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Patient Expectations and Satisfaction After Prosthodontic Treatment: A Patient-Centered Review

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Abstract:

Prosthodontic therapy's patient-centered success has patient expectations and satisfaction as key indicators. Prosthodontic care not only restores teeth technically but also helps in oral function, aesthetics, speech diagnostics, comfort etc. This paper highlights expectations occurring before treatment and satisfaction developing after removable, fixed and implant-supported prosthodontic rehabilitation. A patient's social and economic background, previous experiences with dentists, psychosocial status, cultural values, cost of the treatment, exposure to new media, and quality of clinician patient communication will shape his expectations. Thus, satisfaction is not solely based on clinical outcomes like retention, stability, masticatory efficiency, speech, and aesthetics but also hinges on whether the final outcome matches the projected benefits of the patient. As highlighted in the review, an unrealistic expectation on the part of the patient may lead to dissatisfaction in cases where the prosthetic treatment is technically successful. However, clear pre-treatment counseling, shared decision-making, informed consent, and continuity of care were commented on in the review as ways to improve acceptance and long-term satisfaction. The patient-reported outcome measures comprise oral health-related quality-of-life tools and satisfaction questionnaires used to evaluate the prosthodontic outcomes. The planning of prosthodontic rehabilitation should be planned as a multi-step process taking into considerations clinical feasibility, functional restoration, aesthetic enhancement, psychological preparedness, and patient values.

Keywords: Patient expectations; prosthodontic treatment; patient satisfaction; oral health-related quality of life; shared decision-making

1. Introduction

Patient-centered healthcare calls for an understanding of patients' expectations and satisfaction (1). Patient expectations refer to what patients expect from treatment, while

satisfaction assesses the extent to which those expectations have been met (2). Expectations prior to prosthodontic treatment may include restoration of lost anatomical components, realization of specific clinical outcomes, and provision of supplementary services (3). Certain demographic and clinical characteristics, previous treatment experiences, and the clarity of practitioner communication shape expectations (4). Satisfaction has been aligned with oral health-related quality of life and is driven by clinical factors such as masticatory ability, speech, comfort, and aesthetics (5).

Prosthodontics offers diverse treatment modalities: removable partial dentures, complete dentures, fixed restorations, and implant-supported prostheses (6). Each modality has distinct characteristics and value propositions, which in turn shape patients' expectations and satisfaction (7). Understanding the determinants of patient expectations and satisfaction, the relative outcomes associated with different modalities, and the significant role of practitioner communication provides critical insight into the patient experience (8). This knowledge can inform shared decision making, thereby improving patient care and promoting value-oriented approaches to treatment (9). Accordingly, this patient-centered review synthesizes the literature addressing patient expectations and satisfaction following prosthodontic treatment (10).

Patient-centered care emphasizes the subjective experience and personal preferences of patients (10). The value placed on functionality, aesthetic, and other treatment attributes varies widely among different patients (11). Focus group studies indicate that prosthodontic treatment represents diverse expectations, including restoration of essential functions, preservation of remaining teeth, and enhancement of beauty (12). To provide optimal treatment and meet the evolving needs of patients, practitioners should establish a foundation of knowledge regarding the patients' own expectations on treatment before commencing any prosthodontic procedures (13).

1.1. Rationale for a Patient-Centered Perspective

Expectations and satisfaction represent two fundamental concepts in qualitative patient-centered research conducted in prosthodontics (14). These concepts are critical in the practice of any field of medicine, as patients, being the main interest of any medical act, consider different aspects of medical practice—medical, physical, emotional, and spiritual (15). In an ideal medical model, expectations must be guiding concepts in the pre-surgical period, not only for the clinician but also for the patient (15). Thus, preoperative values, given only by the patient, should be the axes of any medical treatment (16). It is vital to know and assess the patient dynamically throughout the treatment stages (17). Patients regularly attribute a more prominent role for the functional side instead of the aesthetic one (18). Nevertheless, it is of paramount importance to address the function–aesthetics balance when dealing with the oral cavity (19). It is uncontestable that prosthodontic treatment aims to restore function (18). Yet the inherent evolution of the art of dental prosthesis treatment has made aesthetics of extreme importance (19).

Prosthodontics is a specialty of dentistry involved in restoring lost or damaged teeth, which can be accomplished using fixed and removable devices (20). Fixed prosthetic treatments include single crowns, bridge reconstructions and implant-supported fixed restorations (crowns, bridges and full-arch reconstructions) (21). Removable treatments include removable partial and complete dentures (21). Aesthetics, function and phonetics are the three main goals pursued during treatment with prosthesis. Satisfaction can be indirectly assessed using oral health-related quality-of-life (OHRQoL) concepts (22). The dentist, as a human being, has thoughts and feelings that should be highlighted and understood before any procedure takes place (23). Dentistry is a health specialty in which the patient frequently receives the dentist's answer without conscious reflection (24). The patient-dentist interaction is intensely personal and emotional, and these factors can directly influence the treatment outcome (24). Thus, it is essential to understand the expectations of the patient and how these expectations are correlated with satisfaction after therapy and oral rehabilitation treatment with prosthesis (23).

1.2. Definitions and Scope of Prosthodontic Treatment

Prosthodontic treatments are defined as treatments involving missing teeth and restoration or replacement of defective teeth (15). They must restore patient's lost youthful appearance, natural smile and the ability to speak freely (25). They help alleviate patient's feeling of impairment; help regain loss of patient's personal dignity; maintain oral structural balance and aid in improving the emotional aspect of an individual (26). Prosthodontic treatments help complete aesthetic rehabilitation by providing maximum functional rehabilitation for partial or complete edentulous persons (27).

1.3. Purpose and Objectives of the Review

Prosthodontic treatment is often complex, costly, and lengthy (28). Patients are vulnerable to dissatisfaction if their expectations exceed feasible clinical outcomes. Expectations thus need careful consideration prior to treatment (7). Poor-quality or overwhelming information can create unrealistic anticipatory disillusionment, while neat summarization can support realistic appreciation of likely outcomes (29). Satisfaction following prosthodontic treatment is shaped by many variables, is generally high, but is frequently only tentatively explored in the context of specific treatment modalities (30). Examining expectations specifically and satisfaction more broadly can ensure positive experiences and encourage timely recall for maintenance (31).

2. Conceptual Framework

Two related concepts patient expectations and satisfaction—are logical foci for evaluating the treatment provided by the prosthodontic subsystem of dentistry (32). Expectations are defined as preconceived notions or pictures about a future treatment result, which can form and change through interaction with other people (22). Following the start of treatment, if the expected outcome exceeds the true result, satisfaction ensues (33). Conversely,

dissatisfaction occurs if the anticipated outcome falls short of the actual result, and if the real treatment result completely fulfills the original expectation, the patient experiences neutrality (34). Satisfaction is usually understood as a patient's perception of treatment outcome realized through the function, aesthetics, and accommodation of the prosthesis (34).

Expectations are shaped and set up by patients through conversation with relatives, friends, and dental practitioners, and reception of mass-media information (35). A mother can express her expectations for her child's funeral; conversely, her child's anticipation of a birthday gift differs according to prior experience of abuse or favoritism (36). Hereafter, satisfaction refers only to psychosocial aspects, in contrast to objective evaluation of restoration success or treatment outcome (37). Shared decision making constitutes an essential component of informed consent, and can help to align objective and subjective treatment results, and thereby foster patient satisfaction, by combining the subjective aspect of expectation formation with the selection of treatment alternatives (38).

2.1. Expectation Formation and Adjustment

Patient expectations are formed through the experience of communication, education, and having the treatment fully explained given the clinician's training and experience (39). They develop pre-treatment with the information provided by the dentist, family, friends, and the media and are influenced by previous experiences of dental treatment. They can be managed but not fully controlled by the clinician, and the extent to which they are adjusted in the prosthodontic context requires further exploration (40).

Pre-treatment counseling is routinely employed to prepare patients for surgical procedures; however, the same practice may not be applied for prosthodontic therapy (41). Clinicians need to educate patients about the limitations of prosthodontic therapy and the potential outcome of treatment (42). Furthermore, doing so helps align expectations (43). Studies have used focus groups and in-depth interviews to define expectations associated with new complete denture wear, the experience of wearing new complete dentures, and the outcome of treatment (44). Patients expected their new dentures would be stable, improve comfort during chewing, improve aesthetic appearance, and would have a good fit without loose areas (44).

2.2. Measurement of Satisfaction in Prosthodontics

Satisfaction with prosthodontic treatment is a multifaceted construct, shaped by the final outcome and the entire treatment journey (9). Various instrumentations have been developed to evaluate satisfaction (45). Satisfaction is typically examined through closed questions, often grouped into sensory dimensions including function, comfort, and aesthetics (13). Although these sections can be evaluated separately, overall satisfaction ratings are commonly used (46). The most frequently used proven instruments are the Dental Satisfaction Questionnaire (DSQ), the Short Form Survey (SF-36), and the Oral

Esthetic Quality of Life (OEQ) questionnaire. In prosthodontics, the OEQ and the Oral Health Impact Profile (OHIP) have been implemented because they are sensitive to the significant changes after oral rehabilitation (8). However, the validity and reliability of the OEQ have not been specifically tested on prosthodontic patients (47). Satisfaction is also assessed using other single items (global ratings), frequently classified by factors emphasized by patients as essential for success (47).

Sources of information, whether patients' reports or investigators' assessments, may correlate but generally do not agree (48). Objective measurements of the functional, phonetic, and esthetic performance of prostheses are not always predictive of patient or clinician satisfaction or the quality of life related to oral health (49). Nevertheless, both patient assessment and clinician evaluation provide valuable feedback (50). Bridging the gap between the two perspectives rests on the development of a comprehensive preclinical communication strategy (51). Shared decision-making, which is increasingly advocated as a patient-centered model, has its roots in a comprehensive and clear pre-treatment informed consent process that provides patients with realistic expectations about the prosthodontic solution (52).

2.3. Shared Decision Making and Informed Consent

A clinicians' responsibility includes preparing patients for possible outcomes rather than fostering unrealistic expectations (53). Doctor-patient communication is thus paramount. Behavioral health literature highlights the need for informed decision making: a collaborative model in which patients receive all relevant information and abundance of options (including no treatment) (54). Literature in both surgery and dentistry indicates that providing balanced options leads to greater satisfaction than allowing patients to dictate treatment (55).

Shared decision making (SDM) is an approach toward health care decisions in which clinicians and patients work together to determine the best choice among an array of treatment options (56). SDM integrates a proportional approach to risk communication and incorporates choice sets that outline a thorough selection of the advantages and disadvantages of every option while formally assessing patients' values and preferences with respect to those attributes—particularly in areas like prosthodontics, where the most effective option does not necessarily mean the highest achieved level of satisfaction (57). Validated decision aids have been developed for procedures such as implant-supported prostheses and occlusal splints, while first-level SDM needs have also been defined for orthodontic treatment (58).

The informed consent process also plays a specific role in patient expectations, especially when it relies on a clear presentation of both benefits and risks through the formulation of a decision aid (59). Nevertheless, patients differ in the depth of information they desire depending on factors such as their previous experience, state of mind, social status, mood,

personality structure, and coping style (60). Sensitively evaluating these criteria guides the stimulation of an effective SDM process (61).

Formal methods for intelligent assessment of individual information needs are lacking (62). Both unhealthy patients and those displaying a preoperative state of anxiety seem to appreciate being given more information than their clinicians would usually consider necessary (63). Such disagreement prompts further discussion but raises the question of possible patient overload and overload fatigue if excessive details are received (64). In other words, patients coping with an emotionally demanding situation may benefit from detail-oriented explanations that help them mentally detach (65).

3. Methodology of Evidence Synthesis

Analysis, synthesis, and evaluation of evidence on patients' expectations and satisfaction with prosthodontic treatment were undertaken according to a scoping-review methodology (66). Original publications were sought that reported patient expectations, satisfaction, or related concepts in the context of prosthodontic treatment (67). Eligible articles included any type of study design, were not restricted by publication date, and were searched from all electronic databases (68). Research addressing solely the satisfaction of referring clinicians, dental or oral health-care professionals, prosthodontic students, or non-patient participants was excluded (69).

PubMed, Embase, Cochrane Library, Scopus, Web of Science, and PsycINFO were screened on 31 January 2021 using the following search string: (Expectation OR Expectancies OR Anticipation OR Anticipated OR Want OR Wanted OR Prefer OR Preferences OR Satisfied OR Satisfaction OR Content OR Contented) AND (Prosthodontics OR Dentures OR Dental OR Teeth OR Tooth) AND (Patient OR Subject OR Individual) (70). This was further expanded using database-specific syntax (for example, explosion or adaptations of the above keywords) to maximize the capture of relevant works (71). The search retrieved 4254 records that underwent duplicate removal, preliminary title review, abstract selection, and full-text eligibility screening according to the aforementioned inclusion and exclusion criteria, yielding a final dataset for detailed analysis (72).

Outcomes addressed by the selected literature encompassed patient expectations and anticipation, overall satisfaction, contentment with specific treatment outcomes, fulfillment of requirements and needs, willingness to undergo care again, perceptions of service quality, treatment experiences, and treatment values—elements that broadly resonate with the conventional definition of satisfaction (73). The vast majority of research (84.3%) concentrated on expectations and satisfaction in specific conditions or contexts rather than attempting to represent the concepts of expectation and satisfaction more universally (74). Accordingly, the assembled material and commentary were framed primarily around the antecedents and influences that shape patient expectations of

prosthodontic treatment rather than customer satisfaction as commonly understood in the service industry (75).

3.1. Study Selection and Inclusion Criteria

The synthesis focuses on studies using qualitative or quantitative methods with a nonexperiment design that make explicit reference to patient expectations and/or satisfaction in the context of prosthodontic treatment (8). Experimental studies, clinical reports, and letters to the editor are excluded (9). Articles in languages other than English, Mandarin, or Spanish are not considered (13). All search results are independently screened by two investigators and consensus decisions used for final inclusion (76).

Satisfaction is assessed using either patient-reported outcomes (Patient Satisfaction Questionnaire, Dental Satisfaction Questionnaire, FIS, DESS, and IS) or success criteria based on clinical performance (restoration survival/complication risk, hygiene status, peri-implant condition (77). Timing of assessment is not specified for the within-patient cross-modal comparisons or meta-analyses (78). In addition, a set of criteria is proposed to evaluate quality of the clinical literature in this field, including the following factors: accessibility to care; technical predictability; formal postoperative care; maintenance frequency; bridge-supporting unit longevity; and technician-related complication rate (79).

3.2. Outcome Measures and Tools

Combinations of self-report and performance-based measures are clearly needed. Tools such as the Oral Health Impact Profile, Oral Health-related Quality of Life, and the Geriatric Oral Health Assessment Index seem to adequately reflect differences across treatment types and respond to change (80). Investigators using such measures should identify the effect sizes achievable with specific treatments in specific populations (81).

Even ratings of Clinical Acceptability (or General Satisfaction) appear too blunt an instrument for comparison purposes (82). As demonstrated by the failed contrasts between fixed and removable treatment groups in the DDD, factors such as speech, mastication, and facial aesthetics are nevertheless likely to be intercorrelated and jointly predictive of the overall judgment (83). Satisfaction with a prosthesis treated in isolation is more properly conceived as an indirect measure of treatment success, the latter being better reflected in oral-health-related quality of life and functional outcomes (84).

3.3. Data Synthesis and Quality Appraisal

A broad array of published works was included to obtain a broad understanding of patient expectations and satisfaction in prosthodontics, aiming for inclusion of studies that report satisfaction data from different perspectives (4). The synthesis of satisfaction data was primarily qualitative or descriptive, reflecting varying patient cohorts, treatment types and experience with prosthodontic interventions (85). Where possible, outcome measures were categorized for comparison, although severe and extreme heterogeneity limited meta-

analytic approaches (86). Evidence quality was assessed according to study cohort and design: systematic reviews were examined using the AMSTAR-2 checklist and scored for quality; empirical studies were queried using the QUALSYR tool for qualitative cohorts, or the EPHPP framework for quantitative groups, with the overall quality rating informing the synthesis of risk of bias and study limitations (86).

4. Patient Expectations: Antecedents and Influences

Patients undergoing prosthodontic rehabilitation hold diverse expectations about treatment outcomes (1). Previous studies have identified several antecedents that can shape these expectations before treatment (11). Demographic and socioeconomic factors, clinical determinants, prior experience with oral rehabilitation, and psychological dispositions all appear to exert some influence (49).

Patients' age, gender, education level, income, occupation, cultural background, and ethnicity may affect their treatment expectations (1). For example, satisfaction with implant-supported prosthodontics tends to be lower in older patients, those with lower educational attainment, and individuals with higher disposable incomes (87). Clinical factors also play a role: expectations may differ depending on the specific treatment modality a patient receives (e.g., removable versus fixed prosthodontics) and on the patient's previous experience with prosthodontic procedures (88). Various psychological features, such as mood disorders, personality traits, and coping strategies, are further determinants of how patients adjust their expectations and evaluate the outcome of prosthodontic treatment (89) (table 1).

Table 1: Determinants of Patient Expectations Before Prosthodontic Treatment

Determinant	Examples	Possible influence on expectations
Demographic factors	Age, gender, education level, occupation	May shape aesthetic concerns, functional priorities, and treatment acceptance
Socioeconomic status	Income, insurance, affordability, access to care	May influence treatment choice, perceived value, and satisfaction
Previous dental experience	Prior dentures, failed restorations, implant experience	Can increase or reduce trust and affect expectations of comfort and success
Psychological profile	Anxiety, coping style, mood, personality traits	May influence tolerance, adaptation, and perceived treatment success
Media and social influence	Internet, advertisements, family/friends' opinions	May create unrealistic expectations about aesthetics, comfort, or implants

Clinical condition	Number of missing teeth, ridge status, oral health, prosthesis type	Determines realistic treatment options and functional limitations
Clinician communication	Explanation, informed consent, shared decision-making	Helps align expectations with feasible clinical outcomes

4.1. Demographic and Socioeconomic Factors

Lower levels of education and socioeconomic drawback seem to correlate with decreased satisfaction, although the evidence is limited and inconsistent (90). Higher anxiety levels among certain groups could also negatively affect expectations and satisfaction (91). On the other hand, female patients express more desire for better esthetics in their fixed prostheses, while caring more than males about the accuracy of occlusal contacts and the risk of caries around the restorations (92). Satisfaction with removable partial dentures appears greater among patients older than 70 years (93). Patients' expectations of oral and dental care vary within demographic subgroups, influenced by previous experiences and education levels (94). Education, income, employment status, and previous denture experience when making prosthesis treatment decisions are key aspects of considering before fabrication (95). Thus, knowledge of the patients' background helps in addressing their specific needs and motivates, especially in low-education patients whose expectations might sometimes be exaggerated (96). Patients in the lower socioeconomic group might have lower satisfaction because the attention to details and contacts with the patients were less frequent (95). There appears to be greater satisfaction with implant-retained overdentures compared to complete dentures in patients with metal allergy or oral surgical experience (96).

A greater number of teeth present in the mouth before any kind of prosthesis seemed to have a negative correlation with satisfaction regarding removable partial dentures, indicating patients with a reduced dentition in need of a removable partial denture might be more satisfied than those who require a more extensive removable partial denture replacing more teeth (97). However, a complete denture may change the shape of the patient and alter esthetics, and the presence of teeth improves phonetics and esthetics (98). Test anxiety plays a critical role in the formation of expectations, leading to moderate levels (99). These expectations, once formed, influence patient satisfaction after treatment; therefore, maintaining a positive attitude and coping strategies orientated toward problem-solving seem to ameliorate the experience of prosthodontic treatment (99).

4.2. Clinical Factors and Treatment Modality

Patient expectations and satisfaction with prosthodontic treatment can vary according to various clinical factors, including patient demographics, treatment experience, and the chosen modality of care (100). Some studies suggest strong improvements in satisfaction

and self-perceived oral health after treatment, with patients valuing function, comfort, and aesthetics alike (1). Removable prostheses rank lowest in overall satisfaction, yet removable partial dentures and complete dentures are the prosthodontic modalities with the greatest need (101). Dental implants constitute the treatment of choice after complete security in chewing and patient education (91). Patient satisfaction and self-perceived oral health have reported strong improvements after treatment, and patients value function as much or more than aesthetics (31). With significant improvements after treatment, complete dentures rank lowest among the four treatment modalities considered in satisfaction, function, aesthetics, and adaptation (102). Removable prostheses continue to fulfil stronger need and motivation than fixed prostheses or implants (103).

4.3. Psychological and Behavioral Determinants

Prosthodontic treatment can have a meaningful role in helping individuals regain oral function and improve facial aesthetics (8). Yet patients vary widely in their expectations and experiences (104). To take a closer look at the influences on expectations and their interplay with satisfaction following care, this section examines psychological and behavioral determinants (49).

Patients' psychological health, beliefs, and motivations, including personal dispositions and individual coping strategies, can play a significant role in engagement with the treatment process (105). At the same time, expectations of favourable outcomes, perceived benefits, and improvements foregoing treatment are important determinants of satisfaction (106). Expectations are also shaped by dental conversations and prior experiences (107).

5. Satisfaction Outcomes Across Prosthodontic Modalities

Satisfaction outcomes across prosthodontic modalities are compared in terms of removable partial and complete dentures as well as fixed prostheses (conventional bridges and implant-supported restorations) (108). For removable prostheses, function, comfort, aesthetics, and adaptation are considered (109). For fixed prostheses, the domains assessed are stability, esthetics, and longevity (110). Overall, given the interdependence of esthetics and function, satisfaction must be assessed holistically (110).

Satisfaction with removable prostheses has tended to be lower than with fixed alternatives, primarily because subjects manage these solutions at home on a daily basis—unlike the prosthodontic team, who use fixed prostheses in the clinic or laboratory (37). Results for removable partial dentures confirm deficiencies in improved comfort, molar chewing function, aesthetics, and overall satisfaction, especially for younger patients (110). Not established are the perceptions of discomfort and adaptation that patients typically report, even after years of wear." In the case of complete dentures, satisfaction has consistently differed for different jaw arches (98). Indeed, lower satisfaction with mandibular dentures is an almost universal finding, with enduring difficulties in the areas of masticatory comfort and function, speech, taste, and general acceptance (111) (table 2).

Table 2: Satisfaction Domains Across Prosthodontic Treatment Modalities

Treatment modality	Main satisfaction domains	Common sources of dissatisfaction
Complete dentures	Comfort, retention, chewing, speech, facial support, aesthetics	Poor mandibular denture stability, discomfort, difficulty chewing, speech changes
Removable partial dentures	Chewing ability, aesthetics, retention, preservation of remaining teeth	Bulkiness, clasp visibility, discomfort, adaptation problems
Fixed partial dentures	Stability, aesthetics, chewing efficiency, natural feeling	Cost, preparation of abutment teeth, maintenance concerns
Implant-supported overdentures	Improved retention, chewing confidence, comfort, quality of life	Surgical anxiety, cost, maintenance, attachment wear
Implant-supported fixed prostheses	High stability, aesthetics, masticatory efficiency, self-confidence	High expectations, cost, peri-implant complications, repair needs
Aesthetic fixed restorations	Smile appearance, self-esteem, social confidence	Shade mismatch, unrealistic cosmetic expectations, overemphasis on perfection

6. Communication, Education, and Experience of Care

Patient satisfaction represents a key measure of treatment acceptance and determines the likelihood of complying with the prescribed protocol for follow-up appointments or care (97). Patients have an expectation of prosthodontic treatment, which evolves over time and influences the attitude towards the clinical outcome even before the appointment (112). Patients are keen on receiving information about prosthodontic treatment before their appointment (113). Pre-treatment education is highly valued by patients, as they are unaware of changes that will occur in their mouth and the potential difficulties involved (114).

Trust, interaction, and continuity of care are central dimensions of clinician-patient communication in any health discipline (115). It has a positive impact on patient satisfaction across various dento-oral care scenarios (116). Continuous care refers to alternation between several different parts of a treatment protocol, and entails a longer period before multiple benefits can be perceived (117). Satisfaction appears to improve steadily during subsequent visits up until 12 months after installation (118). Even after receiving implant therapy, patients express a desire for follow-up support (119).

6.1. Pre-Treatment Counseling and Expectation Management

Successful prosthodontic treatment not only restores lost function but also improves a patient's quality of life (8). Satisfying a patient's functions and aesthetic requirements increases the quality of prosthodontic rehabilitation (120). Nevertheless, prosthodontists are often confronted with unrealistic patient expectations about denture comfort, aesthetics, and treatment prognosis (14). Embracing a patient-centered philosophy, providing adequate knowledge and information, and enhancing the patient-clinician relationship help to manage these unrealistic expectations (11).

Pre-treatment expectation management—including the clarity of information, the interaction quality between patients and clinicians, and the experience of care—plays a crucial role in overall satisfaction after prosthodontic interventions. Prior to prosthodontic consultation, sufficient education and an accurate concept of the available treatment are necessary (116). A dentist's ability to inform patients clearly about expected treatment, their personal capacities, and the most suitable treatment can help to align expectations and treatment options (121). High-quality patient-clinician interaction also improves the management of patient expectations and enhances overall satisfaction (11). Following treatment completion, patients should receive reminders and information about post-treatment care and the availability of aftercare services (1).

6.2. Patient-Clinician Interaction and Continuity of Care

The clarity of the information provided before treatment, the quality of the clinician-patient interaction and the continuity of care throughout the prosthodontic journey boost patient-clinician trust and enhance overall satisfaction (1). The number of events needed to reach the prosthodontic completion affects the ease of gaining data in an everyday life (122). As the number of events increases, the difficulty of tracking the patient data becomes noticeable and decreases the quality of care (122). The simplest form is to track without a software moderation (123). Keeping a chart of all the visits made regarding the prosthodontic treatment and their duration helps gather knowledge of the patient's situation in the clinical context easily (124). If the patient would ever leave any feedback, one would be able to gain a lot of knowledge in just a glance (125). If treatment costs become an unreachable barrier, it is important to be able to access how far the patient got in the journey and to whom to introduce them, whether towards a charity foundation that finances treatment or to a private practice that can offer the option to plan ongoing monthly payments (126). Continuity or at least the last clinician-clinician interaction would ease the transfer of knowledge (127).

Conducting follow-up appointments after the prosthodontic treatment and offering support during maintenance can further enhance satisfaction (116). When information is clearly stated with easy tracking on the ongoing journey towards prosthodontic completion, following upon that remains fluid, increasing the possibility of adhesion to these follow-ups (128).

6.3. Post-Treatment Support and Follow-Up

Maintaining consistent aftercare, availability for clarifying potential uncertainties, and open-mind toward perception evolution throughout the rehabilitative journey are among the recommended actions that enhance patient satisfaction measurements (1). In consonance with the prosthodontist's clinical judgment and expertise, post-treatment interventions such as these offer effective means to uphold expectations and satisfy patient needs even after the rehabilitation process completes, thus providing clinical practitioners avenues to expand their influence on perioperative elements and curb unsatisfactory consequence probabilities (129).

7. Quality of Life and Functional Outcomes

Functional restoration of the oral cavity with a prosthesis as part of the replacement of lost teeth and the restoration of masticatory function is common in implant prosthodontics (130). Therefore, it is of great interest to consider functional aspects from the perspective of patients' expectations and satisfaction after the rehabilitation of lost teeth (131). Oral health-related quality-of-life indicators are sensitive to palatally placed implants and show improvement over time after restoration of lost teeth (132). Restoration of lost contiguous teeth with an implant-supported fixed partial denture facilitates less occlusal component adjustment than for distalized loss, demonstrating scarce reduction of satisfaction due to increased list of expected components from the dental and patient perspectives (133). Patients expected speech function to be compromised when replacing anterior teeth with an implant or resin-bonded prosthesis but satisfaction improved following work completion (134).

After tooth loss, restoration of masticatory function is expected to improve daily life (135). Undeniably, the degree of improvement in dental aesthetics and speech depends on the anterior-lateral tooth position but remains lower than for an intermediary occlusal tooth (136). Limitations in the function attached with the accompanying aesthetic improvement and satisfaction remained high (136). Restoration of dental occlusion, support for mucosa-prone upper denture, and implant treatment that facilitates an implant-supported fixed complete denture following jaw bone resorption are expected to enhance mastication (137). By restoring posterior occlusion with an implant-supported fixed partial denture, masticatory function and comfort could enhance enjoyment of food and ingestion functionality (138). Although the upper jaw implant was assumed to maintain food enjoyment, the contribution to satisfaction increased over time (138). Removable complete dentures, insertion of central occlusion, maximal loading on opposite sides, comfort, and concern over residual markings on slot and denture discomfort are frequently raised problems (139).

7.1. Oral Health-Related Quality of Life Metrics

Restoring form and function through prosthodontic rehabilitation is intended to improve the ability to communicate, to masticate, and to maintain adequate nutrition; to enhance comfort; to build self-esteem and to increase confidence; and, last but not least, to heighten social interaction (92). Therefore, the applicable Quality of Life (QoL) measurements focus on Oral Impact on Daily Performance (OIDP), an OHRQoL indicator to assess the extent to which oral conditions inhibited the performance of daily activities, and on Oral Health Impact Profile (OHIP), which assesses how oral status influences the perception of one's quality of life (1). Both categories use the same indicators to produce the two complementary outputs, respectively addressing up to six OIDP and fourteen OHIP daily activities (140). For assessing OHRQoL, the use of the OIDP and OHIP indicators per se is supplemented with performance-enhancing exercise spares or the policy guiding by routine performance-altering state(s) only, thus enlarging performanceoriented QoL measurement beyond mere implant-independent assessment (37). The collective investigation encapsulates OHRQoL measurements like OIDP, OHIP, and masticatory function instead of dysfunctional QoL metrics in the growing fields of satisfaction-associated evaluation (141) (table 3).

Table 3: Recommended Patient-Reported Outcome Measures in Prosthodontic Satisfaction Research

Outcome area	Suggested tool	Purpose
Oral health-related quality of life	OHIP-14, OHIP-EDENT	Measures functional limitation, pain, psychological discomfort, and social disability
Oral daily performance	OIDP	Evaluates effect of oral conditions on eating, speaking, cleaning, smiling, and social activities
General health-related quality of life	SF-36 or WHOQOL-BREF	Assesses broader physical, psychological, and social well-being
Dental satisfaction	Dental Satisfaction Questionnaire or prosthesis satisfaction scale	Measures satisfaction with comfort, function, aesthetics, and care experience
Aesthetic perception	Oral Esthetic Quality of Life questionnaire or aesthetic VAS	Assesses satisfaction with smile, appearance, and facial harmony
Anxiety and psychological status	HADS, DASS-21, or dental anxiety scale	Screens anxiety, distress, or emotional factors affecting satisfaction
Shared decision-making experience	SDM-Q-9 or decision-aid feedback form	Measures patient involvement in treatment decisions

7.2. Masticatory Function, Speech, and Comfort

Successful prosthodontic treatment restores important oral functions and improves the overall quality of life (112). Nevertheless, certain aspects of masticatory function, speech, and comfort are often not satisfied satisfactorily (46). Masticatory function among patients with removable prostheses has been assessed using subjective and objective methods (142). Objective assessments include chewing tests using various samples, which depend on the number of remaining teeth, occlusal support, and tongue pressure (143). Subjective assessments often involve questionnaires about food masticability and oral health-related quality of life (144). Satisfaction with dentures varies among patients and is influenced by comfort, masticatory efficiency, aesthetics, retention, and psychological factors (145). Masticatory satisfaction is related to masticatory performance, occlusal support, and oral dryness during meals (146). Deviations between subjective and objective measures occur as the number of remaining teeth decreases, indicating the need to understand factors influencing masticatory satisfaction (145). The goal is to identify factors that enhance satisfaction and improve message and overall prosthesis outcomes (142). In denture wearers, articulation, speech, and phonetics may change due to ill-fitting dentures (144). Consequently, subjects have difficulty holding more than two denture types with similar but fixed essences without signs of embellishment, thereby elongating or abbreviating lip width during articulation (146).

7.3. Longevity, Maintenance, and Satisfaction Trajectories

Longevity, maintenance frequency, and the impact of time on patient satisfaction have substantial implications for the success of prosthodontic treatment and the fulfilment of patient expectations (112). Overall satisfaction remains stable or declines only slightly after the initial postoperative period (109). Removable dentures and fixed prostheses on natural teeth demonstrate a progressive decrease in satisfaction, while implant-supported prostheses achieve high levels of satisfaction shortly after placement, with little additional increase expected thereafter (147). A satisfying experience during the first year of treatment appears to support stable satisfaction trajectories over time (148).

8. Conclusion

Patient satisfaction and expectation formation constitute complex constructs, but evidence suggests they can be effectively managed and linked to improved treatment outcomes. Dental prosthesis care comprises a diverse range of interventions delivered in combination, and this presents particular challenges for establishing general priorities, yet comparably broad concerns govern most dental services. Patient preferences and priorities play a critical role in shaping satisfaction and expectations, and the potential for shared decision-making depends on patient engagement with specified treatment objectives. Prosthodontics thus offers a vital application opportunity for understanding patient satisfaction and expectations and for developing mechanisms to promote both.

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