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Full-mouth rehabilitation; Patient satisfaction; Psychological determinants; Prosthodontics; Oral health-related quality of life; Patient-reported outcomes

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Psychological Determinants of Patient Satisfaction Following Full-Mouth Rehabilitation

Abstract

Full-mouth rehabilitation represents a comprehensive prosthodontic intervention aimed at restoring function, esthetics, and oral health in patients with extensive dental impairment. While advances in materials, techniques, and digital technologies have improved clinical predictability and prosthesis longevity, patient satisfaction remains a complex and multifactorial outcome that cannot be explained by technical success alone. Increasing evidence indicates that psychological determinants play a critical role in shaping patient perceptions of treatment outcomes following full-mouth rehabilitation. This narrative review synthesizes contemporary literature to examine the key psychological factors influencing patient satisfaction, including patient expectations, dental anxiety, personality traits, self-esteem, psychological adaptation to prostheses, and the quality of patient–dentist communication. The review further explores the limitations of relying solely on objective clinical parameters and highlights the growing importance of patient-reported outcome measures in capturing subjective experiences related to oral health-related quality of life. Findings from the reviewed literature suggest that unmet expectations, unmanaged anxiety, and poor communication may lead to dissatisfaction despite clinically successful rehabilitations. Conversely, effective expectation management, shared decision-making, and integration of psychological assessment into treatment planning are associated with improved satisfaction, long-term compliance, and perceived treatment value. This review underscores the need for a holistic, biopsychosocial approach to full-mouth rehabilitation that integrates psychological considerations alongside clinical evaluation. Incorporating psychological determinants into routine prosthodontic practice has the potential to enhance patient-centered care, optimize long-term outcomes, and improve overall quality of life for patients undergoing full-mouth rehabilitation.

1. Introduction

Full-mouth rehabilitation is one of the most complicated and challenging treatment modalities in modern prosthodontics, which is intended to recover the functionality, esthetics, and occlusal balance of patients with a significant tooth loss, a high rate of tooth wear, or impaired oral health. The development of restorative materials, digital processes, minimally invasive procedures, and implant dentistry have greatly increased the extent and predictability of full-mouth rehabilitation processes. Systematic reviews and long-term clinical trials have shown positive survival and technical outcomes of both tooth-supported and implant-supported full-mouth rehabilitation in case of adherence to the necessary protocols.^{1–3} Consequently, the modern practice of prosthodontics is more and more focused on the comprehensive rehabilitation plans, which incorporate functional rehabilitation and esthetic and biomechanical aspects. The effectiveness of full-mouth rehabilitation has been evaluated using objective clinical measures like the survival of the prosthesis, complication, marginal integrity, occlusal stability and biological outcomes. Although these indicators are still critical in measuring technical success, an increasing body of evidence indicates that positive clinical outcomes do not always correspond to high patient satisfaction. A number of long-term and observational studies have shown differences between clinician-evaluated success and patient-reported outcomes, which indicate that patients can be dissatisfied with clinically

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acceptable outcomes.^{4,5} This change in perception has led to a wider appreciation of the fact that the success of prosthodontics should not be measured solely by survival rates but by patient-focused outcomes which capture personal perceptions, expectations and lived experiences. Patient satisfaction and oral health-related quality of life (OHRQoL) have thus become vital outcome measures in full-mouth rehabilitation. Patient satisfaction is a multidimensional construct, which is determined by functional improvement, esthetic outcomes, comfort, psychosocial well-being, and social interactions. It has been demonstrated that oral rehabilitation can have a considerable effect on the daily activities of patients, their self-confidence, and the quality of life, especially in patients who are subjected to extensive restorative procedures.^{6,7} The original research on OHRQoL has stressed that oral health outcomes should be measured in a more comprehensive biopsychosocial context, where oral conditions and psychological and social functioning interact.^{8,9} As a result, patient-reported quality-of-life measures have now become invaluable instruments of research and practice in the field of prosthodontics. In this patient-centered paradigm, psychological variables are critical in the determination of satisfaction after full-mouth rehabilitation. Patient expectations, dental anxiety, personality traits, coping mechanisms, self-esteem, and psychological adaptability are some of the variables that may have a significant impact on the perceived and evaluated treatment outcomes. Recent studies have shown that psychological and emotional reactions to prosthodontic rehabilitation can have an equivalent or even a stronger effect than technical considerations, especially in complicated and long-term treatment regimens.¹⁰ The fear of dental procedures, the fear of the failure of treatment, and the inability to adjust to the extensive reconstructions of the prosthetic have been found to be the major determinants of the post-treatment satisfaction and acceptance.¹¹ Moreover, it has been demonstrated that cultural, social, and personal psychological distinctions influence the process of patients adapting to prostheses and their overall satisfaction with the results of rehabilitation.¹² Patient satisfaction after full-mouth rehabilitation is most appropriately viewed in a biopsychosocial context, in which the psychological determinants are dynamically interrelated with clinical and social factors to influence the patient perceptions and outcomes (Figure 1).



Figure 1: Conceptual Framework of Psychological Determinants Influencing Patient Satisfaction Following Full-Mouth Rehabilitation

The literature on patient satisfaction and quality of life in prosthodontics has been on the increase, the current research studies are not homogenous in terms of methodology, outcome measures, and conceptual frameworks. Numerous studies still extensively depend on objective clinical indicators, and little incorporation of standardized psychological testing or patient-reported

outcome measures is involved. The methodological reviews of the literature on prosthodontics have identified discrepancies in reporting the outcomes and a relative lack of psychosocial factors in clinical research.^{13,14} Such a gap highlights the necessity of a more systematic and theoretically based development of

psychological factors in patient satisfaction following full-mouth rehabilitation.

Patient-reported outcome measures (PROMs) have been promoted as a crucial tool to record patient views in oral rehabilitation. PROMs offer useful information on the subjective experience of the patients, their expectations of the treatment, and perceived benefits, which should be used in addition to the conventional clinical evaluation. The recent changes in the research on dental PROMs underline their importance in the evidence-based, patient-centered care provision and enhancement of shared decision-making in complex prosthodontic treatment.^{15–17} The inclusion of PROMs in full-mouth rehabilitation enables clinicians to comprehend the psychological aspects of treatment outcomes more effectively and implement the interventions based on it. The logic behind the current review is based on the necessity to summarize and critically evaluate the available data on the psychological factors of patient satisfaction after full-mouth rehabilitation. This review will help clarify the main psychological factors affecting patient-reported outcomes and emphasize their clinical importance by synthesizing the results of modern literature on prosthodontics and psychology. This review aims to offer an overview of the psychological factors that influence patient satisfaction in the post-full-mouth

rehabilitation period and highlight the need to consider psychological assessment and patient-reported outcome measures as a part of the routine practice in the field of prosthodontics to facilitate a holistic and patient-centered approach to oral rehabilitation.

2. Concept of Patient Satisfaction in Prosthodontics

Patient satisfaction is a key outcome in contemporary prosthodontics and is a complicated and subjective measure of the success of treatment as perceived by the patient. In contrast to strictly clinical outcomes, patient satisfaction involves a personal evaluation of functional enhancement, esthetic outcomes, comfort, psychological well-being and social confidence after oral rehabilitation. The conceptual models of oral health-related quality of life (OHRQoL) are based on the idea that oral health outcomes can be interpreted in a biopsychosocial context, which involves physical, psychological, and social areas.^{8,9} In this context, patient satisfaction is not a one-dimensional concept but a multidimensional experience that is affected by treatment-related and patient-specific factors. Patient satisfaction in prosthodontics is a multidimensional construct that includes functional, esthetic, psychological, and social areas, which are all included in the overall perception of the treatment (Figure 2).



Figure 2: Multidimensional Components of Patient Satisfaction in Prosthodontics

Satisfaction in the field of prosthodontics has always been linked to functional restoration such as better mastication, speech and stability of the prosthesis. Nonetheless, modern data show that esthetic results, psychological comfort, self-esteem, and social interactions are also important factors that determine perceived treatment success. When patients receive full-mouth rehabilitation, their facial appearance and oral

functionality may change significantly, and this may have a significant impact on self-image and interpersonal relationships. As a result, the concept of satisfaction indicates a dynamic process between clinical outcomes and personal expectations, emotional reactions, and adaptation mechanisms.¹⁵ This multidimensionality highlights the importance of

outcome assessment methods that are not necessarily clinician-based assessments.

There have been improvements in the techniques and materials of prosthodontics, the use of objective clinical parameters is still a major drawback in determining the success of the treatment. The survival rates, complication rates, and technical performance rates are vital in terms of understanding the longevity of the prosthesis but do not reflect the lived experiences of the patients. Some of the reviews have pointed out that even clinically successful restorations can be accompanied by dissatisfaction because of discomfort, unmet expectations, psychological distress, or poor quality of life.¹³ Moreover, the methodological reviews of the prosthodontic studies have found gaps in reporting outcomes, poor integration of patient-centered outcomes, and inconsistent interpretation of the findings on satisfaction.¹⁴ These weaknesses support the idea that clinical success does not always translate into patient satisfaction.

In order to overcome these shortcomings, patient-reported outcome measures (PROMs) have become part of modern prosthodontic studies and clinical decision-making. PROMs are standardized tools, which provide the perception of patients towards oral health, functional ability, esthetics, psychological well-being, and overall satisfaction. The most common instruments, including the Oral Health Impact Profile (OHIP) and the visual analog scale, offer a quantifiable measure of the subjective effect of the prosthodontic interventions. According to the recent literature, PROMs contribute to the assessment of treatment effectiveness, including patient values and priorities, which facilitates evidence-based and patient-centered care.^{15,16} In addition, PROMs enable mutual decision-making and enable clinicians to track the satisfaction changes over time, especially in complicated interventions like full-mouth rehabilitation.¹⁷ Table 1 indicates the multidimensional elements of patient satisfaction in prosthodontics and their widely applied methods of assessment.

Table 1: Dimensions of Patient Satisfaction in Prosthodontics and Common Assessment Approaches

Dimension of Satisfaction	Description	Common Assessment Methods	Key References
Functional	Mastication, speech, comfort, prosthesis stability	Clinical examination, PROMs	8,9
Esthetic	Appearance, smile harmony, facial support	PROMs, visual analog scales	15
Psychological	Self-esteem, anxiety reduction, emotional comfort	PROMs, psychometric scales	16,17
Social	Social confidence, interpersonal interactions	OHRQoL questionnaires	9,15
Overall Satisfaction	Global patient appraisal of treatment success	Combined PROM indices	13,14

3. Psychological Determinants Affecting Satisfaction After Full-Mouth Rehabilitation

The principal psychological determinants affecting satisfaction following full-mouth rehabilitation are summarized in Figure 3.



Figure 3: Key Psychological Determinants Affecting Satisfaction After Full-Mouth Rehabilitation

3.1 Patient Expectations

The expectations of patients are a critical factor in the satisfaction after full-mouth rehabilitation. The expectations are formed based on previous dental experiences, sociocultural background, esthetic demands, and information given during consultations. In cases where expectations are met with the attainable clinical outcomes, patients tend to believe that the treatment was successful; on the other hand, unrealistic expectations usually result in dissatisfaction despite

technically effective rehabilitation.^{18–20} Decision aids and digital visualization tools, which are structured communication strategies, prove to be beneficial in managing expectations and influencing shared decision-making, thus increasing satisfaction.^{21,22} Table 2 provides the effects of patient expectations and expectation management on satisfaction after full-mouth rehabilitation.

Table 2. Role of patient expectations in satisfaction following full-mouth rehabilitation.

Aspect	Clinical Implication	Key References
Expectation formation	Influences perception of success	^{18,19}
Unrealistic expectations	Risk of dissatisfaction	²⁰
Expectation management	Improves satisfaction	^{21,22}

3.2 Dental Anxiety and Fear

Dental anxiety is also common in patients who undergo lengthy procedures in the field of prosthodontics and can have a considerable impact on the acceptance, compliance, and satisfaction of the treatment. Past traumatic experiences related to dental treatment, the fear of pain, and the complexity of the treatment affect the levels of anxiety.^{11,23} High levels of anxiety have

been linked to worse patient-reported outcomes and low quality of life after rehabilitation.^{24,25} Anxiety can be effectively reduced and satisfaction is increased with the help of evidence-based intervention including behavioral techniques, increased communication, and psychological support.^{26,27} Table 3: Prevalence, effects, and treatment of dental anxiety among full-mouth rehabilitation patients.

Table 3. Dental anxiety and its impact on patient satisfaction

Domain	Effect on Outcomes	Key References
Anxiety prevalence	Reduced acceptance	²³
High anxiety	Lower satisfaction	^{24,25}
Anxiety management	Improved outcomes	^{26,27}

3.3 Personality Traits

Personality traits affect perception of pain, coping mechanisms and emotional reactions to full-mouth rehabilitation. Neuroticism and other traits have been linked to increased pain sensitivity and dissatisfaction,

and optimism and adaptive coping styles have been linked to better acceptance and satisfaction.^{12,28} Table 4 shows the correlation between personality traits and patient satisfaction in the prosthodontic rehabilitation.

Table 4. Influence of personality traits on prosthodontic satisfaction

Trait	Clinical Relevance	Key References
Neuroticism	Increased dissatisfaction	²⁸
Adaptive coping	Better acceptance	¹²

3.4 Self-Esteem, Body Image, and Social Confidence
Full-mouth rehabilitation may have a significant impact on self-esteem and body image, especially esthetic improvement. Better appearance of teeth is linked to positive psychosocial outcomes and social self-confidence.^{10,29} There is also a positive association

between positive esthetic results and improved interpersonal communications and general satisfaction.^{4,7} Table 5 provides the impact of esthetic results on self-esteem, body image, and social confidence following full-mouth rehabilitation.

Table 5. Esthetic rehabilitation and psychosocial outcomes.

Outcome	Patient Benefit	Key References
Improved esthetics	Enhanced self-esteem	²⁹
Social confidence	Higher satisfaction	^{4,7}

3.5 Psychological Adaptation to Prostheses

Psychological adjustment to massive reconstructions with prostheses is a dynamic phenomenon that depends on time, patient strength, and comfort of the prosthesis. The positive outcome of adaptation is linked to an

increase in long-term satisfaction, and inadequate adjustment can lead to the rejection of the prosthesis.^{12,30,31} Table 6 provides key factors that affect psychological adaptation and acceptance of prostheses after full-mouth rehabilitation.

Table 6. Factors influencing psychological adaptation to prostheses.

Factor	Effect on Adaptation	Key References
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Adaptation period	Gradual acceptance	³⁰
Coping ability	Long-term satisfaction	^{12,31}

4. Patient–Dentist Relationship and Communication

Patient-dentist relationship is a psychological determinant of satisfaction after full-mouth rehabilitation, especially due to the complexity, time, and irreversibility of these procedures. Effective communication and the perception of high-quality care and treatment outcomes depend on trust and rapport between the clinician and the patient, which significantly affects the perceptions of patients. An effective therapeutic relationship has been linked to decreased anxiety, increased adherence to treatment, and increased satisfaction in both the medical and dental fields.³² Trust is of particular importance in the context of prosthodontics, where the process of treatment can require several stages and significant changes in the lifestyle of the patient.²⁷

Patient-centered care is characterized by shared decision-making, which is a critical element in getting the treatment plans to be aligned with patient values, preferences, and expectations. In cases where patients actively participate in making treatment decisions, they tend to have realistic expectations and feel that they own the rehabilitation process. It is indicated that shared decision-making increases satisfaction by increasing transparency, mutual understanding, and perceived respect in the patient-dentist relationship.³³ This method is especially applicable in full-mouth rehabilitation, where there might be several therapeutic options, and

each of them has its own risks, benefits, and financial consequences.

Communication of treatment risks, limitations, and anticipated outcomes is also essential in the process of forming patient satisfaction. Even technically successful rehabilitation can result in unrealistic expectations and subsequent dissatisfaction due to inadequate or unclear communication. Patient decision aids and digital visualization platforms are structured communication tools that have been reported to enhance the delivery of information, patient understanding, and patient satisfaction during a prosthodontic consultation.²¹ Qualitative studies also suggest that patient engagement and meaningful conversation between patients and clinicians can be improved with the help of digital clinical decision aids, thus improving the therapeutic relationship.²²

The level of patient-dentist relationship and communication strategies has an immense impact on psychological comfort, management of expectations, and long-term satisfaction after full-mouth rehabilitation. The combination of trust-building behaviors, shared decision-making, and structured communication tools should become an inseparable part of the everyday work of a prosthodontist to achieve the best patient-centered results. Table 7 presents influence of patient-dentist relationship and communication strategies on patient satisfaction after full-mouth rehabilitation.

Table 7: Role of Patient–Dentist Relationship and Communication in Patient Satisfaction After Full-Mouth Rehabilitation

Component	Clinical Significance	Key References
Trust and rapport	Reduces anxiety and improves adherence	^{27,32}
Shared decision-making	Aligns treatment with patient values	³³
Communication of risks and outcomes	Prevents unrealistic expectations	²⁷
Structured communication tools	Enhances understanding and satisfaction	^{21,22}

5. Assessment of Psychological Factors in Prosthodontic Practice

The psychological factors evaluation is an essential part of the patient-centered prosthodontic treatment, especially the full-mouth rehabilitation, where the complexity and the duration of the treatment may have a significant impact on the patient's experience. The systematic psychological assessment enables clinicians to detect anxiety, psychosocial issues, and quality-of-life problems that can influence the acceptance of treatment, adaptation, and satisfaction. The use of validated assessment instruments in everyday practice helps to make the treatment planning process more comprehensive and helps to manage patients individually.

One of the most common psychological variables that are measured in the prosthodontics is dental anxiety. Dental Anxiety Scale (DAS) is a well-known and validated tool to measure patient anxiety about dental treatment.³⁴ High levels of anxiety have been linked to avoidance behavior, decreased compliance, and decreased satisfaction after complex prosthodontic

surgery. Modern research still underlines the topicality of dental anxiety measurement in various clinical groups, which is necessary to determine patients at risk of adverse psychological reactions during comprehensive oral rehabilitation.²³ Anxiety can be identified early on to allow specific interventions, including improved communication or behavioral management, to enhance patient comfort and patient outcomes.

Another critical area of psychological assessment in the practice of prosthodontics is quality-of-life assessment. One of the most widely validated tools of oral health-related quality of life (OHRQoL) is the Oral Health Impact Profile (OHIP). Its short-form versions especially the OHIP-14 enables effective assessment of functional limitation, pain, psychological discomfort, and social disability related to oral conditions and prosthetic treatment.⁸ The clinical research has proved the usefulness of OHIP-based measurements in measuring patient-perceived benefits of implant-supported and removable prostheses, such as comfort, functional, and social interaction improvements.^{35,36}

Psychologically valuable, the daily application of the assessment instruments might be restricted by time, practitioner experience, and interpretation inconsistency. However, the incorporation of short, validated tools into the workflow of prosthodontics helps to improve the capacity to track patient-centered outcomes and evidence-based decision-making. Systematic evaluation of dental anxiety and quality of

life in full-mouth rehabilitation offers important information on psychological determinants of satisfaction and helps to achieve more predictable and comprehensive treatment outcomes. Table 8 gives the validated psychological assessment instruments that are often used to assess anxiety and quality of life in the practice of prosthodontics.

Table 8: Common Psychological Assessment Tools Used in Prosthodontic Practice

Assessment Domain	Instrument	Purpose	Key References
Dental anxiety	Dental Anxiety Scale (DAS)	Measures fear and anxiety related to dental treatment	23,34
Oral health-related quality of life	Oral Health Impact Profile (OHIP)	Evaluates functional, psychological, and social impact	8,35,36

6. Impact of Psychological Determinants on Long-Term Outcomes

Full-mouth rehabilitation is a long-term success, which is not limited to technical durability but it is heavily dependent on psychological determinants that influence patient behavior in the long-term. Prosthetic restorations need regular oral care routines, compliance with the professional guidelines and long-term follow-up in recall programs. Psychological variables like motivation, satisfaction, perceived value of treatment and trust on the clinician play a significant role in patient compliance and adherence to maintenance protocols. Long-term implant and prosthodontic outcome studies have shown that patients who are more satisfied and have a positive perception of the treatment are more inclined to follow the maintenance regimens, which leads to a better outcome of the prosthesis and oral health.^{25,37}

The perceived longevity of the rehabilitation with the help of the prosthetic is highly connected with the psychological evaluation of the success of the treatment by the patients. Patients are likely to accord durability and long-term value to the prosthesis when they find their rehabilitation to be comfortable, functional, and aesthetically pleasing. This attitude reinforces the protective behaviors positively, such as prevention of bad habits and reporting of complications in time. The systematic reviews of the outcomes of full-mouth rehabilitation show that positive patient perceptions and

satisfaction correlate with greater long-term success and low rates of avoidable complications.³⁸ On the other hand, the discontent or mental unease can result in neglect, low maintenance efforts, and early failure of the prosthetics.

Another area that is important and has psychological determinants is follow-up adherence. The frequent check-ups are crucial in the observation of biological and technical complications especially in complicated rehabilitations with the use of implants or large restorations. It has been demonstrated that patient satisfaction is positively related to recall attendance and readiness to participate in long-term professional care. Clinical and survey-based research has indicated that patients who are satisfied with the services show increased compliance with follow-up appointments and increased acceptance of prescribed maintenance treatment.^{39,40} Also, better adherence and long-term functional performance of implant-supported prostheses have been linked to better quality of life and psychological comfort after rehabilitation.⁴¹

The psychological determinants have a long-term effect on the maintenance behaviors, perceived longevity, and follow-up adherence, which makes them very important in the attainment of long-term and successful full-mouth rehabilitation outcomes. Table 9 provides the correlation of psychological determinants with long-term maintenance, perceived longevity, and follow-up adherence following full-mouth rehabilitation.

Table 9: Influence of Psychological Determinants on Long-Term Outcomes After Full-Mouth Rehabilitation

Long-Term Outcome Domain	Psychological Influence	Clinical Implication	Key References
Maintenance and compliance	Satisfaction and motivation	Improved oral hygiene and prosthesis care	25,37
Perceived prosthesis longevity	Positive treatment appraisal	Protective patient behaviors	38
Follow-up and recall adherence	Satisfaction and trust	Early detection of complications	39–41

7. Clinical Implications for Full-Mouth Rehabilitation

The clinical implications of the understanding of the psychological determinants of patient satisfaction are significant to planning and implementation of full-mouth rehabilitation. By incorporating psychological

factors in the planning of treatment, clinicians can predict the reaction of patients, customize communication plans, and maximize the long-term results. During the diagnostic and consultation phases, psychological assessment, such as assessment of expectations, anxiety, and psychosocial well-being

should be included. Individualized care is assisted with such integration, and it has been reported to improve treatment acceptance and satisfaction, especially in complex and time-consuming prosthodontic procedures.^{10,19} Figure 4 demonstrates a systematic

approach to clinical intervention involving psychological evaluation, expectation management, and communication planning as part of the entire process of full-mouth rehabilitation.

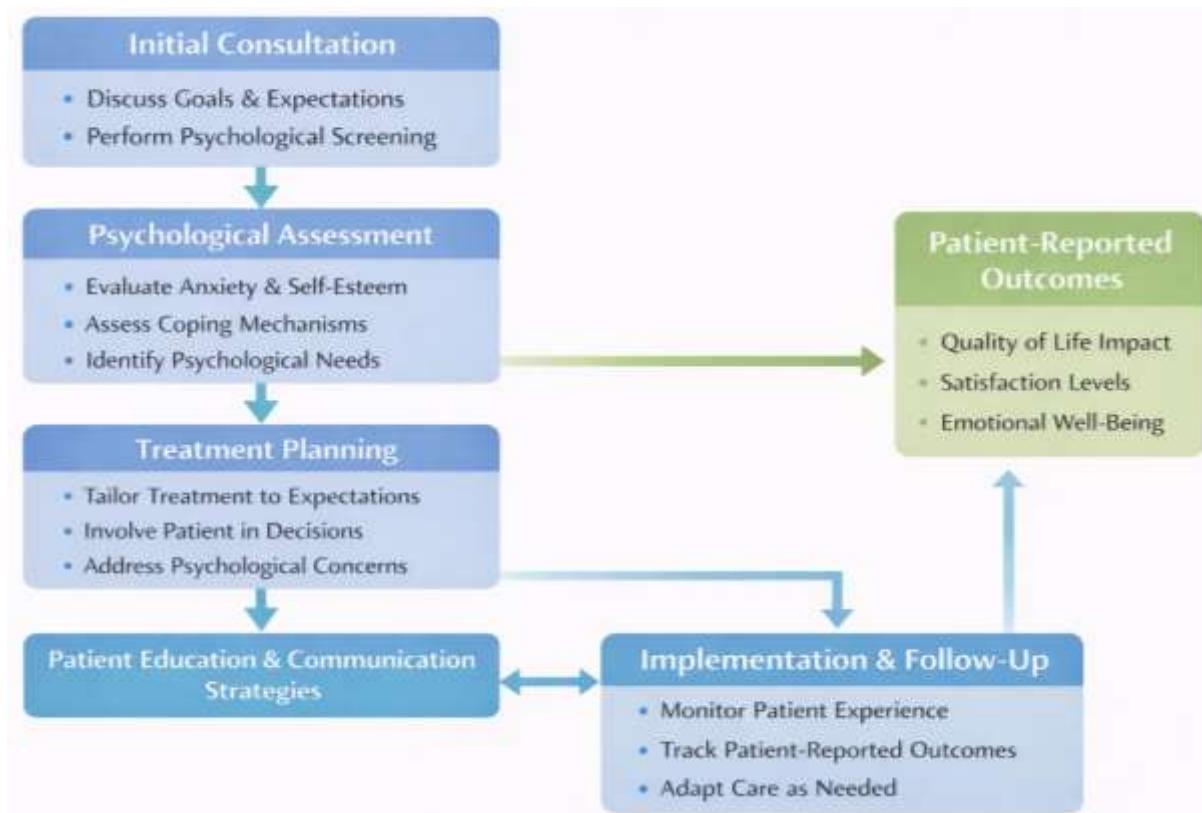


Figure 4: Clinical Integration of Psychological Assessment in Full-Mouth Rehabilitation

Successful full-mouth rehabilitation is based on the effective management of patient expectations. Effective communication on the purpose of treatment, restrictions, risks, and expected outcomes can be used to bring the perception of the patient into line with the realistic clinical outcomes. Structured communication tools, including patient decision aids and digital visualization technologies, are proven to enhance understanding, decrease the decisional conflict, and increase satisfaction.^{21,22} Also, the collaborative environment based on shared decision-making enhances the relationship between the patient and the dentist and facilitates the development of trust, which is crucial in ensuring compliance in the long term and a sense of psychological comfort.^{27,33}

Education and counseling of patients are essential to the treatment of dental phobia and psychological adjustment to massive prosthetic rehabilitation. Uncertainty and anxiety may be minimized by providing elaborate

descriptions of stages of treatment, maintenance, and adaptation time, and enhancing coping skills. In case it is reported, consultation with or cooperation with mental health workers can be helpful with patients with high anxiety levels, maladaptive coping skills, or psychosocial distress. Patient-centered care and satisfaction outcomes can be further improved with an interdisciplinary approach involving the services of prosthodontists, periodontists, oral surgeons, and psychological support services.

The integration of psychological principles in clinical practice enhances patient satisfaction as well as leads to increased maintenance behavior, compliance with follow-up schedules, and overall success of full-mouth rehabilitation. The strategies support the significance of the biopsychosocial approach to modern prosthodontic care. Table 10 shows clinical strategies that combine psychological principles to enhance the satisfaction of patients after full-mouth rehabilitation.

Table 10: Clinical Strategies for Enhancing Patient Satisfaction in Full-Mouth Rehabilitation

Clinical Strategy	Psychological Focus	Expected Benefit	Key References
Psychological screening	Anxiety, expectations	Improved treatment acceptance	10,19
Shared decision-making	Trust and engagement	Higher satisfaction	27,33
Communication tools	Expectation management	Reduced decisional conflict	21,22
Patient education and counseling	Coping and adaptation	Better compliance and outcomes	19,27

8. Limitations of Existing Literature

The existing literature on patient satisfaction after full-mouth rehabilitation has a number of significant limitations that are becoming more and more evident as psychological determinants. One issue is that there is a significant methodological heterogeneity of the existing studies. The research designs are cross sectional survey, retrospective and prospective observational studies, which are often limited in sample size and follow-up. This inconsistency prevents the comparability of the studies and impedes the possibility of determining causal associations between psychological variables and patient satisfaction.¹³

The other important limitation is associated with the non-standardization of the outcome assessment. The most frequently reported outcomes are patient satisfaction and oral health-related quality of life; the tools employed to measure these outcomes are diverse. Research uses various forms of quality-of-life scales, visual analog, and, in a few instances, non-validated satisfaction scales. This lack of consistency makes the synthesis of data more challenging and makes the findings less comparable and generalizable. The gaps in the coverage of outcome reporting have also been recognized in reviews of prosthodontic publications, such as the failure to describe assessment instruments fully and the choice of reporting results, which have a further detrimental effect on the methodological rigor.¹⁴

Psychological factors are usually assessed in isolation or as secondary consequences as opposed to being incorporated in overall analytical models. The variables that include dental anxiety, patient expectations, coping strategies and personality traits are not consistently defined and measured and lead to disjointed and even inconclusive evidence. Furthermore, the short-term study designs restrict the knowledge of the effects of psychological determinants on long-term satisfaction, maintenance behavior, and adaptation to full-mouth rehabilitation in the long term.¹³

The literature on the impact of cultural, socioeconomic, and contextual factors on psychological reactions to prosthodontic treatment is underrepresented. To overcome these limitations, it is necessary to address them using standardized methodologies and longitudinal studies in order to promote evidence-based and patient-centered prosthodontic treatment.

Conclusion

The multifactorial outcome of patient satisfaction after full-mouth rehabilitation is a complicated and multifactorial indicator that is not limited to conventional indicators of clinical success. Although the predictability and longevity of full-mouth rehabilitations have been greatly enhanced by the advancement of materials, techniques and digital workflow, the technical success does not ensure patient satisfaction. Psychological factors such as expectations of the patients, dental phobia, personalities, self-esteem, psychological adaptation, and patient-dentist communication are very crucial in defining how the

patients will perceive the results of the treatment. The reviewed evidence shows that even when rehabilitations are clinically successful, dissatisfaction can be experienced in case psychological factors are not sufficiently considered. A patient-centered, biopsychosocial approach to full-mouth rehabilitation is therefore essential. Integrating psychological assessment, expectation management, and effective communication into routine prosthodontic practice can enhance patient engagement, improve treatment acceptance, and promote long-term compliance with maintenance and follow-up protocols. The use of validated patient-reported outcome measures allows clinicians to capture subjective experiences that are not reflected by objective clinical indicators alone, thereby providing a more comprehensive evaluation of treatment success. Recognizing psychological determinants as integral components of full-mouth rehabilitation has important implications for clinical decision-making and outcome assessment. Addressing these factors can improve not only patient satisfaction but also perceived treatment value, adaptation to prostheses, and overall quality of life. Psychological considerations in the holistic treatment planning contribute to the more predictable, holistic, and sustainable results and prove the significance of patient-centred care in modern prosthodontic rehabilitation.

References

- 1 Fradeani M, Bacherini L, Turrini R, Buda M. Minimally Invasive Prosthetic Procedure (MIPP): Up to 12-Year Survival of Full-Mouth Rehabilitations in Patients with Severely Worn Dentition (Managed with Lithium Disilicate Ceramic Restorations). *International Journal of Periodontics & Restorative Dentistry* 2021; 41. <https://search.ebscohost.com/login.aspx?direct=true&profile=ehost&scope=site&authtype=crawler&jrnlnumber=01987569&AN=153778865&h=QHx4Kqu8Is6Eru9BzGkQLpfQChZ2iVXmHozRUG43C CVQYeyRdMrgxuGdxXgwwV6WcrOX4YufALeny5BzD7d9w%3D%3D&crl=c> (accessed 21 Jan2026).
- 2 Torosyan A, Vailati F, Mojon P, Sierra D, Sailer I. Retrospective Clinical Study of Minimally Invasive Full-Mouth Rehabilitations of Patients with Erosions and/or Abrasions Following the 3-Step Technique. Part 1: 6-year Survival Rates and Technical Outcomes of the Restorations. *International Journal of Prosthodontics* 2022; 35. <https://search.ebscohost.com/login.aspx?direct=true&profile=ehost&scope=site&authtype=crawler&jrnlnumber=08932174&AN=157559911&h=pTyT%2FU1Je%2B5g%2Fjh%2FJkkUFAoviQ7C6ALXM3LzdMXUjKso2Dt5DIHjwg6H%2BxEHPFtOTF%2Fmx1xsH7RMHAvdJ8L5jA%3D%3D&crl=c> (accessed 21 Jan2026).
- 3 Hjerpe J, Mühlemann S, Ioannidis A, Naenni N, Jung RE, Thoma DS. Minimally invasive glass-ceramic restorations: Clinical and patient-reported

outcomes in full-mouth rehabilitations. *Journal of Dentistry* 2025; **154**: 105571.

4 Manfredini M, Pellegrini M, Rigoni M, Veronesi V, Beretta M, Maiorana C *et al.* Oral health-related quality of life in implant-supported rehabilitations: a prospective single-center observational cohort study. *BMC Oral Health* 2024; **24**: 531.

5 Michaud P-L, Talmazov G, Dort H. Are patient-reported outcomes improved by implant-assisted maxillary prostheses compared to conventional maxillary dentures? A systematic review. *Journal of Dentistry* 2025; **152**: 105490.

6 Gonçalves GSY, De Magalhães KMF, Rocha EP, Dos Santos PH, Assunção WG. Oral health-related quality of life and satisfaction in edentulous patients rehabilitated with implant-supported full dentures all-on-four concept: a systematic review. *Clin Oral Invest* 2022; **26**: 83–94.

7 Linn TT, Khaohoen A, Thu KM, Rungsiyakull P. Oral-health-related quality of life in elderly edentulous patients with full-arch rehabilitation treatments: a systematic review. *Journal of Clinical Medicine* 2024; **13**: 3391.

8 Slade GD. Derivation and validation of a short-form oral health impact profile. *Comm Dent Oral Epid* 1997; **25**: 284–290.

9 Tsakos G, Allen F. Oral Health-Related Quality of Life. In: Peres MA, Antunes JLF, Watt RG (eds). *Oral Epidemiology*. Springer International Publishing: Cham, 2021, pp 319–332.

10 Gosavi S, Jain S, Patil C, Daniel S, Adak T, Patil SR. Assessing the Psychological and Emotional Impact of Prosthodontic Rehabilitation: A Comprehensive Quantitative and Qualitative Investigation in Adults. *RGUHS Journal of Dental Sciences* 2024; **16**.<https://journalgrid.com/view/article/rjds/12434147> (accessed 21 Jan2026).

11 Strete EG, Sălcudean A, Popovici RA, Zeicu CC, Cimpian D, Sasu A *et al.* BIO-PSYCHOSOCIAL ASPECTS OF PATIENT ANXIETY IN ORO-DENTAL TREATMENT—AN OBSERVATIONAL RETROSPECTIVE-DESCRIPTIVE PILOT STUDY. *Romanian Journal of Oral Rehabilitation* 2025; **17**.https://www.researchgate.net/profile/Strete-Gabriela/publication/392942850_BIO-PSYCHOSOCIAL_ASPECTS_OF_PATIENT_ANXIETY_IN_ORO-DENTAL_TREATMENT_AN_OBSERVATIONAL_RETROSPECTIVE-DESCRIPTIVE_PILOT_STUDY/links/685a1d36cdfla35eb174dca2/BIO-PSYCHOSOCIAL-ASPECTS-OF-PATIENT-ANXIETY-IN-ORO-DENTAL-TREATMENT-AN-OBSERVATIONAL-RETROSPECTIVE-DESCRIPTIVE-PILOT-STUDY.pdf (accessed 21 Jan2026).

12 Pierre AZJ. *A Comparison of Cultural Impact on Acceptance and Adaptation (Psychological and Physiological) of Removable Prosthesis: A Survey Targeted at Barbadian and Lithuanian Elderly Persons in Two Dental Clinics (A Brighter Smile Dental Clinic Barbados and Lithuanian University of Health Sciences Clinic of Prosthodontics)*. 2019.<https://search.proquest.com/openview/1827757053>

7075f1286ed5e4466a276e6a0e/1?pq-origsite=gscholar&cbl=2026366&diss=y (accessed 21 Jan2026).

13 Messias A, Karasan D, Nicolau P, Pjetursson BE, Guerra F. Rehabilitation of full-arch edentulism with fixed or removable dentures retained by root-form dental implants: A systematic review of outcomes and outcome measures used in clinical research in the last 10 years. *Clinical Oral Implants Res* 2023; **34**: 38–54.

14 Ben Suleiman A, Shuler CF, Hieawy A, Von Bergmann H. Statistical Errors and Reporting Deficiencies in Clinical Prosthodontic Publications, 2019–2024. *Journal of Prosthodontics* 2026; : jopr.70086.

15 Douglas-de-Oliveira DW, Chen KJ. Patient-reported measures outcomes: modern evaluation of oral health. *BMC Oral Health* 2023; **23**: 498, s12903-023-03219-0.

16 Hua F. Dental patient-reported outcomes update 2022. *Journal of Evidence-Based Dental Practice* 2023; **23**: 101802.

17 Wang TT, Lee CC, Wu MP, Peacock ZS, Kim RY. Leveraging Patient-Reported Outcomes to Facilitate Dental Implant Rehabilitation in Maxillofacial Free Flap Reconstruction. *Journal of Oral and Maxillofacial Surgery* 2025; **83**: 922–924.

18 Singh S, Mishra SK, Chowdhary R. Patient expectations and satisfaction with conventional complete dentures: a systematic review. *Tanta Dental Journal* 2019; **16**: 55–67.

19 Dawood A. Patient expectations in implant and aesthetic dentistry: Patient expectations in implant and aesthetic dentistry. *British Dental Journal* 2025; **238**: 770–776.

20 Farooq A, Nawaz S, Iqbal N, Khalil U, Khan A, Iqbal N. ASSOCIATION OF EXPECTATION LEVELS WITH SOCIODEMOGRAPHICS AMONG PROSTHODONTIC PATIENTS REQUIRING REMOVABLE PARTIAL DENTURE-A CROSS-SECTIONAL STUDY. *Khyber Journal of Medical Sciences* 2024; **17**: 322–330.

21 Brandt S, Lauer H-C, Güth J-F, Bühling S, Sayahpour B, Romanos G *et al.* Impact of two different patient decision aids in prosthodontic consultations: a prospective randomized controlled study. *Clin Oral Invest* 2023; **27**: 7841–7849.

22 Lim TW, Abuzaid MM, Zulhisham MFAHM, Hanafiah NNM, Mahmud M, Hasmun NN. Thematic analysis of perceptions from both patients and dental students on a digital clinical decision aid in prosthodontics: A qualitative study. *Journal of Dentistry* 2025; **154**: 105585.

23 Chauca-Bajaña L, Pérez-Jardón A, Carpio-Cevallos C, Ordoñez Balladares A, Proaño-Yela P, Velásquez Ron B *et al.* Factors associated with dental anxiety in patients treated at an integrated dental clinic: a cross-sectional study. *Frontiers in Oral Health* 2025; **6**: 1689805.

24 Xie X, Zhang Z, Zhou J, Deng F. Changes of dental anxiety, aesthetic perception and oral health-related quality of life related to influencing factors of patients' demographics after anterior implant

treatment: a prospective study. *Int J Implant Dent* 2023; **9**: 22.

25 Wang Y, Bäumer D, Ozga A-K, Körner G, Bäumer A. Patient satisfaction and oral health-related quality of life 10 years after implant placement. *BMC Oral Health* 2021; **21**: 30.

26 Steenen SA, Linke F, van Westrhenen R, de Jongh A. Interventions to reduce adult state anxiety, dental trait anxiety, and dental phobia: a systematic review and meta-analyses of randomized controlled trials. *Journal of Anxiety Disorders* 2024; **105**: 102891.

27 Ho JCY, Chai HH, Luo BW, Lo ECM, Huang MZ, Chu CH. An overview of dentist–patient communication in quality dental care. *Dentistry Journal* 2025; **13**: 31.

28 Lorek M, Jarząbek A, Sycińska-Dziarnowska M, Gołęb S, Krawczyk K, Spagnuolo G *et al.* The association between patients' personality traits and pain perception during orthodontic treatment: a systematic review. *Frontiers in Neurology* 2024; **15**: 1469992.

29 Zakyah AD, Laviana A. Psychosocial impact of dental aesthetics questionnaire (PIDAQ) as a subjective diagnostic instrument in orthodontic: A literature review. *International Public Health Journal* 2020; **12**.<https://search.ebscohost.com/login.aspx?direct=true&profile=ehost&scope=site&authtype=crawler&rnl=19474989&AN=145700852&h=WX9Iv1vcxWbgVl8KdJ%2Bt47GbiqbFTDB%2FsaXr0QZ0kL7JT9qpTwJTjgMHGL13fnz%2Fhr%2Bt4po1E3pSvo w47kNrXg%3D%3D&crl=c> (accessed 21 Jan2026).

30 Abdul UA-H. *Impact of Removable Prosthodontics on Oral Health-Related Quality of Life and Evaluation of Denture Satisfaction*. 2019.<https://search.proquest.com/openview/f71935b646712c589c364e75d583ecb9/1?pq-origsite=gscholar&cbl=2026366&diss=y> (accessed 21 Jan2026).

31 Kutkut A, Knudson H, Bush H, Studts J. Comparison of Implant-Retained Overdenture and Conventional Complete Denture: A Survey Study to Measure Patients' Satisfaction and Quality of Life in Dental School Clinics. *Journal of Oral Implantology* 2024.<https://meridian.allenpress.com/joi/article/doi/10.1563/aid-jo-D-22-00096R3/499653> (accessed 21 Jan2026).

32 Milky G, Thomas III J. Shared decision making, satisfaction with care and medication adherence among patients with diabetes. *Patient education and counseling* 2020; **103**: 661–669.

33 Touati R, Sailer I, Marchand L, Ducret M, Strasding M. Communication tools and patient satisfaction: A scoping review. *J Esthet Restor Dent* 2022; **34**: 104–116.

34 Corah NL. Development of a Dental Anxiety Scale. *J Dent Res* 1969; **48**: 596–596.

35 Kuoppala R, Närpäkangas R, Raustia A. Quality of life of patients treated with implant-supported mandibular overdentures evaluated with the oral health impact profile (OHIP-14): A survey of 58 patients. *Journal of oral & maxillofacial research* 2013; **4**: e4.

36 Tosun B, Uysal N. Examination of oral health quality of life and patient satisfaction in removable denture wearers with OHIP-14 scale and visual analog scale: a cross-sectional study. *BMC Oral Health* 2024; **24**: 1353.

37 Sinha D, Venugopalan S, Anand V. Assessment of the success and survival of full mouth rehabilitations: a 3 year follow up study. *Journal of Oral Biology and Craniofacial Research* 2025; **15**: 1710–1714.

38 Fan J, Wang B, Wang L, Xu B, Wang L, Wang C *et al.* Clinical performance of minimally invasive full-mouth rehabilitation using different materials and techniques for patients with moderate to severe tooth wear: a systematic review and meta-analysis. *Clin Oral Invest* 2025; **29**: 96.

39 Kutlu IU, Ak T. Satisfaction of Patients Receiving Implant-Supported Fixed Prosthesis: A Survey. *International Dental Journal* 2024; **74**: S180.

40 Badr AMI, Nabawy M, Mohammed GF, Radwan SA. Evaluation of patient satisfaction and maximum biting force of three differently constructed bars on two implants retaining mandibular overdenture - one year follow-up (a randomized controlled clinical trial). *BMC Oral Health* 2024; **24**: 1360.

41 Kern J-S, Salin E, Slavicek G, Slavicek F, Elvers D, Hölzle F *et al.* A clinical pilot study on overdentures retained by two unsplinted narrow-diameter implants— oral health-related quality of life and masticatory function. *Int J Implant Dent* 2025; **11**: 48.