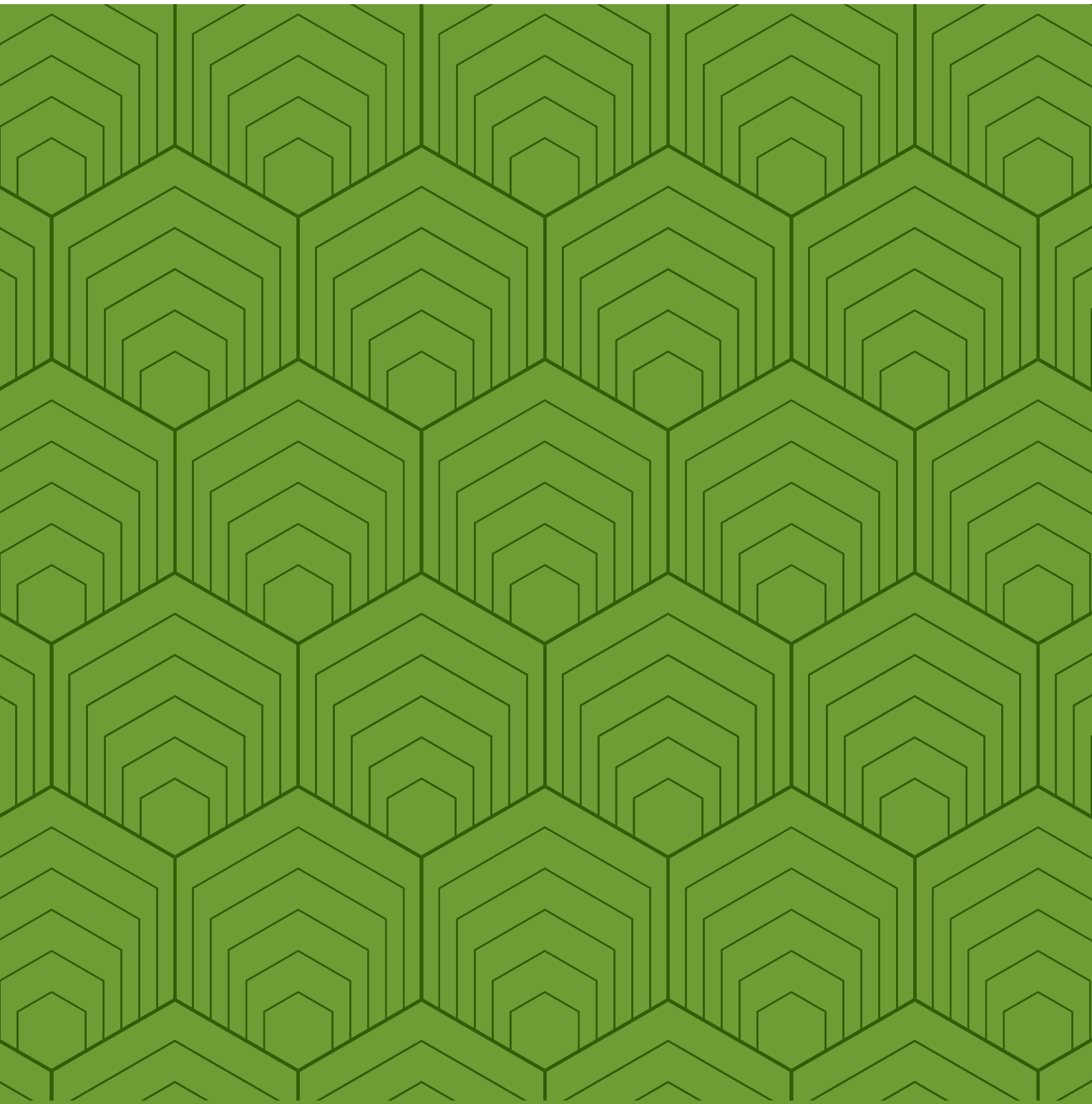
General Dental Council

Dentist working patterns inferential analysis



December 2024

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Glossary of terms

Term	Meaning
Employment status	Whether someone works: • Employed • Self-employed / locum / agency • Business owner / part owner • In training • On parental leave • On sick leave • Working unpaid / pro-bono • Not applicable • Prefer not to say
Treatment type	Whether someone delivers work for: • NHS • Mix of NHS and private • Private • Other
Dental setting	Whether someone delivers dental work in the following setting: • General dental practice • Specialist dental practice • Community dental services • Dental hospital • Other hospital settings • Laboratory • Oral public health • Armed forces • In education / training as a student • In education / training as a member of staff • Researcher / academic • Other • Not applicable • Prefer not to say
Hours worked	Number of hours spent per week delivering dental activities

Executive summary

- The majority of dentists who completed the working patterns questions were working in clinical roles.
- Female dentists were more likely to be delivering NHS clinical care than male dentists.
- Those dentists who had been on register less than 5 years were more likely to be delivering NHS clinical work (compared with dentists who had been on the register).
- Those who had qualified as a dentist in a UK country were less likely to be working in general dental practice compared to the total for all qualification routes.
- Nearly three-quarters of dentists (72%) who were working in general dental practice were self-employed.
- Those whose primary field of practice was ‘specialist’ had typically been on the register longer than those who reported their primary field of practice as being ‘dentist’.
- The vast majority of dentists reported working in only one UK country (there was relatively little ‘cross-border’ working).
- Dentists working in Scotland had the highest proportion of respondents working in clinical NHS practice.

1 Introduction

This is the first analysis summary produced by the General Dental Council (GDC) that combines working patterns data, collected in December 2023 as part of the annual renewal process, with registration fields and some aggregated Fitness to Practise (FtP) data.

This analysis provides further information on:
- Employment status
- Where dentists work (location and setting)
- Type of treatment dentists deliver (NHS v private)
- Hours that dentists spend delivering dental care
- Whether dentists work in clinical or non-clinical roles
- Variations in the workforce by equality diversity and inclusion characteristics
- Any correlations between working patterns questions and incidence of FtP cases (at the aggregate level)

The GDC would like to thank all dental professionals who have answered the working patterns questions. The information they provided is proving to be invaluable to the sector.

1.1 Question design / data collection

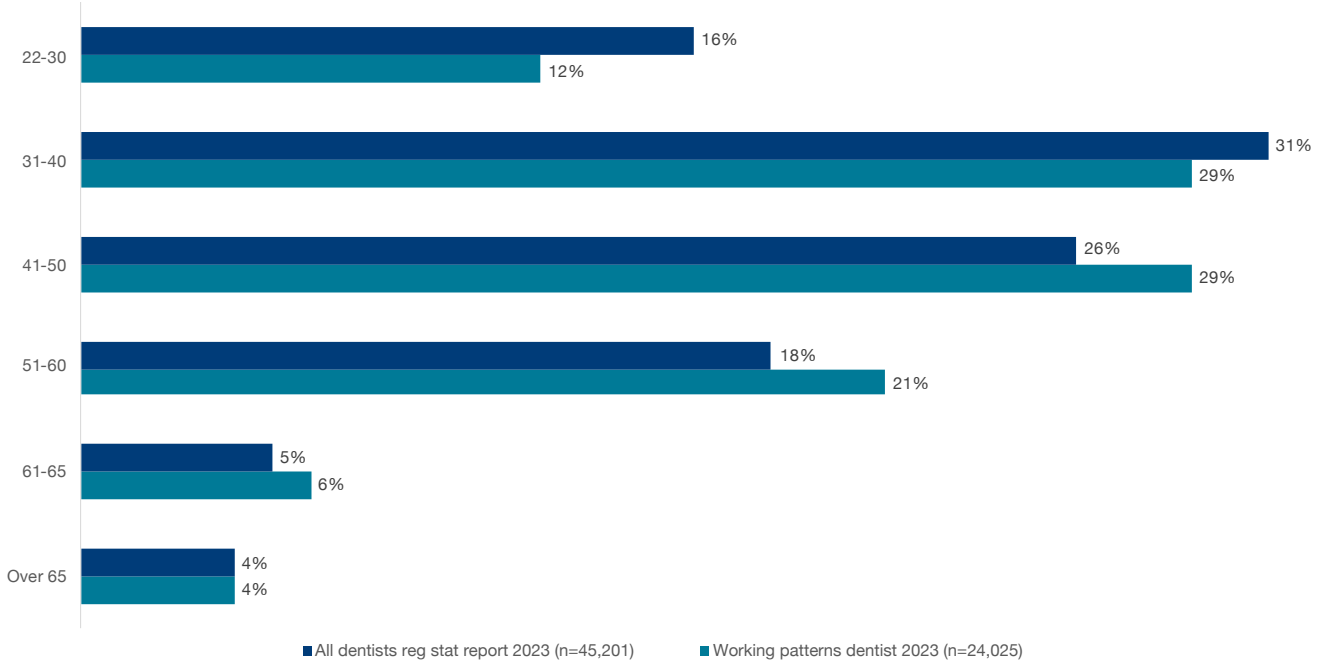
The working patterns data was collected as part of the dentists' annual renewal process, which began in November 2023 and finished at the end of January 2024. The questions were included on the eGDC platform so dentists could see the questions when they completed their renewal.

Data in this report is accurate as of 31 January 2024. Any responses after this time will not have been counted in this report. Data analysed is only for those with a dentist registration.[1] In the December 2023 annual renewal period, 24,928 dentists (55% of all dentists on GDC dentist register) responded to the working patterns questions. For this analysis only those who had said they were either 'working in the dental sector' or 'looking for work in the dental sector' have been included (n = 24,025 respondents). The data used for this report was extracted at the beginning of April 2024. Completing the working patterns questions was voluntary for dentists.

A detailed comparison of the sample with the latest 2023 GDC Statistical Registration Report[2], across equality and diversity characteristics and selected registration fields, can be found in the appendices (4.4 Non-response bias). As part of this, Figure 1 shows the comparison between age of dentists on the register and those dentists that completed the working patterns data.

1. This includes those with both dental care professional (DCP) and dentist registrations. Registrants with just a DCP registration were not included in this report, as the main data collection for DCPs was during the DCP annual renewal period
2. Registration Statistical Report 2023 (gdc-uk.org)

Figure 1 – Age[3] profile of working patterns dentists compared to all dentists in the statistical report 2023



What this tells us

- As this questionnaire was open to all dental professionals (rather than a random sample of dentists), inferences made in this report are about dentists who completed the working patterns questions rather than the whole UK dentist population. Despite the broad comparability between the two populations, in terms of age, the difference and non-random sample does mean that results presented here are for all 'reporting dentists' rather than every dentist on the dental register.
- Further detail on data collection and question design can be found in the technical appendix 4.1 Question design and format, while further information on data cleaning can be found in appendix 4.2 Data cleaning.
- Statistical linear models were used to test hypotheses. Further detail on the models, *p* values and effect sizes can be found in the technical appendix 4.3 Statistical analysis models. Notations for the statistically significant differences are referenced in the appendix 4.6 Statistical notation.

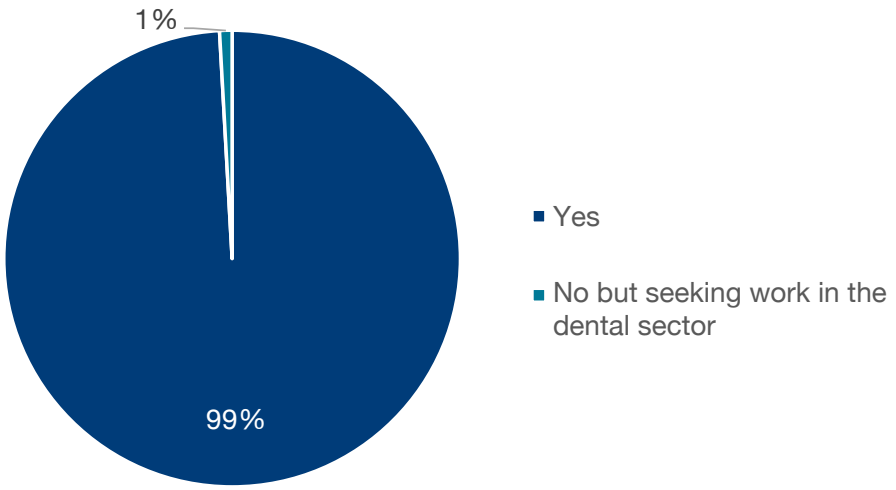
3. The number of dentists under 22 are too small to display

2 Results

2.1 Employment status

The majority of the dentists active in the UK who answered the working patterns questions were working in the dental sector (Figure 2).[4]

Figure 2 – Responding dentists[5] active in the UK dental sector



What this tells us

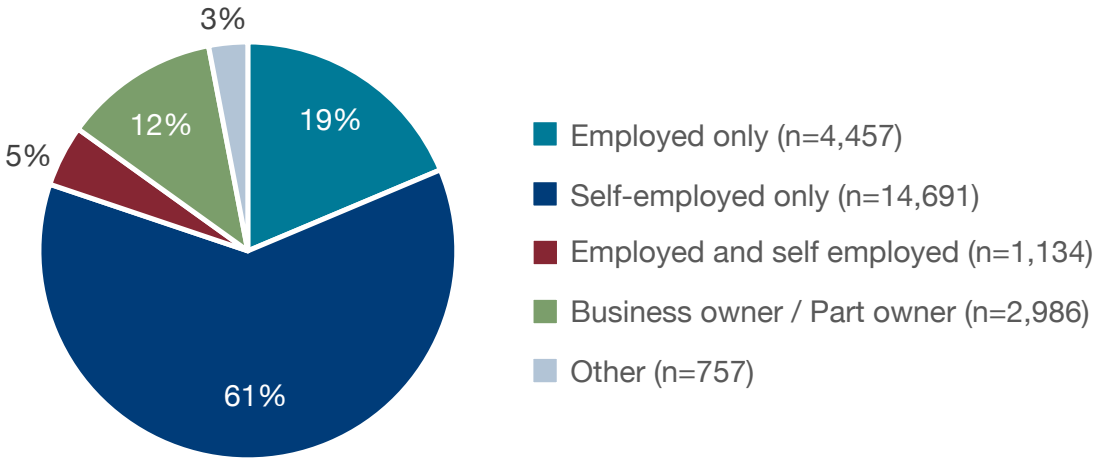
- The 1% unemployed is below the current national average for unemployment.[6] As the data in this report only encompasses those dentists who chose to complete the working patterns questions it does not cover every dentist in the UK. When those who were unemployed were compared over the main equality diversity and inclusion (EDI) characteristics[7] and registration fields[8] there were no significant differences.

4. A breakdown including those who had registrations but were either: employed in other sectors or not looking for work can be seen in the Dental working patterns summary tables on the GDC website
5. Dentists who completed the working patterns questions – not every dentist in the UK
6. Office for National Statistics published that in the year to June 2024 the national unemployment rate was 4%
7. Nationality, Ethnicity, Age, Sex, Gender Identity, Sexual orientation, Marital Status, Religion, Disability
8. Type of registration, country of qualification, years on the register, time since qualification

2.2 Employment situation

Dentists could select more than one answer for their type of employment situation (Figure 3).[9]

Figure 3 – Employment situation[10]



What this tells us

- More than three-fifths (61%) of dentists stated they worked only self-employed. For those who were employed, there were correlations between a dentist's employment situation and work setting **(further detailed in 2.4 Dental setting)**.

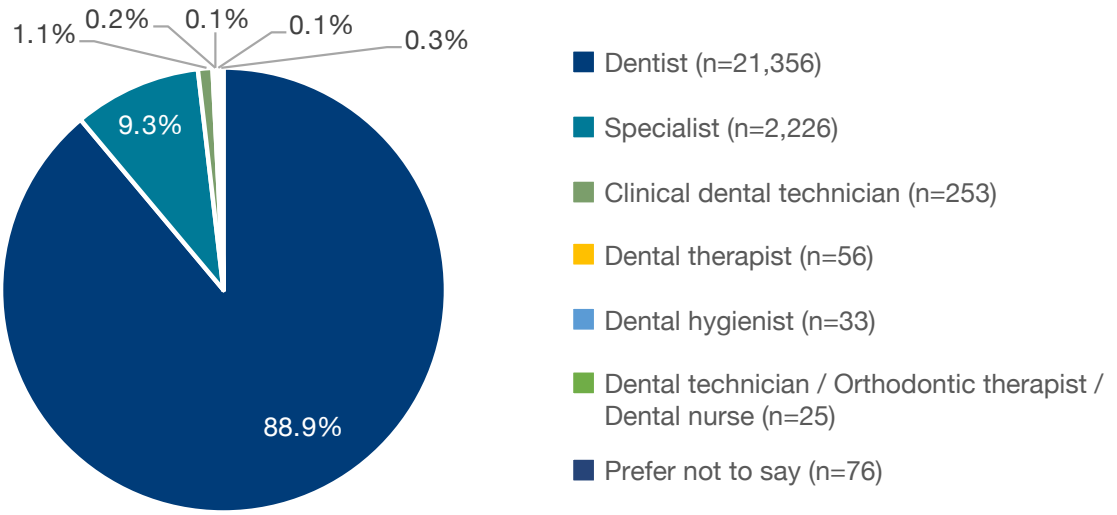
9. Respondents could select more than one answer from the following list: Employed, self-employed / locum / agency, business owner / part owner, in training, on parental leave, on sick leave, working unpaid / pro-bono, not applicable, prefer not to say

10. The other category in the figure contains all other answers options for this question: In training, on parental leave, on sick leave, working unpaid / pro-bono, not applicable, prefer not to say

2.3 Primary field of practice

Dentists were asked about their current primary field of practice (Figure 4). The vast majority of dentists reported their primary field of practice as being either dentist (89%) or specialist (9%).

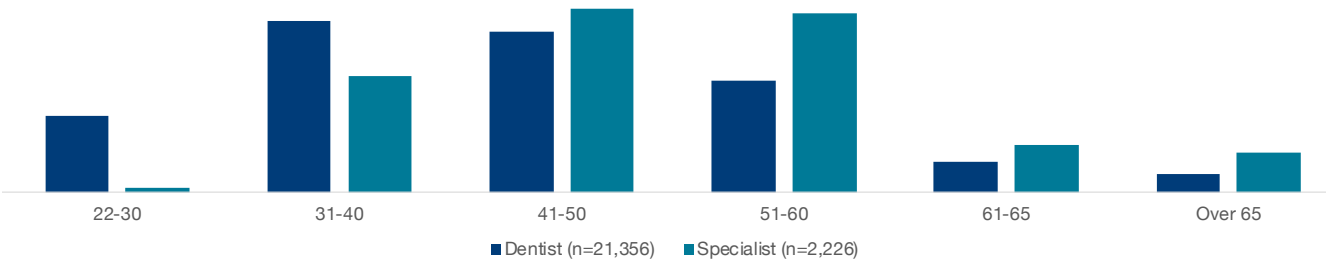
Figure 4 – Primary field of practice of dentists



What this tells us

- For specialists and dentists, there were significant differences around registrant age and time on the register
- Age (Figure 5): When the age groups were aggregated into 'Under 40' and 'Over 40', dentists and specialists showed significant variation: specialists (78%) were more likely to be aged over 40 years old compared to dentists (56%).[a]

Figure 5 – Primary field of practice of dentists



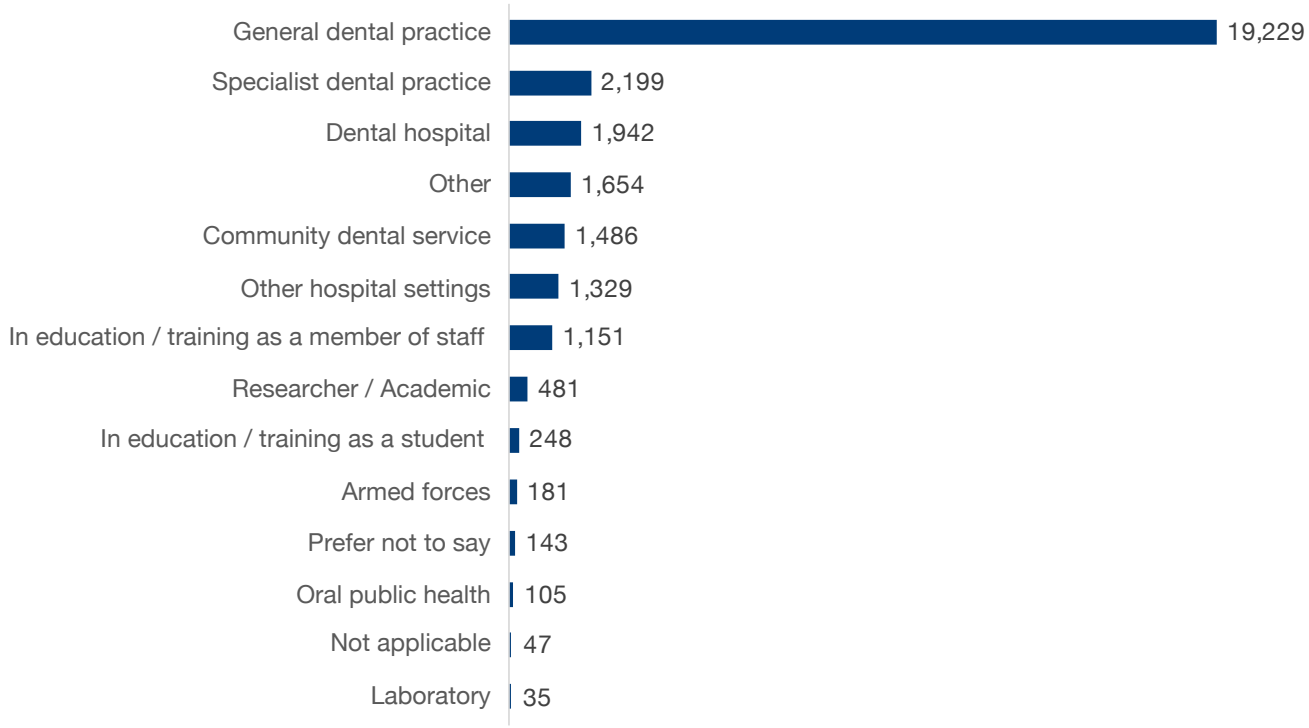
What this tells us

- Length of time on the register: Specialists were more likely to have been on the register for 11+ years (88%) compared with those whose primary field of practice was dentist (63%).[b]

2.4 Dental setting

Dentists were asked in which dental settings they work (Figure 6). The majority of dentists worked in general dental practices (80%, n=19,229) followed by specialist dental practices (9%, n=2,199) and dental hospitals (8%, n=1,942).

Figure 6 – Settings where dentists[11] indicated they worked



What this tells us

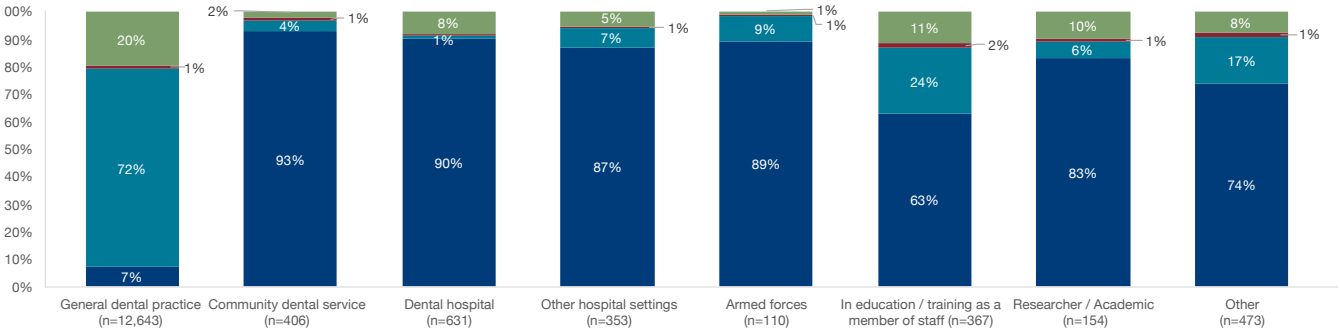
There were some correlations between registrant EDI characteristics and dental setting:

- **Specialist dental practices:** Those working in specialist dental practices were more likely to be aged over 40 (79%) compared with all respondents (59%).
- **Community dental service:** Dentists identifying as 'female' were more likely to be working in community dental service (9%) compared with all respondents (3%).
- **General dental practice:** Those with a UK country of qualification were less likely to be working in general dental practice (77%) compared to the all-study figure (80%).

11. They could select more than one

When employment situations were applied across the dental settings, for those who have only type of dental setting, it showed that dentists working in general dental practice were more likely to be self-employed then have other employment situations (Figure 7).[f]

Figure 7 – Those working in one type of dental setting by employment situation



What this tells us

- The chart shows that the general dental practice group is noticeably different to the other settings in that 20% have an 'other' employment situation (which included: Business owner / part owner 18%, in training / on sick leave / working unpaid / not applicable / prefer not to say 2%).

2.5 Country / location of work

Dentists who completed the working patterns questions were asked what country they worked in, with the option of selecting more than one country, if applicable (Table 1).

Table 1 – Comparison of responding dentist location with UK population numbers[12]

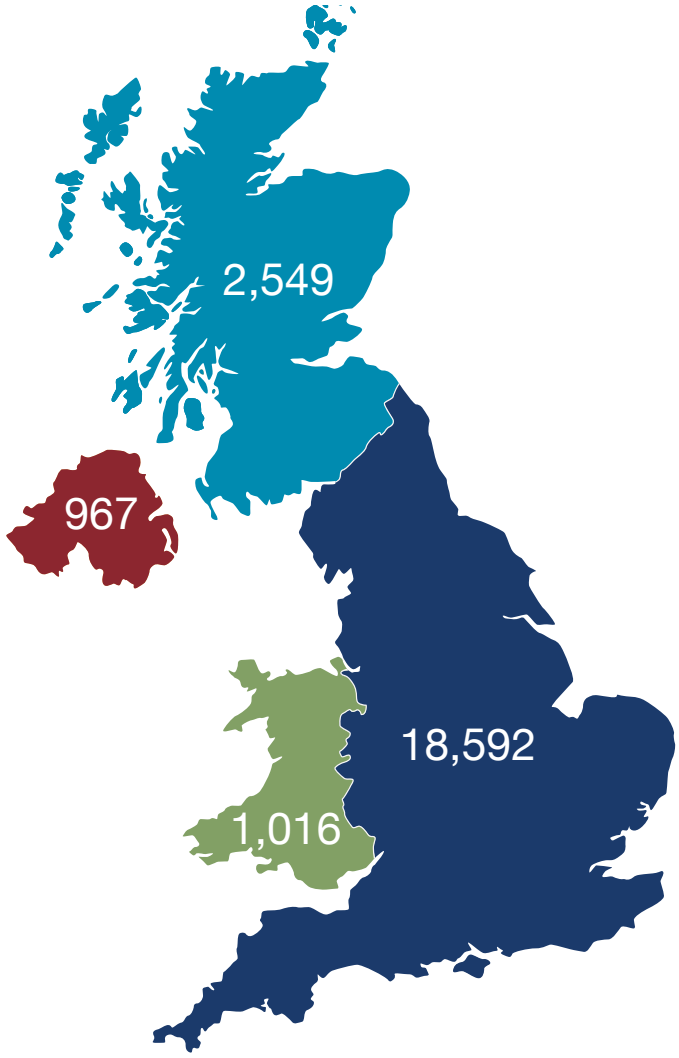
Country / location where dentist reported working	Count	%	Population Numbers[13]	% UK population
England	18,869	79%	57,690,300	85%
Scotland	2,612	11%	5,490,100	8%
Wales	1,137	5%	3,164,400	5%
Northern Ireland	1,013	4%	1,920,400	3%
Outside of UK	537	2%	-	-
Prefer not to say	196	>1%	-	-

What this tells us

- The table shows that the majority of responding dentists worked in England. When asked about number of countries they conducted their work in, the vast majority of dentists (98%) stated they only worked in 'one country'. Figure 8 shows how dentists who worked in only one country were distributed amongst the UK countries.[14]

12. As the respondents could select multiple answers, the total may exceed 100%
13. Population numbers for the UK mid-year estimate 2023 Population estimates - Office for National Statistics (ons.gov.uk)
14. It does not show the dentists who only worked 'Outside the UK' or selected 'Prefer not to say'

Figure 8 – Dentists who exclusively work in one country (count)



What this tells us

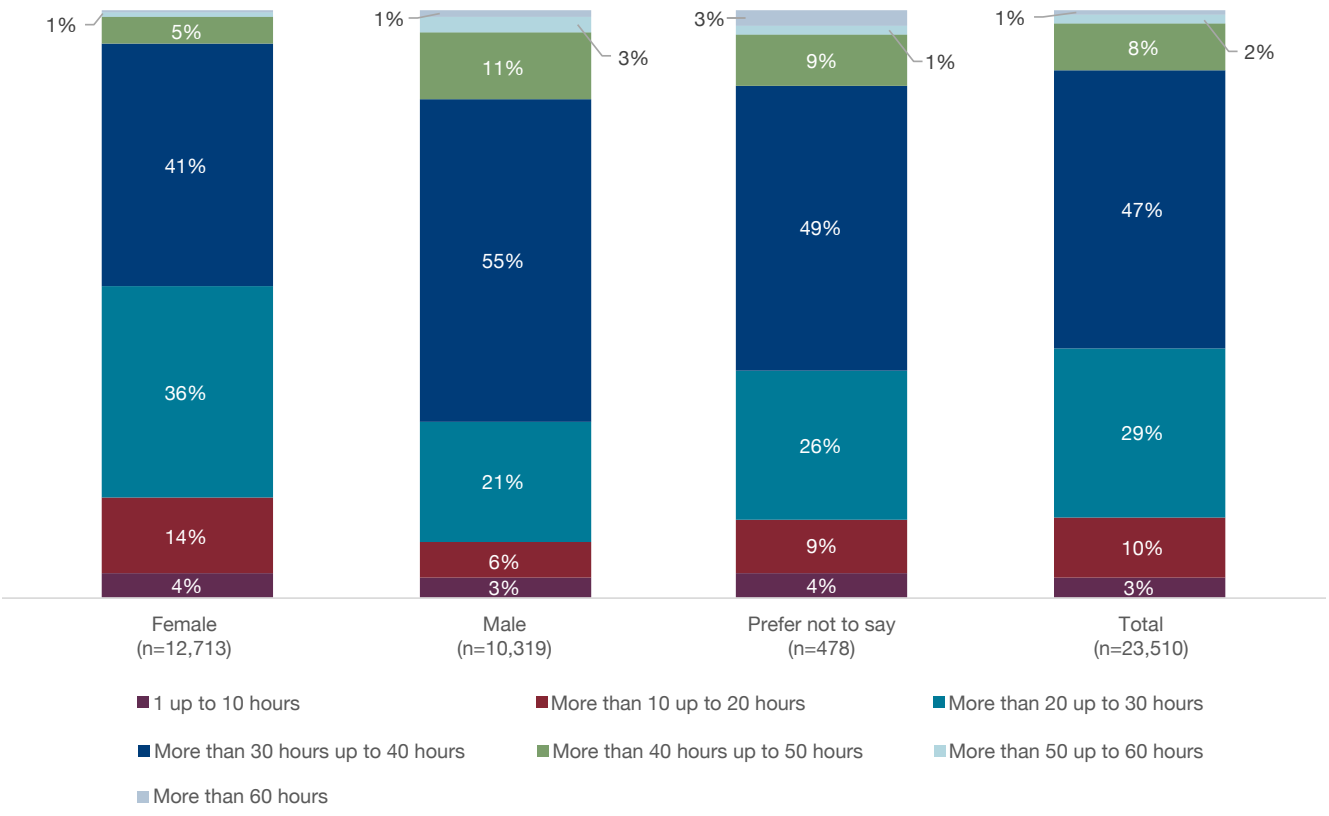
- Around one percent (1.2%) of dentists stated they worked in two countries. For those dentists working in more than one country, England was the most frequently mentioned country.
- For dentists working in more than one country, the most frequently mentioned dental setting was general dental practice (193 dentists), followed by specialist dental practice (93 dentists). When looking at combinations of dental settings, the most frequently combination was general dental practice and specialist dental practice (38 dentists).
- More than two-thirds (68%) of those respondents working in one country, also worked in one workplace (compared to 16% of those who worked in more than one country). For those who worked in more than one country, having two workplaces (43%)[15] was most frequently mentioned, followed by three workplaces (27%).

15. It was not a requirement to align the number of countries with the number of workplaces. This was left to the respondent's interpretation of the question

2.6 Hours worked by dental professionals

Dentists were asked to indicate the number of hours they normally work a week delivering dental care. The hours worked in dentistry was then correlated with the sex of the dentist (Figure 9).

Figure 9 – Sex of dentist by hours worked



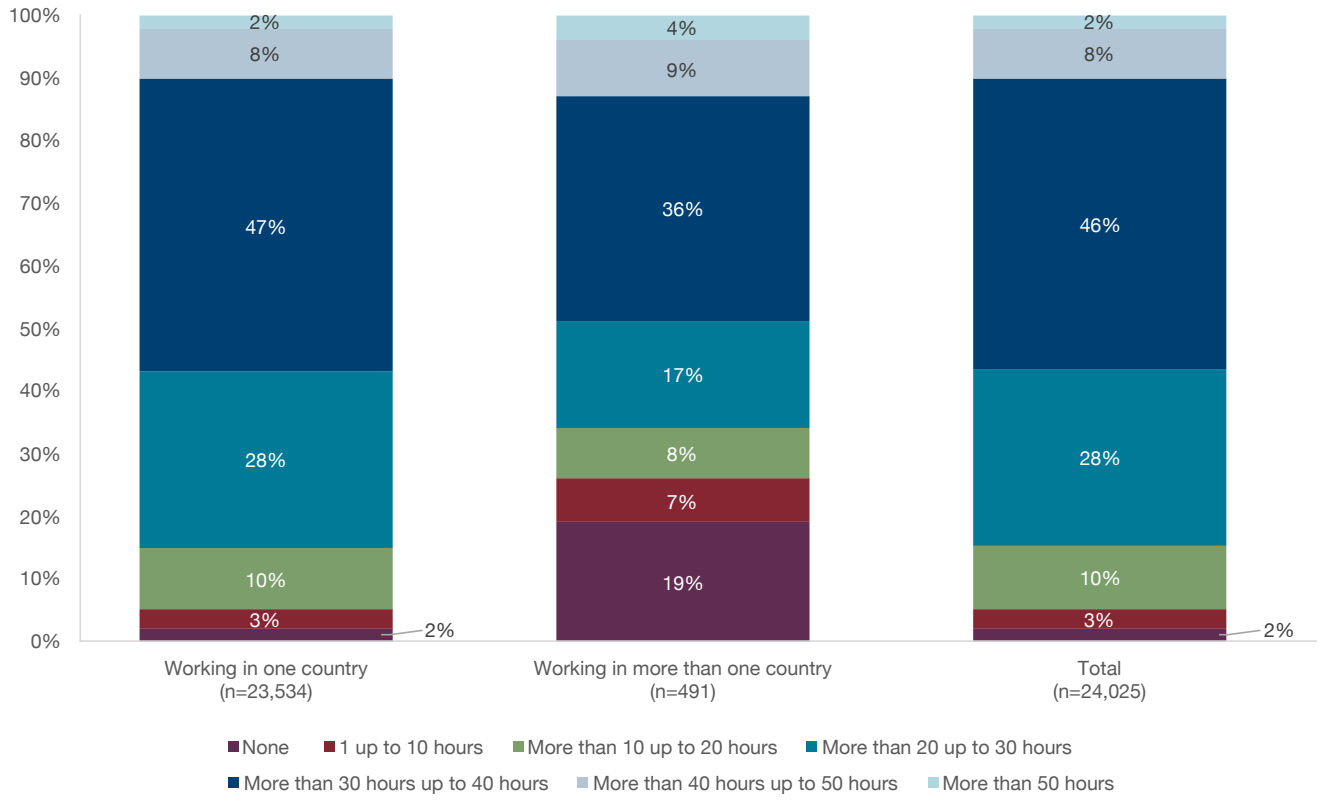
What this tells us

- There were significant differences between women and men, with the proportions working 'More than 20 up to 30 hours' and 'More than 30 up to 40 hours' reversed between the two groups. More than three-quarters of female (77%) and male (76%) respondents worked between 20 and 40 hours.

16. Defined as people who identified themselves as either male or female

There were significant differences in hours worked by those who worked in 'more than one country' when compared to the total (Figure 10).[h]

Figure 10 – Hours worked by number of UK countries worked in

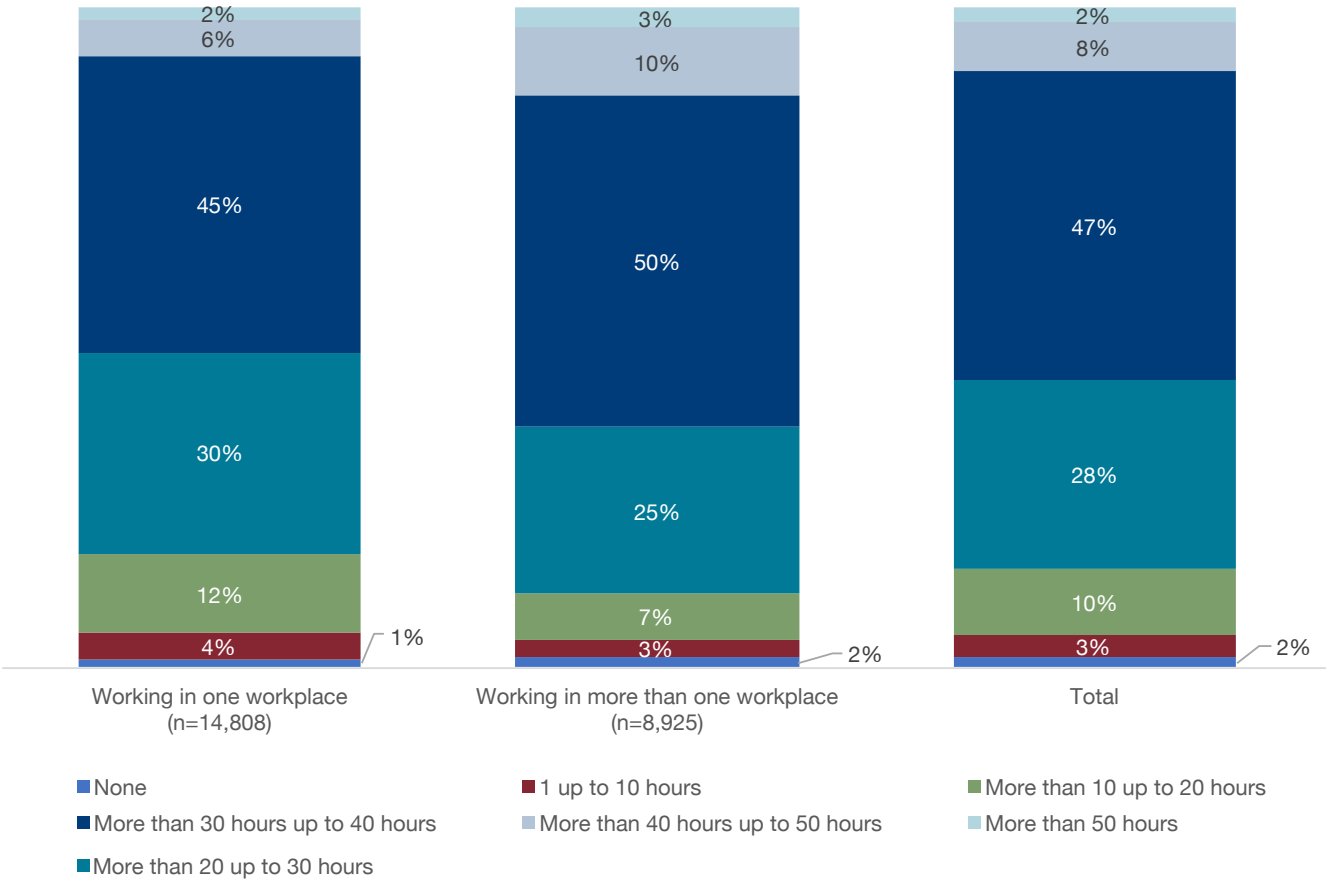


What this tells us

- Those working in more than one UK country were more likely to be working either 'up to 10 hours' (7% compared to all study figure of 3%) or more than 50 hours (4% compared to all study figure of 2%).

It was also possible to see how hours worked varied by the number of workplaces a dentist worked (Figure 11).

Figure 11 - Hours worked by number of workplaces a dentist works



What this tells us

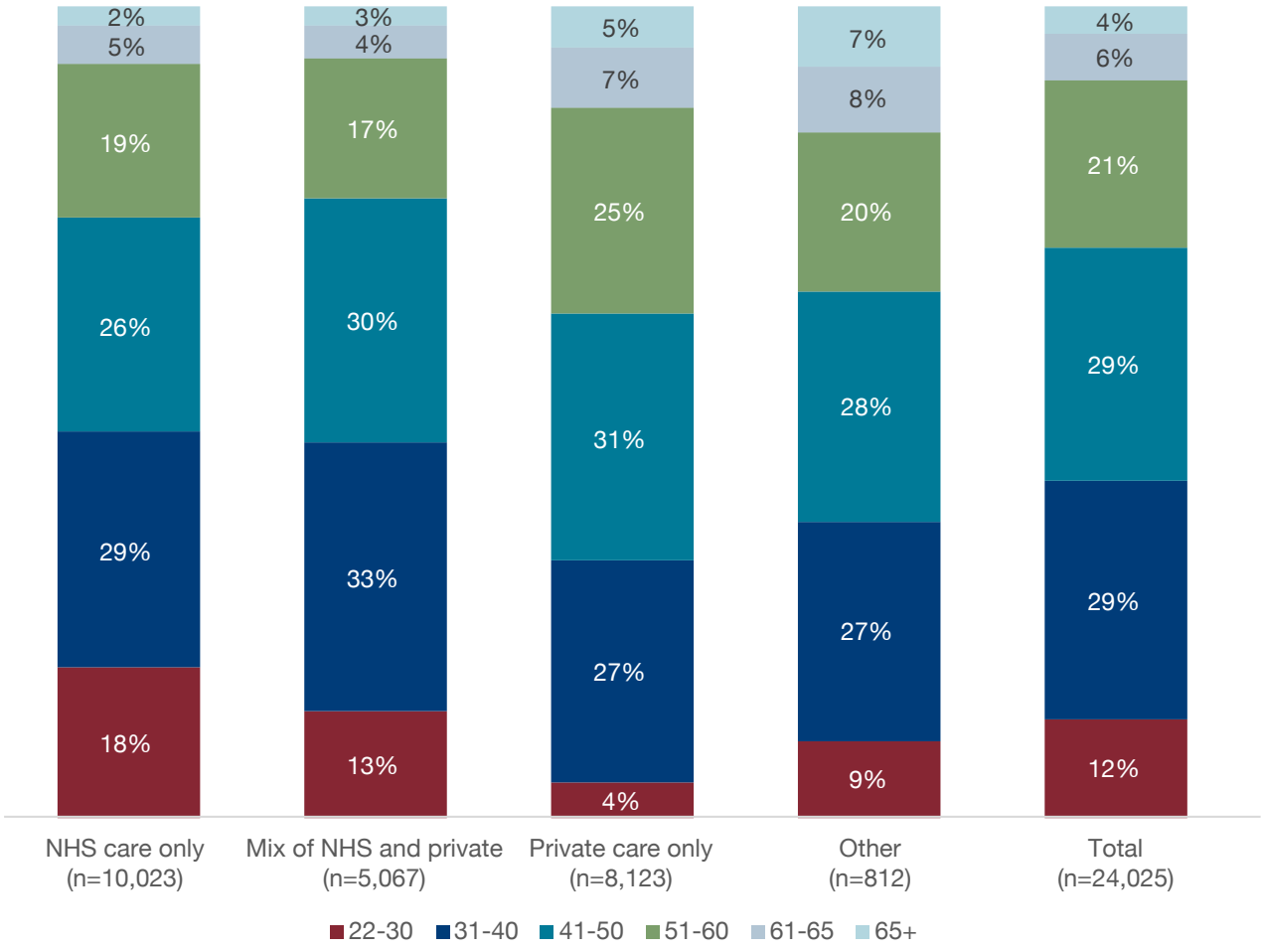
- Those dentists working in one workplace were more likely to be working 'up to 30 hours' (47%) compared to those working in more than one workplace (37%).[i]

2.7 NHS and private care

There were differences between dentists who only delivered NHS care or private care based on equality, diversity and inclusion characteristics, duration on the register and route of registration. The main differences included:

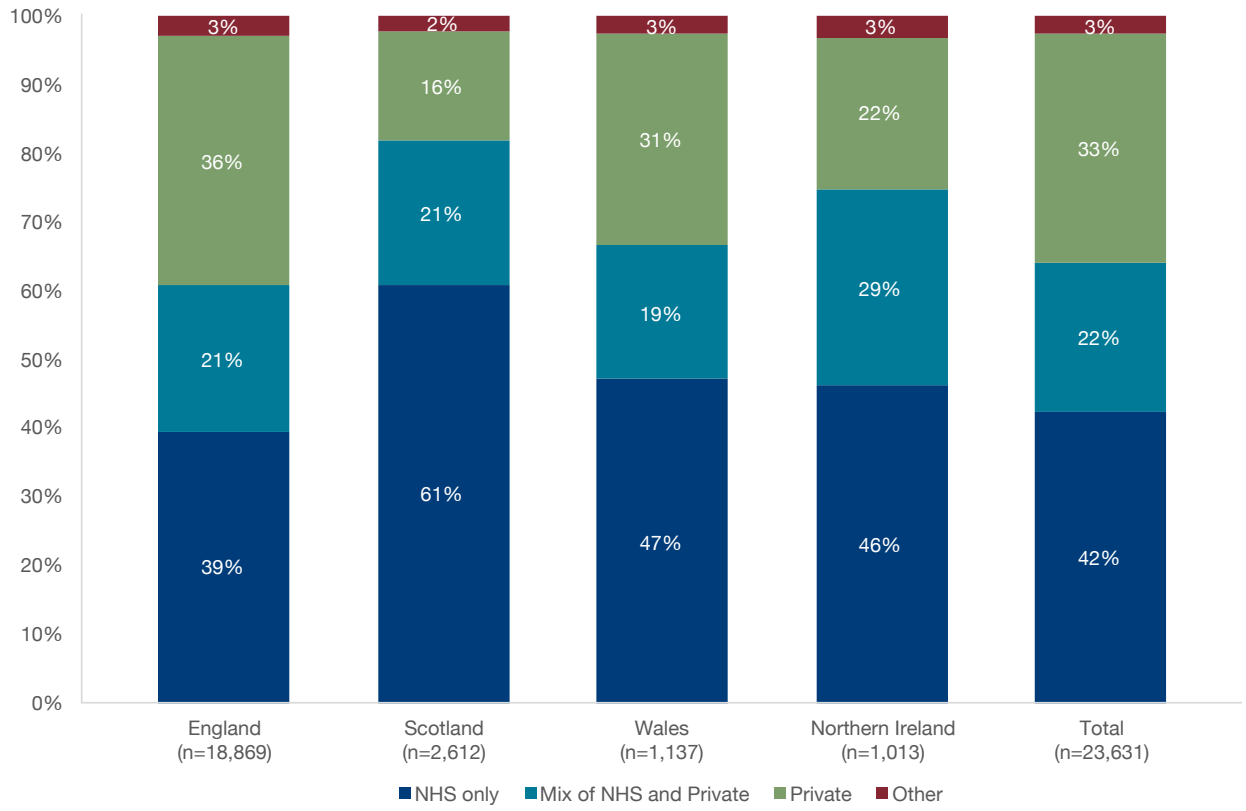
- Those dentists delivering NHS care only were more likely to be aged 22-30 (18%) compared to the total proportion of that age group (12%) as shown in Figure 12.[j]

Figure 12 – Type of treatment delivered by age group



- A lower proportion of dentists worked in the 'NHS only' in England (39%) compared with in Northern Ireland, Scotland and Wales (Figure 13).[k]

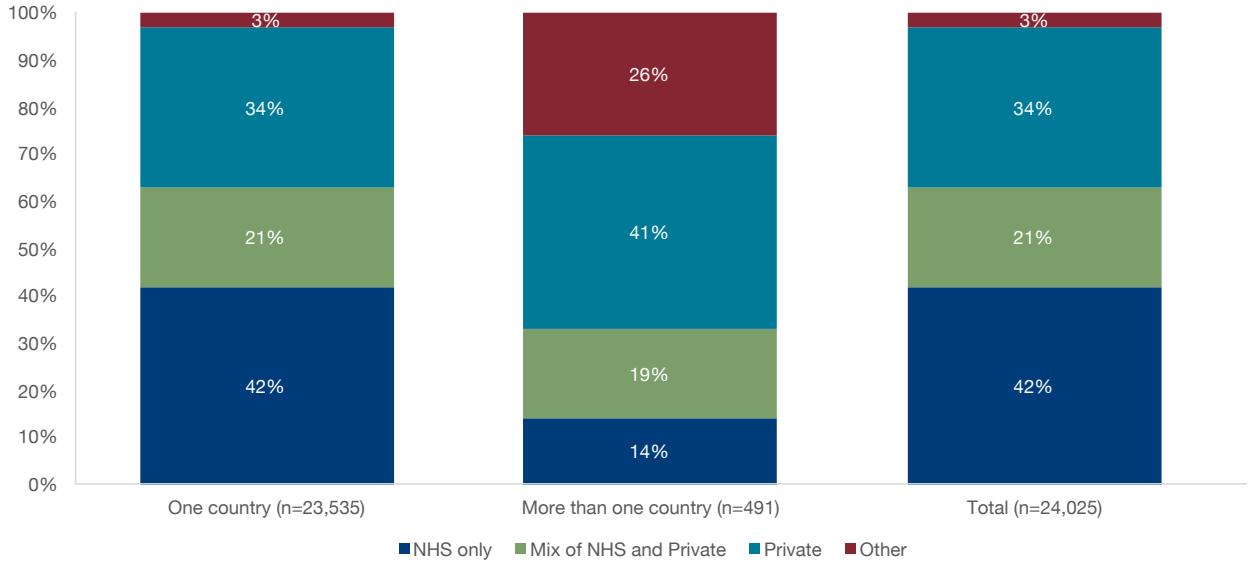
Figure 13 – Type of care delivered by UK nation



What this tells us

- Those working in more than one UK country were less likely to be working in NHS care (14%) and more likely to be working privately (41%) compared with the total (Figure 14).[l]

Figure 14 – Type of treatment by whether working in 'one' or 'more than one' country

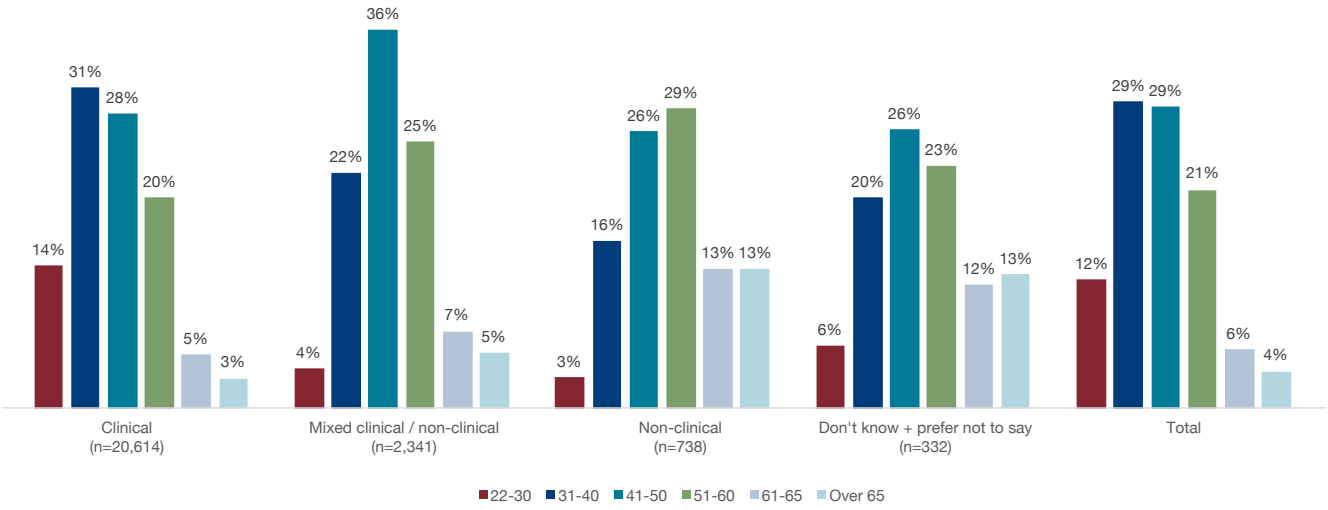


2.8 Clinical / non-clinical work

Dentists were asked whether their work was clinical or non-clinical or a combination of both.

Those undertaking any clinical work were more likely to be aged under 40 (44%) compared to the all-study figure (41%). Those undertaking 'mixed clinical and non-clinical' work (38%) and non-clinical work (55%) were more likely to be aged 51+ compared to the all-study figure (30%) (Figure 15).[m]

Figure 15 – Clinical / non-clinical work by age-group



Levels of clinical / non-clinical work and NHS care delivered were combined into five categories for analysis (Table 2).

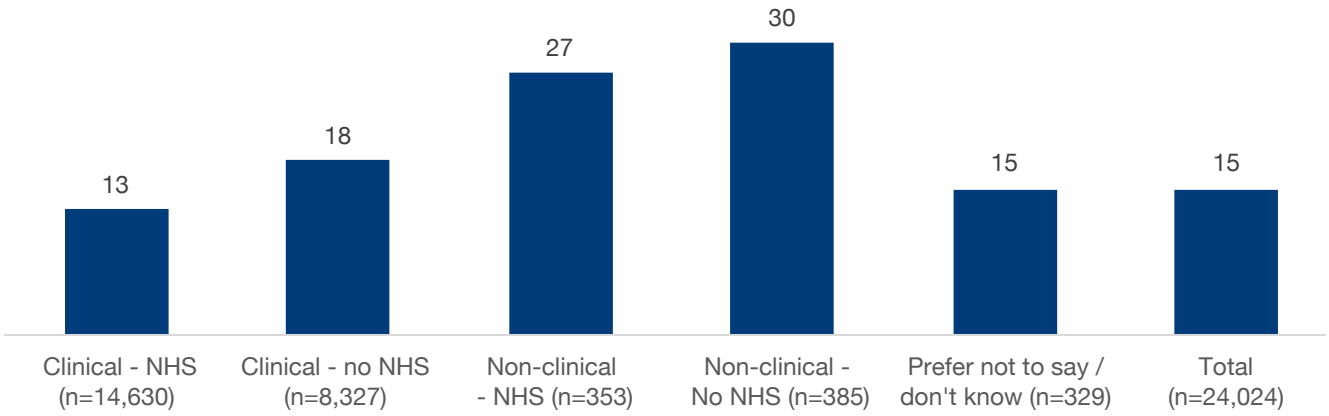
Table 2 – Levels of clinical / non-clinical work and NHS care delivered

Levels of clinical work / NHS care
Clinical and NHS
Clinical and no NHS
Non-clinical and NHS
Non-clinical and no NHS
Prefer not to say and don't know

Combining this information revealed that:

- Three-quarters of those who reported their employment situation as being 'employee' were working a combination of 'clinical and NHS'. Half (50%) of those working in 'clinical and NHS' roles were aged 'up to 40' (all study 48%).
- The duration the dentist had been on the register varied significantly by clinical / non-clinical and type of care. Those working in 'clinical and NHS' roles had the lowest median time on the register (i.e. were most recently qualified) (Figure 16).

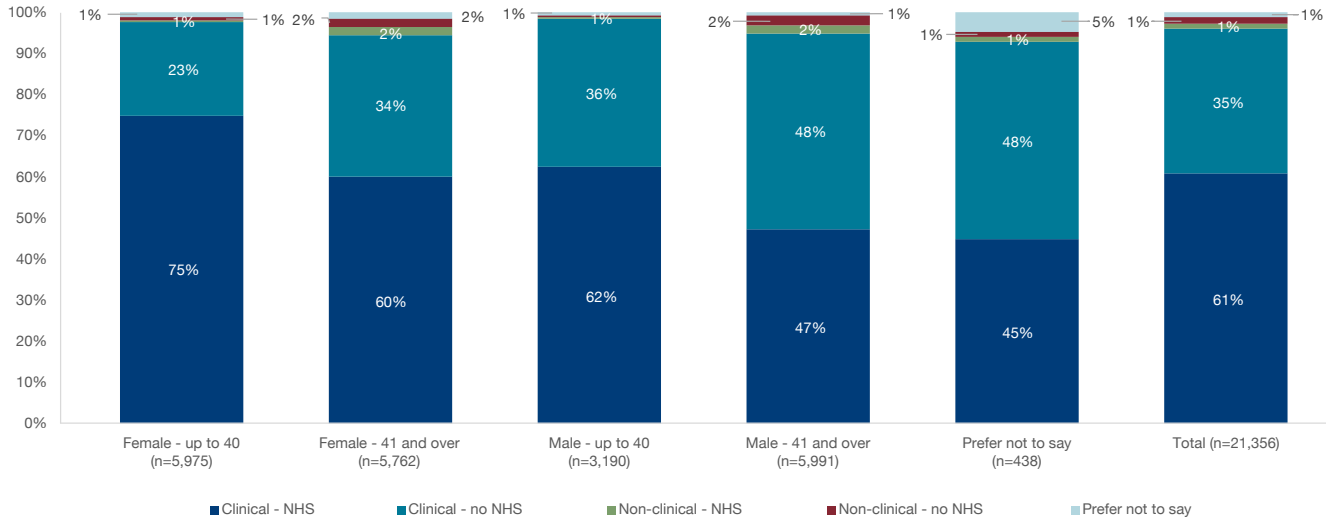
Figure 16 – Median time on the register by clinical / non-clinical and treatment type (years)



2.8.1 Clinical care combined with sex and age

The proportions of men and women that provided clinical care in the NHS varied significantly by age group (Figure 17).[p]

Figure 17 – Clinical care by sex and age



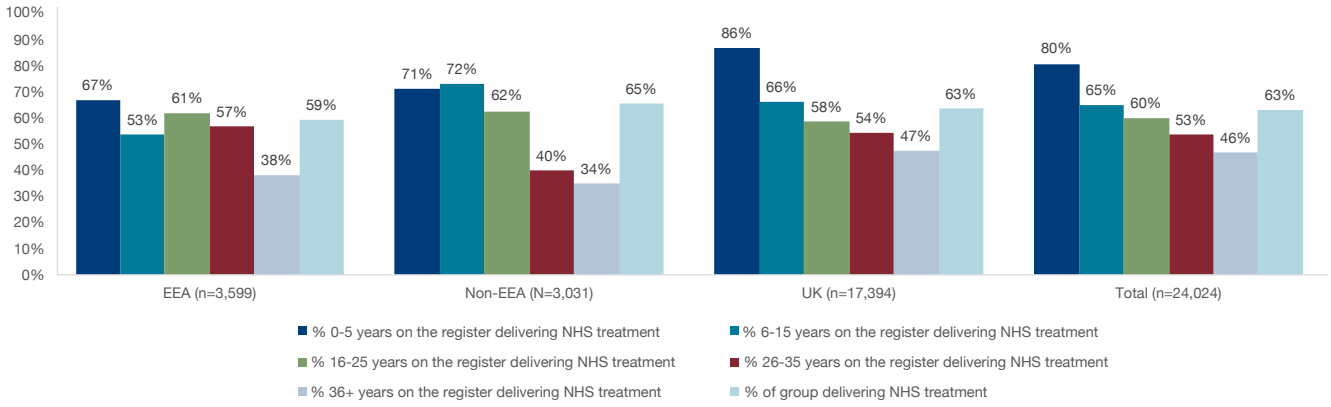
When age was included, this trend seemed to be accentuated. The proportion of women (60%) and men (47%) who reported working in clinical and NHS care decreased in the 41 and over age group compared with the up to 40 age group (where 75% women, and 62% of men worked in clinical and NHS).

Overall, women (68%) were more likely to be working in ‘clinical and NHS’ care compared to men (53%).

2.8.2 NHS care by route of registration

The proportion of dentists delivering NHS treatment (clinical and non-clinical) by their route of registration (UK / European Economic Area (EEA) / overseas) can be seen in Figure 18.

Figure 18 – Proportion of registration route by years on the register that deliver some[17] NHS treatment



What this tells us

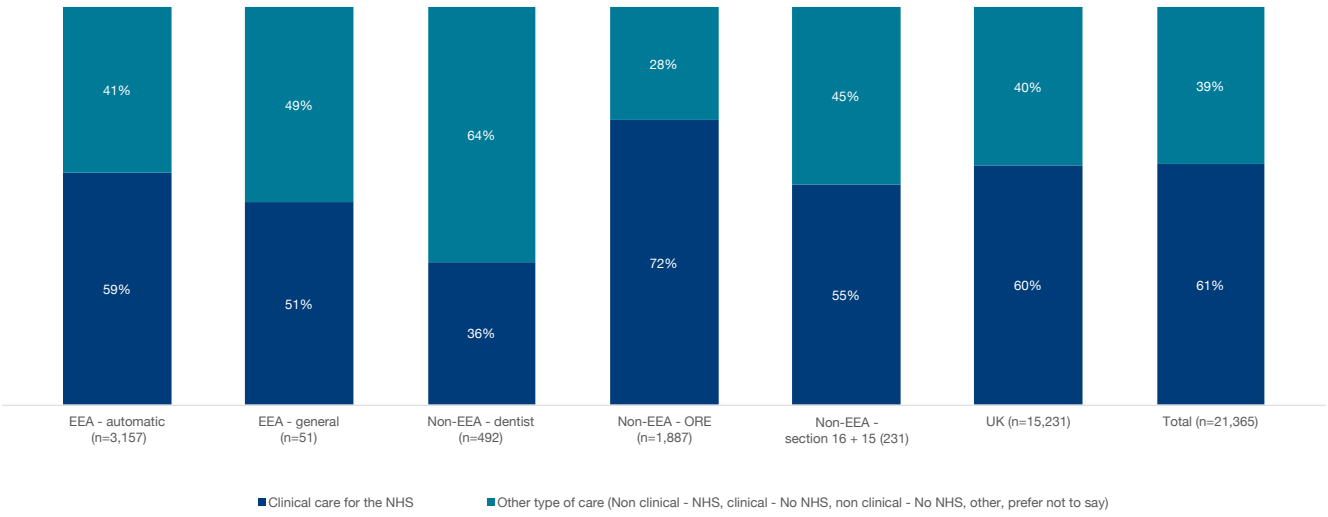
- Of those who have been on the register 0-5 years, 80% reported delivering some NHS treatment. This figure gradually declines as time on the register increases. Less than half (46%) of those who have been on the register for 36+ years were delivering NHS care.
- Those who qualified in the UK had a significantly higher proportion delivering NHS treatment in the first 5 years of their career (86%) when compared with the all-study figure (80%).[r]

17. Some means either 'fully NHS' or a 'mix of NHS and private'

2.8.3 Clinical and NHS care by route of registration

Reported clinical and NHS care provided was analysed in combination by respondents' route of registration (Figure 19).

Figure 19 – Dentist delivered clinical and NHS care by route of registration



What this tells us

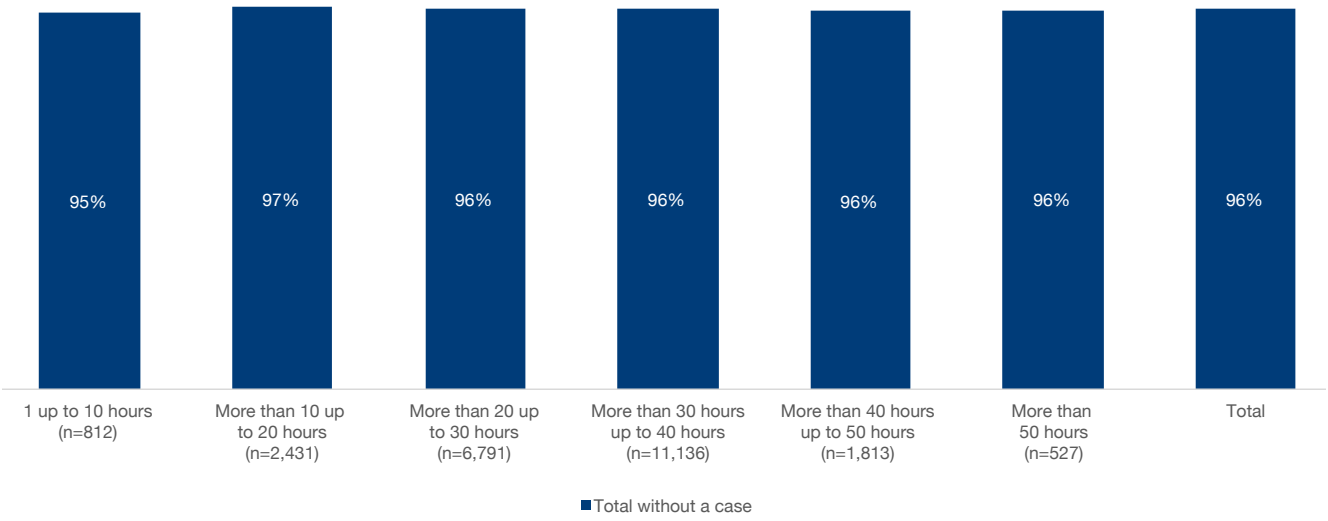
- Non-EEA Overseas Registration Exam (ORE) dentists were more likely to deliver NHS clinical care (72%) compared to the total (61%).[s]
- When registrant EDI characteristics and route of qualification were combined to explain the variance in clinical / non-clinical and NHS / private care: age and sex of the dentist were the main significant predictors.

2.9 Working pattern data correlation with FtP concerns

The GDC does not use working patterns data in any FtP case decision making (in line with the information provided to registrants during the data collection period). We have however used the working patterns data in conjunction with depersonalised FtP data in a research capacity to identify high-level trends in case assessments. Specifically, this was done to identify if any working patterns questions correlated with registrants having an FtP case that progressed beyond initial assessment in the past 2 years.

There were no significant differences in the incidence of FtP cases across the working hours reported in the workforce patterns data (Figure 20). The same was true for the incidence of FtP cases by number of workplaces.

Figure 20 – Total dentists without an FtP case by hours worked in dentistry (%)



Note: there is relatively low incidence of FtP among dentists (around 1%). Also, the sample for the working patterns data was self-selecting, which may mean some cases are not included. For an accurate count of FtP statistics please consider the FtP Statistical Report.[18]

18. Fitness to Practise Statistical Report 2023 (gdc-uk.org)

3 Conclusions

The majority of dentists who completed the working patterns questions were working in clinical roles. Amongst this group, analysis suggests there could be a shift in working practice for some registrants after five years on the register; from being an employee and working in NHS clinical care, to being self-employed and working in private practice (although largely still delivering clinical care). We would need more than one time point to confirm this which makes the dentists' annual renewal period 2024 (and subsequent time points) important for collecting this information.

In our dataset, NHS clinical care was more likely to be delivered by women rather than men. Women dentists were more likely to be working in the NHS (63% v 54% total), whereas men were more likely to be working in private practice (54% v 44% total). Nearly three-in-four (72%) dentists working in general dental practice were self-employed. UK qualified dentists were less likely to be working in general dental practice (although they still contributed the majority of those who claimed to be working in this setting). Those whose primary field of practice were specialists had been on the register longer than those who reported their primary field of practice as being 'dentist'. Dentists in Scotland had the highest proportion of respondents working in clinical NHS practice.

There are limits to this analysis and its ability to infer about the wider dentist population (i.e. those who didn't respond) because the respondents were a self-selecting sample. We felt it was important to give every dentist the chance to complete these questions and contribute. We recognised the demand for more data on dental professionals' working patterns from the sector and, having experienced lower response rates for primary research, decided to use the annual renewal period to gather a larger number of responses. The 55% response rate would have been challenging to achieve through a survey and random sample.

3.1 Future plans for working patterns data

From July 2024, full postcode data was collected instead of postcode area data, in time for the DCP annual renewal period. This allows greater insight in the reporting of a range of relevant geographical areas. We are working with internal teams and experts in geospatial analysis to identify ways of best displaying this, particularly once multiple timepoints have been collected.

From January 2025, we will have two timepoints for dentists through Annual Retention Fee (ARF) data collection. This will show, at the summary level (no individuals will be identified), annual changes in type of treatment registrants deliver (NHS or private), whether registrants work in clinical / non-clinical setting and the hours worked delivering dental treatment.

Any further questions or suggestions related to the publication of working patterns data can be submitted via email at research@gdc-uk.org.

4 Technical appendix

4.1 Question design and format

GDC researchers looked at existing information on working patterns data including sources from the NHS, the Office for National Statistics (ONS), the Government Statistical Service (GSS) and the Institute for Social and Economic Research. This was combined with questions previously developed from GDC primary research.

The questions were designed to minimise the burden on respondents and to capture factual data about working patterns. The majority of questions were fixed response. The questions were piloted with an external group of dental professionals. The questions took on average 5 minutes or less to complete. The working pattern questions were voluntary (so could be skipped) and every question had a 'Prefer not to say' option. This was because the GDC wanted the provision of this information to be voluntary and that everyone with a dental registration could decide for themselves whether to complete the questions.

4.2 Data cleaning

Aside from overall participation in working patterns questions being voluntary, individual responses to questions were as well. Mandatory response would have improved data quality; however, this was balanced with the need to provide respondents with the possibility of avoiding answering any question which might be sensitive in nature.

In terms of recoding data, any values that were left blank or entered in an invalid format (e.g. for text entry) were coded to unknown. Imputed values for things like postcode area, were when a partial match could be made against existing GDC records. In future, data collections will ask directly for a full postcode (but there will still be an option to leave blank).

4.3 Statistical analysis models

This analysis uses null hypothesis frequentist linear models to test for correlations in the data. The nine working patterns questions were combined with an additional 22 GDC registration fields and five fitness to practise fields. The large number of analyses has meant that only those with statistical significance ($p < 0.05$) and at least a small effect size (0.1) have been highlighted as 'significant' to reduce the burden on the reader and focus on the main findings (the model performance is included in end notes).

4.4 Non-response bias

Figure 1 shows that the age distributions are similar between the working patterns respondent dentists and the dentists on the GDC's registration statistical report at the end of 2023. The table below details comparisons on the other main EDI characteristics and Table 4 to Table 9 shows category by category comparisons with GDC registration report.

Table 3 – Comparison of registration and working patterns EDI characteristics

Characteristic	Comparison
Sex:	• Women respondents 54% (GDC dental register = 53% of the register)
Marital status:	• Married respondents 61% compared to 41% of the register • Never Married respondents 21% compared to 33% of the register
Ethnicity:	• White Ethnicity respondents 57% compared to 49% of the register
Sexuality:	• Straight / Heterosexual respondents 88% compared to 83% of the register
Region of qualification:	• UK qualified respondents 72% compared to 70% of the register

Table 4 – Sex of working patterns dentist compared with registration report dentists

	Working patterns dentist 2023 (n=24,025)	All dentists registration statistical report 2023 (n=45,201)
Female	54%	53%
Male	44%	47%
Prefer not to say	2%	0%
Total	**100%**	**100%**

Table 5 – Ethnicity of working patterns dentist compared with registration report dentists

	Working patterns dentist 2023 (n=24,025)	All dentists registration statistical report 2023 (n=45,201)
Asian or Asian British	27%	29%
Black, Black British, Caribbean or African	2%	2%
Mixed or Multiple ethnic groups	2%	2%
Other ethnic group	4%	5%
White	57%	49%
Unknown	1%	4%
Prefer not to say	7%	10%
Total	**100%**	**101%***

*due to rounding

Table 6 – Marital status of working patterns dentist compared with registration report dentists

	Working patterns dentist 2023 (n=24,025)	All dentists registration statistical report 2023 (n=45,201)
Divorced	4%	3%
Formerly in a civil partnership which is now legally dissolved	0%	0%
In a registered civil partnership	1%	1%
Married	61%	53%
Never married and never registered in a civil partnership	21%	22%
Separated, but still legally in a civil partnership	0%	0%
Separated, but still legally married	1%	1%
Surviving partner from a registered civil partnership	0%	0%
Widowed	1%	1%
Unknown	5%	11%
Prefer not to say	7%	9%
Total	**100%**	**100%**

Table 7 – Sexual orientation of working patterns dentist compared with registration report dentists

	Working patterns dentist 2023 (n=24,025)	All dentists registration statistical report 2023 (n=45,201)
Bisexual	1%	1%
Gay / Lesbian	2%	1%
Other sexual orientation, please specify	0%	0%
Straight / Heterosexual	88%	83%
Unknown	2%	4%
Prefer not to say	8%	11%
Total	**100%**	**100%**

Table 8 – Age of working patterns dentist compared with registration report dentists

	Working patterns dentist 2023 (n=24,025)	All dentists registration statistical report 2023 (n=45,201)
22-30	12%	16%
31-40	29%	31%
41-50	29%	26%
51-60	21%	18%
61-65	6%	5%
65+	4%	4%
Total	**100%**	**100%**

Table 9 – Route of qualification of working patterns dentists compared with registration statistical report dentists

	Working patterns dentist 2023 (n=24,025)		All dentists registration statistical report 2023 (n=45,201)	
	Count	Percent	Count	Percent
UK qualified	17,204	72%	31,471	70%
EEA qualified	3,550	15%	8,142	18%
ORE - UK statutory exam	2,121	9%	3,988	9%
Rest of the world	825	3%	1,603	4%
Unknown	325	1%	0	0%
Total	**24,025**	**100%**	**45,204**	**100%**

4.5 NHS v private care additional charts

Figure 21 – Sex of dentists by NHS / private care

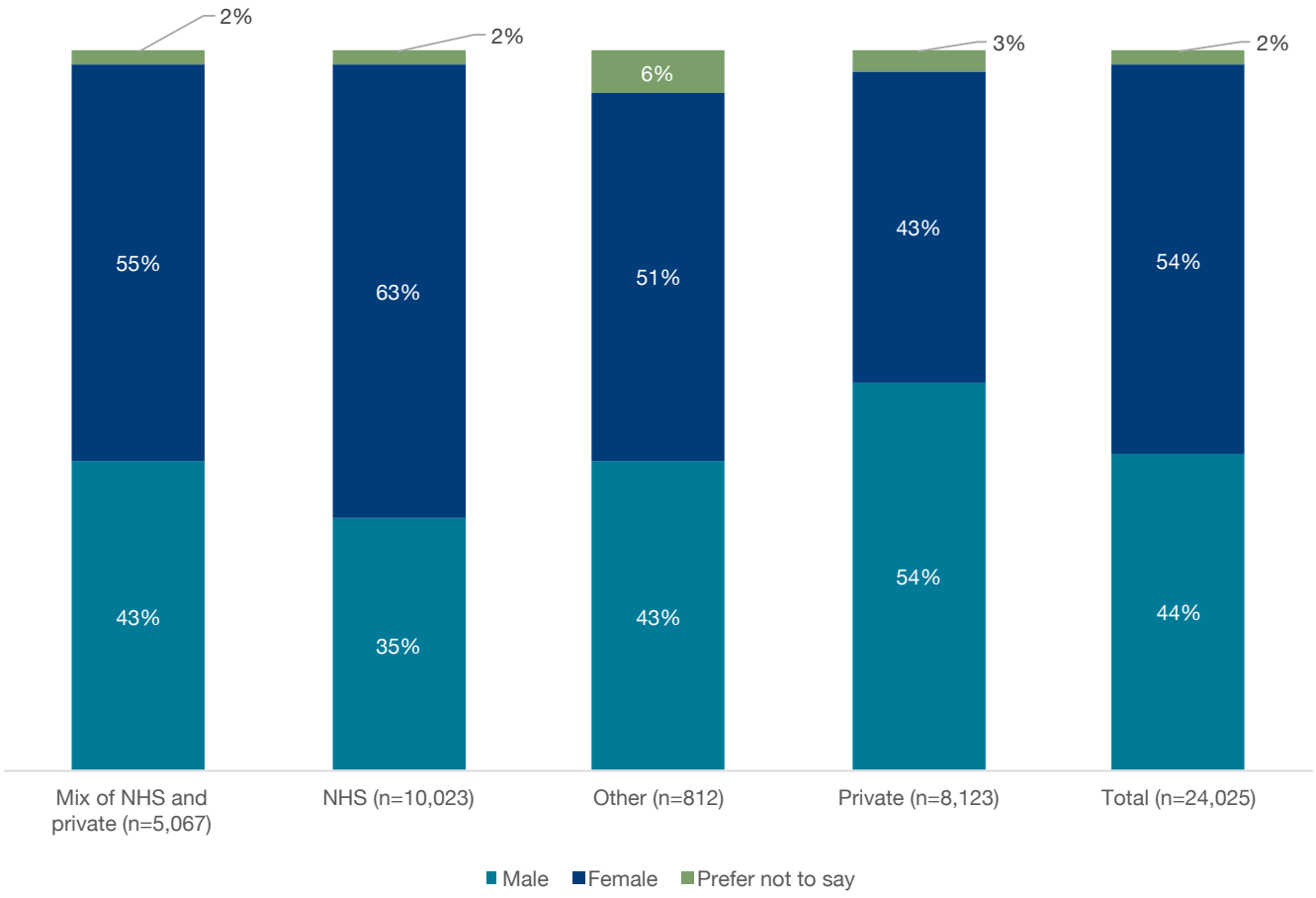


Figure 22 – Proportion of dentists who only work in one UK country, deliver 'some' NHS work by time on the GDC register (England and Scotland)

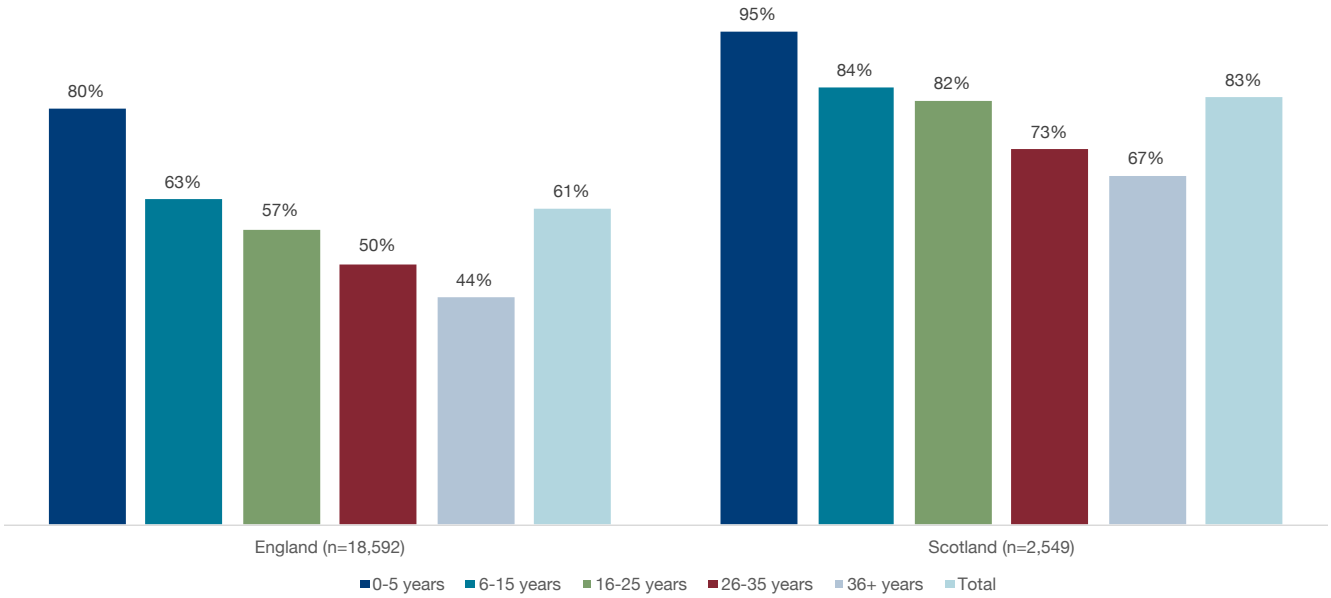
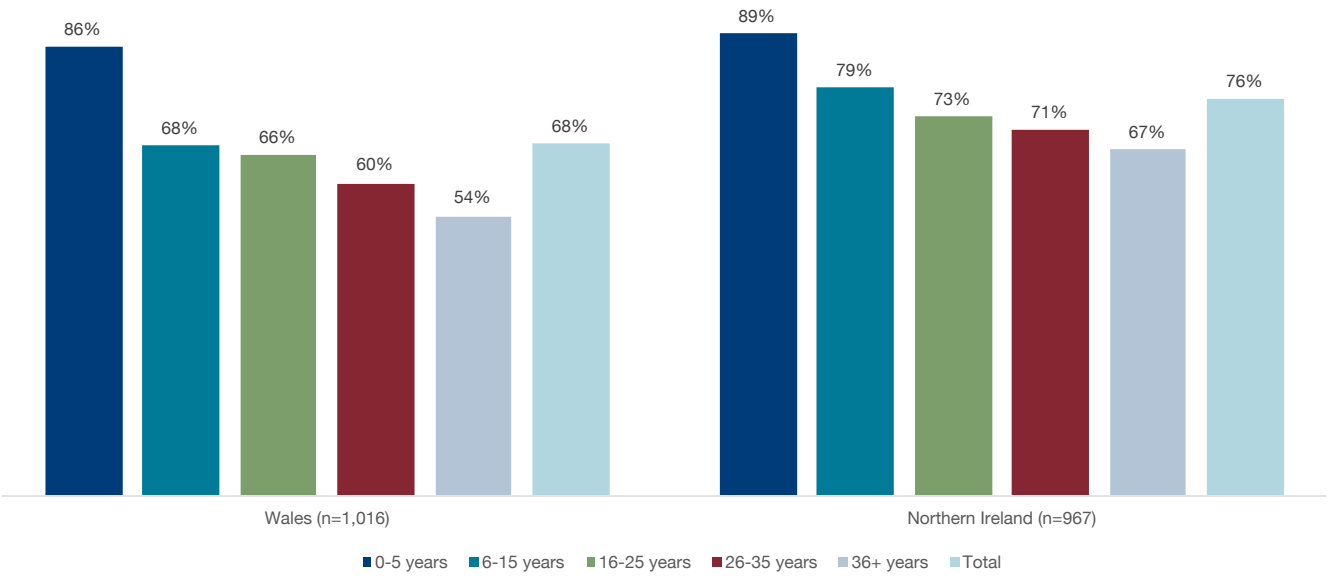
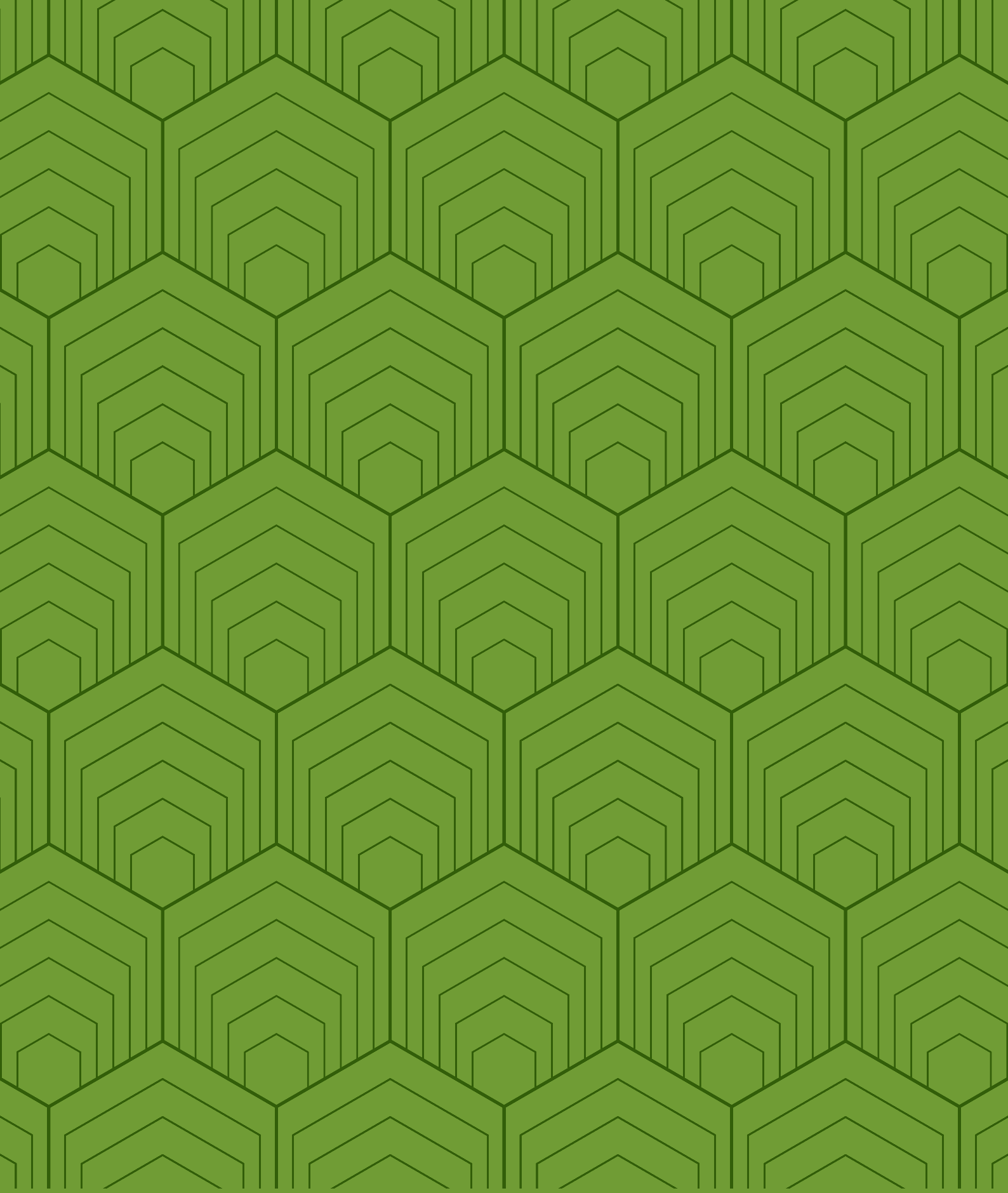


Figure 23 – Proportion of dentists who only work in one UK country, deliver 'some' NHS work by time on the GDC register (Wales and Northern Ireland)



4.6 Statistical notation

a. Pearson Chi- Square X2 = 586.7 (n = 23,582), df = 5, p = 0.01, Cramer's V = 0.15 (small effect size)
b. Pearson Chi- Square X2 = 746.4 (n = 24,024), df = 18, p = 0.01, Cramer's V = 0.12 (small effect size)
c. Pearson Chi- Square X2 = 358.4 (n = 24,025), df = 6, p = 0.01, Cramer's V = 0.12 (small effect size)
d. Pearson Chi- Square X2 = 345.2 (n = 24,025), df = 2, p = 0.01, Cramer's V = 0.12 (small effect size)
e. Pearson Chi- Square X2 = 345.2 (n = 24,025), df = 3, p = 0.01, Cramer's V = 0.11 (small effect size)
f. Pearson Chi- Square X2 = 5523.8 (n = 14,808), df = 3, p = 0.01, Cramer's V = 0.6 (medium effect size)
g. Pearson Chi- Square X2 = 1542 .1 (n = 23,510), df = 12, p = 0.01, Cramer's V = 0.18 (small effect size)
h. Pearson Chi- Square X2 = 753.8 (n = 24,025), df = 6, p = 0.01, Cramer's V = 0.17 (small effect size)
i. Pearson Chi- Square X2 = 451.6 (n = 23,733)), df = 6, p = 0.01, Cramer's V = 0.14 (small effect size)
j. Pearson Chi- Square X2 = 1164 (n = 24,025), df = 15, p = 0.01, Cramer's V = 0.13 (small effect size)
k. Pearson Chi- Square X2 = 1437.3 (n = 23,534), df = 12, p = 0.01, Cramer's V = 0.14 (small effect size)
l. Pearson Chi- Square X2 = 890.4 (n = 24,025), df = 3, p = 0.01, Cramer's V = 0.19 (small effect size)
m. Pearson Chi- Square X2 = 833.5 (n = 24,025), df = 15, p = 0.01, Cramer's V = 0.1 (small effect size)
n. Pearson Chi- Square X2 = 1306.5 (n = 24,025), df = 4, p = 0.01, Cramer's V = 0.23 (medium effect size)
o. Kruskal Wallis H test = 781.833 (n=24,024), df = 4, p =0.01, eta2 = 0.03 (small effect size)
p. Pearson Chi- Square X2 = 1185.7 (n = 21,356), df = 16, p = 0.01, Cramer's V = 0.11 (small effect size)
q. Pearson Chi- Square X2 = 724.7 (n = 24,025), df = 8, p = 0.01, Cramer's V = 0.12 (small effect size)
r. Pearson Chi- Square X2 = 193.2 (n = 41,02), df = 2, p = 0.01, Cramer's V = 0.21 (small effect size)
s. Pearson Chi- Square X2 = 239.6 (n = 21,356), df = 6, p = 0.01, Cramer's V = 0.10 (small effect size)



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