

Supplementary Table 1. Summary of selected articles

Author(s)/Year	Aim	Study method	Definition	Key findings
Groenestijn et al. (1980) ³⁸	To determine the perspectives people have about dentists utilising a scale analysis of variables measuring attitudes toward dentists and dental health services.	Quantitative	No	Trust in dentists has been labelled as confidence in the dentist. People who have confidence in dentists are likely to deny that dentists have a mercenary, remote attitude. Those who visit the dentist regularly seem to have more confidence in the dentist than those who do not.
Kulich et al. (2001) ²⁸	To investigate the factor structure of the Dental Belief survey in a population of dental phobic patients.	Quantitative	No	Trust is a complex phenomenon which can't be measured using two items.
Kvale et al. (2004) ³²	To test the intended factor structure of the Dental Beliefs Survey- Revised specifically dimensions ethics, communication, and control.	Quantitative	No	Trust factor which was excluded in the DBS-R, was reintroduced. Trust was also identified in a recent confirmatory factor analysis performed on the older version of DBS. In the current analysis, the reliability of the dimension is highly satisfactory. One of the items is allowed to load on both trust and ethics, which also might indicate that these two dimensions are related.
Graham and Logan (2004) ²⁶	To examine the socio-demographic characteristics of people reporting having a regular dentist.	Quantitative	Yes	Trust is a significant predictor of having a regular dentist, and it is independent of socio-graphic factors.
Abrahamson et al. (2006) ³³	To evaluate the psychometric properties of the Swedish version of the revised DBS in different patient groups and in a non-clinical sample of students.	Quantitative	No	DBS- R subdimension of communication and control/or trust, respectively, were significant predictors of dental fear.
Stenman et al. (2010) ³⁹	To explore the views of dental hygienists on communicative issues and interpersonal processes of importance in the prevention and treatment of periodontal disease.	Qualitative	No	Good communication between the dental hygienists and the patient was central in order to build a trustful and confident relationship with the patient.
Reid et al. (2014) ³⁵	To define potential challenges in dental professional ethics.	Quantitative	No	All survey items in trustworthiness domain revealed a consistent and statistically significant

				difference between respondents' expectation of the ideal dentist and their impression of a dentist in general.
Armfield et al. (2017) ¹⁹	The study has three aims (i) to adapt a general measure of trust in physicians to access trust in dentists; (ii) to determine the extent of trust of dentists in the Australian population and (iii) to examine the association between trust in the dentist and patient demographics and socioeconomic status variables, unfavourable patient outcomes and past dental experiences.	Quantitative	Yes	An 11 items dental trust scale was developed. Dental trust was significantly but only slightly lower for adults aged 40-59 years, while there was no difference by gender, household income or educational attainment. Lower trust was also associated with negative past dental experiences.
Skowron et al. (2017) ³¹	The purpose of the study was to (i) estimate the correlation between the Visual Analogue Scale (VAS) and typical Modified Dental Rating Scale and Dental Fear Survey dental scales, and (2) determine the suitability of the VAS for evaluating anxiety levels in adult patients prior to dental treatment.	Quantitative		A positive correlation between the results of the MDAS, DFS and VAS scores and the trust in physician. The patient who trusts a doctor shows less aggravation and vice versa, while a distrustful person is characterised by a higher intensity of anxiety.
Fico and Lagoe (2018) ³⁶	To explore the patient's perception of positive and negative communication with the dentist and dental hygienist.	Mixed methods	No	Three items from medical mistrust were adopted and modified to measure participants' perceived mistrust of dental providers. Those participants who had experienced negative communication with dentist reported significantly higher level of medical mistrust.
Song et al. (2020) ²⁹	To investigate whether dentist-patient relationship variables and oral health-related quality of life.	Quantitative	No	Dentist trust scale was used, which had 11 items reflecting four dimensions of patient's trust: fidelity, competence, honesty, and global trust. Fear is negatively associated with trust.

Song et al. (2020) ¹⁵	To explore the concepts relevant to trust in the dentist-patient relationship in a comprehensive manner and to illustrate the relationship among the concepts in visual guide maps using the findings from the search.	Review	Yes	Trust involves a multidisciplinary approach, not solely dependent on dentist-patient interaction. It is a core value which is indispensable.
Song et al. (2020) ³⁰	To compare the similarity of trust and satisfaction with regards to factor structure and revise the scales for better psychometric properties.	Quantitative	No	The model indicates that two separate yet highly correlated factors induced from exploratory and confirmatory analysis are the most explicative and parsimonious design for trust and satisfaction in DPR.
Yuan et al. (2020) ³⁴	To understand dental attendance using a mediator-moderator model with dentist's communication as the principal predictor, patient trust & dental anxiety as mediators and patient shame as a moderator.	Quantitative	No	Patients' trust in the dentist was significantly negatively related to dental anxiety and very strongly associated with communication.
Leggett et al (2021) ⁴⁰	To explore barriers and facilitators to oral disease prevention from multi-stakeholders' perspective.	Qualitative	No	Dentists acknowledged that they were perceived negatively. Dentists recognize the importance of their patients trusting them. They recognised that the message should be given in a way that does not blame the patients, and it needs to be tailored to each patient.
Muirhead et al (2014) ²⁷	To assess the oral health quality of life and dentist-patient relationships related to perceived unmet dental needs, shared decision making, time spent discussing oral health problems, respect and confidence, and trust.	Quantitative	Yes	Older people who lacked trust or confidence in their dentist had higher OHIP scores than those who expressed confidence and trust in their dentist.