

Outcome and barrier: the double-edged sword of the patient satisfaction dilemma

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The patient satisfaction dilemma signifies that, while patient satisfaction aligns with core principles of patient-centered care, it can also act as a barrier to further treatment that may be necessary to achieve or restore optimal oral health. Specifically, the intent is to explore patient satisfaction in the context of patient-centered care, delve into the notion of patient satisfaction as a potential treatment barrier, outline the mechanism through which this may occur, and suggest actions to address this issue. This is of interest not only to orthodontists but also to oral health care providers across various disciplines, as patient satisfaction as a barrier to further necessary care is a common challenge in both general and specialized clinical practice, within and beyond orthodontics.

Double-Edged Sword of Patient Satisfaction

Patient satisfaction, broadly defined as the degree to which patients feel their expectations and needs are met during their health care experience,¹ is widely regarded as a cornerstone of patient-centered care.² This approach prioritizes the care needs of patients, their preferences and values, often placing them above the considerations of health care providers about what may work best for patients in both the short and long terms.

However, patient satisfaction should not be viewed solely as a state of contentment with the accessibility, affordability, quality of care, communication with health care providers, and the physical and social environment in which care is delivered.³ In dentistry, for example, patient satisfaction has been linked to compliance with scheduled follow-up appointments, better adherence to treatment plans, and positive oral health outcomes.⁴⁻⁶ Specifically, in orthodontics, patient satisfaction has been associated with various clinical outcomes, including the

stability of final treatment results, tooth alignment, esthetics, and compliance with removable retainers.⁷⁻¹⁰

Despite these benefits, patient satisfaction can also act as a barrier to necessary further treatment, particularly when initial therapy provides immediate relief or addresses primary concerns, or when patients have relatively low expectations regarding treatment outcomes. As a result, patient satisfaction may influence the perceived need for health services which, in turn, shapes patient attitudes toward seeking, requesting, or accepting additional care. This can impact a patient's intention to pursue further treatment, even when it is necessary. Behavioral theories suggest that actions are largely influenced by an individual's capability, intention, and opportunity to act, with attitude playing a central role in shaping intentions, including health-related decisions such as engaging in additional care.¹¹

The role of patient satisfaction as a barrier to further treatment is particularly concerning when managing both reversible and chronic conditions. If necessary further treatment is not performed, reversible conditions may return to baseline, while chronic conditions may worsen, leading to complications that may require more invasive intervention in the future.

Several situations exemplify this phenomenon in everyday orthodontic practice. For example, patients seeking alignment of their dentition may prefer limited anterior movement for cosmetic reasons, without occlusal correction, which could lead to adverse outcomes. These patients may change their minds midtreatment and request comprehensive orthodontic care, which can sometimes exceed the original cost of treatment. Similarly, patients who are satisfied with their cosmetics may decide not to pursue long-term orthodontic occlusal alignment when the anterior dentition is aligned but a pathological occlusion remains. Treatment satisfaction as a barrier may also be observed among patients who may be hesitant to use long-term retainers to maintain improved dental alignment. These patients may refuse further orthodontic alignment, believing that long-term retainers may undermine improved appearance or functionality. Interdisciplinary care can also be subject to this phenomenon. For example, patients who undergo combined periodontal treatment followed by orthodontic care to improve dental alignment for periodontal health may be satisfied with

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the alignment but decline recommended periodontal maintenance. This can lead to long-term disease progression and/or tooth loss.

How Can This Issue Be Addressed?

First, it is important to frame the patient satisfaction dilemma as a challenge rather than a barrier, as the term *barrier* often suggests that little can be done to change a given situation. Second, a shift in the decision-making approach may be necessary. Care providers may need to engage in shared decision-making rather than relying on the traditional informed consent model in which patients are provided with the information they need to make independent decisions.¹² Proven effective in both orthodontic and dental care at large, shared decision-making emphasizes a partnership between patients and providers, where they both work together to achieve a mutually agreed-upon decision, which may include postponing the decision to pursue further treatment.^{13,14}

Lastly, it is essential to incorporate evidence-based behavioral change techniques to address patient satisfaction as a barrier to necessary treatment and to explore other factors that may contribute to the patient's reluctance to proceed with care. Such factors can include affordability concerns, mistrust of care providers, misconceptions about disease progression, and a reactive approach to health care (seeking care only when a serious problem arises). Motivational interviewing,¹⁵ for example, could be a helpful strategy in creating a dissonance between the patient's current satisfaction with their care and their long-term oral health and quality-of-life goals. This dissonance may prompt the patient to reconsider their decision to discontinue treatment. Additionally, sharing stories of other patients who initially declined further care but later benefited from continuing treatment could provide valuable insight through vicarious learning.

Building stronger relationships between dental providers and patients, improving communication through transparent and empathetic dialog, and involving patients in decision-making can also foster trust, improve care outcomes, and support informed decision-making. However, if other factors, such as financial constraints, are involved, additional strategies will likely be required. For instance, offering flexible payment plans, insurance options, or discounted services for low-income patients could help make necessary treatment more affordable and accessible.

CONCLUSIONS

Patient satisfaction is a vital component of patient-centered care in orthodontics and other oral health

disciplines; however, it can become a barrier to further treatment when it leads to discontinuing care for conditions that may be reversible or worsen over time if not addressed promptly and effectively. Behavioral change strategies, such as motivational interviewing, may be needed to address this issue and ensure patients receive the care they need. Further research is needed to assess the effectiveness of these strategies in clinical practice and to better understand how to overcome patient satisfaction as a barrier to additional necessary treatment.

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