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ORIGINAL

Functional aesthetic rehabilitation and its impact on self-esteem

Rehabilitación estética funcional y su repercusión en la autoestima

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ABSTRACT

The study analyzes the relationship between dental esthetic rehabilitation and self-esteem in adult patients at the Inter-American Open University. The research focuses on how improving dental appearance through prosthetic-aesthetic interventions positively impacts patients' perception of themselves and their overall well-being. Using a qualitative approach, interviews were conducted and clinical documents were reviewed to capture the experiences of 11 patients. The results show that, following rehabilitation, patients experienced a significant increase in their self-esteem, satisfaction and emotional well-being. The study underscores the importance of addressing both functional and esthetic aspects in dentistry, highlighting how a healthy smile influences quality of life and social interaction, reinforcing the need for comprehensive care that includes psychological and emotional considerations.

Keywords: Quality of Life; Patients; Oral Health; Prosthetic-Aesthetic Rehabilitation; Self-Esteem.

RESUMEN

El estudio analiza la relación entre la rehabilitación estética dental y la autoestima en pacientes adultos de la Universidad Abierta Interamericana. La investigación se enfoca en cómo la mejora de la apariencia dental a través de intervenciones protésico-estéticas impacta positivamente en la percepción de los pacientes sobre sí mismos y su bienestar general. Utilizando un enfoque cualitativo, se realizaron entrevistas y se revisaron documentos clínicos para captar las experiencias de 11 pacientes. Los resultados muestran que, tras la rehabilitación, los pacientes experimentaron un aumento significativo en su autoestima, satisfacción y bienestar emocional. El estudio subraya la importancia de abordar tanto los aspectos funcionales como estéticos en odontología, destacando cómo una sonrisa saludable influye en la calidad de vida y la interacción social, reforzando la necesidad de una atención integral que incluya consideraciones psicológicas y emocionales.

Palabras clave: Calidad de Vida; Pacientes; Salud Bucal; Rehabilitación Protésico-Estética; Autoestima.

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INTRODUCTION

Health, as defined by the World Health Organization (WHO), goes beyond the mere absence of disease, encompassing a complete well-being that includes physical, psychological, and social dimensions. This concept has evolved, integrating objective aspects of health, such as the body's functioning, and subjective dimensions that reflect the individual's overall well-being and ability to adapt to social and work challenges. Within this framework, oral health is recognized as an essential component that significantly influences people's overall health, highlighting the importance of a healthy mouth in maintaining a state of overall well-being.[1,2]

The smile, a universal human expression, has a profound impact on daily life, not only as a manifestation of happiness and satisfaction but also as a key element in social interaction and the building of self-esteem. Dissatisfaction with the appearance of one's smile, whether due to problems such as discoloration, misalignment, or tooth shape, can have significant psychological and social consequences.[3] People uncomfortable with their smile may experience a decline in self-perception, which can lead to emotional disturbances, social isolation, and a reduced quality of life. These factors can trigger a negative cycle in which mental and emotional health are affected, perpetuating a state of discomfort.[4,5]

Several studies have shown that smiling is a reflection of oral health and an indicator of overall well-being. The facial feedback hypothesis, for example, suggests that smiling can influence a person's emotional state by stimulating the release of neurotransmitters such as dopamine, serotonin, and endorphins, which are associated with feelings of well-being and stress reduction.[6] Research has also shown that people with genuine smiles tend to be perceived as more trustworthy and approachable, which improves interpersonal relationships and reinforces psychological well-being.[7,8,9]

Smiling transcends the social and psychological realm, even influencing longevity. Studies have revealed that people who smile genuinely tend to live longer; smiling could be a marker of a less stressful and more satisfying life.[10,11] However, this relationship is not simply causal; smiling is both a reflection and a cause of a state of well-being, creating a virtuous circle in which feeling good promotes smiling, and smiling increases well-being.[12,13,14]

Dental aesthetics has gained increasing importance in dentistry, especially in a society that increasingly values physical attractiveness and personal presentation. However, most dental approaches remain focused on function and correcting malocclusions, leaving aesthetics and their impact on the patient's psychological health in the background. This limited approach may overlook crucial aspects influencing the patient's quality of life, such as self-esteem and emotional well-being.[15,16,17,18]

The present study addresses this gap by exploring the relationship between dental aesthetics and self-esteem in adult patients undergoing prosthetic-aesthetic rehabilitation. The study seeks to understand how improving dental appearance can positively influence patients' perceptions of themselves and their overall well-being. Through a detailed assessment of the impact of dental rehabilitation on self-esteem, this study aims to demonstrate that dentistry, by integrating aesthetic aspects with functional ones, not only improves oral health but also contributes significantly to patients' mental and emotional health. By focusing on patients' perceptions of their appearance and self-esteem after dental treatment, this research provides a comprehensive perspective on the importance of dental aesthetics. In a context where physical appearance has a considerable impact on social and professional life, understanding the relationship between smiles and self-esteem is crucial to offering a dental approach that addresses functionality and promotes individuals' overall well-being. This holistic approach underscores the need for dental professionals to consider their patient's psychological and emotional aspects, recognizing that oral health is fundamental to overall well-being and quality of life.

METHOD

The overall objective of this study was to determine the perception of self-esteem in patients undergoing prosthetic-aesthetic rehabilitation in the Integrated Clinical and Surgical Practice: Adult and Geriatric III course at the Inter-American Open University (UAI). This objective was addressed through a qualitative methodological approach, which focused on collecting direct information from participants, paying special attention to their experiences and perceptions during and after dental treatment.[19,20,21]

Structured interviews and review of clinical documents were used for data collection. The interviews were designed to explore patients' perceptions of their self-esteem before and after the prosthetic-aesthetic intervention. This approach allowed the patients' responses to be captured in their original form, without alterations, ensuring a genuine representation of their experiences. In addition, this information was supplemented with a review of clinical documents and "before" and "after" photographs of the treatment. This allowed for a visual and documented evaluation of the changes perceived by the patients.

The information was analyzed through categorization, which allowed the data to be organized and classified according to common themes emerging from the interviews and the reviewed documentation. The triangulation technique was applied to integrate the various sources of information, including interviews, photographs, clinical reports, and the perspective of an expert psychologist, which added depth and reliability to the results obtained.

The study participants were 11 patients, six women, and five men, selected from the course Clinical and Integrated Surgery: Adult and Gerontology III. The inclusion criteria considered attendance at the course on prosthetic-aesthetic rehabilitation, willingness to participate in the study, and an age range between 30 and 70 years. This qualitative and descriptive approach allowed the individual experiences of patients to be captured within a specific clinical framework.

From an ethical standpoint, it was ensured that all participants were fully informed about the study and voluntarily consented to participate. Patient confidentiality and anonymity were protected by assigning codes to the information collected according to ethical guidelines for health research. This ethical approach was crucial to ensuring the integrity and validity of the study.

RESULTS

The results obtained from the collection of information through document review (clinical case) and structured interviews are

presented below. Photographs of the patients showing the intervention received are also included. The participants' data are shown, including the diagnosis, the treatment performed in each case, and photographs showing the before and after the treatment**.**

Table 1. Clinical outcome of study participants

Clinical case	Clinical data and treatment performed	First up, then down
CC1	Details: Female, 52 years old Treatment: Gingivectomy. Crown restoration on metal-ceramic implant for PD 46. Fixed metal-ceramic bridge to restore PD 25, 26, 27. Outpatient teeth whitening. Incisal edges restored on PD 1.1, 1.2, 2.1, 2.2.	
CC2	Details: Male, 42 years old Treatment: Root canal treatment on PD 1.2, 2.1, 2.2. Root canal retraction on PD 2.5 Post removal on PD 1.3 Post on PD 1.2, 1.3, 2.1, 2.2, and 2.5 Lithium disilicate crown restoration on post 1.2, 1.3, 2.2, 2.5 Lithium disilicate veneers on PD 1.1 and 2.1 Upper PPR for PD 1.4 and 1.5 Extraction of PD 4.1 and 4.2 Lower chrome for PD 3.6, 4.1, 4.2, 4.6, and 4.7	
CC3	Details: Female, 44 years old Treatment: Basic periodontal therapy. Operative procedures on teeth 24 (OM)-36 (O) 44 (OD)- 45 (OM) Operative procedure on tooth 12-34. Endodontic retreatment on tooth 3.4. Interradicular anchors in PD 11 and 21 posterior. Cementation of lithium disilicate crowns on teeth 11 and 21.	

CC4	Details: Male, 63 years old Treatment: Periodontal treatment: maintenance therapy Surgery: Extraction in 2.3 - 3.6 – 4.2 – 4.3 – 4.6 Operative treatment: in 1.4 – 2.5 Leveling of occlusal plane 2.4 - 2.5 Prosthesis: Removable partial prosthesis made of cobalt chrome alloy in the upper and lower jaws. Lithium disilicate veneers Veneers 12 11 21 22	
CC5	Data: Male, 45 years old Treatment: Stage 1 2022 Basic Periodontal Therapy Extractions: 1.3 1.7 2.3 2.5 3.6 3.7 4.6 4.7 Surgery: 1.2 1.4 1.6 1.7 3.5 4.5 Implants: 1.3 2.3 3.6 4.6 Upper and lower acrylic PPR Clarification provided by the student who performed the treatment in the adult clinic II the previous year.	
	Stage 2 2023 Second phase: Periodontal treatment Operative: 16-15-14-12-24-27 CT on 26 for prosthetic reasons Incrustation on 26 PIA on 13-23-36-46 Overlay incrustation 2.6 Crowns on implants 1.3, 2.3, 3.6, and 4.6	
CC6	Details: Female, 33 years old Treatment: Basic periodontal therapy Sealant on 45 (o) and 24 (o) Extraction of P.D 28 and 18 Endodontic retreatment on P.D 12 Surgery on P.D 24, 27, 45 Implants to replace teeth 14/15, 26, 35, 36, and 46, with subsequent prosthetic rehabilitation. Periodontal surgery (gingivectomy) Fixed prosthesis rehabilitation in the anterior sector:	
	Installation of lithium disilicate crowns in P.D. 26, 14, 15 Installation of lithium disilicate veneers in P.D.: 12, 11, 21, 22, and 23 Acrylic P.P.R. lower sector.	

CC7	Details: Female, 51 years old Treatment: Basic periodontal therapy. Inactivation of open caries: 24 (D). Endodontic treatment: Tooth 3.5 (OD) Operative treatment: 24 (OD), Removal of amalgam fillings: 16(O)/17(O)/26(O)/27(O) and placement of a CIV base Resin injection in upper jaw, posterior sector Surgical therapy in upper jaw (Resective surgery: Gingivectomy). Prosthesis: Placement of intraradicular anchor: fiberglass post 3.5 Lithium disilicate on implants 1.2/ 2.2 Zirconia on post 3.5 Lithium disilicate veneers 1.1/2.1 Acrylic PPR: 36/37/45/46/47	
CC8	Details: Female, 63 years old Treatment: Endodontic treatment: PD 4.3 Prosthetic restoration: Crowns PD 1.3, 1.4, 1.5 / PD 24, 2.5/ PD 3.1, 3.2, 3.3, 3.4 / PD 4.1, 4.2, 4.3 P.P.R with Ball attach system PD 4.4 and 3.5	
CC9	Details: Male, 60 years old Treatment: Basic therapy Surgery: Extractions PD 16,16,18,28,27 Root canal treatment: PD 21,22 Operative treatment: PD 44,45,43,31,32,33,34, to restore incisal edges Upper and lower PPR (lower chrome) Anterior crowns on PD 11, 21, 22, and 23	

CC10	Details: Female, 31 years old Treatment: Periodontal treatment: scaling and root planing. Surgery: 3.8 (extraction) Cx 1.5, 1.6, 2.6 (implants) Operative: 1.4, 2.1, 2.5, 3.7, 4.6, 4.7. Fixed prosthesis: Crowns on implants in teeth 2.6, 1.5, 1.6.	

Se presentan los resultados obtenidos de la recolección de la información. Se presentan las respuestas de los participantes a las preguntas formuladas. De acuerdo con la información se establecieron las categorías y las subcategorías como parte del análisis de los resultados.

Table 2. Patients' responses to the questions asked

Question 1. What motivated you to undergo dental treatment at the Faculty? Category PP1: Participation in the process			
Patient	**Answer**	**Subcategory**	**Code**
CC1	My first experience going to a university for a dental consultation was as a patient of a friend who was studying dentistry, and I enjoyed the experience. Helping others learn is a way of learning yourself. Plus, it can reduce the cost of some treatments.	Willingness to collaborate	PP1-1 PP1-2
CC2	Greetings, what motivated me to get dental treatment at the university was mainly the low cost, but I was also looking for a student who was motivated and enthusiastic. At that stage, about to graduate, it's normal to feel like you want to take on the world and be very professional, and luckily I found that.	Economic interest	PP1-3 PP1-4
CC3	I was motivated to get dental treatment at the university because, even though I had health insurance, I had to resort to private services, and at the university I received very good care—I would say it was luxurious—at a much lower cost and with a very personalized approach.	Economic interest	PP1-5 PP1-6 PP1-7
CC4	It really motivated me because I needed it. I needed treatment to solve a really big problem I had with my teeth, let's say. And on the recommendation of friends, they honestly told me to go there and that they would solve the problem I had.	Satisfaction with care	PP1-8 PP1-9
CC5	Because I had broken both my canines.	Economic interest	PP1-10
CC6	I was motivated by the need to start taking care of my dental health, as I had neglected it quite a bit.	Satisfaction with care	PP1-11 PP1-12
CC7	Hi, what motivated me was that I wanted to feel good about myself, and it was more for aesthetic reasons than anything else. I never had that opportunity before, and now that I'm older, you realize a lot of things, and I wanted to get the treatment.	Economic interest	PP1-13 PP2-14 PP2-15
CC8	What motivated me to go was that my prosthesis broke, so I contacted a girl from college and went there.	Interest in addressing a dental health problem	PP2-16
CC9	The first thing is that I had thought about doing it in Venezuela, but the situation there was a little more difficult, and since I was here in Argentina, I decided to try to make time for it despite my work schedule, and I finally did it thanks to my daughter's mother, who recommended that we go to your clinic because of the care she received there, and that encouraged me. And that's how your care was. Well, that's the most important thing. I really loved how kind and caring you all were, and you gave your all to provide your service so that we feel comfortable.	Recommendation from friends	PP2-17 PP2-18 PP2-19 PP2-20

CC10	What motivated me to start treatment was that I had a cavity, more than anything else, because I also had a lot of tartar in my mouth. I didn't like the way I looked, and luckily I never had any pain, but it motivated me to go. I knew it was going to be a long process to start, but luckily I was able to do it, and more than anything else, it's the patient follow-up. Well, and they also helped me a lot at the clinic every time I went, constantly, and well, it was mutual, it's mutual work, but really, it was very good.	Interest in addressing a dental health problem	PP2-21 PP2-22 PP2-23 PP2-24
Question 2. How did you feel during the rehabilitation process? Category PP2: Participation in the process			
Participant	Answer	Subcategory	Code
CC1	Throughout the entire process, I felt comfortable, guided, well treated, advised, and taken into consideration. Each part of the treatment was explained to me, and the procedures were carried out exactly as I was told, in a timely manner.	Information	PP2-1 PP2-2 PP2-3
CC2	During the treatment, I always felt confident and optimistic. I felt confident because both the teachers and the students showed concern for details and always took care to ensure that the treatment was thorough. I felt optimistic because, from the moment I entered the faculty, both the administrative and academic staff and the students showed their human qualities, and I could sense a collective intention to achieve results quickly.	Communication	PP2-4 PP2-5 PP2-6
CC3	During the rehabilitation process, I felt very supported and cared for. I was kept informed of everything they were doing, which made me feel very comfortable and satisfied.	Satisfaction	PP2-7 PP2-8 PP2-9
CC4	I felt really good. It was something I was very afraid of, having to have many extractions, but the doctor I was assigned was the best of the best, and I didn't feel any post-operative pain at all. I really can't complain about anything. I felt very good.	Trust in the team	PP2-10 PP2-11 PP2-12
CC5	I felt good, very satisfied to see how everything was improving.	Optimism	PP2-13
CC6	I felt very good. I was very interested in each treatment, whether it was cavities, implants, cosmetic gum surgery, watching videos, and trying to understand each procedure.	Satisfaction with treatment and with the team	PP2-14 PP2-15 PP2-16
CC7	I felt good, a little scared, because you're always a little scared, especially since I don't like dentistry. I always say that today is the worst, but it's necessary when you want to feel good. I feel that it's necessary to have a nice smile and all that.	Company	PP2-17 PP2-18 PP2-19 PP2-20
CC8	Well, I felt very good, the attention was very good, they were very patient, the work done by the teachers was very good, and everyone collaborated in the treatment and participated, and everything went very well. Everything was very well coordinated, both the teachers and the students.	Communication	PP2-21 PP2-22 PP2-23
CC9	I really felt comfortable with everything because the atmosphere was excellent, everything felt natural, everything was good. And that's one of the most important factors in customer service, as they say, and more than anything else, my work, the appearance of my profession, is also the most important thing physically and on a daily basis, and that's one of the personal things that you have to have in every sense, because in any work environment, your personality is important. And well, so much so that I was even more encouraged that everything would turn out so perfect, and thank God, everything was positive, it's true.	Satisfaction	PP2-24 PP2-25 PP2-26
CC10	During the process, I felt anxious, but I knew that the end result was going to be great, so everything was fine. I had several things done first with cavities, and well, first a cleaning, then the cavities, extraction of a molar with a retained molar, and then I continued with the implants. So, no, not really, if it swelled up, well, I felt supported the whole time, talking to the team, telling me what I had to take. They respected my medication in case I got inflamed or if it hurt. They also taught me more or less how to clean properly with dental floss, which I may have been doing incorrectly and allowing food to accumulate, which meant I needed another cleaning.	Overcoming fears	PP2-27 PP2-28 PP2-29 PP2-30 PP2-31
Question 3. How did you feel before treatment in terms of your self-esteem and perception of yourself? Category RA: Reflection on self-esteem			
Participant	Answer	Subcategory	Code
CC1	I was quite frustrated, I had a lot to do, and as I mentioned, my previous experiences were not very positive. This time, I was able to complete the treatment as planned. I would highlight the competence of the doctor and each of the people who accompanied her in the development of this treatment. This has greatly improved my self-esteem.	Frustration	RA1-1 RA1-2 RA1-3 RA1-4 RA1-5 RA1-6

CC2	Before the treatment, my self-esteem was destroyed, I felt emotionally unpresentable, and the face mask was always a useful tool to cover my flaws. Even though depression always knocked on my door, I remained optimistic, as we always have to be.	Fear	RA1-7 RA1-8 RA1-9 RA1-10 RA1-11
CC3	Before starting treatment, I wasn't very happy with my teeth. I had a lot to do and improve, things that seemed much more serious than they turned out to be. They made even the most complicated things simple, and they were always very willing and friendly. So everything was much more enjoyable. I am truly grateful to everyone and everything. Thank you.	Satisfaction	RA1-12 RA1-13 RA1-14 RA1-15 RA1-16
CC4	Well, before I felt really withdrawn, I hid from people, I felt like I was hiding something about myself, and after the treatment I was really able to show how complete I can be in my relationships with others. I felt really good.	Completion of the process	RA1-17 RA1-18 RA1-19 RA1-20
CC5	Before the treatment, I didn't feel good, I didn't like how my mouth looked.	Teamwork	RA1-21
CC6	I felt very bad because I was missing teeth, either because I didn't want to go to the dentist or for other reasons. It made me sad to smile, or I would cover my mouth when I laughed.	Increased self-esteem	RA1-22 RA1-23 RA1-24
CC7	Obviously, now I feel more confident, I can laugh, I feel good.	Low self-esteem before treatment	RA1-25 RA1-26 RA1-27
CC8	I feel great. Everything has changed for me. I had trouble eating and doing everything, and my appearance was also affected. The crowns I had done evened everything out, improved my smile, and now I can eat.	Use of face masks as protection	RA1-28 RA1-29 RA1-30
CC9	I feel good. The discomfort I had is now just a little, but not like at the beginning. I think I'm adapting, getting used to their position in each part of my mouth, and I can chew and eat everything well, thank God. I also do the treatment when you put them in, just as you told me. I bought what you told me to buy, and I'm taking the little pills. They're really good. I take them and sleep with them in, as the other doctor told me I could sleep with them in, wanting to do everything I can on my part, and so, well, everything is really fine. I feel happy and I hope you are too for your work. May God truly bless you all from the bottom of my heart. I am happier now than I was before, truly.	Depression	RA1-31 RA1-32 RA1-33 RA1-34 RA1-35
CC10	How I felt after finishing: great, great. Now I can smile, truly happy and very well. Yes, great, I don't have any discomfort or pain, and I can smile and show my teeth without any problem. It's beautiful.	Optimism after treatment	RA1-36 RA1-37

Question 4. How do you feel right now after completing your treatment?
RPR Category: Rehabilitation Process Results

Participant	Answer	Subcategory	Code
CC1	I am very satisfied compared to the care I received at other universities, where parts of my treatment were incomplete or I was referred elsewhere, making it difficult to complete. In this case, everything was very decisive.	Satisfaction	RPR1-1 RPR1-2
CC2	Today I feel like a totally different person, grateful for the results I've achieved. I feel like I can smile at life, take on new challenges, and have new dreams. While it's true that my mouth needed hygiene and health treatments, they also proposed changing my appearance, which I really appreciate and will be eternally grateful for.	Compliance with treatment	RPR1-3 RPR1-4 RPR1-5 RPR1-6 RPR1-7
CC3	After finishing the treatment, I felt enormous happiness because it's something that motivates and gratifies you. So, I am very, very happy. It was truly satisfying to finish the treatment.	Change in your life	RPR1-8 RPR1-9 RPR1-10 RPR1-11 RPR1-12
CC4	When I finished my treatment and saw the results, I felt great, honestly, great. I felt complete. Before, I felt like I was hiding something, something that I really had but didn't show, which was my smile, let's say. Yes, and I really felt very, very good.	Gratitude	RPR1-12 RPR1-13 RPR1-14
CC5	I feel much better, eating is much more comfortable.	Hope	RPR1-15 RPR1-16
CC6	I feel great, I try to maintain good oral hygiene as my dentist taught me.	Optimism	RPR1-17 RPR1-18
CC7	The truth is that at first I felt insecure because, well, missing my front teeth is a big deal for me. So I had very low self-esteem, I didn't like how I looked, I suffered a lot, so I always said, "Well, someday I'll be able to get it fixed." So I went and had it done, and Dr. Michelle treated me very well, as did Dr. Sofía, so I'm happy with that and I wish everyone the best of luck. Thank you.	Satisfaction	RPR1-19 RPR1-20 RPR1-21 RPR1-22 RPR1-23

CC8	I felt bad before, yes. I felt self-conscious about my teeth. They were very short, and I was missing some molars, which made it difficult to eat. I had to practically swallow my food. Now, I've improved the appearance and function of my teeth, and I feel great. I feel like my teeth are natural, and I feel better now. I'm happy.	Happiness	RPR1-24 RPR1-25 RPR1-26 RPR1-27
CC9	I liked everything. I'm happy, as I told you, smiling and showing my joy every moment. I try to follow the advice you gave me, to mark everything down, and I'm doing everything you told me to do, like the general cleaning, and I'm doing it all the way. I'll keep doing everything perfectly. I feel good.	Gratification	RPR1-28 RPR1-29 RPR1-30
CC10	I relaxed because I knew the final result was going to be great. I was very scared to get the implants, wondering how everything would turn out. Luckily, I didn't feel any pain. I'm really looking forward to finishing, but I knew the final result was going to be great. I'm going to continue with the treatment and get braces on my lower teeth so that everything is complete.	Motivation	RPR1-31 RPR1-32 RPR1-33

DISCUSSION

Once the results obtained in this study are known, aspects that allow us to understand the process followed by patients from the dental diagnosis made to them until adequate rehabilitation was achieved for most of the pathologies identified can be seen. It is essential to remember that smiling is one of the aspects that provides well-being to human beings, as it is a resource for socialization and expressing emotions. Oral health is essential for a spontaneous smile and feeling secure and confident. It is also important in communication, as good oral health contributes to a person's confidence in expressing themselves and engaging in conversation with others. All of this has an impact on a person's self-esteem and self-image.[22]

The patients who participated in the study agreed on their intention to care for their oral health after neglecting this area of their body. This can be seen in the most frequently found pathologies: gingivitis, periodontal problems, caries, problems that, when not treated in time, led to tooth loss, discoloration of the teeth, and tooth mobility, among other consequences. This intention was expressed during the interview (subcategories PP1-7, PP1-8, PP1-10, PP1-11, PP1-12, PP2-16, PP2-18).[23]

It was also noted that aesthetics is one of the factors that motivates patients to seek care, indicating that they want to improve their physical appearance and feel good about themselves (subcategories PP2-13, PP2-19, PP2-20, PP2-21). Likewise, encouragement from friends and family impeded them from attending consultations (PP1-9, PP2-19).

Participants pointed out the need to address their problems, which led them to attend the UAI to seek a solution since, in most cases, their economic situation did not allow them to seek private care (subcategories PP1-2, PP1-3, PP1-5, PP2-14, PP2-17).

The care provided at the UAI was also recognized by patients who expressed messages of satisfaction with the care they received, stating that they were given accurate information about their treatment and that there was adequate communication with the people who attended them, which made them feel optimistic, hopeful about the future, secure, and confident. Added to this is the fear of dental treatment (subcategories PP1-4, PP1-6, PP2-5, PP2-7, PP2-8, PP2-9, PP2-11, PP2-12, PP2-13, PP2-21, PP2-22, PP2-23, PP2-24, PP2-25, PP2-26, PP2-28, PP2-29, PP2-30, RA1-3, RA1-5, RA1-15, RA1-29, RPR1-1, RPR1-22). All of this contributed to a favorable environment and motivated them to complete treatment.

Dissatisfaction with their smile and the appearance of their teeth was a key factor in these patients' decision to seek oral health care. It is possible that people whose oral health problems do not affect their appearance do not attend consultations.[24]

The patients participating in the study expressed negative emotions about their appearance before treatment, such as frustration, dissatisfaction, fear, insecurity, and doubts. Some even said they felt comfortable wearing a mask during the pandemic as they could express themselves without fear (subcategories PP1-13, RA1-1, RA1-2, RA1-7, RA1-8, RA1-10, RA1-12, RA1-13, RA1-14, RA1-17, RA1-18, RA1-19, RA1-21, RA1-22, RA1-23, RA 1-24, RPR1-19, RPR1-20, RPR1-21, RPR1-24). Poor oral health had a considerable impact on their lives.

During treatment, patients had experiences learning about oral care, the need to brush their teeth, and the importance of visiting the dentist (PP2-15, PP2-16, RA1-32, RA1-33). They also expressed the value of the information they received from the professionals who treated them (PP2-31, RPR1-18, RPR1-29).

Once treatment was completed, patients reported a range of emotions and feelings directly related to their perception of themselves and the change that rehabilitation meant in their lives. Several expressions emerged that reflect the well-being generated by the treatment received and the importance of regaining their smile. Their perception of themselves improved, and they became aware of the value of oral health and the need to commit to it.[25,26] The following is a list of the expressions used:

- Satisfaction (PP2-14, RA1-20, RA1-30, RA1-31, RA1-34, RA1-36, RPR1-7, RPR1-11, RPR1-12, RPR1-14, RPR1-15, RPR1-17, RPR1-26).
- Gratitude (RA1-16, RA1-35, RPR1-14, RPR1-23).
- Happiness (RPR1-8, RPR1-27, RPR1-28).
- Life change (RA1-28, RPR1-3, RPR1-13).
- Completion of treatment (RPR1-12, RA1-4, RPR1-2).
- Optimism (RA1-11, RPR1-6).
- Security (RA1-25, RA1-37).
- Overcoming fears (PP2-10).
- Well-being (RA1-27, RPR1-25).
- Increased self-esteem (RA1-6).

- Regaining a smile (RA1-26).
- Hope (RPR1-5).
- Comfort (RPR1-16).
- Gratification (RPR1-9).
- Motivation (RPR1-10).
- Hope (RPR1-32).
- Commitment (RPR1-30).

CONCLUSIONS

The relationship between self-esteem and dentistry is a crucial aspect of this study. The findings reveal that dissatisfaction with dental appearance directly impacts patients' emotions and self-image. Seeking dental care is perceived as a response to improving oral aesthetics, demonstrating the deep connection between oral health and self-esteem. Evidence of negative emotions, such as frustration, insecurity, and fear associated with dental appearance, underscores the psychological importance of a healthy smile. Participants reported experiencing a significant improvement in their self-esteem after undergoing dental treatment, suggesting that comprehensive oral health care can positively impact people's perception of themselves. The care received in the Integrated Clinical and Surgical Practice: Adults and Geriatrics III course of the UAI's Dentistry program addressed physical needs and helped create a supportive environment that fostered optimism and confidence. This psychological factor is crucial, as the resulting emotional security can be an essential catalyst for patients to complete treatment and maintain healthy habits in the long term. The positive perception of some participants highlights how oral aesthetics can influence social interactions and self-esteem. The ability to speak and laugh without fear of showing their teeth was perceived as a significant benefit.

In summary, this study highlights that dentistry has a physical impact on oral health and a psychological effect on individuals' self-esteem. Addressing aesthetic and emotional concerns in dental care may be critical to promoting comprehensive improvement in patient's quality of life and emotional well-being. Finally, dissatisfaction with their smile and the appearance of their teeth was a key factor in these patients' decision to seek oral health care. Therefore, it is essential to consider in future studies what happens to patients whose oral problems do not affect their appearance to determine whether they attend dental appointments.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

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