in nurses with low self-esteem can be due to the fact that they will experience problems when carrying out their professional healthcare duties. It was determined as a result of a literature survey that there are findings which support the results of the present study and that nurses with codependency have low self-esteem (15,20,25-30).

It was put forth in the present study that female nurses have higher codependent caretaking scores. In our society, women have a role of meeting the requirements of their spouses and children and disregarding

themselves completely for this purpose. This role and the expectations from this role can be considered as the reason why codependent caretaking which is a sub-dimension of codependency is higher for women. It was determined in another study that supports the findings of the present study that the codependency levels are higher in women (31). There are also studies which indicate higher codependency in men (1,28). There are also studies in literature which report that there is no relationship between gender and codependency (23,32-35). The term codependency has primarily been used for women, because it was observed that they reflect certain cultural roles with their codependent behaviors and characteristics. Women are raised to believe that caring for others is a good thing (16,31). Codependency is observed more in women based on the findings of studies in literature and it is indicated that gender is an effective factor (36-37).

It is reported that nurses with experiences of physical, emotional and sexual abuse during their childhood have higher levels of codependency. It is put forth that codependency individuals are raised in problematic family environments which affects their relations, education and professional lives during their adulthood (23). The trauma caused by being subject to physical violence or witnessing physical violence may have adverse impacts in the physical and emotional health of individuals during adulthood if it is not treated. Hence, nurses who have undergone experiences of physical, emotional or sexual abuse during their childhood and youth should approach the issue in a therapeutic manner. Higher levels of codependency have been observed in studies carried out in individuals who have experienced either one of alcoholism, sexual abuse, physical or familial violence in their families or individuals with familial pathologies (1,8,11,15,25,28,38).

It was determined in the study that physical and emotional health issues in nurses is a factor that has an impact on codependency and that higher levels of codependency are observed in nurses with health issues. It can be stated that codependency is observed more in individuals with physical and mental health issues based on their anxieties of incapability or their need to display a higher performance. It was determined in studies supporting the findings of the present study that individuals are obsessive-compulsive and have disorders such as anxiety,

depression, physical complaints or borderline personality disorders (13,15,20,35). Individuals with health issues either focus on themselves or focus on other people and events thereby disregarding themselves. It is also indicated that having a health issue either in them or in their families plays an effective role in developing codependency (38). Depression, anxiety, substance abuse, psychosomatic disorders, eating disorders and personality disorders have been determined to accompany codependency (39).

It was determined in the study that codependency levels are lower in nurses with undergraduate and graduate levels of education. This result leads us to think that nurses with higher levels of education have a more professional approach to their profession and patient care. It has been determined in various studies carried out that there is a statistically significant relationship between education level and codependency and that the codependency levels are lower in individuals with higher levels of education (32,35,40).

### Limitations of the study

The study is limited with the responses of nurses who work at the five state hospitals and one university hospital within the borders of the city of Gaziantep who voluntarily accepted to participate. The acquired results may be generalized only for this group.

### CONCLUSION

It was determined that nurses have a moderate codependency level and that codependency levels are higher in nurses with stories of physical, emotional and sexual abuse during their childhood, those with physical and psychological health issues, those with lower education levels and those with irregular working hours.

Since low self-esteem is an important factor for codependency development, it can be suggested to plan approaches for improving their self-esteem, to support nurses in increasing their education levels for preventing codependency development, to evaluate the physical, emotional or sexual abuse stories of nurses and to carry out rehabilitation activities for those with such issues.

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### REFERENCES

- Martsof DS, Hughes-Hammer C, Estok P, et al. Codependency in male and female helping professionals. Arch Psychiatr Nurs 1999;13:97-103.
- Martsof DS. Codependency boundaries and professional nurse caring: understanding similarities and differences in nursing practice. Orthopaedic Nursing 2002;21:61-67.
- Ançel G. Karşılıklı bağımlılık kavramı: Hemşirelikle ilişkisi ve karşılıklı bağımlılığı belirleme araçları. Hemşirelikte Araştırma Geliştirme Dergisi 2012;1:70-8.
- Knudson T and Terrell KH. Codependency, perceived interparental conflict and substance abuse in the family of origin. The American Jf Family Ther 2012;40:245-57.
- Hughes-Hammer C, Martsof DS, Zeller RA. Development and testing of the codependency assessment tool. Arch Psychiatric Nursing 1998;12:264-272.
- Allison S. Nurse codependency: Instrument development and validation. J Nurs Management 2004;12:63-75.
- Harkness D. To have and to hold: Codependency as a mediator or moderator of the relationship between substance abuse in the family of origin and adult-off spring medical problems. J Psychoact Drugs 2003;35:261-70.
- Holder LM, Farnsworth BJ, Wells D. A preliminary survey of codependency traits and family of origin status of nursing students. Addictions Nursing 1994;6:76-9.
- Caccamise L. Codependency: A new personality disorder? Presented in Partial Fulfillment of The Requirements for The Master of Arts Degree in Psychology. Salisbury State University 1996.
- Hollabaugh CL. The social construction of the codependency construct: College students' evaluation of "Codependent" characteristics in themselves and others. A Dissertation Submitted in Partial Fulfillment of The Requirements for The Doctor of Philosophy Degree, Texas A&M University 1995.
- Self JS. Codependency among nurses: A comparison by substance use disorder and other selected variables. Submitted in Partial Fulfillment of The Requirements for The Degree of Doctor of Philosophy in The Department of Educational Studies in Psychology, The University of Alabama 2010.
- Douglass M. Codependency: Relationship to self and other. A Dissertation Submitted to The Faculty of The California Unstitute of İntegral Studies in Partial Fulfillment of The Requirements for The Degree of Doctor of Psychology. San Francisco, C.A. 2009.
- Bynum D. The development and testing of the codependency overeating model in undergraduate social science students in a mississippi college. A Dissertation Submitted to The Graduate Faculty of The University of Mississippi Medical Center in Partial Fulfillment of The Requirements for The Degree of Doctor of Philosophy in Nursing. University of Mississippi 2012.
- Alexander LED. Measuring codependency: Construct validation of the individual outlook test a thesis submitted to the Faculty of Graduate Studies and Research in Partial Fulfillment of There quirements for of Master of Science 1992.
- Cullen J and Carr A. Codependency: An empirical study from a systemic perspective. Contemporary Family Therapy 1999;21:505-26.
- Loucks HAL. Levels of codependency in associate degree nursing students upon entry to and completion of nursing school M.S., A Thessis Submitted to The Fay W. Whitney School of Nursing and The Graduate School of The University of Wyoming Inpartial Fulfillment of The Requirements for The Degree of Master of Science in Nursing Laramie, Wyoming 2005.
- Allison S. Biographic and psychobehavioral influences on body mass index in a nursingsample. West J Nurs Res 2005;27:7-20.

18. Kıcı B. Üniversite son sınıf öğrencilerinde işsizlik kaygısı: psikolojik etmenler açısından bir inceleme. T.C. Ankara Üniversitesi Sosyal Bilimler Enstitüsü Çalışma Ekonomi ve Endüstri İlişkileri Anabilim Dalı Yüksek Lisans Tezi (Danışman: Doç. Dr. Müge Ersoy Kart) 2010.
19. Tezcan B. Obez bireylerde benlik saygısı, beden algısı ve travmatik geçmiş yaşantılar. T.C. Sağlık Bakanlığı Bakırköy Prof. Dr. Mazhar Osman Ruh Sağlığı ve Sinir Hastalıkları Eğitim ve Araştırma Hastanesi Uzmanlık Tezi. (Danışman: Dr. Semra Yalçınkaya Ural) 2009.
20. Hillborg BLV. The relationship between the level of codependent behavior level of differentiation of self among nursing students. A Thesis Submitted to Grand Valley State University in Partial Fulfillment of The Requirements for The Degree of Master of Science in Nursing. The University of Texas at Arlington 1993.
21. Harrison MG. Prevalence of codependency traits in pre-clinical and clinical associate degree nursing students. A Thesis Submitted to The Faculty of Wilmington College in Partial Fulfillment of The Requirements for The Degree Master of Science in Nursing 2000.
22. Pardee LT. Codependency in master's-level counseling students. A Dissertation Presented in Partial Fulfillment of The Requirements for The Degree Doctor of Philosophy. Andrews University School of Education 2007.
23. Kelly-Rank S. An exploratory study examining perceived codependency in a south korean college-age population. A Dissertation Submitted in Partial Fulfillment of The Requirements for The Doctor of Philosophy Health Education The University of. New Mexico 2003.
24. Chappelle LS and Sorrentino EA. Assessing co-dependency issues within a nursing environment. Nursing Management 1993;24:40-2.
25. Marks DGA, Blore LR, Hine WD, et al. Development and validation of a revised measure of codependency. Australian J Psychol 2012;64:119-27.
26. Fischer JL, Spann L, Crawford D. Measuring codependency. Alcoholism Treatment Quarterly 1991;8:87-100.
27. Springer CA, Britt TW, Schlenker BR. Codependency: clarifying the construct. J Mental Health Counsel 1998;20:141-58.
28. Chang SH. Codependency in the united states and taiwan: A cross-cultural study. A Dissertation Presented to The Faculty of The Gladys W. And Dawid H. Pottan College of Education and Human Services of Ohio University. 2010.
29. Calladine ML. A descriptive study of nurses perceptions of caring and codependency within nursing. A thesis Submitted to The Faculty of O'youville College School of Health and Human Services in Partial Fulfillment of The Requirements for The Degree of Master of Science in Community Health Nursing Buffalo NY 1997.
30. Wells M, Glickauf-Hughes C, Jones R. Codependency: A grassroots construct's relationship to shame-proneness, low self-esteem and childhood parentification. Am J Family Therapy 1999;27:63-71.
31. Dear GE and Roberts CM. The relationships between codependency and femininity and masculinity. Sex Roles 2002;46:159-165.
32. Greenman DG. Codependency in nurses. Presented to The Faculty of The Graduate School of Texas of Arlington in Partial Fulfillment of The Requirements for The Degree of Master of Science in Nursing. The University of Texas at Arlington 1993.
33. Irwin HJ. Codependence, narcissism and childhood trauma. J Clin Psychol 1995;51:658-65.
34. Fuller JA and Warner RM. Family stressor as predictors of codependency. Genetic, Social and General Psychology Monographs 2000;126:5-22.
35. Scannell ET. Codependency in nurses and its relationship to professional burnout. A Dissertation Presented to The Faculty of The California Graduate Institute. In Partial Fulfillment of The Requirements for The Degree Doctor of Philosophy in Psychology 1992.
36. Dias M. Deconstructing Codependency: The relationship of codependency to femininity and related psychopathological factors. A Dissertation Submitted in Partial Fulfillment of The Requirements for The Degree of Doctor of Psychology 2002.
37. Malloy GB and Berkery AC. Codependency: Feminist perspective. J Psychosocial Nurs Mental Health Serv 1993;31:15-19.
38. Parker FM, Faulk D, LoBello SG. Assessing codependency and family pathology in nursing students. J Addictions Nursing 2003;14:85-90.
39. Harkness D. Testing cermak's hypothesis: Is dissociation the mediating variable that links substance abuse in the family of origin with offspring codependency. J Psychoactive Drugs 2001;33:75-82.
40. Kines MM. Codependent tendencies/issues among practicing nurses in british columbia. A Thesis Submitted to The Faculty of The Department of Nursing and The Graduate School of Gonzaga University in Partial Fulfillment of The Requirement for The Degree of Master of Science in Nursing 1998.