

### ABSTRACT

Patients and orthodontists may differ in how treatment completion is defined. This cross-sectional questionnaire study (Oman, n=123) compared perspectives on whether patient satisfaction should guide finishing decisions. Patients largely rejected stopping treatment if alignment or occlusion remained imperfect (21.6% agree), whereas clinicians supported giving satisfaction equal weight to clinical standards (69.6% agree; OR=8.27, p<0.001). However, clinicians still reported extending treatment for minor improvements and low comfort with early termination. These findings suggest orthodontic finishing is a preference-sensitive decision point where apparent agreement on “satisfaction” masks different stopping thresholds, supporting the need for structured finishing discussions.

### INTRODUCTION

- Patient-centred care emphasises shared decision-making and satisfaction
- Orthodontics still relies on clinician-defined finishing standards
- This may create discordance at treatment completion
- Evidence suggests patients tolerate minor imperfections, but this is unclear in practice

**Aim:**

- To compare patient and clinician perspectives on whether satisfaction should guide treatment completion

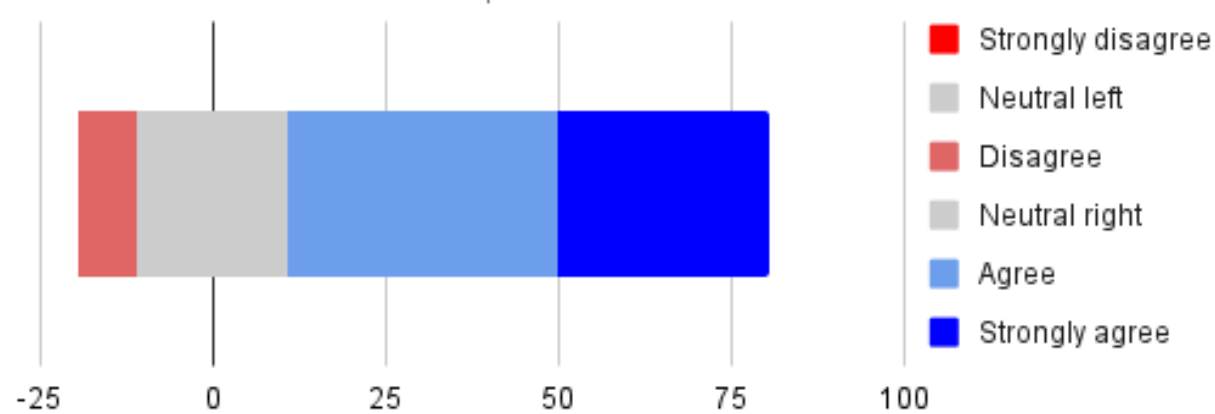
### METHODOLOGY

- **Design:** Cross-sectional questionnaire study
- **Setting:** Oman (Oct–Dec 2025)
- **Participants:**
  - Patients (n=100)
  - Orthodontists (n=23)
- **Tool:** Parallel 5-point Likert-scale surveys
- **Primary outcome:** Satisfaction-guided finishing
- **Analysis:**
  - Mann–Whitney U (ordinal comparison)
  - Fisher’s exact + OR (agree vs not agree)
  - Wilcoxon signed-rank (within-clinician)
- **Qualitative:** Thematic grouping of free-text responses

### RESULTS

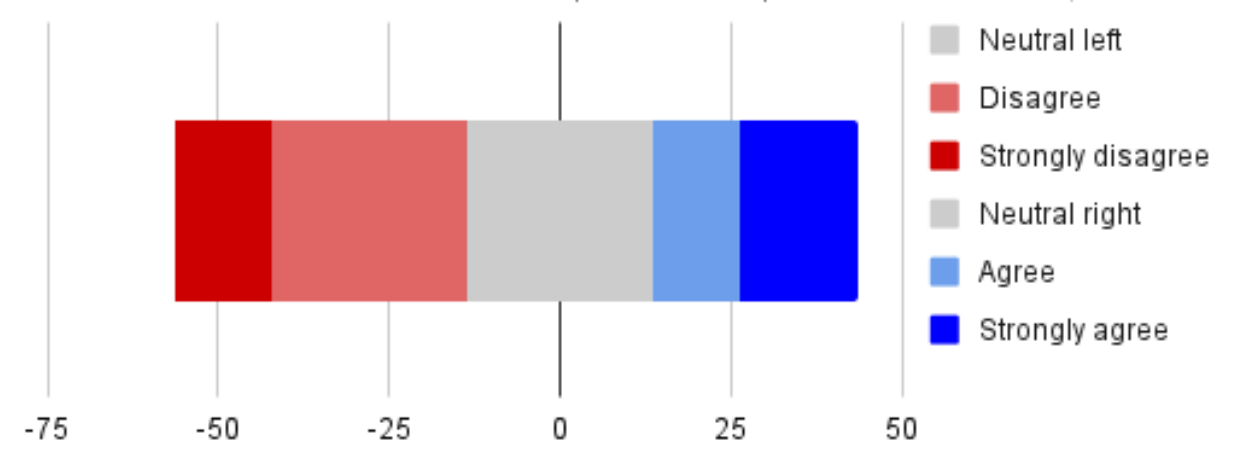
- The primary patient-satisfaction-guided finishing construct showed a clear difference between groups.
- Only 21.6% of patients agreed that treatment should stop once they were satisfied if alignment or occlusion remained imperfect.
- In contrast, 69.6% of clinicians agreed that patient satisfaction should carry equal weight to occlusal perfection when deciding treatment completion.
- Clinicians were significantly more likely to endorse satisfaction-guided finishing (OR = 8.27, p < 0.001).
- Despite this, clinicians also reported a strong tendency to continue treatment for minor finishing improvements and low comfort with early termination (p < 0.001).
- Most patients still preferred continuing treatment to achieve ideal results and commonly defined success as straight, well-aligned teeth.

“Patient satisfaction should have equal weight as occlusal perfection when deciding case completion”



**Figure 1** - Orthodontists’ response to their “patient-satisfaction-guided finishing” question

“I agree that orthodontic treatment should stop when the patient is satisfied, even if



**Figure 2** - Patients’ response to their “patient-satisfaction-guided finishing” question

### DISCUSSION

- Patients appear to internalise perfection as success
- Clinicians show a principle–practice gap:
  - Value satisfaction conceptually
  - Retain clinician-led thresholds in practice
- “Satisfaction” is not independent:
  - Shaped by expectations, norms, and treatment burden
- Finishing decisions involve trade-offs:
  - Marginal gains vs time, cost, inconvenience

### CONCLUSION

- Patients and clinicians diverge in interpreting satisfaction-guided finishing
- Clinicians support patient-centred care in principle, but not in execution
- Patients still favour ideal outcomes over early completion
- Orthodontic finishing is a preference-sensitive decision point
- **Clinical Implication:**
  - Structured finishing discussions are needed to align:
  - Residual discrepancies
  - Expected benefits
  - Time and burden trade-offs