Same difference: a qualitative exploration of stressors experienced by dental team members across the UK

Robert Witton,[1] Jennifer Knights,*[2,3] Fiona Ellwood,[4] Ian Mills,[1] Lois Minnis[5] and the UK Dental Team Mental Health Research and Implementation Group**

Key points

- Despite working under different dental systems and environmental conditions, there was a high degree of commonality in reported experiences and stressors.
- Negative experiences of working in NHS dentistry are significantly impacting on the mental health and wellbeing of dental team members across all four UK countries.
- A greater focus on mental health and wellbeing is required in workforce planning and dental contract reforms across all four UK countries.

Abstract

Introduction Poor mental health and wellbeing in dental team members is increasingly recognised. The practise of dentistry is linked to high levels of self-reported stress, burnout and psychological distress. Different dental systems operate across the four United Kingdom (UK) countries and there is currently a lack of exploration of the impacts these different systems have on the stressors and challenges dental teams experience.

Aim The aim of this paper is to explore and provide a UK country comparison of dental team members' experiences and stressors reported through the MINDSET U.K. survey 2023.

Method Qualitative data were collected in an online questionnaire which provided opportunity for respondents to provide a free-text response. Following an inductive approach, thematic analysis was used to synthesise the findings.

Results In total, 1,507 responses were received of which 287 included a valid free-text response. The sample included 203 dentists, 69 dental care professionals, 13 practice managers/receptionists and two respondents who did not select a professional group. Eight main themes were identified across each of the UK countries: workforce; mental health and wellbeing; regulation and litigation; NHS dentistry; COVID-19; financial pressures; leadership and management; and patients. There was more agreement among respondents from different UK countries than divergence.

Conclusions Despite the different dental systems and environmental conditions, there was a high degree of thematic convergence between countries. Dental teams, irrespective of the country or system they operate within, reported significant stressors regarding their practice of dentistry. A sense of fatalism, with anticipation of worsening conditions, was shared across the UK.

Introduction

Dentistry is widely recognised as a stressful profession with a long-standing association with poor mental health.[1] The majority of studies undertaken during COVID-19 reported the global pandemic as having a negative impact on stress, anxiety and burnout in dentistry.[2] A longitudinal investigation in Scotland involving 329 dental professionals found at baseline that 27% of respondents were reporting depressive symptoms (compared with 18% in a population-based cohort under normal conditions) and 55% were experiencing emotional exhaustion.[3] The investigation also identified significant concerns surrounding the sustainability of dental services in the medium- to longer-term and the need for support to be tailored and flexible to the short- and longer-term needs of dental professionals, recognising that anxieties and concerns can fluctuate over time.[4,5] Another survey found three-quarters of 132 dentists surveyed in Wales had gone to work despite not feeling mentally well enough.[6] In 2021, the General Dental Council (GDC) produced an evidence summary of mental health and wellbeing among dental teams, which revealed that between 60–70% of dentists experienced high levels of burnout.[1] A survey conducted in the South West of England in 2022 of stress among dental therapists and hygienists (n = 129) reported 45% of respondents to have very high levels of stress and younger respondents reported lower levels of life satisfaction.[7] While there is a growing body of research into the mental health and wellbeing of dental team members, there remains a lack of evidence of its incidence, the impact on different dental team members, and the relevance of different dental systems and environmental conditions. The lack of data for GDC registrants, such as dental nurses, dental technicians, clinical dental technicians and orthodontic therapists, and non-registrants, such as practice managers and administrative staff, is particularly marked.

The increased vulnerability of all members of the dental team to the development of burnout and other negative psychosocial impacts from occupational stress, along with evidence that excessive workplace stress can affect individual clinical decision-making,[1,6] which in serious

[1]University of Plymouth, Peninsula Dental School, Plymouth, UK; [2]NHS Education for Scotland, Edinburgh, UK; [3]University of Dundee, Dundee, UK; [4]Chair, Mental Health Wellness in Dentistry Group, UK; [5]Lancaster University, Lancaster, UK.
**A list of authors and their affiliations appears at the end of the paper.
*Correspondence to: Jennifer Knights
Email address: Jennifer.Knights@nhs.scot

Refereed Paper.
Submitted 23 September 2024
Revised 15 November 2024
Accepted 20 November 2024
https://doi.org/10.1038/s41415-024-8271-1

© The Author(s) 2025.

cases can lead to clinical error and risk patient safety,[2] places a responsibility upon the dental research community to continue to assess the experiences of practitioners and further develop the evidence base needed for effective interventions to improve mental health in dentistry.[2] In 2022, the UK Dental Team Mental Health Research and Implementation Group was formed, comprising experts in mental health and dentistry from the four United Kingdom (UK) countries (England and the devolved countries: Scotland, Wales and Northern Ireland).[8] The group initiated the Mental health IN Dental SETtings U.K. Project (MINDSET U.K.) to evaluate current levels of burnout, depressed mood, experienced trauma and preparedness to provide quality care in dental teams in the UK. In this paper, we draw upon the qualitative data collected through the MINDSET U.K. survey 2023 to provide a UK country comparison of dental team members' experiences and stressors.

Methods

Study design

The study comprised an anonymous cross-sectional survey of all members of the dental team (dentists, dental care professionals [DCPs] and practice managers/receptionists) across the four constituent countries of the UK.

Respondents were invited across a wide range of dental settings via country-specific recruitment strategies overseen by the chief investigator for each country. Settings included the General Dental Service (GDS), both independent and corporate, Public/Community Dental Service (PDS/CDS), Hospital Dental Service (HDS), armed forces, prison service, public health and higher education institutions. Primary strategies were as follows: in England, dissemination was coordinated via a wide range of organisations, associations and specialist dental societies; in Wales, the survey was shared via distribution lists held by Health Education and Improvement Wales (HEIW); in Northern Ireland, distribution was taken forward through Health and Social Care Northern Ireland; and in Scotland, invitations were distributed using NHS Education for Scotland's (NES) Portal, an online course booking system where dental professionals who use NES' services can opt in to receive marketing communications.

Data were collected on respondents' current levels of psychological distress using validated health and wellbeing scales. A free-text box was provided to allow respondents to expand upon their answers should they wish to do so. Demographic information, including age, sex, main place of work and country of residence, was also collected. The quantitative data are reported separately.

The questionnaire was hosted on Microsoft Forms by NES and was open from 19 April to 30 June 2023.

Data analysis

Qualitative data were firstly analysed using an inductive thematic analytical approach. Initial codes were generated to systematically identify interesting and salient features of the data. These codes were collated and developed into potential themes. A group formed of four of the project investigators (JK, FE, IM, RW) met to discuss the thematic development and agree and refine themes and subthemes. Consideration was given on how the diverse team member characteristics and experiences may have influenced the analysis before consensus was reached. This process acted to ensure trustworthiness in terms of credibility.[9]

Ethics, governance and data protection

The study was classified as an evaluation of service impact on service delivery staff and therefore did not require institutional review or NHS (National Health Service) research and development review and approval. This outcome was confirmed by the following bodies: NES, NHS Tayside, HEIW, Kings College London, and Office of Research Ethics Northern Ireland.

A participant information sheet (PIS) containing detailed information about the study was provided. Respondents were asked at the outset of the questionnaire to confirm they had read and understood the PIS and understood that the data collected was anonymous. A positive response to both questions and completion of the questionnaire implied consent. The PIS signposted respondents to their doctor or NHS Practitioner Health should they wish to speak with someone about their mental health. A weblink to various charitable helplines was also provided.

Results

In total, 1,507 responses were received, of which 287 included a valid free-text response. The sample included 203 dentists, 69 DCPs, 13 practice managers/receptionists and two respondents who did not select a professional group. Eight main themes were identified across each of the UK countries: mental health and wellbeing; workforce; regulation and litigation; NHS dentistry; COVID-19; financial pressures and payment reform; leadership and management; and patients. There was more agreement among respondents from different UK countries than divergence.

Mental health and wellbeing

Negative impacts on mental health and wellbeing were reported across countries, professional groups and dental settings due to a range of factors, which included workload, low morale, feeling undervalued and lack of control. Reports of the following were prevalent:

- Burnout – '…every day working in the dental industry is draining, burning me out' (Scotland, DCP, GDS Corporate)
- Exhaustion – 'dentistry has ruined my life, and kept me single from exhaustion and stress' (Wales, dentist, GDS independent)
- Struggling to manage own mental health and wellbeing – 'I feel like I'm struggling to cope. I'm not me' (England, dentist, GDS corporate).

Respondents reported the negative impact this had on their home life and work-life balance:

- 'I'm tired at home all the time. My work drains me, and I can't be there for my family' (England, dentist, GDS independent).

Feelings of failure, and for some respondents, not being able to offer the care they would like to patients due to factors outside of their control, added to frustrations and feelings of moral injury:

- '…while I know I am helping people, it's not the right extent, and there are huge limits placed on it. That feels hard' (Scotland, dentist, CDS/PDS).

Loss of colleagues from general dental practices due to mental health issues was reported to be a trigger for mental health difficulties in those remaining due to the need to cover patient lists and increased workloads resulting in working late or through lunch breaks, or resulting in presenteeism:

- 'I feel pressured into coming into work even when I'm unwell and have to stay late and through lunch to see patients which I don't get paid extra to do' (Scotland, dentist, GDS corporate).

© The Author(s) 2025.

More serious mental health issues were reported by a smaller number of respondents from all countries:

- 'I have just had 3/12 [months] off with MH [mental health] issues. I'm drinking way too much/considered o/d [overdosing]. I'm quitting this s**t show before it kills me' (England, dentist, GDS independent).

Workforce

Respondents from each of the four UK countries reported workforce pressures which have been exacerbated by COVID-19:

- 'We are severely understaffed and cannot recruit dentists (now have half the amount we did pre-COVID and trying to cover our own patients plus the lists of the dentists who have left is impossible)' (Scotland, dentist, GDS corporate).

Alongside recruitment, retention was a common concern among respondents:

- 'Dentistry is a horrible, lonely profession. Feel under attack from all angles every day with…staff leaving…seriously thinking of quitting' (Scotland, dentist, GDS independent).

Respondents across nations reported similar views on:

- Exiting the profession – 'I don't have job satisfaction, and it is rubbish. If I can work out what I can do instead I am not going to be doing this forever' (Scotland, DCP, locum)
- Changing roles to reduce stressors – 'I recently left working as a dentist and now solely work as a hygienist which has greatly reduced my stress and anxiety and enabled me to enjoy the job so much more than in the past (Northern Ireland, dentist, GDS independent)
- Taking early retirement – 'essentially, I'm just trying to make it to retirement. About five years to go. I'd leave at the drop of a hat if I could afford to. I'm ashamed and sorry to say, I can't wait to leave' (Northern Ireland, dentist, GDS corporate)
- Or moving abroad – '…I'm already considering moving abroad to work…' (Scotland, dentist, GDS corporate).

A sense of hopelessness due to a lack of transferable skills was also reported:

- 'I look for jobs on a daily basis that are not in dentistry but feel trapped and only qualified for this one thing' (Northern Ireland, dentist, GDS independent).

Many respondents stated they regretted their career choice: 'I wish I had never studied dentistry…money wasted and difficult and costly to escape' (England, dentist, GDS independent) and wouldn't recommend it: 'dentistry is now a thankless and awful career I would steer any young person away from' (Scotland, dentist, GDS independent).

Regulation and litigation

Regulation and litigation presented significant issues in all four countries, with many respondents reporting these as significant stressors. Respondents reported regulation as overburdensome and distracting from patient care:

- 'It's impossible to comply with all regulations. Those who think otherwise don't know them' (Scotland, dentist, GDS independent)
- '…increase in wholly unnecessary regulation' (England, dentist, GDS independent).

Patient complaints and the threat of litigation were also commonly reported stressors, with the UK being described as one of the worst places to work in the world due to complaints and the way the GDC deals with them:

- '…the threat of a complaint is probably the biggest stressor' (England, dentist, GDS independent).

NHS dentistry

The lack of a positive future for NHS dentistry was a strong theme shared across countries, with serious concern expressed about the apparent lack of prioritisation and investment into NHS dentistry by administrations. There were a broad range of stressors identified relating to:

- Patient demands – 'the pressure of dealing with patient backlogs and waiting lists is almost unbearable' (England, dentist, CDS/PDS)
- Contract targets – 'the pressures of unachievable targets by the NHS…is killing me on a daily basis' (England, DCP, CDS/PDS)
- Quality of care concerns regarding what is realistic to deliver for the NHS – 'NHS dentistry and the volume of work/patients required is quickly becoming a patient safety issue' (Scotland, dentist, GDS independent)
- And the lack of referral options for patients with clinical needs outside the scope of primary care clinicians – 'I feel we do not have sufficient back-up to refer patients who have complex needs on to secondary care. NHS restorative pathway not seeing any new patients for some time' (Wales, dentist, GDS independent).

For those working in NHS dentistry, low morale was common, with feelings of despair and disappointment:

- 'I feel I am constantly being let down by the system, the NHS, and the government' (Scotland, dentist, GDS independent).

COVID-19

The impact of the COVID-19 pandemic was more divided among respondents, with some expressing the view that it is no longer a central issue to the problems faced in dentistry – 'COVID honeymoon well and truly over!' (Northern Ireland, dentist, GDS independent) – whereas others remarked upon a legacy of the pandemic, particularly in terms of mental wellbeing. This mix of perspectives could, however, be identified across the four countries. COVID-19-related trauma and stress is still present and real to many dental team members:

- 'I can get quite upset and overwhelmed by memories from COVID-19 and the difficult circumstances' (Northern Ireland, dentist, GDS independent).

This included acute mental health episodes:

- 'Working in dentistry during the pandemic was a traumatic experience and several members of our team continue to suffer from panic attacks and flashbacks' (England, DCP, GDS independent).

Financial pressures and payment reform

Financial pressures created by underfunding were reported to be significant stressors for most respondents across countries, regardless of professional role or place of work:

- 'The main stress and source of anxiety is underfunding. Until this is addressed, dentistry will continue to have high rates of poor mental health and all its consequences' (Scotland, dentist, GDS independent).

There was also the increasing incongruity between fees available from the NHS and the cost of delivering high-quality dental care against a backdrop of rising inflation, business rates and professional fees:

© The Author(s) 2025.

- 'Totally undervalued by NHSE [NHS England], just recently had a raise in my UDA [units of dental activity] value, the first in over 11 years, so have taken a pay cut every year by staying with the NHS' (England, dentist, GDS corporate).

Alongside this, DCPs and practice managers/receptionists reported frustration at:

- Low pay – 'the cost-of-living crisis and lack of pay rises impacts on the motivation to stay in the sector' (England, DCP, GDS corporate)
- And being excluded from NHS terms and conditions – 'it doesn't help that while in other healthcare settings, staff get sick pay while we don't, and with cost of living, it causes a lot of stress when we're ill and then have extra worry about bills because we know we won't be paid' (Northern Ireland, practice manager/receptionist, GDS independent).

Leadership and management

Poor leadership and management experiences were described across countries and at all levels of dentistry, from government level to individual practice. Respondents reported feelings of being undervalued and uncared for:

- 'A profession destroyed by government and NHSE [NHS England]' (England, dentist, prison service)
- 'Poor senior management in my place of work has left me feeling they no longer care about the staff or patients anymore. I do not feel valued' (England, DCP, CDS/PDS).

Managers were described as unaccountable in NHS commissioning structures and lacking the necessary expertise or understanding to deliver the role:

- 'I am also frustrated that NHS managers are reluctant to gain insight from those providing the service' (Wales, dentist, CDS/PDS).

Patients

The changing expectations and demands of patients were a commonly reported issue by respondents from all countries and described as a key factor in increased levels of stress and anxiety. Some respondents described changing role or clinical setting in order to see less patients:

- 'Working with patients daily is a huge emotional, physical, mental strain and I am very happy that in my current role I see less patients (Scotland, dentist, HDS).

Unrealistic patient and public expectations of NHS dentistry was another issue described as affecting role fulfilment and motivation to continue to deliver NHS care:

- 'I feel thoroughly taken advantage of by patients' (England, dentist, GDS independent)
- 'We get slated on Facebook groups as we have dentists wishing to go private and they [patients] go mad' (England, DCP, GDS corporate).

Discussion

This study has explored stressors experienced by dental team members across the four UK countries in 2023, approximately one year after the COVID-19 pandemic. The themes identified in this study are similar to those reported in studies conducted during the pandemic and shortly afterwards;[4,5,10,11,12,13] however, this is the first study we are aware of that has included the wider dental team and the first that has enabled a degree of comparison between UK countries.

The overall finding is that despite the different administrations and dental systems operating in each of the four UK countries, there was a high degree of commonality in the experiences and stressors described by respondents. The fact that there was a higher degree of thematic convergence than divergence across different jurisdictions points to a need for strategies and responses which can be deployed UK-wide and encourages a UK-wide action plan, rather than country-specific initiatives. This may have important implications for governments and chief dental officers.

A recent UK study comparing participants and non-participants in a range of common individual-level wellbeing interventions, including resilience training, mindfulness and wellbeing apps, found that across multiple subjective wellbeing indicators, participants appeared to be no better off. The investigator suggested that future research ought to evaluate if individual-level interventions are effective alongside organisational change, or whether improvements in working conditions are a superior alternative.[14] It was clear that many respondents in our study felt efforts to improve the mental health and wellbeing of dental professionals will fail unless the political and wider structural factors that determine the working conditions in NHS dentistry are addressed. This included the dental contracts operating in the four UK countries which do not currently meet patients' needs or those of the profession, dental policy which focuses on targets of activity over quality of care, and the role of regulators. The psychological contract between dental professionals and bodies responsible for these matters has diminished, and trust needs to be re-established in order to tackle the mental wellbeing of the dental workforce with greater accountability in these bodies for the root causes. Looking outside of the UK, a recent study in Australia involving dental practitioners (dentists [specialists and general dental practitioners], oral health therapists, therapists, hygienists and dental prosthetists) found burnout affecting one in four respondents to a nationwide survey (n = 1,926).[15] The characteristics associated with higher burnout were being younger, working <24 or >41 clinical hours per week, practising in rural/remote areas, not owning the practice and taking fewer holidays. These stressors according to the framework developed by Gallagher and colleagues[16] could be described as meso-level (related to workplace and job specification) and micro-level factors (relationships and personal factors) rather than predominantly macro-level factors (the dental system, regulation, professional and society) as reported in this study. This may indicate the major stressors to UK dental teams sit predominantly outside of their locus of control and require prioritisation of policy and system-wide interventions over individual and team-based solutions.

There are limitations to the study insofar as a non-probability convenience sample should not be considered to be representative of the full population of interest. Furthermore, the themes identified in this qualitative analysis ought not to be considered as representative of the survey sample of 1,507 respondents.

Conclusion

While there is increased interest in mental health and wellbeing in the dental profession from policymakers, regulators and the wider dental community, and in parallel, widespread recognition of workforce challenges, this study indicates a continuing need to raise awareness of the implications of poor mental health and wellbeing on dental workforce capacity and capability. The study makes a novel contribution in qualitatively exploring stressors experienced by dental team members across the four UK countries and identifying

© The Author(s) 2025.

how, despite different dental systems and environmental conditions, there was a high degree of thematic convergence between countries. Irrespective of country or system, dental teams reported significant stressors regarding their practise of dentistry, presenting opportunities for administrations to work together on solutions. The sense of fatalism and anticipation of worsening conditions shared by respondents across the dataset suggests that this work is both urgent and imperative.

Author contributions

All members of the UK Dental Team Mental Health Research and Implementation Group contributed to the conception and design of the cross-sectional survey of all members of the dental team. Qualitative analysis for this paper was undertaken by JK, LM and RW. Drafting of the paper was led by RW and JK with significant contributions from FE and IM. RW and JK have contributed equally to this work and share first authorship. All members of the UK dental team mental health research and implementation group approved the version to be published and are accountable for the accuracy and integrity of the work.

UK Dental Team Mental Health Research and Implementation Group

Robert Witton,[1] Jennifer Knights,[2,3] Fiona Ellwood,[4] Ian Mills,[1] Lois Minnis,[5] Jan Clarkson,[2,3] Laura Crawford,[6] Michael Donaldson,[7] Gerry Humphris,[8] Ilona Johnson,[9] Andrew Leitch,[2] Roz McMullan,[10] Tim Newton[11] and Linda Young[2]

UK Dental Team Mental Health Research and Implementation Group affiliations

[6]Public Health Agency Northern Ireland, Belfast, UK; [7]Health and Social Care Northern Ireland, Belfast, UK; [8]University of St Andrews, St Andrews, UK; [9]Public Health Wales, Cardiff, UK; [10]Chair, Probing Stress in Dentistry, Northern Ireland, UK; [11]King's College London, London, UK.

Ethics declaration

The authors declare no conflicts of interest. The study was classified as an evaluation of service impact on service delivery staff and therefore did not require institutional review or NHS Research and Development review and approval. This outcome was confirmed by the following organisational bodies: NES, NHS Tayside, HEIW, Kings College London and the Office of Research Ethics Northern Ireland. Respondents were asked at the outset of the questionnaire to confirm they had read and understood the PIS and understood that the data collected was anonymous. A positive response to both questions and completion of the questionnaire implied consent.

Data availability

The dataset presented in this article is controlled by NHS Education for Scotland. Access to the data are subject to approval and a data sharing agreement. Access requests should be directed to sdpbrn@nes.scot.nhs.uk.

Acknowledgements

We extend our sincere thanks to the dental team members who took the time to complete the questionnaire. We also gratefully acknowledge Anne Coats and Margaret Mooney for providing excellent administrative support, without which this project would not have been possible. More information about the work of the UK dental team mental health research and implementation group and the MINDSET U.K. Project can be found on the Scottish Dental Practice Based Research Network webpage https://www.sdpbrn.org.uk/current-projects/mental-health-in-dental-settings-u-k-project-mindset-u-k/.

References

1. General Dental Council. Mental Health and wellbeing in dentistry: a rapid evidence assessment. 2021. Available at https://www.gdc-uk.org/docs/default-source/research/mental-health-and-wellbeing-in-dentistry27973e06-eb0f-4ee2-b92f-7fee3d2baf5b.pdf (accessed September 2024).
2. Knights J, Humphris G. Editorial – beyond the individual: the need for team based and system-wide solutions to support improved mental health in dentistry. *Community Dent Health* 2022; **39:** 66–67.
3. Humphris G, Knights J, Beaton L *et al.* Exploring the effect of the COVID-19 pandemic on the dental team: preparedness, psychological impacts and emotional reactions. *Front Oral Health* 2021; DOI: 10.3389/froh.2021.669752.
4. Knights J, Beaton L, Young L *et al.* Uncertainty and fears around sustainability: a qualitative exploration of the emotional reactions of dental practitioners and dental care professionals during COVID-19. *Front Oral Health* 2022; DOI: 10.3389/froh.2021.799158.
5. Beaton L, Knights J, Barnsley L *et al.* Longitudinal online diaries with dental practitioners and dental care professionals during the COVID-19 pandemic: a trajectory analysis. *Front Oral Health* 2022; DOI: 10.3389/froh.2022.1074655.
6. Owen C, Seddon C, Clarke K, Bysouth T, Johnson D. The impact of the COVID-19 pandemic on the mental health of dentists in Wales. *Br Dent J* 2022; **232:** 44–54.
7. Hallett G, Witton R, Mills I. A survey of mental wellbeing and stress among dental therapists and hygienists in Southwest England. *Br Dent J* 2022; DOI: 10.1038/s41415-022-5357-5.
8. British Dental Journal. Enhancing the wellbeing of the UK oral healthcare workforce. *Br Dent J* 2024; **236:** 672.
9. Nowell L S, Norris J M, White D E, Moules N J. Thematic analysis: striving to meet the trustworthiness criteria. *Int J Qual Methods* 2017; DOI: 10.1177/1609406917733847.
10. Witton R, Plessas A, Wheat H *et al.* The future of dentistry post-COVID-19: perspectives from Urgent Dental Care centre staff in England. *Br Dent J* 2021; DOI: 10.1038/s41415-021-3405-1.
11. Plessas A, Paisi M, Baines R *et al.* Frontline experiences and perceptions of urgent dental care centre staff in England during the COVID-19 pandemic: a qualitative study. *Br Dent J* 2021; DOI: 10.1038/s41415-021-3375-3.
12. Mahendran K, Patel S, Sproat C. Psychosocial effects of the COVID-19 pandemic on staff in a dental teaching hospital. *Br Dent J* 2020; **229:** 127–132.
13. Collin V, O'Selmo E, Whitehead P. Psychological distress and the perceived impact of the COVID-19 pandemic on UK dentists during a national lockdown. *Br Dent J* 2021; DOI: 10.1038/s41415-020-2592-5.
14. Fleming W J. Employee well-being outcomes from individual-level mental health interventions: cross-sectional evidence from the United Kingdom. *Indust Relations J* 2024; **55:** 162–182.
15. Hopcraft M S, McGrath R, Stormon N, Parker G. Mental health, psychological distress and burnout in Australian dental practitioners. *Aust Dent J* 2023; **68:** 160–170.
16. Gallagher J E, Colonio-Salazar F B, White S. Supporting dentists' health and wellbeing – a qualitative study of coping strategies in 'normal times'. *Br Dent J* 2021; DOI: 10.1038/s41415-021-3205-7.

Open Access.
This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0.
© The Author(s) 2025.

© The Author(s) 2025.