Beyond the Brain: Exploring the Provision of Oral Care by Neuroscience Nurses

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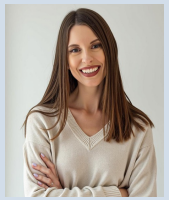

Abstract

Oral care in the hospital is critical, yet provision is often infrequent and inadequate. Inadequate oral care provision can result in increased morbidity, mortality, and length of hospitalization. Neuroscience patients have a unique intersection of physical and cognitive barriers to provision, and research on neuroscience nurses' perspectives is lacking and outdated.

Introduction

A literature review was conducted and revealed 4 themes of barriers to oral care provision: patient (cognitive or physical barriers), clinician (over- or under-confidence, insufficient education), organization (unit culture or lack of resources) and system (conflicting best practices and lack of literature).

Materials and Methods

An exploratory sequential (mixed-methods) study was conducted in two phases to understand nurses' perspectives of barriers and facilitators to the provision of oral care to patients with neurological disorders.

Phase 1: an anonymous, purpose-built questionnaire structured via the Knowledge, Attitudes, and Practices model and informed by the literature review. Homonymous purposive sampling was employed and 42 responses received.

Phase 2: a confidential 10-question semi-structured interview to augment Phase 1 by providing a more in-depth understanding of the nature of perspectives of oral care provision. Convenience sampling was employed and 6 interviews were conducted with neuroscience nurses who also completed Phase 1.

Results

Phase 1: 45% of nurses reported they were sufficiently educated on general oral care provision, yet only 19% felt similarly about provision to patients with responsive behaviours. Similarly, 50% reported high confidence in general oral care provision, yet 17% reported high confidence in provision to patients with responsive behaviours. 91% felt the equipment they needed was generally available, and only 29% reported they did not have time to provide oral care. Interestingly, nurses reported that the less independent a patient is for oral care provision, the more responsibility the nurse felt toward ensuring its completion.

Phase 2: 6 themes were identified: culture and comfort, medical status and resistance, orientation and education gap, time constraints and supporting factors, variations in actual or perceived provision requirements, and family influence and spectrum of accountability.

Conclusion

This study highlights the complexity of oral care provision for neuroscience patients and underscores the need for targeted education and support for nurses. While confidence and resource availability were generally high, caring for patients with responsive behaviours remains a significant challenge. Understanding the unique barriers and facilitators from nurses' perspectives can guide the development of tailored interventions to improve oral care outcomes in this vulnerable population.

Recommendations

Future work in this domain includes forming stronger patient-nurse partnerships in oral care provision through brochure development or educational videos for family members on oral care techniques, providing education to nurses on complex cases such as patients with responsive behaviours or accumulated oral debris through hands-on education or a unit champion model.

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