‘It’s common sense, but it’s still got to be done properly’: Stroke survivors, carers and healthcare professionals’ experiences of mouth care following a stroke.

'It's common sense, but it's still got to be done properly': Stroke survivors, carers and healthcare professionals' experiences of mouth care following a stroke.

Horne M[1], Smith C J[2]

[1]School of Nursing, Midwifery and Social Work, University of Manchester, UK [2] Clinical Neurosciences and University of Manchester Brain Injury Research Group, Royal Foundation Trust, Salford , UK.

Background

• Mouth care is often overlooked during the acute phase and rehabilitation process for stroke, yet good oral hygiene is an important part of general health, wellbeing and quality-of-life.[1]
• In the acute phase, poor mouth hygiene may increase the chances of developing pneumonia.[2]
• During rehabilitation, poor mouth care increases the chances of developing oral disease and undermines oral and health-related quality-of-life.[3]
• Little is known about stroke patients' experiences of mouth care provision post stroke or carers and nurses experiences of providing mouth care for patients when they are unable to undertake mouth care.

Aims

• to explore stroke survivors and their carer experiences and perceptions of mouth care post stroke.
• to explore healthcare professionals attitudes, beliefs and perceptions of mouth care practice for stroke patients.

Methodology

• Interpretive qualitative approach[4]
• Five telephone interviews with stroke survivors and carers
• Two focus groups (n = 10) with healthcare professionals.
• Data were analysed using framework analysis approach.[5]

Key findings

A. Stroke survivors and carers

1. A neglected area of care

• Carers reported that mouth hygiene appeared to be an aspect of nursing care that was lacking. From their descriptions of visiting their partners, carers illustrated how they felt that care in this area was lacking.

Samantha: carer, 58yrs: '*I just don't think anybody did anything with his mouth because one thing he's particular about is his oral hygiene. And it upset me that nobody was doing anything about it. His breath smelt horrific and had he been with it enough he would have been devastated by that...when he was up on the main ward I just said to him, would you like me to brush your teeth, because it really was offensive his breath at that point…and then each time I went I used to go and do that*'

(*N.B: Pseudonyms have been used* to protect the identities of the participants)

• Stroke survivors and carers reported a lack of enablement and facilitation from healthcare professionals:

Jack, stroke survivor, 53yrs: *'I don't think anyone actually mentioned anything about washing your teeth or doing anything'*

Jessica, stroke survivor, 55yrs: *'I probably would have done really (required some assistance), because when I finally got to the bathroom, although I was fairly capable of doing my own teeth…I'm not used to using my left hand, I was not really co-ordinated'*

2. Lack of awareness

• Although stroke survivors and carers were aware of the importance of oral hygiene in terms of maintaining personal hygiene, there was a lack of knowledge and awareness about the importance in terms of reducing the risk of infection. For example, Simon admitted to not thinking about the need for oral hygiene during the acute phase of stroke and was unaware of the consequences of poor mouth care in stroke patients:

Simon, Carer, 28yrs: '*I just didn't think about it at the time. I didn't think it was that important*'

3. Lack of advice/information

• Stroke survivors and carers commented on the lack of advice and information about post-stroke oral health care provided by healthcare professionals on discharge from hospital:

Jack, stroke survivor, 53yrs: *'I'm pretty convinced I didn't get anything regarding that (information on discharge about mouth care post stroke)'*

B. Healthcare professionals

1. Aware of the need for good mouth care

• Healthcare and allied health professionals commented on the importance of good mouth care for stroke patients, demonstrating good knowledge and awareness of why it was an important aspect of nursing care:

FGA1: *'Poor oral hygiene leads to worse health outcome in stroke patients because of the bacteria'*

FGB4: '*The understanding on the unit, where I started working, its particularly for people who were nil by mouth, or anybody that was on oxygen. It's very drying for your mouth. If you're not eating, you're not producing saliva; the saliva kills the bugs in your mouth.*'

• Healthcare professionals were also cognisant of associated difficulties that stroke patients had practically with this aspect of care provision:

FGA5: '*The first time with the patients, though, they gag a lot...because you're in their mouth, at the back of their throat*'

2. Protocols and assessment tools

• There were no formal protocols in existence for mouth care practice to follow. Existing guidelines for assessment of the mouth were generally based on subjective observation, with no reported assessment tool used to guide the assessment process.

FGA4: *'We're not actually using a tool on the wards. It's not a risk assessment for it'*

FGA2: *'It's just common sense, just checking the patient'*

3. Education, training and supervision

• Training provided during pre-registration nurse education was felt to be inadequate for managing care with stroke patients. Training was focussed on patient dignity rather than how to deliver mouth care effectively to ensure the reduction of oral bacteria, prevention of oral disease and maintaining personal hygiene. For stroke rehabilitation nurses this lack of education was further compromised as specific training related to stroke patients was not formally provided at ward level:

FGB1: '*My knowledge of mouth care, as a student nurse, we were taught it but the way we did it was…we all had to bring in our toothbrushes and somebody else had to clean my teeth for me and then you'd have to clean their teeth, just so you could get an understanding of what it's like for somebody else to clean your teeth and how impersonal it is…I never had any training on it and certainly when I started off in stroke rehabilitation there was no process to ensure it was being done, it was just done as part of the personal hygiene*'

Conclusion

Mouth care post stroke could be improved by increasing patient, carer and healthcare professionals' awareness, understanding and knowledge of the importance of mouth care. Further research is required to develop and enhance current mouth care provision and protocol development in this important area of stroke care.

References

1. British Society of Gerodontology (2010).Guidelines for the Oral Healthcare of Stroke Survivors. Available at: <www.gerodontology.com/guidelinesnew.html> [last accessed: 11th November 2011].

2. Martino R, Foley N, Bhogal S, Diamant N, Speechley M, Teasell R. (2005). Dysphagia after stroke incidence, diagnosis and pulmonary complications. *Stroke*, 36: 2756-63.

3. McMillan AS, Leung KC, Pow EH, Wong MC, Li LS, Allen PF. (2005). Oral health-related quality of life of stroke survivors on discharge from hospital after rehabilitation. *Journal of Oral Rehabilitation*, 32: 495-503.

4. Thorne S. (2008). *Interpretive description*. Walnut Creek, CA: Left Coast Press.

5. Ritchie, J., Spencer, L. & O'Connor, W. (2003). Carrying out qualitative analysis. In: J. Ritchie & J. Lewis (Eds), *Qualitative research practice: A guide for social science students and researchers (pp.219-262).* Thousand Oaks, CA: Sage.