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Review/ Derleme

Is Social Comparison Orientation a Predictor of Relative Deprivation in Nurses? A Literature Review Within the Theoretical Framework*

Sosyal Karşılaştırma Yönelimi Hemşirelerde Göreli Yoksunluğun Öncülü müdür? Teorik Çerçeve Kapsamında Literatür İncelemesi

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ABSTRACT

Social comparison orientation is a process in which an individual or group compares themselves or their group with others. Individuals may compare themselves downward, upward, or horizontally (neutral-equal). These comparisons may lead to positive or negative feelings. If individuals perceive themselves or their groups as disadvantaged as a result of these comparisons, they may experience feelings of deprivation and feel anger and resentment. This situation is referred to as relative deprivation and is a cognitive state based on individuals' perceptions and subjective assessments. To speak of relative deprivation, it is essential that individuals or groups make comparisons, and the prevailing view is that the resulting perception of deprivation stems from injustice and inequality. Relative deprivation is generally associated with stress, depression, anxiety, and burnout. Nursing is also a profession that involves working with multidisciplinary team members, where many comparisons are likely to be made at both the individual and group levels. However, it is not known how often nurses make these comparisons, on what topics, and with whom. Also, there is a considerable gap in the literature regarding the positive and negative aspects of these comparisons that create deprivation. The literature continuously examines topics such as nurses' stress, depression, anxiety, and burnout in the context of nurse retention policies. Thus, it is important to determine nurses' levels of deprivation and social comparison orientation, which are effective in the formation of these concepts expressed as psychological distress. This review prepared on the subject will make significant contributions to the literature particularly in terms of nurse retention policies.

Keywords: Nurse, nursing, relative deprivation, social comparison orientation

ÖZET

Sosyal karşılaştırma yönelimi bir kişi veya grubun kendisini veya grubunu başkalarıyla karşılaştırdığı süreci ifade eder. Kişiler burada aşağı yönlü, yukarı yönlü ve yatay (nötr-denk) karşılaştırmalarda bulunabilirler. Bu karşılaştırmalar sonucunda olumlu ve olumsuz duygular oluşabilir. Kişiler yaptıkları bu karşılaştırmalar sonucunda kendilerini veya gruplarını dezavantajlı olarak algılarlarsa yoksunluk hissi yaşayabilir ve öfke ve kızgınlık duyabilirler. Bu durum göreli yoksunluk olarak ifade edilmekte olup kişilerin algısına ve öznel değerlendirmelerine dayanan bilişsel bir durumdur. Göreli yoksunluktan söz edebilmek için kişi veya grupların mutlaka karşılaştırma yapması zorunlu olup oluşan yoksunluk algısının adaletsizlik ve eşitsizlikten kaynaklandığı görüşü hakimdir. Göreli yoksunluğun genel olarak stres, depresyon, anksiyete ve tükenmişlik ile ilişkilendirildiği görülmektedir. Hemşirelik mesleği de bireysel ve grup düzeyinde birçok karşılaştırmanın yapılması muhtemel olan ve multidisipliner ekip üyeleri ile çalışan bir meslek grubudur. Ancak hemşirelerin hangi sıklıkla, daha çok hangi konularda ve kimlerle bu karşılaştırmaları yaptıkları bilinmemektedir. Bununla birlikte bu karşılaştırmaların olumlu ve yoksunluk yaratan olumsuz yönleri açısından literatürde önemli bir açık bulunmaktadır. Literatürde hemşirelerin stres, depresyon, anksiyete ve tükenmişlik durumları hemşireleri elde tutma politikaları açısından sürekli incelenen konular arasındadır. Psikolojik sıkıntı olarak ifade edilen bu kavramların oluşmasında etkili olan hemşirelerin yoksunluk düzeylerini ve sosyal karşılaştırma yönelimlerini belirlemek bu nedenle önemlidir. Konuyla ilgili hazırlanan bu derleme çalışması özellikle hemşireleri elde tutma politikaları açısından literatüre önemli katkılar sunacaktır.

Anahtar Kelimeler: Hemşire, hemşirelik, göreli yoksunluk, sosyal karşılaştırma yönelimi

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Introduction

As is inherent in human nature, we compare ourselves with those around us to evaluate our behavior, thoughts, and feelings. While such social comparisons are common and inevitable in social life, knowing how one compares to others is also a fundamental human condition. How good we feel about ourselves and how happy we are with our lives is largely determined by our position relative to others. Therefore, while comparisons are inevitable, their outcomes can differ among individuals and situations (Baldwin & Mussweiler, 2018).

Nurses are also a professional group that works with hierarchical and multidisciplinary team members within the healthcare system and has challenging working conditions. In this regard, nurses may compare themselves and their groups to others and as a result, they may experience stress. Knowing what issues nurses compare themselves on in this sense and what positive and negative emotions they experience as a result of these comparisons is crucial to benefit from positive situations and to find solutions to negative situations such as relative deprivation. The scarcity of research on this topic in the literature, particularly regarding nurses, has led to a focus on theoretical frameworks and, in some cases, speculative statements. Future studies addressing this gap will be important for nurses. This review aims to examine the effects of social comparison orientation—considered one of the most important predictors of relative deprivation in the literature—on nurses.

Social Comparison Orientation

Social comparison theory was proposed by Festinger (1954) and is defined simply as "a person comparing themselves to others," shaping people's judgments, motivations, emotions, and behaviors (Baldwin & Mussweiler, 2018). Based on social comparison theory, everyone wants to evaluate their abilities and circumstances objectively, but when evaluation criteria are unclear or there is no specific evaluation standard, people evaluate themselves by comparing themselves to those around them. Furthermore, when frequently exposed to information about others' lives, they engage in social comparisons. Individuals compare their own position with others and evaluate it positively or negatively, forming judgments based on these evaluations (Park & Park, 2024). In other words, all people tend to compare their current level of well-being (their position relative to others) using different standards. These comparisons can give rise to many negative emotions, including depression (Morina et al., 2022).

Social comparison orientation can be upward (the person perceives themselves as worse off than the person they are comparing themselves to), downward (the person perceives themselves as better off than the person they are comparing themselves to), and horizontal (neutral-equal) (the person perceives themselves as equal to the person they are comparing themselves to) (Diel et al., 2024, Park & Park, 2024, Schlechter et al., 2024).

Downward and Upward Comparisons

Downward and upward comparisons relate to how individuals perceive their position (low or high) based on the factor they are comparing themselves to. While the factor being compared may be influenced by certain external factors, its positive or negative effects are shaped by individuals' own perceptions. Therefore, it is incorrect to evaluate a professional group as an upward comparison solely because of its image or economic prosperity (e.g., nurses always make upward comparisons with doctors). There is insufficient evidence in the literature regarding the types of comparisons nurses make. Figure 1 shows the hypothetical comparisons that nurses might make, considering that upward and downward comparisons are related to the level of well-being (being in a good position).

Looking at the results of downward and upward comparisons, downward comparisons generally increase self-esteem and evoke positive feelings because the individual perceives their situation as better. Upward comparisons, on the other hand, generally create feelings of worthlessness and envy. At the same time, negative upward comparisons reveal people's shortcomings and cause them to see abilities in others that they themselves do not possess. Negative upward comparisons are also related to negative self-evaluation. Another intriguing result in both upward and downward comparisons is that, contrary to expectations, upward comparisons do not always produce negative results, nor do downward comparisons always produce positive results. Upward comparisons can motivate individuals if the goal is achievable, while downward comparisons can hinder personal development (Buunk et al., 2003; Diel et al.,

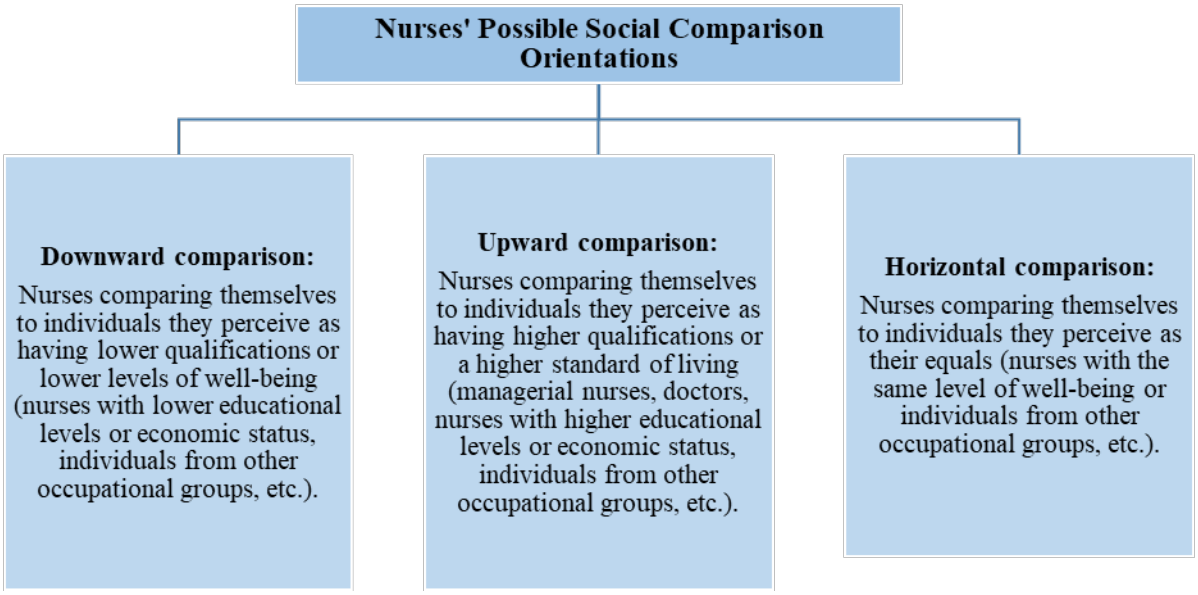

Figure 1. Nurses' Possible Social Comparison Orientations

2024; Park & Park, 2024). Buunk et al. (2010) reported in their study on nurses that upward comparisons occurred more frequently, had a more positive effect, and caused less negative impact than downward comparisons. Kim et al.'s (2018) study also states that employees generally make upward comparisons at work, that they usually consider economic status in these comparisons, and that this increases relative deprivation. No research results or reports on the effects of horizontal comparisons have been found in the literature. However, when individuals we perceive as equal to ourselves are in better positions, it will trigger a sense of injustice and create feelings of deprivation. Therefore, it is important to be aware of nurses' tendencies toward such comparisons.

Types of Comparison

Five types of comparison have been defined in the literature (Morina, 2021; Morina & Schlechter, 2023).

Well-being-Related Social Comparisons

These arise when individuals consider how another person's level of well-being compares to their own. This is the type of comparison discussed in Festinger's (1954) theory of social comparison orientation related to well-being.

Temporal Comparisons

According to Albert's (1977) temporal comparison theory, a person's current well-being emerges based on their memories of how it was at a certain point in the past or their imagination of how it will be in the future. Zhao and Li (2025) define temporal social comparison as situations in which people compare their own future status with that of others.

Counterfactual Comparisons

This is when a person compares their current well-being with an alternative self that did not actually exist but could have existed. According to Roese et al. (2017), survivors of traumatic events exhibit counterfactual thinking behavior, defined as a way of thinking in which alternatives to a real past event are created through mental reasoning, such as "what if this had happened instead." Here, individuals construct scenarios in their minds about the extent to which the situation could have had more positive or negative outcomes (Hoppen & Morina, 2021).

Criterion-Based Comparisons

Comparing one's current well-being against desires, norms, requirements, or rules. It includes internalized ideal (e.g., getting the highest grades in school) and feared (e.g., getting the lowest grades) self-expectations and the self that should be (at least getting average grades) (Higgins, 1996).

Dimensional Comparisons

These arise when an individual compares their current well-being with another personal characteristic. They also involve an individual comparing their ability in their own (target) domain with their ability in a standard

domain (e.g., how proficient am I at math compared to English?). (Möller & Marsh, 2013).

The examples of comparison types given by McCarthy et al. (2023) are based on appearance-based standards. Considering that comparisons based on appearance-based standards are made in this study, it can be seen that they can be updated for each specific situation. This study exemplifies hypothetical comparisons that nurses can make (Table 1).

Social comparisons pertaining to well-being are the predominant category of comparison examined in the literature. Alternative forms of comparison have been examined less frequently. It has been argued that comparison types should be considered collectively in order to better understand the role of comparisons in self-perception (McCarthy et al., 2023).

Studies comparing nurses seem to be predominantly grounded in social comparison theory (Buunk et

Table 1. Examples of Comparison Types

Comparison Type	Standards	Examples of Upward and Downward Comparisons	Possible Examples Regarding Nurses (Upward or Downward)
Well-being-Related Social	**Acquaintance**	Comparing yourself to a close friend/family member who appears to be better/worse off than you	Comparing their level of well-being with their colleagues in an upward and downward direction
	Unknown	Comparing yourself with a stranger/celebrity who appears to be better/worse off than you	Comparing their level of well-being with their colleagues in an upward and downward direction
Temporal	**Past**	Thinking that you used to be better/worse off	Comparing your current situation with your past situation (e.g., where was I in my career, where have I ended up, better/worse)
	Future	Thinking that you may look better/worse in the future than you do now	Comparing your current situation with the future (e.g., where will I be in my career, better/worse)
Counterfactual	**Subtractive**	Thinking that if certain things hadn't happened in the past, your current situation would be better/worse	Thinking about what would be better/worse if certain things hadn't happened in the past (e.g., if I hadn't dropped out of graduate school...).
	Additive	Thinking that if certain things had happened in the past, your current situation would be better/worse	Thinking that if certain things had happened in the past, you would be better/worse off (e.g., if I had gotten my master's degree...)
Criterion-Based	**Ideal/Feared**	Imagining the best/worst possible version of yourself based on your current appearance	Imagining yourself in the best or worst possible position based on your knowledge, skills, and experience
	Necessary	Thinking about how you should look based on your age and gender, and that you look worse/better than that	Being in a better or worse position than you should be based on your knowledge, skills, and experience
Dimensional	**Compensatory**	Thinking that you have other personal qualities that compensate for your appearance shortcomings. Thinking that your appearance compensates for deficiencies in your other personal characteristics	Compensating for deficiencies in some skills as a nurse with other skills (e.g., being better in theory than in practice, or administrative roles being more dominant than clinical roles.)
	Striking	Thinking that your appearance is uniquely worse/better than your other personal characteristics	Thinking that you are a leader in your profession/have outstanding abilities or are worse than others when compared to your other personal characteristics

Source: *McCarthy et al., 2023*

al., 2003; Buunk et al., 2010). In a study examining temporal comparisons among nurses, it was found that making temporal comparisons led nurses to perceive their older colleagues as having a higher status both currently and in the future. Therefore, young nurses recognize the difficulties of reaching the highest levels through normal promotion processes and see turning their age into an advantage as the only way to overcome this obstacle. Once young nurses realize they are the subject of a negative temporal social comparison, they become motivated to develop and learn more eagerly in order to break the seniority chain that prevents them from being promoted at work (Zhao & Li, 2025).

Individuals may exhibit positive and negative attitudes as a result of social comparisons. While increased personal motivation as a result of social comparison is among the positive attitudes (Gregg et al., 2011), negative attitudes can also arise because negative cognitive and emotional responses are often formed (Morina & Schlechter, 2023; Schlechter et al., 2024).

Positive Beliefs About Social Comparison

Social comparison serves people's innate self-motivations (Morina, 2021). The literature has delineated four concepts: self-motivation, self-validation, self-evaluation, and self-improvement (Sedikides & Strube, 1997). Due to these motivations, individuals may hold different positive beliefs about social comparison. For example, individuals with high self-esteem (i.e., those who strive to know the truth about themselves) may view social comparison positively. This is because it provides them with information about where they stand socially. Furthermore, through social comparison, individuals may recognize their strengths and weaknesses, gain more accurate self-knowledge, and develop better intuition. At the same time, people who want to see themselves in a particularly positive light and increase their self-esteem may consciously make downward comparisons. Conversely, people who want to improve themselves may have positive views of highly talented and successful people (Gregg et al., 2011). In this sense, individuals who make upward comparisons may become motivated by seeing that the desired situation is achievable and may produce positive behavioral outcomes (Morina, 2021).

Negative Beliefs About Social Comparison

People may also have a negative perception of social comparison. Individuals frequently advise against self-comparison to others, resulting in normative standards that discourage such comparisons (Nolte, 2020). Furthermore, when the comparer's motives are threatened, negative cognitive, emotional, and behavioral outcomes frequently occur (Morina & Schlechter, 2023). Researchers have found an association between these negative self-evaluations and increased depression and anxiety (McCarthy & Morina, 2020). Accordingly, individuals may perceive social comparison as psychologically harmful, damaging, and uncontrollable. Additionally, harboring negative feelings towards social comparison may reduce both the frequency and emotional impact of such comparisons. For example, when individuals perceive comparison as uncontrollable and harmful, they may develop a series of maladaptive responses, such as thought suppression, rumination, and repeatedly engaging in additional comparisons to improve negative self-evaluation (Morina, 2021).

Table 2. Social Comparison Orientation Scale

1. I often compare how my loved ones (boy or girlfriend, family members, etc.) are doing with how others are doing. 2. I always pay a lot of attention to how I do things compared with how others do things.
3. If I want to find out how well I have done something, I compare what I have done with how others have done.
4. I often compare how I am doing socially (e.g., social skills, popularity) with other people.
5. I am not the type of person who compares often with others. (reversed)
6. I often compare myself with others with respect to what I have accomplished in life.
7. I often like to talk with others about mutual opinions and experiences.
8. I often try to find out what others think who face similar problems as I face.
9. I always like to know what others in a similar situation would do.
10. If I want to learn more about something, I try to find out what others think about it.
11. I never consider my situation in life relative to that of other people. (reversed)

Social Comparison Orientation Scale

In the literature, the Social Comparison Orientation Scale (Iowa-Netherlands Comparison Orientation Measure—INCOM), developed by Gibbons and Buunk (1999) to determine individuals' social comparison orientations, has been adapted into Turkish by Teközel (2000). The scale aims to determine individual differences in the universal motive of social comparison. The scale consists of a total of 11 items, two of which are reverse-scored, and two subscales: comparison of abilities and comparison of opinions. It is a 5-point Likert-type scale. Participants' responses are rated as follows: 1 = Strongly disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly agree. Each item is scored from 1 to 5, with higher scores indicating a higher social comparison orientation. In the validity and reliability studies of the scale, Cronbach's alpha internal consistency was found to be 0.82 (Teközel, 2000). Table 2 presents the scale items. There are no specific measurement instruments available for nurses in this regard.

Relative Deprivation

Relative deprivation is generally presented as a process whereby people compare their circumstances with those of others (Burns & Runciman, 1966) and is a phenomenon resulting from people's perceptions. Stouffer et al. (1949) first introduced this concept during the Second World War. Comparing individuals with different opportunities for promotion, it was found that soldiers with fewer opportunities were more satisfied than expected. This situation has been interpreted as meaning that when more people experience a lack of opportunity, it is easier to live in poor conditions. Therefore, similar objective conditions were experienced in different ways, depending on whether they were attributed to being normal or not. Burns and Runciman (1966) emphasized the importance of reference group selection in determining whether individuals experience relative deprivation. The object of comparison could be a reference group, a person, or an abstract idea. Each individual can form an infinite number of reference groups due to every different characteristic they share with others. However, for relative deprivation, this is only important if it is related to feelings about inequality (Yngwe et al., 2003).

According to Smith et al. (2012), in order to speak of deprivation, the person must first make comparisons at the individual or group level, consider themselves or their group to be disadvantaged in these comparisons, perceive these disadvantages as unfair, and feel anger and resentment. When examining types of deprivation, it is seen that they are divided into individual and group (collective), cognitive and emotional, downward and upward, objective (absolute) and subjective, and social and temporal. Individual deprivation arises from individual comparisons, while collective deprivation arises from group comparisons. Cognitive deprivation refers to making comparisons, while emotional deprivation refers to the dissatisfaction experienced as a result of these comparisons. The deprivation caused by downward and upward comparisons results from the positive and negative situations discussed earlier. Objective (absolute) deprivation relates to objective assessments, while subjective deprivation relates to subjective assessments. The nature of relative deprivation is based on subjective assessments. This is because objective (absolute) deprivation is based on the assumption that the absence of something will inevitably create deprivation. However, individuals in poor economic circumstances are not necessarily deprived according to the theory of relative deprivation. The exposure to individuals who are constantly in a poor environmental situation, as mentioned earlier, may lead to greater optimism. At the same time, if this deficiency is not based on feelings of inequality and injustice (i.e., subjective evaluations), it does not create a state of deprivation. In summary, according to subjective deprivation, it is incorrect to assume that someone with a low salary will necessarily experience deprivation, or that someone with a high salary will never experience deprivation. Social collective relative deprivation involves an individual comparing their group with other groups, while temporal collective relative deprivation involves comparisons within the group over time, such as during periods of social change and economic hardship (Buunk et al., 2003; de la Sablonnière & Tougas, 2008; Mishra & Carleton, 2015; Smith et al., 2012). Furthermore, existing injustices can be associated with organizational justice and equity theory. According to Wan et al. (2023), low organizational justice triggers feelings of deprivation, leading to emotions such as anger. Also, within the scope of equity theory, when inputs and outputs do not match, employees will experience resentment, i.e., deprivation (Kim et al., 2017).

Figure 2. The Possible Consequences of Relative Deprivation

Relative deprivation arises as a result of social comparison. Recognizing unfair outcomes leads to anger and dissatisfaction. People experience dissatisfaction not objectively, but subjectively and through comparison with others. Social comparison is indispensable for relative deprivation to emerge. Relative deprivation is a subjective concept that shapes emotions, perceptions, and behaviors. It also arises from comparisons at the individual or group level, accompanied by feelings of dissatisfaction and anger (Park & Park, 2024).

Relative deprivation can lead to significant negative outcomes such as stress, anxiety, and depression. Additionally, individuals' physical health may be compromised. At the same time, individuals may engage in riskier behaviors (gambling, etc.) to avoid these negative emotions, acquire bad habits (smoking, drinking, overeating, etc.), their relationships at the group level may deteriorate, and they may experience more feelings of resentment and hatred (Beshai et al., 2017; Callan et al., 2011; Callan et al., 2015b; Mishra & Carleton, 2015). Factors causing stress, anxiety, and depression in nurses have been studied for years. Such psychological distress also negatively impacts nurses' burnout levels. de la Sablonnière et al. (2012) associated deprivation with burnout in their studies on nurses. However, it is unclear which specific deprivation feelings underlie these outcomes or which comparisons lead to deprivation. Buunk et al. (2010) noted that burnout increases in nurses when the social comparison orientation is high. Figure 2 illustrates the possible consequences of relative deprivation.

Relative Deprivation Scale

The literature contains a measurement instrument for assessing individuals' deprivation status. The "Personal Relative Deprivation Scale," developed by Callan et al. (2011), consists of five items, two of which are reverse-scored, and a single dimension. It is designed as a 6-point Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Somewhat Disagree, 4 = Somewhat Agree, 5 = Agree, 6 = Strongly Agree). The scale, tested for validity and reliability in Turkish by Günay (2022), consists of four items, one of which is reverse-scored, and a single dimension, with an internal consistency coefficient of 0.77. Higher scores on the scale indicate a greater state of deprivation. Table 3 lists the scale items. To measure nurses' levels of deprivation, a nurse-specific scale, the "Multidimensional Deprivation Scale for Nurses" was developed by Tatoğlu (2025).

Tablo 3. Relative Deprivation Scale

1. When I compare what I have with what people like me have, I feel deprived.
2. When I see the standard of living of people like me, I feel resentful.
3. When I compare what I have with what people like me have, I realize I am quite well off.
4. Compared to what people like me have, I am not satisfied with what I have.

Studies on Social Comparison and Relative Deprivation

The only study examining the effect of social comparison on relative deprivation among nurses is by Buunk et al. (2003), who also developed the Social Comparison Orientation Scale. Their study revealed that both downward and upward comparisons increase relative deprivation, leading to negative emotions. Furthermore, individuals with a high social comparison orientation experience increased level of relative deprivation. According to Xu and Li (2024), upward social comparison negatively affects individual mental health, leading to the formation of negative emotions. It is also a significant factor that increases social anxiety. Their own studies revealed a significant relationship between upward social comparisons and relative deprivation. Kim et al. (2018) examined the effect of social comparisons on individual relative deprivation and found that perceived injustice mediated the relationship between social comparison and financial dissatisfaction. Han et al. (2024) found that relative deprivation mediated the association between social comparison and aggression. Callan et al. (2015a) found that older adults were less prone to social comparison,

which reduced their deprivation. Zhao and Li (2025) stated in their study that negative temporal social comparisons increased developmental motivation in young nurses.

There is a significant gap in the literature regarding nurses' tendencies toward social comparison and the types of comparisons they make. It can be assumed that nurses compare factors such as their salaries, working conditions (e.g., shift work, working on public holidays), and career opportunities with others. However, existing studies tend to focus on outcomes (e.g., dissatisfaction with salary) and do not sufficiently explain the underlying types of social comparisons or the specific perceptions of injustice involved.

Limitations

The reliance on assumptive statements due to the limited number of studies in the literature on social comparison orientation among nurses constitutes the main limitation of this study.

Conclusion and Recommendations

Consequently, comparisons must be made in order to discuss deprivation, and although various studies on social comparison orientation and relative deprivation exist separately and collectively in the literature, there are very few studies on nursing. Especially in the context of deprivation, it is not known which comparisons result in nurses experiencing these deficiencies. Nurses, like any individual, may be inclined to compare themselves or their group with other individuals and groups. The individuals or groups that form the basis of comparison may be of the same status or a different status—higher, lower, or unranked. In this context, nurses may tend to compare themselves with other nurses, compare nursing groups with other groups (e.g., nurses in different clinics), or compare the nursing profession with other professions within or outside the health field (e.g., doctors, teachers, engineers, etc.). As a result of these comparisons, they may experience anxiety, stress, and depression, which are negative consequences of deprivation, and ultimately burnout. It is also important to know what factors underlie these comparisons. This is because the nursing profession is a group of professions with different working conditions, different fields, different levels of education, and many other differences. There are differences in many aspects, such as the difficulties of the units in which they work, the salaries they receive, and career opportunities.

Considering that people's tendency to make social comparisons is based on their needs, it is clear that personal goals are an important factor. For instance, a nurse lacking career goals might not draw comparisons with someone who is advancing in their career. However, a nurse who feels they are lacking in terms of salary or prestige will make comparisons with other professions in this regard. We should carefully examine the situations of deprivation that lead nurses to burnout, considering their significant role in the healthcare sector. Deprivation will not always result from social comparisons; it will occur if the social comparison triggers a feeling of inadequacy in the individual and if the issue is important to that person. Given that human nature constantly makes social comparisons, it is crucial to carefully examine the impact of this issue on nurses. Existing scales generally measure concepts such as social comparison orientation or deprivation at a broad level and are not specific to nurses. Therefore, there is a need for nurse-specific instruments—such as a multidimensional deprivation scale for nurses—that examine their issues in depth (professional, individual, and organizational). The development of measurement instruments specific to nurses, particularly for social comparison orientation, is of great importance.

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The authors declare that there is no conflict of interest.

Author Contributions | Yazar Katkıları
Concept – NT, SA; Design – NT; Data Collection and/or Processing – NT; Analysis and/or Interpretation – NT; Literature Search –NT; Resources – NT, SA; Writing Manuscript – NT, SA; Critical Review – SA.

Data Sharing Declaration | Veri Paylaşımı Beyanı
This is a review article. | Bu bir inceleme makalesidir.

Informed Consent | Bilgilendirilmiş Onam
This is a review article. | Bu bir inceleme makalesidir.

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None. | Yoktur

Ethical Approval of the Study | Etik Kurul Beyanı
This study does not require ethics committee approval, and the data used were obtained from a literature review and published sources. | Bu çalışma, etik kurul izni gerektirmeyen nitelikte olup kullanılan veriler literatür taraması/yayınlanmış kaynaklar üzerinden elde edilmiştir."

Decleration of AI | Yapay Zekâ Beyanı

No AI-based tools or applications were used in the preparation of this study. All content of the study was produced by the authors in accordance with scientific research methods and academic ethical principles. | Bu çalışmanın hazırlanma sürecinde yapay zekâ tabanlı herhangi bir araç veya uygulama kullanılmamıştır. Çalışmanın tüm içeriği, yazarlar tarafından bilimsel araştırma yöntemleri ve akademik etik ilkelere uygun şekilde üretilmiştir.

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