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Examining the relationship between pediatric nurses' liking of children levels and their codependency

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ABSTRACT

Background & Aim: Codependency is a type of pathological relationship. Pediatric nurses' liking of children may make them accept children more easily, but it may also lead to codependency. This study aims to examine the relationship between pediatric nurses' liking of children's levels and their codependency.
Methods & Materials: This study is a descriptive correlational study. Data were collected online via Google Forms by exponential non-discriminative snowball sampling using the Demographic Form, the Barnett Liking of Children Scale, and the Nurse Codependency Questionnaire. The study was completed with 260 nurses. The Mann-Whitney U test, Kruskal-Wallis H test, and Spearman correlation were used to analyze the data.
Results: In this study, the nurses' BLCS median score was 86 (78-93) and their Nurse Codependency Questionnaire median score was 72 (64-82). A significant but weak correlation was observed both between age and the BLCS score ($r=0.132$; $p<0.05$) and between the overall Barnett Liking of Children Scale and Nurse Codependency Questionnaire scores ($r= 0.182$; $p<0.05$).
Conclusion: In this study, it was determined that as nurses' level of liking children increased, their level of codependency decreased. The findings suggest a significant, albeit weak, correlation between these two variables. These results underscore the importance of further research to fully understand the implications of these relationships and their potential impact on the nursing profession.

Introduction

Love is a vital need that constantly needs to be satisfied, just like hunger and thirst, cannot be replaced by anything else in life, and preserves physical and mental integrity (1,2). Although love is a need to be fulfilled at every stage of life, this need is the key to establishing a sound sense of trust and having a positive personality development during childhood (3). Children often perceive the experience of falling ill and being hospitalized as a traumatic event (4). When hospitalized, children are separated from their families, who serve as their primary source of love. Children may perceive this separation as a form of punishment, believing that the love felt for them has diminished (4,5). While adults can choose and shape their own needs regarding love, children's needs in this context are shaped by their circumstances (6). Hospitalized children have to shape their love needs in the hospital setting and therefore require increased love and attention from the healthcare team (7). The most important task in meeting these needs lies on the shoulders of pediatric nurses. This is because pediatric nursing is grounded in communication, empathy, and a love for children (3). Liking children offers numerous benefits for both children and pediatric nurses. The benefits for children are feelings of safety and security, an acceleration of the healing process, and the fulfillment of their fundamental need for love. The benefits for pediatric nurses are the enjoyment of spending time with children, communicating effectively, and being able to treat children more carefully and attentively (8- 11). When liking children turns into self-devotion and self-sacrifice, it can cause codependency, a serious health problem, rather than providing benefits. Codependency is a type of pathological relationship that

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develops between a caregiver and a person who is dependent on someone else's care for any reason. Caregivers typically meet the needs of the other person through personal sacrifice, expecting to feel recognized, appreciated, and empowered in return. For this reason, the caregiver constantly supports the dependency of the care recipient, and this codependency relationship continues as a way of existence for both individuals (12). Codependent people evaluate themselves according to how others perceive them, shape their behaviors according to others' expectations, and often overindulge in pleasing others, sacrificing themselves to avoid rejection. These behaviors lead to the disruption of individual self-boundaries. Overreacting to external stimuli and an inadequate response to internal stimuli cause stress and must be treated (13). Codependency, a term used to describe a dysfunctional pattern of living, is believed by some researchers to be rampant in the nursing profession. This is associated with the fact that nursing is a profession that is essentially based on care and by its nature requires sacrifice (12). The most important prerequisite of being a pediatric nurse is to like children (14). However, if this affection turns into extremism and intense devotion, it can lead to codependency, which is a pathological type of relationship. Although there are some studies in the literature examining the liking of children levels of pediatric nurses (9,15), there is no study examining the codependency status of pediatric nurses and the relationship between their levels of liking children and their codependency.

Pediatric nurses are more at risk of developing codependency than other nurses due to the characteristics of the group of patients they care for. The first step in addressing this health issue is to identify codependency, which has the potential to negatively affect the mental health of pediatric nurses who care for such a special group (12), and liking of children to pathological levels without being aware of the risks involved. This study therefore aims to examine the relationship between pediatric nurses' liking of children levels and their codependency.

Methods

This descriptive and correlational study was conducted online through Google Forms between June 2020 and September 2020. The population of the research consisted of all the pediatric nurses working in pediatric clinics in public and university hospitals in Turkey. The sample of the study consisted of all pediatric nurses who met the inclusion criteria of the study. The inclusion criteria were a) volunteering to participate in the research; b) having no problem with verbal communication; c) working as a pediatric nurse in the pediatric clinics of public and university hospitals in Turkey; d) having social media accounts such as WhatsApp, Instagram, or Facebook. The exclusion criterion was the unwillingness to participate in the study. Data were collected online via Google Forms, because of limited access to hospitals (except in case of illness) due to the COVID-19 pandemic. Through snowball sampling method the study team members may provide information to participants and encourage them to pass it on to others who may be interested or eligible. Interested prospective participants could then contact the project for more info and possible inclusion (16). The exponential non-discriminative snowball sampling method was used in the research. Participants conducted a national self-reported online questionnaire starting on June 2020 to September 2020, which covers the peak of the infection (17), the questionnaire was distributed by social networks, applying an exponential non-discriminative snowball sampling (18-20). Pediatric nurses who met the inclusion criteria were sent an invitation by the researchers via Instagram, Facebook, or WhatsApp to participate in the study between June 2020 and September 2020. Pediatric nurses participating in the study were asked to send invitations via Instagram, Facebook, or WhatsApp to their acquaintances who met the inclusion criteria. In this way, in accordance with the exponential non-discriminative snowball sampling method, each participant in the research invited their acquaintances to participate in the research.

To determine the sample size to be included in the study, the G*Power 3.1 program was used. According to the correlation analysis determined by Cohen (21), the effect size was taken as 0.20, which was a small effect size. In order to exceed the 80% power of the study; and the 95% confidence interval, 264 samples should be reached. Therefore, in the research, a total of 264 pediatric nurses were recruited, but 4 nurses did not agree to participate in the research and therefore the study was completed with 260 pediatric nurses.

The data were collected using a demographic Form, the Barnett Liking of Children Scale (BLCS), and the Nurse Codependency Questionnaire (NCQ).

Personal Data Form: This form was prepared by the researchers based on a review of the relevant literature (7,12,22) to inquire about the descriptive characteristics of the nurses, such as age, gender, educational level, having a child, and years of employment in the pediatric clinic.

BLCS: This scale was developed by Barnett and Sinisi (1990) (23), and adapted into the Turkish language by Duyan and Gelbal (2008) (22). The scale consists of fourteen items aiming to determine an individual's liking of children. The items ask individuals to express their opinions on a seven-point scale, ranging from "strongly disagree" to "strongly agree". The lowest score that can be obtained from the scale is 14 and the highest score is 98. The scale does not have a cut-off point. Higher scores on the scale mean that people like children more; low scores mean that the level of liking children is low. On the scale, 4 of the items to determine liking children have a negative meaning (items 3, 6, 10, and 13) and 10 have a positive meaning. When scoring the positive items, the option "I strongly agree" receives "7" points, and the response "I strongly disagree" receives "1" points. When scoring the negative items, the response "strongly disagree" is allotted "7" points, and the response "strongly agree" corresponds to "1" point. In their study, the researchers determined the reliability of the test-retest as 0.85 and the internal consistency coefficient as 0.92 (22). In this study, Cronbach's alpha coefficient was found to be 0.894.

NCQ: This scale was developed by Allison (2004) (13), and was adapted into the Turkish language by Özdemir and Buzlu (24). The questionnaire is an attitude scale consisting of 24 items that determine nurses' levels of codependency. The items of the scale are rated as 1 point for the response "totally true," 2 points for "mostly true," 3 points for "neither true nor false," 4 points for "mostly false," and 5 points for "totally false." The scores for items 4 and 24 are calculated reversely. The total score is calculated by summing the scores of the items. The score range varies between 24 and 120. There is no cut-off point in the evaluation of the scale. As the score increases, the level of codependency decreases. In Özdemir and Buzlu's study, the researchers found that Cronbach's alpha reliability coefficient was 0.77 (24). In this study, Cronbach's alpha coefficient was found to be 0.839.

Between June 2020 and September 2020, invitations were sent out to pediatric nurses via Instagram, Facebook, or WhatsApp to participate in a study. The data collection form was designed to prevent skipping questions, and each IP address was limited to one answer.

Approval was obtained from the University Research Committee and the Publication Ethics Board (Approval Number: 2020/235) in Turkey before the study. The authors were asked via e-mail to permit the use of scales in the study. Before completing the survey, a consent form was added to the front page of the survey. All participants provided online informed consent, which included detailed information about the study's objective, method, confidentiality, voluntary participation, and withdrawal.

The data were analyzed with the SPSS software (IBM SPSS Statistics for Windows, version 23.0. Armonk, NY, USA: IBM Corp.). The Kolmogorov-Smirnov test was applied to test whether or not the data were normal. Numbers, percentages, lowest and highest values, means, and medians (25th and 75th quartiles) were used in the data analysis.

Nurses' NCQ and BLCS scores were compared with their descriptive characteristics. Since the data were not normally distributed, the Mann-Whitney U test was run for comparisons of two-level variables (gender, having children, voluntary working status in the pediatric clinic, satisfaction with working in the pediatric clinic, having psychiatric problems, smoking status, alcohol using status) and the Kruskal-Wallis H test was run for comparisons with three or more levels (educational status, working time in the pediatric clinic, clinics where nurses work). Spearman's correlation test was run to find the correlation between BLCS and NCQ. The reliability levels of the scales were analyzed by calculating Cronbach's alpha coefficient. The level of significance was accepted to be $p<0.05$.

Results

The mean age of the nurses was calculated as 28.99±6.56. A majority of the participants were female (83.1%), had a bachelor's degree (63.1%), and were satisfied with the clinic where they worked (93.1%). Since the BLCS and NCQ scores of the nurses were not normally distributed, the medians were analyzed. The BLCS median score of the nurses was 86 (78–93), and their NCQ median score was 72 (64–82). The sociodemographic characteristics of the nurses were compared with their BLCS and NCQ scores. Statistical analysis showed statistically significant differences between educational level and BLCS and NCQ scores, between pediatric clinic tenure, volunteering to work in pediatrics, work satisfaction and the BLCS score, and between educational level and smoking and the NCQ score ($p< 0.05$) (Table 1).

Table 1. Comparison of the sociodemographic features of the nurses and their BLCS and NCQ scores (n=260)

Variables	n (%)	BLCS			NCQ		
		Min-Max	Median (25th-75th percentile)	P-value	Min-Max	Median (25th-75th percentile)	P-value
Gender							
Female	216 (83.1)	34-98	86 (78-94)	4059* (0.127)	32-110	72 (64.5-83)	3954.5* (0.079)
Male	44 (16.9)	45-98	87 (76-88)		31-100	70 (56.5-77.5)	
Educational status							
High school	47 (18.1)	34-98	87 (77-91)	10.9** (0.012)	32-110	70 (64-78)	10.2**(0.016)
Associate degree	31 (11.9)	44-98	87 (75-92)		32-94	70 (52-76)	
University	164 (63.1)	36-98	86 (78-92)		31-102	73 (66-84.5)	
Postgraduate	18 (6.9)	75-98	96 (85-98)		55-96	71.5 (62-93)	
Having children							
Yes	94 (36.2)	35-98	87 (79-92)	7016** (0.177)	32-102	71 (63-79)	7104* (0.231)
No	166 (63.8)	34-98	84 (77-93)		31-110	73 (66-82)	
Working time in the pediatric clinic							
Less than 1 year	86 (31.3)	34-98	84 (77-92)	11.9** (0.018)	31-100	77 (67-85)	7.06** (0.132)
1-5 years	96 (36.9)	44-98	86.5 (79-94.5)		32-102	72 (63.5-83)	
6-10 years	53 (20.4)	51-98	88 (77-92)		32-100	69 (60-74)	
11-15 years	19 (7.3)	35-98	85 (76-93)		32-100	69 (61-78)	
16 years and above	6 (2.3)	86-98	97 (88-98)		63-90	70 (64-78)	
Clinics where nurses work							
NICU	82 (31.5)	43-98	86 (77-93)	11.4**(0.121)	32-110	71 (62-79)	11.8**(0.105)
PER	91 (35.0)	34-98	86 (77-92)		32-98	72 (66-82)	
PHO	8 (3.1)	70-98	92 (84.5-95.5)		60-100	77.5 (62-89.5)	
IC	8 (3.1)	52-98	91.5 (88-97.5)		60-91	73.5 (70.5-82)	
GCC	32 (12.3)	35-98	86.5 (79.5-95)		32-102	67 (60.5-84.5)	
PIC	6 (2.3)	77-98	92.5 (83-98)		77-96	85.50 (77-96)	
PICU	23 (8.8)	36-97	82 (70-90)		31-99	73 (59-87)	
PSC	10 (3.8)	67-98	92 (79-94)		62-86	77 (72-84)	
Voluntary working status in the pediatric clinic							
Yes	125 (48.1)	35-98	87 (80-94)	7205.5* (0.042)	32-102	72 (63-82)	8280.5* (0.795)
No	135 (51.9)	34-98	85 (77-92)		31-110	71 (64-82)	
Satisfaction with working in the pediatric clinic							
Yes	242 (93.1)	34-98	87 (78-93)	1240* (0.002)	31-110	72 (64-82)	2038.5* (0.651)
No	18 (6.9)	52-95	77.5 (61-84)		32-100	67.5 (59-89)	
Having psychiatric problems							
Yes	7 (2.7)	48-98	78 (70-86)	612a* (0.163)	40-75	67 (50-75)	599.5* (0.145)
No	253 (97.3)	34-98	87 (78-93)		31-110	72 (64-82)	
Smoking status							
Yes	90 (34.6)	34-98	87 (78-92)	7632.5* (0.976)	31-100	70 (63-77)	6422* (0.033)
No	170 (65.4)	35-98	86 (78-93)		32-110	73 (65-85)	
Alcohol using status							
Yes	57 (21.9)	36-98	87 (78-92)	5521 (0.598)	40-110	71 (66-81)	5528.5 (0.608)
No	203 (78.1)	34-98	86 (78-93)		31-102	72 (64-82)	

Abbreviations: BLCS, Barnett Liking of Children Scale; Min–max, minimum and maximum; NCQ, Nurse Co-dependency Questionnaire; NICU, Neonatal intensive care unit; PER, Pediatric emergency room; PHO, Pediatric hematology-oncology; IC, Infant clinic; GCC, General children's clinic; PIC, Pediatric infection clinic; PICU, Pediatric intensive care unit; PSC, Pediatric surgery clinic. *Mann-Whitney U test. **Kruskal-Wallis H test

A significant but weak correlation was noted between the age and the BLCS score (r=0.132; p<0.05). As age increased, the liking of children scores also increased (Table 2). The correlation between the nurses' overall BLCS and NCQ scores was positive and weak (r= 0.182; p<0.05) (Table 3). It can be asserted that as the liking of children level elevated, codependency lessened.

Table 2. Correlation between the nurses' age BLCS and NCQ overall scores (n= 260)

		Overall BLCS	Overall NCQ
Age of nurses	*r**	0.132	-0.103
	P	0.033	0.098

Abbreviations: BLCS, Barnett Liking of Children Scale; NCQ, Nurse Codependency Questionnaire
*Spearman correlation

Table 3. Correlation between the nurses' BLCS and NCQ overall scores (n= 260)

		Overall NCQ
Overall BLCS	*r**	0.182
	P	0.003

Abbreviations: BLCS, Barnett Liking of Children Scale; NCQ, Nurse Codependency Questionnaire
*Spearman correlation

Discussion

This study aimed to examine the relationship between pediatric nurses' level of liking children and their codependency. In our research, the median BLCS score of nurses was determined to be 86 (78-93). Considering that the highest score to be obtained from the BLCS scale is 98 (22), it can be said that the nurses participating in the study displayed a high level of love for children. Children have more of a need for the love and compassion of healthcare professionals when they get sick and are hospitalized.

Among the healthcare professionals, nurses constitute the group with whom children interact most frequently (4). The foremost requirement for a pediatric nurse is to like children (14). Likewise, studies have been found in the relevant literature indicating that the majority of pediatric nurses like children and have high levels of liking children (9,25,26). Due to the nature of the nursing profession, the development of positive emotions such as love is an expected outcome, as it harbors humanitarianism in its essence. Considering that children are treated with affection in all societies, nurses who care for pediatric patients are expected to demonstrate high levels of liking children.

Besides allowing pediatric nurses to accept children more easily, pediatric nurses' levels of liking children may lead to codependency, a pathological condition. Studies on codependency have found that codependency is common among professionals who work in caregiving occupations (27). The main role of the nursing profession, which is considered to belong to this category, is providing care. The caregiver role builds up the autonomy of nurses and may affect their level of codependency (12, 28). Studies have shown that codependency is more common in the nursing profession than in other occupational groups (12). The median codependency score of nurses who worked in pediatric clinics was found to be 72 (64–82) in this study. The study conducted with nurses by Ölçüm and Büyükkayacı Duman (2017) and Ozdemir and Buzlu (2019) also found that the codependency scores of the nurses were similar to the findings of the present study (24, 28). This may be attributed to the fact that the nursing profession requires responsiveness to the needs of another individual, altruism, and self-sacrifice. The transformation of liking children into intense dedication by pediatric nurses may lead to codependency.

The study compared the sociodemographic characteristics of the nurses in terms of their levels of liking children and their codependency. The differences between the genders, having a child, having a psychiatric illness, the nurses' alcohol intake, and their BLCS and NCQ scores were not statistically significant. Another study, similar to the findings of the present study, reported no difference in the pediatric clinic nurses' levels

of liking children in terms of their gender (25). This may be explained by the fact that pediatric nurses are generally a group with a liking of children, regardless of gender.

A study reported that there was no significant difference between gender and codependency, parallel to the findings of this study (24). This can be explained by the high number of women in the sample group of the study and the absence of the majority of male nurses in the study.

In our research, no statistically significant difference was found between nurses' status of having children and their level of liking children. The literature contains studies that both support and contradict the findings of the present study. Some studies have reported that there is no correlation between having children, the number of children, and nurses' liking of children levels (9,15,25,26). Unlike these findings, one study found that nurses with more children had higher levels of liking children (6). Having a child can sometimes be the most difficult task in the world, as well as providing you with beautiful emotions, beautiful memories, and countless happiness, as well as the responsibilities and difficulties it brings with it. For this reason, while some studies show that having children has a positive effect on liking children, some studies report that there is no correlation with the level of liking children. No significant difference was found when the codependency levels of the nurses were compared in terms of having children. None of the studies in the literature compared having children with the codependency levels of the nurses.

No significant difference was found between the BLCS and NCQ scores of the nurses in terms of having a psychiatric illness or alcohol use. One study revealed that nurses who were exposed to abuse in childhood and had physical and psychological problems were correlated with codependency (24). In a study conducted with nursing and child development department students, the levels of codependency of students with a psychiatric illness were found to be higher than those without a psychiatric illness (29). The differences in the literature may be attributed to the variability in the population of the study. The fact that there is no significant difference between having a psychiatric disease and the BLCS and NCQ scores in our study can be explained by the fact that the number of nurses with a psychiatric disease is too small to make a significant difference.

Furthermore, the codependency scores of nurses who did not use alcohol were found not significant. Although the concept of codependency was first introduced to describe the effects of alcohol dependence on other family members (12), the findings of the present study suggest that the association between this concept and alcohol dependence has begun to shift today. The literature has shown no study that examined the effect of smoking and alcohol use on codependency. It was also observed that there were differences between the smoking status of the nurses and their codependency scores. The level of codependency was significantly lower in nurses who did not smoke. This may suggest that the presence of an existing dependency in smokers predisposed them to codependency. Considering the limited resources studied on this subject, the under-researched aspects of the defining factors affecting codependency are clear.

We found in our research that the BLCS scores of the nurses were very close to each other depending on the clinics they worked in and that the nurses in all the pediatric clinics had a high level of liking children. It was determined that there was no significant difference in the BLCS scores of the nurses depending on the clinics they worked in. A study reported that nurses who worked in pediatric clinics had higher levels of liking children than nurses who worked in adult clinics (6). Unlike this finding, some studies have found that there is no correlation between the type of clinic in which nurses work and their levels of liking children (9,15,26). When the NCQ scores of the nurses were analyzed according to the clinics they worked in, no significant difference was found. No study was found to compare the

codependency levels of nurses with the type of clinic they worked in.

It was found that as the age of the participants rose, the liking of children's scores increased. Some studies found no difference between the liking of children level of nurses and their age and tenure (9,15,25,26). This difference in the studies can be attributed to the fact that as tenure in pediatric clinics increases, nurses' adaptation to the clinic increases, and stress levels are lowered. This study found that there was no significant relationship between the age of pediatric nurses and their NCQ score. Similar to our research findings, the relevant literature also revealed that there was no significant relationship between age and codependency (24).

Based on the findings of the study, it can be asserted that as the level of liking children rises, codependency diminishes. This may mean that codependency will decrease when nurses have no problem recognizing, expressing, and managing their liking of children.

Limitations of the study

The findings of the study are limited to the responses given by the nurses who voluntarily agreed to participate in the study and to the values measured by the data collection tools. The results cannot be generalized to all nurses. Other limitations of the study are the scarcity of literature on the subject, the limited availability of current studies, the fact that the majority of nurses participating in the research were women, and the fact that the data were collected through an online survey.

Conclusion

The study found that nurses have a high level of for children and that as nurses' level of love for children increases, their codependency decreases. It was also determined that as nurses' age increases, their level of liking children also increases. There should be interventions to improve the psychological resilience of nurses to enable them to cope with the stressors/challenges of working in this clinic, and these interventions should be integrated into in-service training. All these measures should be geared to prevent the development of codependency in nurses. Further studies are needed to expand the limited literature to determine whether or not the findings of the study would yield similar results in larger populations.

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