

FOCUS ON RESEARCH

STAFF BELIEFS AND PERCEIVED BARRIERS TOWARDS ORAL HEALTH CARE PROVISION IN STROKE UNITS

Researchers

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Aim

To explore the beliefs and perceived barriers towards oral health care (OHC) provision by junior nurses in Scottish stroke units.

Project Outline/Methodology

Stroke is associated with poor oral health. Gum and dental disease may have a role in causing stroke. The values and attitudes of the nursing staff providing the majority of oral health care are unknown and have a fundamental influence on this care provision.

The project formed 8 focus groups of junior nurses including 21 'trained', 13 'untrained' and 6 students from different types of stroke units to explore their views on OHC provision. Glasgow, Dundee, Aberdeen and Lanarkshire formed groups.

Key Results

OHC was regarded by junior nurses as an important but simple part of personal hygiene. There was little emphasis on its importance in rehabilitation. Assessment of oral health and practice of OHC were often confused as the same. The frequency, consistency, enthusiasm, and practice of oral hygiene varied greatly. There was little involvement from senior staff or allied health professionals. Any protocols were used on a discretionary, inconsistent and occasionally reluctant basis, and only for those individuals who were most dependent. Perceived barriers to OHC provision included complications of stroke including communication and swallowing problems and patient motivation. The evidence base such as it is was not always relied on. Ward-based undergraduate and postgraduate training was infrequent, inconsistent, dental/ denture related only and depended on staff motivation.

Despite these problems the nursing staff were keen to improve OHC of their stroke patients.

Conclusions

OHC was seen to be an important but simple part of junior nurses role, however understanding of the issues was often over-simplistic. There was little consistent guidance on practice of OHC from either protocols or training. Perceived barriers to OHC provision include the clinical complications of stroke including swallowing difficulties, and also patient motivation.

What does this study add to the field?

This study provides unique information about the beliefs of junior nursing staff and nurse students regarding OHC after stroke. It suggests that training and support of staff is often inadequate. This is likely to lead to an increase in avoidable complications including dry mouth (which is uncomfortable), nutritional problems and post-stroke pneumonia.

Implications for Practice or Policy

This study shows serious inadequacies in the training and support of junior nurses in OHC after stroke. This is only likely to improve with adoption of clear guidelines/ protocols and introduction of effective training programs. Leadership in these areas from senior nurses is likely to be necessary. There is potential to capitalise on the motivation of staff who are eager to improve this aspect of care.

Improved OHC will potentially not only improve oral health, but also help patient comfort, nutrition, reduce chest infections and lead to better outcomes for patients with stroke.

Where to next?

We plan to develop and implement an oral care intervention, educating nursing staff in stroke units to improve OHC after stroke.

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