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Do dental nurses and trainee dental nurses suffer from job-related stress and could mentorship help them to cope with that stress?

Michelle Williams,^{*1} Neil Cook² and Marta Krysmann²

Key points

There is evidence to suggest that stress among dentist is widespread; however, other dental professionals are less well-researched.

This study found that, in dental nurses and trainee dental nurses, triggers of stress are multi-factorial, in particular, time, patients and confidence.

Mentoring was seen to be a positive intervention but the key was centred around who the mentor is.

Questions still remain about accessing mentoring support and the support needs of the wider team.

Abstract

Background Stress in dentistry is widely researched and the evidence is that it is a stressful profession. Research has mainly focused on dentists and oftentimes the rest of the team has not been considered. Working in dentistry relies on teamwork and the multidisciplinary team; therefore, it is of paramount importance that all members of the team are researched.

Aim To investigate current perceptions of stress and its triggers in dental nurses (DNs) (including trainee dental nurse [TDNs]) and explore if mentoring could help.

Methodology Case study design with a phenomenological aspect. Perceptions of DNs/TDNs around stress in dentistry and its triggers and perceptions of mentoring were collected using an online questionnaire. The questionnaire was posted on Facebook using closed professional groups. The questionnaire invited interested participants to opt-in to take part in semi-structured interviews to gather more detailed insights into stress in dentistry relating to their own experiences, triggers and coping mechanisms. The semi-structured interviews were conducted and recorded on Microsoft Teams. Data were analysed using reflexive thematic analysis (RTA).

Results In total, 61 DNs/TDNs with various amounts of professional experience, backgrounds and working environments completed the questionnaire, and five chose to take part in semi-structured interviews. In answering the questionnaire, all participants reported that working in dentistry is stressful, where 92% said that they are suffering or have suffered from burnout and 95% thought that having a mentor would be beneficial. The analysis of the semi-structured interviews resulted in six themes: nature of the problem – emotions, team, burnout and money; triggers – regulation/complaints, patients, time and communication; coping mechanisms – time off, reducing hours and talking; support – peers, management and friends; self-doubt – training, confidence and imposter syndrome; and mentoring – seen as a positive, unknown and mentees choice of mentor.

Conclusions DNs/TDNs face job-related stress. Since they are hired members of the team, they frequently have no influence over their working environment, which fosters multiple triggers of stress. Mentoring could be a support system and coping technique. Implementation of mentorship in the early phases of a DN's/TDN's training/career may assist to lessen the negative effects of stress, such as burnout, and thus lower the number of registered employees quitting the field.

Introduction

The British Association of Dental Nurses (BADN) was originally titled 'British Dental Nurses and Assistants Society' in 1940. While

the title dental nurse was again adopted in 1994, it was formalised at the point of mandatory registration as a protected title. The Society of British Dental Nurses (SBDN) was formed in 2015 and provides dental nurses (DNs) and trainee dental nurses (TDNs) with continual professional development opportunities and support. Under the guidance of Fiona Ellwood, then president of SBDN, the society had a voice in the mental health and wellbeing strategy. DNs/TDNs play an integral part in the multidisciplinary team; they support the clinician that they work with and their patients. DNs/TDNs ensure the smooth running of the practice, from ordering and maintaining

equipment to decontamination and infection prevention and control. Registered dental nurses can now have additional duties and can develop skills in impression-taking and fluoride application. They can also undertake further qualifications in radiography, conscious sedation, orthodontic nursing, implant nursing and oral health education.¹ DNs/TDNs often encounter a lack of appreciation from both staff and patients and work in a fast-paced, high-stress environment, which is often poorly paid.² Stress in dental nursing is not well-researched but the evidence regarding dentists is there in abundance.³ Dentists experience stress at work according

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to data that are currently available.^{4,5,6,7,8} Lang⁹ reports that cardiovascular disease caused by stress is the prime cause of death in dentists, and that the causes of stress are isolation, perfectionism, confinement, financial, time restraints and patients. A study by the British Dental Association (BDA) found that the main causes of stress in its participants were attributed to: complaints (79%), regulation (72.8%), time constraints (64.9%) and difficult patients (61.2%).⁵ The BADN conducted a survey in 2023 and found that 81% of respondents had experienced stress, 73% anxiety, 42% panic attacks, 35% depression, 27% stress-related conditions and 4% mental health issues.¹⁰ While DNs/TDNs are not recognised as healthcare professionals (HCPs), they are involved with patient-centred care in the same way as HCPs. It is recognised in healthcare professions that motivation and performance are affected if employees do not have positive wellbeing.¹¹ The impact of stress on DNs/TDNs can lead to them leaving the profession and currently, there is a perceived national shortage of registered DNs.² Staff shortages have an impact on staff wellbeing, leading to burnout and stress.¹² High turnover of staff in healthcare can negatively impact the capacity to meet patient needs, expectations and quality of care.^{13,14} The Dental Nurse Retention Survey 2023 reports that, of the 3,100 participants, only 9.07% were newly registered in the 2020s.¹⁵ With the dwindling number of newly registered DNss and experienced ones leaving the profession, this is leaving a deficit in registered DN numbers. Forsythe² states that the current DN recruitment/retainment crisis is attributed to the stress of the profession and that many are leaving for less stressful, better paid jobs in supermarkets.

Mentoring

Mentoring was presented in a previous paper on dental clinicians.¹⁶ According to Brooks and Caton-Hughes,¹⁷ the grandfather of mentoring is Clutterbuck, who introduced the concept to the United Kingdom in the 1980s. The data from the previous research on dental professionals suggests that there is a lack of undergraduate training on mentoring and therefore a lack of understanding of it within the dental profession; this, coupled with reticence to access support and the lack of knowledge about where to access mentoring, means that mentoring is often not seen as a preventive measure.¹⁶ In short, mentoring is perceived as a beneficial tool for both mentees

Table 1 Interview schedule mapped to interview themes

Would like to learn	Final question
- About backgrounds % in each area of work	What area of the dental profession do you work in?
- Time in profession - Build communication/rapport and transition to next question	How long have you worked in that profession?
- Time qualified - Build communication/rapport and transition to next question	How long have you been qualified?
To ensure that all participants have the same level of knowledge	Interviewer to give definition of resilience
Does time in the profession impact/ build resilience	Has the time (...) in the profession increased your resilience *(...)=time given from interview in question two
Perception of training in terms of preparedness to work	Do you feel that your training prepared you for working in dentistry?
Perception of readiness to assist after training period	Do you feel that your training prepared you for assisting during treatment?
- Perception of burnout - Understanding of burnout	What is your understanding of burnout?
To establish the same level of knowledge for all participants	Interviewer to give definition of burnout
Perception of preparedness to manage burnout, and patients' expectations/ needs after training	Do you feel that your training prepared you to manage burnout, patients' expectations or needs?
- Perception of work-life balance - Understanding of work-life balance	What is your understanding of work-life balance?
To ensure that all participants have the same level of knowledge	Interviewer to give definition of work-life balance
- Is working in dentistry stressful. - What coping mechanisms different people have/use	Is working in dentistry stressful? All of the time? Some of the time? Most of the time? Do you have coping mechanisms in place? If so, what?
Causes of stress in dentistry	What are the main causes of stress in dentistry do you think?
- Perception of mentoring - Understanding of mentoring	What is your understanding of mentoring?
To ensure that all participants have the same level of knowledge	Interviewer to give definition mentoring
Gain a perception of how	Have you ever had any professional mentoring? If so, how did you access this?
- Gain insight into the dental team. - Expectations	Do you think that the profession should support dental professionals collectively rather than as separate professions to inform a more collaborative way of thinking and to improve interprofessional respect and team working?
Do team members feel able to show compassion/empathy to team members	Would you feel able to help a colleague if they were going through a period of stress?
Communication	How would you do that?
Knowledge of help available	At what point would you seek outside help?

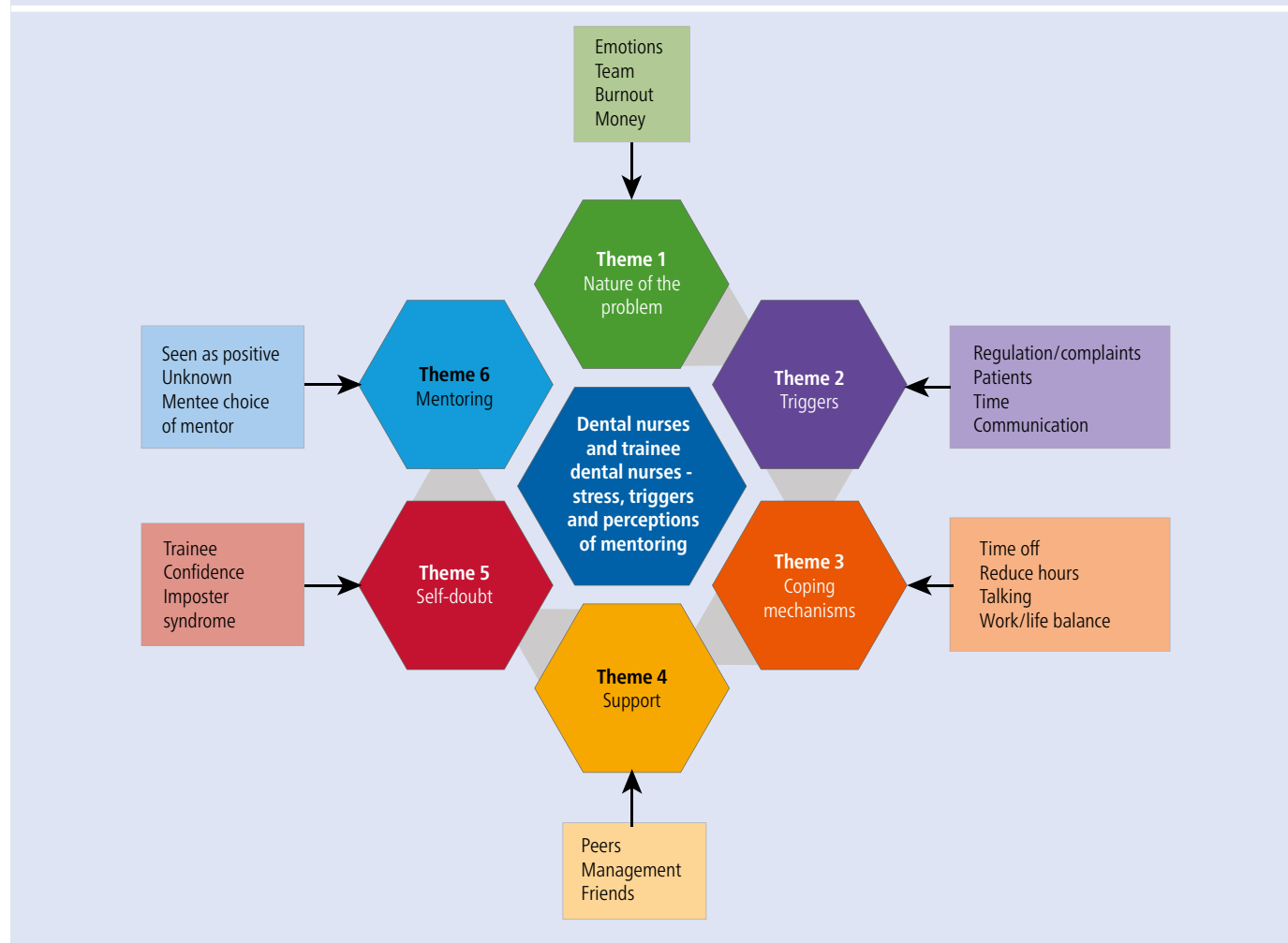
and mentors and has been used for years in many professions/businesses.

Most recent research on mentoring in dentistry

The most recent study on mentoring in dentistry was a qualitative study by Larbie, Kemp and Whitehead.⁶ It highlighted some

of the fundamental issues affecting dentists, which were mental health issues, burnout, suicide risk, and drug and alcohol addiction. Unfortunately, this study did not include DNs/TDNs. Dentistry is reliant on teamwork and the health of all team members is important, whether mental or physical. It is therefore important to include all members

Fig. 1 Thematic mapping dental nurses/trainee dental nurses



of the team when investigating issues that can affect everyone. Given the lack of research undertaken on DNs/TDNs regarding stressors and the potential for mentoring as a means of reducing such stressors, this research aims to investigate these groups.

Objectives

- Explore experiences of DNs/TDNs in relation to stress in dentistry
- Identify and analyse triggers of stress in DNs/TDNs
- Explore if mentoring could help.

Methodology

Phenomenology was used as part of a case study design. Phenomenology was first described by Husserl and aids health professionals to learn from the lived experience of others.¹⁸ It allows researchers to gain an insight into the lived experiences of participants, mitigating perceptions of the researcher and solely

focusing on the participants, thus reducing researcher bias.¹⁹

Research in the social and biological sciences frequently uses case studies.²⁰ According to Crowe *et al.*,²¹ case studies are used to obtain a comprehensive understanding of a certain discipline or field. It enables scholars to concentrate on a certain field of study. The researcher can better understand the intricate interactions that participants have with their patients, with regulatory organisations like the General Dental Council (GDC), and with other physicians by using a case study design.²²

Participants

A convenience sampling method was used to recruit participants. An anonymous post was placed on closed professional Facebook groups inviting DNs/TDNs to voluntarily complete a questionnaire on Microsoft Forms (see data collection below) via the link provided. Dentists, dental students, dental hygienists, dental therapists and orthodontic therapists were excluded. At the end of the questionnaire,

participants were given the opportunity to request more information about taking part in follow-up semi-structured interviews. Consent was gained from the participants at the beginning of the questionnaire, and written consent was obtained at the beginning of the interviews.

Data collection

The questionnaire was conducted using Microsoft Forms and contained a variety of questions: eight multiple-choice, one Likert-scale and four open questions. The questionnaire was developed by two researchers for a previous study on dental clinicians¹⁶ and adapted for this study following reflection on the wording of one question. Instead of asking 'can working in dentistry be stressful' it was changed to 'is working in dentistry stressful'. The questions allowed the researchers to gain insight into the demographics of the participants, as well as their perceptions on stress, its triggers and mentoring. Full details of questions contained in the questionnaire can be found in Table 1.

Semi-structured interviews were conducted and video-recorded via Microsoft Teams using questions that had been adapted by two researchers from previous research on dental professionals.¹⁶ The interviews began with closed questions about experience and general demographics, leading into open questions about stress, its triggers and mentoring. The questions asked during the semi-structured interview were based around the following (see Table 1).

The interviews were transcribed verbatim and analysed using reflexive thematic analysis.²³ Codes and themes were developed independently by two researchers. The researchers immersed themselves in the data by reading and re-reading all the available data. Initial codes were developed based on the common themes (see Online Supplementary Information), which were developed into a thematic map (see Fig. 1).

Information power is a way to seek facts from the available data and was used as a guide to establish the richness of available data for analysis, as it is deemed appropriate for use in qualitative research, even when there are low participant numbers due to the amount of qualitative data that can be extracted from participants.²⁴ Malterud, Siersma and Guassora²⁴ argue that data saturation is ideal for use in grounded theory research owing to the steps in how it is carried out but that this process is not shared by other forms of qualitative research and therefore is less suitable. The benefits of information power in qualitative research are: it enables researchers to research complex areas without trying to prove certain facts; it allows for the participant's voice to be heard without bias; and it can highlight areas where ongoing research could help develop clinic practice.²⁵

Each participant was given a code as an identifier to maintain confidentiality.

Ethical approval was granted from University of Central Lancashire code HEALTH 0201.

Reflexivity

Reflexivity is a crucial component of qualitative research; it involves the researcher critically analysing their own work to determine how their own history and preconceptions affected the research process and conclusions.²⁶ The researcher kept a reflective journal as part of the study in the hopes of demonstrating rigour and integrity, as well as possibly highlighting blind spots. The principal researcher has worked as a DN, dental hygienist/therapist and has worked in dentistry since 1990. She currently works as a clinical lecturer at the University of Liverpool and is part of their mentoring team, and

Table 2 Characteristics of participants from questionnaire

	n (%)
Job title	
Dental nurse	55 (90.16)
Trainee dental nurse	6 (9.84)
Years worked in current profession	
I am training	7 (11.48)
1–5	10 (16.39)
6–20	32 (52.46)
Over 20	12 (19.67)
Sector	
NHS	36 (59.01)
Community	6 (9.84)
Hospital	6 (9.84)
Mixed practice	5 (8.20)
Private	5 (8.20)
Specialist	2 (3.28)
Teaching role	1 (1.64)
Hours worked per week	
Less than 10	1 (1.64)
10–15	3 (4.92)
16–20	4 (6.56)
21–30	31 (50.82)
Over 30	22 (36.07)

also is course lead and senior lecturer at the University of Huddersfield. The GDC criteria for professionalism and reflective practice are ingrained in the researcher's career.²⁷

Results

Table 2 provides insight into the general characteristics of the participants. The majority of participants (n = 55; 90.16%) were DNs, working in NHS (National Health Service) practice (n = 36; 59.01%) over 21 hours per week (n = 53; 86.89%).

Table 3 gives detail of other questions asked on the questionnaire and most significantly starts to detail the participants' responses about stress, its triggers and mentoring. The main findings are that the majority of participants felt that they do not have a good work-life balance (n = 52; 85.25%) have or had suffered from burnout (n = 56; 91.80%) and that they just tended to get on with it (n = 47; 77.05%).

Interview characteristics

There were five interview participants (four women, one man). The interviews ranged from 18 minutes 46 seconds to 22 minutes 45 seconds (mean: 19 minutes 55 seconds) with a total of 1 hour 39 minutes and 31 seconds. Four of the participants were DNs and one was a TDN. They all worked in the NHS: four in general practice and one in a dental hospital. There was a range of experience, from six months to 18 years. Three worked full-time and the others part-time.

Table 4 provides details about the causes of stress identified via the questionnaire. The things that were regarded as very likely to cause stress were: confidence (n = 42; 68.85%); work-life balance (n = 49; 80.33%); patient attitudes (n = 50; 81.97%); appointment lengths (n = 55; 90.16%); and equipment (n = 28; 45.90%).

After reflexive thematic analysis of the interview data, six themes were identified and these are shown in Figure 1.

Table 3 Participants' responses to questionnaire

Questions asked	n (%)
Do you have a good work-life balance?	
Yes	9 (14.75)
No	52 (85.25)
Have you ever suffered from work-related burnout?	
Yes	56 (91.80)
No	5 (8.20)
Do you think working in dentistry is stressful?	
Yes	61 (100.00)
No	0 (0.00)
How do you deal with stressful situations?	
Just get on with it	47 (77.05)
Talk to a team member	8 (13.11)
Talk to family/friend	4 (6.56)
Take sick leave	1 (1.64)
Other (bottle it up)	1 (1.64)
Would having a mentor be of benefit?	
Yes	58 (95.08)
No	1 (1.64)
Not sure	2 (3.28)

Table 4 Participants' responses to questionnaire

Cause of stress	Very likely n (%)	Likely n (%)	Neutral n (%)	Unlikely n (%)	Very unlikely n (%)
Confidence	42 (68.85)	11 (18.03)	5 (8.20)	1 (1.64)	2 (3.28)
Work/life balance	49 (80.33)	5 (8.20)	4 (6.56)	2 (3.28)	1 (1.64)
Patient punctuality	28 (45.90)	30 (49.18)	3 (4.92)	0 (0.00)	0 (0.00)
Patient attitudes	50 (81.97)	6 (9.84)	5 (8.20)	0 (0.00)	0 (0.00)
Appointment lengths	55 (90.16)	3 (4.92)	3 (4.92)	0 (0.00)	0 (0.00)
GDC	10 (16.39)	35 (57.38)	12 (19.67)	2 (3.28)	2 (3.28)
Team	27 (44.26)	28 (45.90)	4 (6.56)	2 (3.28)	0 (0.00)
Equipment	28 (45.90)	24 (39.34)	7 (11.48)	1 (1.64)	1 (1.64)

Themes

Nature of the problem

All participants reported that working in dentistry is stressful, with participants describing being:

- 'Exhausted, frustrated and very anxious' (DN2)
- 'On edge, unable to switch off, anxious, overwhelmed, out of control' (DN3).
- 'Reception not letting us know patients are waiting' (DN4)
- 'I am the only dental nurse, I don't have anyone to talk to. If I'm having a tough

A common factor was reported to be working in the team, being undervalued by the clinicians and patients, and the impact that lack of communication with receptionists can have:

time with a patient, it's hard not having someone there at the time but also after to talk it through' (DN5)

- 'Reception double-booking' (DN5)
- 'I think that dentists and patients don't understand how much pressure dental nurses are under. We are definitely undervalued, as can be seen in our salaries' (DN1).

The vast majority of participants reported having or having had burnout at some stage in their careers:

- 'Where you work too hard and don't have work-life balance and so work becomes overwhelming, I think most dental nurses I know suffer from burnout to some degree' (DN2).

There were multiple reported causes of burnout (Fig. 2).

Not having enough annual leave was reported by all participants which they felt had an impact on work-life balance:

- 'I think having only four weeks annual leave when you work full time isn't enough, and this has a major impact on my wellbeing' (DN4)
- 'I don't have enough time off when I can just relax, there isn't a good work-life balance for me' (DN5).

Participants also said that working long hours had an impact on burnout as there was no time for work-life balance:

- 'I finish work at 6pm every day and I feel that there is no time left in the evening to enjoy anything, so there is no work-life balance' (DN3).

Participants feel that dental nursing is a high-pressure job, both mentally and physically, and that this contributes to burnout:

- 'Dental nursing is physically and mental draining as it requires hours and hours of concentration while working in a small environment. This I think leads to burnout' (DN1).

Taking on too much was also cited as an issue relating to burnout:

- 'I take on too much it is not an option to say no really' (DN5).

Poor working environment and teamwork were mentioned as factors in burnout by some participants:

- 'I think working in a high-pressure environment and lack of teamwork has a big impact. Sometimes I just feel like it is all on me' (DN2).

Triggers of stress

Time was classed as a main trigger and this varied from amount of time worked, having enough time for appointments, and patients being late to appointments. DNs felt that patients can be rude to them and that there is a hierarchy:

- 'Patients [are] rude to nurses [then] nice as soon as [they] see [the] dentist' (DN1).

The GDC and regulation was also cited as a trigger for stress:

- 'Worrying about GDC/complaints' (DN5).

Coping mechanisms

Participants tended not have structured coping mechanisms. There was a tendency to just get on with it:

- 'I don't really have any coping mechanisms, I just seem to manage to get through my day' (DN1).

It was felt that talking is of benefit but finding the right person to talk to can be difficult:

- 'I try and talk to my partner, but I'm not convinced that anyone who does not work as a dental nurse could fully understand' (DN5).

All participants acknowledged that taking time off and reducing hours could be of benefit:

- 'Working full-time in dentistry is far too much, I am not sure that anyone should do it. It's really stressful. It took me a long time to realise that this was having a big impact on my life' (DN4).

Support

Participants felt that they had support from their peers but there was some apprehension regarding trust:

- 'I like talking to some of my peers, but I am not sure who to trust, so I am careful which is difficult' (DN3).

Friends and family provided limited support as they had a lack of understanding:

- 'Initially I tried to talk to friends/family, but it became clear, although they listen and try to support, they really just don't get it' (DN4).

Management was also considered as an avenue for support, but participants didn't feel comfortable with this:

- 'Maybe my manager but I'm conscious that I need to be careful with this as I don't want

Fig. 2 Causes of burnout from the interview data. The size of the hexagons reflects how commonly the causes were reported



to seem incompetent' (DN5).

Self-doubt

A distinct lack of confidence was mentioned by the majority of the participants interviewed:

- 'I worry about if I have done everything right and if I am good enough. I guess I worry if people like me and if I am quick enough for people to want to work with me' (DN2)
- 'I lose my confidence and things spiral. I find it hard to carry on' (DN4)
- 'I lack confidence on a daily basis. I feel like I have backed myself it to a corner that I can't get out of' (DN5).

All participants cited a lack of training, specifically on stress management and mental health, as a cause of low confidence:

- 'I think dealing with the general public as patients who are sometimes nervous, it takes it out of you and training didn't prepare me for that' (DN1)
- 'Our training doesn't have anything about stress or mental health issues or how to balance everything' (DN2)
- 'I think dental nurse training could be

better with regards to mental health and stress' (DN4)

- 'No, I think college likes to keep things positive so you aren't put off, I think more training on real life issues would be helpful' (DN5).

Confidence was so low that all interviewees displayed signs of imposter syndrome:

- 'I don't feel good enough' (DN5).

Mentoring

There was little to no knowledge about mentoring:

- 'I've not had any formal mentoring. I don't know a lot about it' (DN1).

When discussed, the participants felt that mentoring could be of benefit:

- 'Definitely a good thing' (DN2).

Participants felt that mentoring would be beneficial depending on who the mentor was. There was a general reluctance in asking for help because of being judged:

- 'I think it depends on who it is. I wouldn't want to feel inadequate' (DN2)

- ‘Yes but I think I would need to feel comfortable with the person and it be confidential’ (DN3)
- ‘Is it like my line manager? I wouldn’t want to talk to her about issues’ (DN4).

Discussion

The data identify that working in dentistry as a DN/TDN is stressful and that there are many triggers. There is a general lack of coping mechanisms in place and reluctance to ask for help. Participants had limited to no understanding of mentoring but felt that having someone to talk to would be of benefit, depending on who the mentor would be and the costs involved. The findings are supported by previous research on dental clinicians.¹⁶ This research data have been obtained by using DNs/TDNs with a wide range of experience and different demographics and were analysed by more than one researcher. These approaches to triangulation increase the validity of the research and provides deeper insights.²⁶ This study aimed to gain insight into the perceptions of stress and its triggers by DNs/TDNs and investigated if mentoring could help. Dental professionals are required, as part of their registration with the GDC, to practise evidence-based dentistry. Given that the evidence shows mentoring has a positive impact on professionals and therefore the patients that they treat, mentoring should not be ignored.²⁸

Perceptions

All participants reported that working in dentistry is stressful, supporting findings from previous research.¹⁶

Triggers

DNs/TDNs are powerless against some of the common causes of stress in the dental field, such as patients, over-regulation and time limitations. Research on NHS dentists also considered time constraints to be a cause of stress.^{5,29,30} DNs/TDNs, however, may also face stresses from dentists and patients who vent their frustrations on them.

Support

The participants acknowledged that friends and family might be a source of support; although, there is a lack of knowledge about the field. The primary problem, according to the participants in the Larbie, Kemp, and Whitehead⁶ BDA study, was getting support; specifically, overcoming obstacles to it.

Mentoring

It has not been possible to locate any research that examines the impact that mentoring can have on dental professionals, as well as their perceptions of it. According to this study, mentorship is seen favourably. The participants’ knowledge of mentoring highlighted a deficiency in this field’s training, despite the claimed positive benefits of mentoring.²⁸

Self-doubt/criticism

During the interviews for this study, it became clear that DNs/TDNs lack confidence, are often highly self-critical and set high standards for themselves. According to Chapman, Chipchase and Bretherton’s³¹ research, perfectionism has two intriguing but opposing aspects. On the one hand, it guarantees that dental professionals aim for high standards and serves as a strong motivator. On the other hand, if these standards are not met, the professional can experience extreme stress and self-destructive behaviour. An intriguing theory put forth in studies by Alexander³² and Sancho and Ruiz³³ also raises the question: does dentistry mould dental professionals’ personalities and cause them to be so self-critical, or does the personality type of those who apply to dental school play a role in this? Self-doubt and criticism could be due to dental nursing being a stressful career path that leads to these characteristics, and in which case, needs to be managed. However, it is worth noting that dental nursing may draw particular personality types and therefore any interventions should be tailored towards this group, rather than a one-size-fits-all approach.

Conclusion

From the data presented above, we can reasonably conclude that working as a DN/TDN is associated with stress. Several common causes of stress were identified, for example, time, regulation and patients. Many of the stressors identified are out of the individual’s control. However, some of the stressors could be managed with the right intervention. The majority of participants felt that they had and were suffering from burnout, and some indicated that reducing hours was not an option due to the drop in salary. Little was known about mentoring but after discussion, it was acknowledged as a potential positive. Respondents strongly indicated that they would feel more at ease if the mentor wasn’t in a more senior position than them. This is due

to the fact that participants felt like they would be judged and didn’t want to look incompetent by management.

Future work

Further research should be carried out and should include members of the whole dental team. This could include researching mentoring as an intervention. Consideration needs to be given to how DNs/TDNs can access mentoring support without this having too much of a financial burden on the individuals.

Ethics declaration

The authors declare no conflicts of interest. Ethical approval was granted from University of Central Lancashire code HEALTH 0201. Consent was gained from the participants at the beginning of the questionnaire, and written consent was obtained at the beginning of the interviews.

Data availability

The data used to support the findings of this study are included in the article. Interview transcripts are not available due to wording of the ethical approval.

Author contributions

The authors confirm contribution to the paper as follows: gap in the literature (MW), study conception (MW), methodology and design (MW, NC, MK), data collection (MW), thematic analysis (MW, MK), findings interpretation and data processing (MW, MK, NC), draft manuscript (MW), final manuscript (MW, NC, MK).

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