



# Oral Care for Inpatients with Dysphagia; Exploring Barriers and Facilitators

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## Background

Dysphagia and loss of sensation affects up to 78% of people who have recently had a stroke(1). Aspiration pneumonia is a significant cause of mortality in these patients and associations have been made between poor oral hygiene and an increased risk of aspiration pneumonia(2). Much research to date has focused on the attitudes of nursing staff towards the provision of oral care for this population. There is a lack of research involving the wider multidisciplinary stroke team in relation to oral care for this group(3).

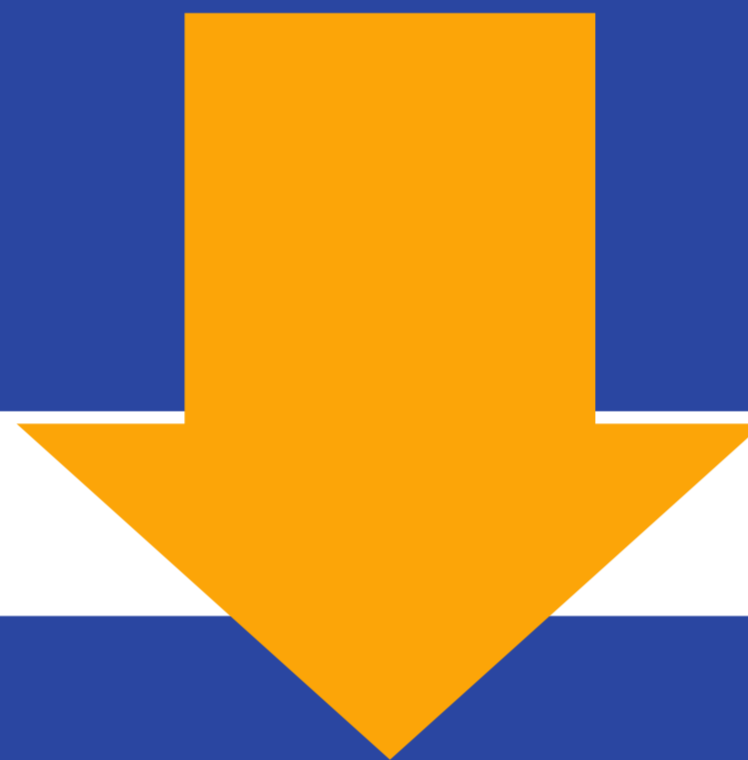
## Aim

The aim of this qualitative study was to explore with healthcare professionals working on the Stroke Unit, their attitudes and perceived facilitators and barriers in providing oral care for inpatients post-stroke with dysphagia.

## Methods

Ethical approval was received for this study from the Clinical Research Ethics Committee of the Cork Teaching Hospitals in October 2021

### Ethical Approval



Participants were recruited through purposive sampling methods. Healthcare staff were eligible to take part in the study if they provided direct clinical care to inpatients on the Stroke Unit of Cork University Hospital.

### Participants

## Data Analysis

Three focus groups with seventeen participants took place between the 20<sup>th</sup> of January 2022 and the 10<sup>th</sup> of February 2022. The focus group discussions were digitally recorded, transcribed verbatim, and stored securely and anonymously. A reflexive thematic analysis was conducted to analyse the data. Transcripts were uploaded to nVivo20 and were reviewed and compared for accuracy against the digital recordings. Codes were recorded for each unit of meaning identified in the data. Following this, the generated codes were compared for similarities and differences and codes were grouped into overarching themes.

## Results

Three focus groups were conducted in the Stroke Unit with each lasting between 25 and 43 minutes. There were seventeen participants in the focus groups representing seven different healthcare professions. Four over-arching themes were identified for both barriers and facilitators to providing oral care for this population.

Profession	Number of participants
Nursing	6
Health Care Assistants	3
Physiotherapy	3
Occupational Therapy	2
Dietician	1
Doctor	1
Speech & Language Therapy	1

## References

- 1 - Martino R, Foley N, Bhogal S, et al. Dysphagia after stroke: Incidence, diagnosis, and pulmonary complications. Stroke 2005; 36: 2756–2763
- 2 - Langmore SE, Terpenning MS, Schork A, et al. Predictors of aspiration pneumonia: how important is dysphagia? Dysphagia. 1998;13(2):69–81
- 3 - Ajwani S, Jayanti S, Burkolter N, et al. Integrated oral health care for stroke patients - a scoping review. J Clin Nurs. 2017;26(7-8):891–901

## Facilitators

### Policy

*“depending on the score, it gives you the frequency that the oral care should be carried out” (P2.4 Nurse)*  
*“It’s also just really handy that there are toothbrushes and toothpaste available on the ward to just go and grab”. (P1.1 Occupational Therapist)*  
*“Sometimes there is a SALT board over the bed and it would tell you know frequently they need to be checked for their oral hygiene and things like that” (P1.2 Dietician)*

### Importance of oral care

*“I suppose for patient comfort as well. They are not sitting there with their mouth coated I suppose.” (P2.3 Physiotherapist)*  
*“It’s fundamentally very important that their airways are clean and clear and then whatever then is being aspirated if it’s saliva then at least that saliva is somewhat of a clean nature” (P3.2 Physiotherapist)*

### Role in providing oral care

*“we typically encourage them to brush their teeth and do oral care after meals and things like that.” (P1.2 Dietician)*  
*“You know the way we might document in the suction chart at the end of the bed, maybe there should be a little tick box as we finish that we did oral hygiene as well.” (P1.4 Physiotherapist)*

### Confidence

*“if I knew what to do or how to partake in oral care it definitely would be something I would do but I suppose I don’t do it because I am not trained and I don’t probably know enough about it.” (P1.2 Dietician)*  
*“I wouldn’t know any guidelines daily that you know we should be following” (P2.3 Physiotherapist)*

### Resources

*“Denture pots I don’t know when I last saw them” (P3.6 Nurse)*  
*“I remember when that man was homeless.....I ended up going off buying him denture fixatives because he didn’t have anyone to get it for him” (P3.1 Speech & Language Therapist))*

## Barriers

### Importance of Oral Care

*“sometimes you be running from one patient to the next and you forget it” (P3.3 Health Care Assistant)*  
*“Yeah it might be overlooked in that case you know.”(P1.2 Dietician)*  
*“it might be something that is important to them, it’s probably not something that we ask about” (P2.1 Doctor)*

### Patient factors

*“Refusals, sometimes they literally try to bite the tooth brush and things and nearly hurt themselves at times” (P1.3 Health Care Assistant)*  
*“And we telling them spit it out spit it out and before you know it then they are coughing it” (P2.6 Nurse)*

## Conclusion

Members of the stroke multidisciplinary team believe that they all have a part to play in the delivery of oral care for patients with dysphagia post stroke. Although hospital policies help to facilitate the provision of appropriate oral care for this population, multiple barriers have been identified. Opportunities exist for the development of multidisciplinary interventions to improve the oral cavity assessment and oral care provided on the Stroke Unit.