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2018	661	1.240	1.147	1.374	0.405	79	91.14	34.212
2017	494	1.015	1.000	1.036	0.452	42	92.86	28.708
2016	501	1.130	1.087	1.205	0.212	33	93.94	34.453
2015	425	1.000	0.857	1.213	0.382	34	91.18	34.529
2014	338	0.651	0.619	1.000	0.086	35	94.29	18.797
2013	334	0.712	0.712	1.242	0.171	35	91.43	22.694
2012	293	1.038	0.981	1.242	0.143	28	92.86	46.329
2011	296	1.298	1.246	1.387	0.292	24	100.00	61.388
2010	234	1.058	0.981	1.144	0.286	28	96.43	46.454
2009	207	1.000	0.884	1.195	0.172	29	100.00	44.817
2008	211	1.103	0.846	1.207	0.478	23	91.30	49.362
2007	153	1.062	0.781	0.937	0.250	20	100.00	47.096
2006	139	0.800	0.600	n/a	0.316	19	100.00	26.878
2005	90	0.067	0.033	n/a	0.231	13	92.31	1.974

2004	91	0.571	0.457	n/a	0.000	12	100.00	28.811
2003	75	0.333	0.200	n/a	0.077	13	100.00	11.793
2002	96	0.240	0.200	n/a	0.000	17	94.12	10.571
2001	80	0.526	0.263	n/a	0.000	13	92.31	40.639
2000	103	0.545	0.455	n/a	0.083	12	100.00	40.347
1999	99	0.267	0.233	n/a	0.000	7	100.00	19.070
1998	90	0.400	0.229	n/a	0.000	15	100.00	38.720
1997	15	0.111	0.111	n/a	0.000	15	100.00	10.145

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Perspectives in PSYCHIATRIC CARE WILEY

Childhood abuse, neglect, codependency, and affecting factors in nursing and child development students

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Abstract

Purpose: This study was conducted to determine the relationship of neglect and abuse behaviors experienced by nursing and child development students during their childhood with codependency, and the factors affecting codependency.

Design and Methods: This is a descriptive and correlational study. The study was conducted with 292 students who were studying at a Faculty of Health Sciences.

Findings: A positive relationship was found between neglect and abuse behaviors that lead to trauma in childhood, and codependency. It was determined that there was a negative relationship between students' codependency and childhood traumatic experiences and their levels of self-esteem, depression and coping with stress.

Practice Implications: In the educational processes, it is possible to focus on students' unresolved problems with their families, and the signs of codependency.

KEYWORDS
abuse, codependency, coping with stress, depression, neglect, self-esteem

1 | INTRODUCTION

Codependency is defined in different ways as "a behavior that is learned in the family with a personality disorder, a progressive illness, a common relationship problem, or dysfunction and that results in a person's neglect of his/her own needs and excessive focus on others" (Ançel, 2012: 71; Chang, 2018: 107; Ölçüm & Duman, 2017: 60; Özdemir & Buzlu, 2019: 1145). It is indicated that those with codependency have a negative self-structure reflected by diseases characterized by underestimation of self-worth, indifference to their own needs, obsessive (compulsive) habits, substance abuse and alienation from self, and the feeling of embarrassment (Aafjes-van Doorn et al., 2020; Ançel, 2012; Özdemir & Buzlu, 2019).

It is known that the first childhood experiences of individuals affect both the shaping of their behaviors and their interpersonal relations, because when the psychosocial dimension of childhood trauma cases cannot be overcome, people's lives become difficult and even psychopathologies are observed (Christ et al., 2019; Crittenden & Heller, 2017; Isvoranu et al., 2016; Onat et al., 2016). Especially with regard to insecure attachment and trauma, it is considered that children may experience difficulties in their close relationships at later ages. They struggle with a

lost sense of self, dislike themselves, and may often exhibit manipulative behaviors to feel safe and take control of a relationship (Ahmad-Abadi et al., 2017). This situation, which helps them to survive in childhood, prevents them from developing healthy and satisfying relationships during adulthood. In adult relationships, dependent individuals are so busy meeting the needs of others that they lose their sense of self in the process (Orbon et al., 2021), which may lead to stress, anxiety and depression. They usually suppress their feelings and turn towards other compulsive behaviors, such as substances, overworking, excessive exercise, gambling or sex, to feel better, which may lead to substance abuse and intimacy issues (Ahmad-Abadi et al., 2017).

Codependency is also common in people who have a close relationship with an individual with an emotional/mental disorder or chronic disease, and in health professions focused on helping, as well as in children of parents who are alcoholic or have behavioral problems (Ançel, 2012). It is indicated that the signs of codependency are more common especially in the nursing group (Aktaş Özakgül et al., 2017; Ançel & Kabakçi, 2009; Özdemir & Buzlu, 2019; 2020).

Society expects nurses to be strong, intelligent and skilled, but also warm, devoted and protective individuals who give more priority to the needs of their patients. Nurses are often a great effort to

achieve this ideal. The habit of compromise leads to interdependence, loss of personal identity, excessive identification with the caregiver role, and nurses' inability to distinguish between their own responsibilities and those of others (Özdemir & Buzlu, 2020). It is very important for nurses to be aware of the tendency for codependency. The importance of investigating the relationship of codependency with caregiving, nursing history, working in a hospital setting, being a woman, and nursing education especially among Turkish nurses is highlighted (Ançel & Kabakçi, 2009; Ançel, 2012; Özdemir & Buzlu, 2019). It is argued that the fact that nursing is a profession that teaches to be sensitive to the needs of others and to give care increases the frequency of codependency in nurses (Aydin & Hiçdurmaz, 2017). On the other hand, nursing history is likened to family histories of co-dependence. This story, instead of the determined, sociable and combative personality of Florence Nightingale, the founder of scientific nursing, is a story that emphasizes taking the behaviors such as dedication, behaving with a sense of excessive control, obeying the decisions made, instead of the determined, assertive and combative nature of the personality. In this story, nursing undertook "care," a concept that was devalued by the society, and continued this role in the role of traditional womanhood. Co-dependence was perceived as a natural situation for nursing, with the overlapping of the characteristics of "good woman" and "good nurse" in the society (Caffrey & Caffrey, 1994). Codependency is unfortunately also supported by traditional values-based nursing education and trainers (Ançel, 2012). Nursing education and educators should redefine the concept of care, use the concept of empowered care instead of ordered care, be politically aware of a system in which care is valuable, and initiate political actions for this purpose (Hopkins & Jackson, 2002). Nursing educators' approach to nursing on a scientific basis and teaching women and nursing in a valuable way will be an important approach in terms of reducing the risk of interdependence in nursing (Ançel, 2012). If nurse educators become aware of the common behavioral characteristics of interdependence, they can identify such behaviors among students and provide counseling to guide the student's unhealthy behaviors (Ölçüm & Duman, 2017).

Nursing students should understand that care is very important for physical and emotional well-being (Özdemir & Buzlu, 2019). Self-recognition and planning tasks at personal, family and social levels while providing care to patients are important for nursing students who constitute the risk group for codependency. It was indicated that being a nurse should mean being sensitive to the needs of others (Girouard & Bailey, 2017). However, there are not many comparative studies with other occupational groups supporting this view. It is stated that professions that are in a caregiver position due to the nature of their profession and that work in a helping relationship professionally carry a risk in terms of codependency. (Williams et al., 1991). The reason for the selection of child development students was that receive education in a different field that is directly concerned with taking care of people (children), which may also help to clarify the nature of codependency. Since nursing and child development departments are healthcare-related profession that serve people, it is considered to be examined in terms of codependency.

1.1 | Aim

This study was conducted to determine the relationship of neglect and abuse behaviors experienced by nursing and child development students during their childhood with codependency, and the factors affecting codependency.

1.2 | Research questions

- Is there a difference between nursing and child development students in terms of codependency, childhood traumatic experiences, self-esteem, depression and coping with stress?
- What are the factors affecting students' codependency levels?
- Is there a relationship between students' levels of codependency and childhood traumatic experiences?

2 | METHODS

2.1 | Study design

This is a descriptive and correlational study.

2.2 | Participants and sampling

The study was conducted in the nursing and child development department of a faculty of health sciences during the 2019–2020 academic year. The data were collected online and anonymously from August 24th to September 7th, 2020. A total of 209 students studying in the nursing department and 128 students in the child development department constituted the population of the study, no sample selection was made, and the study was completed with 292 students who volunteered to participate in the study. The rate of participation in the study was 86.6%.

2.3 | Measures

The data were collected using a Personal Information Form, which was prepared by the researchers by reviewing the literature, and the Codependency Assessment Tool, the Childhood Trauma Questionnaire, the Rosenberg Self-Esteem Scale, the Beck Depression Inventory, and the Styles of Coping with Stress Scale.

2.3.1 | Personal information form

This form was prepared by the researchers using the current literature and consisted of a total of 20 questions that question students' age, gender, parental attitude, liking the department, and the presence of a physical/mental illness.

2.3.2 | Codependency Assessment Tool (CODAT)

This scale was developed in 1990, based on the definition adopted by the National Association of Codependency, the relevant literature, and the Wegscheider-Cruse and Cruse model. The scale includes 25-items in the form of 5-option, Likert-type questions developed for both men and women. The scale has five sub-dimensions developed based on the model of Wegscheider-Cruse and Cruse (1990), and these are listed below:

1. Other focus/self-neglect: This reflects the behaviors of guiding people obsessively and to control what happens or making suggestions for it.
2. Self-worth: This indicates low self-worth due to negative self-criticism, self-hatred, self-accusation, feelings of embarrassment, and self-humiliation.
3. Hidden self: This indicates features distinguished by suppressing negative emotions and completely hiding emotions to appear positive.
4. Medical problems: This reflects the perception of body disorder accompanied by struggles with real or imaginary health problems and feelings of sadness.
5. Family of origin problems: This indicates the experience of unhappiness due to growing up in a family with substance abuse and full of problems and being unable to express feelings explicitly.

The psychometric properties of the scale were examined in a Turkish sample, its validity and reliability study was carried out by Ançel and Kabakçı (2009), and the Cronbach alpha coefficient of the five factors ranged from 0.62 to 0.78, while the overall Cronbach alpha reliability coefficient of the scale was calculated as 0.75. In this study, it was observed that the total Cronbach alpha coefficient of the scale was 0.87, while that of the sub-dimensions varied between 0.70 and 0.85.

2.3.3 | Childhood Trauma Questionnaire (CTQ)

This scale was developed to screen traumatic experiences before the age of 18. In the Turkish form of the scale, three sub-dimensions were determined, including "emotional abuse and emotional neglect," "physical abuse," and "sexual abuse." In the validity and reliability study conducted on university students, the internal consistency coefficient of the scale was found to be 0.96, while it was found to range between 0.94 and 0.96 for the subscales. The scale consisting of a total of 40 items is scored by a 5-point Likert type assessment corresponding to the answers "never," "rarely," "sometimes," "often," and "very often." The total score ranges from 40 to 200. High scores indicate a high frequency of childhood traumatic experiences. While the Cronbach Alpha coefficient of the scale, the validity and reliability study of which was conducted by Aslan and Alparslan (1999) in Turkey, was 0.96, it was found to be 0.94–0.96 for the subscales. In this study, it was observed that the total Cronbach alpha coefficient

of the scale was 0.93, while that of the sub-dimensions varied between 0.90 and 0.95.

2.3.4 | Rosenberg Self-Esteem Scale (RSES)

This scale is a self-report scale consisting of 63 multiple-choice questions. The scale consists of 12 sub-categories, and the first 10 items of the scale were used to measure self-esteem in accordance with the aim of the study. The Turkish validity and reliability study of the scale was conducted by Çuhadaroğlu and the validity coefficient was found to be $r = 71$. The reliability coefficient was found to be $r = 75$ by using the test-retest reliability method, and it was found to be 0.85 in this study.

2.3.5 | Beck Depression Inventory (BDI)

This scale, which was developed by Beck in 1961, was adapted to Turkish by Hisli in 1989. It evaluates the symptoms in the cognitive, emotional and motivational areas observed in depression. In the scale consisting of 21 items, it is required to select and mark one of the "a," "b," "c," and "d" options in each item. The options in each item are scored from 0 to 3. The depression score is obtained by adding these scores. The highest score to be obtained from the scale is 63. A high total score indicates a high level or severity of depression. In this study, the Cronbach Alpha coefficient of the BDI was found to be 0.89.

2.3.6 | Styles of Coping with Stress Scale (SCSS)

This scale, which was developed in 1980, determines the methods used by people to cope with general or significant stress situations. The scale is a 4-point Likert type self-assessment tool consisting of a total of 30 items and 5 separate subgroups. The sub-dimensions of the scale are "optimistic approach," "self-confident approach," "helpless approach," "submissive approach," and "seeking of social support." The scale has two dimensions that can be named as "effective approaches to the problem" and "ineffective approaches to emotions." Effective approaches to the problem are evaluated as "self-confident," and "optimistic" approaches, and "seeking of social support," and ineffective approaches to emotions are evaluated as "helpless" and "submissive" approaches. The Turkish validity and reliability study of the scale was conducted by Durak and Şahin (1995), and it was stated that the Cronbach alpha coefficients ranged between 0.63 and 0.72. In this study, it was observed that the Cronbach alpha coefficient ranged between 0.71 and 0.91.

2.4 | Data collection

The data collection forms specified by the researchers were collected online by transferring them to electronic media with the Google Forms application. The students were informed that they were free

to participate or not participate in the study, and it was indicated that it was conducted on a voluntary basis. The requirement for voluntary consent was specified at the beginning of the questionnaire, and the students who agreed to participate in the questionnaire started to answer the questions after electronically confirming that they were volunteers. It took an average of 20–25 min to respond to the forms. The data were collected over a period of approximately 2 weeks. Furthermore, it is considered that this method enabled students to evaluate objectively because they were not affected by others, allowed them to give more careful answers by taking the most appropriate time to answer the questions, and made the answers to the questions more accurate and realistic since their identities would be kept secret.

2.5 | Data analysis

The data of the study collected with the Google Forms application were analyzed by transferring them to the SPSS 23.0 program. Normal distribution was evaluated by Kolmogorov–Smirnov test, and nonparametric tests were used in the analysis of numerical variables without normal distribution. Descriptive statistics (number, percentage, mean, *SD*), Mann–Whitney *U* test, Kruskal–Wallis *H* test and Spearman's correlation analysis were used in the analysis of the data. The results were evaluated at a confidence interval of 95% and a significance level of $p < 0.05$.

3 | RESULTS

While 67.5% of the students who participated in the study were students in the nursing department, 32.5% of them were students in the child development department. 70.9% of the students were female, 42.1% of them were first grade students, and their mean age was 20.25 ± 1.27. A total of 57.6% of the students stated that they had income equal to expenses. While the majority of the students indicated that their mothers (53.8%) exhibited protective attitudes, they indicated that their fathers exhibited authoritarian (32.5%) and protective (32.5%) attitudes. While 65.1% of the students reported that they had voluntarily chosen the nursing and child development department, 89.0% of them reported that they liked the profession, 20.9% of them reported that they wanted to change their profession and 49.3% of them reported that they their academic success was good. Students spent their free time mostly by reading books (23.3%), having fun with their friends (22.5%), and engaging in hobbies (21.0%). A total of 69.2% of the students stated that their self-expression skills were sometimes good, sometimes bad, depending on the situation. A total of 5.5% and 7.9% of the students indicated that they had physical health problems and mental health problems, respectively, and the prevalence of these in their families was reported as 14.0% and 9.2%, respectively. The majority of the students (78.1%) indicated that when they had health problems, they first waited to get over it, and if they did not get over it, they applied to a health center. It was observed that students who used tobacco (13.7%) and alcohol (19.9%) generally smoked on special days and in meetings, and that 1.0% of them were substance abusers (Table 1).

It was determined that the mean total score in the CODAT of the students who participated in the study was 52.52 ± 13.52, while in the sub-dimensions, the highest mean score was 13.34 ± 4.25 for hidden self and the lowest mean score was 6.38 ± 2.81 for medical/psychosomatic problems. It was determined that the mean total score in the CTQ was 69.87 ± 23.16, while it was 25.80 ± 9.93 for the sub-dimension of Physical Abuse, 37.72 ± 14.47 for the sub-dimension of Emotional Trauma and Neglect, and 6.33 ± 3.10 for the sub-dimension of Sexual Trauma. It was determined that the mean total score in the RSES was 20.03 ± 4.83, while the mean total score in the BDI was 13.69 ± 9.44, and the mean total score in the SCSS subscales was 14.70 ± 4.35 for self-confident approach, 9.63 ± 3.26 for optimistic approach, 12.25 ± 4.79 for helpless approach, 6.83 ± 2.95 for submissive approach, and 7.38 ± 2.05 for seeking of social support. When the mean scores obtained by the students of the nursing and child development departments from the scales were compared, it was determined that there was a difference only between the mean scores in the RSES and the optimistic approach sub-dimension of the SCSS ($p < 0.05$), and that nursing students had higher scores from self-esteem and optimistic approach compared to child development students (Table 2).

When the mean scores of the CODAT were compared according to some characteristics of students, it was determined that those aged 20 and below ($p < 0.05$), those neglected by their fathers ($p < 0.01$), those who liked the nursing profession ($p < 0.05$), those with poor academic success ($p < 0.001$), those with difficulties in expressing themselves ($p < 0.001$), those with physical health problems in themselves ($p < 0.05$) and their families ($p < 0.01$), those with mental health problems ($p < 0.01$), those who smoked 11–20 cigarettes a day ($p < 0.001$), and those who used alcohol ($p < 0.01$) had higher mean scores in the CODAT. When the mean scores in the CTQ were compared, it was determined that third grade students ($p < 0.05$), those neglected by their mothers ($p < 0.05$) and fathers ($p < 0.001$), those who voluntarily came to the department ($p < 0.01$), those with poor academic success ($p < 0.05$), those with difficulties in expressing themselves ($p < 0.05$), those with physical health problems in themselves ($p < 0.01$) and their families ($p < 0.01$), those with mental health problems ($p < 0.001$), those who smoked 11–20 cigarettes a day ($p < 0.001$) and those who used alcohol ($p < 0.001$) had higher mean scores in the CTQ (Table 3).

It was determined that there was a positive moderate relationship ($p < 0.001$) between total score in the CODAT and the CTQ, and that there was a positive moderate relationship with physical abuse ($p < 0.001$), a positive weak relationship with emotional trauma and neglect ($p < 0.001$), a positive weak relationship with sexual trauma ($p < 0.001$), a negative weak relationship with the RSES ($p < 0.001$), a positive moderate relationship with the BDI ($p < 0.001$), and a positive moderate relationship with the helpless approach sub-dimension of the SCSS ($p < 0.001$). It was determined that there was a positive moderate relationship between students' total score in the CTQ and

TABLE 1 Some descriptive characteristics of students (N: 292)

	Nursing department		Child development department		Total	
	n	*%*	*n*	*%*	*n*	*%*
Age	20.39 ± 1.28	19.96 ± 1.20	20.25 ± 1.27			
Gender						
Female	126	64.0	81	85.3	207	70.9
Male	71	36.0	14	14.7	85	29.1
Grade						
1st grade	71	36.0	52	54.7	123	42.1
2nd grade	65	33.0	43	45.3	108	37.0
3rd grade	61	31.0	0	0	61	20.9
Mother's attitude						
Acts authoritatively	23	11.7	10	10.5	33	11.3
Acts democratically	58	29.4	34	35.8	92	31.5
Protective	112	56.9	45	47.4	157	53.8
Neglects	4	2.0	6	6.3	10	3.4
Father's attitude						
Acts authoritatively	69	35.0	26	27.4	95	32.5
Acts democratically	46	23.4	21	22.1	67	22.9
Protective	62	31.5	33	34.7	95	32.5
Neglects	20	10.2	15	15.8	35	12.0
Income status						
Income less than expenses	70	35.5	21	22.1	91	31.2
Income equal to expenses	107	54.3	61	64.2	168	57.5
Income higher than expenses	20	10.2	13	13.7	33	11.3
Willing choice of the profession						
Yes	122	61.9	68	71.6	190	65.1
No	75	38.1	27	28.4	102	34.9
Liking profession						
Yes	170	86.3	90	94.7	260	89.0
No	27	13.7	5	5.3	32	11.0
Desiring to change the profession						
Yes	47	23.9	14	14.7	61	20.9
No	150	76.1	81	85.3	231	79.1
Academic success						
Very good	18	9.1	5	5.3	23	7.9
Good	94	47.7	50	52.6	144	49.3
Moderate	76	38.6	40	42.1	116	39.7
Poor	9	4.6	0	0	9	3.1
Leisure activities						

TABLE 1 (Continued)

	Nursing department		Child development department		Total	
	n	%	n	%	n	%
Doing sports	84	14.6	29	11.0	113	13.4
Reading books	126	21.8	70	26.5	196	23.3
Watching TV	103	17.9	51	19.3	154	18.3
Having fun with friends	129	22.4	60	22.7	189	22.5
Engaging in hobbies	127	22.0	50	18.9	177	21.0
Spending time on social media	4	0.7	2	0.8	6	0.7
Playing computer games	3	0.5	0	0	3	0.4
Going for a walk, sleeping	1	0.2	2	0.8	3	0.3
Self-expression skill						
I can express myself in all environments	54	27.4	19	20.0	73	25.0
Sometimes good sometimes bad, it depends	132	67.0	70	73.7	202	69.2
I have difficulty in expressing myself	11	5.6	6	6.3	17	5.8
Physical health problem						
Yes	7	3.6	9	9.5	16	5.5
No	190	96.4	86	90.5	276	94.5
Physical health problem in a family member						
Yes	28	14.2	13	13.7	41	14.0
No	169	85.8	82	86.3	251	86.0
The pattern of behavior in case of a health problem						
I wait to get over it	25	12.7	14	14.7	39	13.4
I wait to get over it, however, if I do not get over it, I immediately apply to the health center	160	81.2	68	71.6	228	78.1
I apply to the health center without waiting, thinking that something important may happen	12	6.1	10	10.5	22	7.5
I do nothing	0	0	3	3.2	3	1.0
Mental health problem						
Yes	14	7.1	9	9.5	23	7.9
No	183	92.9	86	90.5	269	92.1
Mental health problem in a family member						
Yes	21	10.7	6	6.3	27	9.2
No	176	89.3	89	93.7	265	90.8

	Nursing department		Child development department		Total	
	n	%	*n*	%	*n*	%
Tobacco use						
Nonsmoker	147	74.6	66	69.5	213	72.9
Smoking 1–10 cigarettes a day	8	4.1	8	8.4	16	5.5
Smoking 11–20 cigarettes a day	15	7.6	8	8.4	23	7.9
Smoking only on special days and in meetings	27	13.7	13	13.7	40	13.7
Alcohol use						
Do not use	151	76.6	70	73.7	221	75.7
Drinking once or twice a month	6	3.0	7	7.4	13	4.5
Drinking only on special days and meetings	40	20.3	18	18.9	58	19.9
Substance (drug) use						
Do not use	197	100	92	96.8	289	99.0
Using one or more times a week	0	0	2	2.1	2	0.7
Using once or twice a month	0	0	1	1.1	1	0.3

Note: *n*: Nursing Department: 577, Child Development Department: 264, Total: 841.

low self-worth, one of the sub-dimensions of the CODAT, ($p < 0.001$), a positive weak relationship with medical/psychosomatic problems ($p < 0.001$), a positive moderate relationship with family of origin problems ($p < 0.001$), a weak positive relationship with the BDI ($p < 0.001$), a positive weak relationship with the helpless approach sub-dimension of the SCSS ($p < 0.001$), and a negative weak relationship with seeking of social support ($p < 0.001$) (Table 4).

4 | DISCUSSION

It is known that the first childhood experiences are important for the individual. Attachment styles shaped by early childhood experiences may have an effect on university students' success in their daily life or in educational activities. Abuse of individuals during childhood may affect their later life. Children who are abused may not trust the people around them and not communicate effectively with them. Culturally, the valuingothers' thoughts, efforts to avoid criticism and efforts to make a good impression are common in Turkish society (Karaşar, 2020). With this study, it is hoped that the effects of childhood experiences on a group of university students receiving health education will be investigated and that the attention of educators will be drawn to the subject. The study aimed to determine the relationship between neglect and abuse behaviors experienced by nursing and child development students during their childhood and codependency, and the factors affecting codependency.

Providing care is one of the most important tasks of the nursing profession. Nurses should know their professional boundaries well and avoid developing codependency behaviors while performing their care duties. It is important to distinguish between healthy professional nursing care and codependency (Ançel, 2012; Özdemir & Buzlu, 2020). It was determined that the mean total score in the CODAT of the students who participated in the study was 52.52 ± 13.52, and that in the sub-dimensions, the highest mean score was in the hidden self sub-dimension while the lowest mean was in the medical/psychosomatic problems sub-dimension. In the study by Aktaş Özakgül et al. (2017), it was found that the mean codependency scores of the students was moderate (51.89 + 9.93). The fact that the majority of members of the profession are women, professional practices are based on communication, and emotions are at the forefront facilitates the development of codependency, while the fact that it is a profession that requires being sensitive to and caring for someone else's needs is considered to increase the frequency of codependency (Ançel, 2012; Özdemir & Buzlu, 2020).

In the study, no significant difference was found between the mean scores in the CODAT of the nursing and child development students ($p > 0.05$). This result was considered to be due to the fact that child development is also a profession focused on helping just like nursing. Furthermore, similar results were also obtained in a study comparing the codependency levels of nursing and mechanical engineering students (Aktaş Özakgül et al., 2017). An individual who

Scales	Nursing Department Mean ± SD (Min–Max)	Child Development Department Mean ± SD (Min–Max)	Test/p
Rosenberg Self-Esteem Scale	20.46 ± 5.02 (7–30)	19.16 ± 4.33 (4–30)	2.163
			0.031*
Codependency Assessment Tool	52.59 ± 13.54 (30–99)	52.37 ± 13.57 (30–95)	0.133
			0.894
Other focus/self-neglect	10.40 ± 3.84 (5–21)	9.89 ± 3.23 (5–20)	−1.165
			0.245
Low self-worth	11.14 ± 4.64 (6–25)	11.79 ± 5.01 (6–27)	−1.097
			0.274
Hidden self	13.56 ± 4.28 (6–25)	12.92 ± 4.21 (6–25)	1.210
			0.227
Medical/psychosomatic problems	6.37 ± 2.75 (4–18)	6.41 ± 2.95 (4–20)	−0.128
			0.898
Family of origin problems	11.14 ± 3.40 (5–21)	11.36 ± 3.56 (6–20)	−0.512
			0.609
Childhood Trauma Questionnaire	70.62 ± 23.47 (40–140)	68.32 ± 29.36 (40–147)	0.792
			0.429
Physical abuse	25.98 ± 9.97 (16–68)	25.45 ± 9.85 (16–61)	0.424
			0.672
Emotional trauma and neglect	38.29 ± 15.02 (19–72)	36.56 ± 13.27 (19–80)	0.960
			0.338
Sexual trauma	6.35 ± 3.16 (5–25)	6.32 ± 3.01 (5–25)	0.076
			0.940
Beck Depression Inventory	13.09 ± 9.57 (0–47)	14.96 ± 9.12 (0–39)	−1.590
			0.113
Styles of Coping with Stress Scale			
Self-confident approach	14.91 ± 4.57 (0–21)	14.26 ± 3.85 (4–21)	−1.197
			0.232
Optimistic approach	9.97 ± 3.30 (0–15)	8.94 ± 3.11 (1–15)	2.566
			0.011*
Helpless approach	12.02 ± 4.89 (0–24)	12.73 ± 4.56 (1–23)	−1.181
			0.239
Submissive approach	6.66 ± 2.96 (0–18)	7.20 ± 2.94 (0–14)	−1.465
			0.144
Seeking of social support	11.14 ± 3.40 (5–21)	7.65 ± 2.33 (2–12)	−1.471
			0.143

Note: *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$.

TABLE 3 Comparison of some descriptive characteristics of the students with the mean scores in the Codependency Assessment Tool and the Childhood Trauma Questionnaire (N: 292)

Variables	Codependency Assessment Tool		Childhood Trauma Questionnaire	
	Mean ± SD	Test/p	Mean ± SD	Test/p
Age				
20 years and younger	53.77 ± 12.23	−2.465	68.86 ± 22.38	−0.593
21 years and older	51.14 ± 14.73	**0.014***	70.98 ± 24.03	0.553
Gender				
Female	52.14 ± 12.26	−0.440	69.83 ± 22.55	−0.311
Male	53.43 ± 16.24	0.660	69.97 ± 24.73	0.756
Department				
Nursing	52.59 ± 13.53	−0.420	70.61 ± 23.57	−0.746
Child development	52.36 ± 13.57	0.675	68.32 ± 22.56	0.456
Grade				
1st grade	52.16 ± 13.67	0.673	69.55 ± 22.62	6.641
2nd grade	51.87 ± 12.11	0.714	67.33 ± 23.75	**0.036***
3rd grade	54.37 ± 15.51		75.01 ± 22.73	
Mother's attitude				
Acts authoritatively	52.96 ± 7.78		64.69 ± 14.13	
Acts democratically	51.38 ± 13.73	4.191	67.75 ± 22.67	10.940
Protective	53.31 ± 14.23	0.242	70.43 ± 23.66	**0.012***
Neglects	49.00 ± 15.52		97.70 ± 26.94	
Father's attitude				
Acts authoritatively	52.88 ± 12.46		75.15 ± 20.48	
Acts democratically	47.89 ± 11.42	15.456	60.53 ± 17.70	66.652
Protective	53.21 ± 13.93	**0.001****	62.97 ± 22.44	**0.000*****
Neglects	58.51 ± 16.29		92.11 ± 23.25	
Income status				
Income less than expenses	54.01 ± 14.44	1.494	74.62 ± 25.54	4.246
Income equal to expenses	51.58 ± 12.08	0.474	67.03 ± 20.79	0.120
Income higher than expenses	53.18 ± 17.40		71.21 ± 26.11	
Willing choice of the profession				
Yes	53.00 ± 13.11	−0.988	66.78 ± 21.78	−2.758
No	51.61 ± 14.28	0.323	75.61 ± 24.63	**0.006****
Liking profession				
Yes	53.20 ± 13.57	−2.198	70.05 ± 23.22	−0.336
No	47.00 ± 11.94	**0.028***	68.40 ± 22.97	0.737
Desiring to change the profession				
Yes	51.88 ± 11.79	−0.113	73.59 ± 23.66	−1.531
No	52.68 ± 13.96	0.910	68.89 ± 22.98	0.126
Academic success				
Very good	57.56 ± 10.87	29.819	67.13 ± 30.48	11.096

(Continues)

TABLE 3 (Continued)

Variables	Codependency Assessment Tool		Childhood Trauma Questionnaire	
	Mean ± SD	Test/p	Mean ± SD	Test/p
Good	52.47 ± 13.62	**0.000*****	68.43 ± 22.14	**0.011***
Moderate	49.47 ± 10.90		70.14 ± 21.37	
Poor	79.66 ± 16.25		96.33 ± 28.00	
Self-expression skill				
I can express myself in all environments	51.69 ± 12.81	24.078	68.94 ± 25.07	7.443
Sometimes good sometimes bad, it depends	51.10 ± 12.13	**0.000*****	68.69 ± 21.44	**0.024***
I have difficulty in expressing myself	72.88 ± 16.45		87.88 ± 28.12	
Physical health problem				
Yes	58.50 ± 10.99	−2.142	86.87 ± 24.01	−2.925
No	52.17 ± 13.59	**0.032***	68.88 ± 22.77	**0.003****
Physical health problem in a family member				
Yes	59.43 ± 17.97	−2.811	81.70 ± 27.57	−2.736
No	51.39 ± 12.33	**0.005****	67.94 ± 21.82	**0.006****
The pattern of behavior in case of a health problem				
I wait to get over it	56.28 ± 16.95	2.881	72.97 ± 27.77	4.490
I wait to get over it, however, if I do not get over it, I immediately apply to the health center	52.12 ± 12.88	0.410	68.78 ± 22.24	0.213
I apply to the health center without waiting, thinking that something important may happen	48.72 ± 9.01		71.63 ± 19.11	
I do nothing	61.66 ± 29.70		99.66 ± 41.76	
Mental health problem				
Yes	64.60 ± 19.85	−2.599	89.95 ± 25.92	−3.978
No	51.48 ± 12.35	**0.009****	68.15 ± 22.13	**0.000*****
Mental health problem in a family member				
Yes	55.37 ± 13.47	−0.664	76.48 ± 24.92	−1.577
No	52.23 ± 13.52	0.506	69.20 ± 22.92	0.115
Tobacco use				
Nonsmoker	50.39 ± 10.77	20.189	66.27 ± 20.48	20.433
Smoking 1–10 cigarettes a day	53.43 ± 11.57	**0.000*****	68.87 ± 19.57	**0.000*****
Smoking 11–20 cigarettes a day	71.08 ± 22.41		92.82 ± 30.58	
Smoking only on special days and in meetings	52.77 ± 13.07		76.25 ± 24.99	

Variables	Codependency Assessment Tool		Childhood Trauma Questionnaire	
	Mean ± SD	Test/p	Mean ± SD	Test/p
Alcohol use				
Do not use	50.39 ± 10.52	−3.340	66.82 ± 20.78	−3.507
Using	59.14 ± 18.80	**0.001****	79.36 ± 27.43	**0.000*****
Substance (drug) use				
Do not use	52.51 ± 13.55	−0.076	69.79 ± 23.13	−0.468
Using	53.00 ± 13.07	0.940	77.33 ± 30.92	0.640

Note: [a]Mann–Whitney U test, [b]Kruskal–Wallis H test. *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$.

exhibits codependent personality traits may especially choose professions that are suitable for these personality traits and where he/she can be helpful and lifesaving. Codependency may affect the relationship of a person with his/her environment and it may also be effective in choosing a profession. 65.1% of the students indicated that they voluntarily came to the nursing and child development department, and 89.0% of them indicated that they liked the profession. In the study, the mean scores in the CODAT of those who loved the nursing profession were found to be high. It is likely that helping others is used as a method to increase self-worth. Nurses with codependency reported that they maintained their "problem-solving" roles that they had adopted in the dysfunctional family process in their current occupational caregiver role (Ölçüm & Duman, 2017).

It is argued that codependency behavior that develops due to being raised in problematic family environments affects the relationships, education and professional life of individuals during adulthood (Bacon et al., 2020). It is reported that a stressful environment in the family prevents the child's development of a healthy personality and causes the development of codependency (Aktaş Özakgül et al., 2017). In the study, it was found that the mean score in the CODAT of those who stated that they were neglected by their father was high ($p < 0.01$). It was reported that higher levels of codependency were observed in the studies conducted on individuals with a family history of alcoholism, sexual abuse, physical or family violence, or familial pathology (Aktaş Özakgül et al., 2017; Chang, 2018; Karaşar, 2021).

It was observed that the mean total score in the CTQ of the students who participated in the study (69.87 ± 23.16) was above average, while in the sub-dimension of the physical abuse it was 25.80 ± 9.93, in the sub-dimension of emotional trauma and neglect it was 37.72 ± 14.47, and in the sub-dimension of sexual trauma it was 6.33 ± 3.10. Odacı and Çelik (2020) reported that the score for emotional abuse in university students was 33.67 ± 12.97, for physical abuse it was 23.57 ± 7.31, and for sexual abuse it was 5.85 ± 2.16. It was observed that the results of that study were similar to those of our study. It is reported that codependency is higher in nurses who have experienced or witnessed physical violence in their family (Özdemir & Buzlu, 2019), that the impairment of family

functionality such as parental conflicts, emotional abuse, neglect, and parenting play a role in the development of codependency (Turan et al., 2021), and that the perceived conflict between parents in childhood and codependency are related (Bacon et al., 2020). Trauma caused by exposure to or witnessing physical violence may adversely affect the physical and emotional health of individuals during adulthood if it is not treated. Nurses who experienced physical, emotional and sexual abuse in their childhood may have higher levels of codependency (Özdemir & Buzlu, 2019). In the study, a positive relationship was found between the total scores of the students in the CODAT and the CTQ and the sub-dimensions of physical abuse, emotional trauma, neglect, and sexual trauma. As students' childhood traumatic experiences scores increased, their codependency scores increased. Similar to the result of the systematic review, investigating the relationship between child abuse, neglect, and codependency history in nursing students, it was determined that there was a moderately positive relationship between all forms of childhood abuse and neglect and total codependency scores (Aafjes-van Doorn et al., 2020). It is especially important to pay attention to the relationship between emotional trauma and neglect and codependency. It is indicated that the posttraumatic stress syndrome experienced as a result of emotional trauma cannot be overcome and that this situation turns into depression in the future, resulting in problems in close relationships (Christ et al., 2019). It can be said that students with poor relationships with their families have a high level of psychosomatic problems and trauma. In the study, it was determined that students with high childhood traumatic experience scores also had high scores in the medical/psychosomatic problems and family of origin problems. In another study, it was determined that students who reported having good family relationships had lower mean scores in the subscales of low self-worth, medical problems and family of origin problems, and mean scores of codependency (Aktaş Özakgül et al., 2017).

It is indicated that physical and emotional health problems are another factor affecting codependency (Özdemir & Buzlu, 2019) and that the presence of a health problem in the person or in his/her family plays an effective role in the development of codependency (Park et al., 2003). In the study, it was found that the students with difficulties in expressing themselves and physical health problems and mental health problems in

TABLE 4 The relationship between the mean scores in the scales used in the study (N: 292)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 Rosenberg self-esteem scale	–													
2 Other focus/self-neglect	-0.114 (0.051)	–												
3 Low self-worth	-0.570** (0.000)	0.448** (0.000)	–											
4 Hidden self	0.196** (0.001)	0.368** (0.000)	0.132* (0.024)	–										
5 Medical/psychosomatic problems	-0.298** (0.000)	0.423** (0.000)	0.516** (0.000)	0.103 (0.078)	–									
6 Family of origin problems	-0.258** (0.000)	0.450** (0.000)	0.654** (0.000)	0.295** (0.000)	0.523** (0.000)	–								
7 Codependency Assessment Tool	-0.298** (0.000)	0.746** (0.000)	0.789** (0.000)	0.558** (0.000)	0.670** (0.000)	0.808** (0.000)	–							
8 Physical abuse	-0.181** (0.002)	0.244** (0.000)	0.449** (0.000)	0.161** (0.006)	0.318** (0.000)	0.522** (0.000)	0.474** (0.000)	–						
9 Emotional trauma and neglect	-0.180** (0.002)	0.043 (0.460)	0.351** (0.000)	-0.085 (0.146)	0.148* (0.012)	0.354** (0.000)	0.229** (0.000)	0.574** (0.000)	–					
10 Sexual trauma	0.004 (0.951)	0.175** (0.003)	0.285** (0.000)	0.144* (0.014)	0.079 (0.180)	0.223** (0.000)	0.266** (0.000)	0.430** (0.000)	0.302** (0.000)	–				
11 Childhood Trauma Questionnaire	-0.189** (0.001)	0.155** (0.008)	0.450** (0.000)	0.035 (0.552)	0.239** (0.000)	0.475** (0.000)	0.382** (0.000)	0.845** (0.000)	0.912** (0.000)	0.507** (0.000)	–			
12 Beck Depression Inventory	-0.573** (0.000)	0.194** (0.001)	0.526** (0.000)	0.132* (0.024)	0.404** (0.000)	0.316** (0.000)	0.443** (0.000)	0.270** (0.000)	0.238** (0.000)	0.155** (0.008)	0.285** (0.000)	–		
13 Self-confident approach	0.406** (0.000)	0.067 (0.257)	-0.220** (0.000)	0.265** (0.000)	-0.125* (0.033)	-0.045 (0.443)	0.010 (0.871)	-0.180** (0.002)	-0.113 (0.053)	-0.116* (0.048)	-0.163** (0.005)	-0.244** (0.000)	–	
14 Optimistic approach	0.487** (0.000)	0.001 (0.990)	-0.347** (0.000)	0.172** (0.003)	-0.186** (0.001)	-0.045 (0.443)	-0.118* (0.044)	-0.120* (0.040)	-0.092 (0.115)	-0.071 (0.225)	-0.119* (0.042)	-0.446* (0.000)	0.779** (0.000)	–

TABLE 4 (Continued)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
15 Helpless approach	-0.401**	0.292**	0.521**	0.141*	0.334**	0.345**	0.464**	0.082	0.268**	0.115*	0.218**	0.551**	0.006	-0.159**	–		
	0.000	0.000	0.000	0.016	0.000	0.000	0.000	0.163	0.000	0.050	0.000	0.000	0.914	0.006			
16 Submissive approach	-0.139*	0.049	0.150*	0.093	0.209**	0.058	0.154**	-0.062	0.105	0.023	0.042	0.150*	-0.011	0.020	0.498**	–	
	0.018	0.401	0.010	0.112	0.000	0.323	0.008	0.293	0.074	0.692	0.473	0.010	0.848	0.737	0.000		
17 Seeking of social support	0.126*	-0.016	-0.151**	-0.154**	-0.117*	-0.054	-0.144*	-0.190**	-0.220**	-0.011	-0.221**	-0.266**	0.205**	0.166**	-0.207**	-0.323**	–
	0.032	0.786	0.010	0.008	0.045	0.358	0.014	0.001	0.000	0.853	0.000	0.000	0.000	0.004	0.000	0.000	0.000

Note: r = spearman's correlation analysis. *p < 0.05, **p < 0.01, ***p < 0.001.

themselves and their families had higher mean scores in the CODAT. It can be said that codependency is mostly observed in individuals with physical and mental health problems due to the anxiety towards inability or the need to show higher performance. In their study with university students, Chang (2018) determined that there was a significant relationship between codependency and anxiety. An individual who cannot cope with the problems that cause or are caused by codependency may apply ineffective coping methods. Codependency is considered as a way of dealing with stressful life events in a pathological way and a learned process in children who grow up in a problematic family and cannot receive parent support (Ançel, 2012). In the study, it was found that as codependency scores of the students increased, the helpless approach score, which indicates ineffectiveness in coping with stress, also increased. Smoking, alcohol and substance abuse are the most important ineffective methods used to cope with stress. It was determined that students who smoked 11–20 cigarettes a day and used alcohol had higher mean scores in the CODAT. In the study by Aktaş Özakgül et al. (2017), it was found that participants with a history of alcohol or substance addiction had higher codependency scores compared to the scores of participants without a history of alcohol/substance. In the study by Chang (2018), it was determined that university students with more codependency traits had more psychological adjustment problems in terms of somatic symptoms, anxiety and insomnia, social dysfunction and depression. In the study, it was found that the mean total score of the students in the BDI was moderate (13.69 ± 9.44). It was observed that there was a positive relationship between the mean scores of the students in the CODAT and their mean scores in the BDI, and that there was an increase in depression as codependency increased. It was reported that there was a strong relationship between codependency and depression (Karaşar, 2021) and that codependency was an important determinant of depression in women (Kaur, 2016). Furthermore, similar to the study by Shao et al. (2021), a positive relationship was found between childhood traumatic experiences scores of the students and their depression scores.

Self-esteem is considered as both a cause and a result of codependency. It was determined that nurses with low self-esteem had higher levels of codependency (Ançel, 2012; Özdemir & Buzlu, 2019). It was determined that there was a negative relationship between the CODAT scores of the students and their RSES scores, and that self-esteem decreased as codependency increased. Higher levels of codependency in nurses with low self-esteem may be due to having problems while performing professional health care duties. Furthermore, the low self-esteem of students with a high level of codependency may result from the effects of childhood traumatic experiences on the individual. A positive relationship was found between the mean total score of the students in the CTQ and low self-worth, one of the sub-dimensions of the CODAT. In support of this result, in a study conducted with 554 college students, physical and emotional abuse was found to be negatively associated with self-esteem (Liu et al., 2018).

The nursing profession and its members face some risks due to their more emotional approach to experiential situations and overlapping with the traditional female role. The codependency

relationship, that develops especially with the person for whom they provide care, causes them to forget their own needs and move away from their professional identity and become individuals who have devoted themselves to others. In particular, the loss of professional identity and a decrease in self-esteem may cause them to feel weak and worthless. Therefore, it is extremely important to include the ability to know and express oneself, the gains of professional identity, and the issues that need attention as a practitioner in the curriculum of the nursing profession (Özdemir & Buzlu, 2020).

4.1 | Study limitations

The present study has several limitations. The present study reflects only the features of the sample that were studied; it cannot be generalized to all undergraduate students in Turkey. Also, the study data were limited to students' self-reports. Data in this study can only be generalized to this sample in Turkey. These results cannot be generalized to different countries and cultures, as dependency and submissive versus assertive traits may have cultural differences. However, its importance remains because it compares the nature of codependency through two different samples and the factors that affect this nature. Finally, more comprehensive studies can be conducted to explain the reasons for codependency considering various variables related to culture and family.

4.2 | Implications for nursing practice

It was found that there was a moderate level of codependency in the students of the nursing and child development departments included in the study, and that there was a positive relationship between neglect and abuse behaviors, that cause trauma in childhood, and codependency. It was determined that there was a negative relationship between students' codependency and childhood traumatic experiences and their levels of self-esteem, depression and coping with stress. It was observed that childhood traumatic experiences led to a decrease in self-esteem, depression and ineffective coping, as well as causing codependency. Therefore, necessary measures should be taken to prevent negative childhood experiences and to reduce their effects. It is possible to focus on unresolved family-related problems and the signs of codependency by including emotional intelligence interventions in the education curriculum in nursing education processes, and students can be supported psychologically in necessary cases, emotional coping resources can be increased, and contributions can be made to their professional adaptation.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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